

Evaluation Summary

1. Project Summary	
Country: Republic of Paraguay	Project Title: Project for Strengthening Primary Health Care System in the Republic of Paraguay
Sector: Health, Health system	Scheme: Technical Cooperation
Department in Charge: Human Development Department, Health Group 1, Health Team 1	Total Amount for Technical Cooperation (until the Mid-term Review): 318 million yen
Term of Cooperation	(R/D): February 2012–January 2016 (Total 48 months)
	(Extension): Maximum 1 year
	(F/U):
Implementing Partners: Ministry of Public Health and Social Welfare, Directorate General of Primary Health Care (hereinafter "PHC"), Directorate of Sanitation in the 5th Sanitary Region Implementing Agency: Japan International Cooperation Agency Other Related Institutions:	
1-1 Background of Assistance and Purpose of the Review Study In Paraguay, the health indicators are relatively worse than those of other surrounding countries. Factors in this situation are the underdeveloped regional health administration, insufficient skills and knowledge of health care workers, inadequate infrastructure, insufficient amounts of medicine, and difficulty accessing health facilities. To ameliorate this condition, the Paraguay government have prioritized a policy of improving access to first level health services, and the Ministry of Public Health and Social Welfare (hereinafter "MHSW") established the Unidades de Salud de la Familia (hereinafter "USF"). Not only are the rules and manuals to implement PHC at the provincial level undeveloped, but also there are insufficient human resources at USF and a lack of human resources capacity. In order to improve this situation, the Japan International Cooperation Agency (hereinafter "JICA") has been implementing the Project for Strengthening the Primary Health Care System in the Republic of Paraguay (hereinafter "the Project") in the 5th Sanitary Region ⁵ since February 2012 for four years.	
1-2 Project Outline JICA has implemented the Project to establish a health service system with a central role played by USF in Caaguazú Department for the purpose of building the capabilities of USF staff, etc.	
(1) Overall Goal: In the Project target area, the level of services for maternal and newborn care is to be improved. (2) Project Purpose: In the Project target area, a health service system with USF having a care function is to be organized. (3) Outputs:	
1) The functions and responsibilities in PHC at all service levels from USF to the Ministry of Public Health and Social Welfare are to be defined. 2) The management capabilities of health service institutions are to be strengthened in areas where USF is implementing activities. 3) The capabilities of USF are to be improved. 4) A regional emergency communication system is to be established.	
(4) Inputs (Until the final evaluation): Japanese Side: <u>Total Cost 318 million Yen</u> Long Term Experts: 2 experts; provision of equipment: 6,919,303 yen (568,741 US dollars ⁶)	

⁵ In Paraguay, sanitary regions are divided by departments. Caaguazú Department is the 5th Sanitary Region.

⁶ Exchange rate: 1 US dollar = 121.66 yen (Including local costs, the rate from US dollars to Yen is calculated using

<p>Short Term Experts: 2 Japanese experts, 8 third country experts; trainees sent to Japan: 6 trainees Local Cost (Includes dispatch of third county experts): 66,055,662 yen (542,953 US dollars) Paraguay: Counterparts: 17 members Provided Spaces: Office space in the MHSW and Department of Health in Caaguazú Department Provided Resources: 3,413,072,500 Paraguay Guarani (750,875 US Dollars)</p>		
2. Study Team Members		
Members	<p>Dr. Tomohiko Sugishita (Team Leader), Mr. Tadashi Ogasawara (Cooperation Planning), Mr. Masafumi Nakanishi (Evaluation Analysis)</p>	
Duration	August 22, 2015–September 11, 2015	Type of Evaluation: Terminal Evaluation
3. Summary of Evaluation Results		
3-1 Achievements Attained by the Project		
<p>(1) Project Purpose: Not achieved (only indicator 2 and 3 are achieved.)</p> <p>1) Indicator 1: The number of patients that used USF in Caaguazú Department is to increase by 50% compared to 2012. Achievement level: Not achieved. The rate of increase in patients using USF since 2012 is 35.8%.</p> <p>2) Indicator 2: The rate of pregnant women who received prenatal checkups prior to the fourth month of pregnancy in Caaguazú Department is to exceed 50%. Achievement level: Achieved. The indicator in 2014 is 57.9%.</p> <p>3) Indicator 3: The facility delivery rate in Caaguazú Department is to reach 95%. Achievement level: Not Achieved. It is 94% as of the time of the Terminal Evaluation. .</p> <p>4) Indicator 4: The number of hypertensive patients who are being managed by USF in Caaguazú Department is to increase by 50% compared to 2012. Achievement level: Not Achieved. It is increased by 25% in 2014 compared to 2012.</p> <p>(2) Output 1: Not achieved</p> <p>1) Indicator: Documents such as manuals and guidelines related to USF are to be revised and officially approved by the Paraguay government. Achievement level: None of the manuals and documents developed by the project have been approved yet.</p> <p>(3) Output 2: Not achieved</p> <p>1) Indicator 1: The figures for the basic functional evaluation of USFs are to be improved. Achievement level: A basic functional evaluation was conducted at 41 USFs in Caaguazú Department, but this is not conducted regularly. Therefore, it is difficult to measure the achievement level of this goal.</p> <p>2) Indicator 2: Routine monitoring conducted as scheduled by the Directorate of Sanitation in the 5th Sanitary Region is to reach 100%. Achievement level: Achieved. The Directorate of Sanitation in Caaguazú Department has conducted monitoring at least every 6 months.</p> <p>3) Indicator 3: The number of annual budget plans for USF activities developed by City Medical Councils is to increase.</p>		

