

評価調査結果要約表（英文）

1. Outline of the Project	
Country: Republic of Nicaragua	Project title: Project for Strengthening Adolescent Reproductive Health in the Republic of Nicaragua
Issue/Sector: Health / Reproductive Health	Cooperation scheme: Technical Cooperation
Division in charge: Human Development Department	Total cost (as of July 2009): Approx. 3.6 million US\$
Period of Cooperation: November 1 st , 2005 – October 31 st , 2009	
Partner Country's Implementing Organisations: <ul style="list-style-type: none"> • Ministry of Health • Provincial Health Office in Granada (SILAIS Granada) • Provincial Health Office in Boaco (SILAIS Boaco) 	
Japanese Cooperating Organisation(s): Japanese Organization for International Cooperation in Family Planning (JOICFP)	
Related Cooperation: <ul style="list-style-type: none"> • Grant Aid Projects : “Project for Strengthening Health Service and Referral System in Chinandega and Granada”“Project for Construction of Boaco General Hospital” • Japan Overseas Cooperation Volunteers (JOCV) • PAHO、UNFPA、USAID 	
1-1 Background of the Project <p>The Republic of Nicaragua (hereafter referred to as “Nicaragua”) still belongs to the group of poor countries according to the World Bank criteria, owing to the historical background including the Civil War during the 1980s, natural disasters and socioeconomic disparities. The health status of Nicaraguan people is not so favourable as shown in the high maternal mortality ratio (170 per 100,000 live births according to UNFPA’s estimate in 2005)) and infant mortality rate (28.4 as per 1000 live births reported by UNICEF in 2007). Latin America, comparing to other parts of the world, generally has higher birth rate as per 1000 adolescent women aged from 15 to 19 years old, among which Nicaragua shows birth rate of 113 per 1000, one of the highest in Latin America (UNFPA State of World Population 2008). In Nicaragua, the population of adolescents aged between 10 to 19 years old represents 24% of the total population (INEC, 2006). In general, the adolescents in Nicaragua do not have proper knowledge of their reproductive health. While nearly half of all adolescents aged between 15 and 19 years has already experienced a sexual intercourse, only 23.6% of them have used any modern contraceptive method (ENDESA, 2006/2007), which in turn generates higher risk of unwanted pregnancy and STDs and/or HIV/AIDS infections.</p> <p>Project for Strengthening Adolescent Reproductive Health in Nicaragua (hereafter referred to as “the Project”) aims to improve the quality of adolescent reproductive health (hereafter referred to as “ARH”) services by strengthening ARH promotion activities and improving the management system for ensuring these activities to be conducted efficiently and effectively. Thus, the Project seeks that the adolescents take appropriate behaviours with proper ARH knowledge and that they utilise quality reproductive health services. The Project has targeted 2 out of 17 departments (namely, the Department of Granada and Boaco) as pilot areas and sought to set up project models both at departmental and municipal levels, so that the experiences and/or the effects of the Project might be applied to other departments of Nicaragua.</p>	

1-2 Project Overview

(1) Overall Goal: To improve adolescent reproductive health (ARH) in target SILAIS, by reducing unwanted pregnancies among adolescents and preventing sexually transmitted diseases and HIV/AIDS.

(2) Project Purpose: Adolescents in target SILAIS take appropriate behaviours with proper knowledge on ARH and use youth-friendly reproductive health services, which will become a project model to be introduced to other SILAIS.

(3) Outputs:

1) Youth-friendly services are provided at health centre, and ARH services are improved in target SILAIS.

2) ARH promotion activities are reinforced in target SILAIS, with an active participation from youths and communities.

3) The management system for ARH activities is promoted in target SILAIS.

(4) Inputs (as of July 2009)

Japanese side:

- Japanese expert

Long-term: 2 persons (59.33 MM)

Short-term: 24 persons (25.2MM)

- Training in Japan: 15 persons

- Equipment provision (equipments for clinical examination, office equipments, IEC materials, other materials necessary for ARH promotion activities, etc.)

- Local cost (training costs, cost for teaching materials, costs for hiring local staffs, travel expenses, etc.)

Nicaraguan side:

- Counterpart personnel: 44 persons (MINSA 6, SILAIS Granada 7, Health Centres in Granada 14, SILAIS Boaco 5, Health Centres in Boaco 12)

- Project Offices: 3 offices

- Local Cost (utility costs, maintenance fee for the offices, expenses for local activities, etc.)

