



Terminal Evaluation Report on International
Course on Geriatrics

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December, 2003

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**Terminal Evaluation Report
on
International Course on
Geriatrics**

December, 2003

JICA São Paulo Branch Office



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Contents of Evaluation Report

Location Map of the Project
Pictures

Summary

Chapter 1	Outline of the Evaluation Study	
1.1	Objectives of the Evaluation Study.....	14
1.2	Members of the Evaluation Study Team.....	14
1.3	Period of the Evaluation Study.....	14
1.4	Material and Methodology of the Evaluation Study.....	14
Chapter 2	Outline of the Training Program	
2.1	Background of the Training Program.....	15
2.2	Summary of the Initial Plan of the Training Program.....	15
2.2.1	Requirement for Application.....	15
2.2.2	Outputs of the Training Program.....	15
2.2.3	Curriculum.....	16
2.2.4	Training Institution.....	16
2.3	Revision from the Initial Plan.....	16
Chapter 3	Achievement of the Training Program	
3.1	Implementation Framework of the Project.....	17
3.2	Achievement in Terms of Output	17
3.3	Achievement in Terms of Activity.....	17
3.4	Achievement in Terms of Input.....	17
Chapter 4	Evaluation Results	
4.1	Analysis on the Achievement in Terms of Outputs.....	18
4.2	Relevance.....	20
4.3	Conclusion.....	23
4.3.1	Factors Promoting Effects of the Training Program.....	23
4.3.2	Factor Inhibiting Effects of the Training Program.....	23
4.3.3	Conclusion.....	23
Chapter 5	Recommendations and Lessons Learned	
5.1	Recommendations.....	24
5.1.1	Recommendations for the Partner Country Side (Direction of Future Activities of Project).....	24
5.1.2	Recommendations for JICA (Necessity for Follow-up Cooperation).....	24
5.2	Lessons Learned.....	24
5.2.1	Lessons Learned regarding Situations in Evaluated Country and Sectors...	24
5.2.2	Lessons Learned regarding Project Management.....	24
ANNEX		
I	JICA Introduction Letter – Spanish version.....	25
II	JICA Questionnaire – Spanish version.....	26
III	JICA Introduction Letter – Portuguese version.....	32
IV	JICA Questionnaire – Portuguese version Results.....	33
V	Participants List.....	39

Location Map of the Project





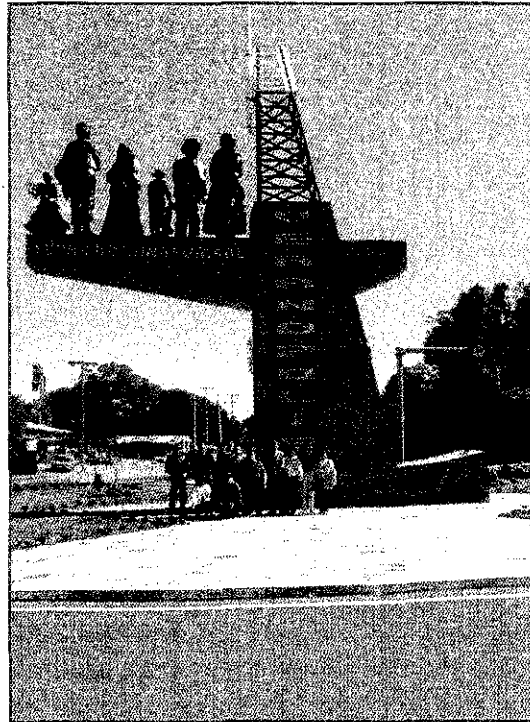
Classroom



Lunch Time



Research Field Trip by Train



Veranopolis City - Research Field



Lecture



Institute Entrance

Summary:

I. Outline of the Project

Country: Brazil		Project Title: “Geriatrics”
Issue/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 % <small>(Note: These costs are referred to the period from JFY 2000 to JFY 2003 (4 courses).)</small>
Period of Cooperation	(R/D): August 23 rd , 2000	Partner Country’s Implementing Organization: Pontifical Catholic University of Rio Grande do Sul (PUCRS)
	(Extension): JFY2000 to JFY2004	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 (PUC RS) 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

Member of Evaluation Team: JICA Sao Paulo Office (Commissioned to Dr. Weyler Galvão 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 (± 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 its 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.

終了時評価要約表

1. 案件の概要	
国名：ブラジル	案件名：老人病学
分野：医療	援助形態：第三国集団研修
所轄部署：中南米部南米課	協力金額総計：2749 万円（4 回実施分） （日本側負担 1814 万円） 研修員一人あたり金額：49 万円 日本の支出比率：66%
協力期間	(R/D)：2000 年 8 月 23 日 2000 年度から 2004 年度まで
	先方関係機関：リオ・グランデ・ド・スル カトリック大学(PUCRS) 日本側協力機関：
他の関連協力：「リオ・グランデ・ド・スル カトリック大学老人病学研究所」(1973 年～1978 年)	

1-1 協力の背景と概要

リオグランデ・ド・スル カトリック大学(PUCRS)への技術協力は 1973 年度から 1978 年度に実施され、大きな成功を収めた。同プロジェクトの結果、老化現象及び老人病の研究と老年医学に関する基礎から最先端教育を提供できる高レベルの老年医学研究所が整備された。

この老年医学研究所を活用し、ラテンアメリカ諸国に訓練とそれによる専門的知識習得の機会を提供するために第三国集団研修「老人病学」コースが 1993 年から 1998 年に実施された。コース対象国における老人病専門医師不足に加え、言語、文化、経済レベルの類似性により、本コースには非常に多くの応募者があった。このため、各国の需要、期待に応えるべく 2000 年 8 月に更に 5 年間 2000 年から 2004 年までのコース実施のための Record of Discussion(R/D)が署名された。

1-2 協力内容

本研修コースは、ラテンアメリカ 18 か国及びポルトガル語圏アフリカ 2 か国のニーズに応じた老年医学分野の理論及び臨床に係る知識、技術の習得を目的とする。

研修割当国：アンゴラ、アルゼンチン、ボリビア、チリ、コロンビア、コスタリカ、キューバ、ドミニカ共和国、エクアドル、エルサルバドル、グアテマラ、ホンジュラス、メキシコ、モザンビーク、ニカラグア、パナマ、パラグアイ、ペルー、ウルグアイ、ヴェネズエラ

(1) 到達目標

1) 到達目標 1

本研修コースにより、参加研修員が老人患者を治療するための老年医学の全体的及び体系的知識が向上する。

2) 到達目標 2

参加研修員が老人病を予防する包括的な知識を取得し、活用する。

3) 到達目標 3

参加研修員がブラジル及びラテンアメリカ諸国の老年医学に係る特質を学習し、ラテンアメリカ及びポルトガル語圏アフリカ諸国の老年医学の現在と将来の動向を研修参加者間の交流等を通じて理解する。

(2) 投入（評価時点 2000-2003 年の 4 回実施分）

日本側：

在外技術研修講師派遣 4 名
ローカルコスト負担 1814 万円

総額：1814 万円

相手国側：

カウンターパート配置（コーディネーター） 講師 6 名
ローカルコスト負担 R\$ 213,434 現地通貨（925 万円）

2. 評価調査団の概要

調査者：(担当分野：氏名、所属先、職位)

JICA サンパウロ支所（現地委託コンサルタント：Weyler Galvao Porto M.D., MSc、コンサルタント、サンパウロ連邦大学（UNIFESP）老年医学神経科学室）。

調査期間：2003年11月1日～2003年12月26日

評価種類：在外事務所終了時評価

3. 評価結果の概要

3-1 実績の確認

	2000年度	2001年度	2002年度	2003年度
応募者	26	49	33	49
参加者	14	14	14	14
参加国数	10	12	11	13
コース期間	1か月	1か月	1か月	1か月

3-2 評価結果の要約

(1) 到達目標達成度

コース4回分の結果について、目標は達成されたと評価できる。特に強調できるのは、コース関係者及び参加者を結ぶ協力と交流チャンネルが本コースによって形成されたことである。

参加研修員アンケートでは、コース内容の理解について、よく理解できたが38.62%で非常に良く理解できたが44.01%となっており、合計82.63%が理解していると回答している。コースに対する当初の期待に対する満足度も、35.47%が満足した、34.32%が非常に満足したと回答し、合計69.79%が期待に答える内容だったと評価した。

