**Forget me not:**

**Mejorar la salud mental en los países andinos** **Improving mental health in the Andean countries**

**Evaluación externa final (borrador)** **Final external evaluation**

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**ABREVIACIONES Y SIGLAS** **Abbreviations and Acronyms**

AM Adulto/a mayor AM Adult / a greater

AAB Asociación Alzheimer Bolivia Alzheimer Association AAB Bolivia

AFACOL Acción Familiar contra el Alzheimer en Colombia AFACOL Family Action against Alzheimer's in Colombia

APS Atención Primaria de Salud PHC Primary Health Care

CAI Comité de Análisis de la Información CAI Committee for Information Analysis

CIAM Centro Integral del Adulto Mayor CIAM Integral Centre for Older people

FH Fundación Horizontes FH Horizons Foundation

FMM Fundación Montes de María FMM Montes de Maria Foundation

HAI HelpAge International HAI HelpAge International

IMEDER Instituto de la Memoria, Depresión y Enfermedades de Riesgo IMEDER Institute of Memory, Depression and Disease Risk

ONG Organización no Gubernamental NGO Non-Governmental

PAM Personas Adultas Mayores OP Older Persons

OPA Older people Organisation

RSE Responsabilidad Social Empresarial CSR Corporate Social Responsibility

SNIS Subsistema Nacional de Información en Salud NHIS National Health Information Subsystem

SPAM Seguro para el Adulto Mayor SSPAM Health Insurance Scheme for Older People

TICs Tecnologías de la Información ICT Information Technology

UPSA Universidad Privada de Santa Cruz de la Sierra UPSA Private University of Santa Cruz de la Sierra

**Final Evaluation Executive Summary**

El proyecto denominado “No te olvides de mí - Mejorar la salud mental en los países andinos”, desarrollado entre marzo 2013 y febrero 2015, surge a partir de la lenta respuesta en América Latina al crecimiento de los problemas de salud mental en adultos/as mayores y al rápido envejecimiento en la región.The project "Forget me not - Improving the mental health in the Andean countries", developed between March 2013 and February 2015, arises from the slow response in Latin America to the growth of mental health problems in older adults and the rapid ageing in the region. En ese marco, se planteó como **Objetivo General** “Mejorar la atención en salud mental en las poblaciones mayores de Bolivia, Colombia y Perú”, y se definieron los siguientes **Objetivos Específicos:** i) Incrementar la conciencia dentro de 3.000 familiares y cuidadores y 50.000 comunitarios (incluyendo 25.000 personas mayores) sobre las causas, atención e impacto de las enfermedades mentales; In this context, it has as **General Objective** "Improving the mental health care in the older populations of Bolivia, Colombia and Peru," and the **following objectives** were **defined:** i) Increasing awareness within 3,000 families and caregivers and 50,000 community (including 25,000 elderly) about the causes, care and impact of mental illness; ii) Mejorar el acceso a servicios apropiados de salud mental para 18.000 personas mayores (9.900 mujeres), 1.500 de quienes tienen demencia u otra enfermedad mental; ii) Improving access to appropriate mental health services for 18,000 older people (9,900 women), 1,500 of whom have dementia or other mental illness; iii) Establecer modelos de atención a la demencia basados en la comunidad en 10 municipalidades para apoyar a los pacientes de demencia y sus familias/cuidadores. iii) Develop models of care to community-based dementia in 10 municipalities to support dementia patients and their families / caregivers.

El proyecto fue concebido como un piloto para impulsar y poner a prueba diferentes propuestas o “modelos” de intervención y su efectividad en sí mismos, sin la intención de realizar análisis comparativos, trabajando con 5 **Socios Locales** en un total de 16 localidades.The project was conceived as a pilot to push and test different approaches or "models" of intervention and effective in themselves, without the intention of making comparative analysis between these different interventions. It worked with five **local partners** in a total of 16 locations. La oficina regional de HelpAge International ha dado el apoyo de coordinación, liderazgo técnico y de monitoreo. The regional office of HelpAge International has given the support of coordination, monitoring and technical leadership.

En cuanto a **relevancia,** se ha abordado un tema que pese a su creciente incidencia, **no es un tema priorizado** en las **agendas de salud, las políticas públicas, ni en los presupuestos,** así como tampoco es priorizada la población de personas adultas mayores (PAM). In terms of **relevance,** it has addressed an issue that despite its increasing incidence, **is not a priority issue** in **health agendas, public policies or budgets,** nor is prioritised the population of older persons (OP). Las respuestas desde los gobiernos son lentas e incipientes. The responses from governments are slow and emerging. Así, si bien los problemas de salud mental representan el 22% de la carga de enfermedades en América Latina, su atención sólo corresponde a un 2% del gasto en salud; Thus, while mental health problems account for 22% of the disease burden in Latin America, attention is only for 2% of health expenditures; en países como Bolivia, Colombia y Perú la atención en salud mental está disponible para menos de 1% de la población, y en el primer nivel de atención en general ni se toma en cuenta. in countries such as Bolivia, Colombia and Peru. At the end, the mental care is available to less than 1% of the population and in primary health care, it isn’t taken into account. Tal situación reproduce las **débiles capacidades** existentes en los sistemas de salud para responder a esta creciente necesidad. This situation evidences the **weak** existing **capacity** of health systems to respond to this growing need. Desde la sociedad civil la salud mental de las PAM tampoco es un tema priorizado. Civil society is also not giving a high priority to the mental health of OP. En general, las mismas **organizaciones de PAM no han considerado la salud mental como un tema de su agenda** y demanda. In general, the **organisations** of OP themselves **have not considered mental health as an issue on its agenda** and demand. Existe un gran **desconocimiento y estigmatización** sobre la problemática, especialmente a nivel local.There is a great **ignorance and stigmatisation** on the issue, especially at the local level. A lo anterior se suman factores sociales y culturales de **desvalorización y exclusión de las PAM,** que son víctimas de **abandono, maltrato, estigma y discriminación** incluso en sus mismas familias. To this, social and cultural factors of **devaluation and exclusion of OP,** who are victims of **neglect, abuse, stigma and discrimination** even in their own family, need to be added. Todo lo anterior **repercute negativamente en la calidad de los cuidados** que reciben las PAM con demencia, su grado de desprotección e inseguridad. All this **adversely affects the quality of care** received by OP with dementia, their degree of vulnerability and insecurity. Los/as cuidadores familiares a su vez enfrentan sobrecarga de trabajo y responsabilidades, lo que se agrava por la **inexistencia de opciones de servicios de cuidado externos** cualificados y accesibles. The family caregivers face workload and responsibilities, which is aggravated by the **lack of** qualified **service options** and accessible **external care.** Tomando en cuenta todo lo anterior, el proyecto buscó impulsar **propuestas y modelos potenciales hacia el futuro,** que permitan desarrollar capacidades y alternativas para enfrentar la enfermedad, así como generar acciones focalizadas en las **poblaciones rurales y más vulnerables** . Considering the above, the project sought to promote **proposals and potential models for the future,** in order to develop skills and alternatives to face the disease and generate actions focused on **rural and vulnerable populations.**

En general, los resultados han demostrado un **buen planteamiento estratégico** , una **adecuada planificación** y una buena adaptación a **los contextos específicos** , así como también la **flexibilidad y capacidad de adaptación de las contrapartes** frente a oportunidades o situaciones adversas o no previstas.Overall, the results have shown a **good strategic approach,** **proper planning** and good adaptation to **specific contexts,** as well as **flexibility and adaptability by partners** against opportunities or adverse or unforeseen situations. En ese marco el proyecto ha permitido **desarrollar y poner a prueba modelos de intervención multiactor** para abordar, desde el ámbito local, la problemática de la demencia en PAM, que han **respondido a contextos específicos** , y han aprovechado a su vez de la **experiencia, conocimientos y recursos de las contrapartes.** Asimismo, el proyecto ha realizado una **contribución significativa** en cuanto a **información, sensibilización y conocimiento de la enfermedad,** en contextos locales y –en cierta medida– nacionales. In this context the project has helped **develop and test models of multi-actor intervention** to address, from the local level, the problems of dementia in OP, interventions which have **responded to specific contexts,** and have been able to use the **experience, knowledge and resources of the partners.** The project has made ​​a **significant contribution** in terms of **information, awareness and knowledge of the disease in** local contexts and, in some measure, national.

En perspectiva del equipo evaluador, es destacable la **intención de medir efectos e impactos** , así como el **desarrollo y validación de una propuesta y herramienta** (escalas) para hacerlo.From the evaluation team’s perspective, the **intention to measure outcomes and impacts is remarkable as well as the** **development and validation of a proposal tools** (scales) to do so. El proyecto ha implementado cinco escalas de medición de cambios (detección, percepción de la calidad de vida, The project has implemented five scales measuring changes (detection, perception of quality of life, percepción de **c** alidad de vida familiar, medición para cuidadores, y percepción del desempeño de los servicios de salud), utilizando una línea de base para comparar luego con los avances y los resultados finales. perception of changes in families’ life, measuring caregivers performance, and perception of the performance of health services), using a baseline and then compare with the progress and final results. Entre las fortalezas de las escalas está la **sencillez de los instrumentos** . Among the strengths of the scales is the **simplicity of the instruments.** Se identifican, asimismo, **debilidades en las contrapartes sobre cómo captar y demostrar impactos** . The process has identified **weaknesses in partners on how to capture and demonstrate impact.** Pese a ello, HAI ha hecho un esfuerzo por mostrar los impactos logrados por el proyecto en 5 ámbitos: Nevertheless, HelpAge has made ​​an effort to show the impact achieved by the project in five populations targeted by the project:

* **Adultos/as mayores:** **Older people:** El proyecto ha contribuido a mejorar su bienestar y calidad de vida, al brindar informaci ó n adecuada tanto a PAM como a sus familias sobre las caracter í sticas de la enfermed ad y sus necesidades de cuidado . The project has helped improve their welfare and quality of life by providing adequate information to OP and their families about the characteristics of the disease and the needs of care.
* **Comunidades:** Se ha visibilizado la problem á tica de las PAM con demencia en las comunidades, logrando disminuir la estigmatizaci ó n asociada a esta enfermedad . **Communities:** the problem of dementia in the community has been made ​​visible decreasing the stigmatisation associated with this disease.
* **Familias:** Al brindar informaci ó na las familias se ha logrado sensibilizarlas en cuanto a las caracter í sticas y necesidades de las PAM con demencia, contribuyendo a mejorar las condiciones de atenci ó ny reducir los maltratos y abandono. **Families:** By providing information to families, the project has made ​​them aware of the characteristics and needs of OP with dementia, helping to improve the conditions of attention and to reduce abuse and neglect.
* **Servicios de salud:** **Health services:** Se tiene una percepci ó n en general positiva de un mejor nivel de conocimiento y mayor informaci ó n para la atenci ó n. there is a globally positive perception of a better level of knowledge and the needs of care.
* **Cuidadores:** **Caregivers:** Se ha logrado dar informaci ó n sobre la dimensi ó n de la enfermedad y las necesidades de cuidado , as í como responder a una demanda de f ormaci ó n de cuidadores externos . the project has managed to provide information on the dimension of the illness and the needs of care while responding to an increase in demand for training for external and family caregivers.

El proyecto ha incidido en la **visibilización y posicionamiento de la temática** , ha **contribuido a cambiar actitudes, prácticas y creencias** de diversos actores, aportando a la **superación de la estigmatización de las enfermedades y la transformación de prácticas culturalmente aceptadas de maltrato y violencia** a las PAM con demencia.The project has affected the **visibility and positioning of the subject. It** has **contributed to change attitudes, practices and beliefs** of different actors, contributing **to overcome the stigma of the disease and the transformation of culturally accepted practices of abuse and violence toward OP** with dementia. Ha contribuido la **mejor calidad de vida** de las PAM con demencia, ya su **inclusión** , **convivencia pacífica** y al **respeto de sus derechos** . It has contributed to a better **quality of life for OP** with dementia, to their **inclusion, a peaceful coexistence** and **respect for their rights.** “Ser tomados en cuenta” es el elemento más importante destacado por los/as PAM. "To be taken into account" is the most important element highlighted by the OP. De manera complementaria, el fortalecimiento de asociaciones y organizaciones locales de PAM ha permitido **incluir la salud mental en sus agendas y reivindicaciones;** a partir de ello ha incidido positivamente en su **capacidad de participación, demanda e interlocución frente a autoridades locales** en relación a sus derechos en salud y, específicamente, la salud mental. To complement this, the strengthening of local associations and organisations of OP has allowed **to include mental health in their agendas and claims;** from this, the project has a positive impact on their **ability to participate, and dialogue lawsuit against local authorities** in relation to their rights health and specifically mental health’s rights.

El gran “nudo” en cuanto a la evaluación de impacto tiene que ver con la limitación del proyecto a la detección, las expectativas que generó, y la frustración ante las distintas dificultades y obstáculos (del sistema, económicos, sociales, culturales) para – a partir del diagnóstico inicial **– acceder a un diagnóstico especializado en otro nivel, a tratamientos y medicamentos,** siempre con la expectativa de alguna “mejora” si no “cura”.The big challenge for the impact has to do with the limits of the project to the detection at primary health care, generating expectations and frustration with the various difficulties and obstacles (system, economic, social and cultural) to - from initial diagnosis **- access to specialized diagnostics another level, treatments and medications. There is** always with the expectation of some "improvement" if not "cure", which the project did not always provided.

Desde una mirada de género, cabe señalar que el proyecto en su **diseño y estrategia no ha tomado en cuenta la dimensión de género** .From a gender perspective, it should be noted that the project **design and strategy has not taken into account the gender dimension.** El proyecto parte implícitamente del supuesto de que a través de una convocatoria a todas las PAM, se brinda igualdad de oportunidades a mujeres y hombres para realizarse el diagnóstico, capacitarse, participar. The project implicitly assumes that through a call to all OP, it provided equal opportunities for women and men to perform the diagnosis, train, participate. En opinión del equipo evaluador, un diagnóstico contextualizado (con enfoque de género) hubiese permitido evidenciar no sólo los patrones de género de la enfermedad, sino también los supuestos de género, las normas informales y los patrones de exclusión, maltrato etc. In the evaluation team’s opinion, a contextual diagnosis (gendered) would have spotlighted not only gender patterns of disease, but also the assumptions of gender, informal norms and patterns of exclusion, abuse etc. En lo positivo, el proyecto contribuyó a revalorizar el rol de las mujeres como cuidadoras, a fortalecer sus capacidades, y, en varios casos, a elevar su valor e incrementar sus oportunidades laborales y de ingresos. On the positive side, the project contributed to revalue the role of women as caregivers, to strengthen their capacities, and in several cases to increase their perception of their own value, their employment opportunities and future income.

En relación a la **organización y gestión del proyecto** , los **roles y responsabilidades** tanto de HAI como de las instancias implementadoras fueron **definidas** y seIn relation to the **organisation and management of the project,** the **roles and responsibilities** of both HelpAge and the implementing agencies were **defined** clearly anddesarrollaron con claridad, en un marco de respeto, con buenos niveles de coordinación, complementación y comunicación. they developed within a framework of respect, with good levels of coordination, complementarity and communication. Se reconoce que faltó mayor asesoramiento a las contrapartes en temas de gestión de proyectos, incluido el monitoreo. It is recognised that further advice to partners in projects’ management, including monitoring, should have been done. Si bien se brindó información general a los participantes/beneficiarios de las acciones al inicio de actividades, **no se contempló un mecanismo** While general information was provided to the participants / beneficiaries about the project at the beginning of activities, no formal **mechanism for accountability was contemplatedde rendición de cuentas** , pero sí se han presentado las actividades y resultados alcanzados a autoridades nacionales.although partners have presented the activities and results obtained to local and national authorities.