2. Outline of the Final Evaluation Team

Evaluation Team	1. Leader/RH: Kyo Hanada, Senior Advisor for Health, JICA 2. Evaluation Planning: Ken Kubokura, Staff, Human Development Department, JICA 3. Cooperation Planning: Toshihiko Matsuki, Project Formulation Advisor, JICA Nicaragua Office 4. Evaluation Analysis: Yuko Tanaka, Consultant, VSOC
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Period	June 21, 2009 – July 10, 2009	Type of Evaluation: Final Evaluation
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3. Summary of Evaluation Results

3-1 Achievements

(1) Likelihood of Achieving the Project Purpose

Project Purpose: Adolescents in target SILAIS take appropriate behaviours with proper knowledge on ARH and use youth-friendly reproductive health services, which will become a project

model to be introduced to other SILAIS.

Taking account of the achievement level of each output and the results of the interviews and observations during the field study, it is verified that the Project purpose is mostly achieved. As for indicators 1 and 4 to measure the achievement level of Project Purpose, the percentage of adolescents who have never received orientations decreased in all 4 ARH themes in both departments of Granada and Boaco (indicator 1), and the number of adolescents who used the condom on their first sexual intercourse significantly increased (indicator 4). The percentage of adolescents who have used any contraceptive method respectively increased from 33% to 43% in Department of Granada and from 32% to 49% in Department of Boaco, among which an increase of condom use was significant. This can be recognised as one of the positive effects of the Project, since the promotion activities of condom use were proactively implemented by the Project through adolescent promoters as well as the ARH events.

As for indicators 2 and 3, there has not been any significant increase in number. However, the study conducted by the Project shows that the level of understanding among health centre staff increased in all 4 themes of ARH, so that it can be anticipated that the quality of health services also improved. In terms of indicator 5, the Project served as a model to other departments of Nicaragua through disseminating its experiences in the technical exchange meetings. In addition, there is an increasing case of family planning utilisation by adolescents in some parts of target SILAIS, which reinforces the achievement of the Project purpose.

(2) Level of Achievements: Outputs

Output 1: Youth-friendly services are provided at health centre, and ARH services are improved in target SILAIS.

Output 1 has been mostly achieved. In accordance with the introduction of the new health model called “MOSAFC”, the Project sought to adjust the way to more effectively assign health staff trained by the Project and also aimed that all the health staff would carry out daily work without forgetting a young people’s point of view.

The percentage of healthcare staffs who completed the ARH counselling courses of the Project is 84.6% in Department of Granada and 69.2% in Department of Boaco (indicator 1-1), among which 47 people in Granada and 41 people in Boaco belonged to the municipal health centres. As for the activities to improve the healthcare environment for adolescents, all of the 12 health centres completed such activities by December 2008, according to the plan of operations (indicator 1-2). In addition, 11 out of 12 health centres marked more than 70 scores to measure the level of YFS held at each health centre, according to the study with the help of adolescents (indicator 1-3). As for 1 health centre that did not achieve the target score, there is a high probability of achieving it before the end of the Project (October 2009).

Output 2: ARH promotion activities are reinforced in target SILAIS, with an active participation from youths and communities.

Output 2 has been achieved. Among the adolescents who completed the training course of the Project in 2007, 83% in Department of Granada and 99% in Department of Boaco implemented ARH promotion activities to other adolescents (indicator 2-1). The 22 health centres/units in 10 municipalities of the departments of Granada and Boaco were strengthened both in terms of its facilities and equipments; all of which operate as a base for ARH promotion activities (indicator 2-2). On the other hand, since one municipality (municipality of Camoapa) has experienced the delay in transferring the health centre from one place to another, there has been a delay in setting up equipments donated by the Project. However, even in this municipality, the ARH promotion activities were held in partnership

with local NGO, and the Project collaboratively supported to give the training courses and implemented ARH activities for healthcare staff, local NGO and the adolescents. As for the ARH promotion activities, all 12 municipalities have completed the activities by December 2008 in accordance with each municipal annual plan (indicator 2-3).

Output 3: The management system for ARH activities is promoted in target SILAIS.

There has been a certain delay in implementing activities under Output 3, However, there are high prospects of achieving it by the end of the Project. The ARH statistical data are collected manually from the information system of MINSA as well as the record of activities by the healthcare staff. The reporting system of ARH statistical data was launched both at municipal and departmental levels, so that the collected data have been reported from all health centres/posts to the municipal level, and then, from the municipality to the departmental level. During the remaining cooperation period of the Project, the Project intends to strengthen capacity development of both municipal and departmental levels in this area of work, so that the counterparts could derive indicators out of these ARH statistical data and utilise the result for the decision-making at the policy level (indicator 3-1). Regarding the monitoring tools for YFS and ARH promotion activities, the management tools were elaborated by using project experiences in order to effectively implement monitoring activities (indicator 3-2). The Project is currently seeking to apply these tools within the regular monitoring system in the health facilities both at departmental and the municipal levels.