コースの理解度について、アンケート結果に基づき0-10に指数化した結果は、8.68（標準偏差±0.67）点であり、参加研修員が老年医学について、知識及び技能を習得したことが確認できた。参加研修員らが最も興味を持った分野は、老化の予防医学であり、帰国後、数多くの研修員が老人のプライマリーヘルスケアの計画を実行させたと報告している。

100%の研修員が、各参加国における老人病の特性を知ることが、予防法や各種リソースの配分を計画する上で重要であったと答えている。また、PUCRS 老年医学研究所を知ることがも有益であったと回答している。更に、参加研修員の100%が変化し続ける老年医学の最新情報及び政治、経済、社会の動向に係るデータを恒常的に取得できる交流ネットワークを形成したと回答している。

(2) 妥当性

疫学及び人口統計上の大きな変化は、死亡率と出生率の減少を意味しており、老年人口増加の結果、老化に伴う病気が支配的となってきている。高齢化は世界的な現象であり、老年人口を多く有する上位11ヶ国の内、8か国は途上国となっている。65歳から75歳の老年人口にかかる医療コストは、若年人口の3倍となっている。国連の調査によると、ブラジルの高齢人口は、人口統計上の大きな変化にはまだ至っておらず、未だに流行する高齢人口における感染疾病が老年人口の死亡率低減を妨げている。この点でラテンアメリカ諸国及びポルトガル語圏アフリカ諸国はブラジルと類似した衛生面での問題を抱えており、老年医学の知識が予防・治療と限れたリソースの効率活用の面で高齢化傾向にある同地域に貢献できると言える。

3-3 効果発現に貢献した要因

(1) 計画内容に関すること

コース終了時アンケート、参加研修員及びPUCRS コースコーディネーターらが指摘した問題点及び改善点が次期コースに反映されて研修内容を向上させた。

(2) 実施プロセスに関すること

- ・老年医学の専門家、PUCRS が実施している長期的なプロジェクト及び関連する PUCRS の施設を視察することにより、参加研修員は、老年医学及び予防医学についての全容を理解することができた。
- ・実施機関、ブラジルの大学や研究機関及び日本人専門家とラテンアメリカ及びアフリカからの参加研修員間の情報交換を可能にした。
- ・参加研修員は日常業務からはなれ、コースに集中することができた。

3-4 問題点及び問題を惹起した要因

(1) 計画内容に関すること

- ・特になし。

(2) 実施プロセスに関すること

- ・4回実施されたコースの参加研修員が帰国した後の、資金及び資機材、人材の配置と継続的に学習できる教材が不足している。

3-5 結論

本コースは、内容の妥当性について良く吟味されており、非常に良く計画された実施目的に適った内容となっており、参加者に適当なカリキュラムを提供している。

3-6 提言（当該プロジェクトに関する具体的な措置、提案、助言）

コース実施国、機関への提言

- 1) 元参加研修員を対象とした恒常的な再学習研修プログラムを設けること。
- 2) サポートスタッフ（看護師、精神科医、栄養士等）を対象に老人病学に関する第三国研修を設けること。

JICA への提言

- 1) 老年医学の予防及び治療に関する研修コースへの協力を継続すること。
- 2) 参加研修員を対象とした、機材や人材育成に関する協力をすること。
- 3) 本コースについて、現在の協力枠組みの更新を強く推奨する。本評価で確認できた本コースの到達目標達成度及び妥当性は非常に高く、本協力の継続を重要視すべきである。PUCRS と老年医学研究所は研究の先導的な地位にあり、国に科学の新フロンティアを根ざす目的で援助されるべきである。

3-7 教訓（当該プロジェクトから導き出された他の類似プロジェクトの発掘・形成、実施、運営管理に参考となる事柄）

参加研修員は、老年医学に係る習得した技術の適用に際して、政策上の支援、機材、技能スタッフの不足を挙げているが、今後も将来の状況の変化を把握する上で、参加研修員に関する調査、分析は継続されるべきである。特に、人材、機材共に著しく不足している一方で疫学及び人口統計上困難な状況に直面しているアフリカからは重要な教訓が今後得られると考えられる。

JICA は、PUCRS の講師陣を周辺国への協力手段として活用しているように、関係する各国のローカルな問題に対処すべく、他の国に、第三国集団研修を実施する条件を整えば、そこで、地域の問題に根ざした第三国集団研修を実施すべきである。

3-8. フォローアップ状況

- ・特になし。

Chapter 1 Outline of the Evaluation Study

1.1 Objectives of the Evaluation Study

To study the adequacy of the International Course on Geriatrics, supported by JICA at the Pontifical Catholic University of Rio Grande do Sul (PUCRS).

1.1.1 Analysis on efficiency and effectiveness

- 1.1.1.1) Does the course transferred new technical information related to geriatrics and preventive medicine to the participants.
- 1.1.1.2) Are the ex-participants geriatric multiplying tools in their countries.
- 1.1.1.3) Does have a neo-net information created between the participants and the PUCRS (and/or others similar institutions) aiming to inter-change geriatric information.

1.1.2 Analysis on relevance

- 1.1.2.1) Does have the need for the training.
- 1.1.2.2) The way the new information is transferred is adequate.
- 1.1.2.3) Does the course in Brazil adequate compared to the one in Japan.
- 1.1.2.4) Does have the PUCRS personnel and material fitted for the purpose of the course.
- 1.1.2.5) Does the course create a co-operation vision between the students.
- 1.1.2.6) Is the curriculum well target tailored to the course.
- 1.1.2.7) Is the selection of the participants objective and adequate.
- 1.1.2.8) Is there an up-dated technology being transferred to the students.

1.2 Member of the Evaluation Study Team

Weyler Galvão Pôrto, MD, MSc

1.3 Period of the Evaluation Study

From November 1 st to December 26 th , 2003

1.4 Material and Methodology of the Evaluation Study

- | |
|---|
| <ul style="list-style-type: none">1) JICA introducing letter - Spanish and Portuguese version.2) JICA questionnaires - Spanish and Portuguese version.3) Record of Discussions Copy between the Coordinator in Brazil for Technical Cooperation of JICA, the Brazilian Cooperation Agency (ABC) and Institute of Geriatrics and Gerontology – Pontifical Catholic University of Rio Grande do Sul (PUCRS) for the Third Country Training Programme Course on Geriatrics.4) General Information (GI) Booklet of the International Course on Geriatrics issued by PUCRS related to the years 2003 and 2000.5) Course Report, issued by PUCRS, related to the fiscal year (FY) 2000, 2001, 2002.6) Participants lists issued by PUCRS from 2000 up to 2003. |
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| <ul style="list-style-type: none">1) Meeting between the JICA representative and the consultant at JICA office in São Paulo – objective about the consultation were defined as well as the methodology and material involved.2) Introductory letter in Portuguese and Spanish versions were produced.3) Questionnaire fitted on the objective of the consultation was created.4) Evaluation and concordance about the created material by JICA representative team.5) One introductory letter copy and a questionnaire were sent via postal to the participant.6) Same copies via electronic means (e-mail) were sent as well.7) Visit to the PUCRS premises and to the 2003 students was made in 2003, November 19th. That occasion was adequate for a meeting with the director of the Institute of Geriatrics and Gerontology (IGG) of PUCRS – Prof. Dr. Yukio Moriguchi. Followed a questionnaire distribution and students' personal interviews.8) Receiving, evaluation, calculation and conclusion of the questionnaires.9) Production of Summary and Terminal Evaluation Report. |
|--|

Chapter 2 Outline of Training Program

2.1 Background of the Training Program

The technical cooperation for the Institute of Geriatrics and Gerontology at Pontifical Catholic University of Rio Grande (PUC RS) 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.

2.2 Summary of Initial Plan of the Training Program

1) Course Title	International Course on Geriatrics
2) Number of Participants/year	The number of participants from the invited countries shall not exceed 12 and the number of participants from Brazil shall not exceed 3 persons
3) Duration	1 month
4) Year of Cooperation	From JFY 2000 to JFY 2004 (5 years)

2.2.1 Requirement for Application

1) Level of knowledge and/or technique which participants are expected to have	To be a Medical Doctor with fundamental knowledge in internal medicine; to have a good command of spoken and written Spanish or Portuguese
2) Desirable current positions/duties	To be presently engaged or expected to be engaged in the future in preventing, treating and rehabilitation of geriatric patients; not to be serving in the military
3) Years of experience in the sector/issue	To have a practical experience more than 2 years in the practice of Medicine
4) Health	To be in good health, both physically and mentally
5) Targeted countries	Angola, Argentine, Bolivia, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Mozambique, Nicaragua, Panama, Paraguay, Peru, Uruguay, Venezuela

2.2.2 Output of the Training Program

The general outputs of the training were analysed by 70% of the participants in four years evaluated.