the OANDA average rate in August 2015. As for the rate from Guarani to US dollars, it is calculated based on 1 US dollar = 0.00022 Guarani.)

Achievement level: Not achieved. The number of City Medical Councils which developed an annual budget plan for USF is zero (0) at the time of Terminal Evaluation.

(4) Output 3: Achieved

- 1) Indicator 1: The number of USF staff who attended training by using training materials approved by the Central Training Committee (hereinafter "CTC") is to exceed 500.

Achievement level: Achieved. The total number of USF staff who attended training reached 1,235 in total through the Project.

- 2) Indicator 2: The number of health promotion activities in communities is to exceed 2,000 by the time of the Terminal Evaluation.

Achievement level: Achieved. 4,368 health promotion activities were conducted in 2014.

(5) Output 4: Achieved

- 1) Indicator: The number of patients transferred from USF due to delivery is increased.

Achievement level: Total figure of 2014 and 2015 for this indicator becomes 200. It has increased from zero (0) compared to the Mid-term Review.

3-2 Summary of Review According to Five Criteria

(1) Relevance

The level of relevance to the project is high.

1) Policy Aspects:

- ① The government of Paraguay has prioritized poverty reduction in its policies. PHC is one of the important strategies to achieve poverty reduction so that the priority of PHC is high.

- ② This project is relevant to the "Global Health Policy 2011–2015" of the Japanese government and the JICA assistance policy in the health sector. In the Global Health Policy 2011–2015, the improvement of governmental administration capacity and the strengthening of community based activities are set as a high priority, and these matched the intentions of the Project.

2) Appropriateness in Selection of the Target Areas/Relevance to Social Needs:

Caaguazú Department is located in the middle of the eastern part of the country. The types of common health problems and characteristics of its population are typical for the country as a whole. There are major roads connected to other Departments in the country. The relevance of the project is considered to be high because implementation of PHC through applying a model across the country is expected after the end of the Project.

(2) Effectiveness

The effectiveness of the project is at a medium level.

1) Logical Relationship between the Outputs and the Project Purpose in the PDM:

The four Outputs and the Project Purpose have a logical relationship, and sufficient Outputs are set. The four Outputs mentioned above are necessary to realize the Project Purpose.

2) Achievement Level of the Project Purpose:

The Project Purpose is partially achieved, but it is not fully achieved. Only the second goal is achieved.

Delay of project activities caused the insufficient achievement of indicators. For example, training materials for a module about hypertensive patients have not been developed yet.

The increased rate of the number of patients who utilized USF in 2014 is 35.8%, which is far from the target figure of 50%. Considering these facts, it will be difficult to achieve the Project Purpose in the project period.

(3) Efficiency

The efficiency of the Project is relatively high, and it is expected to be improved even further.

1) Quality, Quantity and Timing of Inputs:

Two long term experts played central roles to implement the Project, and five short term Japanese experts as well as nine short term experts from El Salvador provided expertise in specific areas as JICA's major human resource inputs. Considering the volume and the term of the project, the quantity and quality as well as the timing of the inputs are appropriate.