Remaining challenges in achieving Output 3 are: 1) to steadily strengthen capacities to analyse the ARH statistical data and utilise them, and 2) to reinforce the monitoring system of YFS and ARH promotion activities within the regular monitoring activities in health centres and target SILAIS.

3-2 Results as per the Five Evaluation Criteria

(1) Relevance

The project design is still considered to be relevant, being consistent with the needs of the target groups, national policies of Nicaraguan government and Japan's cooperation policies.

In Nicaragua, one of the serious problems on ARH is recognised as a sexual intercourse at early age and high pregnancy and fertility rates among adolescents. There is no exception in the target 2 departments of the Project in Nicaragua. In addition, there is a high risk of unexpected pregnancy and infection of the STDs among adolescents due to the lack of proper knowledge about RH and limited access to contraceptive methods.

In terms of national health policies, the Project is consistent with its priority areas such as "increasing quality of and access to health care services" and "promotion, prevention and the protection of health", as it seeks to provide indirect support to these priority areas both at the municipal and departmental levels. Further, the National Policy for the Reproductive Health (ENSSR) in 2006 indicates that RH is one of the important issues in the national health policy.

In light of Japan's cooperation policy, the health sector is one of the priority areas both for the Japanese Government's Official Development Policy to Nicaragua (October, 2002) and in JICA's development assistance strategy in 2007.

(2) Effectiveness

The effectiveness of the Project is relatively high. The Project Purpose has been mostly achieved, as is discussed earlier in section 3-1. It was confirmed that adolescents gained knowledge about RH and the environment of health centres where ARH services are provided to adolescents has improved. In addition, it was observed that the experience of the Project has been disseminated and

utilised in other departments of Nicaragua.

Each output contributed to the achievement of the Project purpose. Regarding Output 3, it is expected that all the ongoing activities planned under the Output will be completed by the end of the Project, which would even increase the effectiveness of the Project.

(3) Efficiency

The Project has been implemented efficiently as most inputs were appropriately utilised to produce outputs. One of the important characteristics of the Project is that the Project effectively utilised the already existing resources, programs and institutional frameworks in order to produce outputs. For example, the Project utilised the educational material called *Mochila Educativa* (MECA) introduced by MINSA and the institutional frameworks to promote them including adolescents clubs, promoters, and the municipal health committee. Further, the Project collaborated with Reproductive Health Centre of the Belta Calderon Hospital in order to effectively implement the counselling courses on YFS.

On the other hand, there are certain elements that inhibited the effectiveness of the Project. Firstly, there has been insufficient communications among counterparts both at municipal and departmental levels, due to the personal transfer/relocation at both levels. This caused to take a long time in order to gain mutual understandings regarding the activities of the Project. In addition, this led to the reduction of the attendance in the training courses and/or the meetings. Secondly, the equipment donated to the adolescents' club has not been fully utilised in one of the municipalities in department of Boaco due to the delay in transferring the health centre from one place to another. Despite these negative factors, the Project activities were implemented without major delays and/or obstacles, thanks to the efforts from Japanese experts to maintain close communications and follow-ups with counterparts both at central and local levels.

(4) Impact

They can observe some positive factors that can contribute to the achievement of overall goal, such as an increase in number of family planning users among adolescents in some parts of target SILAIS. Since the Project actively involved in disseminating its experiences as a model to other departments, some positive impacts outside the target areas were also observed. In addition, the positive impacts of the Project other than overall goal include: 1) In Department of Granada, the municipal education department approached to the Project and asked adolescents promoters to give promotion activities at school (mainly in the theme of HIV/AIDS prevention); 2) The adolescents promoters gained self-esteem and self- efficacy through implementing various activities within the adolescent clubs and in the community.

No negative impacts have been reported so far.

(5) Sustainability

Taking account of policy, organisational, financial and technical aspects, the sustainability of the Project is mostly ensured even after the completion of the Project.

1) Policy aspects: ARH is recognised as one of the most important issues in the national health policy of Nicaragua. The contents of the Project are in line with MOSAFC and ENSSR mentioned above.

Therefore, if the themes of ARH is clearly identified within the annual plan at central, departmental and municipal levels, it would increase even more sustainability of the Project.

2) Organisational aspects: The ownership of the counterparts was fostered both at departmental and municipal levels. Regarding ARH services at health centre, it would increase even more sustainability if the ARH service is to be tackled by all stakeholders as an organization, and not to

leave the task only to those responsible for adolescent matters. As for the sustainability of the adolescent clubs, since the generational change was taken into account, it is highly possible that adolescent promoters would continue activities if the time and space for their activities provided at health centre.

