

FINAL REPORT OF EX-POST EVALUATION

MATERNAL AND CHILD HEALTH PROJECT IMPLEMENTED BY JICA

JICA LIBRARY



1182449 [7]

March 2006

JICA Mongolia Office

M G O

J R

06-03



For a better tomorrow for all.
Japan International Cooperation Agency

FINAL REPORT OF EX-POST EVALUATION

MATERNAL AND CHILD HEALTH PROJECT
IMPLEMENTED BY JICA

March 2006

JICA Mongolia Office



1182449 [7]

Table of contents

Abbreviations

Summary (Japanese)

Summary (English)

Comments by UNICEF

Evaluation Report

I. OUTLINE OF THE EX-POST EVALUATION	1
1.1. Preface	
1.2 Objective of evaluation	
1.3 Evaluation team and period	
1.4 Methodology of evaluation	
II. SUMMARY OF THE PROJECT	2
III. EVALUATION	3
3.1 EVALUATION OF IDD ELIMINATION PROJECT	
3.1.1 Impact of the IDD Elimination project	
3.1.2 Sustainability of the IDD Elimination project	
3.1.3 Conclusion for IDD Elimination project	
3.2 EVALUATION OF EPI PROJECT	9
3.2.1 Impact of the EPI project	
3.2.2 Sustainability of the EPI project	
3.2.3 Conclusion for EPI project	
IV. COLLABORATION OF INTERNATIONAL AND BILATERAL ORGANIZATIONS	12
V. RECOMMENDATIONS AND LESSONS LEARNED	13
VI. ATTACHMENTS	14

Abbreviations

AHD	Aimag Health Department
FGP	Family group practice
IEC	Information Education Counsel
JICA	Japanese International Cooperation Agency
MOFA	Ministry of Food and Agriculture
MOH	Ministry of Health
MPHPA	Mongolian Association of Public Health Professionals
NCCD	National Center for Communicable Diseases
PHI	Public Health Institute
SSIA	State Specialize Inspection Association
UNICEF	United Nation's Children's Fund
WHO	World Health Organization

事後評価調査結果要約表

評価実施部署：モンゴル事務所

1. 案件の概要	
国名：モンゴル	案件名：モンゴル国母と子の健康プロジェクト
分野：基礎保健	協力形態：プロジェクト方式技術協力 (現：技術協力プロジェクト)
所轄部署： 人間開発部 第4グループ 母子保健チーム	協力金額：－
協力期間 1997年10月1日～ 2002年9月30日	先方関係機関：保健省、国立感染症センター
	日本側協力機関：千葉県健康福祉部、千葉県血清研究 東邦大学、国際医療福祉大学
他の関連協力：特別医療機材供与（JICA）	
1-1 協力の背景と概要	
<p>モンゴルにおいては、1960年代初頭より予防接種拡大計画（EPI）が開始され、現在まで国際機関等の援助によるワクチンの調達で高い接種率を確保しており、今後はワクチンの確保を含め、EPIの自立運営に向けての支援が必要となっている。一方、同国におけるヨード欠乏症（IDD）は深刻な健康問題であり、1992年の保健省/国際連合児童基金（UNICEF）の全国甲状腺腫調査によると、首都ウランバートルの学童及び妊娠可能年齢女性におけるIDDによる甲状腺肥大は40%を超えており、またIDDによるものと思われる子供の知能の発達障害や死産も多く見られ、ヨード塩の普及等による対策が急がれている。</p> <p>このような状況の中、同国政府は1990年9月に国際連合が開催した「子供のための世界サミット」に参加、1993年5月には「モンゴルにおける子供の発達のための国内行動計画」を取りまとめ、近年同計画に盛り込まれているEPI及びIDD対策を政府の強い指導の下で積極的に推進している。</p> <p>このような背景から、同国政府は本計画の一環として、特に母と子の健康、プライマリ・ヘルス・ケア（PHC）の観点からIDDを削減し、EPIの自立運営を達成すべく、1996年7月、我が国に対し、IDD対策及びEPIにかかるプロジェクト方式技術協力を要請した。</p>	
1-2 協力内容	
【IDD】	
上位目標：モンゴルの母と子の健康が向上する	
プロジェクト目標：IDDが制圧される	
アウトプット（成果）	
<ul style="list-style-type: none"> ・IDD制圧のためのモニタリングシステムが確立される ・プロジェクトサイトの製塩工場が適正なヨード添加塩を製造する ・国民のヨード添加塩使用の重要性に関する知識・態度と行動（KAP）が増加する 	