En tema de **alianzas,** y como parte sustantiva de la **apuesta multiactor** , el trabajo con la comunidad ha propiciado espacios de **articulación con la institucionalidad, las personas mayores y sus cuidadores/familias** , contribuyendo a la “reconstrucción del tejido social” ya visibilizar a las PAM y su aporte a la comunidad. The subject of **partnerships,** and as a substantial part of the **multi-stakeholder commitment,** work with the community has provided forums for **coordination with the institutions, OP and their carers / families,** contributing to the "social reconstruction" and the visibility of OP and its contribution to the community. El relacionamiento con instancias gubernamentales también se ha expandido hacia otros **actores y sectores a nivel nacional** , como el acercamiento estratégico y coordinación desarrolladas por la Fundación Montes de María con la Unidad de Víctimas en Colombia. The relationship with government agencies has also expanded to other **actors and sectors at the national level,** (example of the strategic approach and coordination developed by the Montes de Maria Foundation with the Victims Unit in Colombia). Sin embargo, como una debilidad casi generalizada del proyecto cabe señalar **el bajo o nulo relacionamiento con los entes rectores nacionales estatales de salud y de adultos mayores** (ministerios/secretarías) en los 3 países. However, a pervasive weakness of the project worth noting is **the low or no relationship with the state and national governing bodies of health and OP** (ministries / departments) in the 3 countries during the project life.

El proyecto si bien generó los espacios y la motivación, **podría haber incorporado de manera más formal e incluso a nivel de resultados y bajo la administración de HAI, la articulación y los intercambios de aprendizaje entre contrapartes** , puesto que no existe una cultura de trabajo y coordinación horizontal, ni tampoco en el uso de medios telemáticos para un contacto sistemático e intercambio de experiencias entre contrapartes.The project although it generated spaces and motivation, **could have incorporated under the administration of HelpAge, more formal, networking and learning exchanges between counterparts,** since there is no culture of horizontal work and little use of electronic means for systematic contact and exchange of experiences between partners.

En perspectiva de la **sostenibilidad** el proyecto ha permitido a las **contrapartes desarrollar capacidades para fortalecer y ampliar su alcance temático, geográfico y de tipo de intervenciones** ; Perspective of **sustainability** the project has allowed the **partners to develop capacities to strengthen and expand its thematic, geographic and scope of such interventions;** también **se han fortalecido organizaciones nacionales de Alzheimer** . also **they have strengthened national Alzheimer organizations.** Las **PAM** se sienten **fortalecidas** , pero sus **organizaciones aún requieren consolidarse** . The **PAM** are **empowered,** but **still need to consolidate** their **organizations.**

En términos de balance, se ha avanzado en la sensibilización, la generación/fortalecimiento de capacidades y en la incorporación de la temática de la demencia de las PAM en las agendas de distintas organizaciones, el **grado de institucionalización** es, en opinión del equipo evaluador, todavía **incipiente** y muy **vulnerable** de factores y coyunturas externas, Así, si bien las contrapartes han referido que muchas de las iniciativas han tenido **acogida por los gobiernos locales** y se han logrado **avances,** la **coyuntura política ha determinado en muchos casos cortes en los procesos.**In terms of balance, progress has been made ​​in raising awareness, generation / capacity building and mainstreaming of the issue of dementia in OP on the agendas of different organisations. The **degree of institutionalisation** in the evaluation team’s opinion, is still **incipient** and very **vulnerable** to external factors and situations, so, although the partners have reported that many of the initiatives have been **welcomed by local governments** and **progress** has been **made,** the **political situation has determined in many cases cuts in the processes.** **Algunas iniciativas han avanzado en la** **incidencia en normativa y políticas públicas,** pero son insuficientes. **Some initiatives have advanced in incidence in** **law and public policy,** but they are insufficient. En perspectiva del equipo evaluador, el proyecto ha mostrado cierta **debilidad en la gestión política a nivel nacional,** lo que atañe a las contrapartes y sus débiles capacidades de incidencia, pero también a HAI. In view of the evaluation team, the project has shown some **weakness of partners in policies management at national level and** weak capacities of incidence, but in HelpAge as well, in not using previous relationships and more time.

La experiencia, los “modelos” y conocimientos resultantes del proyecto también fortalecen las capacidades de HAI e incrementan su potencial en el rol de liderazgo e incidencia en la temática de la demencia en PAM en la región sobre la base de **evidencias y propuestas.** Es más, estos conocimientos y capacidades potencian el **rol de HAI en la agenda internacional.** En general **el proyecto ha ampliado la base de instituciones, comunidades y personas capacitadas y activistas** a favor de los derechos de las PAM, con foco en la demencia, lo que en sí mismo significa un potencial de continuidad, réplica y abogacía.Experience, "models" and knowledge resulting from the project will also strengthen the capacity of HelpAge and increase its potential of leadership role and of impact on the issue of dementia in OP in the region on the basis of **evidence and proposals.** These knowledge and skills enhance the **role of HelpAge in the international agenda.** In general **the project has broadened the base of institutions, communities and campaigners** for the rights of OP, focusing on work with **people with dementia,** which in itself means a greater potential for continuity, replication and advocacy.

A partir de la evaluación se plantean las siguientes recomendaciones a HAI, que se centran en: a) Recoger ideas para futuras iniciativas;From the evaluation the following recommendations to HelpAge arise based on the experienced gained: a) Collect ideas for future initiatives; b) potenciar las posibilidades de continuidad y réplica de los procesos y resultados alcanzados a nivel local; b) enhance the possibilities of continuity and replication processes and results achieved at local level; c) incidir en la agenda nacional para el posicionamiento y atención de la temática de la demencia en PAM; c) impact on the national agenda for positioning and care subject of dementia in PAM; d) contribuir al diálogo y agenda internacional desde la experiencia desarrollada a partir del proyecto. [1](https://translate.googleusercontent.com/#footnote1) d) contribute to the dialogue and international agenda[[1]](#footnote-1) :

* Gestionar acuerdos con los Ministerios de Salud para la continuidad/r é plica / Manage agreements with the Ministries of Health for continuity and replica in particular for theinstitucionalizaci ó n de los diagn ó sticos en el primer nivel desde un enfoque de salud integral, incorporando la prevenci ó ny buscando alternativas de referencia institutionalisation of the diagnostic at the first level of care as part of an holistic health approach, incorporating the prevention or seeking alternative of reference y tratamiento . and treatment.
* Potenciar la formalizaci ó n de redes de cuidadores/as, as í como el fortalecimiento y la institucionalizaci ón de iniciativas de desarrollo de capacidades de cuidadores a nivel local , Enhance the formalisation of networks of caregivers, using the strengthening, institutionalisation and capacity building of local caregivers, a trav é s de pla nes y presupuestos municipales, alianzas institucionales, mecanismos de certificaci ó n, entre otros. Al respecto, queda como reto para futuras iniciativas de formaci ó n de cuidadores incorporar el enfoque de g é nero promocionando la participaci ó n de hombres . through planning and municipal budgets, institutional partnerships, mechanisms for certification, among others. In this regard, there is a need to take the challenge for future initiatives of formation of caregivers mainstreaming the gender perspective and promoting the participation of men.
* Promover acuerdos con gobiernos municipales, ONG, instituciones religiosas para fortalecimiento de organizaciones de PAM , orientadas a la exigibilidad de sus derechos y la priorizaci ó n de la tem á tica. Promote agreements with local governments, NGOs, religious institutions to strengthen OP organisations aimed at the enforcement of their rights and priorisation in policies.
* Sistematizar /afinar las experiencias , resultados y modelos para su difusi ó ny discusi ó na nivel local, nacional e interna ciona. Systematise / refine the experiences, results and models for diffusion and discussion at local, national and international levels. A partir de la sistematizaci ó n, desarrollar pr oductos/propuestas de calidad para el dise ñ oe implementaci ó n de pol í ticas/estrategias, para la revisi ó ny mejoras a los protocolos y herramientas de diagn ó stico de la salud mental del PAM, as í como productos de comunicaci ó n, i nformaci ó ny educaci ó n. From the systematisation, develop communication/information/education products and quality proposals for the design and implementation of policies / strategies which include the revision or improvement of protocols of care and tools for diagnostic, in general mental health of OP.
* Calcular los costos, desarrollar alternativas de financiamiento y analizar el costo-efectividad para la implementaci ó n de los modelos. Calculate costs, develop financing alternatives and analyse the cost-effectiveness for the implementation of the models.
* Promover redes nacionales y regionales multiactorales para la incidencia y el aprendizaje en torno a la problem á tica. Promote national and regional multi-stakeholder networks for advocacy and learning about the problem to invest into policies. Desarrollar una estrategia de operacionalizaci ó n. Develop a strategy for operationalisation.
* Desarrollar una estrategia “ agresiva ” para informar y sensibilizar sobre la problem á tica a nivel nacional y regional, incluyendo informaci ó n sobre medidas de prevenc i ó n/mitigaci ó n. Develop an "aggressive" strategy to inform and raise awareness of the problem for policies at national and regional level, including information on measures of prevention / mitigation.
* Desarrollar acuerdos con universidades para promover investigaciones sobre el tema, as í como la formaci ó n de profesionales especializados en la tem á tica. Desarrollar protocolos de investigaci ó n para visibilizar la tem á tica , conseguir nuevos financiadores y para la incidencia . As í tambi é n, promover estudios sobre la problem á tica del maltrato a PAM , la tendencia de esta violencia sobre mujeres adultas mayores, la relaci ó n con la demencia y sus efectos. Develop partnerships with universities to promote research on the topic, as well the formation of professionals specialised in the dementia. Develop research protocols or to raise awareness on the need for policies, get new funders and advocacy. Also promote studies on the problem of abuse to OP with dementia, the trend of this kind of violence on older women, the relationship with dementia and its effects.
* Ajustar las escalas al contexto urbano, periurbano, rural ; Adjust the scales to urban, suburban, rural context; sistematizar los res ultados de la aplicaci ó n , para fortalecer la evidencia, el respaldo a los modelos y desarrollar propuestas. further systematise the results to strengthen the evidence for supporting models and developing proposals.
* Explorar alternativas de financiamiento e incentivos para agendar la tem á tica, dar continuidad e impulsar r é plicas; Explore financing alternatives and incentives for incidence and replica; en ese marco buscar alianza s con el sector privado en el marco de la Responsabilidad Social Empresaria l . in this context seek alliances with the private sector within the framework of Corporate Social Responsibility.
* Para futuras experiencias, es necesario que HAI realice un proceso de inducci ó ny capacitaci ó n fuerte en las contrapartes sobre gesti ó n de proyectos, procesos de monitoreo, aplicaci ó n de escalas, incidencia y di á logo pol í tico, y enfoques y T eor í a de C ambio. For future experiences, HelpAge needs to perform a deeper process of induction in order to enable and strengthen counterparties in the management of projects, process of monitoring, application of scales, incidence and approaches to the theory of changes.
* Asimismo, se puede asegurar la realizaci ó n de los intercambios y potenciar los procesos de inter-aprendizaje si desde HAI se administra una estrategia y presupuesto para ello. Also, further exchanges and enhanced mutual learning processes should be introduced as a strategy, if budget for it is provided.
* Si bien es “ posible ” que desde HAI una persona con una dedicaci ó n parcial coordine un proyecto, una dedicaci ó n de 100% del tiempo tendr í a un impacto sustantivo en maximizar el potencial del proyecto y los resultados (costo-efectividad). While it is "possible" that from HelpAge, the post of coordination has a full dedication or partial; to be able to coordinate such a project, with a 100% of his/her time would have a substantive impact on maximizing the potential of the project and outcomes (cost-effectiveness).

1 La viabilidad de las propuestas tiene –en distintos grados– dependencia respecto a la disponibilidad de recursos financieros.

* 1. **INTRODUCCIÓN INTRODUCTION** **Antecedentes del proyecto**

El proyecto denominado “No te olvides de mí - Mejorar la salud mental en los países andinos” surge a partir de la lenta respuesta en América Latina al crecimiento de los problemas de salud mental en adultos/as mayores y al rápido envejecimiento en la región.

* 1. **Project Background**

The project "Forget me not - Improving the mental health in the Andean countries” arises from the slow response in Latin America to the growth of mental health problems in older adults and to the rapid ageing in the region.En ese marco, se planteó como **Objetivo General** “Mejorar la atención en salud mental en las poblaciones mayores de Bolivia, Colombia y Perú”, y se definieron los siguientes **Objetivos Específicos:** In this context, the **General Objective** was defined as "Improving the mental health care in the older people populations of Bolivia, Colombia and Peru," and the **following objectives** were designed**:**

* Increm entar la conciencia dentro de 3. 0 00 familiares y cuidadores y 50.000 comunitarios (incluyendo 25. 000 personas mayores) sobre las causas, atenci ó ne impacto de las enfermedades mentales . To increase awareness among 3,000 family members and carers, and 50,000 community members (including 25,000 older people) about the causes, care and impact of mental health illnesses.
* To improve access to appropriate mental health services for 18,000 older people (9,900 women), 1,500 of who have dementia or other mental illnesses.
* To establish community based care models in 10 communities to support patients of dementias and their carers.

The project **duration** was two years, starting from March 2013 and scheduled to end February 2015. The project was funded by: GDS, Age UK, Grand Challenge Canada, Pfizer in the amount of USD 609 540. La contribución de GDS incluye la aprobación, reciente de un fondo adicional para apoyar la medición de impactos y algunas actividades de abogacía, de tal manera que se pueda asegurar el cumplimiento de los objetivos del proyecto. The cofunding included an additional contribution from GDS to support the impact measurement and some advocacy activities, with the purpose to ensure compliance with the objectives of the project.

Las **actividades** del Proyecto pueden ser resumidas en dos categorías: a) fortalecer las capacidades de los actores a partir de información a adultos/as mayores, la capacitación a los servicios de salud de primer nivel, la realización de campañas de evaluación cognitiva y talleres de capacitación a cuidadores y familias o grupos comunitarios;Project **activities** can be summarized into two categories: a) to strengthen the capacities of actors through information to older adults, training of primary health care services, conducting cognitive assessment campaigns and training workshops for caregivers and families or community groups; b) la sensibilización y difusión de la comunidad para cambios de actitud positivos hacia las personas con demencia (resultado 2). b) awareness and dissemination to the community to achieve positive changes of attitude towards people with dementia (outcome 2).

Los **Resultados** planteados son los siguientes: The expected **results** were:

1. 18,000 personas mayores (9 . 900 mujeres), 1 . 500 de los cuales tienen demencia u otro problema de salud mental, de las 10 comunidades de trabajo, habr á n mejorado su calidad de vida como resultado del fortalecimiento de capacidades 18,000 older people (9,900 women), 1,500 of who have dementia or other mental problems, from 10 communities, have improved their quality of life as a result of strengthened capacity in community support and service provision. To increase service provision, 500 local health professionals, 300 community health promoters or carers, municipal staff and other NGOs operating in the area have been sensitised and/or trained. It is expected that health staff and the local authorities will introduce new age-friendly services eg. screening for dementias during consultations.
2. 25 . 000 personas mayores y 25 . 000 miembros de las comunidades habr á n sido sensibilizados e informados sobre las demencias y problemas de salud mental, creando cambios de actitud positivos e intervenciones solidarias hacia las personas mayores con demencias. 25,000 older people and 25,000 community members have been sensitised and informed regarding mental health issues, creating positive changes in attitude and solidarity actions towards older people with mental health problems. Pol í ticas nacionales y programas en los 3 pa í ses habr á n integrado las intervenciones desarrolladas en el proyecto en sus planes, mejorando el acceso a servicios de salud mental m á s apropiados en el largo plazo ya nivel nacional.
3. National policies and programmes in the 3 countries will have integrated the developed interventions into their actions plans, improving access to appropriate mental health care in the long term and on a national scale.

