

# Internal Ex-Post Evaluation for Technical Cooperation Project

conducted by Mexico office: February, 2014

Country Name	Project for Prevention and Control of Uterine Cervical Cancer (Proyecto para la Prevención y Control de Cáncer Cérvixc Uterino (CaCU))
United Mexican States	

## I. Project Outline

Project Cost	327 million yen	
Project Period	October, 2004 - October, 2007	
Implementing Agency	National Gender Equity and Reproductive Health Center (Centro Nacional de Equidad de Género y Salud Reproductiva) of the Ministry of Health (Secretaría de Salud), Health Service (Servicios de Salud) of the States of Veracruz, Chiapas, Guerrero, Nayarit, Oaxaca Puebla and Yucatan	
Cooperation Agency in Japan	Okinawa Prefectural Chubu Hospital, Cancer Institute Hospital, Kyorin University, College of Life Science of Kurashiki University of Science and the Arts, Miyazaki Prefectural Miyazaki Hospital, Tokyo Metropolitan Cancer Detection Center, Japanese Society of Clinical Cytology, etc.	
Related Projects (if any)	<u>Cooperation by Japan</u> <ul style="list-style-type: none"> <li>Project for Reproductive Health and Prevention of Uterine Cervical Cancer (Proyecto de Salud para Mujer en la Prevención de Cáncer cérvico Uterino) (Technical Cooperation, 1999-2004)</li> <li>Third Country Training: Uterine Cancer Control (Technical Cooperation, 2007-2012)</li> </ul>	
Background	<p>In Mexico, malignant tumors have been the second leading cause of death amongst women. In particular, the largest number of deaths among the women aged over 25 has been caused by uterine cervical cancer (UCC). Indigenous women of poor families in the southern states of the country had constraints to have opportunities of early detection and early treatment due to inadequate cytology screening and inaccurate diagnosis as well as lack of women's knowledge about health including UCC and cultural and social factors. The federal government of Mexico has prioritized prevention of uterine cervical cancer under the national health program 2001-2006. Under those situations, JICA implemented the technical cooperation project in the State of Veracruz aiming at the increase in consultation rate of UCC and the improvement of cytology system. Due to the considerable positive effects of the technical cooperation project, it was planned to disseminate the results of the project in other southern states in Mexico where mortality by UCC had been high.</p>	
Inputs	<b>Japanese Side</b> <ol style="list-style-type: none"> <li>Experts 2 Long term experts and 13 Short term experts</li> <li>Trainees Received 36 persons</li> <li>Equipment 126 million yen</li> <li>Local Cost 29 million yen</li> </ol>	<b>Mexican Side</b> <ol style="list-style-type: none"> <li>Counterpart 37 persons</li> <li>Local Cost 23 million pesos</li> <li>Land and facilities Office space for Japanese experts, laboratories, training facilities, etc.</li> </ol>
Project Objectives	<b>Overall goal</b> The mortality rate by uterine cervical cancer is decreased in the target area.	
	<b>Project Purpose</b> The number of detection of UCC is increased in the target areas (Chiapas, Guerrero, Nayarit, Oaxaca, Puebla, Yucatan and Veracruz).	
	<b>Outputs</b> <ul style="list-style-type: none"> <li>The number of women in age between 25 and 64 who have cervical cytology is increased.</li> <li>The detection rate of Cervical Intraepithelial Neoplasia (CIN) Grade 3 and CIN 2 is increased at cytological diagnosis.</li> <li>Diagnostic techniques of cytotechnologists, colposcopists, and histopathologists are improved.</li> <li>Follow-ups for the patients diagnosed as positive are reinforced.</li> </ul>	

## II. Result of the Evaluation

Summary of the Evaluation
<p>In the project areas including 7 states of Chiapas, Guerrero, Nayarit, Oaxaca, Puebla, Yucatan and Veracruz, the female mortality rates by UCC have been higher than the national average of 16.98 per 100,000 women. All the target states are located in the southern part of Mexico where the poor population concentrated. The Ministry of Health of Mexico needed to utilize and disseminate results and lessons learned from the model project in Veracruz supported by JICA to other southern states with higher mortality rates by UCC.</p> <p>This project has partially achieved the objectives, improving detection of UCC in the target states for the project purpose, and reduction of mortality by UCC in the target states for the overall goal. As for sustainability, some problems have been observed due to the insufficient public health promotion activities and the limited coverage of medical institution with necessary medical equipment and skilled staff in order to increase early detection and early treatment in the target</p>

states. For relevance, the project has been highly relevant with Mexico's development policy, development needs, as well as Japan's ODA policy. For efficiency, both the project cost and the project period were within the plan.

