

Improved Health of Women and Adolescent Girls in Situations of Vulnerability Evaluation

FINAL REPORT

Executive Summary

Project Context and Evaluation Purpose

The *Improved Health of Women and Adolescent Girls in Situations of Vulnerability* (IHWAG) Project was implemented by the Pan American Health Organization (PAHO) with the financial support of Global Affairs Canada (GAC). With a budget of CAD\$15M and a covering from 2021 to 2025, the Project operated in Bolivia, Colombia, Ecuador, Guyana, Honduras, and Peru, with the aim of improving women's and adolescent girls' health through equitable access to sexual and reproductive health services. Grounded in a human rights, gender, and cultural diversity approach, the Project facilitated the empowerment of women and adolescent girls in situations of vulnerability and contributed to fairer, healthier environments across the Region.

The final evaluation assessed the results achieved throughout Project implementation and identified good practices, lessons learned, and recommendations for future initiatives. Findings are intended to inform PAHO senior management and technical teams, as well as GAC, as part of the Organization's commitment to continuous learning and improvement in health programming.



Methodology and Evaluation Criteria

The evaluation covered the Project's implementation period from 2021 to 2024 across the six participating countries, combining in-person fieldwork in three countries with virtual assessments in the remaining three. A mixed-methods approach was applied, integrating qualitative and quantitative techniques guided by four evaluation criteria — **relevance**, **effectiveness**, **efficiency**, and **sustainability**. Data collection drew on a review of 81 documents and 52 communication products, semi-structured interviews and focus groups with 139 key informants, and direct field observation in priority territories

Throughout its design, data collection, and analysis, the evaluation examined the Project's contributions to strengthening institutional and community capacities, addressing structural barriers to health access, and promoting equitable, culturally grounded care for women and adolescent girls in situations of vulnerability.

Key Findings

The findings below are presented by evaluation criteria:

Relevance: The Project demonstrated strong relevance by aligning its objectives with national health priorities, international frameworks, and the specific needs of its target populations. Its design responded to long-standing demands in maternal health, sexual and reproductive health, and gender-based violence prevention, while integrating global commitments such as the PAHO Strategic Plan 2020-2025, the 2030 Agenda, and Canada's Feminist International Assistance Policy. The Project prioritized women and communities living in situations of vulnerability, adapting its interventions to diverse sociocultural contexts through intercultural methodologies, multidisciplinary teams, and participatory approaches. Beneficiaries and local stakeholders consistently recognized its contextual responsiveness.

Effectiveness: The Project demonstrated positive overall performance, achieving all three ultimate outcome indicators: maternal mortality ratio, adolescent fertility rate, and neonatal mortality rate. Progress was also notable at the immediate outcome level, with all six countries implementing national quality standards for adolescent care, integrating health promotion into primary health care services, and establishing mechanisms for women and adolescents to participate in public policy development. However, progress was uneven across intermediate outcomes, with gaps remaining in skilled birth attendance, modern contraception coverage, and post-rape care services. The Project also introduced methodological and communication innovations such as telemedicine and the Knowledge Dialogues Methodology, that strengthened health systems and expanded reach to remote and underserved communities.

Efficiency: The Project demonstrated significant efficiency in its planning, management, and implementation, supported by strong coordination between PAHO's regional and national offices and the strategic deployment of local teams in intervention territories. Budget execution increased progressively throughout the Project's lifespan, reaching 93–95% by 2024, reflecting the strengthening of operational capacities and the gradual adaptation of strategies to national contexts. Funds were invested in technical cooperation for improving maternal and neonatal care, translating into expanded simulation facilities, strengthened referral systems, and large-scale training programs. Coordination with Ministries of Health, municipalities, UN agencies, and community networks proved critical for locally adapted service delivery, while intersectoral roundtables and participatory planning mechanisms reinforced territorial ownership.

Sustainability: The Project established strong foundations for sustainability by anchoring key approaches within Ministries of Health, integrating methodologies into national and local regulations, and building a critical mass of trained health professionals capable of replicating Project approaches across contexts. A Train the Trainer model, combined with virtual learning platforms and clinical simulation centers, ensured that capacity-building efforts extended beyond the Project's operational cycle. At the community level, traditional midwives, youth leaders, adolescent clubs, and networks of women mayors continued to apply and replicate Project methodologies independently, reinforcing culturally grounded practices and maintaining demand for rights-based care. Coordination with Ministries of Health, municipalities, UN agencies, and community networks proved critical for locally adapted service delivery and yielded concrete results



Conclusions

- The IHWAG Project demonstrated that integrated, rights-based, and culturally grounded approaches can generate meaningful improvements in maternal, neonatal, and adolescent health across diverse contexts in situations of vulnerability.