Item	Indicator	Means of Verification
1) Did the students develop the expertise about geriatrics globally and systematically acquiring new medical techniques for treating the elderly patients	Did the course fulfil the expectations of the students and the students acquire new skills and technical knowledge in geriatrics?	Questionnaire (PUCRS and JICA) and personal interview
2) Did the students cultivate the comprehensive knowledge for prevention on geriatric diseases	Which subject attracted the students the most and are there signals that the preventive medicine has had been applied in the countries involved?	Questionnaire (PUCRS and JICA) and personal interview

3) Did the participants study characteristic of the geriatric diseases in Brazil and Latin American countries and understand the present and future trends concerning geriatrics and the ageing in Latin American and Portuguese speaking African countries	Did the students showed interest in visiting and knowing the special demographic, epidemiological and technological Latin American geriatrics' characteristics and does have any signal that the information taken during the course can produce new technical data throughout a created network	Questionnaire (PUCRS and JICA) and personal interview
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2.2.3 Curriculum

Related output	Topic training (Contents are self-explained in the titles)	Method of training	Time allocation (%)
Biology of ageing	1) Biological and chronological ageing 2) Molecular basis of ageing 3) Theory of the ageing process 4) Physiology of human ageing 5) Ageing of the human systems	Lecture	11.54%
Clinical Geriatrics	1) Geriatric outpatient clinic 2) Care of the hospitalised elderly 3) Cardiovascular disease 4) Respiratory disease 5) Diseases of the digestive system 6) Neurology of the elderly 7) Geriatric urology 8) Locomotors disorders 9) Oncology 10) Rehabilitation 11) Critical care of sick elderly	Lecture	69.23%
Preventive geriatrics medicine	1) Lifestyle and ageing 2) Nutrition and ageing 3) Prevention of geriatric disease	Lecture	7.69%
Gerontology	1) Basic epidemiological aspects of human ageing 2) The elderly in the social context 3) Psychological aspects of ageing	Lecture	5.77%
Methodology and epidemiologic al studies	1) The educational process on the social context 2) Theories of learning 3) Planning and evaluation	Lecture	5.77%
	Field study in the cities of Gravatai and Veranopolis	Practical travel and studying	Usually 1 day per city
Total	160 hours + tour visiting = 100%		

2.2.4 Training Institution

Name: Pontifical Catholic University of Rio Grande do Sul, Rio Grande do Sul State, Brazil.
Type of institution: Academic / Non-profitable institution.

2.3 Revision from the Initial Plan

During the years surveyed there were systematically revisions on the course curriculum, based on scientific evolution data and participants demands.
The revisions made tried to accomplish the evolution of the studied area of geriatrics and preventive medicine.

Chapter 3 Achievement of the Training Program

3.1 Implementation Framework of the Project

JICA, ABC and a representative staff from PUCRS met for set up a framework of a training course in the field of geriatrics and preventive medicine under JICA's Third Country Training Programme, and to the desirable measures to be taken by both Governments to ensure the successful implementation of the course by 2000, August 23rd. Based on this discussions the members decided after the meeting to recommend to their respective Governments that the Government of Japan and the Government of the Federative Republic of Brazil will co-operate with each other in organising a training course in the field of geriatrics and preventive medicine under JICA's TCTP.

PUCRS will conduct the course with the support of the technical co-operation scheme of Government of Japan. The course will be held once a year from Japanese fiscal year (JFY) 2000 to 2004, subject to annual consultations between both governments.

3.2 Achievement in Terms of Output

(*) According to item 2.2.2 "Output of the Training Program"

OUTPUT	2000	2001	2002	2003
Output 1	AA	AA	AA	AA
Output 2	AA	AA	AA	AA
Output 3	AA	AA	AA	AA

Achieved: AA; Partly achieved: PA; Not achieved: NA

3.3 Achievement in Terms of Activity

Year	2000	2001	2002	2003
Number of Applicants	26	49	33	49
Number of Participants	14	14	14	14
Countries participated	10	12	11	13
Duration	1 month	1 month	1 month	1 month

3.4 Achievement in Terms of Input

Cost of the course/JFY

Currency used US Dollar.

Year	JICA		PUCRS		TOTAL		Cost per Participant	
	US\$	¥	US\$	¥	US\$	¥	US\$	¥
2000	34,759	3.77 M	21,521	2.16 M	56,280	6.11 M	4,020	0.44 M
2001	41,980	4.56 M	18,148	1.97 M	60,128	6.53 M	4,295	0.47 M
2002	42,500	5.14 M	22,076	2.67 M	64,576	7.81 M	4,613	0.56 M
2003	40,998	4.67 M	19,868	2.45 M	60,866	6.94 M	4,348	0.50 M
Total	160,237	18.14 M	81,613	9.25 M	241,850	27.39 M		
						Average	4,319	0.49 M

(1) Staff (four years evaluation period)

Brazilian Lectures:

Moriguchi, Y, MD, PhD; Neto, EJ, MSc, PhD; Moriguchi, EH, MD, PhD; Souza, ACA, MD, PhD; Michelon, E, MD, MSc; Terra, N, MD, PhD; Vieira, JLC, MD, PhD; Schneider, RH, MD, PhD; Bós, AJG, MD, PhD

Japanese Lectures:

Hata, Y, MD, PhD; Ouchi, Y, MD, PhD; Iguchi, Y, MD, PhD; Kita, T, MD, PhD

(2) Material (four years evaluation period)

Theoretical classes: Slide projectors, OHPs, video and TV set, personal computer, multimedia projectors and printed material.

Practical classes: Electrocardiographs, respirometers, bone densitometers, retinal cameras, personal computers, in-patient facilities, outpatient facilities.

Chapter 4 Evaluation Results

4.1 Analysis on the Achievement in Terms of Outputs

(1) Output 1

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

a. Achieved ; b. Partly Achieved; c. Not Achieved

2) What were the promoting (if you chose a. or b. in 1) or impeding (if you chose c. or b. in 1) factors?

setting of outputs requirement for application willingness of participants
 curriculum targeted countries duration text/materials lectures
 equipments others

Description of these factors in detail

Yes, they achieved the expected level. According the answered questions, from JICA questionnaire, it was possible to figure out that the participants rated the understanding of new skills and knowledge in an excellent manner [analytical analyses mean=8.0(±2.0)]. Also analysing the PUCRS questionnaire similar answer is taken. Students understand that the course has fulfilled the objectives set up by the organising parts involved and it surpasses their expectations. They repeatedly reassured the absorption of new knowledge and the amazing volume of information received in such a short period of time makes the students very happy. Apart from the fact that to be eligible for the course the student must be related to geriatric work, the knowledge they had known in the beginning of the course was not a previous deep acquisition in 79.31% of the cases.

The organisation has an important and decisive character to be played in this case. The three involved parts, the Japanese through JICA, the Brazilian represented by ABC and PUCRS and finally the students have corner stoned the results. Respectful and honoured institutions signed the agreement between the involved parts down. The Japanese part involves adequate financial supporting and a revolutionary technical co-operation scheme giving by the TCTP. It promotes apart from the obvious necessary finance a working way that proportionate in the local involved agency the feeling of responsibility and independence to produce an outstanding standard of work.

Brazilian part represented by PUCRS is a new research and teaching frontier away from the overcrowded traditional universities in the country. It is located in the extreme southern of Brazil in an area where the epidemiological and demographic numbers head with the highest average level of education in the country. The sub-tropical weather makes the state a very warm period in the state of Rio Grande do Sul. The over-the-average standard of the staff based in that university supports warmly the overseas student and makes classes suitable even during the hard training time.

Finally, the students selected to the course have been shown high interest on geriatrics and have a clear objective.

All together promote positively the results the course has been producing.

(2) Output 2

1) Did the students cultivate the comprehensive knowledge for prevention on geriatric diseases?

a. Achieved ; b. Partly Achieved; c. Not Achieved

2) What were the promoting (if you chose a. or b. in 1) or impeding (if you chose c. or b. in 1) factors?

setting of outputs requirement for application willingness of participants
 curriculum targeted countries duration text/materials lectures
 equipments others

Description of these factors in detail:

Yes, they did. The chain ranging from primary settings to tertiary specialised treating settings is a long and indivisible way.

