

Summary of the Terminal Evaluation Results

1. Outline of the Project	
Country: Republic of Honduras	Project Title: Project for Strengthening Adolescent Reproductive Health in Olancho Department in Honduras
Issue/Sector: Health/Maternal and Child Health, Reproductive Health	Cooperation Scheme: Technical Cooperation Project
Division in Charge: Health Division 4, Human Development Department	Total Cost (as of the moment of this evaluation): 383 million yen
Period of Cooperation	(R/D): June 2008 – May 2012, 4 years)
	Partner Country's Implementation Organization: Ministry of Health (Headquarter, Health Region No.15) Supporting Organization in Japan: System Science Consultants Inc., NPO Health and Development Service (HANDS)
1-1. Background of the Project	
<p>In the Republic of Honduras (hereinafter referred to as Honduras), 39% of the total population is under 15 years of age (World Health Organization: WHO, 2006), and the pregnancy in adolescence has been increasing, given the high proportion of the population of teenagers. Under the circumstance, deliveries at health facilities by women in adolescent years reached to 35% (Ministry of Health of Honduras, 2001) and the maternal mortality of young women has risen, as high as 391 out of 100,000 for the age group of 12-14 and 160 for the age group of 15-19. It is considered that the pregnancy in adolescence increases the risks of maternal and perinatal mortality, and it is a social issue associated with poverty, which can result in not only the unintended pregnancy but also the Sexually Transmitted Infection (STI) and HIV/AIDS. It also has negative influences on the growing up process and the issues related to school attendance and education. The Ministry of Health of Honduras recognizes that it is one of the challenges for the health sector in the country.</p> <p>The issues of Adolescent Reproductive Health (ARH), including the pregnancy in adolescence, are caused by low coverage of accessible health services, such as birth control and maternal care, for young people. It is necessary to improve the access to such services and to change the sexual behavior among adolescents as well. Japan International Cooperation Agency (hereinafter referred to as JICA), in accordance to the request made by Honduran Government, has been implementing the Project for Strengthening Adolescent Reproductive Health in Olancho Department in Honduras, which aims at reducing the pregnancy in adolescence and ensuring the knowledge of reproductive health and responsibility for sexual behavior among adolescents. The Project is for 4 years, starting from June 2008 and ending in May 2012, and the counterpart organization is Ministry of Health (Health Promotion Department and Health Region No. 15), with 7 cities in the Department of Olancho (Juticalpa, Catacamas, Dulce Nombre de Crumi, Patuca, Salama, San Esteban, and Guayape) as target areas.</p>	
1-2. Project Overview	
(1) Overall Goal: To contribute to reduce the number of pregnancy in adolescence in Olancho Department	
(2) Project Purpose: The number of adolescents who receive sexual and reproductive health care increases in the seven (7) cities of Olancho Department	

<p>(3) Outputs</p> <ol style="list-style-type: none"> 1. A health system to provide high-quality ARH services which facilitate the access of adolescents is established. 2. A peer system to facilitate the access of adolescents is established. 3. Adolescents take a positive attitude about receiving ARH services. 4. A system of administration and management for provision of ARH services is established. <p>(4) Inputs (as of the moment of evaluation)</p> <p>Japanese side:</p> <ul style="list-style-type: none"> Dispatch of Experts: 7 fields of expertise, 12 experts (79.4MM in total) Equipment and materials: worth a total of 19,620,000 Japanese Yen Local Expense: a total of approximately 85,851,000 Japanese Yen Training in Japan: twice (10 counterpart personnel in total) Training in the third country: once in Nicaragua (8 counterpart personnel) <p>Honduran side:</p> <ul style="list-style-type: none"> Counterpart personnel: 6 persons from Headquarter of Ministry of Health, 15 persons from Health Region No.15, and City Doctors, Chief Nurses, etc. from 7 target cities Facilities and equipment: project office and equipment in the premises of health office of Olancho Department Budget Allocation: utilities cost of the Project office, salary of drivers, construction cost of peer rooms (2 target cities), and rental cost and utilities of peer rooms (bared by each municipality) 	
<p>2. Evaluation Team</p>	
Members of Evaluation Team	<p>Leader: Shinji Sato, Director, Health Division 4, Human Development Department, JICA</p> <p>Evaluation Analysis: Yuki Ohashi, Consultant, Tekizaitekisho LLC</p> <p>Interpreting and Translation: Yuko Yagi, Contracted Interpreter of JICA Mexico Office</p>
Period of Evaluation	<p>14 November, 2011 – 2 December, 2011</p> <p>Type of Evaluation: Terminal Evaluation</p>
<p>3. Evaluation Results</p>	
<p>3-1 Project Performance</p> <p>(1) Progress of the Outputs</p> <p><u>Output 1: A health system to provide high-quality ARH services which facilitate the access of adolescents is established.</u></p> <p>The Project established the framework of Youth Friendly Services (YFS), which was introduced as a measure to improve ARH services, and provided training based on the framework to the target number of trainees. The purpose of the Project was to have the trainees performing adequately the YFS in their respective health facility and get the facilities accredited as YFS providers. 90% of them are expected to pass the official screening to be held in March 2012, by providing the pre-screening and follow-up. Regarding the referral from peer leaders to health facilities, it is necessary to ensure the proper record taking because some of the referral cases were not registered using the format introduced by the Project. The level of satisfaction with ARH services was high according to the end-line data. Also, as to the preference of adolescents in consulting health service providers about issues related to ARH, the percentage of adolescents who prefer to use health facilities in the case of pregnancy was increased.</p> <p><u>Output 2: A peer system to facilitate the access of adolescents is established.</u></p> <p>The training for the actors of peer activities has been progressed, and even though some peer</p>	