- Persistent challenges such as high staff turnover, political volatility, and territorial inequalities underscore that sustaining these achievements will require continued political commitment, stable financing, and ongoing technical accompaniment to fully consolidate the progress made
- Its most significant legacy lies in the institutional, community, and individual capacities built throughout implementation — offering a replicable and scalable model for future regional health initiatives.

Lessons Learned

- Face-to-face, methodologically adapted training remains essential in under-resourced contexts and when dealing with sensitive topics.
- Multidisciplinary teams and intersectoral coordination enable more comprehensive responses.
- Digital transformation must be accompanied by organizational change and a long-term vision that outlasts funding cycles.
- An intersectional approach to inequality deepens impact by revealing overlooked layers of exclusion and informing more inclusive, rights-based responses.
- Respectful integration of traditional practices and ancestral knowledge increases service uptake and strengthens community trust in health systems.
- Empathy-driven, humanized care, is a catalyst for systemic and social change.
- Field-based evidence generation is a powerful advocacy tool for influencing policy and shifting institutional norms.
- Partnerships with civil society, youth networks, and grassroots organizations amplify impact and foster locally owned, sustainable change.
- A strong regional governance model with coordinated leadership and systematic monitoring is foundational to efficient, harmonized implementation.
- Combining capacity-building with institutional ownership enables health authorities to internalize and mainstream intercultural and rights-based approaches.

Good Practices

- Participatory design — involving local authorities, Indigenous organizations, and youth networks— fostered territorial ownership and social legitimacy.
- Capacity building is most effective when it is transformative, context-grounded, and embedded.
- The application of the Knowledge Dialogues methodology strengthened context and culturally adapted interventions.
- Awareness-raising initiatives strengthened women's and adolescents' autonomy, informed decision-making, and exercise of sexual and reproductive rights.

- Strong governance, intersectoral coordination, and technical innovation advanced Project results



Recommendations

Seven recommendations addressing each evaluation criteria were developed to inform future programming by PAHO and its partners.

Relevance

1. Promote the integration and institutionalization of community-based, gender-responsive, and intersectional approaches by applying regular assessments of the needs and priorities of target populations, the use of culturally appropriate tools and methodologies, and the adaptability of intervention design to local and territorial contexts.

Effectiveness

2. Enhance installed capacities in terms of digital health initiatives, including training of trainers and leveraging existing social networks, to ensure that health services and messages reach rural and remote communities in a sustained and culturally relevant manner.
3. Continue to support the institutionalization of national policies and programs aimed at reducing maternal and neonatal mortality and advancing sexual and reproductive health in the countries of intervention, including promoting that these strategies are fully integrated into national monitoring and accountability frameworks, enabling the systematic use of data for both programmatic improvement and evidence-based policymaking.
4. Reinforce and expand strategies for information, awareness, and community mobilization to transform social norms, attitudes, and practices, particularly among target groups, including expanding to populations not originally considered by the Project, such as women with disabilities.

Efficiency

5. Strengthen management and coordination mechanisms to support workforce planning, address territorial gaps, streamline monitoring and reporting tools, reinforcing results-based management, strengthening systematic data disaggregation, and embedding user-friendly digital solutions to reduce fragmentation and duplication, and improve timeliness of decision-making.

Sustainability

6. Develop a transition plan that gradually transfers technical and operational responsibility to various levels of the health system, ensuring continuity after the end of external financing.
7. Strengthen multi-actor advocacy strategies that bring together women's and adolescent groups, community organizations, local governments, donors, and academic institutions to advance IHWAG's initiatives. By consolidating these diverse platforms into a coordinated regional advocacy architecture—rooted in interculturality, gender equality, intersectionality, and community leadership- PAHO can help ensure continuity of political commitment, visibility of marginalized groups, and long-term integration of IHWAG's tools, methodologies, and approaches into national and territorial health agendas after external financing ends.