Post Project Evaluation of Reproductive Health in Health Region No. 7

Submitted to

Prepared by: Yanira Villanueva

and Regina Fonseca

Tegucigalpa, Honduras. January 2008

Table of Contents

List of Charts

Acronyms

JICA	Japan International Cooperation Agency
PDM	Project Design Framework
PROSARE	Reproductive Health Project
CMI	Maternal Child Clinic
HRSF	San Francisco Regional Hospital
CESAR	Rural Health Center
CESAMO	Health Center with a Doctor and a Dentist
ERP	Poverty Reduction Strategy
ODM	Millenium Challenge Objectives
TMM	Maternal Mortality Rate.
TMN	Neonatal Mortality Rate
AGI	Geographic Area of Influence
OPS	Panamerican Health Organization
VIH	Human Imunodeficiency Virus
ITS	Sexually Transmitted Infections
VIF	Intrafamiliar Violence
AE	Auxiliary Nurse
RS	Health Region
SIDA	Acquired Imunodeficiency Sindrome
IRAS	Acute Respiratory Infections

Introduction

This document is the report of a post project evaluation of Reproductive Health in the Sanitary Region No. 15, located in the Department of Olancho.

It includes the context of the evaluation performed in which the global target of the project is set forth as well as the indicators and results included in the nine components of the project developed by the Health Region between 2000 and 2005, financed by the Japan International Cooperation Agency.

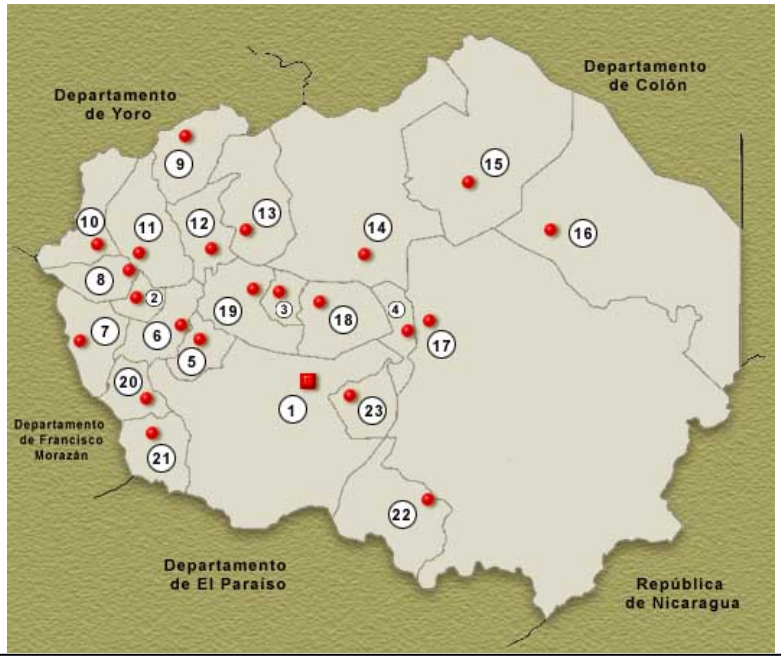
The details of the methodological design with which this evaluation was performed are included and provides an account of the results, a consideration of the project impact two years after finalizing, its sustainability, the degree to which the recommendations of the final evaluation were included and actual use of the equipment donated by the project.

This report provides an estimate of the factors that promoted the project's impact and sustainability as well as those factors that inhibited it..

It ends with conclusions which are products of an analysis of the information gathered, recommendations to the Secretariat of Health, and lessons learned for JICA as well as for the Departmental Health Region.

Location Map

Department of Olancho



1. Juticalpa, 2. Campamento, 3. Catacamas, 4. Concordia, 5. Dulce Nombre de Culmi, 6. El Rosario, 7. Esquipulas del Norte, 8. Gualaco, 9. Guarizama, 10. Guata, 11. Guayape, 12. Jano, 13. La Unión, 14. Mangulile, 15. Manto, 16. Salamá, 17. San Esteban, 18. San Francisco de Becerra, 19. San Francisco de la Paz, 20. Santa Maria del Real, 21. Silca, 22. Yocon

Source: http://209.15.138.224/inmocatracho/m_olancho1.htm (revised in January 2008)

Republic of Honduras

Source:http://www.visitinglatinamerica.com/latinoamerica/mapas-latinamerica/mapa-honduras-politico.htm (revised in January 2008)

Executive Summary

<table>
<tr><td colspan="3">1. Project Context</td></tr>
<tr><td>Country: Honduras</td><td colspan="2">Project Title: Reproductive Health Project in Health Region No. 7</td></tr>
<tr><td>Sector: Health/Medical Care</td><td colspan="2">Cooperation Scheme: Technical Cooperation</td></tr>
<tr><td>Responsable Division:
Human Development Div.
(Health 2) Team of Strategy for Infection Desease
R/D PROSARE 7</td><td colspan="2">Total Cost: Equipment US$ 1,169,858.28
Local Cost 10,593,522 Lps</td></tr>
<tr><td rowspan="2">Period of Cooperation:</td><td rowspan="2">01/04/2000 to 31/03/2005
(Follow-up
25/06/2005 to 06/08/2006)</td><td>Implementing organization in the counterpart country: Secretariat of Health, Departamental Region No. 7</td></tr>
<tr><td>Financing Organization in Japan:</td></tr>
<tr><td>Related Cooperation:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="3">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..

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.
(1) Principal Objective: To improve the status of reproductive health in Health Region No. 7
(2) Project Purpose: To provide quality services in reproductive health in Health Region No. 7 by the health services providers.
(3) Expected Results:
▪ To provide adequate and timely treatments in the Maternal Child Clinic (CMI) and the San Francisco Regional Hospital (HRSF)
▪ Improve attention to newborns in HRSF and Maternal Clinic(CMI)
▪ 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
▪ To guarantee the provision of essential medicines for the timely attention to patients
▪ To guarantee quality access to the laboratory network in Health Region No. 7
▪ To provide education to the health staff on risk detection in reproductive health
▪ To improve access to counsel-ing services in Health Region No. 7
▪ The consulting system is strengthened in the area of Health Region 7.
▪ Efficient use of human and financial resources in Health Center and in all other department sectors.
(4) Material, technical and financial supplies
Japanese Contribution:
Long term experts 10 Equipment US$ 1,169,858.28(US$1＝106.98 JPY)
Short term experts 49
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</td></tr>
<tr><td colspan="3">2. Evaluation Team:</td></tr>
<tr><td>Members of the evaluation team</td><td colspan="2">Office of Japan International Cooperation Agency in Honduras
Independent Consultants: Regina Fonseca and Yanira Villanueva</td></tr>
</table>

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

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

(2) Sustainability:

Technical: 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 net work 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.

1. Context of the evaluation study

1.1. *Project background*

In 1995, the National Health Master Plan was prepared based on a situational study supported by JICA. The first draft of the Health Project in Health Region No. 7 resulted from this plan. In 1999 a preliminary agreement was signed with the Secretariat of Health and subsequently a Japanese mission prepared a field diagnosis in which reproductive health was considered a priority area for intervention. In 2000, the project details were finalized and the cooperation agreement was signed between the two countries with a duration of five years from April 2000 until March 2005.

In December 2000, the contents of the Project Design Matrix (PDM) were determined and activities began accordingly in 2001 with the preparation of the yearly Operating Plan for 2001, officially beginning execution of PROSARE 7. Project headquarters are located in the Health Region No. 7 offices and its areas of action are the 23 municipalities in the Department of Olancho. The project objective is to provide quality services in reproductive health by the health services providers in Health Region No. 7 through the achievement of the nine expected results:

1) Provide adequate and timely treatment to women in the Maternal Child Clinic and the San Francisco Regional Hospital (HRSF)
2) Improve attention to newborns in the San Francisco Regional Hospital
3) Timely identification of risk factors during pregnancy, birth and post partum in the CESAR, CESAMO, CMI and HRSF
4) Guarantee the provision of essential medicines for timely attention to patients
5) Guarantee quality access to the laboratory network in Health Region No. 7
6) Provide education on risk detection in reproductive health to health staff
7) Improve access to counseling services in Health Region No. 7
8) Strengthened monitoring system in the areas of health
9) Efficient utilization of human and financial resources

1.2. *Project Overview*

During almost five years, Secretariat of Health staff in the Departmental Health Region No. 7 along with Japanese experts developed the project currently under evaluation. Within this framework, actions were performed oriented to fulfilling the nine results set forth initially. Through the intermediate evaluation of the project which was carried out between February and March 2003, deficiencies were found between the expected results and their indicators. Discussiones were held between the Japanese experts and the counterparts and modifications were made to the Project Design Matrix (PDM)[1] and the modified PDM was approved by the project Joint Coordination Committee which was formed at the beginning of the project.