rooms were opened less than a year ago, the numerical target of the total visitors, 1000 per year, was achieved. On the other hand, as it was described in the “Output 1”, there was room for improvement in the way of record taking. It is necessary to strengthen further the implementation system to maintain the peer activities in the future.

Output 3: Adolescents take a positive attitude about receiving ARH services.

Regarding the preference of consulting to health service providers about issues related to ARH, it was identified that the percentage of adolescents who prefer to use health facilities in the case of pregnancy was increased. Although the number of adolescents who answered that they want to obtain information related to ARH from peer leaders was not high, it was identified that the peer rooms were utilized by adolescents, surpassing the numerical target of total visitors per year. Also the use of contraceptive methods was increased, and more than 3,700 adolescents participated in the educational activities which were a part of peer activities. Therefore, it is considered that adolescents take more positive attitude than before about receiving ARH services.

Output 4: A system of administration and management for provision of ARH services is established.

It was confirmed that the ARH service committee has been held almost every month, and the periodical monitoring has been done. On the other hand, although the Project has made an effort to establish the cooperation with various organizations related to ARH, it is necessary to strengthen further the coordination in order to sustain the activities in the future.

(2) Progress of the Project Purpose

In terms of the indicators on the prenatal care, although the results of end-line survey were slightly below the numerical target, it was confirmed through the interview with ARH committee members and Japanese experts that the level of achievement was satisfactory, considering the restriction of data as well as economic and social factors. As to the other indicators, such as the percentage of delivery in health facilities among adolescents, the number of counseling about contraception, and the number of counseling about ARH, their numerical target were achieved respectively.

3-2. Summary of Evaluation Results

(1) Relevance

The Relevance of the Project was confirmed high, in terms of the national policies and prioritized issues of Government of Honduras, the needs of target areas, the Japanese assistance policies, as well as the coordination with other related organizations. Also, it was identified that the Quality of Life (QOL) and YFS training were recognized by stakeholders as adequate methods to contribute to the development theme. On the other hand, the peer activities take time to produce their results and are difficult to evaluate their level of contribution at this moment. However, since the stakeholders highly value the peer activities, and those adolescents and adults who participate in the activities are highly motivated, many stakeholders hope to continue them in the future.

(2) Effectiveness

Since the number of adolescents who received ARH services was increased, it is considered the effectiveness of the Project is high. Meanwhile, the outputs of the Project have been produced mainly in central area of the target cities and near health facilities. It is expected to continue and develop activities to extend the outputs to remote areas in the future.

(3) Efficiency

It was confirmed that most of indicators of Outputs were generally achieved, although there are some issues left, such as the accreditation of YFS providers, the further publication and activation of peer activities (including the referral), and the strengthening of implementation system to maintain peer activities. There were some external factors, such as the worsening security of Olancho Department, the suspension of administrative functions caused by the coup, the outbreak of a new strain of influenza and dengue fever, and the lack of Honduran budget for project activities except a part of it, which constrained the smooth implementation of project activities. However, the stakeholders involved in the Project demonstrated their moral, motivation and abilities to deal flexibly with them, and contributed to the implementation as planned.

