

Country Name	Project for Strengthening of Adolescent Sexual and Reproductive Health in Olancho Department in the Republic of Honduras
Republic of Honduras	

I. Project Outline

Background	<p>In Honduras, 39% of the total population was under 15 years of age (WHO, 2006), and the pregnancy in adolescence was increasing, given the high proportion of the population of teenagers. Under the circumstance, deliveries at health facilities by women in adolescent ages reached to 35% (the Secretariat of Health of Honduras, 2001) and the maternal mortality of young women was rising, as high as 391 per 100,000 live births for the age group of 12-14 and 160 for the age group of 15-19. It was considered that the pregnancy in adolescence was going to increase the risks of maternal and perinatal mortality, and it was a social issue associated with poverty, which could result in not only the unintended pregnancy but also the Sexually Transmitted Infection (STI) and HIV/AIDS. The Secretariat of Health of Honduras recognized that it was one of the challenges for the health sector in the country.</p>																
Objectives of the Project	<p>Through the introduced youth-friendly services (YFS)¹ and peer activities which promoted the adolescents' access to the health facilities, the project aimed at increasing the adolescents who receive the care services of the sexual and reproductive health² in the target 7 municipalities of the Department of Olancho, thereby contributing to prevent the adolescent pregnancies.</p> <ol style="list-style-type: none"> Overall Goal: To contribute to the decrease of the number of the pregnancies among the adolescents in the 7 municipalities of the Department of Olancho. Project Purpose: To increase the number of the adolescents who receive the care services of the sexual and reproductive health in the 7 municipalities of the Department of Olancho. 																
Activities of the project	<ol style="list-style-type: none"> Project site: 7 municipalities of the Department of Olancho (Juticalpa, Catacamas, Dulce Nombre de Culmí, Patuca, Salamá, San Esteban y Guayape) Main activities: <ul style="list-style-type: none"> i) Training of the health workers on the quality of life³ (QOL) and YFS, ii) improvement of the referral system, iii) provision of the peer activities through the trained peer leaders, peer coordinators, peer supporters, peer facilitators*, iv) development of the management system for the adolescent reproductive health (ARH)** activities, etc. <p>* Peer leader: adolescents who voluntarily undertake peer activities, peer coordinator: adult who coordinates peer activities by involving related organizations in the community, peer supporter: adult who supports peer activities such as parents, school teachers and community members, peer facilitator: adult who train peer leaders, peer coordinators and peer supporters.</p> <p>** ARH: SSRA in Spanish, Salud Sexual y Reproductiva para Adolescentes.</p> Inputs (to carry out above activities) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Japanese Side</td> <td style="width: 50%;">Honduran Side</td> </tr> <tr> <td>1) Experts: 13 persons</td> <td>1) Staff allocated: 16 persons</td> </tr> <tr> <td>2) Training in Japan: 10 persons</td> <td>2) Land and facilities: Office space and equipment.</td> </tr> <tr> <td>3) Training in the third country: 8 persons</td> <td>3) Local Cost: Office utility costs, drivers' allowance, construction cost of the peer space⁴, etc.</td> </tr> <tr> <td>4) Equipment: Vehicles, office equipment, computer software, audio-visual materials, etc.</td> <td></td> </tr> <tr> <td>5) Local operation cost</td> <td></td> </tr> </table> 					Japanese Side	Honduran Side	1) Experts: 13 persons	1) Staff allocated: 16 persons	2) Training in Japan: 10 persons	2) Land and facilities: Office space and equipment.	3) Training in the third country: 8 persons	3) Local Cost: Office utility costs, drivers' allowance, construction cost of the peer space ⁴ , etc.	4) Equipment: Vehicles, office equipment, computer software, audio-visual materials, etc.		5) Local operation cost	
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Ex-Ante Evaluation	2007	Project Period	June 2008 to May 2012	Project Cost	(Ex-ante Evaluation) 380 million yen (Actual) 382 million yen												
Implementing Agency	Ministry of Health, Health Region Office of Olancho																
Cooperation Agency in Japan	System Science Consultants Inc., NPO Health and Development Service (HANDS)																