JICA questionnaire has shown that the student's most suitable syllabus during the course was preventive geriatrics medicine. From the curriculum presented issues, 2/3 of the students liked the preventive and epidemiological studies the most. Making the primary settings a hot spot during the course. On the other hand, when in their country, they have been producing a high standard level in primary and secondary health stratification. Aiming the preventive attitude toward geriatrics, the ex-participants have produced specific programmes for the elderly support like national programmes on law and rights for the elderly, specific health programmes on preventive medicine against cardiac disease, diabetes, hypertension, osteoporosis, dementia between many others.

The treating techniques have been upgraded, the cost of health has been decreased and what strikes the most is the fact that the acquired knowledge is already reproduced and self-supported in universities, meetings, and workshops.

60% of ex-participants did not change function and, 73.3% did not changed jobs; almost 100% affirms that the acquired knowledge is useful in their jobs; 100% irradiated the new skills; all of them, in their jobs made propositions for changing paradigms; 73.3% confirms that the new knowledge was important for their country however, 66.6% complained about difficulties when implementing their specific geriatrics information regarding to lack of personnel, 53.33% scarcity of equipment, and 80% a difficulty for rising money and 46.66% lack of political support for new technologies and skills. Only 26.66% complained about lack of foreign information.

It seems to be that the course is adequate for the country, the right trained students are in the right place and even complaining about supportive policies and resources, they are doing very well in whole health indivisible chain. The volume of projects and propositions from primary up to tertiary high cost treating hospitals attests this point-of-view.

(3) Output 3

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

a. Achieved ; b. Partly Achieved; c. Not Achieved

2) What were the promoting (if you chose a. or b. in 1) or impeding (if you chose c. or b. in 1) factors?

setting of outputs requirement for application willingness of participants
 curriculum targeted countries duration text/materials lectures
 equipments others

Description of promoting factors in detail

Yes, the students have achieved information concerning specific Latin American figures and they understood the need for long life learning. About this issue, not only the questionnaires were useful. A close evaluation on the curriculum was taken and the personal interview was paramount. The course is formed for two kinds of information. First, the lectures carried out in classes have a huge volume of

information concerning demographics and epidemiological characteristics were the students have the opportunity for long discussions about details concerning their own reality. Here, it can be easily found that the curriculum is tailored for their needs and cover broadly the questions more the 60%; 69.14% scored the curriculum as advanced one; and it has an ideal division of the time allocated for discussions and lectures.

Secondly, the course offers a practical training time in the wards, offices of consultations, and a well headed round of clinical discussions were the last hot medical information is presented and the students can discuss their reality. Plus, trip working in the cities of Gravatai and Veranopolis. Those cities, apart from the practical study time in the IGG PUCRS, have been shown an outstanding longitudinal research protocols well known in the scientific community, were the participants can observe, study in locus, and discuss political, social and economics of Latin America and Africa issues.

On the other hand, personal interview has concluded that the students by the end of the course have produced a net of information between their countries and the teaching institute and, a quite close connection is done with the teachers from Japan. The objective of this net is to keep the discussions about how to tackle with their specific realities when back to their countries and sharing new geriatric and preventive medicine information.

Again, basically the PUCRS environment and the well tailored course and high level of professional staff as well as the strong net created during the course facilitates the knowledge about the reality of Latin American and African countries.

(4) Overall judgement on the achievement of outputs

It can easily seen and checked during the international course of geriatrics and preventive medicine that the high standard of the course concerning all parts involved, here even the level of students, produces a course that target what it promised. The students learned what is taught and re-produces a huge amount of transformation in their native countries, nowadays, even producing retro-information in universities, and high-tech hospitals. On the other hand, JICA, ABC and PUCRS comply adequate with the rules agreed between them.

4.2 Relevance

(1) Relevance of the reasons of setting the training program

Ageing of the world population is a striking reality. 8 from 11 largest elderly populations in the world are located in developing countries. Nowadays, Brazil is the 10th in this list.

An ageing country must have done the demographic and epidemiological revolution to get older. Consequently, a predominance of degenerative diseases over infectious ones and decreased levels of mortality and births are shown.

France did its revolution in about 115 years time. However, it was not taken in pulses but smoothly respecting social phases. It was created progressive demographic, health, housing, sanitation, and political and social means for that. Women took the work market, the birth rate decreased; volume of food increased because massive mechanisation of farms and farmers came to the cities looking for jobs in factories; houses with coal or electric central heating and sanitary pipes were built; medical research improved. All of these points have contributed for a decrease in infectious diseases and increase in the degenerative ones. In fact, medical treating measures were not so important as core changing factor during this period. The great advances in clinical medicine and its consequent impact in human life, in fact came when the demographic revolution was almost already done. Vaccines, penicillin among others advances came to concrete a social acquisition. By the end of 19th century, France took its demographic and epidemiological revolution.

Starting around late nineties, China by the year 2025, keeping the actual trends, will have produced its demographic revolution. Consequently, it will culminate with the one of the three biggest elderly populations in the entire world. China process does not keep similarity with the French one. Vertically, by Government decision, all the possible above social and medical acquisition seen smoothly in Europe, will have be transferred to the population without any choice. There will not have discussions about social, economical, sanitation and political consequences of the possible transformation

according to today's establishment. The demographic revolution will have taken around 25 years to be acquired not smoothly but in pulse.

Both situations are quite different. The price to be paid for the inhabitants of these cited countries will be unequal.

Brazil is located halfway from the two examples. Numerically it is the 10th largest elderly population in the world. It is expected that the nation has already produced the demographic and epidemiological revolution. In thesis it was done. No population gets older without the demographic and epidemiological revolution acquisition. However, Brazil shows a reminiscent and still constant high prevalence of infectious disease on its entire population. It produces a very special geriatric situation, which are degenerative disorders covered by high prevalence of infectious diseases. The geriatric and gerontological literature produced in the country brings information about worms, bugs and similar organisms not found in overseas geriatrics textbooks in depth. It is unique. Also, a high expectancy at birth with high level in disability gives to a Brazilian elderly sample a terrible burden on dependency. The already broken national insurance system for the retired, tackles with a not so sweet present and future. The demographic and epidemiological revolution is not conquered totally, it can walk back in health terms and the ageing population acquisition can be lost.

In Africa, Angola has a life expectancy at birth of the 39.9 years. It means that an English person has a life expectancy at birth around 40 years longer than a person raised in Angola.

1) Judging from the development needs and policies of the targeted countries, has the training program been necessary?

Considering the above text, a different pattern of scientific, social, political and economical development can be seen contrasting in diverse parts of the world. Therefore, an adequate level of information in a right place can produce adequate results. It means efficiency and efficacy in a region of scarcity resources driven the opportunity cost. The decision for create a TCTP in Brazil was extremely correct. It is a step between the level of expertise and reality in Latin American Countries and Africa. On the other hand, it is a bridge of technological excellence connecting Japan as a high-tech science producer. 100% of students affirm that the curriculum surpasses their expectancy pre-course and it is extremely useful in their jobs. The information taken from the course today cornerstone special programs in the represented countries according to the specific realities faced. 73.3% said specifically that the acquired knowledge is/was important for their country and for the political and social needs.

2) Was the training program the best way to transfer appropriate technology?

89.66% of students said that the course is a perfect way for transferring technology and scientific data and they left the training with a new vision about geriatrics. New and modern materials and knowledge were absorbed and have been produced new data in the represented countries.

3) Was the condition for conducting training better in the host country than in Japan? If so why?

The students are very realistic judging this question. 100% know that the similarities with Brazilian epidemiological and demographic reality can produce results related to their reality. And, the totality of participants looked for prompt results. The spoken language, weather, ethical origins support a "like-in-home" condition felt by all of them. And the price of the course for a sponsoring agency was remembered as well.

However, they cited Japan as a centre of top technology with high prices and "far-from-home" place.

So, in general, participants affirm that the host country has fulfilled the objectives of the course properly.

4) In case of TCTP, designing of curriculum, administration and management of the training course are entrusted and under the responsibility of training institutions of the host country. In this regard, was the entrustment of the training program reasonable in terms of improving capacity and ownership of the training institution?

Yes, it was. The present evaluation shows that the course has received an excellent evaluation from the students and checked during the evaluation time by the consultant. Organization of the course, skills of lectures, curriculum design, time expended for lectures and practical lessons and coherence were ranked excellent by the students (analogical analysis shows $8.0(\pm 1.5)$).

