

Mongolia - Health

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Overview

Identification

COUNTRY

Mongolia

EVALUATION TITLE

Health

EVALUATION TYPE

Independent Performance Evaluation

ID NUMBER

DDI-MCC-MNG-IE-HEALTH-2014-v01

Version

VERSION DESCRIPTION

Not applicable to this evaluation; no quantitative data to be shared

Overview

ABSTRACT

To comprehensively evaluate the MCA Mongolia Health Project, the Independent Evaluator compared various survey data, reviewed project documents, and conducted interviews with project stakeholders.

The evaluator reached the following conclusions (more can be found in Chapter 11 of the full report):

1. The Health Project has delivered a major contribution to Mongolia. Its courageous design that favored primary care and adopted a very population oriented approach - in contrast to a health system and hospitals first approach - has meant that the project had and still has ramifications in the most far away soums and khoroots.
2. Strategies and activities of the Health Project were comprehensive and well chosen, some of them can be considered as good practice, see below. The expected impact of the NCDI strategies on the health of the population is long-term; effects of the Health Project on the Health System are short- and mid-term.
3. The Health Project has implemented all the activities of the amended Compact, and more than that. In spite of serious obstacles, most activities were well planned and implemented. Exception to be made for the planning of the Stroke and AMI Units.
4. The Health Project has strengthened the health system rather than weakened it, although there are areas for improvement.
5. Beyond NCDIs, the Health Project has strengthened a culture of quality and thoroughness of planning and analysis in the Health System. It also has stimulated a culture of efficiency and accountability in the health sector.
6. The period of actual implementation of the Health Project was between 24 and 30 months. This is far too short for a complex program that is so deeply embedded in the health system. Many components of the Health Project are half-finished, like training and the establishment of smooth running screening programs.

In terms of sustainability, the Health Project missed a few opportunities, like leaving behind a costing plan for further investment and activities on NCDI's and a repository of relevant documents. Bits and pieces have been left behind but no complete repository.

EVALUATION METHODOLOGY

Ex-Post

TOPICS

Topic	Vocabulary	URI
Health	MCC Sector	
Gender		

Producers and Sponsors

PRIMARY INVESTIGATOR(S)

Name	Affiliation
Pim de Graaf	Independent Evaluator

FUNDING

Name	Abbreviation	Role
Millennium Challenge Corporation	MCC	

Metadata Production

METADATA PRODUCED BY

Name	Abbreviation	Affiliation	Role
Millennium Challenge Corporation	MCC		Review of Metadata

DATE OF METADATA PRODUCTION

2014-05

DDI DOCUMENT VERSION

Version 1 (May 2014)

DDI DOCUMENT ID

DDI-MCC-MNG-IE-HEALTH-2014-v01

MCC Compact and Program

COMPACT OR THRESHOLD

Mongolia Compact

PROGRAM

The MCC compact with Mongolia was a five-year investment (2007-2013) of \$285 million in five projects: (i) the Energy and Environment Project, (ii) the Health Project, (iii) the North-South Road Project, (iv) the Property Rights Project, and (v) the Vocational Education Project. On April 27, 2009, the Government of Mongolia notified MCC that it intended to withdraw the rail project from the Compact. In January 2010, approximately \$188 million from the rail project was reallocated for the expansion of the Health, Property Rights, and Vocational Education projects, and the addition of the new North-South Road and Energy and Environment projects. This reallocation led to the Health project budget increasing from \$17 to \$39 million. The Health Project included three components: strengthening the national capacity for the development and implementation of Non Communicable Diseases and Injuries (NCDI) policy and practice, strengthening of health care delivery, and stimulating the population for lifestyle change. The project sought to strengthen the national program for prevention, early diagnosis, and management on NCDI. The Health Project investments comprised of 15% of the total Compact investment. The \$42.0 million allocated to the Health Project is the subject of both the results described here and an independent performance evaluation conducted by the Independent Evaluator and released by MCC in June 2014.

MCC SECTOR

Health (Health)

PROGRAM LOGIC

Mongolia's weak institutions, including the health system, were identified as significant constraints to economic growth and development, particularly given the pressures of the country's abrupt transition to a market economy, the collapse of financial support from Russia, and the rapid urbanization of what traditionally has been a highly dispersed rural herding society. The Compact sought to release the potential of certain critical interlocking human, institutional, and physical resources central to Mongolia's efforts to broaden and deepen economic development. Within the Compact, the Health

Project aimed to increase the adoption of behaviors that reduce NCDs among target populations and improve medical treatment and control of NCDs. The project sought to address the incidence of NCDs with the goal of increasing productivity and incomes. After the Rail Project was cancelled in 2009, the Health Project was expanded in scope. The 2010 amendment expanded the project target population, added an additional intervention of HPV vaccination, and expanded the heart disease and stroke prevention and control programs. The overall expected result of these changes was an increase in productive years due to reduced incidence of NCDI and savings due to earlier identification of NCDI and thus a reduction in cost of treatment. According to the M&E Plan, there were several key assumptions underlying the program logic during the design of the investment: - Improved system for NCDI prevention will help hospitals and medical centers to detect and treat NCDI effectively. - Adoption of healthy lifestyles and preventive measures to avoid NCDI causes will reduce incidence and extend healthy life expectancy of the labor force. - Improvement on NCDI early detection activity will reduce the NCDI treatment cost and increase recovery rate. - The Government of Mongolia will continue funding the maintenance of key equipment and infrastructure as well as staffing and training of required health professionals.

Sampling

No content available

Questionnaires

No content available

Data Collection

Data Collection Dates

Start	End	Cycle
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Data Processing

No content available

Data Appraisal

No content available