

TECHNICAL ASSISTANCE COMPLETION REPORT

Division: ECSS

TA No. and Name: 2907-MON: Support for Decentralized Health Services		Amount Approved: \$600,000	
		Revised Amount: n/a	
Executing Agency: Ministry of Health and Social Protection	Source of Funding: JSF	TA Amount Undisbursed \$36,861	TA Amount Utilized \$563,139
Date		Completion Date	
Approval 4 Nov 1997	Signing 20 Nov 1997	Original 4 Nov 2001	Actual 30 Jun 2003
Fielding of Consultants 18 Jun 2001		Closing Date	
		Original 30 Nov 2001	Actual 20 Sep 2004
Description			
<p>Under the Government of Mongolia's decentralization policy, local governments are responsible for delivering social services, including health services. They determine funding priorities and decide what activities to support. However, rapid transfer of many tasks, duties, and responsibilities to local governments without correspondingly strengthening their capacity reduces efficiency and risks impairing the positive impacts of decentralization. Another risk is that local government's priorities and operations may not match the policies of the Ministry of Health and Social Welfare (MOHSW). Health sector reforms initiated by the MOHSW with support of Loans 1568/69-MON for the Health Sector Development Program (HSDP) include primary health care (PHC) strengthening, establishment of family group practices, new provider payment introductions, health referral networks, rationalization of health facilities, and private sector involvement in health care provision. These policy reforms affect health services nationwide. The success of the reforms depends on the understanding, support, and absorptive and technical capacity of local governments to implement the reforms. Accordingly, the technical assistance (TA) associated with the HSDP was approved by the Asian Development Bank to strengthen local governments' capacities and support the successful implementation of the HSDP.</p>			
Objectives and Scope			
<p>The objectives of the TA were to (i) strengthen the local governments' capacity to plan and manage local health services, (ii) identify issues and develop coordination mechanisms between local governments and MOHSW, and (iii) assist local governments in planning and implementing health sector reforms. The TA, which was implemented nationwide, was intended to develop procedures and guidelines for health services planning, financing, management, and evaluation; and organize training courses. The TA design was relevant in responding to the needs of the sector and supporting the reforms being initiated under the HSDP.</p>			
Evaluation of Inputs			
<p>The TA started after reforms were implemented under the HSDP. This delay was necessary, as capacity building was required to reflect the reforms. The TA was implemented by the project implementation unit (PIU) of the HSDP with the support of consultants. The arrangement aimed to strengthen the linkage between the TA and the HSDP. The PIU effectively provided administrative support and orientation for the consultants and created an enabling working environment. The PIU also helped the consultants maintain close communication and cooperation with key stakeholders. The TA provided 16 person-months of international and 28 person-months of domestic consulting services mainly in three thematic teams: (i) health services management, (ii) health services financing, and (iii) community mobilization. The terms of reference (TOR) for the TA covered: (i) capacity building, (ii) enhancement of coordination mechanisms, and (iii) implementation and evaluation of the broad reform program. The TOR were well formulated and consultants delivered their services satisfactorily in line with the established TOR. The consultants were technically well qualified and followed a systematic approach. The TA targeted areas required to improve the functioning of local governments and ultimately improve health services planning and delivery.</p>			
<p>MOHSW was the Executing Agency. It set the directions of the TA work clearly to the consultants, provided counterpart support without delay, and engaged intensively in policy dialogue with them. MOHSW's performance was satisfactory. ADB was involved in technical and policy discussions and carried out necessary monitoring and supervisory visits. ADB's performance was satisfactory in facilitating TA implementation and ensuring the technical quality of the outputs.</p>			

Evaluation of Outputs

The TA (i) assessed organizational and managerial procedures practiced in Mongolia's health sector, (ii) assessed staff capacity and performance, (iii) identified needs for procedural changes, (iv) identified training needs to improve local government's function, (v) assessed barriers in aligning priorities and operations of local governments with MOHSW's policies, (vi) proposed a procedural framework for effective operations and a link between policies and actions, (vii) proposed training scope and modalities to respond effectively to identified needs, (viii) produced guidelines and reference, and (ix) conducted training courses. The TA organized 35 workshops for a variety of target groups and trained a total of 1,089 persons. Training built the staff capacity in the following technical areas that are key in implementing local government's tasks: (i) clinical pathways, (ii) methods and issues of health financing, (iii) single purchaser model, (iv) quality cycle, (v) hospital management, (vi) ongoing needs assessment, (vii) methodologies and principles of health planning, (viii) quality improvement methods, (ix) quality management in the organization, (x) importance of data and systematic approaches, (xi) health management information system, (xii) staff management, and (xiii) coordination. Community mobilization and participation were also covered. These outputs directly supported the achievement of the TA objectives.

The following materials were developed during the TA: (i) project inception report, (ii) health workforce planning guidelines; (iii) planning guidelines for the health sector, (iv) health sector management guidelines: an information guide and reference manual; (v) health human resources manual; (vi) workshop notes, exercises, and background papers; (vii) report on training needs assessment; and (viii) background papers on case mix, product costing, clinical pathways, and health insurance. All materials were translated into Mongolian and a complete set of documents was compiled and made available to local governments and the aid community.

The TA financed participatory workshops, short-term in-country and overseas training courses, and supervisory visits and on-site training at the provincial level. TA funds were also used for computer equipment and basic software development to help local governments plan, finance, and monitor health services. Originally intended TA activities were completed by early 2002. At the Government's request, the TA also helped MOHSW develop the poverty reduction strategy paper (PRSP) by strengthening local governments' involvement in the process. The task took more than 1 year.

Overall Assessment and Rating

The TA is rated as highly successful. It provided adequate and timely support to the HSDP and the health sector in reform planning and implementation. The TA's outputs are of a high technical standard and user-friendly for MOHSW, local governments, and aid agencies to build on in their training activities. Evaluation of the TA activities has indicated that the approach taken, materials produced, and the training provided were well received across the Mongolian health sector and by the aid community. The TA established a platform to guide future training frameworks and skills development and transfer in the health sector. The TA achieved significant concrete results in (i) assessing the organizational processes prevalent in Mongolian agencies and structures; and (ii) preparing Mongolia-specific guides and references that can be used in future training and refined by users at the local and operational levels.

Major Lessons Learned

The TA started with a thorough analysis of existing organizational and managerial procedures and staff capacity. Subsequently, it revised procedural frameworks, developed guidelines, and designed training modules. This systematic approach proved useful and effective in solving actual problems of Mongolia's health sector. The TA needs assessment was done through an intensive participatory process. This allowed stakeholders at both national and local levels to share in recognizing problems and areas for improvement and to discuss solutions together. The TA highlighted the importance of strong preparatory work before actual provision of training.

Recommendations and Follow-up Actions

The TA provided a good technical basis for capacity building in the health sector. Loan 1998-MON for the Second Health Sector Development Project is training staff using materials prepared under the TA. It is recommended that MOHSW continue to share the TA outputs widely with existing and potential sources of assistance, and intensify training activities under the established approach.