

## Executive Summary

<b>1. Project Context</b>									
Country: Honduras	Project Title: Reproductive Health Project in Health Region No. 7								
Sector: Health/Medical Care	Cooperation Scheme: Technical Cooperation								
Responsible Division: Human Development Div (Health 2) Team of Strategy for Infection Disease R/D PROSARE 7	Total Cost:    Equipment    US\$ 1,169,858.28 Local Cost    10,593,522 Lps								
Period of Cooperation:	01/04/2000    to    Implementing organization in the counterpart country: Secretariat of Health, Departmental Region No. 7								
	31/03/2005 (Follow-up 25/06/2005    to    Financing Organization in Japan: 06/08/2006)    International Medical Center								
Related Cooperation:	N/A								
<p>1.1 Project Background: In 1995, the National Health Master Plan was prepared based on a situational study supported by JICA. Based on this plan, the first draft of the Health Project in Health Region No. 7 was prepared. In 1999 a preliminary agreement was established with the Secretariat of Health and in 2000 subsequently a Japanese mission carried out field diagnosis in which a priority area of intervention was considered to be reproductive health. Based on this Proyecto de Salud Reproductive en la Region PROSARE 7 emerged. And in the same year the Project was started..</p> <p>1.2 Project Review: During almost five years, the Departmental Health Region No. 7 staff, along with Japanese experts, developed the project currently under evaluation. During the same period, operating plans and modifications to the PDM were prepared according to its progress. The final project evaluation corroborated that the project met the stated objectives.</p> <p>(1) Principal Objective: To improve the status of reproductive health in Health Region No. 7</p> <p>(2) Project Purpose: To provide quality services in reproductive health in Health Region No. 7 by the health services providers</p> <p>(3) Expected Results:</p> <ul style="list-style-type: none"> <li>▪ To provide adequate and timely treatments in the Maternal Child Clinic (CMI) and the San Francisco Regional Hospital (HRSF)</li> <li>▪ Improve attention to newborns in HRSF and Maternal Clinic(CMI)</li> <li>▪ Timely identification of the risk factors during pregnancy, birth, and post partum in the Centro de Salud Rural(CESAR), Centro de Salud con medico CESAMO, CMI and HRSF</li> <li>▪ To guarantee the provision of essential medicines for the timely attention to patients</li> <li>▪ To guarantee quality access to the laboratory network in Health Region No. 7</li> <li>▪ To provide education to the health staff on risk detection in reproductive health</li> <li>▪ To improve access to counseling services in Health Region No. 7</li> <li>▪ The consulting system is strengthened in the area of Health Region 7.</li> <li>▪ Efficient use of human and financial resources in Health Center and in all other department sectors.</li> </ul> <p>(4) Material, technical and financial supplies</p> <p>Japanese Contribution:</p> <table style="width: 100%; border: none;"> <tr> <td>Long term experts</td> <td style="text-align: center;">10</td> <td>Equipment</td> <td style="text-align: right;">US\$ 1,169,858.28 (US\$1 = 106.98 JPY)</td> </tr> <tr> <td>Short term experts</td> <td style="text-align: center;">49</td> <td></td> <td></td> </tr> </table>		Long term experts	10	Equipment	US\$ 1,169,858.28 (US\$1 = 106.98 JPY)	Short term experts	49		
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Training received in Japan 17 Local Cost 10,593,522 Lps (L.1 = 5.69297 JPY)																							
Honduran Contribution: Counterpart 25 Local Costs: L8,157,014.25																							
2. Evaluation Team:																							
Members of the evaluation team	Office of Japan International Cooperation Agency in Honduras Independent Consultants: Regina Fonseca and Yanira Villanueva																						
Evaluation period	11/26/2007 – 01/15/2008	Type of evaluation: Ex Post																					
3 Project Results																							
3.1 Functioning of the project objective: The project objective is still pertinent and responds to a political commitment of the country in the reduction in the framework of the Poverty Reduction Strategy and the Millennium Challenge Objectives. As such, the project continues to contribute to the strengthening and consolidation of these programs, as indicated by the reduction in the rate of maternal new born mortality in the zone of intervention by JICA.																							
3.2 Achievements related to global targets: The global targets of the projects related to the reduction in maternal deaths, user satisfaction with the reproductive health services, the reduction in neonatal deaths, increased institutional births, increased prenatal care and the increased post partum attention, were improved or maintained after the end of the project.																							
3.3 Follow up of recommendations in the final evaluation of the study: One of the recommendations made at the end of the project was to continue working with the participative development method. This recommendation was not carried out. Although the Committee is still functioning, the region does not have the resources to continue strengthening team capacities and to develop the planning, monitoring and evaluation processes as it was done during the project. A second recommendation was the transfer of learned experiences through the project towards other health regions. This was also not carried out and no reasons were given for this. The Regional Center for Community Activities is being utilized for training auxiliary nurses which has graduated three groups, and the medicine distribution system is still functioning but the radio communication system is not functioning.																							
4. Evaluation results:																							
4.1 Summary of the evaluation results:																							
(1) Impact: The following chart demonstrates consistent improvement in some of the project indicators, with which the project has shown a positive impact in the Region																							
<table border="1"> <thead> <tr> <th>Indicator</th> <th>2003-2004</th> <th>2006</th> </tr> </thead> <tbody> <tr> <td>Maternal Mortality Rate</td> <td>108</td> <td>98</td> </tr> <tr> <td>User Satisfaction</td> <td>98</td> <td>91</td> </tr> <tr> <td>Institutional Births</td> <td>45</td> <td>46</td> </tr> <tr> <td>Neonatal Mortality Rate</td> <td>11.4</td> <td>12.5</td> </tr> <tr> <td>Prenatal Control</td> <td>90</td> <td>nd</td> </tr> <tr> <td>Post partum Control</td> <td>46</td> <td>45</td> </tr> </tbody> </table>			Indicator	2003-2004	2006	Maternal Mortality Rate	108	98	User Satisfaction	98	91	Institutional Births	45	46	Neonatal Mortality Rate	11.4	12.5	Prenatal Control	90	nd	Post partum Control	46	45
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(2) Sustainability:																							
<i>Technical:</i> The interviews and information gathered during this evaluation provide an accounting of the sustainability of the 9 project components. Part of the improvement in women's care was linked to strengthening the capacities																							

