

MID-TERM EVALUATION

MON/005

Cardiovascular Centre MCH and e-health
Expansion

PROJECT SUMMARY DATA

Country	Mongolia
Long project title	Cardiovascular Centre MCH and e-health Expansion
Short project title	Telemedicine Phase III
LuxDev Code	MON/005
Version of the Report	December 2014

RATING OF THE PROJECT BY THE EVALUATION MISSION

Global rating (Effectiveness)	2 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: 2 Efficiency: 3 Sustainability: 4

EXECUTIVE SUMMARY

The Mid-Term Evaluation of the project MON/005 (2012 - 2016) took place from 21 September to 8 October 2014. It was conducted by Dr Olivier Weil; an expert in cardiology was supposed to be part of the Mid-Term Evaluation team but an unforeseen health problem precluded him to join the mission. The Geographical Advisor from LuxDev visited Mongolia during the Mid-Term Evaluation; she participated in the field visits and took part in several meetings with the counterpart and implementing partners.

The evaluation's objective was to review the results achieved to date as well as the implementations modalities, analyse the performance of the project against the key evaluation criteria, and establish lessons learned and recommendations. The mission adopted a participatory approach and used several complementary sources of information (documents and literature evaluation, 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). Preliminary findings of the mission were presented and discussed with the project team. A briefing meeting was held in Luxembourg prior to the mission, and a debriefing meeting took place on the 30 October 2014.

Project description:

The project MON/005 is an expansion of previous telemedicine interventions funded by Luxembourg in the health sector in Mongolia (MON/002, MON/003 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 & 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. The **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:

By making a big difference in terms of increased availability and better access to quality health care services in the cardiovascular and Maternal & Child Health areas, the project has already achieved significant results and made substantial progress toward the achievement of the specific objective. This positive assessment relates to concrete and tangible achievements observed at the time of the Mid-Term Evaluation 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 & Child Health area). This is the first time in Mongolia telemedicine platforms are fully functional and properly used large groups of health professionals located across the country. These telemedicine systems are leading to significant improvements of the quality of care in two areas of major public health importance.
- **Result 2** (Cardiac surgery at Shastin hospital is available to one patient a day 250 days): 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 the *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, and substantial improvement of the working conditions can already be observed (in terms of infrastructures and equipment). However, the two operating theatres are still in the process of been renovated, delaying the expected increase of activity in this department.

- **Result 3** (Cardiovascular diseases case management capabilities are available to all population): Progresses observed at the time of the Mid-Term Evaluation are significant steps toward the achievement of this Result. Capacities in the cardiovascular area are now available in all the provinces and districts and, through the telemedicine network and a wide range of capacity building activities, the management of the patients has been considerably improved leading to substantial gains in terms of availability, quality and access of health care.
- **Result 4** (Access to quality Maternal and Child Health /Reproductive Health and new born 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 and the establishment of the telemedicine network. New procedures in gynaecology have been made available and the capacity of the maternity and neonatal departments was significantly improved both at provincial and National Centre for Maternal and Child Health levels. In the National Centre for Maternal and Child Health, the introduction of the maternal & foetal medicine programme allowed led to the introduction of quality prenatal diagnostic procedures.

Evaluation assessment and scores:

The **relevance** of the project is rated 2 because: (i) the project addresses two major public health priorities in Mongolia, through a coherent and context-appropriate approach; (ii) it includes a poverty reduction dimension (through an improved access to health care services and drop in the number of references to the capital); (iii) the support provided is aligned with the national policy /strategy framework and (iv) nicely complements support provided by other donors or development partners.

The **effectiveness** of the project is rated 2 as well as: (i) results in the area of telemedicine are pioneering and potentially inspiring for other initiatives; (ii) achievements to date already make a tangible difference in terms of availability and access to quality health care services; (iii) the results are largely acknowledged, appreciated and valued by all stakeholders and partners involved; and (iv) the gender dimension is central in the project. A few limitations and potential risks (linked to the poor performance of the health system and to problems related to the choice of materials and/or the procurement process) are been identified though.

The **efficiency** of the project is rated 3 as, although the means provided by the project look adequate and both the local contribution and the United Nations Population Fund are being properly provided, the ratio management/activities costs appears to be relatively high. This is mainly due to the nature of the project (complex, large range of activities, and important capacity building dimension) but also to the dual management structure of the project and to the size of the project teams whose composition reflects the diversity of the activities to be implemented.