投入（プロジェクト終了時）

日本側：

長期専門家派遣	延べ 6 名	機材供与	1.65 億円
短期専門家派遣	延べ 23 名	ローカルコスト負担	0.71 億円
研修員受入	13 名		

相手国側：

カウンターパート配置	延べ 10 名
土地・施設提供	保健省プロジェクト事務所、国立公衆衛生研究所事務所
ローカルコスト負担	約 614 万円

【EPI】

- (1) 上位目標：モンゴルの母と子の健康が向上する
- (2) プロジェクト目標：モンゴル国の EPI 対策疾患の予防システムが強化される
- (3) アウトプット（成果）
 - ・ ソム、バグレレベルでの予防接種率が向上する
 - ・ EPI 対象疾患に関するサーベイランス・システムが向上する
 - ・ 医療従事者の EPI に関する技術が向上する
 - ・ EPI に関するモンゴル国民の意識・知識が向上する
- (4) 投入（プロジェクト終了時）

日本側：IDD を参照

相手国側：

カウンターパート配置	延べ 31 名
土地・施設提供	保健省プロジェクト事務所、国立感染症センター事務所
ローカルコスト負担	約 1 億 5 千万円

2. 評価調査団の概要

調査者	1. 総括：佐々木美穂（JICA モンゴル事務所） 2. 調査企画：G. Enkhjargal（JICA モンゴル事務所） 3. 評価分析：B. Mashbadrakh（Executive director, MPHPA） 4. IDD 分野：Yo. Dungu（Executive director, MPHPA） 5. EPI 分野：I. Bolormaa（Executive director, MPHPA）	
調査期間	2006 年 1 月 16 日 ~ 2006 年 3 月 1 日	評価種類：事後評価

3. 評価結果の概要

3-1. 評価結果の要約

【IDD】

(1) インパクト

要約	インディケータ	結果
計画の目的 IDD 削減	<ul style="list-style-type: none"> ▪ 尿ヨウ素の平均値 >100µ/L ▪ 甲状腺腫の普及度 <10% 	本目的はほぼ達せされている。2004 年に実施された第 3 回栄養補給アンケート調査によると、甲状腺腫の普及度は 1995 年の 29.2% から 13.8% まで減少したが、計画の目標となる <10% にはまだ達

		していない。尿ヨウ素の平均値も同じく、国家アンケート調査 II と III により、98.5µg/l と 96.6µg/l となっているが、計画の目標は>100µg/l である。計画の目的値には達してはいないが、現在値は計画目標値に着実に近づいていることから、プロジェクトは IDD 削減に影響を与えたものと判断する。
アウトプット（成果） 1. IDD 削減計画を管理するモニタリングシステムが設置された	<ul style="list-style-type: none"> ▪ 研究所のデータは日本の関連研究所のデータと 80% 以上に関する ▪ 年間最低 1 度は、IDD に関するデータがアイマクからよせられる 	この成果は完全に達成された。国家 IDD が設置され、PHI (Public Health Institute) の附属機関としてプロジェクト活動を引き継ぎ、実施している。IDD 削減及び塩のヨード化のモニタリングシステムが構築され、定着した。
2. プロジェクトサイトの塩工場は必要条件を満たしたヨード値の塩を生産している	<ul style="list-style-type: none"> ▪ 生産された塩のヨード値は 20-40 ppm である 	この目標は完璧に達成されている。2004 年の保健省と SSIA (State Specialize Inspection Association) の共同調査によれば、卸売・小売市場で売買されている塩はほぼヨード化されており、ヨード値は 27-30 ppm であり、30±5 ppm 以内という基準も満たしている。
3. ヨード入りの塩の利用はプロジェクトサイトでは増加した	<ul style="list-style-type: none"> ▪ 消費者の 90%以上がヨード入りの塩を使用している 	この目標は完全に達成されたとは言い切れない。国家アンケート調査 III によると、ヨード入りの塩を使用している家庭は 74.4%に留まっている。
4. 住民のヨード入りの塩の利用の重要性に関する知識が高められた	<ul style="list-style-type: none"> ▪ 消費者の 95%がヨード入りの塩のことを承知している ▪ 地方自治体は全国及び地域ワークショップに参加している 	この目標は達成されている。2004 年のアンケート調査により 94.1%の住民がヨード塩を承知しているという結果になっている。地方自治体は塩のヨード化及びヨード入り塩の利用を引き続き促進するための活動を実施している。