In the light of above, this project is evaluated to be satisfactory.

## 1 Relevance

The Project has been highly relevant with the Mexico's development policy, "reduction of the mortality rated by UCC per 100,000 women aged over 25" in the National Health Program (PRONASA: Programa Nacional de Salud), and development needs, "outreach of the model of UCC control in the southern states", as well as Japan's ODA policy to prioritize improvement of human security and efforts on poverty reduction including supports in the health sector, at the time of both ex-ante evaluation and project completion. Therefore, relevance of this project is high.

## 2 Effectiveness/Impact

This project has largely achieved the project purpose of the increase in the number of detection of UCC in the target areas of the 7 states. In total, the number of detection of CIN3 (Cervical Intraepithelial Neoplasia) increased by 2 times during the period from 2004 to 2006. Except Yucatan, the number of detection of CIN3 in the 6 states increased by more than the target value of 1.5 times. In Yucatan, it increased by only 1.3 times due to the limited concordance rate of diagnoses by cytology and pathology. However, according to the data (2007-2010) from each state, the detection rate of CIN3 decreased in the 3 states of Guerrero, Oaxaca, Puebla while it increased in the 4 states of Chiapas, Nayarit, Veracruz and Yucatan. In Oaxaca and Puebla, the lack of health promotion activities for women constrained the improvement of women's awareness to have cytological screening that was essential for detection of UCC. Also, the decreases in the number of detection of CIN3 have been attributed to the high migration rate among the population. The migration makes it difficult to follow up the patients after the first cytological diagnosis since it takes more than 5 years until symptoms of CIN3 appear.

For the overall goal, the mortality rate by UCC in the 6 states except Yucatan decreased during the period from 2007 to 2010. The reduction of mortality exceeded the goal of 30% reduction in Nayarit, however, the goal was not achieved in the other five entities for the same period. According to health services of each entity, the actions that allowed the decrease of mortality were the intensification of strategies to improve coverage and detection. However, as the Ministry of Health suggested, the relatively lower reduction of mortality rate by UCC in the 6 target states can be attributed to the limited public awareness of importance of early detection and early treatment. For example, in rural communities of indigenous population, while the wives cannot be permitted to have cytological screening by male medical staff, women also do not want have medical checks by the male medical staff. It also notes that most women tend to think that they are healthy because they do not feel any pain associated with CCU, which limits go to health units for the detection and in consequence to the treatment. In fact, according to SICAM (the System of Women's Cancer), the number of women having cervical cytology decreased in all the 7 target states during the period between 2007 and 2010. In addition, the increased female population in the target states has brought about the larger uncovered female population by the medical services to control UCC.

As for the positive impacts of the project, more officials of the States including universities such as the University Veracruz, and NGOs now pay more attention to and are involved in the trainings of cytological diagnosis for the medical personnel. For example, in Veracruz, the Health Service of the State of Veracruz has been continuing clinical conferences to review the clinical cases every 2-3 months. Further, the effective coordination of actions in the seven target states by the National Center for Gender Equity and Reproductive Health of the Ministry of Health contributed to implementation of project activities in an extensive regional coverage.

Therefore, effectiveness/impact of this project is fair.

