

Overview of Terminal Evaluation Survey Results

1. Outline of the Project	
Country : Republic of Chile	Project title : Rehabilitation Project for Persons with Disabilities
Issue/Sector : Assistance for persons with disabilities	Cooperation scheme : Technical cooperation
Division in charge : JICA Human Development Dept., Group 2, Social Security Team	Total cost (at evaluation) : 344.040 million JPY
Period of Cooperation (R/D): August 1, 2000 to July 31, 2005 (Extension): (F/U) : (E/N) :	Partner Country's Implementing Organization : Ministry of Health (Ministerio de Salud, MINSAL), East Metropolitan Health Service (Servicio de Salud Metropolitano Oriente, SSMO), National Institute for Rehabilitation Pedro Aguirre Cerda (Instituto Nacional de Rehabilitación Pedro Aguirre Cerda, INRPAC), National Fund for the Disabled (Fondo Nacional de Discapacitados, FONADIS)
	Supporting Organization in Japan : National Rehabilitation Center for Persons with Disabilities, National Rehabilitation Center for Disabled Children, Osaka Social Welfare Center for Persons with Disabilities, Minami Osaka Ryoikuen, Aitoku Social Welfare Corporation Ministry of Health, Labour and Welfare
	Related Cooperation : None

1-1 Background of the Project

Although the Republic of Chile places importance on its social welfare policy to assist the socially disadvantaged and is exerting its efforts to improve its welfare program for persons with physical disabilities, the Instituto Nacional de Rehabilitación Pedro Aguirre Cerda (INRPAC) that is the only national rehabilitation hospital for children with physical disabilities was outdated not only physically but also technologically and thus it needed to be upgraded. Although the Chilean Ministry of Health originally planned to build a new rehabilitation hospital in 2000 to improve medicalcare for persons with disabilities, Asian economic crises greatly had a tremendous impact on the Chilean national budget and the construction plan was frozen.

Meanwhile, the Ministry of Health promoted the national hospital to a national research institute in 1998 out of importance to improve the medicalcare for the persons with disabilities. The hospital became a more comprehensive rehabilitation hospital given a role to serve as an educational and research institute in addition to its original role of providing medicalcare.

Against the backdrop, the Chilean government requested a technical cooperation project in order to improve the function of the research institute so that rehabilitation programs for persons with disabilities will be developed at existing facilities while keeping in mind activities at the new hospital slated to be built. In response, a five-year technical cooperation project was launched in August 1, 2000 to last until July 31, 2005.

1-2 Project Overview

(1) Overall Goal

To promote community participation of patients of the INRPAC hospital

(2) Project Purpose

To improve the rehabilitation services of the INRPAC (by developing a systematic rehabilitation model from physical, mental and social points of view.)

(3) Outputs

- 1) Improvement of clinical techniques in rehabilitation diagnosis, assessment and treatment
- 2) Improvement of reha care system
- 3) Development of local rehabilitation system
- 4) Development of clinical database
- 5) Promotion of clinical research
- 6) Improvement of rehabilitation human resources development capacity
- 7) Promotion of communication with patients

(4) Inputs (as of March 31, 2005)

Japanese side :

Long-term Expert: 3 (chief advisor and operational coordinator)

Short-term Expert: 41

Trainees received: 19

Equipment purchase: 137.102 million JPY

Accompanied equipment: 10.598 million JPY

Chilean Side :

Counterpart: Project director: 56 M/M

Project manager: 56 M/M

Project coordinator: 56 M/M

Project support: 56 M/M

Output coordinator: 56 M/M

Rehabilitation team: 1,849 M/M

Local rehabilitation team: 392 M/M

Database team: 176 M/M

Human resources development team: 728 M/M

Land/equipment

Local Cost: 242 million pesos (approx. 432,000 USD)

2. Evaluation Team

**Members of
Evaluation
Team**

Supervisor/Leader: Akira HASHIZUME, technical advisor, Human Development Dept., JICA
Rehabilitation medicine: Masanori NAGAOKA, professor, Graduate School of Medicine, Juntendo University
Cooperation planning: Yohei TAKAHASHI, Social Security Team, Group 2, Human Development Dept. JICA
Evaluation analysis: Shinji NAMBO, vice representative, Exidia Ltd.
Interpreter: Yoko TERAMURA, training supervisor, Japan International Cooperation Center

**Period of
Evaluation**

Apr. 9, 2005 to Apr. 30, 2005

Type of Evaluation : Terminal

3. Results of Evaluation

3-1 Verification of Outputs

Achievements, outputs, and implementation process up to this point from the inception of the project were examined and evaluated based on the project purpose, outputs and project activities. As a result, Outputs 4 and 5 were behind, although the results were generally good. Output 4 is likely to be achieved before the completion of the project.