2) Hindering Factors on Project Efficiency:

There have been several personnel changes in MHSW and Directorate of Sanitation of Caaguazú Department since the beginning of the project, causing the stagnation of the project.

At the point of the Mid-term Review, some activities were significantly delayed. It was because that the concept of the Project was not clearly determined among the core members of the project. Moreover, the main staff of the Project did not have a thorough understanding of PHC. These situations were improved after the Mid-term Review, but even after the Terminal Evaluation, several activities were recognized as substantially delayed.

3) Promoting Factors for Project Efficiency:

The Regional Training Committee (hereinafter "RTC") took over the functions of the CTC, and as a result, the abilities of the members of the RTC to implement the training improved. It led to more efficient work for all training activities. Moreover, USFs made various efforts to improve works, and these were recognized as contributions for better efficiency.

4) Efficiency Related to Cost:

The Project provided pieces of equipment. These are utilized at USF, but the electric devices provided to a prospective emergency coordination center have not been used.

(4) Impact

The Terminal Evaluation team has recognized there have been positive impacts.

The overall goal has not been achieved yet. It is difficult to evaluate the achievement level of the overall goal at this point.

1) Indicator 1: The Maternal Mortality Rate per 100,000 live births in the 5th Sanitary Region is below 50.

Achievement level: Not Achieved. The Maternal Mortality Rate per 100,000 live births in 2014 is 72.3.

2) Indicator 2: The Infant Mortality Rate per 1,000 live births in the 5th Sanitary Region is lower than 10.

Achievement level: Not Achieved. The Infant Mortality Rate per 1,000 live births in 2014 is 13.3.

3) Impact at the Community Level:

In community participation activities implemented in the USF, local communities deepened the understanding of their responsibilities for their own health, and they participate in activities for community health promotion more frequently and more spontaneously than before. At one USF, local community performed a short play as a part of the participatory approach.

4) Impact to Other Development Partners and Other Provinces:

Other development partners have shown interest in the activities of the Project. Additionally, at the symposium held on July 30, 2015 in Caaguazú Department, government staff and USF staff from other provinces were invited and they learned about the experiences in Caaguazú Department. At the symposium, there were opinions that the practices conducted by the Project in Caaguazú should deserve praise, and some of the participants expressed their strong interest in adopting methods of implementing PHC.

5) Negative Impacts:

USF does not provide birth assistance service. Particularly, in remote areas and lower income families, there was a concern that pregnant women in these circumstances may give birth in their homes, but the facility delivery rate in Caaguazú Department has improved in the past few years. Therefore, no negative impact regarding this concern has been recognized.

(5) Sustainability

On the one hand, the sustainability in policy and technical aspects is high to a certain degree. On the other hand, sustainability in institutional and financial aspects is not well developed.

1) Policy Aspects:

The MHSW prioritizes PHC as one of the important strategies in its policies to achieve poverty reduction and the importance of policy seems to remain the same for a while. Also, in Caaguazú Department and Paraguay, the implementation mechanism of PHC, in which USF plays a central role as a health service provider, will be continued and expected to be strengthened further. However, manuals and guidelines developed by the Project have not been approved by the MHSW. These factors hinder the sustainability of the Project.

2) Institutional and Budget Aspects:

The Directorate General of PHC and the related Directorate of the MHSW formulate policies and strategies to implement PHC, and provincial governments such as the 5th Sanitary Region implement these and monitor health indicators. There is a high probability that this mechanism will continue.

Core members related to PHC have a deep understanding about PHC and show strong commitment to continue implementing the Project. Therefore, it is expected that PHC will be implemented to provide health services to as many people as possible.

At the same time, the budget for PHC in the MHSW was decreased from 2014 to 2015.⁷ The entire budget of the MHSW has continued to be the same in the past few years. It is unclear whether the MHSW is securing sufficient funds to implement PHC.

3) Technical Aspects:

The ability to provide training modules for USF conducted by the RTC is strengthened. It makes them provide a higher quality of training and it contributes to raise the level of training significantly in the long term.