II. Result of the Evaluation

1 Relevance
<p><Consistency with the Development Policy of Honduras at the time of ex-ante evaluation and project completion></p> <p>The project was consistent with Honduran development policies, as the reduction of the infant and maternal mortality rates were targeted in the National Health Plan (2005-2021), and based on the plan strengthening of the Adolescent Reproductive Health was identified as a strategy in the Accelerated Reduction of the Maternal and Infant Mortality (2008-2015).</p> <p><Consistency with the Development Needs of Honduras at the time of ex-ante evaluation and project completion ></p> <p>In Honduras the adolescent pregnancy was increasing and it caused the risks of maternal and perinatal mortality. In the Department of Olancho, the condom usage rate was 0.5% (2006), much lower than the national average (2.9%), and the high rates of perinatal mortality</p>

¹ "Youth-friendly services" mean reproductive health services which make the youth comfortable and satisfied at the health services.

² Reproductive health is defined by WHO as a state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so.

³ The training on the quality of life is a training which aims at empowering the personnel who work with the youth so that they could empower the youth.

⁴ The "peer space" is a room where the youth conduct activities such as peer counselling and awareness raising.

and sexually transmitted diseases prevalence still remained concerned issues at the time of the project completion. Thus, there were great needs for providing sexual and reproductive care services for the adolescents.

<Consistency with Japan's ODA Policy at the time of ex-ante evaluation>

Based on the policy consultations with the Honduran government in 2006, assistance priority areas were identified, including "health and water." Related to this, support for decreasing infant and maternal mortality rates were prioritized.

<Evaluation Result>

In light of the above, the relevance of the project is high.

2 Effectiveness/Impact

<Status of Achievement for the Project Purpose at the time of Project Completion>

The Project Purpose was mostly achieved by the project completion. Through the introduced YFS and peer activities which promoted the adolescents' access to the health facilities, the prenatal checkups (CPN) and facility delivery were diffused for the adolescents, mostly as planned. Concretely, 9,045 adolescents received counselling services on ARH. Then, 55.1% of the pregnant adolescents received CPN for 3.3 times on average, and 34.4% had facility delivery. Compared to the baseline data, these were great results. Also, pregnancy prevention services such as condoms and IUD (intrauterine device) were reached to 7,713 adolescents from 3,719 at the baseline. This big achievement was attributed to the health facilities' efforts in YFS to make the youth motivated to get contraceptives.

<Continuation Status of Project Effects at the time of Ex-post Evaluation>

The project effects have mostly continued. More and more adolescents have received counselling services on ARH from the health unit, and pregnancy prevention services have been widely diffused, though there was a decrease in 2015 due to the unavailability of some contraceptives at the community level, according to the technicians of the Health Information System of Olancho. CPN has been entrenched in approximately 70-80% of the adolescents, while the number of CPN has been slightly decreasing to 2.6 times. One possible reason is that some health facilities were short of medicines and supplies in 2014 and 2015, according to the Regional Health Office of Olancho, though no other reasons were confirmed. With regard to the facility delivery, there was a big increase in 2014, which was remarkable particularly in Juticalpa Municipality, due to the better access to the facility and improved comprehensive care, according to the Regional Health Office of Olancho.

<Status of Achievement for Overall Goal at the time of Ex-post Evaluation>

The Overall Goal has been mostly achieved. The number of the adolescent pregnancy in the 7 target municipalities where approximately 70% of the adolescent population live has been on a decreasing trend in spite of increase of adolescent population from 2012 to 2015 (8%), though the total number in the Department of Olancho has been slightly increasing. The reason of the increase in the non-target municipalities was not confirmed, but it can be interpreted that this increase reflects the increase of the adolescent visits for CPN as a result of diffusion of the project experience. On the other hand, The decrease in the target municipalities is attributed to continuous activities of information, education and communication (IEC) for the adolescents. YFS are provided also at schools in the areas from where the peer space is not very accessible. Another factor is that, ARH-related activities have been conducted by the motivated staff (peer leaders, coordinators, supporters and facilitators) as part of the regional annual operative plan, though the financial support from the regional government has not been sufficient.