(4) Impact

Since the target seven (7) cities have high population coverage in Olancho Department (80% of total population), it is expected to achieve the overall goal by continuing and developing the activities in the same seven (7) cities, while also extending them in the other 16 cities where the Project has not been introduced yet. The concept of YFS is planned to be incorporated in a national policy to reduce the pregnancy in adolescence. It is expected that the national policy is materialized further to utilize the results of the Project at national level in the future. Also, some good practices beyond the expectation of the Project have been observed; some health facilities have independently organized groups of adolescents.

(5) Sustainability

In terms of the political aspect, continuous support from the Honduran Government to the Project can be expected. Also, YFS activities in an organized manner are expected to be maintained, since the necessary skills and monitoring system have been established.

The project activities will be maintained at health facility level, using their limited budget. However, costs necessary for the monitoring and training activities implemented at department level have not been disbursed by Ministry of Health. The budget for 2012 has been planned at the moment of the Evaluation, and it is expected to be approved and executed adequately.

Regarding the peer activities, it is necessary to strengthen the implementation system which is suitable to the different conditions of each city. As to the financial aspect, while some measures such as realizing training activities at city level have been attempted to reduce the implementation cost, the source of budget necessary for events and travel cost of different activities has not been determined yet.

In terms of organizational aspects, the dissemination of project activities to other cities in Olancho Department is possible, considering that the operation, management and monitoring system has been established and the trainers necessary for the training have been developed. However, the budget necessary for the dissemination has not been guaranteed yet.

3-3. Factors that promoted the production of effects

- Many stakeholders in Olancho Department were alarmed by the issues of adolescents, and there was high demand on the ARH services. Such situations in Olancho brought the project activities forward.
- The project activities were carried out effectively owing to the counterpart personnel and other health service providers with diligent work ethic, motivation and ability. Also, the stakeholders such as counterpart personnel dealt flexibly and positively with the changes of schedule and

coordination, which allowed the Project to make up for the delay when several factors described below caused difficulties in the smooth implementation of the Project.

- The Project intended to involve different actors, working with not only those from health sector but also from city authorities and education sector among others. This approach contributed to the promotion of the peer activities. Although there were some uncooperative cases in the earlier stage, eventually the activities were supported by explaining patiently the concept of the Project.
- The agreement between the Health Region and Departmental Office of Education allowed the students to participate in peer activities, and to receive credits for working in some voluntary services in peer activities. This arrangement facilitated the participation of students in the activities.
- Before approaching adolescents, the Project raised awareness of the parents and adults of the local community, and explained the project activities as an attempt to alleviate problems facing by the adolescents, rather than raising directly the sexual themes. This approach helped the Project gain understandings from stakeholders.

3-4. Factors that inhibited the production of effects

- ♦ The deteriorating condition of security in Olancho Department limited the travel of Japanese experts as well as time and place of activities for peer leaders in the area, which affected negatively the implementation of project activities. The schedule was changed, the training was shortened, the number of IEC activities was reduced, the number of schools participating in peer activities was reduced, and coordination cost was increased, and so on. Also, the missions of Japan Overseas Cooperation Volunteers (JOCV) in Olancho Department collaborating with the Project were cancelled due to the security issue.
- ♦ The suspension of the national administrative function caused by the coup, the outbreak of a new strain of influenza and dengue fever, and the reestablishment of relationship after the change of government affected negatively the smooth implementation of project activities (details of the influences are same as described above).
- ♦ While the peer activities were carried out with assistance from schools, the strikes of teachers happened frequently and limited the implementation of training and IEC activities (details of the influences are same as described above).

