

# Terminal Evaluation

## Latin America and the Caribbean

### 1. Outline of the Project

**Country:**

Mexico

**Project title:**

International Training Course on Reproductive Health

**Issue/Sector:**

Health/Medical Care

**Cooperation scheme:**

Third-Country Training Program

**Division in charge:**

Central America and the Caribbean Division, Regional Department 3(Latin America and the Caribbean) and Second Medical Cooperation Division, Medical Cooperation Department

**Total cost:**

25 million yen

**Period of Cooperation**

1999 - 2003

**Partner Country's Implementing Organization:**

Direction of Reproductive Health, Secretariat of Health/Direction of Health Service, State of Veracruz

**Supporting Organization in Japan:**

Health, Labour and Welfare Ministry

**Related Cooperation:**

Community Empowerment Program; "Public Health Improvement with Community Participation in the Rural Area of the State of Guanajuato"

Project-type Technical Cooperation; "Family Planning and Maternal and Child Health"

Project-type Technical Cooperation; "Women's Health Project - the prevention of cervical cancer -"

### 1-1 Background of the Project

In Mexico, health and medical service had not been fully implemented to meet its economic level. The improvement of service for maternal and child health in particular had been the main issue. The Japanese government contributed in this field in response to the requests from the Mexican government through the implementation of the "Reproductive Health Project - Family Planning and Maternal and Child Health (for 5 years from April, 1992)" and follow-up (one year from April, 1997). These cooperation projects introduced the techniques related to ultrasonic wave as well as maternal and child health handbook for the examination of expectant and nursing mothers, which contributed to improving the maternal and child health services. Under the circumstances, the Mexican government made requests to the Japanese government for a third-country training program to provide the outputs of the above project not only for Mexican people but also for health and medical workers in other Central American and Caribbean countries.

### 1-2 Project Overview

The project, together with the Ministry of Health of Mexico as an implementing organization, implemented the training on reproductive health to the participants from Central American and Caribbean countries including Mexico for the purpose of improving health and medical services.

#### (1) Overall Goal

Participants from Central American and Caribbean countries to plan and implement a reproductive health program at the organizations where they work according to the needs of each country.

## (2) Project Purpose

For participants from Central American and Caribbean countries to prepare an action plan which promotes the planning and implementation of the reproductive health program according to the needs of each country.

## (3) Outputs

The participants learn and acquire knowledge on reproductive health program and take necessary measures to solve actual problems.

## (4) Inputs

Japanese side:

Short-term Experts                      2    Local Cost                      9,400 dollars (1.128 million yen)

Trainees received                      2

Mexican Side:

Counterparts                              70 - 90/year as lecturers

Land and Facilities

Local Cost                                  92,000 dollars (11.04 million yen)

## (5) Participant Countries

Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, Panama and Peru.

## 2. Evaluation Team

### Members of Evaluation Team

JICA Indonesia Office  
(Commissioned to: Y.I.T. Asociados, S.C.)

### Period of Evaluation

11 November 2002 - 31  
January 2003

### Type of Evaluation:

Terminal Evaluation by Overseas Office

## 3. Results of Evaluation

### 3-1 Summary of Evaluation Results

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#### (1) Relevance

Most of the technique in the Mexican health sector, including those transferred from Japan, were converted into "local discourse" "using Spanish", and it was readily available in Central American and Caribbean countries. Therefore, implementation of a Third-country Training Program in Mexico was highly relevant. In addition, the medical and health sector in the Mexican government had a long time experience of cooperating with developing countries (South-South Cooperation), and Mexico had a firm sense of mission toward the dissemination of transferred technology from Japan into Central American and Caribbean countries which share similar culture, history, and language. Therefore, the program was relevant.

#### (2) Effectiveness

According to the questionnaire and interview survey conducted on 34 participants out of 56 (participants from 2nd to 4th courses), 25 answered that they were utilizing the acquired knowledge in practice, and that the contribution of the project was high. The other 9 participants indicated that they were willing to apply it, but due to financial restrictions in their organizations or unapproved plans, the contribution of the project was moderate. Still, 33 out of 34 respondents utilized or were willing to utilize the acquired knowledge at their workplaces after returning their home countries. Therefore, almost all the home organizations of the respondents were planning and conducting reproductive health programs. The Project Purpose was fully accomplished, and the effectiveness of the project was high.

### (3) Efficiency

A synergetic effect was observed between the project and "Women's health project" (Project-type Technical Cooperation conducted by the Bureau of Health of the Veracruz state government since July, 1999). Some participants indicated that the four-week training was too short, but most of them regarded it as an appropriate length. Reactions to the lecture item of "maternal and child health handbook" were not significant because there was not as much interest in it in Mexico as before. In any case, the inputs to the project were conducted with the right timing, and the amount appeared to be adequate considering the effectiveness and impact they brought about. Therefore, the efficiency of the project was relatively high.