The final evaluation of project was carried out in October 2004, five months before the cooperation activities ended. As a result, it was corroborated that the project met the stated

[1] See Annex No. 1

objectives.

JICA, the Japan International Cooperation Agency, is currently interested in carrying out a post project evaluation for the purpose of learning the impact and sustainability of actions taken two years after the end of the project.

1.3. *Study Objectives*

According to the terms of reference, the objectives of the present study are:

- To carry out the post project evaluation of the "Reproductive Health in Health Regon No. 15, Department of Olancho" project
- To acknowledge the impact, sustainability and assumption of responsibilities by Departmental Health Region No. 15, the health institutions and the Secretariat of Health central level.

1.4. *Scope of Work*

The project evaluation strives to contribute to decision making for the performance of future project in the area of health based on lessons learned in this project.[2] As such, the study will also provide an accounting of the project impacts and sustainability two years after it ended.

1.5. *Constraints of the study*

The field work to carry out this evaluation was lmited to just five days to visit five health units in addition to the Health Region which made a more exhaustive search for information impossible. This especially limited the amount of interviews with health services users in the region since the information requested had to be reviewed simultaneously, along with the staff interviews, and at the same time carrying out exit surveys. This implied that few users were surveyed.

1.6. Evaluation team

In order to carry out the evaluation there a coordination team formed by JICA officials was formed who provided support in coordinating with Health Region No. 15 staff. The follow up of the research process was carried out by a team of two researchers.

1.7. *Study Period*

Implementation of the study was carried out from November 26, 2007 until January 15, 2008. Field work was carried out from December 9 until the 14th, 2007.

[2] The JICA Office in Honduras. Terms of reference for the evaluation study of the Reproductive Health in Health Region No. 7 project

2. Methodology

2.1. *Evaluation questions*

The post project evaluation searched for answers to the following main questions for evaluation:

- On the impact
  - To what degree of the superior target been achieved since the final evaluation?
  - Have unexpected positive or negative effects been observed in the project?
  - What factors have contributed to the positive and negative impacts?
- On sustainability
  - How have the Departmental Health Region No. 15 and the health institutions in the Department of Olancho maintained the activities, systems and services implemented by the project?
  - Have the project results been maintained since cooperation ended?
  - Which factors have acontributed to or inhibited the project's sustainability?

By impact it is understood to be the footprint or impression the project left on the target population through the measurement of changes in the purpose of the project and its global targets. By sustainability it is understood to be the measure to which the projects is sustained after ending, based on the evaluation of the project results that still remain.[3] In addition, the evaluation responds to:

- How have each of the recommendations and lessons learned in the final project evaluation been followed up by Departmental Health Region No. 15, the health institutions and the central level of the Secretariat of Health?
- How are the donated equipment and facilities being currently utlized and what is their actual condition?

2.2. *Methodology*

In order to undertake this evaluation and after a technical presentation, an evaluation chart[4] based on the PDM, as well as two forms for information gathering[5] were prepared which were reviewed and approved by the JICA team after making the necessary suggested changes.

The first instrument is a semi structured interview that permitted us to ascertain to what degree those practices established while the project was executed, still subsist, the degree of implementation of the recommendations resulting from the project's final evaluation, as well as the unexpected effects, positive as well as negative, in each of the project components. The second instrument refers to exit interviews, directed to women of productive age who at the time were visiting Health Units, which allowed us to learn their opinions of their satisfaction of the access and qualtiy of the attention received.

[3] JICA. Ex post evaluation design guide for local consultants
[4] See annex No.2
[5] See annex No.3 and 4

On the other hand, pertinent information was previously requested for the purpose of comparing whether the original project indicators are still being constructed, analyzed and utilized for decision making and to what degree are these practices maintained in time. The requested indicators are the following:

Chart No.1
Indicators requested to the Health Units

Health Region	Cesamos/CMI´s	San Francisco Hospital
Maternal mortality rate in 2004, 2005, 2006 throughout the Region	Number of counseling services provided in 2004, 2005, 2006	Number of counseling services provided in 2004, 2005, 2006
Number of monitoring activities carried each year in 2004, 2005, 2006	Activities carried out in the Cesamos in Guayape, Salamá, San Esteban, Catacamas in 2004, 2005, 2006 (births, referred pregnancies, number of confined women attended, number of controlled pregnant women, number of women attended in family planning, activities carried out in health promotion)	Activities carried out in the CMIs in Guayape, Salamá, San Esteban, Catacamas in 2004, 2005, 2006 (births, referred pregnancies, no. of controlled pregnant women, , number of confined women attended, number of women attended in family planning, activities carried out in health promotion)
% of institutional births in 2004, 2005, 2006	Number of referred pregnancies in 2004, 2005, 2006	
Maternal mortality rates in the HRSF in 2004, 2005, 2006		
Number of total neonatal deaths, up to 48 hours after birth and more than 48 hours after birth in 2004, 2005, 2006		
% of prenatal attention services in 2004, 2005, 2006 in Region		
% of attention to confinements in 2004, 2005, 2006 in the Region		

Initially, the Health Units to be visited were defined. They were, Maternal Child Clinics (CMI) in San Esteban, Catacamas, Salamá and Guayape, the San Francisco Regional Hospital (HRSF) and the Regional Staff in Juticalpa. The main informers were the director of each HealthUnit, nursing chiefs, and laboratory chiefs in the Maternal Child Clinics. In the HRSF they were, the director, Regional Microbiologist, Labor and Births, Department of Pediatrics, Neonatal Section, Social Workers, Family Counseling Services, out patient services, clinics for adolescents, medical records; and in the Health Region: Health vigilance, Laboratory, Attention to women, Psycology, Statistics and Central Warehouse.[6]

The field work was carried out from December 9 through the 14th, 2007, after previously notifying each Health Unit by JICA in coordination with the Health Region and according to Chart No. 2, below. It is worth noting that all the units were very accessible and with collaboration from the staff, most of the information requested was obtained.

[6] See annex No.5

Chart No.2
Field Visits Dates

Date	Place	Health Unit	Interview requested
Nov. 10, 2007	San Esteban	CMI/CESAMO	Nursing Chief, health unit director, laboratory chief, women users at the time
Nov. 11, 2007	Juticalpa	Health Region	Statistics Unit (statistics chief), Health Vigilance Unit (person in charge of supervisión and monitoring), Regional Chief, PROSARE Coordinator, Person in charge of Integrated Attention to Women (if any)
		San Francisco Regional Hospital	Chief of maternity ward, chief of nursing in the maternity ward, laboratory chief, neonatal section chief, neonatal nurse, CAI, Person in charge of family counseling, Person in charge of family planning services and/or person responsible of attention to women
Nov. 12, 2007	Catacamas	CMI/CESAMO	Chief of nursing, , director of the health unit, laboratory chief, women users at the time
Nov. 13, 2007	Salamá	CMI/CESAMO	Chief of nursing, health unit director, laboratory chief, womeh users at the time
Nov. 14, 2007	Guayape	CMI/CESAMO	Chief of nursing, director of health unit, laboratory chief, women users at the time

Finally, the information gathered during the interviews and exit surveys at each Health Unit was processed and analyzed, based on which this report was prepared. This report provides an account of a general analysis of the global indicators of the Region, however, some of the indicators requested to the health units visited are annexed.[7]

2.3. *Schedule of the study*

The project activities were carried out according to the following timetable:

Activity	Nov Weeks	December Weeks				January Weeks	
	5	1	2	3	4	1	2
Proposal approved, contract signed							
Definition of sample							
Approval of evaluation chart and instruments							
Organization of field trip, coordination of appointments							
Information gathering in the field							
Design of the data base							
Document review							
Information processing							
Information analysis							
Preparation of the evaluation report							
Submission of final report							
Communications and coordination with contracting unit							

[7] See annex No.6

3. Ex-post Project Performances

3.1. *Performance of the project purpose*

The project objective, oriented towards a reduction of maternal deaths is still pertinent, given that they are still ocurring and there is a political committment by the country to reduce them in the framework of the Poverty Reduction Strategy as well as the Millenium Development Objectives (MDO). As such, the project continues to contribute to the strengthening and consolidation of these programs in the department of Olancho. Evidence of this is that the highest project target of reducing maternal mortality has been achieved according to the indicador of *maternal mortality rate,* which has decreased from 108 out of 100,000 live births in 2004 to 98 out of 100,000 live births in 2006.