5) Was the training program meaningful in terms of promoting networking and cooperation among developing countries?

A network of promotion and co-operation among developing countries were created plus a permanent connection between the participants and lecturers from Japan and PUCRS around 80% of all students. The way used for it is a postal via and electronic mail in 73.33% of the cases and 6.66% of cooperation come from personal meetings.

6) What were pros/cons of conducting the training course in the host country?

Pros:

Epidemiological and demographic similarities

Low cost of the course

Weather / climate

Language

Cons:

Not observable

(2) Appropriateness of output setting and curriculum design

Output setting and curriculum design have shown its effectiveness and efficiency during evaluation of the JICA questionnaire, annual PUCRS report and personal consultation. The expected results surpass the beginning-planning situation considering the figures studied. 69.14% of all students surveyed have affirmed that the curriculum is ranked advanced to very advanced; 60.38% said that the time allocated for the lessons and discussions are ideal and 100% said the usefulness of the course in their daily work is high. Still, the course administration and decision for the outputs reach 87.36% of satisfaction.

1) Was the setting of output 1 and training components (lecture, practice, etc) appropriate?

Participants understood that new abilities and knowledge were acquired systematically (analytical analysis (8.68[±0.67]) in an excellent manner. The previously known information was strengthened at the end of the course said 79.31% of the students. And the still 89.66% of all participants affirm that the course was effective in transferring technical information.

2) Was the setting of output 2 and training components (lecture, practice, etc) appropriate?

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.

3) Was the setting of output 3 and training components (lecture, practice, etc) appropriate?

100% of the students said to be important to know special characteristics of the geriatric disease in the specific studied area in order to prevent and better allocation of resources. And 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.

(3) Appropriateness of requirement for the applicants, and selection

The chosen students represent a good sample from the invited countries and the results obtained from their work after returning home say it by itself. The binding work exerted by PUCRS and ABC selecting and disseminating the General Information (GI) in right place for the right people finished with a course 73.3% important for the health policy of the represented countries and the following programmes:

a) Public health programme for the elderly

b) Professionals and caregivers capacitating programmes

c) Geriatrics syllabus in universities

d) National outpatients and inpatients programmes revision

(4) Overall judgement on relevance

The epidemiological and demographic revolution around the world makes decisions highly influenced by opportunity cost. It means that the volume of resources in a scarcity situation reality makes an implementation of a specific health programme affect other one. The price paid in order to have something can be very high for an entire population. The elderly patient costs three times more than an average person less than 65 years of age. In an ageing population, the resources must be well expended. Therefore, a well-planned health system, considering the ageing of population, in a specific reality in Latin America or Africa can produce better health results with less money as it uses to be.

4.3 Conclusion

4.3.1 Factors Promoting Effects of the Training Program

From JICA:

- a) Finance supportive help
- b) Beyond looking – capacity to see the future of health planning and personnel training scheme
- c) Goodwill – from Japanese people helping with their work and money other people around the globe
- d) Coherence in objective set up

From PUCRS:

- a) Physical structure of the campus of Porto Alegre
- b) Outstanding level of professors
- c) Coherence in selecting students and curriculum

From ABC: a) capacity to keep up a good cultural, economic, political and social national and international academic relationship.

4.3.2 Factors Inhibiting Effects of the Training Program

From Countries Represented in the Course:

- a) Lack of material assistance
- b) Lack of personnel assistance (geriatrics nurses, nutritionists, social workers, etc)
- c) Life-long learning recycling material

4.3.3 Conclusion

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

Chapter 5 Recommendations and Lessons Learned

5.1 Recommendations

5.1.1 Recommendations for the Partner Country Side (Direction of Future Activities of Project)

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

5.1.2 Recommendations for JICA (Necessity for Follow-up Cooperation)

- 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.

5.2 Lessons Learned

5.2.1 Lessons Learned regarding Situations in Evaluated Country and Sectors

Positive lessons must be supported and repeated. 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 between the strongly created data-keeping networks. The probably most important lesson to be learned will come from Africa. The today's situation in that part of the globe, regards lots of adequate preventive measures in a very scarce region, with almost total lack of material and equipment and an adverse epidemiological and demographic reality. Any positive raising figures from Angola and Mozambique should be analysed properly and irradiated.

5.2.2 Lessons Learned regarding Project Management

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. We strong advise the reassignment of the actual agreement between the involved parts, herein cited Government of Japan and Government of Brazil/PUCRS.

ANNEX:

Annex 1 – Introduction Letter JICA – Spanish version

Queridos(as) colegas

El acuerdo firmado entre el gobierno brasileiro y japonés proporcionó la implantación del Curso Internacional de Geriátría a través del *Third Country Training Programme* (TCTP) en la Pontificia Universidad Católica de Rio Grande do Sul.

El mismo tiene como objetivo básico la formación de profesionales en el área de geriatría y medicina preventiva.

Japan International Cooperation Agency (JICA) suministró entrenamiento en Japón a profesionales oriundos de países en vías de desarrollo por un largo período. Sin embargo, como una natural evolución, se impusieron nuevos paradigmas. Fue necesaria la descentralización de esos entrenamientos. Brasil fue escogido como un centro gerenciador y emanador de conocimientos geriátricos para países de América Latina, Caribe y África.

JICA y la Agencia Brasileira de Cooperación, además de otorgar becas a médicos profesionales oriundos de las citadas regiones geográficas, son responsables por el mantenimiento y gerenciamiento de la calidad del curso ofrecido. Periódicamente son realizadas evaluaciones relativas a la calificación adecuada de toda la estructura comprendida en el curso. Profesores, técnicos, instalaciones, material didáctico, contenido programático son sometidos a una evaluación teniendo en cuenta la compatibilidad profesional con las necesidades político-geográficas de los países en cuestión.

Por estas razones es que estamos enviando un cuestionario que pedimos sea completado con especial atención. Recuerda que tu respuesta es esencial para el mantenimiento y/o la reestructuración del servicio que te fue ofrecido. El cuestionario es objetivo, fácil de completar y deberá ser enviado a la siguiente dirección:

Weyler Galvão Pôrto, MD, MSc

Alameda Campinas, 129 # 113
Cep: 01404 000
São Paulo – SP
Tel: +55 (0)11 3284 4577
Fax:+55 (0)11 3284 4286
Weyler@psicobio.epm.br

En caso de que quieras recibir el cuestionario en forma electrónica (e-mail) o de que tengas alguna duda respecto de lo leído, puedes dirigirte a la dirección de correo electrónico colocada anteriormente y tu solicitud será respondida a la brevedad.

Los datos a completar son totalmente confidenciales y nos serán usados para otro objetivo.

Agradezco tu atención y presteza. La respuesta de este cuestionario podrá ser recibida hasta la primera semana de diciembre inclusive. Por favor, priorizar la vía electrónica como forma de envío de tus respuestas en caso de que tengas la opción.

Agradezco tu colaboración.

Weyler Galvão Pôrto, MD, MSc

Consultor de Japan International Cooperation Agency
Third Country Training Program
Curso Internacional de Geriatria

Annex 2 – JICA questionnaire – Spanish version

**CUESTIONARIO PARA EX-PARTICIPANTES DEL
CURSO INTERNACIONAL DE GERIATRIA
Third Country Training Program
PUCRS - JICA**

Este cuestionario tiene como fin recolectar datos necesarios, opiniones, y comentarios de personas/ organizaciones relacionadas al Third Country Training Program en Geriatria (de ahora en adelante denominado "curso") con el objetivo de evaluar el curso.

Por favor responde las preguntas a seguir. Tu opinión y sugerencias constructivas son bienvenidas.

Cuando respondas algunas preguntas encontrarás una escala analógica. Presta atención ya que "las caras" (rostros) se distribuyen diferentemente entre placer y displacer. Intenta transformar en número tu sentimiento sobre las cuestiones relativas. Siéntete libre para marcar lo que realmente piensas.
Gracias!

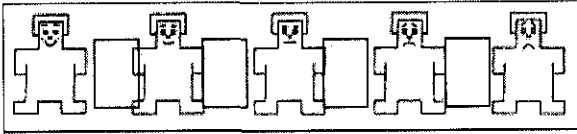
I- INFORMACIONES GENERALES

- (1) Nombre: _____
- (2) Función: _____
- (3) Organización: _____
- (4) País: _____
- (5) Año en que terminaste el curso: _____
- (6) Dirección: _____
- (7) Tel: _____
Fax: _____
E-mail: _____
- (8) Por favor, en pocas palabras, describe tu actual trabajo: _____

- (9) Por favor, explica brevemente las condiciones actuales de tu área de trabajo en tu organización y/ o en tu país (si estás relacionado a algún proyecto o trabajas relacionado al área de geriatría, descríbelo).