Outcome	Indicator (Target Value)	Actual
<b>Overall Goal:</b> Decrease in mortality rate by UCC in the target areas.	The mortality rate by UCC in 2012 is decreased by more than 30% compared with the time of project completion (September, 2007). *The mortality rate by UCC: the number of women dead by UCC per 100,000	(At the time of ex-post evaluation in 2012) Not achieved. The comparable data in 2007 and 2010: - Chiapas: from 21.8 to 15.6 (-28.44%) - Guerrero: from 17.2 to 13.5 (-21.51%) - Nayarit: from 16.6 to 10.6 (-36.14%) - Oaxaca: from 21.6 to 16 (-25.92%) - Puebla: from 16.1 to 12.1 (-24.84%) - Veracruz: from 21.6 to 15.9 (-26.38%) - Yucatan: from 14.7 to 15.3 (+4.08%)
<b>Project Purpose:</b> Increase in the number of detection of UCC in the target areas.	At the end of the Project, the number of detection of CIN3 is increased by 1.5 times compared with the beginning of the Project (2004) through the follow-up surveys for the patients with CIN2 and CIN3 conducted in 2004, 2005 and 2006.	(At the time of project completion in 2007) Achieved. According to the terminal evaluation, the number of detection of CIN3 increased by 2 times: from 620 cases per 100,000 women to 1,254 cases in total of the target areas. The data for each state is as follows: - Chiapas: 3.5 times (24 to 84) - Guerrero: 2.6 times (57 to 149) - Nayarit: 3.8 times (48 to 181) - Oaxaca: 5.5 times (6 to 33) - Puebla: 2.3 times (76 to 174) - Veracruz: 1.6 times (363 to 574) - Yucatan: 1.3 times (46 to 59)

(Source) Terminal Evaluation Report and 2012 cubes/DGIS, SSA. Rate per 100,000 women of 25 and more years of age. Population CONAPO

### 3 Efficiency

The inputs were appropriate for producing the outputs of the project, and both the project cost and the project period were within the plan (ratio against the plan: 93%, 100%). Therefore, efficiency of this project is high.

### 4 Sustainability

For the policy aspects, reduction of mortality by UCC has been one of the priorities in PRONASA. Regarding structural aspects, diagnostic techniques of medical staff trained by the Project improved, and seven States have installed capacity and sufficient resources for covering the female population. In particular, indigenous communities in the target States of the project have support at the level of health districts to receive monitoring and healthcare service in their communities. However, obstacles of language and culture, the limited access of rural communities to the health services and the lack of awareness of people impede efficient provision of healthcare and service to rural areas. . As to the technical aspects, under the agreement between the University Veracruz and the Ministry of Health Veracruz Health Service, medical students of the University enable acquire not only theoretical but also practical knowledge and skills on cytological diagnosis. Moreover, in Veracruz, clinical conference has been continued and trainings courses and workshops have been organized by the Health Service and the University of Veracruz. In financial aspect, the Ministry of Health, has allocated permanent budget for the implementation of the actions in the prevention and Control of uterine Cervical Cancer. However, a budget constraint is observed that the number of staff who can attend the training course and workshops is limited at the time of ex-post evaluation. Overall, the project has some problems in structural and financial aspects of the medical institutions in the target states. Therefore, sustainability of the effects of this project is fair.

## III. Recommendations & Lessons Learned

Recommendations to implementing agency:

[ To Veracruz Health Service]

- One of the recommendations is to use the health, demographic and cultural information for the improvement of the processes and impacts on healthcare and coverage of the female population. Based on the information, it is necessary to plan actions and implement them for raising awareness of women living in rural communities.
- It is also recommended to expand the training courses at the health services of Veracruz and maintain a program of continuing education by ensuring the homogeneity of the operating personnel in the detection and treatment.
- With regard to technical aspect, maintaining the exchanges of experiences among civil associations, University of Veracruz and the Veracruz Health Service is essential to sustain the practical and theoretical knowledge and skills on cytological diagnosis. For example, inviting scholars and officials from other States or reviewing case studies can be another good method to strengthen its capacity of CACU prevention.

Lessons learned for JICA:

- The monitoring of CaÇU is extremely complex and difficult in terms of verification of the fulfillment of the goal of the project to increase the timely detection of CIN2 and CIN3 7 States, due to the nature of the disease, both socio-economic and cultural factors (migration, negligence in the follow-up of treatments; difficulties to receive an effective service, as well as by weakness in the health promotion. All the above, negatively affected the realization of the goal of the project.



CHIPAS



OAXACA