

Country Name	Project for Strengthening Adolescent Reproductive Health
Republic of Nicaragua	

I. Project Outline

Background	<p>In Nicaragua, reduction of maternal and infant mortalities was the highest priority issue in the health sector due to the high maternal mortality rate (86.5 per 100,000 live births) and the high infant mortality rate (29 per 1,000 live births) as of 2006/2007 (ENDESA 2006/2007) *.</p> <p>In particular, pregnancy in adolescence is a risk factor for maternal mortality and perinatal mortality: 34% of maternal mortalities and 25% of miscarriages were committed by the pregnancy in adolescence. The adolescent women aged from 15 to 19 years old who have been pregnant before accounted for 25% of the total number of the adolescent women, which was the worst level in Central America. While more the lower aged adolescent have experience of the first sexual intercourse, the limited adolescent population in the country behave in accordance with proper knowledge and utilize a health service. In addition, the sexual intercourses increased risk of the adolescent population, in particular adolescent women, to sexual transmitted infections and HIV/AIDS. In addition, it was pointed out that most pregnancies of women aged from 10 to 14 years old have resulted from sexual abuse by a family member or an acquaintance. Under those situations, lack of user friendly health service for the adolescent people was a key issue in the country.</p> <p>* The maternal mortality : 170 per 100,000 live births) and the infant mortality : 21 per 1,000 live births (UNFPA 2005)</p>												
Objectives of the Project	<ol style="list-style-type: none"> Overall Goal: To improve adolescent reproductive health (ARH) (note 1) in target SILAIS, by reducing unwanted pregnancies among adolescents and preventing sexually transmitted diseases (STDs) and HIV/AIDS. Project Purpose: Adolescents in target SILAIS take appropriate behaviors with proper knowledge on ARH and use youth-friendly reproductive health services, which will become a project model to be introduced to other SILAIS. Logical flow of how the project responses to development issues: The project delivers trainings for health staff for the Youth Friendly Service (YFS) (note 2) in the target provinces, trainings for the adolescent promoters and the youth leaders as well as trainings of support for peer activities (note 3) for the local people, and establishes the adolescent clubs. By practicing YFS and peer activities for the adolescent people in the target provinces, the project aims at dissemination of appropriate knowledge and actions about ARH and prevention of unintended pregnancy, STDs and HIV/AIDS.(note 1) ARH includes prevention of adolescent pregnancy, family planning (contraception), prevention and care for STDs and HIV/AIDS, care for victims of domestic violence. (note 2) YFS is a) provision of comfortable and adequate care, b) maintenance of confidentiality, c) maintenance of privacy, d) deployment of highly sensible and well-educated health staff, e) provision of adequate information for adolescent users and their parents. (note 3) Activities based on a concept of mutual support by the people having same problems. 												
Project Information	<ol style="list-style-type: none"> Project site: Granada and Boaco Main activities: Development of textbooks for YFS, trainings for health staff, trainings of the adolescent promoters, trainings of support for peer activities for the local people, fostering youth leaders, establishment of monitoring system, trainings of development of management tools, and so on. Inputs: <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Japanese Side</td> <td style="width: 50%;">Nicaraguan Side</td> </tr> <tr> <td>1) Experts: 29 for Short term</td> <td>1) Staff allocated: 44 persons</td> </tr> <tr> <td>2) Trainees received: 15 persons</td> <td>2) Land and facilities: project office</td> </tr> <tr> <td>3) Third country training in Mexico: 10 persons</td> <td>3) Local cost: maintenance cost of equipment provided by the Japanese side, cost for activities by CP staff</td> </tr> <tr> <td>4) Equipment: Vehicles, medical tools, office appliance including PCs, audiovisual equipment for IEC activities, etc..</td> <td></td> </tr> </table> 			Japanese Side	Nicaraguan Side	1) Experts: 29 for Short term	1) Staff allocated: 44 persons	2) Trainees received: 15 persons	2) Land and facilities: project office	3) Third country training in Mexico: 10 persons	3) Local cost: maintenance cost of equipment provided by the Japanese side, cost for activities by CP staff	4) Equipment: Vehicles, medical tools, office appliance including PCs, audiovisual equipment for IEC activities, etc..	
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Project Period	November, 2005 – October, 2009	Project Cost	378 million yen										
Implementing Agency	Ministry of Health, Granada Provincial Health Office, and Boaco Provincial Health Office												
Cooperation Agency in Japan	Japanese Organization for International Cooperation in Family Planning (JOICEF)												