3-2 Summary of Evaluation Results

(1) Relevance

The project purpose and overall goal of the project are consistent with the PLANDIS formulated for persons with disabilities by major ministries and agencies led by the Chilean Ministry of Planning (MIDEPLAN). The Ministry of Health decided to enhance its efforts for rehabilitation and formulated guidelines for technical instructions related to collaboration of rehabilitation network (hospitals and clinics). The strategy for local rehabilitation with local rehabilitation centers (CCR) as its core is reflected in the guidelines and 350 municipalities throughout the nation are expected to be covered under the program. Currently, eight CCRs are in operation. One of them, the INRPAC, is expected to play a leading role for local rehabilitation. The East Metropolitan Health Service (SSMO) recognizes rehabilitation as one of its eight priority issues and the INRPAC as an organization that takes a leadership role. Thus, the project is in line with the national healthcare policy.

Learning Japanese comprehensive rehabilitation methods has been a valuable experience for the INRPAC. The Japanese methods are actually used there, which means that the Japan's experience is very useful and the project activities are consistent with Japan's healthcare policy that is the source of its experience.

Thus, it is fair to conclude that the project is relevant because it is consistent with Chilean policy and needs and Japanese policy.

(2) Effectiveness

When user satisfaction is taken into consideration, the project purpose to improve rehabilitation services of the INRPAC was appropriate. This is shown in the output indicators and an increase in patients. All outputs were effective in achieving the purpose. Effects of local rehabilitation that is highly important and thus has become a strategy of the health ministry were remarkable. The educational standing of the PAC hospital and skills enhancement of the team and the diagnosis system are different from other private rehabilitation centers and other outputs are also of significant importance.

(3) Efficiency

The inputs by Japanese and Chilean sides are appropriate in general. The basic policy was to conduct

training in Japan before dispatching long-term experts to Chile for practical training. Gaining an overview of technologies and systems of rehabilitation in training in Japan prior to lectures and skills training in Chile enables more effective learning.

Equipment provided by Japan meets patients' needs and thus satisfies the purpose of the provision. Improvement of counterparts' skills and instructions given by Japanese experts enabled them to efficiently use equipment that was already available. Outputs 1, 2 and 3 that are directly connected with the project purpose and thus are most important progressed prior to other outputs. Prioritization for achieving the project purpose was appropriate and improved the overall efficiency.

(4) Impact

1) Impact on overall goal

Because the participation rate in integrated education, an indicator for the overall goal of promoting community participation of patients of the INRPAC hospital, has already reached 77 percent, which over the 50-percent target figure, it is fair to say that the project had an impact on the goal. On the other hand, because the rehabilitation program for employment is just started, it needs to be watched carefully.

2) Impact on national policy

INRPAC employees received training and instructions in Japan, which helped improve their abilities to a level to have influence on technical issues of the skills review committee of the Ministry of Health. For example, the experience of the introduction and promotion of CBR in the project was added to the future rehabilitation plan of the ministry as a strategy. A technical foundation for implementing the plan was established in the INRPAC. As these examples show, the project has had a significant impact on the national healthcare policy.

3) Local impact

The introduction of local rehabilitation system, especially in the Penalolen district, encouraged formation of mothers' groups and led to the improvement of the rehabilitation policy in the district.

4) Impact on target group

Handling of patients before the project was launched differs clearly from the current situation. Opening of a local rehabilitation center, for example, enabled individual isolated caretakers to form groups, where they share problems and help each other to provide rehabilitation services for patients. This contributes to their empowerment and improvement of QOL. Thus, it is fair to say that the project has had a big impact as the services satisfy user needs.

(5) Sustainability

1) Policy aspect

As described in (1), the project is consistent with the Chilean healthcare policy and the SSMO priority policy and thus it is expected to be further developed. Thus, the sustainability is highly likely to occur.

2) Financial aspect

There is no compensation that matches the services provided by the INRPAC. This needs to be discussed with the FONASA.

3) Technical aspect

The INRPAC promotes the project to spread the outputs under the own initiative of counterparts based on what they learned in the training in Japan and technical training given by experts. Because the INRPAC, the only rehabilitation research institute in Chile, is getting higher evaluations and individual employees have great flexibility of their work, the counterparts have expressed their intension to continue to participate in the project. Thus, it is fair to say that the technical sustainability is likely to occur.

3-3 Factors that Promoted Realization of Effects

The most significant factor is the improvement in employees' attitudes. Their rehabilitation skills improved remarkably through Japan's cooperation and they have more advanced skills than other organizations at home and overseas through seminar and other occasions. This enabled them to have confidence. The INRPAC facility improved as equipment was offered and facility was renovated. The combination of these factors led them to have more positive attitudes. Such mental contribution is immeasurable. As they have more positive attitudes, their approach to their patients improves, which also contributes to the improvement of QOL of patients and their families.