Desde una perspectiva de fortalecer capacidades locales y potenciar la sostenibilidad de las acciones y resultados, se trabajó con los siguientes 5 **Socios Locales** en un total de 16 localidades **:** Fundación Horizontes (Bolivia);From the perspective of strengthening local capacity and enhance sustainability of actions and results, the project worked with the following five **local partners** in a total of 16 **locations:** Horizons Foundation (Bolivia); Instituto de la Memoria, Depresión y Enfermedades de Riesgo – IMEDER (Perú), Grupo Vigencia (Perú), Fundación Red de Paz de los Montes de María (Colombia), y Acción Familiar contra el Alzheimer en Colombia – AFACOL (Colombia). Memory Institute, Depression and Disease Risk - IMEDER (Peru), Grupo Vigencia (Peru); Foundation Peace and Development of Montes de Maria (Colombia), and Family Action Against Alzheimer Colombia - AFACOL (Colombia). Las acciones del proyecto se desarrollaron en las siguientes localidades: Bolivia (Santa Cruz – Distrito 12; Cochabamba; La Paz – Municipios de Mecapaca, Tiquina, Batallas); Project actions took place in the following cities: Bolivia (Santa Cruz - District 12, Cochabamba, La Paz - Municipalities Mecapaca, Tiquina, Batallas); Colombia (Bogotá y Montes de María); Colombia (Bogota and Montes de Maria); Perú (Lima metropolitana - San Juan de Miraflores, Independencia y Comas y el municipio rural de Quilmaná). Peru (Metropolitan Lima - San Juan de Miraflores, Independence and Comas and the rural municipality of Quilmaná). La oficina regional de HelpAge International ha dado el apoyo de coordinación, liderazgo técnico y de monitoreo. The regional office of HelpAge International supported the project through coordination, monitoring and technical leadership. Cabe anotar que las diferentes intervenciones trabajan en campos complementarios y en poblaciones/contextos diferentes. It should be noted that different interventions work in complementary fields and in different towns /contexts.

* 1. **The evaluation**

El proyecto fue concebido como un piloto para impulsar y poner a prueba diferentes propuestas o “modelos” de intervención y su efectividad en sí mismos, sin la intención de realizar análisis comparativos.The project was conceived as a pilot to push and test different approaches or "models" of intervention and their effectiveness, without the intention to carry out comparative analysis. En ese sentido fue diseñado un sistema de monitoreo formal para medir mejoras en la calidad de vida de las personas, en particular para las personas con demencia en cada ámbito de acción del proyecto. In that sense a formal monitoring system was designed to measure improvements in the quality of life of people, especially for people with dementia in each field of the project. Entonces, la idea de la evaluación final es revisar y contrastar lo planificado en la propuesta inicial con los resultados del proyecto. So the idea of the final evaluation is to review and contrast what was planned in the original proposal with the project’s results.

Por tanto, para la evaluación se plantearon dos propósitos: 1) Realizar la evaluación de los resultados e impacto de las intervenciones;Therefore, the evaluation focussed on two purposes: 1) To conduct the evaluation of the results and impact of interventions; y 2) identificar buenas prácticas, logros y aprendizajes en el marco de la implementación de los modelos propuestos e implementados por las contrapartes. and 2) to identify good practices, achievements and lessons learned in the context of the implementation of the proposed models by counterparts.

La metodología de la evaluación se organizó en función a la matriz de evaluación (ver anexo B), y consideró tanto fuentes primarias como secundarias. The evaluation methodology is organized according to the assessment matrix (see Appendix B), and considered both primary and secondary sources. El trabajo se concentró en las siguientes actividades principales:The work focused on the following main activities:

* Revisi ó n documental (reportes e informes de contraparte, documento del proyecto, etc.). Revision of documents (counterparts’ reports and project reports, etc.).
* Mapeo de actores/as clave. Key stakeholders’ mapping.
* Participaci ó nyr ecolecci ó n de informaci ó n del taller final del proyecto (Lima, abril 2015) . Information from the evaluator’s participation in the final project workshop (Lima, April 2015).
* Entrevistas a actores/as clave (coordinadores, beneficiarios/as, etc.), de manera presencial, v í a skype y a trav é s del env í o de un cuestionario por correo electr ó nico. Interviews with key actors (coordinators, beneficiaries, etc.), in person, via skype and through email questionnaire.
* Visitas en terreno Visits to project’s sites: en Lima (Independencia y San Juan de Miraflores ), Santa Cruz y La Paz (Mecapaca) . Lima (Independencia and San Juan de Miraflores), Santa Cruz and La Paz (Mecapaca).
* Sistematizaci ó n y triangulaci ó n de la informaci ó n.Systematization and triangulation of information.
* Elaboraci ó n del informe. Elaboration of the report.

Para efectos de la evaluación fueron diseñados guías y cuestionarios en función a la matriz de evaluación y ajustados a los diferentes actores/as.For purposes of the evaluation, guides and questionnaires were designed according to the evaluation matrix and adjusted to the different actors. El proceso de entrevistas y recolección de información fue debidamente coordinado con los responsables del proyecto en cada país, así como con la Coordinadora del proyecto a nivel regional; The process of interviews and collecting information was properly coordinated with the project managers in each country, as well as the coordinator of the project at regional level. a todos/as ellos/as les agradecemos por el apoyo y colaboración prestada.We thank all of them for their support and collaboration.

* 1. **The report**

Este informe de evaluación está organizado en función a los Términos de Referencia de la consultoría, por tanto, se concentra en los resultados de las entrevistas (presenciales y por vía telemática) y la documentación de respaldo facilitada, rescatando los elementos relacionados con los resultados logrados por cada experiencia, así como los aprendizajes que han dejado.This evaluation report is organized according to the terms of reference of the consultancy, therefore, it focuses on the results of the interviews (in person and virtual) and the supporting documentation provided, rescuing the elements related to the results achieved per experience and the learning they have left. De ese modo, el informe contiene dos secciones, en una primera sección se incorporan los principales hallazgos, con diferentes subsecciones que analizan temas de: i) relevancia del proyecto; Thus, the report contains two sections, a first section where the main findings are incorporated, with different subsections that examine issues like: i) relevance of the project; ii) la efectividad e impacto logrados, que incluyen los resultados, los efectos e impactos y los resultados inesperados; ii) the effectiveness and impact achieved, including the results, effects and impacts and unexpected outcomes; iii) la equidad y accesibilidad; iii) equity and accessibility; iv) la eficiencia, para cuya evaluación se toma en cuenta aspectos como la organización y gestión, la planificación, el monitoreo, la rendición de cuentas y las alianzas y coordinación; iv) efficiency, which, for this evaluation, takes into account aspects such as the organization and management, planning, monitoring, accountability and partnership and coordination; yv) la sostenibilidad, donde se analizan las perspectivas, el fortalecimiento de capacidades, acciones de incidencia, institucionalización y el rol (potencial) de HelpAge International (HAI). and v) sustainability, where prospects, capacity building, advocacy, and the role institutionalization (potential) of HelpAge International (HAI) are analysed. En segunda sección hace un balance del proyecto, resaltando las principales conclusiones, buenas prácticas, factores de éxito y buenas prácticas y, finalmente, las recomendaciones. In second section it makes a balances of the project, highlighting the key findings, best practices, success factors and best practices, and finally recommendations.

1. **HALLAZGOS DE LA EVALUACIÓN FINDINGS OF THE EVALUATION**

**2.1 Relevance**

The project has addressed a subject that by its growing incidence has become a **matter of public health** in the region. Se estima que la **incidencia de la demencia** tendrá un 450% de crecimiento para el 2050. Esta tendencia va de la mano del **incremento de población de adultos/as mayores** ; It is estimated that the **incidence of dementia** have a 450% growth for 2050. This trend goes hand in hand **the increase in population of older adults;** América Latina es el continente que más rápido está envejeciendo, con un número de personas mayores de 60 años que crecerá de 55 millones en 2005 a 102 millones en 2025, y un incremento aún más importante en las personas mayores de 80%. Latin America is the continent that is aging faster, with a number of people over 60 will grow from 55 million in 2005 to 102 million in 2025 and an even more important in people over 80% increase.

Pese a su creciente incidencia, la **salud mental no es un tema priorizado** en las **agendas de salud, las políticas públicas, ni en los presupuestos,** así como tampoco es priorizada la población de personas adultas mayores (PAM).Despite its increasing incidence, **mental health is not a priority issue** in **health agendas, public policies or budgets,** nor is prioritised the population of older persons (OP).Las respuestas desde los gobiernos son lentas e incipientes. The responses from governments are slow and emerging. Así, si bien los problemas de salud mental representan el 22% de la carga de enfermedades en América Latina, su atención sólo corresponde a un 2% del gasto en salud [1](https://translate.googleusercontent.com/#footnote1) . Thus, while mental health problems account for 22% of the disease burden in Latin America, mental care is only for 2% of health spending[[2]](#footnote-2). Tal situación repercute a su vez en las **débiles capacidades** existentes en los sistemas de salud para responder a esta creciente necesidad.This situation in turn affects the **weak** existing **capacity** of health systems in trying to respond to this growing need. Desde la sociedad civil (ONG, organizaciones y movimientos de base, organizaciones de PAM), la salud mental de las PAM tampoco es un tema priorizado. From the civil society (NGOs, organizations and grassroots movements, organizations OP), the mental health of OP is not a prioritised issue. En general, las mismas **organizaciones de PAM no han considerado la salud mental como un tema de su agenda** y demanda. In general, the **OP organisations** themselves **have not considered mental health as an issue in their agendas and** demands.

Desde otro ángulo, la pertinencia [2](https://translate.googleusercontent.com/#footnote2) también se ratifica en tanto el proyecto ha **contribuido a la implementación de normativa y herramientas existentes** y formalmente vigentes en el sector de salud, pero que por distintas razones –falta de conocimiento, baja priorización, débiles capacidades, baja institucionalización, sobrecarga de trabajo– no eran implementadas.From another angle, relevance[[3]](#footnote-3) of the project was also ratified as it has **contributed to the implementation of standards and existing tools** which formally exist in the health sector, but for various reasons -lack of knowledge, low prioritization, weak capacities, low institutionalization, work overload - were not implemented. Es el caso de Bolivia, donde el personal de salud “tiene muchos programas y papeleos, no quieren asumir lo de un programa más” por la sobrecarga de trabajo administrativo que significa y que, a la vez, le resta tiempo para la atención propiamente dicha. This is the case of Bolivia, where health personnel "has many programs and paperwork and does not want to take more from another program" and thus the administrative backlog means it takes away time for proper care.

La asignación del ínfimo **presupuesto** a su vez **reproduce y amplía las desigualdades y exclusiones existentes** en torno al acceso a los servicios;Minimum **budget** allocation in turn **reproduces and expands the inequalities and exclusions** on access to services; así, mientras un 85-90% del gasto en salud mental se utiliza para los hospitales psiquiátricos, estos son prácticamente **inaccesibles para los/as pacientes pobres y los que viven en comunidades rurales y alejadas** . so, while 85-90% of spending on mental health is used for psychiatric hospitals, these are virtually **inaccessible to poor patients and those living in rural and remote communities.** En consecuencia, en países como Bolivia, Colombia y Perú, **la atención en salud mental está disponible para menos de 1% de la población** , y aunque las debilidades de atención de la salud mental se evidencian en todos los niveles y para todo tipo de pacientes, son particularmente evidentes en el primer nivel de atención, donde en general ni se toma en cuenta. Consequently, in countries such as Bolivia, Colombia and Peru, **the mental health care is available to less than 1% of the population,** and although the weakness of mental health care are evident at all levels and for all patients, it is particularly evident in primary care, where it is generally not taken into account.

Adicionalmente, existe un gran **desconocimiento y estigmatización** de la sociedad en general, familiares, autoridades y prestadores/as de salud sobre la problemática, especialmente a nivel local. In addition, there is great **ignorance and stigmatisation** of society at large, families, authorities and health providers on the issue, especially at local level. Al respecto, un médico entrevistado señaló que “falta información más allá de la iniciativa de concientización de los médicos del primer nivel y con familiares para empapar más sobre la problemática del Alzheimer”. In this regard, one doctor respondent noted that "there is a need for more than the awareness toward PHC doctors and families to revert the lack of information around the problem of Alzheimer." A lo anterior se suman factores sociales y culturales de **desvalorización y exclusión de las PAM,** incluso al interior de sus propias familias y como parte de la construcción socio-cultural de la vejez **,** mencionando que el “olvido” es algo normal que forma parte de la tercera edad: “así nomás se termina la vida de las personas”. To these problems, social and cultural factors of **devaluation and exclusion of OP should be added,** inclusive exclusion from within their own families and as part of the socio-cultural construction of old **age,** noting that "forgetting" is a normal behaviour of seniors, "the end of older people life is like that." En consecuencia, en varias comunidades visitadas, tanto personas de la comunidad como diferentes PAM y familiares reportaron que los/as adultos mayores son víctimas de **abandono, maltrato, estigma y discriminación** incluso en sus mismas familias, debido a que éstas se tornan intolerantes al no comprenden la dimensión de la enfermedad y el cuidado que requiere. Consequently, in several communities visited, both in the community as well as various OP and families reported that seniors are victims of **neglect, abuse, stigma and discrimination,** even in their own families, because their families become intolerant not. They understand the dimension of the disease and the care required.

Todo lo anterior **repercute negativamente en la calidad de los cuidados** que reciben las PAM con demencia, su grado de desprotección e inseguridad.All this **adversely affects the quality of care** received by OP with dementia, their degree of vulnerability and insecurity.Los/as cuidadores familiares a su vez enfrentan sobrecarga de trabajo y responsabilidades, lo que no contribuye a mejorar los cuidados que prestan. The family caregivers face heavy workload and responsibilities, which do nothing to improve the care they provide.Esto se agrava por la **inexistencia de opciones de servicios de cuidado externos** , con los conocimientos y capacidades necesarias, ya su vez accesibles para las familias de escasos recursos. This is compounded by the **absence of external service options,** with the knowledge and skills which are required, and little accessible to low-income families.

