



Technical Assistance Report

Project Number: 49313-001
Policy and Advisory Technical Assistance (PATA)
September 2016

People's Republic of China: Development of Geriatric Nursing Policy Principles and Training Program in Liaoning Province

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Asian Development Bank

CURRENCY EQUIVALENTS

(as of 19 September 2016)

Currency unit	–	yuan (CNY)
CNY1.00	=	\$0.1499
\$1.00	=	CNY6.6701

ABBREVIATIONS

ADB	–	Asian Development Bank
CMU	–	China Medical University
FAH-CMU	–	First Affiliated Hospital of China Medical University
PRC	–	People's Republic of China
TA	–	technical assistance

NOTE

In this report, "\$" refers to US dollars.

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POLICY AND ADVISORY TECHNICAL ASSISTANCE AT A GLANCE

1. Basic Data		Project Number: 49313-001	
Project Name	Development of Geriatric Nursing Policy Principles and Training Program in Liaoning Province	Department /Division	EARD/EASS
Country	China, People's Republic of	Executing Agency	First Affiliated Hospital of China Medical University
2. Sector	Subsector(s)	ADB Financing (\$ million)	
✓ Health	Health system development		0.40
		Total	0.40
3. Strategic Agenda	Subcomponents	Climate Change Information	
Inclusive economic growth (IEG)	Pillar 2: Access to economic opportunities, including jobs, made more inclusive	Climate Change impact on the Project	Low
4. Drivers of Change	Components	Gender Equity and Mainstreaming	
Governance and capacity development (GCD)	Institutional development	Effective gender mainstreaming (EGM)	✓
5. Poverty and SDG Targeting		Location Impact	
Project directly targets poverty and SDGs	No	Urban	High
6. TA Category:	B		
7. Safeguard Categorization	Not Applicable		
8. Financing			
Modality and Sources		Amount (\$ million)	
ADB		0.40	
Policy and advisory technical assistance: Technical Assistance Special Fund		0.40	
Cofinancing		0.00	
None		0.00	
Counterpart		0.00	
None		0.00	
Total		0.40	
9. Effective Development Cooperation			
Use of country procurement systems		No	
Use of country public financial management systems		No	

I. INTRODUCTION

1. The Government of the People's Republic of China (PRC) requested the Asian Development Bank (ADB) to finance the policy and advisory technical assistance (TA) for Development of Geriatric Nursing Policy Principles and Training Program in Liaoning Province to (i) develop geriatric nursing training policy recommendations and a strategy, implementation framework, standards, curriculum, and modules for geriatric nursing training; and (ii) train clinical nursing teachers and nurses in Liaoning Province. A fact-finding mission took place in June 2016 and ADB reached an agreement with the Liaoning Provincial Government and the First Affiliated Hospital of China Medical University (FAH-CMU) on the TA's impact, outcome, outputs, implementation arrangements, cost, and terms of reference of consultants. The design and monitoring framework is in Appendix 1.¹

II. ISSUES

2. The main demographic challenges facing the PRC in this century are the dramatic aging of its population and the scale of internal rural–urban migration. The proportion of older people across the PRC is expected to grow from roughly 12% in 2010 to 34% in 2050.² During this period, the number of people aged over 80 years will increase from approximately 20 million to 100 million. In 2012, about 193.9 million people, or 14.3% of the population, were aged over 60 years (51.2% women), and 22.7 million were aged over 80 years (58.2% women). The proportion of elderly in rural areas is estimated to exceed 60% by 2050, compared with 30% in urban areas.³ Moreover, internal rural–urban migration and other factors have resulted in roughly 100 million elderly people not residing with their children and 50 million rural elderly living alone (“empty nests”).⁴ A further 10 million elderly have lost their only child, and this number continues to increase by about 76,000 annually.