3.2. *Achievements related to overall goal*

The project global targets related to user satisfaction with reproductive health services, the reduction in neonatal deaths, increased institutional births, increases in prenatal attention, and the increased attention during confinement, as well as increased post partum attention, are still important targets within the health region. Efforts carried out after the project are continuing, and although achievements are reduced they are an important part of the institutional targets. As such, user satisfaction is more than 90%, institutional births have increased slightly and are still at 46%, and the number of prenatal control services have increased by more than 90%. The indicators with the least changes are the increase in post partum control and the neonatal mortality rate. However, efforts are contually made to improve them.

3.3. *Followup of the recommentations by Terminal Evaluation Study*

One of the recommendations at the end of the project was to continue working with the participative development method in planning, monitoring and evaluation as well as at the regional management level of the Regional Coordinating Committee. This recommendation was not carried out. Although the Committee is still active, the region does not have the economic resources needed to carry out these activities with all the staff responsable for reproductive health. Unfortunately, the Secretariat of Health and government institutions in general have not set aside sufficient resources to strengthen the capacities of the teams and to develop planning, monitoring, and evaluation processes as it was done during the project. On the other hand, the demand at central level is the achievement of targets in specific programs and not from an integrated perspective the project had. This is a situation that does not induce the development of integral operational plans. Another obstacle has been the reform process itself generating changes, redefines functions and responsibilities and therefore, find themselves currently in a period of transition.

A second recommendation is to transfer experiences learned through the project to other health regions. This also was not carried out and no reasons were given for it.

The Regional Center for Community Activities is being utilized for the formation of auxiliary nurses, having produced three graduated classes, of which forty persons have contracts and are working throughout the region.

The distribution system for medicines is still working. However, the system of referrals through the use of a communications radio system is not working because the antennae have not received maintenance.

Evaluation results

3.4. *Impact of the Project*

3.4.1. Achievements of Expected impacts

Improvements in each of the components from the moment the project ended can be described as follows:

According to the indicators originally set forth in the project and that existed during the final evaluation, it could be said there has been sustainability of actions and that such sustainability has impacted some of the indicators, as follows:

The superior project target, which was the reduction in maternal mortality, was also achieved in the post project period, going from 108 out of 100,000 live births in 2004, to 98 for 100,000 live births in 2006; for a reduction of 10 points during the period[8]:

Chart No.3
Maternal Mortality in Health Region No.15

Indicator	2004	2005	2006	2007 (November)
Number of cases of maternal deaths	14	15	13	11
Maternal mortality rate	108	115	98	83

Source: Data provided by Departmental Health Region No. 15

With respect to the indicators of the PROSARE objectives, the following should be mentioned:

- **The percentage of satisfaction of the users of the reproductive health services**

With respecto to the user satisfaction target, which was not to reduce it to less than 90% rate, has been maintained and in 2004, it was identified at 98%. In general, user satisfaction is more than 90%, maintaining the satisfaction indicator.

Chart No.4
Health services user satisfaction

Was there anything that you did not like about your visit	Number	Percentage
Yes	3	9.4
No	29	90.6
Total	**32**	**100.0**

Source: Exit surveys with health services users in the CMIs and San Francisco hospital. December 2007

According to 32 exit surveys in the CMI/CESAMOs and hospitals visited, we found that

[8] The maternal mortality rate for 2007 has not been included since it cobres only 11 months of the year.

for 100% of the surveyed users, the problem for which they visited the health services was resolved. As such, they considered the services to be good or excellent with respect to the professional capacity (93.5%), and the services provided (90.7%), as well as how they were treated by the staff (96.9%) and the physical installacions (68.8%)

Chart No.5
User opinion of the services

Opinion of the services	Capacity	Services	Treatment	Installations
Excelent	64.5	59.4	87.5	46.9
Good	29.0	31.3	9.4	21.9
Regular	6.5	9.4	3.1	21.9
Bad	0.0	0.0	0.0	9.4
Total	**100.0**	**100.0**	**100.0**	**100.0**

Source: exit interview with health services users in CMIs and San Francisco hospital. December 2007

This demonstrates that complaints result from the condition of the installations, specifically the bathrooms and the cleanliness of the health units.

- **Increased institutional births**

Institutional attention to births has not increased at the same rate as when the project was functioning, although it has been maintained. During the project, the established target was a yearly increase of 3% in institutional births. In 2004 the rate of institutional births was 45%; in 2005 it was 47% and in 2006 it was 46%, which demonstrates that the Project target was met and the institutional target was partially met for a yearly increase of 2%.

- **Neonatal mortality rate**

The neonatal mortality rate has not shown any variation and did not increase until 2006. Deaths after 48 hours increased from 2004 until 2006. The team responsible for the neonatal unit stated that these variations ocurred because when the newborns´ risk factors were identified they attempted to place all the children with these factors with the newborns but this caused problems of crowding crossed infections. Beginning in 2007 those patients are now studied and depending on the laboratory analysis, they are observed and given intra muscular antibiotics and no longer placed in the neonatal unit. Therefore, in 2007 the rate of nosocomial mortality was 0% and death after 48 hours has been substantially reduced.

Chart No.6
Neonatal mortality in San Francisco Regional Hospital

Indicator	2004	2005	2006	2007 (June)
Number of neonatal death cases – 48 hours	40	24	21	8
Number of neonatal death cases + 48 hours	13	32	40	2
Total neonatal deaths	53	56	61	10
Neonatal mortality rate (x 1000 nv)	11.4	11.4	12.5	4

Source: Data provided by the San Francisco Regional Hospital

Accoding to the indicates, the efforts being carried out have possibly impact on neonatal mortality.

- **Increased prenatal control attention**

As such, the number of services in prenatal control, by increasing 10% during the project

period implied reaching 90% of anticipated pregnancies. Therefore, we can state that this ratio is maintained although the available information for the entire region reflects some inconsistencies. However, in the Hospital prenatal attention increased by 19%, from 4,024 to controlled pregnancies in 2004 to 4,796 in 2006

There is no positive impact observed that translates to improvement in this indicator, although the standards were maintained when the project ended. As such prenatal control services increased by 10% during the project period, which implies that 90% of anticipated pregnancies was reached. It can be said that this ratio is maintained although the information available for the entire region reflects some inconsistencies. However, for the Hospital prenatal attention increased y 19%, going from 4,024 attentions to controlled pregnancies in 2004 to 4,796 in 2006.

- **Increased services in post partum control**

With respect to post partum control, when the project ended in 2004, it was reported that 46% of pregnancies received post partum control. Susequently in 2005, this rate increased to 50% and in 2006 demonstrated a reduction of five points, that is, it reached 45%.

This can lead us to conclude that the project contributed to the impact that we currently observe especially in the reduction of maternal deaths and neonatal deaths. Greater efforts are required oriented towards increasing institutional births, prenatal attention, post partum attention and the degree of user satisfaction.

3.4.2. Causality between the project and the impact

Technical and financial support from other donors as well as interinstitutional coordination with civil actors and municipal authorities contribute to the continuation of some of the actions carried out in the project framework.

Contributing to sustainability is the little mobility of the trained resources and that changes in authorities or party politics have not obstructed the work

The departure of the doctor responsable for attention to adolescents in the regional hospital and the weak motivation of some doctors in the geographic areas of influence (AGI) to provide medical attention, has negatively influenced services to adolescents

3.4.3. Unexpected significant positive/negative impacts

- **Positive effects**

As stated by the interviewed staff, they all agree that a positive effect from working on this project, in addition to the trainings, has been the change in attitude by the staff, oriented towards greater commitment and motivitation with their work. They mention that the interest demonstrated by the Japanese experts caused them to reflect on the need to perform their work with greater and better efforts.

The work methodology allowed the staff to easily express themselves and become involved in the work. The development of abilities for the preparation of murals, the new form of attending persons stimulated them to carry out the education activities and counseling services with more vitality and gave them a sense of being useful. They also felt they were taken into account when the participated as a team in the planning, monitoring, and evaluation processes which contributed to their self esteem and demonstrated more

empathy with the services users.

The logic of meeting appointments served to encourage the persons interviewed to be more punctual and responsible with their work. In orther words, the team became empowered.