Related Projects	<p><u>Japan's cooperation:</u> (Technical Cooperation: TA, Grant Aid: GA)</p> <ul style="list-style-type: none"> • Project for Enhancing Integrated Service Delivery for Social Risk Prevention and Attention for Families and Communities (TC, 2007-2010) • Project for Strengthening Health Service and Referral System in Chinandega and Granada (GA, 2004-2005) • Project for Construction to Boaco General Hospital (GA,2006-2007) • Dispatch of Japan Overseas Cooperation Volunteer (JOCV) (midwife, 2009-2013)
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II. Result of the Evaluation

1 Relevance

This project has been highly consistent with the Nicaragua' development policy, such as improvement of quality and access of health services including reproductive health specified under "the National Health Policy (2004-2015, 2007-2012" and "the National Reproductive and Sexual Health Strategy (2006)", and development needs to reduce unintended pregnancy, STDs and HIV/AIDS of adolescent people, as well as Japan's ODA policy prioritizing the health and medical sector. Therefore, relevance of this project is high.

2 Effectiveness/Impact

The project implemented activities focusing on knowledge about RH and recognition concerning health service of the adolescents aged from 15 to 19 years old as well as activities to share the experiences in the project as model. At the time of project completion, the target value for the proportion of the adolescents having orientation about knowledge of RH (indicator 1) was achieved in both target provinces of Granada and Boaco while the ones for the proportion of the adolescents recognizing health service (indicator 2) was not achieved. At the time of ex-post evaluation, the adolescents having no orientation about RH in the both provinces accounted less than 6% ARH service by health centers and health education by the adolescent clubs have been continued after the project completion. As a result, the recognition of the adolescents about the ARH service by health centers has been considerably improved. The both provinces have not attained the target for practice of modern contraception (indicator 3) but exceeded the target for use of condom at the first sexual intercourse (indicator 4) at the time of project completion. At the time of ex-post evaluation, the data for the indicator 3 has been slightly improved in Boaco while the indicator 4 in Granada slightly decreased. For sharing the experiences of the project with other provinces, the national ARH forum was implemented in September, 2009 and health offices and organizations related to ARH in the country participated in the forum. In the forum, action plans based on the project experience as a model, such as YFS and the adolescent club, were prepared. Also, components such as YFS, ARH training, the adolescent club and so on, were incorporated in the Model of Family and Community Health (MOSAFIC: Modelo de Salud Familiar y Comunitario), which was introduced during the project period. Therefore, the project has mostly achieved its project purpose.



Activity of the Adolescent Club at the Health Post in San Lorenzo, Boaco

As for the Overall Goal, reduction in adolescent pregnancy was achieved in Granada but no change from the year of 2005 in Boaco. The same trends have been observed in terms of the proportion of adolescent births in the total number of births. According to the interviews at the health centers in Boaco, the adolescent people having knowledge about RH, such as the adolescent promoters, do not want pregnancy at younger age but have education. On the other hand, the situation that surrounding people including elder people and their families want their marriage and birth at younger age are attributed to the increase in pregnancy at younger age even though the adolescent people have knowledge about RH. The adolescent HIV infection rate (per 100,000 people) in 2012 was 2.4 in Granada and 5.15 in Boaco which were far below the national average of 16.6 ※.

Besides, improved public awareness about RH in the target provinces through the project contributed to improvement of family planning and control of STDs and HIV/AIDS for the entire target provinces. In addition, health staff having ARH counselling technical training at health centers and adolescent promoters have been engaged in dissemination of ARH activities at their own initiative. Also, some youths, who had participated in the project activities as adolescent promoter, continued their education of health in order to deepen their knowledge about ARH and became health staff. Furthermore, the experience and results of the project, including YFS, ARH training, the adolescent club, ARH statistical data reporting system and so on, were referred to in the process of formulation of the National Integrated Health and Development of Adolescence (ENSIDIA: Estrategia Nacional de Salud y Desarrollo Integral de la Adolescencia) which is under preparation.