3. About 81.7% of elderly people suffer from arterial hypertension, cardiovascular diseases, diabetes, osteoporosis, Alzheimer's disease, and other chronic diseases, and about 20.9% have four or more concurrent diseases. In 2013, an estimated 5 million elderly suffered from dementia, with a projected increase of 300,000 annually.⁵ A significant number (about 23 million) lived in poverty or low-income conditions. The number of disabled elderly unable to take care of themselves is expected to increase from today's 15 million to 25 million by 2020.⁶

4. In 2013, Liaoning Province had a population of 42.6 million, and about 7.9 million (18.5% of the population) were aged over 60 years. In 2014, the number of elderly aged above 60 years reached 8.4 million, including 1.1 million (2.5% of the population) aged above 80 years. In 2015, the estimated number of elderly people aged above 60 years, reached 8.8 million, including 3.5 million “empty nests” (footnote 4). About 56.9% of the elderly people suffer from chronic diseases, and about 13.4% of them are disabled. Liaoning Province has 1,632 elderly care institutions with 195,000 beds representing 25 beds per thousand elderly—leading to an estimated shortage of beds of about 100,000. According to the 2012 study by the Liaoning

¹ The TA first appeared in the business opportunities section of ADB's website on 15 August 2016.

² United Nations. 2011. *World Population Prospects: The 2010 Revision*. <http://esa.un.org/unpd/wpp/index.htm>

³ R. Herd, Y. Hu, and V. Koen. 2010. *Providing Greater Old-Age Security in China*. OECD Economics Department Working Papers, No. 750. Paris: Organisation for Economic Co-operation and Development. http://www.oecd-ilibrary.org/economics/providing-greater-old-age-security-in-china_5kmlh4x7pc7k-en

⁴ “Empty nests” are households with only one elderly person or an elderly couple who do not have children living with them.

⁵ China National Committee on Ageing. 2013. <http://www.cncaprc.gov.cn/contents/2/3495.html> (in Chinese).

⁶ S. Leng et al. 2010. An International Model for Geriatrics Program Development in China: The Johns Hopkins-Peking Union Medical College Experience. *Journal of the American Geriatrics Society*. 58 (7). pp. 1376–1381.

Medical University Nursing College, only 6.9% of nurses in the province had certified geriatric nursing qualifications compared with the national average of 10.0%.

5. The government has responded to general elderly care needs with new policies, legal initiatives, and programs aiming to expand and improve social and medical services for the elderly, including geriatric nursing services. The Law on the Protection of the Rights and Interests of the Elderly (2013) calls for developing social services for the elderly through expansion of professional training programs for elderly care service workers. The PRC Ministry of Civil Affairs Decree No. 49: The Pension Agency Management Approach, and the Basic Norms of the Elderly Social Welfare Agencies (MZ008-2001), stipulate that the elderly care nursing staff should go through relevant vocational qualification certification by nationally recognized education institutions, and take examinations conducted by provincial and national authorities. The PRC State Council Opinion, the National Development and Reform Commission Policy No. 35 (2013), and the Liaoning Provincial Government Decree No. 4 (2014) on Accelerating Development of the PRC National Pension Services, set the following goals: (i) increase the number of beds for elderly care to 35–40 beds per thousand elderly; (ii) improve quality of training and expand employment of elderly care personnel; (iii) develop and support elderly care-related programs and courses on geriatrics, rehabilitation, nursing, nutrition, and social work in higher and vocational education institutions; (iv) develop and implement preferential policies encouraging higher education institutions to engage their graduates in elderly care services; and (v) carry out continuing education for elderly care services, including geriatric nursing to improve the professional quality of elderly care services. To meet the demand for elderly care services, the government has initiated an expansion of elderly care facilities and services at the home, community, and institutional levels, including geriatric care units in hospitals. The government has also started investing in professional development and training of health care staff to improve access to and quality of elderly care services.

6. The trend of an accelerating elderly population has increased the socioeconomic burden and demand for elderly care services, including geriatric nursing in the country. Today, the elderly's special physiological and psychological conditions require high-quality professional care, yet none of the medical vocational institutions in Liaoning Province have established elderly care training programs. There is an urgent need to develop and establish special training systems for elderly care services, including geriatric nursing training and professional development programs.

7. The TA is included in ADB's country operations business plan, 2016–2018 for the PRC.⁷ The TA will support ADB's assistance to the PRC to improve elderly care services. The TA is in line with PRC's Thirteenth Five-Year Plan, 2016–2020 and ADB's Operational Plan for Health, 2015–2020; and will complement other ADB-funded projects aimed at improving elderly care services in the PRC.⁸

⁷ ADB. 2016. *Country Operations Business Plan: People's Republic of China, 2016–2018*. Manila.

⁸ Central Committee of the Communist Party of China. 2015. *Recommendations on the Development of the Thirteenth Five-Year Plan for National Social and Economic Development*. Beijing (Xinhua News); ADB. 2015. *Health in Asia and the Pacific, A Focused Approach to Address the Health Needs of ADB Developing Member Countries: Operational Plan for Health, 2015–2020*. Manila.