- **Negative effects**

Due to the increase in the amount of laboratory tests done on each pregnant woman, there is a greater demand for reactives. As a result, testing is not timely because women are given an appointment for testing to be done the following day. As such, on occasion they have problems in providing the reactives because the increased number of tests done on pregnant women quickly deplete the available resources for the purchase of reactives.

- **Others**

If there is no supervision system with accountability, the processes aren´t enforceable.

3.5. *Sustainability of the Project*

3.5.1. Technical aspects of sustainability

The current situation of the project components was investigated for the purpose of learning to what degree the results of the project have been maintained, in addition to the indicators previously indicated. The investigation included the following:

a. Provide adequate and timely treatments to women in the CMI and the hospital.

According to information provided by the persons interviewed, during and after the project, part of the improvement in the treatment of women was linked to strenghtening the capacities of the staff providing services. All the staff was trained and is applying the human, technical and methodological knowledge acquired on the services they perform.

The hospital has extended work time in consultancies to twelve hours from 7:00 a.m. until 7:00 p.m. and women who arrive in labor are admitted inmediately. However, it is worth mentioning that according to the exit surveys carried out for this evaluation, 44% of the patients waited between 1 and 2 hours before being atended and 22% waited for more than two hours and up to four hours.

Chart No.7
Waiting in the Health Units

Waiting time	Number	Percentage
Less than 1 hour	11	34.4
1 – 2 hours	14	43.7
3 – 4 hours	7	21.9
Total	**32**	**100.0**

Source: exit surveys with health services users in the CMIs and the San Francisco hospital. December 2007

In the CMIs there is also service 24 hours a day and in some casese pregnant women are

actively sought when they don´t arrive for their prenatal control appointments.

There has been an increase in institutional births in the department. 50% of the births attented at the hospital are from Juticalpa and the rest are from other municipalities and in general, are spontaneous and on demand. Referrals generally arrive at the CMI with complications and services there have increased.

The yearly number of controlled pregnancies has increased. There are patients that combine control care in more than one care provider. They are under prenatal control in the hospital and as well as the CMIs, according to what their identification cards. Services to post partum women are low. The clinics have problems capturing the post partum cases despite the fact they register when they arrive for services and they are attended and counseled on the importance of post partum control.

With respect to family planning, as of 2006 surgical sterilization was offered to women in the hospital. As such, this is one of the most strengthened programs since it includes staff responsible just for monitoring and strengthening this activity.

Within the project framework, the attempt was made to strengthen the referral and counter referral system but difficulties always persisted, especially as to counter referrals. Referred patients are respected and prioritized in emergency services. What is yet to be achieved is the counter referrals which is barely maintained at 4 - 6%. Generally, the CMIs complain that they no longer know if the diagnosis for which the patient was referred is correct or if it has changed. The San Francisco hospital will not receive counter referrals for cases sent to other hospitals which becomes a problem not just for this region but also for the system itself.

The feasibility of continuing this practice was analyzed, and the conclusion was reached that it wasn´t posible because if continued it should be as a committment at national level in such a manner that they could also benefit from counter referrals from national hospitals. In addition, they considered the lack of resources since the model implemented by the project includes two copies which makes it more expensive.

One of the mechanisms to improve the timeliness of attention to emergencies and the information of the epidemiological telegram was the installation of radios to maintain communications between the health units. This mechanism stopped working because of lack of maintenance of the antennae, one of which failed and with this the system stopped working throughout the department. With greater cellular telephone access, the previous system was replaced and repairs were no longer needed. Despite this, all the persons interviewed mentioned that it was a pity it no longer worked.

We can say that adequate and timely attention to women in the hospital and the CMIs continues, especially by staff committed to their work.

b. Improve attention to newborns in the San Francisco regional hospital

With PROSARE the bases were set to improve attention to newborns in the hospital. When the project began, information was gathered in the newborn unit which identified that risk factors were not being detected. When these were identified and the adequate equipment was provided for attention to newborns, the neonatal mortality rate demonstrated small but sustainable changes. This also permitted the identification of other strategies that contribute to improved attention such as installing a room next to the labor and birth room and the need to contract additional specialized staff. Greater interest in the neonatal services is made apparent with the addition of seven new pediatricians with 24 hour coverage.

The children who are most like to die are those with low birth weight or extreme low brith weight, most of them children of adolescent mothers. Currently 21% of births attended in the hospital are from adolescent mothers. Only 11% of these patients are under good prenatal control because they hven´t been educated in reproductive health. They have identified a binomium of premature birth to a mother with a urinary tract infection.

Attention to newborns in the San Francisco regional hospital has demonstrated slight improvements, and they apparently will be substantial for 2007. With a neonatal area with the basic equipment and committed and motivated staff working 24 hour with improved communications with the labor and birth services, together with women educated on control during pregnancy has resulted in maintaining and improving services to newborns and timely attention to those at risk for complications.

All of the above accounts for the fact that attention to newborns is one of the results which are improving after the project in addition to a positive impact on the reduction of neonatal mortality.

c. Timely identification of risk factors during pregnancy, birth and post partum

Achieving and maintaining this result requires, in addition to training received during the project, sensitization and commitment to attention to women by the staff. The persons interviewed reported on a series of activities they performed and continue to carry out for the identification of risks in varied measures at the CMIs and hospitals visited. Aspects related with the cohesion and motivation of the team oriented towards this result derive from continuing education for the women, home visits to women at risk and counseling during prenatal control visits.

Because of this, beginning in 2006 one of the CMIs received recognition from PAHO, who declared that the San Esteban municipal team is evry day health heroes .

On the other hand, the staff interviewed agreed that the provision of ultrasound equipment is a fundamental input for attention to women. However, they also agreed that these devices have greater potential when actually utilized, but this requires training.

Therefore, a series of actions persist that contribute to timely detection of reproductive risks in pregnant women, although they recognize that one of the current challenges is the timely identification of risk factors in adolescent women who generally have less access to services, especially because of cultural and gender reasons and in additon they are a group at risk for complications. They mention that the departure of the doctor responsible for the regional hospital and lack of motivation by some of the AGI doctors in providing integrated attention have negatively influenced services to adolescents.

d. To guarantee the provision of essential medicines for timely attention to patients

The provision and distribution of medicines throughout the region remains and is still working, because during the project two vehicles were provided for quarterly distributions and for emergencies. A supply that varies from 80% to 88% is guaranteed from the central warehouse. They mention that generally the health units are consuming more than what was programmed, especially in emergencies, and during the long rainy season which contributed to additional cases of diarrea and acute respiratory infections.

It is worth mentioning that before the project, medicines were delivered every six months and there were no adequate vehicles available specifically for this purpose. The persons interviewed have stated that currently this result has been maintained.

e. To guarantee quality access to the laboratory network in the Health Region

Through the project, the number of tests given to pregnant women increased which started with training the staff responsible for this activity, the provision of automatic and/or semi automatic equipment and the implementation of internal and quality control systems in the results from samples taken.

Most outstanding in this result are the actions oriented towards internal control of the tests continued to be applied daily which contributes to maintaining the test quality.

f. To provide education on risk detection in reproductive health to the staff

Through the project, training the staff was strengthened for the promotion of health. Currently, educational and sensitization activities continue to be carried out directly with the health services users. The prevention of reproductive risks is focused, followed by HIV prevention, family planning and intra family violence.

In some CMIs they are carried out the activities for health promotion through the lectures in secondary institutes, when the basic package is provided in the communities and through radio programs and/or by local cable television. As such, during the three years from 2004 through 2006, 160 educational murals have been prepared throughout the region. Some of the health unit visited recognized that the activity of promoting health in the community is no longer done as regularly as befote, due to the passive attitude of some of the staff and/or because now there is less staff available.[9] The following chart demonstrates the educational activities carried out:

Chart No.8
Educational activities developed in Health Region No.15

Chats	2004		2005		2006	
	Chats	Participants	Charts	Participants	Charts	Participants
Provided by A/E	Nd	85,156	Nd	28,164	Nd	15,943
Provided by TSA	Nd	Nd	4,626	41,467	7,009	84,364
Total	**Nd**	**Nd**	**Nd**	**69,631**	**Nd**	**100,307**

Source: Data provided by Departmental Health Region No. 15

Another aspect related with risk detection and timely attention to women, were the visits for specialized medical attention at the CMIs. If it is true that all the interviewed persons thought that they were effective for the users, in addition to being motivating, this activity was stopped and could not explain the cause.