### (4) Impact

In Guatemala, Honduras, and El Salvador that participated in the project--it turned out that statistics concerning reproductive health was improved as a result of the planning and implementation of a reproductive health program. Particularly in El Salvador, where the participants planned and implemented reproductive health programs at a prefectural level, it contributed to the reduction of mortality among pregnant women even while the project was being implemented. Moreover, there was an unexpected positive impact: active support provided by the Health Department toward the dissemination of reproductive health programs across the nation. Hence, a part of the Overall Goal of the project was already accomplished, and would also be accomplished in other countries in the near future. Negative impacts were not observed through the implementation of the program.

### (5) Sustainability

Although organizational and technical aspects on the Mexican side were sustainable, improvement on the contents of the program and continuous conduct for participants hosting trainees from other Central American and Caribbean countries were difficult from a financial point of view. Because of budgetary restrictions on Mexican side, it was impossible for governmental organizations and ministries (except for the Ministry of Foreign Affairs) to share the costs for accepting foreign participants. Mexico's share for the training costs was somehow raised through flexible utilization of the regular budget (salaries for lecturers, the use of facilities and materials) of the Ministry of Welfare and the Health Department of the State. Therefore, the financial restriction on the Mexican side had a negative impact to the sustainability of the program. To overcome these limitations, it was necessary to secure the budget by incorporating this kind of training course into the existing frame of cooperation among developing countries (South-South Cooperation).

## **3-2 Factors that promoted realization of effects**

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### (1) Factors concerning the Planning

1) The government of Japan has cooperated for a long time with the Reproductive Health Department of the Ministry of Health and Bureau of Health in the state of Veracruz, through various projects such as Project-type Technical Cooperation, "Women's Health Project - the prevention of cervical cancer", along with collective and country-based participants' acceptance projects. As a consequence, there was profound understanding of Japanese technical cooperation in the Ministry of Health and Bureau of Health in the Veracruz state government, and it facilitated a smooth management and effective operation of this Third-country Training Program.

2) There were similarities in climate and socio-economic characteristics between the state of Veracruz and those participant countries in Central America and the Caribbean area, that a part of the training was implemented in Veracruz.

3) Considering the financial/social scope of Central American and Caribbean countries, the training was more suitable conducted at the state level, than at a national level.

### (2) Factors concerning the Implementation Process

N/A.

## **3-3 Factors that impeded realization of effects**

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### (1) Factors Concerning the Planning

N/A

### (2) Factors concerning the Implementation Process

Many of the participant's organizations did not have enough machinery or materials, which interfered with the dissemination of the transferable techniques. The trouble was due to an insufficient budget in the health and medical sector of the participant countries.

### **3-4 Conclusion**

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In Guatemala, Honduras and El Salvador, an improvement of statistics concerning reproductive health was observed as a result of the planning and implementation of a reproductive health program. Thus, a part of the overall goal of the project was accomplished, and might be accomplished in many other countries in the future. With this background, the participant's organizations endeavored to allow the participants to fully utilize the knowledge and skills acquired through the training and planned and conducted their own reproductive health programs. This has sometimes led to the accomplishment of the project purpose. Therefore, the Third-country Training Program was successfully implemented.

### **3-5 Recommendations**

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(1) In order to establish financial sustainability for a Third-country Training Program, it is necessary to institutionalize this kind of training course by incorporating it into a cooperation network between developing countries (South-South Cooperation) under the Ministry of Foreign Affairs. Through the cooperative efforts between the Ministry of Welfare and the Ministry of Foreign Affairs, through the institutionalization of Third-country Training Program as a governmental project within South-South Cooperation and by taking budgetary steps, implementation of a Third-country Training Program can achieve high sustainability.

(2) Apart from the other Third-country Training Programs which simply transfer techniques and technical elements, the project was aimed at transferring the techniques and experiments of the program planning and implementation system in Mexico, intending that the governments of the participants' countries could utilize them. To create an environment that is easy for participants to disseminate the acquired knowledge and skill of the Third-country Training Programs, local offices of JICA should help to enhance the impact through active involvement in the training and provision of aftercare.

### **3-6 Lessons Learned**

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(1) The project did not only technique, but also adopted method that helps the participants to improve reproductive health programs in each country after going through the practical experience in the actual reproductive health program conducted by the Mexican government and the state's health department. Even though there was a difference in the development levels of the health sector between Mexico and other Central American and Caribbean countries which needs to be addressed, comparing the latter with a state of Mexico, there was a significant similarity that facilitates the implementation of the project. Therefore, if this state-level implementation of the reproductive health program is referred to as a good example for other ongoing and planned projects in Central American and Caribbean countries, and those projects are implemented through the scheme of cooperation between developing countries, they would bring about huge impacts throughout the region.

(2) To assure financial sustainability, the following plans should be considered at the organizing and implementing stage of a Third-country Training Program. The share of the cost of the third countries could be increased year by year. The program should be incorporated into a permanent frame of South-South Cooperation between developing countries.

### **3-7 Follow-up Situation**

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N/A