Tomando en cuenta los argumentos precedentes, la **relevancia del proyecto es evidente** en cuanto a responder a una **necesidad de salud creciente,** tanto por la incidencia de la problemática, como por el envejecimiento de la región y el nivel de desconocimiento existente.Taking into account the above arguments, the **relevance of the project is evident** in terms of responding to a **growing need for health,** therefore the incidence of problems such as the ageing of the region and the level of lack of knowledge. Se vincula a su vez a la necesidad de **impedir el maltrato y vulneración de derechos** de las PAM, impulsar **propuestas y modelos potenciales hacia el futuro** que permitan desarrollar capacidades y alternativas para enfrentar la enfermedad, así como generar acciones focalizadas en las **poblaciones rurales y más vulnerables** . It is linked in turn to the need to **prevent the abuse and violation of rights** of OP, need to put forward **proposals and potential models for the future** in order to develop skills and alternatives to face the disease and generate actions focused on **rural populations and most vulnerable.** El proyecto fue así concebido para dar respuesta a la falta de conocimiento e información, falta de diagnósticos o diagnósticos inadecuados, estigma a personas y familias con Alzheimer, ausencia de voluntad política y compromiso, inadecuado manejo de la problemática por los medios de comunicación, falta de apoyo de la parte médica, y ausencia de políticas públicas. The project was well designed to address the lack of knowledge and information, lack of diagnoses or inadequate diagnoses, stigma to individuals and families with Alzheimer's, lack of political will and commitment, improper handling of the issue by the media, lack support medical part, and the absence of public policies. En ese marco **los/as beneficiarios** entrevistados, así como los/as **voceros/as de los proyectos** destacaron la **importancia y contribución del proyecto** . In this context **the beneficiaries** interviewed and the **spokesmen/women** stressed the **importance and contribution of the project.**

Cabe también mencionar que **el proyecto surge desde la oportunidad,** ante la posibilidad de un financiamiento para salud mental y sobre la base del conocimiento de HAI de instituciones que trabajan en temas asociados a las/os adultos mayores.Also worth mentioning that **the project stems from the opportunity,** with the possibility of funding for mental health and on the basis of knowledge of HAI and institutions working on issues associated with the older people. En ese marco, el diseño de la propuesta se plantea tomando en cuenta la especialidad de las contrapartes, en la perspectiva de **dar continuidad y potenciar su experiencia** , pero a su vez planteándoles **nuevos retos** [**3**](https://translate.googleusercontent.com/#footnote3) . In this context, the design of the proposal raises considering the specialty counterparts, with a view to **provide continuity and enhance their experience,** but to **challenge** them, provide new challenges[[4]](#footnote-4). La propuesta no emerge, entonces, de un diagnóstico de necesidades específico, ni de la demanda, **sino desde HAI a partir de su conocimiento de la problemática y su potencial para convocar y articular alianzas** . The proposal does not emerge from a diagnosis of specific needs or demand, **but from HAI based on its knowledge of the problem and its potential to convene and articulate alliances.**

Lo anterior se traduce en la oportunidad de **aprovechar presencia y experiencia institucional** , así como el conocimiento y calificación de sus **recursos humanos,** para **agendar un tema, fortalecer y expandir capacidades,** así como desarrollar experiencias que permitan **poner a prueba “modelos” y metodologías de trabajo** para abordar la demencia en y desde los ámbitos locales.This translates into an opportunity **to leverage presence and institutional experience** as well as knowledge and qualification of its **human resources** in order **to schedule a subject, strengthen and expand capabilities and** experiences to develop **test "models" and methodologies work** to address dementia and from local areas. Algunos/as actores han mencionado que el proyecto no responde a prioridades de la población objetivo, ni se basó en un análisis de la problemática de las PAM. Some actors have mentioned that the project does not meet priorities of the target population, or based on an analysis of the problem of OP. En perspectiva del equipo evaluador, esto no desacredita ni deslegitima la iniciativa y su **potencial contribución a generar un ambiente más propicio y adecuado desde los gobiernos y la sociedad civil** , **para atender los problemas de demencia en la región** . The evaluation team perspective is that it does not discredit or delegitimize the initiative and its **potential contribution to generate a more favorable environment suitable from governments and civil society,** **to address the problems of dementia in the region.** Por otro lado, una necesidad emerge desde el reconocimiento de una problemática, y se convierte en demanda cuando existe apropiación y cuando adquiere valor y legitimidad como algo a reivindicar; On the other hand, a need emerges from the recognition of a problem and becomes complaint when it acquired ownership as value and legitimacy as something to vindicate; en el caso de la demencia en PAM se parte de una situación en la que no se reconoce siquiera un problema. in the case of dementia in OP is part of a situation where you can’t even recognize a problem.

Un **buen diseño técnico** de la propuesta y desde un **enfoque integral** , con planteamientos **adecuados a los contextos** locales específicos, coadyuvaron a la pertinencia y relevancia del proyecto, a pesar de que **diagnósticos de la problemática** en cada contexto **hubiesen potenciado la intervención,** y al identificar factores socioculturales y económicos clave (ej. concepciones sobre vejez, salud, enfermedad; patrones de género en la participación; distancias y dificultades para movilizarse, etc.) , es posible que hubiesen **minimizado dificultades y riesgos.** A pesar de esta limitación, la **flexibilidad y capacidad de análisis y adaptación de las instituciones** coadyuvaron a un **equilibrio entre relevancia y viabilidad,** adecuando las estrategias en el camino desde una **orientación a resultados** (ej. en el caso de IMEDER no pudo coordinar con el Ministerio de Salud y optó por trabajar con el Gobierno Municipal de Quilmaná; en el caso de Montes de María, el proyecto tenía previsto trabajar sobre Alzheimer, pero la realidad local mostró la necesidad de trabajar en otras demencias efecto del conflicto armado, lo que llevó a identificar otra organización clave para la intervención (Unidad de Víctimas – Colombia). A **good technical design** of the proposal and from a **holistic approach,** **tailored to specific** local **contexts** approaches helped to the relevance and significance of the project, although **diagnosis of the problem** in each context would have **boosted the intervention.** With the identification of sociocultural and economic key factors (eg conceptions of old age, health, disease. gender patterns in participation; distances and difficulties moving around, etc.), it is possible that **difficulties and risks** would have been **minimized.** Despite this limitation, **flexibility, analytical skills and capacity for adaptation in partners institutions** helped to strike a **balance between relevance and viability,** adapting strategies on the way from a **results orientation** (eg. in the case of IMEDER could not coordinate with the Ministry of Health and chose to work with Quilmaná Municipal Government, in the case of Montes de Maria, the project was scheduled to work on Alzheimer's, but the local situation showed the need to work in other dementias effect of armed conflict, which led to identify other key organization for intervention (Victims Unit - Colombia).

En cuanto a las **escalas,** el proyecto se enfocó en 5 escalas: 1) Escalas de medición de personas con demencia, 2) Percepción de la calidad de vida, **3)** Calidad de vida familiar, 4) Medición para cuidadores (modificada, y 5) Desempeño de los servicios de salud.As for the **scale (to measure the impact),** the project focused on five scales: 1) detection scales for dementia, 2) Perception of quality of life, **3)** Quality of family life, 4) Measurement caregiver (amended, and 5) Performance of health services. La experiencia permitió identificar la necesidad de **ajustarlas en función a los contextos y realidades específicas** tomando en cuenta elementos culturales y niveles de educación de la población objetivo; Experience identified the need to **adjust according to the specific contexts and realities** taking into account cultural elements and levels of education of the target population; si bien esto puede dificultar la estandarización y el análisis comparativo, refleja también una oportunidad para rescatar las **adecuaciones al contexto** que realizaron las instituciones para **mantener su pertinencia y relevancia.** although this may hamper the standardization and comparative analysis, also it reflects an opportunity to rescue the **adjustments to the context** that made ​​the institutions to **maintain its relevance and significance.**

**2.2. Effectiveness and impact**

El proyecto busca impactar positivamente en la manera en la que las personas mayores y sus familias enfrentan los problemas del envejecimiento, así como lograr una reducción de las presiones dentro de los hogares y una carga financiera menor a raíz de los apoyos basados en la comunidad.The project seeks to positively impact the way in which older people and their families face the problems of ageing and achieve a reduction in pressure within households and less financial burden as a result of community-based support. Se plantea que a partir del proyecto las personas mayores habrán mejorado su acceso a servicios amigables y orientación, mientras que las comunidades estarán mejor preparadas para manejar las consecuencias de las enfermedades mentales como las demencias en las personas mayores y sus familias. It arises from the project that older people have improved access to services and friendly guidance, while communities will be better prepared to handle the consequences of mental illness such as dementia in the elderly and their families. In addition, A la vez las comunidades estarán mejor informadas y podrán exigir el cumplimiento de los derechos de las personas mayores y de las con discapacidad, así como de mejores programas. communities should be better informed and able to enforce the rights of the elderly and disabled, as well as better programs. En cuanto a la atención en salud, el proyecto plantea un mejor servicio en el primer nivel como resultado de la capacitación del personal de salud. Regarding health care, the project proposes a better service at the first level of care (PHC) as a result of the training of health personnel.

**2.2.1 Results (outputs)**

Como se mencionó anteriormente, el proyecto se concentró en dos categorías: a) fortalecer las capacidades de los actores a partir de la sensibilización, la capacitación a los servicios de salud de primer nivel, la realización de campañas de evaluación cognitiva y talleres de capacitación a cuidadores y familias o grupos comunitarios;As mentioned above, the project focused on two categories: a) strengthen the capacities of actors from awareness, training PHC health services, realising campaigns of cognitive assessment and training workshops caregivers and families or community groups; b) la sensibilización y difusión. b) awareness and dissemination. Los datos cuantitativos sobre los resultados están en la parte de Antecedentes de este informe. Quantitative data on outcomes are on the Background of this report. Como se puede evidenciar en el siguiente gráfico [4](https://translate.googleusercontent.com/#footnote4) , los resultados cuantitativos [5](https://translate.googleusercontent.com/#footnote5) muestran que en la **mayor parte de las categorías de intervención** [**6**](https://translate.googleusercontent.com/#footnote6) **e indicadores se han logrado superar en demasía los números planteados inicialmente** en la planificación del proyecto. As can be evidenced in the following graph[[5]](#footnote-5), the quantitative results[[6]](#footnote-6) show that in **most intervention categories[[7]](#footnote-7)** **and indicators have overcome too much numbers raised initially** in the project planning. Al respecto, los resultados destacan importantes avances –en los lugares donde se efectuó el proyecto– en términos de mejor acceso al 1er. In this regard, the findings highlight significant progress -in places where the project was implemented- ​​in terms of better access to the 1st. nivel de salud para los AM, así como un número importante de personal de salud y cuidadores (familiares o externos) capacitados. level of health care for OP as well as a significant number of health workers and caregivers (family or external) qualified. En esa medida, se infiere que el proyecto ha logrado posicionar el tema y formar recursos para la atención de AM con demencia o Alzheimer, lo que se traduce en mejor trato y atención para los/as pacientes diagnosticados.To that extent, it follows that the project has positioned the topic and forming resources to the attention of OP with dementia or Alzheimer's disease, which results in better treatment and care for diagnosed patients. Sin embargo, no debe soslayarse que en 4 categorías (AM diagnosticados con demencia, grupos capacitados, campañas y población objetivo total) no se ha alcanzado lo programado, lo que implica debilidades en los aspectos de difusión y sensibilización para mostrar la importancia y nivel de incidencia creciente de la demencia o Alzheimer. However, it should not be overlooked that in 4 categories (AM diagnosed with dementia, trained groups, campaigns and total target population) has not been reached on schedule, which implies weaknesses in the areas of dissemination and awareness to show the importance and level increasing incidence of dementia or Alzheimer's.

En términos porcentuales, los resultados generales de cada categoría evidencian que, como se mencionó, **muchas categorías han sobrepasado el 100%** de la planificación y otras han estado muy cerca de lograrlo (ej., metas para la población objetivo y de campañas).In percentage terms, the overall results show that each category, as mentioned, **many categories have exceeded 100%** of planning and others have been very close to it (eg., the target population goals and campaigns). En las **metas no logradas** destaca por una parte el porcentaje relacionado con **PAM con un diagnóstico de demencia o Alzheimer alcanzadas por el proyecto (67%),** y **el número de grupos (del entorno) capacitados** , que sólo alcanza a la mitad de lo planificado **(50%).** El tema del diagnóstico conlleva una preocupación asociada a las dificultades de establecer diagnósticos precisos ya las condiciones existentes para ello, además de la precisión de las pruebas. In the **goals not achieved**, note that some percentage related to **OP with a diagnosis of dementia or Alzheimer reached by the project (67%) and the number of groups (environmental) trained** only reaches half of schedule **(50%).** The issue of diagnosis involves a concern associated with the difficulties in establishing accurate diagnoses and the conditions for it, plus the accuracy of the tests. Un elemento que se extraña en este resumen de logros se relaciona con las soluciones brindadas a las personas diagnosticadas, aspecto que se analizará en mayor profundidad al abordar los efectos e impactos. A specific element in this summary of achievements related to the solutions offered to those diagnosed, something that will be discussed in greater depth in addressing the effects and impacts.

Es importante mencionar que los indicadores presentan algunas debilidades técnicas de definición, precisión y potencial de duplicidad, especialmente los indicadores “ AM con mejor acceso” y “establecimientos de APS” capacitados, cuyos datos parecen incorporar un rango amplio de posibilidades que responden a realidades diversas e interpretaciones varias sobre que se considera por ejemplo “mejor acceso”. Por otro lado cabe reiterar que estos indicadores son indicadores de resultados a nivel de “output”, más no de impacto, puesto que guardan relación con los procesos efectuados en el marco del proyecto y han sido diseñados en función a los resultados esperados.

It is noteworthy that the indicators present some technical weaknesses of definition, precision and potential duplication, especially indicators "OP with better access" and "PHC" trained. Data seem to incorporate a wide range of possibilities that respond to different situations and different interpretations about what is considered such "better access". On the other hand it should be reiterated that these indicators are indicators at the "output", but not impact, since they relate to the processes carried out under the project and they have been designed according to the expected results. En ese entendido, muestran los datos logrados frente a las metas trazadas. In that sense, the data obtained show that the project met the goals.

The data presented and analysed by institution shows some variations and also some specific issues of interest which have been worked (see charts). Por las The graphs are by características específicas de cada intervención y contraparte, los logros son diferenciados. specific characteristics of each intervention and counterpart showing how accomplishments are differentiated. En general, se puede apuntar que las contrapartes tuvieron un mejor desempeño en 2 indicadores: 1) AM con mejor acceso (Fundación Horizontes – FH [154%], AFACOL [673%] y Grupo Vigencia – GV [187%], IMEDER [663%], Montes de María – FMM [90%]), 2) capacitación de cuidadores familiares (FH [178%], AFACOL [200%], GV [126%], IMEDER [85%]). In general, you can point on that the partners performed better in two indicators: 1) OP with better access (Horizons Foundation - FH [154%], AFACOL [673%] and Grupo Vigencia-GV [187%], IMEDER [ 663%], Montes de Maria - FMM [90%]), 2) training of family caregivers (FH [178%], AFACOL [200%] GV [126%], IMEDER [85%]). En contraposición, las debilidades estuvieron en la capacitación de familias (FH [45%], GV [15%], FMM [35%).

Los datos presentados y analizados por institución muestran algunas variaciones y también algunas constantes de interés (ver gráficos).In contrast, the weaknesses were in training families (FH [45%] GV [15%], FMM [35%). En particular, el GV muestra una mayor debilidad en torno al cumplimiento de la meta relacionada con la capacitación de grupos In particular, the GV shows more weakness around the fulfilment of the target for group’s forming.. Para IMEDER la debilidad mayor está en alcanzar la meta de “población objetivo” con un 26%, mientras que para AFACOL es la capacitación de grupos (20%). In IMEDER the biggest weakness is in reaching the goal of "target population-OP" with 26%, while for AFACOL is groups’ forming (20%). Cabe mencionar que este análisis está basado en los datos reportados y sistematizados por HAI, pero se advierten algunas contradicciones respecto a las apreciaciones cualitativas de las entrevistas, lo que haría evidente ciertos problemas en el reporte de los resultados, que se suman a lo señalado anteriormente. Note that this analysis is based on data reported and systematized by HAI, but some are apparent contradictions regarding the qualitative assessments of the interviews. This evidences certain problems in the reporting of results, in addition to what is stated above, or interpreting the results.

En general los resultados han demostrado un **buen planteamiento estratégico** , una **adecuada planificación** y una buena adaptación de **s los contextos específicos** , así como también la **flexibilidad y capacidad de adaptación de las contrapartes** frente a oportunidades o situaciones adversas o no previstas.Overall results have shown a **good strategic approach,** **proper planning** and good adaptation to the **specific contexts,** as well as the **flexibility and adaptability of partners** against opportunities or adverse or unforeseen situations. This is due in part tA ello se añaden **equipos de trabajo** con amplia experiencia previa con PAM, apoyados por capacitadores ad honorem especializados en gerontología.o the **teams** with extensive prior experience with OP, supported by trainers specialized in gerontology. Todo lo anterior ha sido a su vez posible de aplicar en tanto las contrapartes encontraron en los municipios **instituciones y personas con apertura** a temas sociales y predisposición para colaborar (ej. Centro del Adulto Mayor CAM – Quilmaná, líderes de la comunidad, autoridades y funcionarios locales). All this has been possible because partners have found in the **municipalities,** **institutions and individuals with** **openness** to social issues and willingness to collaborate (eg CAM Centre for the Elderly -. Quilmaná, community leaders, authorities and officials local). Sin embargo, también se dieron situaciones de desinterés de parte de las autoridades locales y prestadores/as de servicios por distintas causas, como el desconocimiento, el poco rédito político de la temática y la sobrecarga de trabajo, entre otros. However, situations of disinterest on the part of local authorities and services for various reasons, such as ignorance, little political interest in the subject and finally workload, among others, were also found.