Therefore, effectiveness/impact of the project is fair.

※ Resource : SILAIS Granada and Boaco

Achievement of project purpose and overall goal		
Aim	Indicators	Results
(Project Purpose) Behaviors based on adequate knowledge about ARH and utilization of YFS by adolescent people in the target provinces	(Indicator 1) % of the adolescents aged from 15 to 19 having no orientation about the following topics will be decreased from October, 2006 to October, 2009	<u>Terminal Evaluation:</u> Achieved. Granada Boaco Prevention of pregnancy: 15% 12% Family Planning: 19% 17% STDs 6% 6% Domestic Violence: 19% 15% <u>Ex-post Evaluation:</u> % of adolescents having no orientation about any of the topics above is 1.4% in Granada and 5.1% in Boaco. Not comparable with the data at the project completion because of no data available for each topic.
	Prevention of pregnancy: 26%->24% 23%->21%	
	Family Planning: 23%->21% 21%->19%	
	STDs 13%->10% 13%->10%	
	Domestic Violence: 41%->38% 28%->25%	
(Indicator 2) % of the adolescents aged from 15 to 19 knowing that the health centers of the Ministry of Health provide health service for youth will be increased from October, 2006 to October, 2009. Granada (61%->67%), Boaco (48%->53%)	<u>Terminal Evaluation:</u> Not achieved. 40.2% in Granada and 42% in Boaco. <u>Ex-post Evaluation:</u> 77.7% in Granada and 75.9% in Boaco.	
(Indicator 3) % of the adolescents aged from 15 to 19 using any modern contraception among the ones sexually active will be increased from October 2006 to October 2009. Granada (61%->64%)*, Boaco (54%->55%)	<u>Terminal Evaluation:</u> Not achieved. 49.1% in Granada and 53.4% in Boaco. <u>Ex-post Evaluation:</u> 44% in Granada and 53.8% in Boaco.	
(Indicator 4) % of the adolescents aged 15 to 19 using condom at the first sexual intercourse among the ones having sexual intercourses will be increased from October 2006 to October 2009. Granada (14%->16%), Boaco (16%->17%)	<u>Terminal Evaluation:</u> Achieved. 34.5% in Granada and 34.5% in Boaco. <u>Ex-post Evaluation:</u> 40.4% in Granada and 29.6% in Boaco.	
(Indicator 5) Listed experiences demonstrated by the project which are influenced in other health offices.	<u>Terminal Evaluation:</u> Achieved. Prepared action plans based on the experiences of the project as model at the National ARH forum. Activities such as YFS and peer activities were introduced by some provinces. <u>Ex-post Evaluation:</u> Dissemination of ARH services and activities introduced by the project to other provinces can be verified as a positive impact of the project.	
(Overall goal) Prevention of unintended pregnancy and STDs & HIV/AIDS among the adolescent people in the target provinces	(Indicator 1) % of adolescent pregnancy aged 10 to 19 will be decreased from 2005 to 2012 in the target provinces. (the number of adolescent pregnancy against the total number of pregnancy) Granada (33%->30%), Boaco (27.5%->25%)	<u>Ex-post Evaluation:</u> Partially achieved. 29.44% in Granada and 27.6% in Boaco.
	(Indicator 2) The HIV infection rate for the adolescents aged 15 to 19 will be sustained at the level lowering the national average. (from 7 per 100,000 people in 2005 to 8.5 per 100,000 people in 2010)	<u>Ex-post Evaluation:</u> Achieved. 2.40 in Granada and 5.15 in Boaco against the national average of 16.6 (estimation).
Source : Terminal Evaluation Report, Project Completion Report, Interviews with CP, Questionnaire Survey for the adolescent people in 9 municipalities in the two target provinces (samples of 360 persons)		
Note: * The Terminal Evaluation Report pointed out that the target value defined in PDM was a mistake and the right figures were 44%->49%. However, no revision of the PDM was officially made.		
3 Efficiency		
The inputs were appropriate for producing the outputs of the project, and both project cost and the project period were within the plan (ratio against the plan: 98%, 100%) Therefore, efficiency of this project is high.		
4 Sustainability		