<Other Impacts at the time of Ex-post Evaluation>

First, the project experience has been extended to other municipalities of the Department of Olancho including Santa Maria del Real, Campamento, Gualaco, etc., and other municipalities of other departments (Santa Barbara, La Paz and Yoro and Francisco Morazán). Concretely, training for the peer leaders has been implemented in these municipalities. Second, YFS training developed by the project has been incorporated into the national curriculum for the nursing assistants. It is also used for the introductory session for the doctors and nurses in the Department of Olancho.

<Evaluation Result>

In light of the above, through the project, the Project Purpose was mostly achieved and the effects have mostly continued. With regard to the Overall Goal, positive changes were confirmed by data only in the target municipalities. However, considering approximately 70% of the adolescent population of the department live in the 7 target municipalities, it is judged that these positive impacts were made mostly as expected. Besides, several other positive impacts have been reported. Therefore, the effectiveness/impact of the project is high.

Achievement of project purpose and overall goal

Aim	Indicators	Results
(Project Purpose) To increase the number of the adolescents who receive the care services of the sexual and reproductive health in the 7 municipalities of the Department of Olancho.	1.1 The percentage of pregnant adolescents who received prenatal checkups (CPN) at least once increases to 60% [Baseline data: 18.3%]	(Terminal Evaluation) <u>Mostly achieved.</u> - The percentage of pregnant adolescents who received CPN was 55.1% in October 2011. (Ex-post Evaluation) <u>Continued.</u> - The average percentages of pregnant adolescents who received at least one CPN of the 7 target municipalities have been kept stable: 77.5% (2012), 80.6% (2013), 69.4% (2014) and 78.6% (2015).
	1.2 The average of the number of CPN received by the pregnant adolescents increases to 4 per adolescent [Baseline data: 2.7]	(Terminal Evaluation) <u>Mostly achieved.</u> - The average of the number of CPN received by the pregnant adolescents in October 2011 was 3.3. (Ex-post Evaluation) <u>Partially continued.</u> - The average numbers of CPN received by the pregnant adolescents of the 7 target municipalities have been on a slight decreasing trend: 3.3 (2012), 3.2 (2013), 2.5 (2014) and 2.6 (2015).
	2. The percentage of the adolescents who had facility delivery increases to 30% [Baseline data: 22.6%]	(Terminal Evaluation) <u>Achieved.</u> - The percentage of the adolescents who had facility delivery increased to 34.4%. (Ex-post Evaluation) <u>Mostly continued.</u> - The percentage of the adolescents who had facility delivery was not confirmed.

		- The number of the adolescents who had facility delivery in the 7 target municipalities has been on a slight increasing trend: 1,934 (2012), 2,232 (2013), 2,860 (2014) and 2,391 (2015).
	3. The total number of the adolescents who received pregnancy prevention services (4 methods: condoms, IUD, Depo-provera, birth control pills) increases in 80% [Baseline data: 3,719]	(Terminal Evaluation) <u>Achieved</u> . - The total number of the adolescents who received pregnancy prevention services was 7,713. It increased from 3,719. (Ex-post Evaluation) <u>Mostly continued</u> . - The total numbers of the adolescents who received pregnancy prevention services in the 7 municipalities have been on a decreasing trend: 9,580 (2012), 9,875 (2013), 9,049 (2014) and 7,202 (2015).
	4. The number of the adolescents who received counselling services on ARH from the health unit increases [Baseline data: 308]	(Terminal Evaluation) <u>Achieved</u> . - The number of the adolescents who received counselling services on ARH from the health unit increased to 9,045 from 308. (Ex-post Evaluation) <u>Continued</u> . - The numbers of the adolescents who received counselling services on ARH from the health unit have increased: 14,633 (2012), 16,557 (2013), 19,680 (2014) and 25,835 (2015).
(Overall goal) To contribute to the decrease of the number of the pregnancies among the adolescents in the Department of Olancho.	1. The number of the adolescent pregnancies decreases.	(Ex-post Evaluation) <u>Partially Achieved</u> . - The number of the adolescent pregnancies decreases in the target 7 municipalities has been on a decreasing trend: 2,945 (2012), 3,328 (2013), 2,791 (2014) and 2,888 (2015). However, as a total of Olancho Department, it has been on a slight increasing trend: 4,228 (2012), 4,473 (2013), 3,895 (2014) and 4,801 (2015).

Source: Health Information System of Olancho.