(2) 自立発展性：IDD 削減計画

政策的側面：

1997 年以来、モンゴル政府は数回の組織改変等を経ているが、IDD 削減にかかる計画・活動は現在も継続されている。2006 年は IDD 国家管理計画の最後の実施年度であり、そのためモンゴル政府は 2006 年の 3 月及び 4 月に開催されるナショナルワークショップにおいて、本計画の将来像を協議することとなっている。ナショナルプログラム実施者は塩生産者協会に今後、変更される見込みであるが、本計画は継続されると思われる。なお、プログラム実施者である塩生産協会は、JICA、UNICEF 及び外務省の共同

イニシアチブにより設置された機関である。

組織的側面：

塩生産協会の設立及び、管理・モニタリング体制がシステム化されたことから、組織的な持続性は保障されている。

財務的側面：

モンゴル政府は、ナショナルプログラムの管理及び調整の持続性を保障するために、外務省に対し 1500 万 Tg と保健省に対し 500 万 Tg を配分しており、IDD 削減及び塩のヨード化活動を財政面から支え、持続発展性を保持している。各アイマグでもプログラムの成功に向け、地方行政は地方予算を利用しサブプログラムを実施している。

【EPI】

(1) インパクト

要約	インディケータ	結果
<p>計画の目的</p> <p>EPI が目的としている病気の予防システムが強化された</p>	<p>1 WHO 地域委員会による証明書</p> <p>1 ポリオ撲滅の国家人証書</p> <p>2 EPI 国家保障データ</p> <p>3 EPI 国家観察データ</p>	<p>1. WHO 地域委員会による証明書は 2001 年に発行された</p> <p>2. EPI ワクチン普及率が上昇した</p> <p>3. 病院研究等を含む EPI 感染の管理が改善し拡大した</p>
<p>アウトプット</p> <p>1. ソム及びバグレベルのワクチン普及率が上昇した</p>	<p>1-1. 過去 5 年の格ワクチンの普及率が 90%以上になった</p> <p>1-2. 普及率調査を実施したソム数</p> <p>1-3. 全国及びアイマグレベルのワークショップの件数</p>	<p>この目標は完璧に達成されている</p> <p>1. 過去 5 年の格ワクチンの普及率が 90%以上になった。1995 年の全国普及率は 89%であったが、2005 年後半の普及率は、BCG 98.7%、OPV 99%、DTP 99%、DTP+HepB+Hiv 99.3%、はしかワクチン 97.5%、Hep B 98.5%となった。6 種類のワクチンの普及率の成長をみると、プロジェクト成果が高いことが理解できる</p> <p>2. 各アイマグ及びソムで普及率調査を積極的に実施した</p> <p>3. 多数のワークショップ、全国ワークショップが 6 件、アイマグレベルのワークショップが 34 件開催された。</p>
<p>2. EPI が対象としている病気監視システムが改善された</p>	<p>2-1. AFP 監視指数</p> <p>2-2. 保険医療関係者向けのワークショップ開催数</p> <p>2-3. 保険医療関係者向けに発行された資料</p>	<p>この目標は完璧に達成されている</p> <p>1. AFP 監視指数は 1997 年には 1.4、2001 年には 1.0 であった</p> <p>2. インディケータ 1-3、結果 3. を参照のこと</p> <p>3. 17 冊のガイドブックが発行された。</p>