3) Financial aspects: The Project consists of sets of activities that impose little financial burden on the Nicaraguan side who should continue to implement the Project activities. However, in order to carry out training courses and/or promotional activities, it requires some minimum costs to cover travel expenses and materials etc. Therefore if MINSA could take measures to include those costs within its annual budgetary planning, the financial sustainability would be even more secured. In addition, since the Project successfully gained financial supports from the local communities (such as NGOs and the municipal governments), sustainability would remain high if these financial supports from local institutions are to be maintained.

4) Technical aspects: The Project transferred the techniques for practicing YFS and promotion activities, as well as the techniques for monitoring these activities. The process of elaborating these techniques was documented as well. The techniques introduced by the Project can be adopted at minimum cost since they utilise the existing resources. In addition, they are appropriate given the situation of Nicaragua. The technical sustainability would be reinforced if these techniques are continuously utilised and the monitoring are effectively done to improve them.

(6) Factors that promoted/ inhibited the realization of effects

1) Promoting factors: To have utilised the existing resources (human, material resources, etc.) as well as the institutional frameworks (municipal health committee, promoters etc.); to have fostered the ownership of the counterparts at both departmental and municipal levels; and to have developed the working relationships between adolescents and adults. In addition, working in close collaboration with JOCV and local NGOs was identified as promoting factors to effectively implement the Project.

2) Inhibiting factors: insufficient communications among the counterparts (within SILAIS and health centres/ posts, and between SILAIS and health centres/ posts); and that the notion of YFS has not been clearly addressed in the national policy.

3-3 Conclusion

The Project has made good progress so far and there is a good prospect of achieving the Project purpose. In terms of the five evaluation criteria, the relevance is high, and the effectiveness and the efficiency are also relatively high. The positive impacts were observed both within and outside the target SILAIS, and the sustainability of the Project is mostly ensured.

3-4 Recommendations and Lessons learned

(1) Recommendations

On the ground of the results of the study summarised above, the Evaluation Team made the following recommendations to the Project.

1) Regarding Output 1, JICA Expert team is advised to continue its support to one of the health centres that did not achieve the target score to measure the level of YFS until the health centre could reach the satisfactory level under the study.

2) Two target SILAIS are advised to take measures to share and disseminate the knowledge and techniques about ARH and YFS obtained through the counselling courses of the Project with all health

centre/post staffs.

3) SILAIS Boaco, in coordination with the municipality of Camoapa, is advised to take necessary measures to facilitate the completion of transfer of the health centre, so that it could initiate the activities of the adolescent club utilising the equipments donated by the Project.

4) MINSA, in coordination with two target SILAIS, is advised to identify and analyse the factors that led to the discrepancy of ARH indicators found between the two target SILAIS according to the Study conducted by the Project.

5) MINSA, as well as two target SILAIS, are advised to clearly mention the themes of ARH Promotion and YFS within their respective annual operational plans.

6) Two target SILAIS, in coordination with municipalities of health and the directors of health centres, are advised to take necessary measures to involve more healthcare staff at all levels in the provision of ARH services.

7) MINSA is advised to include the cost for continuously carrying out ARH promotion activities in their budgetary plans.

8) MINSA is advised to seek possibilities of introducing the ARH data collection system developed by the Project to other departments of Nicaragua, as a trial to verify its application to the national level.

9) MINSA, as well as two target SILAIS, are advised to include items of ARH promotion activities and YFS within their regular monitoring system.

10) MINSA is advised to disseminate the successful experience of the Project to other SILAIS.

(2) Lessons learned

1) Adolescents have more potential than adults can think of. If adults can understand their potential abilities and give them any opportunity to learn and utilise techniques, they will be able to demonstrate their capacity to work in partnership with adults.

2) The ARH activities, once reinforced by an active and creative participation of adolescents, do not require much logistical and/or economical investment.

3) In order to continue youth activities, it is important that healthcare staff provide adolescents with technical guidance and watch over them with affection and trust.

4) Adolescents will be empowered through working with adults, including healthcare staff. Likewise, adults can be also empowered through working with adolescents.

5) In order to involve the participation of adolescents in the ARH activities, it is indispensable to gain better understanding and support from parents and families and local institutions of the community.

6) In order to newly set up an adolescent club, it is highly effective to have any technical exchange with other adolescent clubs which have already functioned, focusing specifically on promotion activities in the community and on the management aspect of the club.

7) The formation of the adolescent club consisted of members with different ages, eases generational change among the members.

8) Activities implemented not only within the club but also outside the club, such as social dramas, puppet plays, as well as participating in the community events, are effective in empowering adolescents.

9) To carry out promotion activities for adolescents, it is highly effective to apply flexible approaches to meet different cultures, regional characteristics and the growing stages of each adolescent.

10) In order to enrich understanding of the YFS and effectively carry out activities of adolescent clubs, it is indispensable to involve with health centre staff at all levels including non-medical staff such as a porter and draw a strong initiative of the director of health centre.