III. THE POLICY AND ADVISORY TECHNICAL ASSISTANCE

A. Impact and Outcome

8. The impact will be access to geriatric nursing services improved. The outcome will be the quality of geriatric nursing services is improved.

B. Methodology and Key Activities

9. To improve the quality of geriatric nursing services, the project team will (i) carry out analyses of international and national literature, including geriatric nursing policies, strategies, curricula, and training modules; (ii) analyze best practices and ongoing international and national projects in geriatric nursing; (iii) undertake field observations in the PRC and abroad; (iv) conduct surveys, in-depth interviews, and focus group discussions with elderly care nursing service providers; and (v) discuss and disseminate the TA findings and outputs.

10. Key activities under the TA will be organized under four outputs:

- (i) **Output 1: Policy recommendations, principles, and strategy for geriatric nursing training prepared.** Activities under this output are: (a) review national and international literature, and policy documents on geriatric nursing training; (b) review ongoing international and national practices and experience in geriatric care; develop policy recommendations, principles, and a strategy for geriatric nursing training; (c) carry out an overseas study tour on the development, planning, financing, implementation, and monitoring of geriatric nursing training and services;⁹ and (d) prepare a gender-inclusive, peer-reviewed study report on international and national best experience on geriatric nursing training and services, including broad policy recommendations and principles. Gender-related dimensions of geriatric care will also be analyzed.
- (ii) **Output 2: Guidelines, standards, and implementation framework for the geriatric nursing training program developed.** Activities under this output are: (a) assess best international guidelines and standards for geriatric nursing training; (b) develop gender-inclusive training standards, guidelines, and implementation framework for the geriatric nursing training program in the China Medical University (CMU); (c) review and recommend good practices on geriatric nursing training; and (d) conduct education and dissemination workshops to discuss and improve the developed guidelines, standards, and implementation framework.
- (iii) **Output 3: Curriculum and training modules and materials for geriatric nursing training program designed.** Activities under this output are: (a) establish groups of medical professionals, geriatric specialists, and elderly care professionals; (b) develop and test gender-inclusive curriculum and training modules and materials for the geriatric nursing training program; (c) develop quality training monitoring indicators and system; and (d) hold a national conference to present and discuss the developed training modules and materials.

⁹ The overseas study tour will be held in Japan, the country with one of the best geriatric and elderly care systems and services in the world, and will include substantive visits to one or more university nursing schools that teach geriatric care with a strong integrated and outreach character, including engagement with community-based and private sector service providers.

- (iv) **Output 4: Capacity of trainers and nurses in geriatric care delivery increased.** Through the TA, a final report will be prepared and six workshops and a national conference will be organized, with the participation of representatives of the central and provincial government agencies; international and national health care universities, institutions, and providers; and private and civil society stakeholders, to discuss and disseminate the TA findings and outputs. Training of trainers and nurses will be rolled out to prepare the nursing teachers and students of the CMU Nursing School and the five cities of Liaoning Province: Anshan, Benxi, Dalian, Jinzhou, and Shenyang (where CMU is located). The project team will also develop a gender-inclusive knowledge product on geriatric nursing policy principles, strategy, standards, and training programs for dissemination in the PRC.

11. Key risks to be considered under the TA include (i) potential lack of enrollment in geriatric nursing and continuous training programs, (ii) inability of the trained trainers to carry out their training on a continuing basis, and (iii) failure of the Liaoning Provincial Government to maintain its commitment to improve the elderly care system and adopt policy recommendations and standards. The project team will work closely with the project stakeholders to ensure that the above risks are minimized and mitigated.

C. Cost and Financing

12. The TA is estimated to cost \$600,000, of which \$400,000 will be financed on a grant basis by ADB's Technical Assistance Special Fund (TASF-other sources). The government will provide counterpart support in the form of teaching faculty (10 FAH-CMU professors) and dedicated TA implementation staff, office accommodation, geriatric nursing training-related documents, statistics, remuneration of the FAH-CMU professors (20 person-months) and counterpart administrative staff, and other in-kind contributions.