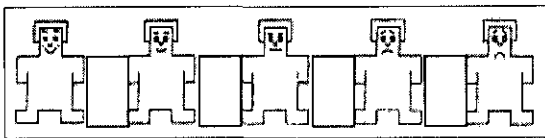
II – EVALUACIÓN DEL CURSO

Q1 – ¿Cómo evalúas la organización del curso?

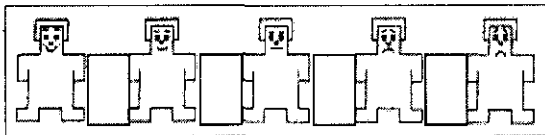


Por favor especifica tu respuesta: _____

Q2 - ¿Hasta dónde entendiste el conocimiento y las habilidades introducidas por el curso?

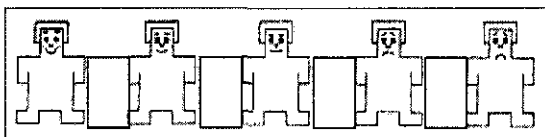


Q3 - Evalúa la habilidad de los profesores.



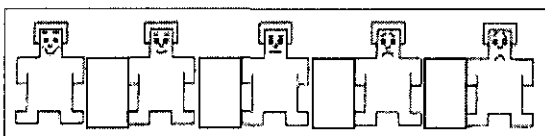
Por favor especifica tu respuesta: _____

Q4 - Evalúa los libros y otros materiales, así como también el entrenamiento y el uso adecuado de equipos.



Especifica tu respuesta: _____

Q5 - Evalúa el cronograma del curso.



Especifica tu respuesta: _____

Q6 - Respecto del contenido del curso, ¿que fue lo que mas te interesó? (Enuméralos, comenzando con el mas importante).

1. _____
2. _____

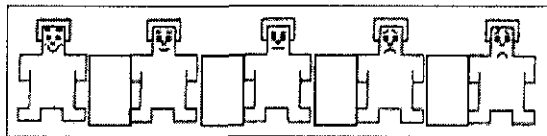
Q7 - ¿Que ítem podría ser explorado mas en detalle? (Enuméralos, comienza con el mas importante).

1. _____
2. _____

Q8 - Según tu opinión, ¿cuál ítem(s) **no** fue presentado en el curso y debería ser introducido? (Enuméralos y comienza por el mas importante).

1. _____
2. _____

Q9 - ¿El contenido presentado durante el curso cumplió con las expectativas que tenías antes del curso?



Por favor especifica tu respuesta: _____

Q10 - ¿Las informaciones médico-científicas presentadas en el curso ya eran de tu conocimiento?

1. Si.
2. Si. Pero no tan específicas.
3. No.

Q11 - Considerando la posibilidad de transferencia de información técnico-científica. ¿Este curso foi efetivo?

1. Si.
2. Parcialmente.
3. No.

Por favor especifica tu respuesta: _____

Q12 - ¿Tus funciones pasaron por cambios en la organización donde trabajas después que retornaste del curso?

1. Si. Por favor especifica tu respuesta: _____

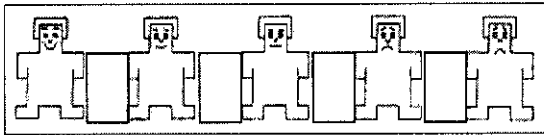
2. No.

Q13 - ¿Cambiaste de trabajo al retornar a tu país? ¿El cambio tuvo alguna relación con el curso?

1. Si. Por favor especifica tu respuesta: _____

2. No.

Q14 - Los conocimientos y habilidades adquiridos durante el curso , ¿ son útiles en tu trabajo diario?



Por favor especifica tu respuesta: _____

Q15 - ¿Intentaste compartir los conocimientos /habilidades adquiridos en el curso cuando regresaste a tu país?

1. Si.
 a) Seminarios
 b) Workshop
 c) Informaciones a tus jefes o colegas
 d) Circulación de libros
 e) A través del trabajo diario
 f) Otros. Especifica. _____

2. No. Por favor especifica: _____

Q16 - ¿Alguna vez te has propuesto implementar cambios y/ o nuevos proyectos en la organización donde trabajas utilizando los conocimientos y habilidades adquiridos en el curso? Se respondiste afirmativamente, ¿cómo se benefició esa población? (Enumera 2 proyectos y sus beneficios correspondientes, comenzando por el mas importante.

1. _____
Beneficios: _____

2. _____
Beneficios: _____

Q17 - En un futuro, ¿cómo te gustaría utilizar los conocimientos adquiridos? (Enumera 2, comenzando por el mas importante.

1. _____

2. _____

Q18 - Com relación a las políticas de desarrollo y necesidades de tu país, ¿el curso fue importante?

1. Si.
2. Parcialmente.
3. No.

Especifica tu respuesta: _____

- Q19 - ¿Tienes algún inconveniente en implantar los conocimientos y habilidades adquiridos en el curso en tu trabajo actual?
- Si.
 - Falta de personal entrenado adecuadamente
 - Falta de equipos
 - Falta de fondos
 - Falta de conocimientos externos
 - Otros. Menciónalos: _____
 - No. Menciona las razones: _____

- Q20 - ¿Cual fue el mayor beneficio del curso?

- Q21 - ¿Cual fue el mayor beneficio del curso para la organización donde trabajas?

- Q22 - ¿Actualmente mantienes alguna relación con personas que has conocido en el curso?
- Sim.
 - Otros participantes
 - Profesores/ Instructores (incluyendo especialistas japoneses)
 - Otros. ¿Cuáles? : _____
 - No. Especifica: _____

- Q23 - Si la respuesta anterior fue positiva, ¿qué tipo de relación mantienes?
- a) Intercambio de informaciones técnicas vía correo postal y/ o e-mail
 - b) Visitas a otras organizaciones / países
 - c) Recibes visita de otras organizaciones / países
 - d) Invitaciones hacia profesores / instructores para que visiten tu país?
 - e) Otros. ¿Cuáles?: _____

- Q24 - ¿Necesitas apoyo para difundir y /o utilizar el conocimiento y el entrenamiento que recibiste durante el curso?
- Si. ¿De quién?
 - a) Gobierno de mi país
 - b) Gobierno de Japón (incluyendo JICA)
 - c) Implementando organización de curso (PUCRS)
 - d) Otros. ¿Cuáles? _____
 - No.
- Q25 - Si tu respuesta anterior fue afirmativa, describe el contenido del apoyo que necesitas en detalle: _____

- Q26 - ¿Tienes conocimiento de que el curso tiene apoyo del Gobierno de Japón?
- Si.
 - No.

Q27 - ¿Cuáles son las ventajas y desventajas de participar em um curso internacional comparado con un entrenamiento en tu país o, en Japón; en términos de lengua, nivel técnico, cultural entre otros?

a) Ventajas: (Describe 2, comenzando por las mas importante)

1. _____

2. _____

b) Desventajas: (Describe 2, comenzando por las mas importante)

1. _____

2. _____

Q28 - ¿Has tenido alguna dificultad durante tu estadía en Brasil? (Describe 2, comenzando por el mas importante.

1. _____

2. _____

Q29 - ¿Existe algún otro tipo de curso que te gustaría que fuese organizado por el gobierno japonés? (Cita 2, comenzando por el mas importante).

1. _____

2. _____

Q30 - Por favor escribe tus recomendaciones con el objetivo de mejorar la implementación de cursos similares (describe 2, comenzando por el mas importante).

1. _____

2. _____

Muchas gracias por tu atención y por el tiempo invertido en esta evaluación. Tu respuesta es muy importante para nosotros.

Por favor, envía las respuestas por vía electrónica a la dirección de e-mail escrita debajo. Usa correo postal sólo sino encuentras los medios para hacerlo de forma electrónica.

WEYLER GALVÃO PÔRTO, MD, MSc

CONSULTOR JICA
JICA Consultant
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BRASIL

Annex 3 – Introduction JICA letter – Portuguese Version

Queridos(as) colegas

O acôrdo firmado entre os governos brasileiro e japonês proporcionou a implantação do Curso Internacional de Geriatria através do *Third Country Training Programme* (TCTP) na Pontifícia Universidade Católica do Rio Grande do Sul.