The **sustainability** of the project is rated 4 only as: (i) the technical sustainability might be under threat due to turn-over among health staffs, retention issues, and the insufficient level of resources in the hospitals to maintain the activity; (ii) the institutional and political sustainability is somehow uncertain due to the lack of vision / strategy in several of the areas covered by the project; and (iii) the financial sustainability is clearly a concern due to the low level of resources invested in the health sector by the Mongolian Government and the breaches in the health care financing system.

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:

Based on the observations made during the Mid-Term Evaluation, several lessons learned have been identified and discussed with the project team and counterparts:

- Telemedicine is a sensible and effective way to improve access to priority health care services in the context of Mongolia.
- The linkage of telemedicine systems with health information system and hospital management and information system requires a joint vision and support from the Ministry of Health and donors supporting the sector.

- Despite increased skills and capacity in the targeted hospitals, the overall performance of the health system remains a limitation in terms of availability, quality, access and sustainability of the health care services developed and/or reinforced through the project.
- 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 increase the level of public spending in the health sector and to expand the health insurance coverage.

Recommendations:

Main recommendations requiring action in the short term:

- Re-establish Technical Coordination Committee; make sure the Steering Committee meets every year and the International Project Adviser meets with National Project Coordinator Maternal and Child Health / United Nations Population Fund at each visit; conduct a joint supervision LuxDev / United Nations Population Fund in 2015 and in 2016.
- Advocate/maintain pressure on the counterparts to create the right conditions for the proper functioning, maintenance and the sustainability of the services supported by the project.
- Specific roles and collaborations between Shastin hospital and the National Centre for Maternal and Child Health in the areas of pediatric cardiology and cardio-surgery are being clarified by the Ministry of Health who should let the two institutions know about a long-term plan for capacity building. In this area, further strengthening of highly-specialised human capacity for pediatric cardiology and joint efforts by the two institutions are essential.
- Pro-actively liaise with Chinese and World Bank projects to ensure the telemedicine platforms established under the project are taken into account by the Ministry of Health and its partners for the development of the e-health architecture
- Facilitate the transition of the Maternal and Child Health telemedicine network to the same software as MnCardio.
- Procure the second batch of cardiac surgery equipment and ensure more regular external support to cardiac surgery department through the involvement of additional regional and international partners under the coordination of the *Institut National de Chirurgie Cardiaque et de Cardiologie Interventionnelle*.
- Design and implement in an urban district a pilot for the expansion of the cardiovascular network to primary level facilities.
- Mobilize international / regional technical advisor to strengthen the capacity of the project teams in the area of data collection, management and analysis; review monitoring process and tools (including revision of logical framework)
- Provide a budget extension to United Nations Population Fund of approximately 800 000 EUR for: (i) priority missing equipment; (ii) additional funds for training activities; and (iii) transition of Campus-Medicus to MnCardio system including training of users.
- Put more emphasis on the development of non-medical capacities, including the strengthening of nursery and midwifery skills (to improve the quality of cardiovascular and obstetric care at provincial level); support the strengthening of capacity and skills in information technology and biomedical engineering; and consolidate capacity to provide essential neonatal care with a focus on the 'new' provinces.

Main recommendations for the future:

- At the end of MON/005, the telemedicine networks should be solidly established and thus a continuation of the same activities in a next Phase of the project is not needed. Cardiac surgery will require more support though (for at least five additional years). In addition, a future operation could usefully include a support to the newly established National Heart Centre especially in the areas such as prevention, health promotion and public health. A support to the National Centre for Maternal and Child Health in specific areas related to its activities as a reference centre could also be considered.

- Expand the telemedicine networks beyond the provincial/district level using the outcomes and lessons learned from the pilot to be conducted under the cardiovascular component.
- Increase the efforts made in terms of health system strengthening; increase the level of public spending in the health sector and make sure the additional resources are allocated to public health priorities; accelerate the implementation of the health insurance and seriously consider the inclusion of high cost procedures (such as cardiac surgery, interventional cardiology and infertility) in the benefit package.
- Actively work on creating the conditions and mobilizing the resources (domestic and/or external) for the development of the National Heart Centre.