D. Implementation Arrangements

13. FAH-CMU will be the executing agency, and the Nursing Department of the FAH-CMU will be the implementing agency for the TA. FAH-CMU will establish a working group for policy supervision of the project. The working group will include representatives of the provincial finance, health, education, and family planning departments, civil affairs bureau, and FAH-CMU, and provide policy guidance and discuss and approve the TA outputs. The administrative and financial work related to the TA management will be conducted by the staff of the FAH-CMU dean's office. The overall project management will be carried out by the project director, appointed by FAH-CMU.

14. The TA will be implemented over 36 months, tentatively from October 2016 to September 2019 and will require a total of 2.5 person-months of international consultant's input. The consultant will guide and work with a team of 10 FAH-CMU professors with specialization in (i) geriatric nursing, (ii) cardiology, (iii) neurology, (iv) surgery, (v) internal medicine, (vi) nursing education, (vii) intensive care, (viii) epidemiology, (ix) oncology, and (x) rehabilitation. ADB will engage the international consultant on an individual and intermittent basis in accordance with the Guidelines on the Use of Consultants (2013, as amended from time to time).¹⁰ The TA will also finance training, conferences, workshops, and training equipment and materials costs. All procurement under the TA will be carried out in accordance with ADB's Procurement Guidelines

¹⁰ The consultant contract will be a lump-sum and output-based contract.

(2015, as amended from time to time). All equipment purchased under the TA will be turned over to the executing agency upon completion of the TA activities. Disbursements will be in accordance with the *Technical Assistance Disbursement Handbook* (2010, as amended from time to time).

15. FAH-CMU will disseminate the good practices and lessons learned on geriatric nursing training through an international conference, workshops, book and brochures, and CMU's website.

IV. THE PRESIDENT'S DECISION

16. The President, acting under the authority delegated by the Board, has approved the provision of technical assistance not exceeding the equivalent of \$400,000 on a grant basis to the People's Republic of China for Development of Geriatric Nursing Policy Principles and Training Program in Liaoning Province, and hereby reports this action to the Board.

DESIGN AND MONITORING FRAMEWORK

Impact the Project is Aligned with			
Access to geriatric nursing services improved (People's Republic of China's Thirteenth Five-Year Plan, 2016–2020) ^a			
Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks
<p>Outcome The quality of geriatric nursing services is improved</p>	<p>a. Number of certified geriatric nurses in Liaoning Province increased to 300 by 2019 (2016 baseline: 0)</p> <p>b. Percentage of clients (sex-aggregated data) satisfied with the geriatric nursing services from trained nurses increased to 80% by 2019 (2016 baseline: not applicable)</p>	<p>a. End of technical assistance (TA) China Medical University (CMU) certification and government annual statistics reports</p> <p>b. End of TA surveys conducted by First Affiliated Hospital of China Medical University (FAH-CMU) and government annual statistics report</p>	<p>Lack of enrollment in geriatric nursing and continuous training programs</p> <p>Trained trainers do not carry out their training on a continuing basis</p>
<p>Outputs</p> <p>1. Policy recommendations, principles, and strategy for geriatric nursing training prepared</p> <p>2. Guidelines, standards, and implementation framework for the geriatric nursing training program developed</p> <p>3. Curriculum and training modules and materials for geriatric nursing training program designed</p> <p>4. Capacity of trainers and nurses in geriatric care delivery increased</p>	<p>(2016 baselines: 0)</p> <p>1a. A gender-inclusive study report completed by May 2017, including broad policy recommendations and principles for geriatric nursing training</p> <p>2a. New set of gender-inclusive guidelines, standards, and implementation framework completed and discussed during the midterm review workshop in June 2017</p> <p>3a. New set of gender-inclusive curriculum and training modules and materials for geriatric nursing training program completed by August 2017</p> <p>4a. A gender-inclusive knowledge product on geriatric nursing policy principles and standards completed by September 2019</p> <p>4b. At least 10 trainers (minimum 50% female) with new skills and knowledge of geriatric care delivery training</p>	<p>1a. First TA periodic report, workshop report</p> <p>2a. Second TA periodic report, workshop report</p> <p>3a. Third TA periodic report, workshop report</p> <p>4a–4d. TA final report and publications</p>	<p>The Liaoning Provincial Government does not maintain its commitment to improving the elderly care system and does not adopt policy recommendations and standards</p>

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks
	<p>methods assessed and certified by CMU by 2018</p> <p>4c. At least 50 nurses (minimum 50% female) with new skills and knowledge of geriatric care delivery assessed and certified by CMU by 2019</p> <p>4d. At least 100 stakeholders with new knowledge of geriatric nursing policy principles and standards by 2019^b</p>		