We can say then, that preventive health education continues and has been sustainable but has been reduced after the end of the project.

g. To improve access to counseling services in the Health Region

A group of 47 counselors traveled throughout the region providing integrated counseling services, tailoring them to the needs of the users. This service is still provided but to a lesser degree. It is estimated that counseling is provided by 80% of the trained counselors.

Counseling is provided in HIV and STIs to all pregnant women along with HIV testing, prenatal and post partum controls. They also mentioned that counseling is provided when

[9] They mention that the CMIs previously included social service doctors and currently this staff are sent by the hospital

applying the integrated approach with adolescents in differentiated services in Catacamas and the hospital. Other counseling services continuing to be provided are in the areas of violence[10], family planning and tuberculosis. Counseling activities are demonstrated in the following chart:

Chart No.9
Counseling provided in Health Region No.15

Counseling provided	2004	2005	2006
CESAMOs	901	602	538
CMIs	1,186	555	1,110
Hospital	1,192	1093	1,114
Total	**3,279**	**2,250**	**2,762**

Source: Data provided by Departmental Health Region No. 15

Although there is no longer a defined network of counselors as there was previously, all the health units visited included counselors who provide this service. Some of them perform other activities of assistance and/or administration and therefore are not providing counseling services permanently. As such, this is provided by referral from other assistance staff, which could result in cases in which a user might require counseling, but if she is not referred then it is not provided. We found that in some health units, the person responsible for counseling services is exclusively dedicated to this activity and as it becomes known throughout the community, results in a spontaneous demand and services which are more integrated.

As a result of the beginning of the program to prevent mother to child HIV transmission, HIV counseling services to pregnant women has been reinforced for the purpose of encouraging them to be tested and if positive, to begin the program of prevention through antiretroviral treatments and scheduling a cesarean section for the birth.

According to exit interviews carried out in the health units visited, a little more than half of the users received some kind of counseling:

Chart No.10
Counseling services provided to users, according to exit interviews

Received counseling services	Number	Percentage
Yes	17	53.1
No	15	46.9
Total	**32**	**100.0**

Source: exit interviews to health services users in CMIs and San Francisco hospital. December 2007

h. The monitoring system is strengthened in the health areas

Weekly monitoring meetings were carried out during the project as well as integrated monitoring activities every three months. Currently, municipal meetings are held monthly as well as a monthly meeting of the entire health region. The mechanism utilized for monitoring during the life of the project was discontinued since plans were prepared with the entire staff and were monitored globally. Now all supervisions are carried out in function of existing programs at the institution and these are performed according to

[10] In 2007 counseling services to abusive men were no longer provided because those counselors are environmental health technicians and the dengue epidemic did not allow them to continue

resources set aside for predetermined programs.

A quality system has been implemented through which 30 health indicators are monitored in the region, but field and integrated supervisions are no longer performed as term of the project.

Within the framework of the project, formats were implemented to consign attention to pregnant women, especially those at reproductive risk; to report educational activities and to report new pregnancies and subsequent pregnancies. These formats are still being utilized by the health units and are sent monthly to the Health Region by approximately 60% of the health units. The purpose of having this information is to learn where pregnant women with problems are located to make timely referrals as well as carry out home visits.

With respect to epidemiological vigilance, at regional level it is known that there is a doubt as to whether maternal mortality has been reduced since their vigilance has been reduced as well as monitoring CMIs. Previously, there was a vehicle available exclusively for these actions but this is no longer done since available vehicles are assigned according to activities planned throughout the region. For their part, the community level states that the regional level requires less from them and as such, they don´t provide reports.

At regional level, the technical committee still functions and meets to analyze the indicators and make decisions accordingly.

3.5.2. Organizational/human resources aspects of sustainability

During the project 100% of the staff providing maternal child services was trained. Currently, approximately 90% of this staff continues working in the region and 5% is in the system but out of the region. The other 5% has left the system for various reasons such as retirement, resignation, death, etc.

The chiefs of services were trained and 85% are still in place. In the laboratory areas, 100% of the trained staff is remaining as well as 100% of the trained counselors.

On the other hand, the training center which was built within the framework of this project is still being utilized for training auxiliary nurses.

3.5.3. Financial aspects of sustainability

This aspect was not evaluated during this study because it wasn´t included in the terms of reference. However, as part of this evaluation, we inquired on its current status and the use of the material resources provided by the project.

Almost all the equipment donated by PROSARE is located in the health units and is working and in good condition. After the project there were some difficulties such as:

- The vehicles which were reserved for project activities are actually managed in a transportation pool and used for programmed activities in the entire region and as such, with the exception of the trucks for supplying medicines, they are no longer set aside for a specific activity.
- In the San Esteban Maternal Clinic, it was mentioned that the incubator is not used because they were never trained on its use.

- The radio communications system is not working for lack of maintenance. One of the antennae fell and wasn´t repaired. With the arrival of celullar telephone services the communications problem was solved, although these celullar phones are personal.

3.6. *Analysis of factors promoted by the project*

3.6.1. Impact

One of the most important and strengthened programs in the Departmental Health Region is related to maternal child health. Although this is not based on a broader concept of reproductive health in women, sustained efforts have been made for improving the health status of pregnant women and in labor as well as newborns through the services they provide, during confinement and during external consultations. During the project, yearly operation plans were carried out based on the PDM. These were monitored and supervised by the work teams and the Japanese experts. Even now when specific yearly plans are not made for the clinics and hospital, they did mention that yearly targets are programmed for the AGI of each health unit.

They acknowledge that the training processes were one of the best project inputs, as was the provision of equipment for the health units. Other good project inputs are the health committees formed when PROSARE begun although these don´t function as adequately as they should in all cases.

A relevant aspect in the hospital is the increased care for newborns, in the operation room as well as in the labor and birth rooms. In this case, the fact of having immediate admission for women in labor in a maternal home contributes to providing better quality timely services.

3.6.2. Sustainability

The indicators have been maintained since they continue to make the effort to achieve the final project objective, which is an official commitment of the government of Honduras and is a technical and political committmente by the regional team.

3.7. *Analysis of the factors that inhibited the project*

3.7.1. Impact

The end of the project itself had a negative impact on the global project targets, demonstrated by a deceleration of the processes and implemented systems and services by the project, mainly because of the reduced flow of financial resources.

Changes in procedures such as not having a vehicle available in a timely manner for the monitoring and vigilance of health as well as for investigating maternal deaths in the community, limits the efficiency of these actions which are fundamental for decision making in this area.

Although the staff trained by the project has stayed in the regon and in the system more than 90%, changes in positions and/or responsibilities influence the continuation of care to perform the actions.

3.7.2. Sustainability

Through the project, the region´s health staff was trained in subjects related to reproductive health and provided continuous follow up to the project activities and the staff acquired a form of working with a participatory focus. However, within the framework of the health sector reform processes, changes were implemented at national level such as departmentalization and municipalization of the regions, resulting in the elimination of the health areas.

These changes have generated greater work loads, resource mobilization, as well as impacts on the information, laboratory and monitoring systems. Currently there is uncertainty of the capacity of the municipalities to provide continuity to the system utilized with the project including, the workshops on monitoring the integrated operational plans and the indicator management system. Currently, they have financial capacity to hold a one day monthly meeting only, where time only permits them to analyze two programs per meeting and gather the information they must deliver to the health region monthly.

3.8. *Conclusions*

- The PROSARE project had a positive impact on Departmental Health Region No.15, not only because it was pertinent, but also because it was efficient and effective. The staff interviewed stated that Japanese cooperation was enormously valuable for the institution and the trained staff.
- The PROSARE project left installed capacities that directly contribute to the project´s technical sustainability. These are especially reflected on the implemented strategies still carried out for reductions in maternal and neonatal mortality and increased institutional births.
- The nine components developed during the projects are sustained, some in a greater measure than others.
- The result indicators set forth during the project and estimated for the preparation of the final report, are being maintained or have improved.
- After PROSARE finalized, the processes, systems, and services promoted during the project decelerated.
- Only two of the recommendations in the project's final report have been taken into account.
- The reform processes related with institutional reorganization impacted follow up of the project since they imply changes in functions and procedures. As such, some procedures implemented by the project have discontinued.
- The logic of the Programs, installed throughout the institution does not allow for integrated planning, monitoring and evaluation oriented towards the integrated promotion of the health of the population and in this specific case, women´s health.
- The majority of the infrastructure and equipment provided by the project continues to function adequately.