In the policy aspect, the importance of ARH has been continuously highlighted in the national health policy. The experiences and results of the project are referred to in ENSDIA which has been under preparation. In addition, the organizational structure of MOSAFC addressing ARH, including the health services for the adolescents by the health centers in municipalities, has been sustaining. The most of staff of municipal offices and health staff trained by the project have been engaged in ARH activities despite that some of them were changed to other positions. The facilities and equipment for ARH services at the health centers have been mostly well-maintained. In particular, the facilities of the health centers highly motivated have been effectively utilized. On the other hand, YFS has not been continued at some health centers where the ARH activities had not been taken over by successors after the changes of responsible person or health staff at the centers. In terms of the adolescent promoter, 152 promoters were newly trained in the both provinces of Granada and Boaco after the project completion. As of June, 2013, the number of the adolescent clubs continuing activities increased to 44 clubs but some of them suspended their activities as the adolescent promoters trained by the project left the club after their attaining to adulthood. For the technical aspect, the Ministry of Health developed “Manual for Comprehensive Adolescent Care” for promotion of ENSDIA and the manuals have been practiced at all the health centers in the country since the beginning of 2013. In August, 2013, “the Manual for Adolescent Counselling” for the health staff and “the Guide for Improvement of Life Skills” for the adolescent promoters were developed and delivered to the health centers. Also, regular training programs using those manuals have been implemented for the health staff and the adolescent promoters. However, there are differences in the level of knowledge and skills for ARH services among the health centers by the presence of the health staff having the ARH counselling skill training by the project. As for the financial aspect, the Ministry of Health has been allocating to enough budget to cover costs for basic activities to continue or to disseminate ARH, including orientation activities using contraceptive devices and drugs. On the other hand, all the health centers and the adolescent clubs have difficulty to ensure necessary budget for continuous trainings of health staff or adolescent promoters and ARH activities while some of them can have financial assistance by NGOs or the municipal governments. Since some problems have been observed in the technical and financial aspects, therefore, sustainability of this project effect is fair.



Training for new adolescent promoters by the health staff having the ARH counseling skills training at the Granada Health Center

5 Summary of the Evaluation

This project has mostly achieved the project purpose to dissemination of appropriate knowledge and behaviors of the adolescents about ARH as well as utilization of YFS by the adolescents in the target provinces. At the most health centers in the target provinces, YFS and peer activities by the adolescent clubs have been continued. In addition, the overall goal has been partially achieved by the controlled HIV infection rates for the adolescent in the target provinces at the level under the national average through the ARH services and public awareness activities. Also, the numbers of adolescent pregnancy and birth have been reduced in Granada. As for sustainability, there is no change in the importance of ARH in the national health policy and the Ministry of Health allocates budget for the basic activities of ARH. On the other hand, there have been some problems in the technical and financial aspects due to the variance in the quality of ARH services among the health centers and the difficulties in fund raising for activities by the health centers and the adolescent clubs. In the light above, this project is evaluated to be satisfactory.

III. Recommendations & Lessons Learned

Recommendations for Implementing agency:

- The variances in the quality of YFS by each health center are attributed to the differences in skills and experiences among the health staff engaged in YFS. The trainings have been continuously delivered for the health staff and the adolescent promoters by using the training materials developed by the project as well as the manuals based on ENSDIA. However, in order to motivate them furthermore, it is recommended to ensure budget covering costs for trainings, necessary activities of ARH and consumable goods such as stationaries and to provide transportation means or cost for interactions among the groups. Also, it is necessary to create opportunities to exchange information and opinions among organizations engaged in similar issues, including NGOs.

Lessons learned for JICA:

- Consideration of technical transfer plan at the planning stage of project is essential for continuity of trainings or activities for human resource development even after the project completion. At the same time, it is necessary to conduct technical transfer which enhances the key stakeholders to continue such activities by themselves through joint activities by the JICA experts, JOCVs, the counterpart staff as well as the health staff during the project period. In addition, if necessary, the follow-up support for continuation of the activities after assessment of ex-post situation is also important.