El proyecto ha permitido **desarrollar y poner a prueba modelos de intervención multiactor** para abordar, desde el ámbito local, la problemática de la demencia en PAM, que han **respondido a contextos específicos** , y han aprovechado a su vez de la **experiencia, conocimientos y recursos de las contrapartes.** La Fundación Horizontes se ha enfocado hacia mejorar el desempeño de los servicios de salud y su continuidad en la Paz y Santa Cruz.The project has helped to **develop and test models of multi-actor interventions** to address, from the local level, the problems of dementia in OP, models which have **responded to specific contexts,** and have used to turn the **experience, knowledge and resources counterparts.** Horizons Foundation has focused on improving the performance of health services and continuity of care in La Paz and Santa Cruz. Grupo VigenciaGrupo Vigencia se ha centrado en la capacitación de cuidadores y luego en la construcción de redes municipales de cuidado. has focused on the training of caregivers and then in building municipal networks of care. IMEDER se ha abocado el trabajo mancomunado entre los actores locales como gobiernos locales, servicios de salud y comunidad. IMEDER has focused in joint work between local actors and local governments, health services and community. Fundación Montes de María trabajó buscando insertar la temática de la salud mental de las personas mayores en programas gubernamentales con el apoyo de la comunidad y las organizaciones de personas mayores. Montes de Maria Foundation worked looking inserting the theme of mental health of older people in government programs with the support of the community and seniors organizations. Finalmente, AFACOL ha extendido su trabajo de sensibilización a las familias y ha capacitado a los cuidadores. Finally, AFACOL has extended its work to raise awareness among families and t train caregivers.

En ese marco, el proyecto ha tenido una **contribución significativa** en cuanto a **información, sensibilización y conocimiento de la enfermedad,** en contextos locales y –en cierta medida– nacionales, al haber logrado mostrar los resultados a autoridades de salud del nivel central (Perú y Colombia).In this context, the project has had a **significant contribution** in terms of **information, awareness and knowledge of the disease in** local contexts and, in some measure-national, to be able to show results to health authorities at the central level (Peru and Colombia). En ese marco, se evidencian los siguientes resultados específicos: In this context, the following specific results are evident:

* Se ha lo grado **informar y sensibilizar sobre la problem á tica a distintos/as actores** estatales y de la sociedad civil (autoridades, proveedores/as de servicios, cuidadores/as, PAM, comunidades en general ), evidenciando la incidencia de la enfermedad , desnaturalizando la asociaci ó n de la demencia con el envejecimiento, y promoviendo ambientes de mayor tolerancia y apoyo frente a las personas que sufren esta enfermedad. The degree in which the project has **informed and sensitised on the problem to a different policy** state **actors** and civil society (authorities, suppliers / service, caregivers, OP, communities in general), showing how the incidence of the disease has increased, denaturing the association of dementia with ageing, and promoting greater tolerance and supportive environments towards people suffering from this disease.
* Se ha **incorporado la problem á tica en algunas agendas** locales (gobiernos municipales), de organizaciones de PAM, y de instancias del sistema de salud ( Comit é de An á lisis de la Informaci ó nThe problem has been **incorporated in some** local **agendas** (local governments), OP associations (OPA), and health system instances (ej. Committee of Analysis of the information – - CAI , en Bolivia). CAI, in Bolivia).
* Se ha **reconocido el** The role of caregivers (familiar and no family) has been recognised and their**rol y se han fortalecido los conocimientos de cuidadores/as** (familiares y no familiares) sobre la sintomatolog í a, el desarrollo y los alcances de la enfermedad , **knowledge**  on symptomatology, development and scope of the disease, **incrementando as í** **increasing** **sus recursos y capacidades** para brindar una atenci ó nm á s especializada y de calidad a las PAM con problemas de demencia. their **resources and capabilities** to provide specialized quality attention to OP with dementia. Con informaci ó n suficiente las/os familiares pueden reconocer el Alzheimer, pedir apoyo y saber c ó mo actuar. “ Se sintieron felices por reconocer los s í ntomas y patolog í as y tener herramientas para hacer frente a la enfermedad yc ó mo enfrentar los cambios del comportamiento ” [7](https://translate.googleusercontent.com/#footnote7) . With enough information, family members can recognize Alzheimer's, better give support and know how to act. "*They were happy to recognize the symptoms and pathologies and have tools to deal with the disease and to face behavioural changes*"[[8]](#footnote-8) .   Adicionalmente, s e han desarrollado capacidades para crear **estrategias pr á cticas de convivencia** entre PAM con demencia y familiares. Additionally, the project has developed capabilities to create **and put into practices strategies of coexistence** between OP with dementia and family.
* Se ha **capacitado al personal m é dico** , dando a conocer los instrumentos de diagn ó stico y logrando que reconozcan la importancia de la enfermedad, alcanzando la capacitaci ó na estudiantes pasantes (Bolivia). It has **trained staff and physicians,** training on screening instruments and achieving a recognition of the importance of the disease, reaching also nursing or medical school students (Bolivia).
* La informaci ó n proporcionada ha logrado **fortalecer a organizaciones de PAM** para el ejercicio de sus derechos y la incorporaci ó n de la salud mental en sus agendas. And the information provided has **strengthened OPA** to exercise their rights and the incorporation of mental health in their agendas.

En cuanto al indicador de **“mejor acceso”,** como se mencionó, guarda relación con un mejor acceso a servicios apropiados de salud mental a partir de la orientación y capacitación que han recibido los familiares y las propias PAM.As for the indicator of **"improved access",** as mentioned, is related to improved access to appropriate mental health services from the guidance and training they have received, as well as their own family. En ese entendido el proyecto muestra resultados muy favorables, habiendo superado ampliamente (194%) la meta de 9.300 de PAM con mejor acceso, aunque ya se han mencionado algunas dudas sobre los datos, su posibilidad de comparación y agregación y acerca de la apreciación individual. In that sense the project shows favorable results, having far exceeded (194%) the goal of 9,300 OP with better access, although already mentioned some concerns about the data, its comparability and aggregation and on the individual assessment .

A través de los procesos de información y sensibilización la población objetivo alcanzada ha tomado conciencia y ha logrado reconocer la problemática.Through the processes of information and awareness achieved, the target population has become aware and has started to recognize the problem. Asimismo, a pesar de no haber logrado la meta y aun tomando en cuenta las dificultades en la aplicación del diagnóstico, cabe destacar que se ha logrado **detectar 659 casos de personas con demencia** . Also, despite not having achieved the goal and even taking into account the difficulties in applying the screening tests, it is to be noted that the project was able **to detect 659 cases of people with dementia.** El problema o **debilidad principal del proyecto** tienen que ver con **la imposibilidad de “gestionar” estos casos más allá de su detección,** por las limitaciones dentro del mismo sistema de salud, la falta de recursos –incluso para transporte– de las familias y personas de escasos recursos para realizar exámenes y tratamientos, la poca prioridad y motivación hacia la atención de la PAM en las familias y comunidades, y la discontinuidad en la asistencia y participación por el poco interés, las distancias, dificultades de desplazamiento por las ocupaciones de los familiares, etc. The **main** problem or **weakness of the project is related** to do with **the inability to "manage" these cases beyond detection and PHC,** because of the limitations within the health system, lack of resources for transportation, even families and individuals scarce resources for testing and treatment, the low priority and motivation to the attention of the OP in families and communities, and the discontinuity in the attendance and participation by the lack of interest, distances, displacement difficulties occupations of family , etc.

**2.2.2. Effects and impacts**

En perspectiva del equipo evaluador, es destacable la **intención de medir efectos e impactos** , así como el **desarrollo y validación de una propuesta y herramienta** (escalas) para hacerlo.From the evaluation team’s perspective, it is remarkable the **intention of measuring outcomes and impacts,** and the **development and validation of a proposal of tools** (scales) to do so. El proyecto ha implementado cinco escalas de medición de cambios (detección, percepción de la calidad de vida, The project has implemented four scales measuring changes (perception of quality of life, percepción de **c** alidad de vida familiar, medición para cuidadores, y percepción del desempeño de los servicios de salud), utilizando una línea de base para comparar luego con los avances y los resultados finales al terminar el proyecto. perception of families’ quality of life, caregivers’ knowledge and performance, and perception of the performance of health services). The tools were used in a baseline and then results compared with the progress and final results at the end of the project. Para recolectar la información pertinente a estas escalas, se cuenta con una hoja de monitoreo final que las contrapartes debían llenar. To collect the information relevant to these scales, the project has a form which counterparts should fill. Esta información no ha sido aún sistematizada a la fecha de entrega del presente informe, lo que limita la posibilidad de presentar evidencia cuantitativa sobre los impactos y efectos alcanzados. All this information is not yet systematized due to the delivery date of this report, limiting the possibility of presenting consolidated quantitative evidence on the impacts and effects achieved. Por otro lado es importante señalar que las escalas de calidad de vida intentan **valorar cambios en corto tiempo** , mientras que en general los **cambios sustantivos y sostenibles – los impactos- suelen tomar incluso un largo plazo.** On the other hand it is important to note that the scales of quality of life try to **assess changes in a short time,** while overall **substantive and sustainable change - the impacts- often take even longer term.**

Entre las fortalezas de las escalas está la **sencillez de los instrumentos** ; Among the strengths of the scales is the **simplicity of the instruments;** la **necesidad de adaptación a los contextos específicos** puede reconocerse como debilidad, pero la posibilidad de hacerlo es, a su vez, una fortaleza, que pudo ser aprovechada gracias al conocimiento, capacidades a iniciativa de las contrapartes. the **need to adapt to specific contexts** can be recognized as a weakness, but doing so is, in turn, a strength, which could be exploited by the knowledge, skills initiative of partners. Se identifican, asimismo, **debilidades en las contrapartes sobre cómo captar y demostrar impactos,** lo que es atribuible a un problema de diseño del monitoreo y evaluación, pero también de debilidades propias ya que en general las instituciones reportan sobre actividades y resultados (a nivel de *output).* It also identified **weaknesses in the counterparts on how to capture and demonstrate impacts,** which is attributable to a design problem of monitoring and evaluation, but also weaknesses as institutions generally reported on activities and results (level *output).*

Nevertheless, HAI has made an effort to show the impact achieved by the project, reporting changes in five areas - at the level of effect in communities, families, health services and caregivers and level of impact on the older adults. Impacts measurement includes the following:

* **Older adults:**
	+ The project has helped improve their welfare and quality of life by providing adequate information or n both OP and their families about the characteristics of illness and care needs.
	+ In people with cognitive problems, 22% have a positive perception or their health after diagnostic, 34% perceived improvements in access to health services and 39% perceived to have improved the quality of the care (figures superiors to older people without dementia, not involved in project)(FH). In Montes de Maria, the majority of people have not seen a change in their health, nor in access, but the perception of improvement (36%) is higher than the perception of worseness (9%).
	+ Grupo Vigencia found positive changes (1-4 points of improvement on a scale of 10 points) on scales measuring perceptions of quality of life, family relationships and level of dependency in a sample of OP whose carer has been trained.
* **Communities:**
	+ The problem of OP with dementia has been made visible to in the community, decreasing the stigmatisation associated with this disease through an increase of the knowledge.
	+ Initiatives have been taken (reported by IMEDER and AFACOL) that have resulted in a better care of OP, including as highlights the creation of a comprehensive center of attention or n for the elderly (CIAM), the solidarity of OPA and support groups and the high demand for information by phone and the good level of participation in the events.
* **Families:**
	+ By providing information to families, sensitisation has been achieved, on the characteristics and needs of OP with dementia, helping to improve conditions and attention or to reduce the abuse and neglect of OP, mainly due ignorance of the disease. In this context, the project has been able to measure positive changes in families: in Lima, on a sample of 10 families consulted about their knowledge and dynamics, the all items on the list of variables have improved from 20 % and 40%.
	+ The project has contributed to a pacific and harmonic coexistence between families’ members and the person with dementia.
* **Servicios de salud:** **Health services:**
	+ Changes are informed more in qualitative ways (data not yet available) with an on generally positive perception of a higher level of knowledge and more information for the care. However, Montes de Maria (FMM) reported no change in the performance of health personnel, but positive changes in the attention provided by the brigades from the Unit of victims. In Bolivia, the OP‘s testimonies show positive changes in perception about the care provided in health services. A positive experience related to both appropriation of the community and institutionalisation, show that it is better since the incorporation of the issue in the Committee for Analysis of information (CAI)[[9]](#footnote-9) Mecapaca.
	+ As evidences of performance, we can highlight the mental health evaluations and new activities such as home visiting by health staff.
* **Caregivers:**
	+ Positive effects are felt on caregivers as soon as the project has succeeded in giving information on the dimension of illness and care needs. It also indicates that was achieved or respond to a demand or need for formation n external caregivers.
	+ A positive effect on the quality of care from the acquired knowledge is perceived. In general, families and OP have felt improvements in the quality of care and attention also because these people are better able to understand the disease and needs.
	+ Positive changes are seen in the decrease of stress in caregivers. The caregivers reported decreased workload and less stress associated to the care of OP with dementia, thanks to the information received. In data from AFACOL, 90% of participants appreciate an improvement in their knowledge (from 4.5 to 5 point on a scale of 10); improvements in their performance (self-perception of quality of their performance by 3 points over 10). In the scale of Zarit[[10]](#footnote-10) 70% have a diminution in the overload and stress. The data provided by Grupo Vigencia show that 97% of participants feel positive about the changes in their knowledge, improved their performance (between 1-3 points out of 5 points Likert Scale), better quality of care given (+ 3 points out of 10) and a decrease in level of stress (- 1.5 in Zarit scale).

From the perspective of this assessment and taking into account the above limitations it is possible to evidence – if not scale - the project results and their different level interventions in some measure-and-impact (sometimes potential). The next section focuses on the identification and analysis.

The project has affected the **visibility and positioning of the subject**, and generated interest from various stakeholders to address it. From this progress it has been possible to build "friendly" environments for OP with dementia, educating the community, families and OP on dementia and its consequences, from a rights perspective, creating an atmosphere of tolerance and understanding the disease. This, according to various testimonies, has improved in some ways the treatment of OP, respect for their rights and more attention and protection.

As part of this, interventions have **helped change attitudes, practices and beliefs** of various actors (including medical staff), while recognizing that the cultural changes required more time to consolidate such long and deep processes. It has helped to **overcome the stigma of mental illness** (many cultures associate dementia with "madness"), representing progress on the **taboo about mental illness**. The project has made ​​visible the problems and their relationship with ageing, such denaturing "forgetting" as an intrinsic and inevitable part of ageing. Progress has been made ​​through information, sensitization and training in **promoting and transform culturally accepted practices of abuse and violence** at OP with dementia (tie them, lock them and abandon them), contributing to better quality of life and a **peaceful coexistence** and respect for their rights. "To be taken into account" is the most important element highlighted by the OP.

**Older adult, from Batallas, Bolivia:**

*"We already know of this disease of the head and we will not think badly of people forget or do not know what they do."*

**Family , Colombia:**

"*When I was told my husband had Alzheimer, I do not know what the disease was and then I came to great fear. We realized we had something when we lost the house, went to a company far from where we lived phone they have him and we never knew how he got there. He was lost a total of five hours. We went to the doctor and sent to the neurologist and he was the one who told us he had Alzheimer.. Yes we had noticed changes in his behavior, spoke strange things, but mostly we laughed and we said that he was talking nonsense, we never thought it was related to a disease. That ignorance did that he did not have an early diagnosis.”*

*Now we remember with my children at that time and gives us much sadness for him, how would you feel ?, confusion should have in your head and see his own family laughed.*

*(...) Now and everything I've learned I feel much calmer, I know how to take care of it in the best way, and I have also learned how to take care of myself ...* ".