3-4 Factors that Impeded Realization of Effects

The progress of Output 5 (promotion of clinical research) lagged behind the most at the time of evaluation because it was of low priority strategically to give priority to the improvement of rehabilitation skills and treatment of patients. However, research needs to be done even very gradually. INRPAC employees are expected to allocate time for research to accomplish the output.

3-5 Conclusion

The project has yielded great outputs in comparison to its original purpose in terms of the five points for evaluation (relevance, effectiveness, efficiency, impact and sustainability). The local rehabilitation system that is a national policy, for example, is based on the local rehabilitation method developed in the project. There is an idea of spreading the system all over the nation and the INRPAC is expected to take a leadership role. The goal of improving rehabilitation services was appropriate and effective when the user satisfaction is considered. Providing training before dispatching experts was an efficient input. The project had various impacts: the overall goal was also partially achieved as many school children participated in the schooling program; training and instructions provided for the INRPAC employees help them improve their skills to a degree to influence the skills review committee of the Ministry of Health; and the introduction of local rehabilitation systems induced local revitalization. Because the project activities

are consistent with Chilean healthcare policy and it is one of its priority issues, its sustainable development is likely to occur.

3-6 Recommendations (specific measures, suggestions and advice)

The following are recommendations to make the outputs more concrete:

- 1) Concerned organizations should formulate a specific activity plan, eyeing the overall goal of promotion of community participation. For example, they should examine the integration of programs to increase opportunities of contact between persons with disabilities and rehabilitation programs for employment with CBR.
- 2) Concerned organizations should clarify specific role they expect the INRPAC to play for the establishment and maintenance of a CBR model and formulate an INRPAC input plan for each pilot area.
- 3) Training on data entry should be provided for all concerned INRPAC employees in order to secure the effects of database introduction. Training on data utilization should be also provided for them once a certain volume of data is collected.
- 4) The INRPAC should coordinate work schedule of its workers so they will be able to be involved in research-related activities such as clinical conferences even for short periods.
- 5) The INRPAC should make sure to hold feed-back seminar for its employees who completed training in Japan.
- 6) The INRPAC should analyze the cost for new services and other duties for which the amount of payment from the FONASA is not decided or for which the payment is small in comparison to the services in order to use the data as basic reference for revisions.
- 7) The INRPAC should examine the possibility of using the accumulated know-how through the project for the needs of adult rehabilitation. Concerned organizations should examine issues that may arise when the INRPAC is regarded as an organization that handles the needs of adult rehabilitation.
- 8) Concerned organizations should examine the INRPAC long-term strategic plan in order to maintain and develop the project outputs. Appropriate infrastructure development is essential for materializing the long-term strategic plan that includes the improvement and expansion of services. For early realization of INRPAC's transfer and construction plan, a task force should be formed for detailed analysis of advantages and disadvantages of the transfer and preparation of specific proposals for increasing advantages and reducing of disadvantages.

3-7 Lessons Learned

The following lessons were learned from this project:

- 1) The project contributed to the formulation of Chilean policy for persons with disabilities, due to close communication between the health ministry officials, SSMO officials and INRPAC coordinators for

information exchange on a regular basis.

- 2) A model was created smoothly in the development of CBR, because the knowledge and experiences in humanities and social sciences of Japanese experts worked effectively for CBR introduction in local communities.
- 3) Training in Japan was very effective, because trainees evaluated the recipient organizations in Japan willingly, to which feedback was given properly. This also helped improve the training system of the recipient organizations.
- 4) The quality of services of the INRPAC was maintained even new staff members were allocated, because the INRPAC staff recognized the effectiveness of teamwork and team rehabilitation was introduced and established through practical activities by simultaneous dispatch of experts in different expertise and training in Japan.
- 5) Satisfaction with INRPAC services among patients' families improved, because of improvement of rehabilitation skills as well as improvement of explanation about the treatment policy, increased communication with patients' families and improvement of amenities. This has also had a positive impact on satisfaction with their duties among workers.
- 6) The INRPAC provides quality services evenly, because services are standardized and a thorough self-inspection is carried out through teamwork of formulating manuals, for example, among staff members.
- 7) The Bobath approach training session held in the fifth year produced much bigger effects than regular training sessions, because INRPAC employees had the ground for accepting the concept of the approach through accumulated changes through dispatch of experts and acceptance of trainees.

INRPAC workers are engaged in their duties with a greater pride, because they had many opportunities to recognize the importance of their duties and the advancement of their practice at the INRPAC through domestic and international seminar.