of the staff providing it. Within the framework of the project, the attempt was made to strengthen the referral and counter referral system, but difficulties always persisted, especially related to counter referrals. With PROSARE, the bases were defined for improving care for newborns in the hospital. Neonatal mortality rates demonstrate small but sustained changes.

Reproductive risks in pregnant women continued to be detected. Training received during the project, as well as sensitization and the commitment to women's care by staff are important contributions. Aspects such as team cohesion and motivation derive from continuous education and sensitization to health unit services users. A group of 47 counselors were trained throughout the region that provided integrated counseling services and according to exit interviews carried out in the health units visited, a little more than half of the users received some type of counseling.

Weekly monitoring meetings were held in each health unit and integrated monitoring activities were carried out every three months during the project. Field and integrated supervisions are no longer carried out which were done during the project. However, the institution's traditional monitoring is performed. Formats which were implemented within the project framework are still being used to consign care for pregnant women, especially those at reproductive risk, to report on the education activities and on new and subsequent pregnancies.

*Human Resources:* During the project, 100% of the staff who provided maternal– child services was trained. Currently, approximately 90% of this staff continues to work in the region and 5% is still in the system but out of the region. In the laboratory area, 100% of the trained staff has stayed as have the trained counselors. Finally, almost all the equipment donated by PROSARE was found in the health units, in good condition and working.

#### 4.2 Factors that promote the project:

- (1) Impact: One of the most important programs strengthening the Departmental Health Region is related to maternal and child health. Sustained efforts have been made to improve the health status of pregnant and parturient women as well as newborns through services they provide, in confinement as well as for outpatients. Even when there are no specific yearly plans for the clinics and hospital, they did mention that they program yearly targets for the geographic area of influence of each unit. They acknowledge that the training process was one of the best inputs of the project as well as the provision of equipment for the health units.
- (2) Sustainability: They have succeeded in maintaining the indicators because of continuing efforts to achieve the final project objective, to divide the department section to regional section and to achieve the effect to the network and monitoring system by personal and information .

#### 4.3 Factors that inhibit the Project:

- (1) Impact: The finalization of the project itself had a negative impact on the project's global targets, manifested by a deceleration of the processes and the implemented systems and services since the flow of financial resources was reduced
- (2) Sustainability: Changes were implemented at national level within the framework of the processes of health sector reforms, such as the departmentalization of the regions along with their municipalization which resulted in the disappearance of the health areas. These changes have generated greater work loads, mobilization of resources, impacts on the information system, laboratories and the monitoring system. Currently, they only have the financial capacity to hold a one day monthly meeting during which time constraints only permit analyzing two programs per meeting and the gathering of the information to deliver to the health region each month.

4.4 Conclusions: PROSARE left installed capacities that directly contribute to the technical sustainability of the project. The nine components developed during the project are being sustained, some in a greater measure than others. The results indicators set forth during the project and considered for preparing the final report are being maintained or have improved. Once PROSARE finalized the processes, the systems and services promoted during the Project decelerated. Only two of the recommendations in the final Project report have been taken into account. The logic behind the programs installed throughout the institution does not allow for integrated planning, monitoring and evaluations oriented towards integrally promoting the health of the population and in this specific case, for women health.

4.5 Recommendations: Greater and better efforts are required that guarantee the sustained increase in prenatal and post partum care. Maternal care must especially emphasize differentiated attention to pregnant adolescents. The methodology utilized by the project for monitoring it is no longer utilized. The integrality of the original project perspective has an impact on health.

4.6 Lessons learned Existing plans are constituted into commitments to follow and fulfill, and as such these plans should be promoted beyond the stated goals. The timely collection of quality data permits adequate technical and policy decision making. The process of data flow and information production should be supported more decidedly for making decisions. Continued support for the promotion of sexual and women's reproductive health is required with a special emphasis on adolescent women. The integrality of the original project perspective has an impact on health. As such, team work and intra and intersectoral coordination are necessary strategies to guarantee health. The donors' technical and financial support is fundamental for the development and follow up of actions in health in the country.