On the other hand, **increased knowledge and capabilities of caregivers as** well as practical strategies translate into **improvements in care** and therefore in the **quality** of life of people diagnosed. Some people have questioned the incentives and the "practice of donations" to encourage participation and ensure the presence of carers / family to the talks and courses; however, in the opinion of the evaluation’s team, a "cost-benefit" analysis and feasibility studies, also taking into account resource constraints, project time and the limitations of the OP and family (distances, few resources, obligations) can justify these measures from the perspective of the "greater good" as a motivational strategy. A process of greater scope and depth should aim for less conditioned if dependent and more sustainable transformations, but it is understood that they were initials "affirmative action".

It ensuring the health and welfare of the caregivers, through training and information contributed to a significant decrease in the burden of care and stress (70% improvement on the scale of Zarit point caregivers trained by AFACOL; 1.5 points on the scale, which implies low overloaded for caregivers of Grupo Vigencia). The process also contributed to the **mental health caregivers and families**, who mentioned feeling relieved to share and be heard on the size of the emotional and physical strain (stress) involving care.

**Testimonials from caregivers, Colombia:**

* *Giving care and love is both good and a key tool for good care*.
* *It is sad to see that the person who brought you into this world, loved you, or gave everything for you, today is no longer, and today does not share and express, or talk about what one day united us. And when you feel that this person is in a sea of confusion and feelings. There is a hand extended: Foundation Alzheimer, to teach you how to love and not lose your beloved*.
* *I started very early with the first course of "Caregiver" (...). This course provides a greater understanding of the disease, open your eyes to this new situation, and it helped me so much at that stage was it was so hard to assume the disease and I was to take care for them. This change of roles hit me hard Our parents were excellent parents, consenting to excess, they took great pains to raise us, appropriate to its correctness, no mistreatment and with lots of love* . "

Training of health personnel has led to an **increased focus on** dementia in primary health services in Bolivia. In this context, it has also helped to implement existing rules and tools in the health system (eg. Protocols of care in Bolivia), which however were not applied for lack of dissemination and capacity building, among other difficulties. In turn, they have shown the limitations for mental health care worked only at the first level, especially with OP misinformation, low priority of the issue regarding system requirements[[11]](#footnote-11), technical and quantitative limitation of available staff, high turnover and administrative overhead. These issues threaten the continuity and sustainability of this effect.

To complement this, the strengthening of local associations and organizations has enabled OP **include mental health in their agendas and claims;** from this has a positive impact on their **ability to participate, and dialogue lawsuit against local authorities** in relation to their rights health and specifically mental health. However, there is still a long way to go to consolidate OP organisations, their ability to demand and enforceability. Generally, one can mention that has been made ​​visible to the OP and mental health problems in the communities, recognising its contribution still active (care of grandchildren / ace, animals, homes, crops, food preparation, etc.).

Nationally, highlights the work in Peru that, being the first carried out in the field, has helped to place the issue on the public agenda, to raise data for public policy and, in this context, it has prompted the regulation for the treatment of Alzheimer's that is being developed. In the case of Colombia, it has managed to generate spaces for participation in policy-making through workshops making placing the issue on the public agenda, but has not finalized anything yet. One point worth noting also in Colombia at the subnational level refers to the incorporation of OP in the care provided by the Victims Unit in the Montes de Maria after working with the project counterpart. On the other hand, the work done with the media, especially in Lima and Bogota, including the use of technologies and social networks has also helped further dissemination of information and visibility of the issue. The data show that has managed to make almost all campaigns initially planned (98%), translated into public promotional activities (fairs), presentation events, debates, lectures, awareness activities (forums), advocacy or institutional training, activities in schools, radio and press campaigns. The campaigns have also included the production of materials, including publications, guides, flyers and brochures.

The big "knot" in terms of the impact assessment has to do with the limitations of the project to answer the expectations it generated, and frustration with the various difficulties and obstacles (system, economic, social, cultural) to - from initial diagnosis **- access to specialized diagnostics another level, treatments and medications,** always with the expectation of some "improvement" if not "cure". Several countries have to mention obstacles such as lack of accessible- at least for reference centers (2nd and 3rd level) to the attention of OP with this problem, the divorce between levels, weak capacity of health personnel to detection, missing or inapplicable for reference protocols, lack of monitoring, plus any costs. A response in this sense is the experience of the Neurocognition Laboratory (Neurolab) as a viable way to have a benchmark for alternative cases detected.

**2.2.3. Unexpected Results**

In the course of project’s implementation other favorable results were achieved beyond planned, related to higher demand for strengthening caregivers (Colombia and Peru), institutionalised networks caregivers in municipal services (Peru), establishing a center for the elderly (Peru), development of an alternative standard for diagnosis (Bolivia), incidence to incorporate the issue of care of elderly people in formal training (Peru), adaptability to new challenges from counterparts. In contrast, one of the unexpected results of the project has to do with the limited scale of the proposal, resulting in the generation of expectations that exceed the response given within the project. Here are the detailed explanation of these elements.

The wide distribution of the action of the project, coupled with the existing need, determined a large **growth in demand for training caregivers** at institutional level, which led to the expansion of the institutional base of the project and replication through training courses different OP support centers. Additionally the response includes the emergence of support groups that are trying to consolidate and increase the potential for continuity and replication of the project at community level.

On the other hand, the articulation of (external) carers was given impulse around older people’s units of some municipalities. This led to the **formation and/or formalisation of networks** of local caregivers (Lima) as **providers of skilled care services**. This implies **employment opportunities** as carers (no familiar) for poor people, including OP. this happened with caregivers trained in the municipalities of Independencia, San Juan de Miraflores and Comas. This result affects positively their **higher self-worth and social recognition.**

Thanks to the advocacy and information with local authorities and support achieved in Quilmaná (Peru), IMEDER achieved the formation of **Integral Care Centre for Older People (CIAM)**, with an area dedicated to mental health. The greatest merit is having achieved awareness of older adults to the enforceability of a differentiated space for their attention. However, it runs a serious risk of being closed when local authorities change in the municipality.

It is noticeable the establishment of a **neurocognitive laboratory** (Neurolab) in Santa Cruz (Bolivia) supported by the project and Grand Challenges Canada (through an additional external financing UPSA University support): its creation comes from the perceived need for more accurate detection. It does not replace the 2nd and 3rd level of care, but it is a response to the lack of reference institutions.

In the area of ​​impact and institutionalisation, is the preparation of a legislative initiative, with the support of the Ministry of Education (Peru, Grupo Vigencia), to incorporate the issue of care for older people in the lines of training in institutions that provide community education, lines which would be endorsed and registered in the Ministry of Education.

The project also allowed not only strengthening capacities of partners, but the expansion of their topics, areas and working strategies. Ii is the case of IMEDER (group of senior researchers), who since the project have directed their eminently research capacity into **action on the ground with the community**.

Often from the difficulties evolving, especially at the beginning of the project (eg. In Peru because difficult relations with Ministry of Health; in Colombia facing a different context that includes more than the initially planned work on dementia), but also from the needs of the contexts and emerging opportunities, partners have been able to **adjust strategies and to join institutions not initially planned**, managing to improve and focus the scope and results of the project.

In contexts where OP are overlooked, the project generated great expectations, and many people attended **seeking comprehensive care and health diagnosis** , being dissatisfied with some frustration when it did not, even given the "undefined" of mental health diagnosis and the lack of resolution with a specific treatment (drugs). For example, in the municipality of Mecapaca, OP have not assimilated the importance of the cognitive evaluation because "it never touches them" and if they are not given any medication, they "feel they came in vain ..."[[12]](#footnote-12). On the other hand, while the project was limited to diagnosis, this also generated frustration and withdrawal. However, the perception was different in a different cultural context such as Santa Cruz, the perceptions collected said the contrary, since the OP felt that the project has helped them with diagnosis.

The realization that this is an **incurable disease** often resulted in a negative effect, on the understanding that it could not offer to detected patients, alternative solutions or treatment, nor from the project nor from the health system. This **led to disinterest, discouragement and frustration**, and to some extent affected the continuity of activities and achievement of results.

**2.3- Equity, Accessibility and Inclusion**

The project’s **design and strategy have not taken into account the gender dimension** in the analysis of the problem, nor the definition of strategies and specific actions (affirmative or differentiated by sex), although data were disaggregated by Sex in the monitoring system. In this context, it was not considered relevant for instance to take into account the higher incidence of dementia and Alzheimer on women or gender, to develop a hypothesis, and above all cultural barriers to women's participation. The project implicitly assumes that through a call to all OP provides equal opportunities to women and men of the towns to perform the diagnosis, to train, to participate.

A contextual diagnosis (gendered) would have spotlighted not only gender patterns of disease trends by sex and its approach in each location, but also the assumptions of gender, informal norms and patterns of exclusion, abuse etc. In some places, and from practice, the project faced "reality of gender”; thus, for example, in Bolivia at the beginning when to the calls, were answering mostly men, also following the masculine logic, the macho culture and norms of representation installed in the sociocultural imaginary. Thus, the counterpart demonstrated the importance of mentioning in the calls explicitly to "women and men", which resulted in an increase in the attendance of women[[13]](#footnote-13).

It is important to note that the project did not exert any influence as a focus on traditional gender roles, in particular the role of women as caregivers, a role widespread and accepted by society. In Colombia, for example, an average rate of 85% women and 15% of men participated in the courses for caregivers. No affirmative action to encourage participation **of more men** were developed, action which, especially in the case of family, may also have positive effects on the distribution of the workload in the home. This remains as an idea for future interventions.

On the positive, the project contributed to revalue the role of women as caregivers, to strengthen their capacities, and in several cases to increase their value and increase their employment opportunities and income in the labour market. In the case of men, who are more close-lipped when comes to discuss the problem and who assume that the role of caregivers "does not match their gender," although in a minority, to have sensitized and trained male caregivers was managed and this should be considered an achievement.

More broadly, the project itself has not developed a focus on diversity and inequality, but focused its actions towards OP and families / caregivers of scarce resources, promoting an unconstrained participation but undeveloped in designing and managing affirmative action for diversity and inequality. The methodology was based on the expectation and assumption that partners from their experience and knowledge, would develop the most appropriate and effective ways to address the diversity and inequality within the same priority group (eg strategies. In the same municipality where there are people living in the village and others lived in rural areas). In some cases this took some time and adjustments in strategies’ counterparts.

**2.4-Efficiency in the organisation and implementation**

**2.4.1 Organisation and management**

From bilateral agreements, a major commitment and implicit trust, the **roles and responsibilities** of both HAI and the implementing agencies were **defined and** clearly developed in a framework of respect, with good levels of coordination and complementarity. Fluid communication contributed positively in that direction. HAI’s guidelines were provided, however a greater induction process would have been favourable to avoid initial setbacks and strengthen ownership and strategic vision of all partners in the project.

HelpAge gave sufficient, specialized and mostly timely support, considering its limited staff, the workload of the person in-charge of the project and, in some cases, the lack of clarity in the roles. HelpAge had some deficiencies in giving concrete support to counterparts; for example, in being more involved with the Ministry of Health in Peru with who HAI has an agreement; then its participation would have facilitated the coordination with state authorities at central level. From partners, generally all efforts were made to comply with the initial agreements, although in some cases there were also limitations of staff, resources and time to face.

The support from HelpAge focused on technical aspects of the project, strengthening human resources and contributing to the experience using a differentiated approach to OP. Communication, availability of information (monitoring) and accompanying made possible to respond to problems on the road and make decisions on interventions according to opportunities and difficulties. However, it is recognized that partners lacked further advice in management of projects, fact whose causes are explained on the one hand, by the lack of experience of counterpart staff on project management and on the other, the need for exclusive staff for the administrative part in HelpAge that would have allowed greater dedication by the project coordinator for technical matters.

As for budgetary management, disbursement delays by matters between HelpAge and donors have affected the implementation of activities, besides causing uncertainty and transient motivation in teams, but **without much impact on the results and with many lessons learned.**

* 1. **2.Planning, monitoring and accountability**

HelpAge emphasised the development of a **general planning, sufficient to establish management agreements and implementation, accompanied by manageable and affordable monitoring tools** to retrieve information from the counterparts. It has thus established a system of simple reports, which rescues concrete actions based on indicators, which are as follows: planned activities versus those implemented and their ​​products, participants (disaggregated by sex) and comments (reprogramming, additional impacts, difficulties, etc.). **The report format has been successful to report to HelpAge**, although the quality of qualitative information and the analysis in the narrative reports is very variable. The lack of focus on outcomes and impacts, reflected weaknesses in some partners, affecting their capacities to analyse and communicate information, weakness which should be taken into consideration if it is contemplated, for example, enhancing its advocacy role.

For work with scales, a baseline was used to be compared with the progress and final results at the end of the project. It has 4 scales in a monitoring sheet that partners must complete (scales cited above). There is no **evidence within the system of the impact evaluation of actions and also an integrated collection of data and information on progress system**. The system is manual and processed by the project coordinator. The project also contemplated a midterm evaluation, but unfortunately the planned workshop wasn’t conducted because of budgetary constraints, it would have been useful to redirect some weak processes and resolve these issues of impact measurement then.

In terms of availability, access to information and "ownership", the contact persons and responsible for coordination of **partners counted with general project information**. More or less emphasis, and relying more on the way of working and culture of each partner, **general information was also shared with the groups that participated in the training and caregivers seeking their feedback** As an example, Colombian counterpart emphasized that the observations collected and taken into account to improve actions. At the level of the beneficiary’s information, it was weaker. Overall and although the project did not have informational materials on their objectives and activities, the partners developed contextualized actions to inform the various actors (in Santa Cruz, it explained that it was a project to incorporate the Alzheimer in public health policies and thereby achieving grants from the State for treatment).

Although it provides general information to participants/beneficiaries at the beginning of activities, **it has not implemented mechanisms of accountability** during or at the end of the project as contemplated in the design, but have made ​​presentations to authorities on the activities and achieved results. On the one hand it would be desirable for future interventions consider participatory mechanisms for regular reporting, monitoring and feedback involving the various stakeholders in the community, also promoting the visibility of the issue, ownership, joint analysis, and developing coordinated actions, however this involves time and resources which were/will not be generally available. As **good practice** to highlight we can mention the case of the **Committees for the Analysis of Information (CAI)** in Bolivia and work developed from the Horizons Foundation for the agenda of ISC **the issue of mental health in OP is incorporated**, as a strategy to strengthen existing spaces and move forward with the agenda of more institutionalised manner.

2.4.3 **Partnerships and coordination**

Although no strategy for alliances was developed at project level or partner level, it was taken opportunity **of existing initiatives** (such as the network of caregivers of Independence), **voluntary contributions** and the previous **relationship** to local governments and other key instances, allowing the achievements and results.

On the other hand, as a substantive part of the **multi-stakeholder commitment**, work with the community has provided forums for **coordination with the institutions, the older people and their carers / families**, contributing to the "social reconstruction" and making visible the OP and its contribution to the community. For example, Montes de Maria emphasised that the OP have managed to restore local historical memory loss due to forced displacement of the population by the armed conflict. Generally it achieved a **good relationship with local authorities**, which has given viability actions, building sustainability bases. The relationship with government agencies has also expanded to other **actors and sectors at the national level**, the strategic approach and coordination developed by the Montes de Maria Foundation Victims Unit in Colombia, responsible for the care of victims of armed conflict, to adapt the intervention strategy to post-conflict context and the mental health needs of OP in Montes de Maria. This implied an increased scope of the project than originally planned (AD), also focusing on depression and emotional recovery of OP and their families (reconstruction of the social fabric).

However, a pervasive weakness of the project worth noting is **the low or no relationship between the state and national governing bodies of health** (ministries / departments) **and older people** in the 3 countries – a better achievement was done through sub-national levels of these governmental bodies - mainly because of the lack of support and interest of these instances in the differentiated approach for OP and generally in the issue of mental health, as well as institutional weakness within state structures. To add to this, the constant changes of personnel and political situations does not allow the continuity of actions or processes.