Key Activities with Milestones

1. Policy recommendations, principles, and strategy for geriatric nursing training prepared (October 2016–April 2017)

- 1.1 Review national and international literature and policy documents on geriatric nursing training.
- 1.2 Review ongoing international and national practices and experience in geriatric care.
- 1.3 Review the national policies and develop policy recommendations and principles for geriatric nursing training.
- 1.4 Carry out an overseas study tour on the development, planning, financing, implementation, and monitoring of geriatric nursing training and services. The study tour will be held in Japan, the country with one of the best geriatric and elderly care systems and services in the world, and will include substantive visits to one or more university nursing schools that teach geriatric care with a strong integrated and outreach character, including engagement with community-based and private sector service providers.
- 1.5 Prepare a gender-inclusive, peer-reviewed study report on international and national best experience on geriatric nursing training and services, including broad policy recommendations and principles.
- 1.6 Analyze gender-related dimensions of geriatric care.

2. Guidelines, standards, and implementation framework for the geriatric nursing training program developed (November 2016–May 2017)

- 2.1 Assess best international guidelines and standards for geriatric nursing training.
- 2.2 Develop gender-inclusive training standards, guidelines, and implementation framework for the geriatric nursing training program in the CMU.
- 2.3 Review and recommend good practices on geriatric nursing training.
- 2.4 Conduct education and dissemination workshops to discuss and improve the developed guidelines, standards, and implementation framework.

3. Curriculum and training modules and materials for geriatric nursing training program designed (January–July 2017)

- 3.1 Establish groups of medical professionals, geriatrics specialists, and elderly care professionals.
- 3.2 Develop and test gender-inclusive curriculum and training modules and materials for the geriatric nursing training program.
- 3.3 Develop quality training monitoring indicators and system of training.
- 3.4 Hold a national conference to present and discuss the developed training modules and materials.

4. Capacity of trainers and nurses in geriatric care delivery increased (July 2017–September 2019)

- 4.1 Organize six workshops and a national-level conference with participation of representatives of the central and provincial government agencies; international and national health care universities,

<p>institutions, and providers; and private and civil society stakeholders, to discuss and disseminate the TA findings and outputs.</p> <p>4.2 Roll out the training of trainers and nurses to prepare the nursing teachers (at least 10 trainers) and students (at least 300 nurses) in the CMU Nursing School and five cities of Liaoning Province: Anshan, Benxi, Dalian, Jinzhou, and Shenyang.</p> <p>4.3 Develop a gender-inclusive knowledge product on geriatric nursing policy principles, strategy, standards, and training programs for dissemination in the People's Republic of China.</p> <p>4.4 Hold a final national conference to disseminate TA outputs and policy recommendations.</p> <p>4.5 Prepare a final report.</p>
<p>Inputs</p> <p>ADB: \$400,000</p> <p>Note: The government will provide counterpart support in the form of teaching faculty (10 FAH-CMU professors) and dedicated TA implementation staff, office accommodation, geriatric nursing training-related documents, statistics, remuneration of the FAH-CMU professors (20 person-months) and counterpart administrative staff, and other in-kind contributions.</p>
<p>Assumptions for Partner Financing</p> <p>Not applicable.</p>

^a Central Committee of the Communist Party of China. 2015. *Recommendations on the Development of the Thirteenth Five-Year Plan for National Social and Economic Development*. Beijing (Xinhua News).

^b The project team will conduct baseline, interim, and final surveys to assess stakeholders' knowledge of geriatric nursing policy principles and standards.

Source: Asian Development Bank.

COST ESTIMATES AND FINANCING PLAN
(\$'000)

Item	Amount
Asian Development Bank^a	
1. Consultant	
a. Remuneration and per diem (international consultant)	45.0
b. International and local travel	22.7
2. Equipment ^b	30.3
3. Training, seminars, and conferences ^c	
a. Facilitators and resource persons	10.0
b. Training program	170.0
c. Publication and distribution of training materials	14.0
d. Overseas study tour	55.0
4. Surveys	4.0
5. Miscellaneous administration and support costs ^d	24.2
6. Contingencies	24.8
Total	400.0

Notes: The technical assistance (TA) is estimated to cost \$600,000 of which contributions from the Asian Development Bank (ADB) are presented in the table above. The government will provide counterpart support in the form of teaching faculty (10 First Affiliated Hospital of China Medical University professors) and dedicated TA implementation staff, office accommodation, geriatric nursing training-related documents, statistics, remuneration of the First Affiliated Hospital of China Medical University professors (20 person-months) and counterpart administrative staff, and other in-kind contributions. The value of the government's contribution is estimated to account for 33.3% of the total TA cost.