Besides that, the community participatory approach represented with the short play creates opportunities for local communities to participate in health promotion activities. The Project has learned that the participatory approach is acceptable for local populations from different cultures. Therefore, a participatory approach is an effective approach to enhance ownership by different types of people in a USF, which strengthen the sustainability of the USF activities and operation. Moreover, this project conducts community diagnosis and shares collected information with people in the community to develop an annual activity plan for USF. PHC Coordinators and USF staff precisely understand the meaning of the participatory approach, and these staff on the frontline invent the most appropriate way to implement this through their own judgment. This is a factor that leads to higher sustainability for the Project.

3-3 Positive Factors for the Project

(1) Positive Factors in the Plan:

Both goals for Output 3 have been attained. As factors supporting this, promotion of the RTC, development of

⁷ According to information of the Ministry of Public Health and Social Welfare, the budget for PHC in 2014 was 205,971,079,989 Guarani. The budget for PHC in 2015 is 187,650,960,053 Guarani. About 9% of the budget was reduced from 2014 to 2015.

training materials in regards to USF activities, as well as the monitoring and evaluation of training impacts are major factors that support the achievement above. Output 3 is an important component for achieving the Project Purpose. Activities for Output 3 contributed to achieve one of the indicators in the Project Purpose. Effects are produced out of the plan, where human resource development is included as an essential component.

(2) Positive Factors in the Implementation Process:

In the early period of the Project, the Project core members were dispatched to El Salvador to study an advanced practice of PHC. Additionally, training in Japan and training conducted by experts from El Salvador also helped stakeholders to strengthen their capacity and to improve their motivation toward project implementation, which contributed to their bringing effects to the project.

Also, as the work volume has increased, the number of PHC coordinators has increased from 1 to 3. Later on, the number increased from 3 to 5. It helped the Project to deal with the larger volume of work.

3-4 Problems and Causes of the Problems

(1) Factors in the Plan:

During the Mid-term Review, the Project changed the PDM version 0 (zero) to PDM version 1. However, the revision of the PDM lacked the plan and strategy to develop the PDM model which focused on USF.

(2) Factors in the Implementation Process:

Since the beginning of the Project, the President of the Paraguay changed twice, and when it happened, Directors and other Directorate Generals as well as the Director of the 5th Sanitary Region also changed. In addition to that, the Director of the Directorate General of PHC changed twice and the Director of the 5th Sanitary Region changed once. This personnel reshuffling negatively affected the progress of the project implementation. Even so, the current Minister and the Vice Minister of the MHSW show very supportive attitudes to the Project, which will positively affect the project implementation. The current Director of the Directorate General of PHC has a deep understanding and a contributive attitude towards the Project. It supports smooth implementation of activities and realization of outputs.

Personnel changes during the project implementation period stopped the functions of the CTC. It caused the training modules to be delayed. However, the RTC in Caaguazú Department took over the functions of the CTC, it strengthened the capacity of the RTC in terms of planning, conducting, and evaluating training. As a result, training activities were implemented more efficiently after the Mid-term Review.

3-5 Conclusion

This project has a high-level of relevancy. It matches the health policies of Paraguay and Japan.

The effectiveness is at a medium level. The logical relationship between the outputs and project purpose is appropriate. Several outputs, however, have not been realized yet due to the delay of the activities.

The efficiency of the Project is relatively high, and it is expected to be improved further.

There had been many major personnel changes in the MHSW and in the 5th Sanitary Region since the beginning of the Project. Although it negatively affected the efficiency of the project implementation, The RTC operation was effective and it carries out efficient planning and implementation of the Project.

Positive impacts are gradually being recognized. Other development partners and concerned staff in other provinces have shown interest in having the activities implemented in their areas. They would like to integrate methods and tools of implementing PHC activities in their own target areas or provinces.

The sustainability of institutional and financial aspects is not well developed. On the other hand, sustainability in

policy and technical aspects are high to a certain degree. The Minister, the Vice Minister, and other core staff of the Ministry show a strong commitment to continue implementing PHC, in which USF plays a key role.

As for community participation, after the Mid-term Review, major progress has been made. Promotion of the participatory activities has had the effect that people in the community join activities for USF more frequently and spontaneously.

It is important that strategic planning for disseminating the USF model, which has USF as a core function, includes a framework review from an institutional and policy point of view. Therefore, an extension of the project period is necessary to continue practicing the model of the project in Caaguazú Department and to develop a new direction for PHC as well as to strengthen the implementation mechanism.