3-5. Conclusion

The Project will be concluded as planned, since it was confirmed that the activities up to the moment of Terminal Evaluation were generally implemented according to the plan, owing to the efforts made by stakeholders, and as a result the outputs were produced steadily. It was identified that the relevance was high in the aspects of needs, priority and suitability of means of intervention. Regarding the effectiveness, the Project Purpose, which is the increase of adolescents who receive ARH services in the target seven (7) cities, has been achieved, and the Project confirmed its potent effect on the development theme. The efficiency was also considered high, since the planned outputs will be generally achieved by the end of the project period, the activities were implemented in accordance with the plan owing to the contribution of stakeholders especially at department and city level in spite of the various constraining factors encountered during the implementation, and the Project took an approach to utilize financial and human resources effectively in the project activities. On the other hand, the above mentioned constraining factors resulted in the reduction of frequency and volume of activities, and the insufficiency in a part of Honduran budget affected the project. As

to the impact, since the overall goal can be achieved by continuing and extending the project activities, the diffusion of ARH services in Olancho Department can be expected. Also, as a multiple effect, it is expected that the embodiment of national policy will be progressed in the future and will enable the results of project activities to be applied at national level, since the policy for the reduction of pregnancy in adolescence under preparation has included the concept of YFS of the Project. In addition, some positive efforts and effects beyond the expectation of the Project were observed in the health facilities and peer activities. Regarding the sustainability, while the transferred skills on the YFS will be maintained since they are accepted as a part of routine works of health service providers, it is necessary to strengthen the financial arrangement to maintain and extend project activities as well as the implementation system of peer activities.

3-6. Recommendations

1. (To Ministry of Health, Regional Health Office, and city authorities) The activities in remote areas should be well planned in advance. And the outreach activities from now on need to be carried out in a flexible manner, taking measures such as an effective use of adolescents' groups which are already formed by Rural Health Center (CESAR) and other health facilities scattered in the areas.
2. (To Ministry of Health) The Ministry should positively consider providing existing educational materials about ARH, such as videos and DVDs, for health facilities.
3. (To the Project) It is necessary to provide a support to improve the accuracy of data collection related to ARH services, and prepare a system to review the data periodically in ARH service committee and other occasions.
4. (To Ministry of Health, Regional Health Office and the Project) It is necessary to discuss the concrete measures, including the budget, to extend the results of the Project to the rest of areas inside and outside Olancho Department. The Project should support such efforts by providing basic information which confirms the achievements of the Project.
5. (To the Project) It is necessary to assist trainers of peer leaders formed by the Project so that trainers themselves realize a series of activities related to the training, such as the coordination with related organizations, design, planning, implementation and follow-up.
6. (To stakeholders of the peer activities) The recording of activities, including referral and counseling, should be ensured.
7. (To stakeholders of the Project) The introduction of YFS training in the school of assistant nurses in Olancho should be positively promoted.
8. (To Ministry of Health) As the ARH technical committee is very important, it should be maintained.

3-7 Lessons Learned

1. As the ARH services were clearly articulated to the concepts of the National Program of Integrated Care for Adolescents (PAIA) and the YFS guidelines were prepared based on such services, the Project was able to assist in putting the PAIA into practice. It is considered that this is the reason why the Ministry of Health highly acclaimed the YFS and showed its interest in incorporating the YFS in the national strategy of the Ministry to disseminate at national level. Therefore, Project's approach, implementing the national strategy at the field level, is considered effective.
2. In order to deal with the health enhancement of adolescents, which is considered a multi-sectorial theme, the Project promoted the coordination with different sectors such as

education, NGOs, churches, and achieved their support in a comprehensive manner. Such approach, as a result, contributed to the activation of project activities.

3. The Project encouraged the establishment of a technical committee to discuss technical issues of ARH among donors chaired by PAIA department, Ministry of Health, and the committee has been promoting the coordination among donors at central level. The examples of such coordination include; the preferential support provided by UNFPA for the implementation of training on PAIA to the seven (7) target cities of the Project, and the discussion about the national level application of the information system on ARH introduced by the Project (PASOS 1 and 2). It is important to set up such mechanism for the coordination at early stage of project, not only for the coordination necessary for project activities but also for the future development of the project.
4. By means of getting adolescents involved in the project activities as main actor of the planning, implementation and evaluation of peer activities, instead of treating them as target beneficiaries of the Project, the Project achieved to raise their initiative, which resulted in enhancement of the sustainability of the Project. Also it was a good opportunity for the other stakeholders to recognize the adolescents' needs and their quality of life, motivation, ideas to solve problems, and so on.
5. In the baseline and end-line survey, it is necessary to have sufficient time to consider the number of samples and study methods, to be able to collect data and information as precisely as possible.