

FINAL
EVALUATION

MON/005

Cardiovascular Center Maternal and Child
Health and e-health Expansion

PROJECT SUMMARY DATA

Country	Mongolia
Long project title	Cardiovascular Center Maternal and Child Health and e-health Expansion
Short project title	Telemedicine – Phase III
LuxDev Code	MON/005
Version of the Report	August 2016

RATING OF THE PROJECT BY THE EVALUATION MISSION

Global rating (Effectiveness)	1 On a scale of 1 (excellent results, significantly better than expected) to 6 (the project was unsuccessful, or the situation has deteriorated on balance)
Rating using other evaluation criteria	Relevance: 1 Efficiency: 2 Sustainability: 2

EXECUTIVE SUMMARY

The Final Evaluation of the project MON/005 (2012 - 2016) took place in June 2016. It was conducted by Dr. Giovanni Cascone (Team Leader), Mrs. Fatima Sanz de Leon (expert e-Health) and Dr. Vasco de Gama Ribeiro (expert in cardiology).

The mission has been briefed by Mrs. Christine Omes (head of evaluation at LuxDev) and Mrs. Dzeneta Ramic (Geographical Advisor at LuxDev). The Final Evaluation mission was also joined by Mr. Robert de Waha (deputy general director of LuxDev) who also participated to the final debriefing in Oulan Bator .

The evaluation's objective was to analyse the objectives and the results achieved by the project and assess its relevance/effectiveness/efficiency/sustainability. The mission has applied a participatory approach and it has utilised several complementary tools for gathering relevant information (documents and literature review, interviews with a large range of stakeholders/partners involved, focus group with beneficiaries, and visits to a sample of health care facilities supported by the project, questionnaires dispatched to beneficiaries' country wide).

Preliminary findings were discussed with the project team and presented to a debriefing meeting with all relevant stakeholders (28/06/2016) in Oulan Bator .

Project description:

The project MON/005 is an expansion to the whole country of the support provided by LuxDev (through telemedicine projects MON/002 and MON/003) in some pilot provinces and the multilateral Telemedicine support for maternal and newborn health project implemented by the United Nations Population Fund). Through MON/005, support provided to the cardiovascular area and to the Maternal and Child Health area has been merged into a single operation covering the 21 provinces and 9 urban districts of the country and thus the whole population of Mongolia.

The project's **overall objective** is "to contribute to a better health of the population of Mongolia" through decreasing the case/fatality rate of cardiovascular diseases and lowering the rate of both maternal and neonatal death.

Its **specific objective** is to "Improve the health services in the areas of cardiovascular diseases and maternal & child health in line with the Health Sector Strategic Master Plan 2006 – 2015.

Results and achievements:

The Final Evaluation mission has assessed that the project has definitely achieved its specific objective. It has made a great difference in terms of increased availability and better access to quality health care services in the CardioVascular Diseases and Maternal and Child Health areas. This assessment is based upon the observation of the concrete and tangible achievements under each of the project's four Results:

- **Result 1** (Implementation of the e-Health strategy is enhanced): Two functional and dynamic telemedicine networks covering the 21 provinces have been established (one in the cardiovascular area and one in the Maternal and Child Health area). The project has been a pioneer in the field of telemedicine and it has eventually established two telemedicine platforms that are fully functional and properly used by large groups of health professional's located country wide. The two platforms have been instrumental to capacity building of health staff, which is leading to significant improvements of the quality of care both areas, CardioVascular Diseases and Maternal and Child Health;
- **Result 2** (Cardiac surgery at Shastin hospital is available to one patient a day 250 days): Two fully furnished theaters have been made operational by the project. The skills of different categories of staffs working in the cardiac surgery department have been significantly improved through training activities and direct technical assistance provided by *Institut National de Chirurgie Cardiaque et de Cardiologie Interventionnelle*, Luxembourg. Through this partnership, a clear vision about the development and organisation of the cardiac surgery department has been adopted. The activities under this Result had a clear impact on increasing number of intervention and decreasing mortality rate;

- **Result 3** (Cardiovascular diseases case management capabilities are available to all population): Capacities in the cardiovascular area has increased dramatically and it is now available in all the provinces and districts. Through the use of the telemedicine tool a wide range of capacity building activities have been implemented with excellent participation; by consequence the management of the patients has been considerably improved leading to substantial gains in terms of availability, quality, access to care and decreasing of unnecessary referrals to Oulan Bator
- **Result 4** (Access to quality Maternal and Child Health/ Reproductive Health and newborn health care is improved and expanded): Early detection of pregnancy complications at provincial level has improved through the strengthening of the capacity of the provincial maternity services by the establishment quality diagnostic facilities and the tele-consultation network. New procedures in gynaecology have been made available and the capacity of the maternity and neonatal departments has significantly improved both at provincial and national levels. Furthermore the project has introduced at National Center for Maternal and Child Health, new quality prenatal diagnostic procedures.

Evaluation assessment and scores:

The **relevance** of the project is rated 1: (a) the project addresses two major public health priorities in Mongolia, through a consistent and appropriate approach; (b) the improved access to health care services provided by the project is an important contribution to the reduction of poverty; (c) the support provided is aligned with the national policy /strategy framework and it has contributed to develop it (d) the project complements the support provided by other development partners.