Nevertheless, it is considered that **a major role of HelpAge in technical and high-level political dialogue with national state institutions** would have been key to enhance the project, above all enhancing its potential for sustainability, scaling and institutionalization; however, the limited staff and resources are recognized. On the other hand, the vision of HAI points at rather stopping assuming leading roles in the political dialogue, letting this to be assumed by partners, prospect which then raises the need to strengthen the capacities of political dialogue, dialogue and advocacy of partners.

From an inside look at the project, other opportunities for exchange between partners in three key moments were established. At the beginning of the project, a set up workshop was held in 2013 to ensure a good understanding of the purpose of the project and the means of technical and administrative coordination and financial. Another workshop was held in November 2014 in order to ensure the smooth completion of the project both in measuring impacts and tasks of advocacy and dissemination. A final workshop held in April 2015 was organized to present the intervention models and their accomplishments, and to adjust the scales. These spaces sought to promote and stimulate coordination and mutual learning, with mixed results in countries. In the case of Lima counterparts had communication and coordination, but still not enough articulation to act "as one project" and enhance the integrity. In other cases (eg Colombia.) partners - located in different geographical areas - were not able to meet despite having coordinated previous contacts in the workshops scheduled for HAI. Little or irregular interaction, integration and exchange of experiences among partners throughout the project (and among countries), has **limited learning** along the process, the **enhancement of the experience**, the search for alternatives, greater **achievement results** and efficiency. The project although having generated spaces and motivation, **could have incorporated more formally and even at the level of results and under the administration of HAI, networking and learning exchanges among counterparts** , since there is no culture of work and horizontal, nor of the use of electronic means for systematic contact and exchange of experiences between partners coordination.

The approach and awareness of the media, has been one of the activities that have highlighted the weakness of the counterparties to the dissemination of problems. This is mainly due to their lack of experience and the most strategic and effective use of funds communication. In contrast a good example form Grupo Vigencia should be mentioned when their use of information technologies (ICT) and social networks managed to spread information on the problem and the activities carried out under the project. Notwithstanding the weaknesses in the extent possible, the partners have managed to position the issue, have attracted the interest of several media (especially radio) and have ensured that the communicators manage terms and expressions of the problem, giving relevant information and sensitizing them.

**2.5- Sustainability**

* 1. **2.Prospects for continuity**

Different partners have some **plans and progress to give continuity** to the process initiated; include the following:

* It is planned to implement, as a pilot, "Model of **Intervention on Home Care for the older people with Alzheimer** ", managed by the municipalities of Independencia and San Juan de Miraflores (Grupo Vigencia, Peru).
* There is predisposition to continue to work with the municipalities (San Juan de Miraflores and Independence) to **continue with the workshops of formation**, although there are limitations in the budget.
* Influence to build on the **interest of PAHO- Pan American Health Organisation and the Directorate of Mental Health, Ministry of Health**, in order to give continuity to the results and actions of the project (Grupo Vigencia, Peru).
* Based on the Neurolab (Santa Cruz) existence, it is planned to enhance alliances and joint activities to give sustainability to the work undertaken and achieved meet the **growing demand for diagnostic**.
* **Continue the training programs**, strengthen and expand to others areas, the training and formation of caregivers, linking more with other **professionals linked to specific areas** (example, gerontology) to contribute to strengthening the project (AFACOL, Colombia)
* To continue and in some cases formalise **institutional partnerships** (ie. with the University Ricardo Palma in Lima, the Private University of Santa Cruz de la Sierra), who have shown predisposition and support.
* Advanced negotiations with **other donors** (Neurolab eg already have other funding) and contacts with the **Private Sector and corporate social responsibility** to channel resources (AFACOL, or n Horizons Foundation - Neurolab).
* The articulation with **other actors** has resulted in the **development of other programs on policy around the issue** (FMDM and AFACOL, Colombia).

In the perspective of the sustainability of the actions undertaken by the project, some **strengths, weaknesses, opportunities and threats** have been identified:

**Fortalezas** **Strengths**

* Recognition of the institution, credibility, be a reference and be heard; this accumulated capital is helpful to submit proposals.
* Having support of donors who give security to the institution or is a support to be counterparty (alliances, partners).
* Institutional capacities for community interventions and projects’ management.
* Having accumulated experience in the issue associated to OP and developed methodology to transmit knowledge on health issues to the rural communities.
* Ability to manage alliances with other institutions / organizations and a good level of relationship with local governments.
* Capabilities for dissemination and to socialize the experience and to awake interest in other organisations for replica, for example to dialogue with state authorities. Although not all counterparties have this installed strength.

**Oportunidades** **Opportunities**

* Opening of authorities and communities to the problem of mental health policy – due to the project - with differentiated approach to OP, especially to work in building institutional capacities (process for stability, training civil servants). Having authorities informed and sensitized is a progress which can be enhanced.
* The OP center provides a space for generation of evidence to be used to measure incidence and to increase diagnostic.
* Conformation of networks of caregivers supported and recognized by the municipalities. They need to be linked to the public sector for greater sustainability and scaling (Peru and Colombia).
* Existence of legislation: approval of laws for Alzheimer’s patients (Peru, Bolivia) which gives prospects for sustainability.
* The context of autonomies gives perspectives to outline strategies and policies toward models of intervention.
* Existence of OPA with which you can work and coordinate joint actions of prevention, attention or enforceability.

**Debilidades** **Weaknesses**

* The training to medical staff and doctors are perceived as general and not sustain over time; in particular where there is such a need to deepen knowledge and sensitisation in order to promote the appropriation of the problem and to improve care.
* Weak capacities of partners in project cycle and management, including a strategic analysis, decision-making, in particular in community work.
* Instability and insecurity about resources transmitted by HelpAge to counterparts.
* The link of partners with central levels of State and decision making is weak; the capacities for advocacy are thus insufficient.

**Amenazas** **Threats**

* The disproportion between the growing dimensions of the problem versus scarce financial resources.
* High dependence on external resources to develop initiatives for HelpAge as well as partners
* Political changes implying high turnover of staff and low institutionalisation.

In general, it is considered that the **potential for sustainability and replication of training to caregivers is high** because it can develop from the caregivers who have been trained and strengthened, partnerships and capacities (eg. universities) and minimum investment. **Formalize partnerships at the institutional level** is an important step towards sustainability (eg. with the University Ricardo Palma in Lima). There are **support groups** that have emerged from the courses that are trying to consolidate and perhaps could be supported by such allies.

The **political changes** (eg. Quilmaná, Mecapaca **)** constitute a strong **threat to the** continuity of the processes and outcomes achieved. Beyond this, a **high turnover of people - local authorities, health-prevents staff institutionalize** processes, it is a continuous "re-start" that is not resolved only with repeating training.

* 1. **Strengthened capacities**

Partner institutions feel **strengthened in their internal management capabilities** and for **working in partnership** and **with communities in rural areas**. Also on the **project management** their capabilities have been developed to generate more structured and solid proposals. However, **it is not possible to affirm that capacities in all cases and areas are consolidated** and more strengthening is required to more continuity and deepening the capacities.

The project has enabled the **institutions to build better capacities that allow them to strengthen and to expand their thematic, geographic and scope of interventions. I**n the case of some counterparts in essence "activists", they have been compelled to assume new roles more "technical". The question is to what extent it is possible - or even desirable and sustainable – to transform these organizations, stopping them being what they are and limiting whatever is their specialty?

Through the project n**ational Alzheimer organisations have been strengthened**; in the case of Bolivia, the Bolivian Alzheimer Association (AAB) has succeeded in obtaining their accreditation at the international level (Ibero American and global ADI networks). This will in turn increases their access to international technical and financial resources. In the case of Colombia, AFACOL feel strengthened in supporting OP with Alzheimer's and their capacity to influence, for having made ​​it possible and create opportunities to participate in policy-making spaces/meetings and platforms.

There have been processes of capacity building of local and national authorities and officials, but as already mentioned, the constant changes of personnel **and authorities** limit this process and **removed continuity** to the interventions. The **workload** and from another angle **a not very intensive and regular training**, also **adversely affect** the strengthening and **consolidation of capacities** of local stakeholders. Above all, **in its implementation** consistent and sustainable strategies.

The **OP** feel **strengthened and important** to be taken into account by the project, but their **organisations still require consolidated** and strengthened for dialogue and enforceability of rights.

The experience which is being systematised, the "models" and knowledge resulting from the project will also strengthen the capacity of HelpAge and increase its potential in the leadership role. It will impact on the visibility of issue of dementia in OP in the region on the basis of **evidence and proposals.** What's more, these knowledge and skills enhance the **role of HelpAge in the international scenario** and in the prioritisation and funding opportunities to address the problems in the region.

Overall **the project has broadened the base of institutions, communities and people trained and activists** for the rights of OP, focusing on dementia, which in itself is a potential of continuity, replication and advocacy.

* 1. **Incidence and institutionalisation**

While progress has been made ​​in raising awareness, generation or creation capacities and in the mainstreaming of the issue of dementia in OP on the agendas of different organisations, the **degree of institutionalisation** is, in view of the evaluation team, still **incipient** and very **vulnerable** to external factors and situations, such as the (still) low priority for this theme, the ignorance and lack of interest and other factors like: the limited budgets to meet on one hand, older people and, on the other hand, mental health; political changes and high staff turnover; and the dependence on international cooperation, which also affects the counterparties and their ability to continue their work in the subject. Thus, although the partners have reported that many of the initiatives have been **welcomed by local governments** and there has been **progress,** the **political situation has determined in many cases cuts in proceedings,** such as the lack of continuity of the Centre Integral the Elderly in Quilmaná.

**Some initiatives have advanced the impact on legislation and public policies** (Colombia, Peru) in health but also in other sectors such as education; in Colombia it has even generated an inter lobbyist for advocacy. On the other hand, Grupo Vigencia presented a legislative initiative, with the support of the Ministry of Education to incorporate the issue of care for the elderly, on the lines of training of institutions that provide community education and which are endorsed and registered the Ministry of Education. In that framework also it identifies the need to exchange experiences and strengthen capacities of partners to present models, develop and argue proposals, and effectively influence nationwide. Moreover, the existence of certain offices or positions (responsible for mental health, responsible for OP ...), standards and tools in the areas of health implies possibilities to contribute to its effective performance, use and implementation.

Networks of **caregivers (Peru) have been formalised** through register as social organisations in the city, which means a great opportunity because it gives them **a say in the annual participatory budgets.**

In view of the evaluation team, the project has shown some **weakness in political management at national level,** in regards of the counterparts but also HelpAge. Faced with unfavourable scenarios nationwide mental health, partners have shown even weaker advocacy capacities. Moreover, despite the obvious expectations of partners, the incidence was not an explicit role attributed to HelpAge although they could have played a major role in this direction. Thus, although the impact at local level has been quite effective (examples include coordination with municipal governments Quilmaná, Independence, San Juan de Miraflores, Peru, the prior relationship with the community and local authorities in Montes de Maria, Colombia), the weakness at national level **has not helped to create better conditions for implementation and continuity in local areas** of the project (ie., ensuring continuity of staff), **and has not favoured scaling, replication and institutionalisation** . A breakthrough by positioning the subject and the work done was the presentation of project results to authorities of the Ministry of Health of Peru and a similar presentation was scheduled in Colombia.

In perspective, there is an interest from international organisations to incorporate issues of OP and mental health, interest which could be an opportunity to work with the central level in the 3 countries.

* 1. **Role (potential) of HelpAge**

HelpAge’ s role towards **advocacy and political dialogue** is fundamental at national level, generally in favour of the topic and attention to dementia in different countries. It is specifically true for the prioritisation of the issue, as well as consideration, discussion, replication and scaling of models, in a context oriented regulations and policies. Its role will also be important to influence, from the national level, the creation of conditions that enhance locally the possibilities of continuity and institutionalisation of processes and results.

The dialogue **and advocacy** in the **international arena**, from the experience, knowledge and proactive capacity, are also vital to **contribute,** on the one hand, **from the regional experience to the international agenda** , to the visibility and attention to the problem globally and, on the other hand, to **generate attention, opportunities and resources** that will enable the region and individual countries strengthen their capacity to effectively address the disease within a framework of respect for the rights of OP.

As **promoter and dynamiser, HelpAge** has a very important role, especially considering that it is not a known issue or an issue prioritised in different countries and by different actors. In this project HelpAge has managed not only to build capacity, but to motivate and challenge organisations to expand its thematic, geographic and in terms of scope of their work strategies.

As **coordinator and manager of knowledge** HelpAge also has an important role to be appropriated. It will also contribute to the visibility and awareness of the issue of old age and ageing, and its positioning in the agendas and priorities of different agencies and state actors, society civil and possibly the private sector. Moreover, HelpAge has the potential to develop a facilitator role and to link partner institutions to HelpAge’s network of contacts worldwide.

The role played by HelpAge as **technical assistance** has been widely appreciated and recognized by counterparts. It must be maintained and deepened as far as possible, as there is certainly a need to continue strengthening and developing capacities of partners, other institutions and organisations to address a problem whose incidence also grow dramatically in the coming years.

1. **BALANCE BALANCE**

**3.1 Conclusions**

* **Concientisation of community / environment:** The project has made ​​visible and has sensitised on the subject of ageing and mental health of OP; "It has opened the way" to raise awareness on dementia, with emphasis on Alzheimer, on its problem and needs for policies, contributing to the overcome of stigma, abuse and neglect. However, there are still social, economic or cultural factors which limit the effective and continuous attention to this problem.
* **Capacity building for care**: the role of carers have been made visible and recognised while and their capacities have been strengthened (family and externals). Networks of caregivers in some municipalities have been consolidated, in addition to creating job opportunities. Through the strengthening of caregivers capacities, their workload was eased and the quality of care improved.
* **Capacity building in detection and care:** health personnel was trained and they have implemented screening tests for dementia in several municipalities, validating the tools, making visible the impact of the problem to policy makers and alerting the OP and their families . However, neither the OP nor mental health are priority agendas in health systems, making *per se this* approach highly vulnerable, in particular in contexts of primary health care where health personnel is minimum, is overloaded with administrative tasks and permanently turned over.
* **Incidence: it has been possible** to position the subject in local areas, achieving significant commitment of the authorities and a potential to advance toward some degree of institutionalisation or budgets to give some responses at municipal level. The role of OP organisations is critical, so strengthening them toward the enforcement of rights and the inclusion of mental health in their agenda of claims and demands, must be a priority in future actions. At the national level some experiences to influence and to schedule the policy (eg. Workshops, presentations to national authorities) have been developed, however this requires strengthening
* **Models / strategies:** pilot experiences have been developed and have generated important lessons about forms of comprehensive and multi actors work to address the issue at local levels; this constitutes potential inputs for the design of policies and interventions for national and subnational governments. The capacity of articulation or involvement of different institutions and organisations has been a key success factor and makes the basis of future initiatives. These experiences also constitute important inputs for programmes though they still require to be scaled up- to generate, based on evidence, an advocacy agenda and in terms of enforceability and internationally scenarios.
* **Response to needs and resolution capacity:** Following the detection at the first level of care, a route or "solution" for OP is not displayed, because of different barriers against which the project scope is also limited such as institutional barriers (health system), economic or social (treatment costs, transport), distance and dependence, (des)valuation of the OP in the community / society, amongst others. If after the detection, a reference or treatment is not included or suggested, the sense of "knowing" becomes less important and one could even think that "not knowing" was better.
* **Partners:** Previous experience, commitment and the recognition and credibility of the counterparties in different contexts and by different stakeholders, have been the foundation on which the project could develop strategies and has responded to situations and contexts specific. The experiences from the project have helped strengthen and expand the thematic, strategic capabilities as well as approach for partners to address the issue of mental health. Although exchange spaces and actions were contemplated in the project, to work with a more structured and articulated strategy of coordination, would have allowed greater learning and complementation between partners.
* **Sustainability:** a longer and continuous intervention would have improved the sustainability of the results. This is required to overcome weaknesses in institutions and the high turnover of staff, coupled with the low priority in policies, which did not help either to a favourable environment for continuation. However from the approval of some legislation or the use of existing laws not implemented, and some commitments at the municipal level to provide continuity of some actions, some opportunities arise. Despite of the above, the project has not identified a specific exit strategy, which means "it lets things unachieved compared to the interest and expectations generated", and this affects the image and credibility of HelpAge and counterparts, further the negative effects on OP diagnosed, their families, communities.
	1. **Best practices, success factors and lessons learned**

From what was highlighted by the implementing partners, the following **best practices and success factors have been identified:**

* **Commitment and prior experience:** Evaluate the commitment and take into account the knowledge, experience and human resources of the partners. Build on relationships, alliances and previous experience.
* **Build trust and legitimacy in** coordinate directly with local governments and grassroots organisations, seeking alliances with the same community and their own local actors/ leaders. This gave confidence and legitimacy to the counterparties to the community.
* **Alliances:** Ask for multi-stakeholder strategies and recognise that institutional articulation is important to capitalize knowledge and resources, improving the arrival of the project and the prospects for sustainability.
* **Contextualisation:** Contextualize interventions (strategies), as well as the methodology, materials and language, in addition to consider the particularities of each type of actor.
* **Flexibility:** The predisposition, flexibility and ability to adjust strategies, identify new actors, addressing opportunities and challenges, and maintaining orientation or find solutions in order to achieve the expected results.
* **Monitoring: Do a baseline, as** basis for comparing the progress and results.
* **Sustainability:** institutionalisation of networks of caregivers to ensure service at municipal level.