4. Recommendations and lessons learned

4.1. *Recommendations to counterparts*

- Greater and improved efforts are required to guarantee the sustained increase in prenatal and post partum attention
- Maternal attention must especially emphasize differentiated attention to pregnant adolescents. As such, efforts must also be oriented towards the promotion of sexual and reproductive health for adolescents, especially for the prevention of early pregnancies and protection against these and sexually transmitted infections.
- Neonatal attention identifies and seeks to resolve the problems that impede the reduction in neonatal mortality. These efforts must continue with the same efforts currently demonstrated.
- The efforts oriented towards the detection of reproductive risks must be promoted especially in the geographic areas of influence of the health units, and not just within the units.
- Although the workload of the laboratories is known, it is necessary to improve their access in order for pregnant women who are requested to have testing are able to be tested effectively.
- According to information provided in the health region, it is worth noting that the total number of participants in the educational activities carried out by the auxiliary nurses reduced from year to year. A more sustained effort must be carried out to increase these activities that redound on more education for women.
- An increase in counseling services is observed for the final year recorded in this report, due to the beginning of the program to prevent HIV transmission from mother to child. Counseling in other areas must be promoted for which staff trained by the project is available.
- The project methodology for monitoring is no longer utilized. According to persons interviewed, the level of systemization of regional authorities influences the performance of monitoring activities. It is necessary to review whether the monitoring mechanism currently utilized guarantees valuation and timely and adequate decision making for the programs being developed in the health units.
- Despite the fact that most of the informtion requested was obtained for the preparation of this report, it would appear that a system for permanent and timely information gathering for calcualting indicators does not exist, because data obtained for 2004 is slightly different than that in the final evaluation and in some units visited, we weren´t provided the requested information. This continues to be an obstacle for followup and adequate evaluation of the programs.

4.2. *Lessons learned for JICA and counterparts*

- The existence of plans constitute commitments to follow and fulfill, for which planning must be promoted even beyond targets
- Timely and quality data gathering provides for technical decision making and adequate policies. The process of data flows and the production of information for decision making must be receive more decisive support

- Continued support is required for the promotion of sexual and reproductive health in women with a special emphasis on adolescent women and coherent with the Poverty Reduction Strategy and the Millenium Development Objectives.
- The integrality of the original project perspective has an impact on health. As such, team work and intra and intersectoral are necessary strategies to guarantee health.
- Technical and financial support from donors is fundamental for the development and followup of the health actions in the country.

Annexes

ANNEX 1 – Project Design Matrix (PDM)

Reproductive Health Project Health Region No.15

Component	Objectives and results in PDM	Indicators according to the PDM	Criteria of achievements according to the final report
Superior Target	Improve the status of reproductive health in HR No.7	TMM	108 (2003)
Objective	Provide quality services in reproductive health in health region No.7 by health services providers	90% user satisfaction	More than 90%
		Increase by 12% of intsitutional births 1-3% yearly	9.2% 2001 to 2004
		Neonatal mortality rate reduced by 10%	11.4% (2003)
		10% de aumento de atenciones prenatales	90.6% (2004)
		10% increase in post partum attention	48% (2004)
R 1	Provide adequate and timely treatment to women in the Maternal Child Clinic and San Francisco Regional Hospital	References	System of referrals
		Correct diagnosis	Strengthen work teams
		Hospital waiting time	Activities of the Maternal Child Clinic
R 2	Improve attention to newborns in The San Francisco Regional Hospital	Deaths 48 hours after birth	10 cases per 39 deaths (2003)
R 3	Timely identification of risk factors during pregnancy, birth, and post partum in the CESAR, CESAMO, CMI y HRSF	Detection of risk during prenatal control	Almost 100% of staff trained and 80% use the technique
R 4	Guarantee the provision of essential medicines for timely attention to patients	Health Units with a supply of essential medicines	The provision has improved
R 5	Guarantee quality access to the laboratory network in Health Region No.7	Number of tests recommended to pregnant women	Internal controls have improved
		Monthly average of frequency of quality control	
R 6	Provide education on risk detection in reproductive health by staff	% of pregnant women who received information on reproductive risks	The indicators are the same as the objective
R 7	Imrpove access to counseling services in Health Region No.7	Number of persons receiving counseling	2754 counseling sessions in 2003, provided by 47 counselors
R 8	Monitoring system is strengthened in the health areas	75% of the programmed actions were executed	Information digitized to date
			3 monitoring actions per year
R 9	Efficient use of human and financial resources	Training given to human resources	Staff trained
		System of integrated supervision	Formation of supervisión team, use of guidelines and supervisions performed
		Strengthening of financial controls	

ANNEX 2 – Post Project Evaluation Chart

Post Project Evaluation Chart Reproductive Health in Health Region No.15

Criteria	Evaluation questions		Criteria for achievements and measures	Required information	Source of information	Methods of information collection
	Evaluation questions	Sub questions				
Impact	To what degree has the project superior target been reached since its final evaluation?	A synthesis of the sustainability indicator	Compare new information with information at the time of the final evaluation	All that was requirited in the criterio of sustainability	Health Regoin	Document review
		Impacto on the influence population		Level of satisfaction of health services users	Users	Exit survey
		Example of improvement in institutional capacity when the project began		Improvements at the beginning of the project in each of the project components	Health region	Interview
	Have unexpected positive or negative effects been observed during the project?	Details of unexpected effects after the end of the project, as a function of the general objective and in each of the nine project results	Positive and negative effects	Details of unexpected effects according to the project components	CMI, CESAMOs Health region	Interviews with providers
	Which factors have contributed to the positive and negative impacts?	Which external factors (change in government, others,) have affected the project targets	Contributing external factors	Detail of external factors that have affected the project targets in each component	CMI, CESAMOs Health Region	Interviews with providers
Sustainability	How have the Departmental Health Region No.15 and the health institutions in the Department of Olancho maintained the activities and services implemented by the project?	An analysis of each of the sustainability indicators	Compare new information with information at the time of the final evaluation	Maternal mortality rate in 2004, 2005, 2006 throughout the Region	Health Region	Document review
		The staff trained by the project stays in their work positions, adequately performs the learned techniques and/or transfers them to other human resources	Current staff at the CMI and CESAMOswho were trained by the project and are still in place	Staff trained and /or transfer of knowledge	CMIs and CESAMOs, San Francisco Regional Hospital	Interviews with providers

Criteria	Evaluation questions		Criteria for achievements and measures	Required information	Source of information	Methods of information collection
	Evaluation questions	**Sub questions**				
		The instruments prepared within the project framework are still being utilized	Evidence of use of protocols, find out if there are others and their status and if not used, why	Use of protocols for care to newborns	HRSF CMIs and CESAMOs	Document reviews, interviews with providers
				Use of monitoring sheets and detection of pregnancy risks		
		What is the status of the provision of medicines in the health units	Compare new information with that in the final report	Provision of medicines	HRSF CMIs and CESAMOs	Interview with providers
		What is the status of reacties in the health units	Compare new information with that in the final report	Provision of reactives	HRSF CMIs and CESAMOs	Interview with providers
				Increased number of laboratory tests for pregnant women		
		Continuing orientation and training for fertile age women and pregnant women on reproductive risks, family planning, HIV, and violence	Compare new information with that in the final report	Number of counseling services provided by type	HRSF CMIs and CESAMOs	Document review and exit surveys
				Number of trainings and type of information provided	HRSF	Review of training materials
		The monitoring techniques and supervision guidelines are being utilized as they were during the project	Compare new information with that in the final report	Number of monitoring activities carried out by year in 2004, 2005, 2006	Health region, CMIs and CESAMOs	Interview with providers, document review
				Information records by computer	Health region, CMIs, CESAMOs	Direct observation
	Have the project results been maintained since the cooperation ended?	The indicators set forth in the final report have been maintained or improved, for the superior target, the objective and the nine expected of the project	Compare new information with that at the time of final evaluation	% of institutional births 2004, 2005, 2006	Health Region	Document Review
				Neonatal mortality rates in San Francisco Regional Hopsital in	Health Region	Document Review

Criteria	Evaluation questions		Criteria for achievements and measures	Required information	Source of information	Methods of information collection
	Evaluation questions	Sub questions				
				2004, 2005, 2006		
				Number of neonatal death cases less than 48 hours after birth and after 48 hours alter birth in 2004, 2005, 2006	Health Region	Document Review
				% of prenatal attention in 2004, 2005, 2006 throughout the region	Health Region	Document Review
				% of post partum attention in 2004, 2005, 2006 throughout the region	Health Region	Document Review
				Activities performed in the Maternal Child Clinics in Guayape, Salamá, San Esteban, Catacamas in 2004, 2005, 2006 (births atended, referral pregnancies, number of pregnant women in control, number of post partum women attended, number of women attended for family planning, activities carried out to promote health)	CMIs, CESAMOS	Document Review
				Referral management, number of referrals, adequate diagnoses	Maternal Clinics, HRSF	Document review, Interview with providers