Note: With regard the indicator 1-1 of the Project purpose, the reliable data was not available on the total number of the adolescent delivery. In the terminal evaluation, the figure was estimated with the population aged under one and that of the reproductive ages (aged 10-49). The actual figure was expected a little larger than the estimated figure.

3 Efficiency

The project period was as planned (ratio against the plan: 100%), but the project cost slightly exceeded the plan (ratio against the plan: 101%). Therefore, the project efficiency is fair.

4 Sustainability

<Policy Aspect>

In the National Prevention Strategy in Adolescent Pregnancy launched in 2013, increase of the health services for the adolescents and decrease of the adolescent pregnancy are set as objectives for 2017.

<Institutional Aspect>

All of the target municipalities have the section responsible for promoting ARH programs and they form a network for ARH-related educational activities. Peer spaces are operated in each municipality, where the peer leaders conduct their activities. There are health units which conduct IEC activities to promote the adolescent participation in ARH activities, and 56 of 74 units are certified as YFS units. The Department Health Office collaborates with the Department Education Office in conducting training for the teachers and students on ARH. The number of the peer trainers, peer coordinators and peer leaders vary among the municipalities⁵, which is not sufficient to perform their responsibilities, according to the Department Health Office. The number of the peer facilitators and trainers on YFS and QOL was not available, but about the half of the interviewed peer leaders and peer coordinators answered that it is not sufficient. The reason of the insufficiency is that the trainers have other duties such as support for other municipal programs related to the education for the adolescents. For planning, implementation and evaluation of ARH activities and training, the Monitoring Team (former ARH committee) as an ad hoc group has conducted monthly meetings. Regarding the adolescent information referral from the peer space to the health unit, the leaders accompany the adolescents to the health units or recommend them via phone, and the information cannot be tracked as the referral records are not prepared.

<Technical Aspect>

Most of the personnel of the Regional Health Office of Olancho in charge of ARH services have sufficient knowledge to manage ARH program, as they have related diplomas and understand the adolescent problems. Also at the municipal level, the personnel in charge has sufficient knowledge as they were trained by the Monitoring Team. Regarding the staff of the health units, according to the Monitoring Team, some have sufficient knowledge on ARH, while others do not because training opportunities are limited. Many health units are not equipped with the audiovisual materials for the peer activities, as some are obsolete or damaged. As for the actors related to the peer activities, most leaders, coordinators and facilitators have sufficient knowledge and skills because they received training during the project to perform the needed functions, while few peer supporters have qualified knowledge because no training opportunity is given to them, according to the interviewed staff of the Regional Health Office. YFS Guideline developed by the project were distributed to all of the health units. However, some units do not use it as they have lost the copies.

<Financial Aspect>

The budget of the Regional Health Office of Olancho comes from the national treasury, fees paid by users in selective health services and donors including UNFPA. The budget has increased (195,365 thousand lempiras for 2012 to 241,520 thousand lempiras for 2016). However, the budget for ARH activities have decreased (1,931 thousand lempiras for 2013 to 1,124 thousand lempiras for 2015), because budgets have been allocated to other health themes than reproductive health. The budget source of the municipalities include their own revenue and funds, national government transfer and programs, and the budget is sufficient for ARH activities and operation of the peer spaces, according to all of the municipalities themselves. Regarding the health units, the budget is not sufficient for maintenance of the

⁵ For example, in Juticalpa Municipality, there are 4 peer trainers, 20 peer coordinators and 190 peer leaders, while in El Guayabito Municipality, there are no peer leaders and coordinators but only 16 peer leaders.

facility and equipment and purchase of the medicines and educational materials, according to the interviewed staff of the Regional Health Office.

<Evaluation Result>

In light of the above, slight problems have been observed in terms of the institutional, technical and financial aspects of the implementing agency. Therefore, the sustainability of the effectiveness through the project is fair.

5 Summary of the Evaluation

The Project Purpose was mostly achieved. In other words, the adolescents received counselling services and pregnancy prevention services, and then CPN and facility delivery were diffused for the adolescents. These effects have mostly continued. As a result, the number of the adolescent pregnancy has decreased in the target municipalities where 70% of the adolescent live, which has contributed to achievement of the Overall Goal. Regarding the sustainability, identified concerns include insufficiency of the peer facilitators and trainers and limited knowledge and skills of the peer supporters in some municipalities. However, it should be noted that the Monitoring Team has taken over the functions on operation of ARH activities. As for the efficiency, the project cost slightly exceeded the plan.