As for **lessons learned**, the evaluation highlighted the importance of:

**Incidence and enforceability**

* The decentralization model and autonomy status common in our countries give to the local stakeholders a lot of power for decision making, in turn this gives an opportunity to work more closely with authorities and to answer better to the needs in a concrete way; thus it is vital that this opportunity will be taken and advocate at local level, without neglecting the central level of decision.
* Join the field work with advocacy to enhance sustainability and promote scale up.
* Empower the capacity of demand and proposal by civil society, OP, their families and communities in general in front their (local) authorities.

**Articulation and alliances**

* Sign formal agreements with state institutions, in order not to leave truncated processes against the constant political changes and personal turn over.
* Have contingency plans for the instability of positions in the public sector and take into account this limitation early in the project cycle.
* Rate partnerships with universities for research or evidence generation as well as for the human resources trained and skilled.
* Develop strategies to influence media communication effectively and consistently.

**Approach**

* Focussing on a comprehensive approach to health for OP, which include physical as well as mental evaluation, in prevention, attention and treatment.
* Monitor the comprehensiveness in the implementation of strategies as well as the existence of a right based approach.

**Knowledge management**

* Share experiences and learning constantly, in addition to promoting coordination and complementation of the actions.
* Systematise experiences and models to show results, generate evidence, develop new ideas, create new partnerships and carry out advocacy.

**Training and capacity building**

* Better target the training intervention, with training programmes well structured, with a more sequence and regularity, and an appropriate selection of professionals, using available resources (eg. universities).

**3.3 Recommendations**

The recommendations raised in this section are aimed at HelpAge and focus on: a) To collect ideas for future initiatives; b) enhance the possibilities of continuity and replication processes and results achieved at local level; c) impact on the national agenda for positioning and care subject of dementia in OP; d) contribute to the dialogue and international agenda from the experience gained from the project[[14]](#footnote-14).

* Manage agreements with the Ministries of Health for continuity and replica in particular for theinstitucionalizaci ó n de los diagn ó sticos en el primer nivel desde un enfoque de salud integral, incorporando la prevenci ó ny buscando alternativas de referencia institutionalisation of the diagnostic at the first level of care as part of a holistic health approach, incorporating the prevention or seeking alternative of reference y tratamiento . and treatment.
* Enhance the formalisation of networks of caregivers, using the strengthening, institutionalisation and capacity building of local caregivers, a trav é s de pla nes y presupuestos municipales, alianzas institucionales, mecanismos de certificaci ó n, entre otros. Al respecto, queda como reto para futuras iniciativas de formaci ó n de cuidadores incorporar el enfoque de g é nero promocionando la participaci ó n de hombres . through planning and municipal budgets, institutional partnerships, mechanisms for certification, among others. In this regard, there is a need to take the challenge for future initiatives of formation of caregivers mainstreaming the gender perspective and promoting the participation of men.
* Promote agreements with local governments, NGOs, religious institutions to strengthen OP organisations aimed at the enforcement of their rights and priorisation in policies
* Systematise / refine the experiences, results and models for diffusion and discussion at local, national and international levels. A partir de la sistematizaci ó n, desarrollar pr oductos/propuestas de calidad para el dise ñ oe implementaci ó n de pol í ticas/estrategias, para la revisi ó ny mejoras a los protocolos y herramientas de diagn ó stico de la salud mental del PAM, as í como productos de comunicaci ó n, i nformaci ó ny educaci ó n. From the systematisation, develop communication/information/education products and quality proposals for the design and implementation of policies / strategies which include the revision or improvement of protocols of care and tools for diagnostic, in general mental health of OP.
* Calculate costs, develop financing alternatives and analyse the cost-effectiveness for the implementation of the models.
* Promote national and regional multi-stakeholder networks for advocacy and learning about the problem to invest into policies. Desarrollar una estrategia de operacionalizaci ó n. Develop a strategy for operationalisation
* Develop an "aggressive" strategy to inform and raise awareness of the problem for policies at national and regional level, including information on measures of prevention / mitigation.
* Develop partnerships with universities to promote research on the topic, as well the formation of professionals specialised in the dementia. Develop research protocols or to raise awareness on the need for policies, get new funders and advocacy. Also promote studies on the problem of abuse to OP with dementia, the trend of this kind of violence on older women, the relationship with dementia and its effects.
* Adjust the scales to urban, suburban, rural context; sistematizar los res ultados de la aplicaci ó n , para fortalecer la evidencia, el respaldo a los modelos y desarrollar propuestas. further systematise the results to strengthen the evidence for supporting models and developing proposals.
* Explore financing alternatives and incentives for incidence and replica; en ese marco buscar alianza s con el sector privado en el marco de la Responsabilidad Social Empresaria l . in this context seek alliances with the private sector within the framework of Corporate Social Responsibility, highlighting the impact and relevance of the problem in policy.
* For future experiences, HelpAge needs to perform a deeper process of induction in order to enable and strengthen counterparties in the management of projects, process of monitoring, application of scales, incidence and approaches to the theory of changes.
* Also, further exchanges and enhanced mutual learning processes should be introduced as a strategy, if budget for it is provided
* Si bien es “ posible ” que desde HAI una persona con una dedicaci ó n parcial coordine un proyecto, una dedicaci ó n de 100% del tiempo tendr í a un impacto sustantivo en maximizar el potencial del proyecto y los resultados (costo-efectividad). While it is "possible" that from HelpAge, the post of coordination has a full dedication or partial; to be able to coordinate such a project, with a 100% of his/her time would have a substantive impact on maximizing the potential of the project and outcomes (cost-effectiveness).

**BIBLIOGRAFÍA REFERENCES**

***Technical project documents***

**D**ocument project proposal "Forget me not - Improving care for dementia in Andean countries" [digital version], 2012.

**M**onitoring sheet [digital version]. Partners: AFACOL, Horizons Foundation, Foundation Montes de Maria, IMEDER. Periods: April / 2013 - March / 2014; February to March / 2015.

**R**eport Final Lar Second Year Project 38 [digital version]. Effective Group, 2015.

**R**eport biannual [digital version]. Horizons Foundation, 2013.

**R**eport monitoring visit HAI Maria Montes Foundation [digital version], 2014.

**I**nterim report: Project "Forget me not: Improving the mental health in the Andean countries." [Digital version]. Reporting period: November 2013 - October 2014.

**M**emory of the Technical Meeting, Project Impact Measurement "Forget me not - Improving care for dementia in Andean countries" [digital version] .Santa Cruz, October 2014.

**M**emory of the setup workshop of the project "Forget me not - Improving care for dementia in Andean countries" [digital version]. Lima, April 2013.

**S**ummary of Annual Report "Forget me not: Improving mental health in Andean Countries [digital version]. Period: November 2013 - October 2014.

**T**erms of Reference AFACOL [digital version], 2012.

**T**erms of Reference Horizons Foundation [digital version], 2012.

**T**erms of Reference Group Term [digital version], 2012.

**T**erms of Reference IMEDER [digital version], 2012.

**T**erms of Reference Montes de Maria [digital version], 2012 Foundation.

***Reports counterparts***

Group Term. Project "Forget me not: Improving the mental health in the Andean countries: intervention model for home care of older people with Alzheimer managed by local governments" [digital version], 2015.

**H**oja Technical Monitoring [digital version]. Counterpart: Family Action Foundation Alzheimer Colombia (AFACOL). Period: from February to April 2015.

**H**oja Technical Monitoring [digital version]. Counterpart: Network Development and Peace Foundation of Montes de Maria. Period: from February to April 2015.

**G**roup Term. Final Second Year Lar 38 "Project report.

***Final institutional presentations***

**A**Facol: "LAR 038 Project" Forget me not - Improving care for dementia in Andean countries "[digital version].

**F**oundation Horizons: "Forget me not" [digital version].

**F**oundation Montes de Maria: "Participatory Model Community Mental Health in Older People [digital version].

**G**roup Vigencia: "Intervention Model for Home Care for the Elderly with Alzheimer managed by Local Governments" [digital version].

**Ocampo**, Ninoska: Neurocognition Laboratory "Rene Soria Calderon" - NeuroLab [digital version].

***Testimonials***

***E****l Alzheimer's from the heart.* Testimony of Maria Leonor Martinez and Jose Joaquin Martinez. 70 and 80 years respectively. AFACOL. Bogotá, Colombia. Bogota, Colombia.

Eliana testimony of Martha Castañeda. AFACOL. Colombia. Colombia.

***Otros***

***Others***

**F**oundation UPC. *Instruments for the submission of draft development cooperation (Evaluation)* [digital version]. Available in: [http://www.portal-dbts.org/3\_herramientas/eml/formeml1/5md.pdf](https://translate.google.com/translate?hl=es&prev=_t&sl=es&tl=en&u=http://www.portal-dbts.org/3_herramientas/eml/formeml1/5md.pdf)

**M**inistry of Health and Sports (2006) *Methodological Guide for the Analysis of Health Situation - Bolivia 2005* Series: Documents Outreach [digital version].. Available in: [http://es.scribd.com/doc/67490904/Guia-Metodologica-del-ASIS-Bolivia-2005#scribd](https://translate.google.com/translate?hl=es&prev=_t&sl=es&tl=en&u=http://es.scribd.com/doc/67490904/Guia-Metodologica-del-ASIS-Bolivia-2005%23scribd#scribd)

***P****ertinencia, relevance and context of the Project* [digital version]. Available in: [http://2015sinnecesidad.blogspot.com/2009/10/pertinencia-relevancia-y.html](https://translate.google.com/translate?hl=es&prev=_t&sl=es&tl=en&u=http://2015sinnecesidad.blogspot.com/2009/10/pertinencia-relevancia-y.html)

**ANEXOS ATTACHMENTS**

1. Terms of Reference
2. Work schedule
3. Evaluation matrix
4. List of interviews made

1 The data have been extracted from the Project proposal document.

2 The relevance is understood as the activity / project necessary and important for all, part or group of society. So when we speak of "relevance of a development intervention" it refers to "the adequacy of the results and objectives of the intervention to the context in which it is done" (http://www.portal-dbts.org /3\_herramientas/eml/formeml1/5md.pdf). Meanwhile, when we talk about relevance of a project, it is aimed at responding to priority needs in a particular context (http://2015sinnecesidad.blogspot.com/2009/10/pertinencia-relevancia-y.html).

3 An example is the case of IMEDER, who had plans to coordinate its action with the Ministry of Health of Peru, but for lack of interest of this had to adapt its intervention strategy coming to coordinate with the Municipal Government of Quilmaná. In general, organizations are challenged to focus their work in mental health, a difficult issue to address as previously described.

4 The chart shows the total data against the data obtained.

5 The final results could suffer variations in view of the FH not yet submitted its final data and are taken into account data to December 2014; however no substantive changes to the data, the behaviour pattern of results, and general trends are anticipated

6 The "AM with better access" category refers to better access to appropriate mental health services from guidance and training. The "PHC" relates to the number of primary health care (PHC) have received training / education. The category of "AM with dementia ..." refers to the number of older adults diagnosed with dementia in the project.

7 Allison Silva Medrano, coordinator of the Network of Caregivers of San Juan de Miraflores (Peru).

8 A CAI is a multi-stakeholder forum for discussion, analysis and exchange of views on issues related to the health status of a community or population. It involves a meeting to analyse epidemiological and management indicators, conditions and determinants of health problems making decisions, track, evaluation, regular monitoring of health services and the community (ASIS BOLIVIA methodological guide 2005)

9 Scale that measures caregiver burden.

10 Currently the priorities in health systems in the three countries are the care of women and children / as.

11 Quoted in an interview with the technique of the Horizons Foundation (Bolivia).

12 Excerpted from the experience developed in the municipality of Mecapaca, Bolivia (interview technique Horizons Foundation).

13 The feasibility of the proposals have, to different degrees depending on the availability of financial resources.

1. The feasibility of the proposals have, to different degrees depending on the availability of financial resources. [↑](#footnote-ref-1)
2. Data extracted from the proposal. [↑](#footnote-ref-2)
3. Relevance means that the activity or project which is necessary for the whole or part of society. Then, when we talk about the relevance of an intervention in development, it refers to the adequacy of the results and objectives to the context in which ti is implemented. (<http://www.portal-dbts.org/3_herramientas/eml> /formeml1/5md.pdf). When we talk about the relevance of a project, this focuses on give answers to prioritised needs in a determined context. (http://2015sinnecesidad.blogspot.com/2009/10/pertinencia-relevancia-y.html). [↑](#footnote-ref-3)
4. Un ejemplo es el caso de IMEDER, que había previsto coordinar su intervención con el Ministerio de Salud de Perú, pero por falta de interés de este tuvo que adecuar su estrategia de intervención llegando a coordinar con el Gobierno Municipal de Quilmaná. En general, las organizaciones se enfrentaron al reto de enfocar su trabajo en salud mental, un tema difícil de abordar como ya se ha descrito. [↑](#footnote-ref-4)
5. The graph shows the total figures compared to results planned. [↑](#footnote-ref-5)
6. The final results could have slight variations taking into account that this report does not include the last figures from F Horizontes and most data are form December 2014; however large modifications are not expected, nor the pattern of tendency on results or general tendencies. [↑](#footnote-ref-6)
7. The category OP with better Access refers to a better Access to services for mental health through information, training and screening. The category “PHC facilities” refers to the nimber of PHC centres having received training. The category “OP with dementia” refers to the number of OP with a diagnostic of dementia followed within the porject. [↑](#footnote-ref-7)
8. Allison Silva Medrano, Coordinadora de la Red de Cuidadores de San Juan de Miraflores (Perú). [↑](#footnote-ref-8)
9. A CAI is a space where several stakeholders, discussed, analyse and Exchange opinions about health problems related to the community or population. Implies meetings where epidemiological as well as management data are analysed in order to take decisions or follow up or evaluations of interventions.(Guía metodológica ASIS BOLIVIA 2005) [↑](#footnote-ref-9)
10. Scale which measure the level of workload and stress of a caregiver. [↑](#footnote-ref-10)
11. Presently the priorities in health systems in the 3 countries are women and children [↑](#footnote-ref-11)
12. Quote from the interview of technician of Fundación Horizontes (Bolivia). [↑](#footnote-ref-12)
13. Extracted from the experience developed in Mecapaca, Bolivia (interview to Horizontes’ technician). [↑](#footnote-ref-13)
14. The feasibility of the proposals have, to different degrees depending on the availability of financial resources. [↑](#footnote-ref-14)