The **effectiveness** of the project is rated 1: (a) the excellent capacity building strategy of the project has made a tangible difference in terms of availability and access to quality health care services; (b) results in the area of telemedicine represent a pioneering experience, which is well recognised and is inspiring other relevant initiatives; (c) the achievements to date are largely appreciated and they have developed an high degree of local ownership (especially for the cardiology component); (d) the gender dimension is central to the project. The few limitations identified during Mid-Term Evaluation were addressed during the second part of the project implementation.

The **efficiency** of the project is rated 2: (a) the means provided by the project look adequate, also both contributions, the United Nations Population Fund and the Mongolian, were properly provided; (b) the ratio management/activities costs appears to be relatively high due to the complexity of the project (namely the dual management structure); (c) the managerial structure of the project, namely the Cardio-Vascular Diseases component (Results 1, 2, and 3) has changed four times during implementation thus generating delays not guaranteeing an effective coordination of the two components; (d) the leading role of the Steering Committee has been weak; despite difficulties, thanks to project team dedication, the disbursement rate of the project is expected to be very high (above 95%).

The **sustainability** of the project is rated 2: (a) the main asset for technical sustainability is represented by a core team of local staff (especially in cardiology area) that has the full ownership and capacity to run most of relevant technical activities; (b) relevant progresses were made towards financial sustainability by the new health insurance law, among others the establishment of 75% reimbursement for high cost cardiac interventions (the new package covers also chronic diseases and Maternal and Child Health); (c) some other relevant financial commitments were recently made by Government of Mongolia towards health sector, which increases its credibility. Concerns for technical sustainability remain in the area of cardio-surgery while, more in general; there may be concerns over political and institutional instability that may affect decisions relevant to the health sector.

Crosscutting aspects have been appropriately taken into account by the project. The contribution to the e-Health strategy through the development of telemedicine is a great opportunity to enhance the participation of different groups of beneficiaries into transparent and participative decision-making processes. The approach adopted by the project is gender sensitive and its outcomes should effectively contribute to enforcing the Law on Promotion of Gender Equality adopted in 2011. Climate change and environment are not directly relevant to this project.

Lessons learned:

The main lessons learned can be summarised as follows:

- The capacity building strategy is the key of the success of the project: the establishment of a dedicated team of cardiologists country wide is the main asset of the project;
- The development of a comprehensive national response to Cardio-Vascular Diseases, including the establishment of National Cardiac Center, is a crucial contribution of the project;
- The project has contributed in identifying national priorities to reduce maternal and newborn death and in developing the National Reproductive Health Program;
- Telemedicine is a sensible and effective tool contributing to improve access to priority health care services in the context of Mongolia;
- The linkage of telemedicine systems (namely MnCardio and MnObs) with the future Health Information System and Hospital Management Information System requires a joint vision and clear leadership from Ministry of Health and Sport
- The implementation of such a complex and ambitious project requires a well-coordinated combination of management, technical and strategy capacities (a two-parallel-project management-structure is not an ideal model in this respect);
- The sustainability and long term impact of the outcomes of the project rely on the counterparts' will to take over and on the capacity of the Government to wisely increase the level of public spending in the health sector and developing human resources.

Recommendations:

Main recommendations requiring action in the short term:

- Define and implement handing over procedures for all project activities while ensuring their sustainability;
- Pro-actively liaise with China and World Bank projects in order to ensure the interfacing of MnCardio and MnObs with the new architecture of the Health Information System and Hospital Management Information System;
- Finalise the creation of the MnObs as a “clone” of MnCardio;
- Finalise the revision of monitoring tools (new indicators) by having the approval of the Steering Committee;
- Realise as soon as possible the feasibility study for the National Cardiac Center at Shastin Hospital;
- Review monitoring process and tools (including revision of logical framework);
- Advocate for a greater involvement of the counterparts (hospitals, local governments and Ministry of Health) to ensure the effective maintenance of equipment.

Main recommendations for the future:

To Ministry of Health and Sport

- Commitment towards free access to expensive cardiological and cardio-surgical therapies for the poorest segments of population;
- Full scale implementation of prevention strategy for CardioVascular Diseases under the responsibility of National Cardiac Center;
- Actively work on creating the conditions and mobilising the resources (domestic and/or external) for the development of the National Heart Center;
- Support the international exposure of CardioVascular Diseases and Maternal and Child Health staff by investing resources in teaching English language;
- Completing the supplying of vital medicine and equipment in all provincial and district hospitals for CardioVascular Diseases;

- Strengthening the leadership role in the implementation of national e-health strategy and supporting, within this framework, integration/interfaces and “cloning” of MnCardio;
- Increased commitment in providing adequate maintenance services for sophisticated equipment.

To LuxDev

- Continue supporting the full scale implementation of a comprehensive strategy against CardioVascular Diseases including prevention, diagnosis and therapy, this may include support to the implementation of prevention strategy, developing intra-province networking and training, strengthening of diagnostic facilities in the 9 districts of Oulan Bator and major focus on continuous support to the cardio-surgery activities. This is under the assumption that whole intervention will be under the direction of the National Cardiac Center, which will be also in need of support for its establishment;
- Support the implementation of e-health strategy, namely through (i) the consolidation of MnCardio and MnObs, (ii) their integration into the global Health Information System and Hospital Management Information System; (iii) the offer for further duplication (cloning) of MnCardio; (iv) the support to the establishment of a legal framework for e-Health;
- Support the consolidation of some of the most relevant interventions undertaken in the field of Maternal and Child Health while considering the opportunity of implementing them under a new multilateral agreement with United Nations Population Fund.