Tem como objetivo básico a formação de profissionais na área de geriatria e medicina preventiva.

A *Japan International Cooperation Agency* (JICA) forneceu treinamento no Japão a profissionais oriundos de países em desenvolvimento por um longo período. Mas, como uma natural evolução, novos paradigmas se impuseram. Fez-se mister a descentralização desses treinamentos. O Brasil foi então escolhido como um centro gerenciador e emanador de conhecimentos geriátricos para países da América Latina, Caribe e África.

A JICA e a Agência Brasileira de Cooperação, além de oferecer bolsas a profissionais médicos oriundos das citadas regiões geográficas são responsáveis pela manutenção e gerenciamento da qualidade do curso oferecido. Periodicamente são feitas avaliações concernentes à qualificação adequada de toda a estrutura envolvida no curso. Professores, técnicos, instalações, material didático, conteúdo programático sofrem escrutínio objetivando compatibilidade profissional com as necessidades político-geográficas dos países envolvidos.

Para tanto, estamos enviando um questionário que pedimos sua especial atenção para seu correto preenchimento. Lembre-se, por favor, que sua resposta é essencial para a manutenção e/ou reestruturação do serviço que lhe foi oferecido. O questionário é objetivo, de fácil preenchimento e deverá ser endereçado para:

Weyler Galvão Pôrto, MD, MSc

Alameda Campinas, 129 # 113

Cep: 01404 000

São Paulo – SP

Tel: +55 (0)11 3284 4577

Fax:+55 (0)11 3284 4286

Weyler@psicobio.epm.br

Caso queira receber o questionário eletronicamente ou tiver qualquer dúvida a ser sanada, por favor use o e-mail acima e faça sua solicitação.

Os dados são totalmente confidenciais e, não serão usados para outro intento.

Conto com sua atenção e presteza. aguardo o retorno de seu questionário até a primeira semana de dezembro. Por favor, dê preferência a via eletrônica ao nos enviar sua resposta.

Gratíssimo por sua atenção.

Weyler Galvão Pôrto, MD, MSc

Consultor da Japan International Cooperation Agency
Third Country Training Program
Curso Internacional de Geriatria

Annex 4 – JICA questionnaire – Portuguese version

**QUESTIONÁRIO PARA EX-PARTICIPANTES DO
CURSO INTERNACIONAL DE GERIATRIA
Third Country Training Program
PUCRS - JICA**

Este questionário objetiva coletar dados necessários, opiniões, e comentários de pessoas /organizações relacionadas ao Third Country Training Program em Geriatria (doravante denominado “o curso”) com o intuito de avaliar o curso.

Por favor responda as questões que se seguem. Sua opinião e sugestões construtivas são bem-vindas.

Ao responder algumas questões você encontrará uma escala analógica. Note que as faces se distribuem diferentemente entre limites de prazer e desprazer. Tentamos transformar em número seu sentimento subjetivo sobre as questões relativas. Sinta-se livre para marcar o que realmente sente.

Grato!

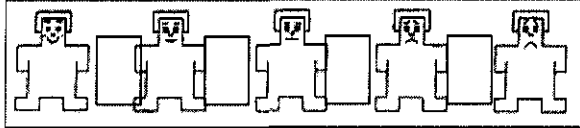
I- INFORMAÇÕES GERAIS

1. Nome: _____
2. Função: _____
3. Organização: _____
4. País: _____
5. Ano que completou o curso: _____
6. Endereço: _____
7. Tel: _____
Fax: _____
E-mail: _____
8. Por favor, em poucas palavras, relate seu trabalho atual: _____

9. Por favor, brevemente, explique as condições atuais de seu campo de trabalho em sua organização e/ou em seu país (se estiver envolvido em qualquer plano ou trabalho concernente, descreva-o).

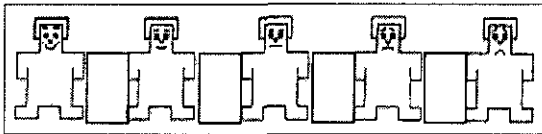
II – AVALIAÇÃO DO CURSO

Q1 - Como você avalia a organização do Curso?

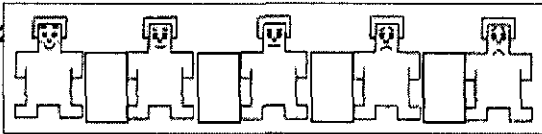


Por favor descreva a razão em detalhes: _____

Q2 - Até quanto você entendeu o conhecimento e habilidades introduzidas pelo curso?

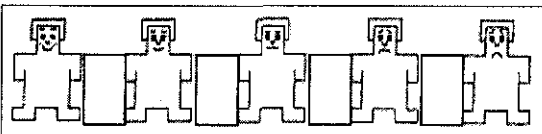


Q3 - Como você avalia a habilidade dos professores?



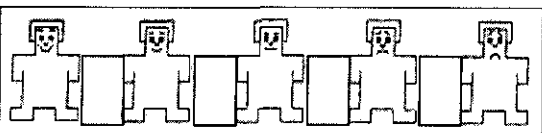
Por favor detalhe as razões: _____

Q4 - Como avalia os livros e demais materiais bem como o treinamento e uso adequado do equipamento?



Detalhe as razões: _____

Q5 - Como avalia o currículo do curso?



Por favor dê detalhes: _____

Q6 - Do conteúdo do curso, o que mais lhe interessou? (Liste-os, começando com o mais importante)

1. _____
2. _____

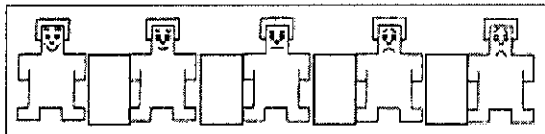
Q7 - Qual item(s) poderia ser mais explorado em detalhes? In your opinion, what subject(s) presented in the course should be more detailed / deepened? (Liste-os, começando com o mais importante)

1. _____
2. _____

Q8 - Em sua opinião, qual item(s) **não** foi apresentado no curso e, deveria ser introduzido? (Liste-os começando com o mais importante)

1. _____
2. _____

Q9 - O conteúdo apresentado durante o curso preencheu as expectativas que tinha antes do curso?



Por favor descreva a(s) razão(s) com detalhes: _____

Q10 - As informações médico-científicas apresentadas no curso já eram de seu conhecimento?

1. Sim.
2. Sim. Mas não tão profundamente.
3. Não.

Q11 - Considerando a possibilidade de transferência de informação técnico-científica, este curso foi efetivo?

1. Sim.
2. Parcialmente.
3. Não.

Por favor detalhe sua(s) ação(ões): _____

Q12 - Suas funções sofreram mudanças em sua organização depois que você retornou do curso?

1. Sim. Por favor detalhe a razão: _____

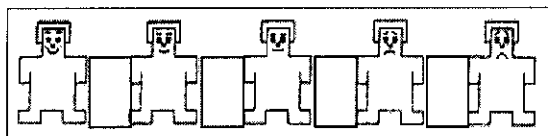
2. Não.

Q13 - Você mudou de emprego, em função do curso, ao retornar para seu país?

1. Sim. Por favor descreva a razão em detalhes: _____

2. Não.

Q14 – Os conhecimentos e habilidades adquiridos com o curso são úteis em seu trabalho diário?



Por favor descreva a razão em detalhe: _____

Q15 - Você tentou alguma vez disseminar os conhecimentos/habilidades adquiridos no curso quando retornou ao seu país?

1. Sim
- a) Seminários.
 - b) Workshop.
 - c) Informações ao seu chefe e colegas.
 - d) Circulação de livros.
 - e) Através do trabalho diário.
 - f) Outros. Especifique: _____

2. Não. Por favor detalhe: _____

Q16 - Alguma vez você propôs e/ou implementou mudanças e/ou novos projetos na organização onde você trabalha utilizando-se do conhecimento e habilidades que você adquiriu durante o curso? Se respondeu afirmativamente, como a população alvo local se beneficiou? (Liste 2 projetos e benefícios, começando do mais importante).

1. _____

Benefits: _____

2. _____

Benefits: _____

Q17 - No futuro, como gostaria de utilizar os conhecimentos adquiridos? (Liste 2, começando do mais importante).

1. _____

2. _____

Q18 - Do ponto-de-vista das políticas de desenvolvimento e necessidades de seu país, o curso foi importante?

1. Sim.

2. Parcialmente.

3. Não.

Detalhe sua resposta: _____

Q19 - Você tem algum problema de implantar os conhecimentos e habilidades que adquiriu durante o curso no seu trabalho atual?

