



External Evaluation Report Highlights

Improved Health of Women and Adolescent Girls in Situations of Vulnerability (IHWAG) Project

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

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. It 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.



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Effectiveness: The Project demonstrated positive overall performance, achieving the targets for 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.

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. 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.

Methodology

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.



Recommendations

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 ensuring 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, and extend outreach to populations not originally considered by the Project, such as women with disabilities.

Efficiency

5. Reinforce results-based management, strengthen systematic data disaggregation; and embed user-friendly digital solutions that strengthen monitoring and reporting tools and other management mechanisms to avoid 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 coordinated advocacy by uniting diverse stakeholders — women, community groups, governments, donors, and academia — into a regional framework grounded in equity and inclusion. This approach helps sustain political commitment, elevate marginalized voices, and ensure the long-term integration of IHWAG's work into health systems beyond external funding.