Criteria	Evaluation questions		Criteria for achievements and measures	Required information	Source of information	Methods of information collection
	Evaluation questions	**Sub questions**				
	Which factors have contributed to or inhibted project sustainability?	Which external factors (change in government, others) have affected the project targets	Contributing external factors	Detail of eternal factors that have affected project targets	CMI, CESAMOs, HRSF, Health region	Interviews with providers
Follow up of recommendations	How did Departmental Health Region No. 15, the health institutions and Secretariat of Health central level follow up each of the recommendations and lessons learned in the final project evaluation?	Were the project results been diffused	Activities to diffused	Detail of diffusion activities	UMEG – Health Region	Interviews with providers
		Was the referral system strengthened and evidence of this	Status of the referral system	Detail of the status of the systems	Regional Directorate	
		Is there a well structured system for data collection and analysis	Information system	Detail of the status of the systems	HRSF,CMIs and CESAMOs	
		Has the monitoring system been expanded to other regions	Monitoring system	Detail of the status of the systems		
	How are the donated equipment and installations currently being utilized and what is their current condition?	How is the equipment provided by the project being used	Compare new information with that given at the end of the final evaluation	Equipment usage and status	HRSF, CMIs and CESAMOs	Interview with providers

ANNEX 3 – Guidelines for interviews for the CMI/CESAMO/HRSF/RS15 Health Units

Guidelines for interviews for
(CMI, CESAMO, HRSF) Health Units and Departmental Health Region
Reproductive Health Post Project Evaluation Health Region No.15

Date: _____ Health Unit: _____

No.	Name of person interviewed	Position

1) About PROSARE

1. Knowledge of PROSARE
2. Participation in PROSARE by current staff /current staff
3. Activities carried out within the PROSARE framework
    a. Trainings (subjects, number, benefitted staff)
    b. Health promotion
    c. Attention to user services
    d. Counseling services to users (type)
    e. Expansion of laboratory services
    f. Provision of supplies and equipment
    g. Provision of medicines
    h. Interinstitutional coordination
    i. Improvement of data and information flows
    j. Others

2) PROSARE Sustainability

1. Continuation of activities carried out in PROSARE
2. Number of staff trained during the project and number who still remain in the Health Units
3. Form of resolving the departure of trained staff
4. Which protocol or instruments prepared by PROSARE are still being utilized
5. Comparison of provision (opportunity/quantity/according to what was requested) of medicines during PROSARE and currently
6. Comparison of the provision of reactives, laboratory tests done and internal quality control during PROSARE and currently
7. Continuation of training in reproductive health to users, subjects and materials utilized
8. Continuation of integrated counseling to women users (VIF, HIV, FP)
9. Periodicity of monitoring activities carried out with the Health Units and their types
10. Current application of the monitoring model developed by PROSARE
11. Evidence of computarized records of data and information
12. Use of prepared information
13. Periodicity of integrated supervision carried out in the Health Units and their types
14. Type of equipment provided by PROSARE, maintenance, use and current status

3) PROSARE Impacts

1. Which benefits subsist as of the development of PROSARE
2. Which positive effects did PROSARE took
3. Which negative effects did PROSARE left
4. Which factors have intervened for the PROSARE activities to continue/stop

Additional Comments

ANNEX 4 – Guidelines for interviews for CMI/CESAMO/HRSF services users

Guideline for interviews with CMI/CESAMO services users
Reproductive Health post project evaluation Health Region No.15

Date: _____ Health Unit: _____

We would like to ask you some questions about the services you receive at this Health Unit. This is an anonymous survey and your answers will not be known by staff at this Center /CMI and the information which you give us will not bring you or your community any consequences. Would you collaborate us?
Yes ____ (continue) No ___ (finish)

Age: _____ Reason for visit: _____

1. How long did you wait to be attended?
2. Who attended you during this visit to the Health Unit?
   - Doctor ……....1 Nurse …….2
   - Other… ……....3 Specifiy _____
3. What do you think about the treatment you were given by the health staff?
   - Excellent……..1 Good……2
   - Regular……..3 Poor……..4
4. Was the problem you came for resolved?
5. Were you given medicines?
   - Yes…… ……....1 No, I didn´t need them…2
   - No, there weren´t any…….3
6. Were you requested to have laboratory tests?
   - Yes……....1 No…….2 (go to no. 8)
7. Were the tests done?
   - Yes ….……....1
   - No…….2 why _____
8. Did you receive counseling or orientation on any subject?
   - Yes……....1 No…….2
9. What subject were you counseled on?
10. Were you given another appointment?
    - Yes ……....1
    - No…….2 Why _____
11. What do you think about the services provided at this health unit?
    - Excellent……..1 Good……2
    - Regular……..3 Poor……..4
12. What do you think about the professional capacity of the health staff?
    - Excellent……...1 Good……2
    - Regular……..3 Poor……..4
13. What do you think of the physical installations of the health unit?
    - Excellent……..1 Good……2
    - Regular……..3 Poor……..4 Specify _____
14. What comments have you heard about the quality of the services?
    - That it´s good……...1 That it´s poor…….2
    - I haven´t heard any…….3
15. Was there anything in particular about your visit to this health unit that you didn´t like?
    - Yes ……. 1 | (specify) _____ _____
    - No……. 2 (finish)

Additional comments

Thank you for your collaboration

ANNEX 5 – List of interviewed persons

List of persons who participated in group interviews

No.	Person´s Name	Position	Health Unit
1	Teresa Guzmán Castillo	Municipal Nurse	Guayape
2	Dimas Merlo Puerto	Municipal Doctor	Guayape
3	Juana Dolores Trejo	Laboratory technician	Guayape
4	Carmen Guerrero	AE, at the CMI	Guayape
5	Ilse Licona	AE in external consultations	Guayape
6	Ana Motiño	Hospital Director	San Francisco Hospital
7	Olga García	Regional Microbiologist	San Francisco Hospital
8	Yani Martínez	E Labor and births	San Francisco Hospital
9	Ana Gloria Ramos	Pediatrics Department	San Francisco Hospital
10	Álvaro Agüero	Neonatal specialist	San Francisco Hospital
11	María Mencía	Chief of Neonatal unit	San Francisco Hospital
12	Duma Rivera	Social promoter	San Francisco Hospital
13	Leticia Velásquez	Family counselor	San Francisco Hospital
14	Vilma Peralta	Chief of external consultations	San Francisco Hospital
15	Lesbia Sandoval	Adolescent clinic	San Francisco Hospital
16	Nery Fúnez	Chief of medical records	San Francisco Hospital
17	Rubí Elizabeth Padilla	Nursing supervisor	San Esteban
18	Álvaro Méndez	Municipal director	San Esteban
19	Alexander Velásquez	Laboratory Chief	San Esteban
20	Santos Ardón	Assistant doctor	San Esteban
21	Vicenzo Bobe	Municipal Director	Salamá
22	María Alicia Lanza	AE in external consultations	Salamá
23	Karla Tróchez	Nursing supervisor	Salamá
24	Mirna Torres	Intermunicipal supervisor	Salamá
25	Vilma Lanza	Laboratory Chief	Salamá
26	Patricia Cruz	Statistics	Salamá
27	Ada Luz Aguiriano	CMI Supervisor	Catacamas
28	María del Carmen Licona	Laboratory technician	Catacamas
29	Erlinda Gómez	Sector 1, Area 2 Supervisor	Catacamas
30	Lily Sevilla	Pharmacy chief	Catacamas
31	Eda Sofía Cálix	Health vigilante	Health Region 15
32	Olga García	Health Region Laboratory Chief	Health Region 15
3	Lourdes Mencía	Attention to women	Health Region 15
34	Thelma García	Regional psychologist	Health Region 15
35	Blanca Dolores Ayala	Statistics	Health Region 15
36	Francisco Lobo	Regional warehoues	Health Region 15