^a Financed by ADB's Technical Assistance Special Fund (TASF-other sources).

^b Includes computers, printers, projectors, video camera, geriatric care simulator, and other small office equipment.

^c The TA will finance (i) six workshops and one national conference; (ii) five training sessions to train at least 10 trainers, 50 nurses, and 100 project stakeholders; and (iii) enrollment of participants in the workshop, seminar, and/or study tour under ADB's Global Group Insurance Plan for Visitors.

^d Includes interpretation and translation costs.

Source: Asian Development Bank estimates.

OUTLINE TERMS OF REFERENCE FOR CONSULTANTS

1. The Asian Development Bank (ADB) will recruit an international consultant, who will guide and work with the team of professors from the First Affiliated Hospital of China Medical University (FAH-CMU), the executing agency. The international consultant will be recruited on an individual and intermittent basis over the entire duration of the technical assistance (TA). The international consultant will be recruited in accordance with ADB's Guidelines on the Use of Consultants (2013, as amended from time to time) and will work under the guidance of, and report to, the Nursing Department of FAH-CMU, the implementing agency, and ADB.

2. **Senior geriatric nursing specialist** (international, 2.5 person-months, intermittent). The specialist will have a doctor's degree in geriatric nursing with at least 15 years of work experience in geriatric nursing and a strong understanding of and capacity to design and communicate such case management skills and coordination as a component of the professional geriatric nursing curriculum. The specialist will report to the project director appointed by FAH-CMU and ADB, and perform the following tasks:

- (i) guide and work with the team of professors from FAH-CMU;
- (ii) review the international literature and prepare a detailed report on the best practices in geriatric nursing curriculum, training modules, implementation frameworks, and services;
- (iii) review and prepare a detailed report on ongoing international and national experiences on improving geriatric services;
- (iv) review and prepare a detailed report on the geriatric nursing services provided in FAH-CMU and selected elderly care service facilities in Liaoning Province;
- (v) assess the existing expertise of the provincial government and FAH-CMU in geriatric care policy analysis and provide policy advice and recommendations on improving geriatric nursing to the management and senior staff of FAH-CMU;
- (vi) prepare policy recommendations, strategy, implementation framework, training materials, and assessment criteria for the training courses in geriatric nursing for FAH-CMU staff and nurses together with the team of professors from FAH-CMU;
- (vii) conduct short-term training for the senior nursing and teaching staff of FAH-CMU and examination of geriatric nursing services;
- (viii) help organize the study visit to a leading elderly care facility in Japan;
- (ix) actively participate in the conference that will be held at the end of the TA implementation;
- (x) prepare a report (in English) on the work undertaken under the assignment; and
- (xi) prepare a knowledge product on geriatric care based on the materials developed under the TA.

3. The counterpart staff provided by the FAH-CMU will include a team of 10 professors with specialization in (i) geriatric nursing, (ii) cardiology, (iii) neurology, (iv) surgery, (v) internal medicine, (vi) nursing education, (vii) intensive care, (viii) epidemiology, (ix) oncology, and (x) rehabilitation. The total staff time input will be 20 person-months. The team members will have a doctor's degree in their respective areas of expertise. The international consultant will guide the team to undertake the following tasks:

- (i) assist, in coordination with the city Health and Family Planning Commission, Civil Affairs Department, and Human Resources and Social Security Department, to improve the effectiveness of geriatric care;
- (ii) assess the current state of geriatric nursing and prepare guidance and recommendations to the project team on developing the implementation framework;

- (iii) develop quality evaluation criteria for the geriatric care training for nurses;
- (iv) discuss and develop training courses, curriculum, training modules, and materials suited to the actual needs of elderly care facilities and management of diseases and common health problems of the elderly;
- (v) conduct training on diagnosis and treatment of diseases of the elderly, including cardiovascular, neurological, surgical, therapeutic, oncological pathologies;
- (vi) conduct training on nursing education, intensive care, epidemiology, and rehabilitation; and
- (vii) conduct practical training of trainers and nurses in geriatric care.