Considering all of the above points, this project is evaluated to be satisfactory.

III. Recommendations & Lessons Learned

Recommendations for Implementing agency:

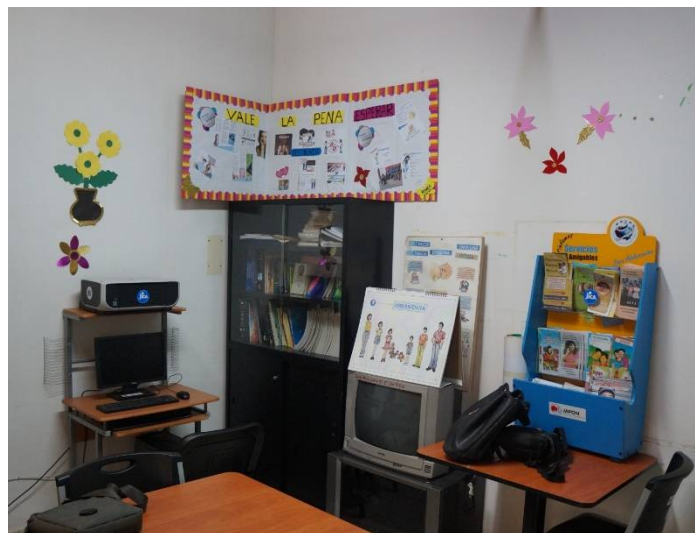
- Regarding the adolescent information referral from the peer space to the health unit, it is recommended to the Department Health Office to supervise the peer leaders and health units for keeping the referral record in a written format, so that the necessary and concrete information can be shared among the peer spaces and health facilities. Even when the adolescents are referred via phone, the record should be managed in the peer spaces by peer leaders to have an appropriate reference to the upper health units, so that they could always have the evidence of their work and the Health Region of Olancho could take good decisions based on the record.
- The effectiveness of YFS was confirmed as it has been used in the training curriculum for the medical personnel. On the other hand, YFS Guideline has not been utilized by some health units because they have lost it. It is recommended to the Department Health Office to distribute the copy to them or upload the Guideline on its website so that they can refer when they need it.

Lessons learned for JICA:

- In the project, peer spaces were established as a place where the adolescents could firstly approach for ARH services. Though a peer space is operated in each of the target municipalities, there are some areas from where the access is not very easy to the peer space. In such areas, YFS have been provided at the schools through the awareness raising of the school teachers, students' government, parents and the community and provided equipment and materials. This has been realized in collaboration with the education sector and worked as an effective approach to decrease the adolescent pregnancy. For strengthening the partnership with the education sector, the project strategically made efforts such as getting the official agreement on its collaboration in the peer activities, involving teachers as part of the peer coordinators and supporters, recruiting the peer leaders through the schools, etc. When the projects plan to provide any services at a specific place, it is necessary to examine whether or not the services are accessible to the users. In case it may not be accessible, there should be alternative places in order to assure the access from all of the service users, by involving the related stakeholders during the project period.
- Since the project completion, the project experience (trainings of the peer leaders) have been implemented in other areas than the target municipalities in the department. This owes much to the project approach for improving the adolescent access to the sexual and reproductive services by working with both provider and user sides of the services. In other words, at the provider side, the health personnel improved not only their knowledge but attitudes through trainings and the facilities were improved including establishment of the peer space. At the use side, the youth themselves improved their knowledge and attitude through peer activities. If the project had only focused on the service provision such as distribution of the contraceptives, the project would not have been such successful or its experience would not have been shared with other areas in the department of Olancho where many people have certain religious perception and machismo tradition. The Health Department of Olancho highly evaluated this approach and therefore disseminated the project experience to other municipalities. Thus, an effective and appropriate approach in the target area and the implementing agency's understanding and evaluation on the approach are key elements for diffusion of the project experience after the project completion.



(Coordinator and peer leaders in Juticalpa)



(Friendly space in Juticalpa)