ANNEX 6 – Information obtained at health units visited

Services provided

Services	Maternal Child Clinic								San Francisco Regional Hospital	
	San Esteban		Catacamas		Salamá		Guayape			
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Attended births	157	140	577	741	128	90	133	106	4935	4883
Adolescent births attended					34	22	31	22	524	513
Post partum attention	224	175	560	787	135	87	61	79	520	539
New pregnancies prenatal controls	366	281			106	102	138	166	4253	4796
Subsequent pregnancies prenatal controls	1157	1235	2842	4073	360	129	619	381		
New family planning	141	957	660	1645	150	119	377	499	1037	1300
Subsequent family planning	741	957			349	350				
Referred pregnancies	83	161	574	634	8	5	4	4		
Cytologies							128	59		

Counseling services provided by subject

Counseling Services	Maternal Child Clinics								San Franscisco Regional Hospital	
	San Esteban		Catacamas		Salamá		Guayape			
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Violence	7		32	61	0	0	3	0	723	13
HIV/AIDS	1	6	176	651	12	120	0	254	260	648
Family Planning	5		121	52	4	8	4	0	105	347
Tuberculosis	1		8	12	0	2	0	0	0	11
Pregnancies			20	20	1	112				
Post partum			16	1	0	3	133	106		
Adolescents					0	10				
Depression					9	0				
Others	2	2	46	43			7	2	5	91
Total	**16**	**8**	**419**	**840**	**26**	**255**	**147**	**362**	**1093**	**1110**

Educational Chats

Counseling Services	Maternal Child Clinics								San Francisco Regional Hospital	
	San Esteban		Catacamas		Salamá		Guayape			
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Pregnancy, birth and post Jartum	21	13			252	259				
HIV/AIDS	9	1			43	76				
Family Planning	7	1			81	35				
Breastfeeding	1	0			86	63				
Breast cancer	0	1								
Tuberculosis	5	1			31	29				
Vaccinations	0	1			101	96				
Acute Respiratory Infections	0	0			71	42				
Diarrheas	22	1								
Dengue	8	1								
Integrated attention to children					96	40				
Mental Health	1	1			19	21				
Others	4	2								
Total	**78**	**23**			**780**	**661**				

Bibliography

- JICA. Ex post evaluation design guide for local consultants
- JICA Honduras Office. Report on the joint evaluation of the mission for final evaluation of Japan Technical Cooperatoin for the reproductive health project in Health Region No. 7. October 2004
- JICA Honduras Office. Terms of reference for the post project evaluation study for Reproductive Health in Health Region No.7. August 2007
- JICA Honduras Office. Mid term evaluation (final documentl). PROSARE-7/JICA. Juticalpa, Olancho. March 2003.
- JICA Honduras Office. Aid Memoire. Workshop on Mid term evaluations; San Francisco Regional Hospital; Workshop Maternal Child Clinic; General workshop. PROSARE-7/JICA. Juticalpa, Olancho. March 2003

添付資料 16:外部有識者レビューフォーマット

Third Party Review by External Experts

Ex-Post Evaluation on ... *Project Title*

** This Third Party Review by External Experts is to examine the end-product (an evaluation report and a summary sheet) of ex-post evaluation of the above-mentioned project in light of its structure, verification procedure and overall consistency. It is to be noted that the review is not to question the validity of the evaluation results per se.*

** On the leftmost column of each item, choose the rating from A as 'excellent', B as 'good', C as 'acceptable' and D as 'unacceptable'.*

** When you choose D for an item, specify the reason in comment fields.*

** For more details of viewpoints for each item, refer to the corresponding page of 'JICA Project Evaluation Guideline' which is indicated on the rightmost column of each item.*

1 Evaluation Framework

		Reference page No. of 'JICA Project Evaluation Guideline'
B	(1) Time Frame of Evaluation Study	97
Viewpoint	Necessary field survey activities such as data collection and discussion with counterparts are appropriately set within the time frame of the evaluation study. Time frame also contains preparations such as distribution of questionnaires, and are appropriate in terms of timing, length and schedule of the evaluation study.	
B	(2) Study Team	107
Viewpoint	Team members are assigned on a impartial basis, and are with balanced specialty.	
Comment	(1) 5 days od field work within a 1.5 months of evaluation of this projects seems to be short for the necessary investigation. (2) From the documents provided it is not clear the specialty of the members of the evaluation study.	

2 Date Collection and Analysis

B	(1) Evaluation Questions	51
Viewpoint	Evaluation questions are in line with evaluation purposes and set properly in the evaluation grid. General questions as to the five evaluation criteria are narrowed down to more specific sub questions to identify necessary information/data	

	to be collected.	
B	(2) Data Collection	72
Viewpoint	Data collection is conducted based on the evaluation grid, and is sufficient for obtaining answers for evaluation questions. Additional information are collected for unexpected and newly confronted questions during the process.	
B	(3) Measurement of Results	61
Viewpoint	Achievement level of overall goal is examined on the basis of appropriate indicators, being compared with targets.	
B	(4) Examination of Causal Relationship	62
Viewpoint	The causal relationships whether the effects for the beneficiaries resulted from the project is examined either in a qualitative or quantitative manner (i.e. Are the effects at the overall goal level caused by the project intervention?)	
Comment	Data collection is enough. Overall goal is completely examined.	

3 Evaluation Results

A	(1) Impact	57, 85-86
Viewpoint	Perspectives for evaluation of 'Impact' (e.g. achievement level of the overall goal, causal relationships between the outcome of the project and overall goal, ripple effects) are substantially covered. Grounds for judgment are clearly stated in a convincing manner.	
B	(2) Sustainability	58, 85-86
Viewpoint	Perspective for evaluation of 'Sustainability' (e.g. probability of activities to be continued and outcomes to be produced in terms of 1)policies and systems, 2) organizational and financial aspects, 3) technical aspects, 4) Society, Culture and environment and) are substantially covered. Grounds for judgment are clearly stated in a convincing manner.	
B	(3) Factors Promoting Sustainability and Impact	85-86
Viewpoint	Promoting factors on 'Impact' and 'Sustainability' are analyzed properly based on the information obtained through evaluation process.	
B	(4) Factors Inhibiting Sustainability and Impact	85-86
Viewpoint	Inhibiting factors on 'Impact' and 'Sustainability' are analyzed properly based on the information obtained through evaluation process.	
A	(5) Recommendations	87-88
Viewpoint	Recommendations are made thoroughly based on the information obtained through the process of data analysis and interpretation. Recommendations are specific and useful for feedbacks and follow-ups, preferably being prioritized with a time frame.	

B	(6) Lessons Learned	87-88
Viewpoint	Lessons learned are derived thoroughly based on the information obtained through the process of data analysis and interpretation. Lessons learned are convincing and useful for feedbacks, being generalized for wider applicability.	
Comment	PROSARE has been highly evaluated through this report and	

4 Structure of Report

A	(1) Writing Manner	89,103
Viewppoint	Logical structure and major points are clearly described in an easily understandable manner.	
B	(2) Presentation of Primary Data and Utilization of Figures	89,103
Viewpoint	Sufficient primary data such as on the target, contents and results of interviews and questionnaires are presented properly in the report. Figures and tables are utilized effectively to present statistics and analysis results.	
Comment		

5 Overall Review based on 'Criteria for Good Evaluation'

A	(1) Usefulness	13-14
Viewpoint	In light of the effective feedback to the decision-making of the organization, clear and useful evaluation results are obtained.	
A	(2) Impartiality and Independence	13-14
Viewpoint	Evaluation is impartially conducted in a neutral setting	
B	(3) Credibility	13-14
Viewpoint	In light of the specialties of evaluators, transparency of the evaluation process and appropriateness of the criterion of judgment, evaluation information are credible.	
B	(4) Participation of Partner Countries	13-14
Viewpoint	Partner countries' stakeholders participate actively in the process of evaluation, not just provide information.	
Comment		

5 Overall Comment

Regarding the uselfullness of the project its observed that it has fulfill the request of the Honduras Government in order to provide proper treatment to the women in the Olancho Province. The project has supplied equipment and is been well used excepting some few components. About 100% of the staff related to the motherhood-children has been trained.

Concerning to sustainability of the project, there are some few components which should have been preview to take more care, as the incubator, that no training to the corresponding staff was provided, radiotelecomunitation equipment, which no maintenance was provided by the counterpart staff.

Regarding the evaluation process, it is clear that was was conduted in a objective way. It seems the results are natural for this kind of projects in such communities.

Date

14-Feb-2008

Name of the Third Party

Valerio Gutierrez

Designation

Vice-minister of Energy

Name of the Institution

SERNA, Secretariat of Natural Resources and Environment