1. Sim

Falta de pessoal adequadamente treinado

Falta de equipamento

Falta de fundos

Falta de conhecimentos externos

Outros. Mencione-os: _____

2. Não. Mencione as razões: _____

Q20 - Qual foi para você o maior benefício do curso?

Q21 - Para você, qual foi o maior benefício do curso para sua organização?

Q22 - Atualmente você ainda mantém relações com pessoas relacionadas ao curso?

1. Sim
 Outros participantes.
 Professores/Instrutores (incluindo especialistas japoneses).
 Outros. Quais?: _____
2. Não. Descreva a razão em detalhe: _____

Q23 - Se a resposta anterior for positiva, qual o tipo de relacionamento você mantém?

- a) Troca de informações técnicas via postal e/ou e-mail.
- b) Visitas a outras organizações / países.
- c) Recebe visitas de outras organizações / países.
- d) Convites para que professores / instrutores venham ao seu país.
- e) Outros. Quais?: _____

Q24 - Você necessita apoio para disseminar e/ou utilizar o conhecimento e treinamento que recebeu durante o curso?

1. Sim. De quem?
 a) Governo do meu país.
 b) Governo do Japão (incluindo JICA).
 c) Implementando organização de curso (PUCRS).
 d) Outros. Quais?: _____
2. Não.

Q25 - Se sua resposta anterior foi afirmativa, descreva o conteúdo do apoio que necessita em detalhes: _____

Q26 – Você tem conhecimento de que o curso tem apoio do Governo do Japão?

1. Sim.
2. Não.

Q27 - Quais são os pontos positivos e os negativos de participar de um curso internacional comparado com treinamento em seu país ou, mesmo no Japão em termos de língua, nível técnico, cultural entre outros?

- a) Méritos: (Cite 2, começando com o mais importante).
 1. _____
 2. _____
- b) Deméritos: (Cite 2, começando com o mais importante).
 1. _____
 2. _____

Q28 – Você teve alguma dificuldade durante seu tempo de permanência em solo brasileiro? (Cite 2, começando com o mais importante).

1. _____

2. _____

Q29 - Existe algum outro tipo de curso que você gostaria que fosse organizado pelo governo japonês? (Cite 2, começando com o mais importante).

1. _____

2. _____

Q30 - Por favor faça recomendações para melhor implementação de cursos similares (Cite 2, começando com o mais importante).

1. _____

2. _____

Muito obrigado por sua atenção e tempo dispensado com essa avaliação. Sua resposta é para nós realmente muito importante.

Por gentileza, envie as respostas por via eletrônica para o endereço abaixo. Use carta em última hipótese.

WEYLER GALVÃO PÔRTO, MD, MSc

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Annex 5: List of the participants who have participated in the TCTP course:

Participants 1st TCTP - 2000

01. Adolfo Enrique Gómez Sarapura
La Victoria – Lima / Peru
02. Aline Elisa Goulart – Brazil
Rio de Janeiro/RJ – Brazil
03. Carolina Pilar Gomezjurado Devine
Santiago De Chile / Santiago/Chile
04. David Avalos Chacón
San José / Costa Rica
05. Eladia Ortiz Fernández, (*fax*)
Itapua / Paraguay
06. Ercilia C. Rosa Molinha Villalona
Santo Domingo / Dominican Republic
07. Goyita Otilia Medina Vela gomedina@ec-red.com
Lima / Peru
08. José Zaporta Pacheco drizaportap@yahoo.com
Riobamba /Ecuador
09. Luz del Alba Nuñez Martinez
Santo Domingo / Dominican Republic
10. Myung Hi Kim Kim, mhkim@adinet.com.uy
Montevideo / Uruguay
11. Nodgi Enéas Pellizzetti - *death*
Rio do Sul - SC / Brazil
12. Pacífico Raul Ríos Delgado
Panama / Panama
13. Sergio Hernando Villamizar Sayago
Cucuta / Colombia
14. Yalile Muñoz Chacón, yalile02@hotmail.com
San José / Costa Rica

Participants 2nd TCTP – 2001

01. Analia Nusya de Medeiros Garcia, analia@icb.upe.br
Recife - PE / Brazil
02. Euler Esteves Ribeiro (*blank*)
Manaus - AM / Brazil
03. Fabrício René Díaz Hernández, fabriciodiaz@cablecolor.hn
Tegucigalpa / Venezuela
04. Fausto Napoleón Guerrero López, crsid@ecnet.ec
Quito / Ecuador
05. Giselle Alene Monteiro Girodo, girodo@task.com.br
Belo Horizonte - MG / Brazil
06. Joana Domingos Correia
Luanda / Angola
07. Jorge Solari Yokota
Lima / Peru
08. José Andrés Cordova Valle, geriasalmd@mailcity.com
La Libertad / El Salvador
09. Maria Alejandra Talice Garcia
Montevideo/Uruguay
10. Mauricio Delgado Garcia, maudelga@hotmail.com
Bogotá / Colombia
11. Mitzi Anabella Ureña Pérez, mitziau@hotmail.com
Panama / Panama
12. Nelson Reinald Walter Olmeda, nwaldu@par.net.py
Asunción / Paraguay
13. Otto René de León Díaz, otto1511@yahoo.com
Guatemala / Guatemala
14. Wilfredo Jesus Bolivar Gil
Maracay / Venezuela

Participants 3rd TCTP – 2002

01. Angel Antonio Pineda Madrid, apinedam@hotmail.com
Comayaguela / Honduras
02. Benedito Toalha Escova, btoalha@hotmail.com
Maputo / Mozambique
03. Graciela Aymee messina Hernandez
Santo Domingo / Dominican Republic
04. Henry de Jesus Marroquim Lopez
Guatemala/Guatemala
05. Heyne Glicério Espinoza Núñez, heyne11@yahoo.com
Piura / Peru
06. João Carlos Lisboa, familisboa@bol.com.br
Ijuí - RS / Brazil
07. José Roberto Cardoso da Silva joserob@click21.com.br ou joserob@embratel.com.br
Belém – PA / Brazil
08. Leonilde Inés Morelo Negrete, leonildemorelo@javeriana.edu
Bogotá / Colombia
09. Manuel Salvador Salas Flores, manuelssalas@catholic.org
Masaya / Nicaragua
10. Maria Elizabeth Alfaro López de Navas, (*fax*)
San Salvador / El Salvador
11. María Esther Meroni, esthermeroni@yahoo.es
Santiago del Chile / Chile
12. Patricio Gabriel Buendía Gomez de la Torre, patriciogeriatra@hotmail.com,
secugg@hotmail.com
Quito / Ecuador
13. Ricardo Dante Murrieta Vela, rmurrieta@upch.edu.pe
Lima / Peru
14. Rosa Elena Solis Aguilar
Guatemala / Guatemala

Participants 4th TCTP – 2003

01. Adonis Amhed Andonie Ávila, aandoniehn@hotmail.com
Tegucigalpa / Honduras
02. Carmina Tereza Herrera Zevallos, carminahz@hotmail.com
Rio Branco - AC / Brazil
03. Danilo Oliverio Morales Andrade, dmorales@usac.edu.gt
Guatemala / Guatemala
04. Diego Fernando Martínez Padilla, marpadiefer@hotmail.com
Quito / Ecuador
05. Gladys María de la Torre Castro, clio@infomed.sld.cu ou jcesarc@infomed.sld.cu
Cuidad de la Habana / Cuba
06. José Antonio Velásquez Portillo, tanterna2000@hotmail.com
San Salvador / El Salvador
07. Laura Elena García Olvera, lgarciao@sm.pemex.com
México DF / Mexico
08. Mónica Inés Calcagno Isoco, mcalca@montevideo.com.uy
Montevideo / Uruguay
09. Myrian Concepción Bernal, mycha66@hotmail.com
Formosa / Argentina
10. Oscar Sequeira Solis, oscarsequeira2002@yahoo.com
Managua / Nicaragua
11. Rigoberto Yoshio Meléndez Nishihara, rigomele@latinmail.com
Santiago / Chile
12. Sofia Vanda Lôa, sofiavandaloa@yahoo.com.br
Luanda / Angola
13. Tiago Christovam Tavares Pereira, tchristovam@uol.com.br
Brazília – DF / Brazil
14. Vielka Maritza Sanjur Atencio, sanjurvielka@hotmail.com
Panama / Panama



JICA