3-6 Recommendations

(1) Recommendations for the Project

1) The functions of USF should be strengthened. Through visiting home and community health promotion activities, the remaining challenges for the health program have been clarified. For example, the significance of undesired pregnancies, people with disabilities and non-communicable diseases have become apparent. In the future, tackling these health challenges is expected. Hence, prospecting measures to support USF considering the future situation are essential.

2) A validation of the implementation model at USFs, where no health promoters are working, has to be conducted as soon as possible. The utilization of resources such as health volunteers in place of health promoters, and the validation of the model which pays attention to lifting the motivation for health volunteers.

3) It is very important to clarify the mandates of the RTC and create a system for it to perform the Committee's duties as official government work, which supports the establishing of a foundation of the model to continue providing training.

4) Approval of the USF implementation model established by the Project, and formulation of an exit strategy that includes a road map to implement this nationwide with counterparts and stakeholders

(2) Recommendations for Caaguazú Department

A review of the funding flow is needed. It is imperative to implement PHC more effectively and comprehensively as well as considering and exploring effective funding flows to solve social issues cross over the health sector.

(3) Recommendations for MHSW

1) The MHSW is expected to promote official approval of the USF model. At the same time, the Ministry is also expected to clarify a roadmap of nation-wide implementation and to create political momentum as a national program.

2) The government of Paraguay is expected to make a financial commitment to realize a 40% increase of USF by 2018 for continuous growth. Not only the expansion of facilities, but also allocation of human resources, as well as an increase in the budget for continuous education is considered the most prioritized challenges. If necessary, a reform of the taxation system, and a system development of the budget allocation from a different Ministry because of an advantage of the national program should be considered. A new idea, including financial commitment by local government, has growing demand.

3) In order to strengthen USF functions, not only cooperation within the MHSW but also cooperation with other Ministries is needed. It is important to consider strengthening the support system for USF by multiple sectors.

4) The Ministry is expected to promote PHC activities through increasing the number of health promoters and strengthening USF functions.

5) Conduct monitoring on the USF model, which is established by the Project, when it is implemented nationwide.

(4) Recommendations for JICA

The completion of the development of modules for continuous training and the validation of an implementation model does not require health promoters, and they support the systematizing of the USF model, which is essential for USF to move forward to the next step. To do so, appropriately consideration of the extending of the project period is necessary.

3-7 Lessons Learned

- 1) Based on the situation that measuring the growing numbers of patients with chronic diseases in Paraguay is imperative, it is quite meaningful that the government of Paraguay has positioned USF as a new measure for chronic diseases. In particular, the abolishing of delivery services, the placing of doctors who wish to be family doctors at USF, and strengthening community health promotion activities has contributed to develop USF implementation strategy.
- 2) People in the community understand their own health issues better and strive to improve their health through a short play. In addition, the Project learned that community participation activities help USF staff to understand PHC better.
- 3) The RTC functions well, and it provided training that proactively meets the needs of USF promoted project effects. Therefore, setting up a RTC to implement PHC in all the Provinces is effective.
- 4) Not only by providing training in a country which has a different culture, customs, and economic level,⁸ but also by providing training conducted by a country which has similarities to the above, counterparts and stakeholders of the Project were able to form a detailed image of PHC, the stakeholders themselves were motivated.
- 5) The Mid-term Review not only evaluated the Project but also provided technical advice for better project implementation. The way that the Mid-term Review of the Project was conducted lead to improvement of stakeholder awareness, as well as promotion of activities and realization of outputs. These can be good lessons for other projects.

3-8 Follow-up Situations

A one year extension at the maximum is being considered for the Project. During the extension period, the following three activities are suggested as focuses for implementation in the USF model. The first is the finalization of the 10 training modules and the provision of introductory training in these modules. The second is examining the implementation model of USF, where no health promoters are working, and by formulating a strategic plan for further development. The third is obtaining national approval for systems and manuals developed by the Project. The Project also aims to obtain national approval for the USF model examined in Caaguazú Department. Furthermore, the Project is expected to develop a road map for the national USF program.

⁸ In particular, the technical knowledge and skills provided by experts from El Salvador and management abilities of Japanese experts created synergic effects and contributed to promotion of better implementation of project activities.