<p>3. コールドチェーン、物流システムは改善された</p>	<p>3-1. ワクチンの記録数と実際の在庫数の相違が削減された 3-2. アイマグ及びソムの保存状況 3-3. コールドチェーンのためのワークショップ</p>	<p>この目標は完璧に達成されている</p> <ol style="list-style-type: none"> 2002年5月6日に、各ワクチンに相違がないことが確認され、保健省に承認された。 全ソムの26%には冷凍庫が提供された(1997年には100%)。全ソムの96.3%には発電機が提供された(1997年には41%)。そのため、凍結等の問題がなくなり、保存状況は良好である。 コールドチェーン向けのワークショップは、全国レベルで1回、アイマグレベルでは17回開催された
<p>4. EPI スタッフの技術能力が改善した</p>	<p>4-1. EPI 保険医療関係者向けのトレーニング開催数 4-2. EPI 医療関係者向けのトレーニングの参加者数</p>	<p>この目標は完璧に達成されている(インディケータ1-3、結果3.を参照のこと)。</p>
<p>(2) 持続性: EPI</p> <p>政策的側面:</p> <ul style="list-style-type: none"> モンゴル政府は、EPI に対する重要性をプロジェクト終了後も認識し続けており、ワクチン接種の問題を MDG 及び貧困削減政策等を含め、多数の政策的書類の目標に導入している。 保健省はドナー機関と共に、2010 年までの行動を特定する国家予防接種プログラムの数年計画を作成しており、このプログラムはプロジェクト成果の政策的持続性を確保するものである。 政府は、ワクチンファンドを改善することにより、EPI の自立をめざしている。2010 年までにモンゴル政府は、EPI に関して完全に独立し、ワクチンの需要を独自で満たすため努力している。 <p>組織的側面:</p> <ul style="list-style-type: none"> 保健省とドナー機関、特に JICA と UNICEF との関係は完璧であった。アイデアを交換、業務を分担し、計画に齟齬が生じた部分については支えあい、積極低に協力している。この協力が現在も継続され、他のドナーが協調する際にも、このプロジェクトの一部となって活動を実施している。 保健省においては EPI の対象となっている感染症監視システムが高レベルに維持されている。 国家ポリオ研究所と国家はしか研究所は協力的に活動を行っており、各研究所における診断は感染症発見を早めることに成果を上げている。 <p>財務的側面:</p> <p>保健省は、他のドナーを通じて EPI ワクチンを受け取っている。トップドナーが JICA であり、ワクチンの提供を中止すれば、モンゴルの子供の 60%が即座にワクチン接種を受けられなくなる現状にある。2005 年 10 月に策定された EPI マスタープランによると、2010 年までには保健省が完全独立する。従って、見通しはたったものの、現在は財務面の自立発展について確保できてい</p>		

るとは言えない。

3-2. プロジェクトの促進要因

IDD 削減計画：

他の国際機関及び日モ政府間機関の協力によってモンゴル保健省が実施している他の各種プロジェクト、および政府の政策的決定は IDD 削減計画実施をサポートしている。モンゴル政府は、特に鉄分入り小麦、カルシウム・ビタミン配合の牛乳等の食料品についての確保にも特別注意をはらっているが、IDD 計画成果の自立発展性確保を目的とする、塩のヨード化を食料品予備計画の一部とする目的の政策のイニシアチブも存在する。

また、政府は、各アイマグで貿易ネットワークを設置し、そのネットワークを通じ販売される食料品品目を特定している。特定された食料品品目にヨード化塩も含まれており、定期的にそのネットワークによって各アイマグに提供されている。

モンゴル政府は、民間セクター開発を支援することも発表した。即ち、民間セクターの一部となる、小規模の塩工場も生き残るチャンスが増えている。

EPI 計画：

ワクチンの 100%接種を達成することは、各アイマグ知事の行動計画に含まれており、政策策定者及び実施者の殆どが理解している。従って、政府関係者が交代しても、ワクチン接種率向上に貢献する活動ができるような体制となっている。

3-3. プロジェクトの阻害要因

IDD 削減計画：

IDD 削減及び塩のヨード化に悪影響を与える要因がいくつかある。

- ・小規模の塩源が民営化されていないため、地方住民が無料で近辺の塩源のヨード化されていない天然塩を利用している。さらに、天然塩の中でも人間に適応されない塩もあるが、それでも現地の住民は利用し続けている。
- ・塩に対する現在の法律・税金システムは金の法律・税金システムと同じである。この状態が続くと、小規模の塩源を所有し、拡大する人がなく、計画に悪影響を与える。

EPI 計画：

- ・EPI 接種にかかわる人材の過剰労働が計画に悪影響を与える。訓練され、知識を得たスタッフが異動・転職等することを見越して、新人スタッフを訓練しなければいけない。
- ・定期的な自然災害はワクチン接種率に悪影響を与えている。激しい冬と干ばつのため、住民は他の県・地域に移住することが多く、住民登録されていないケースが生じるため、保健サービス、ワクチン接種から外れることが多い。

3-4. 結論

IDD 削減計画：

JICA を通じて実施された IDD 削減計画において、あといくつかの目標はまだ達成されていないが、当該プロジェクトはモンゴルの IDD モニタリングシステムに多大なる貢献を与えた。プロジェクトによる負のインパクトはみられなかった。

上位目標達成について、PDM に対し数値的に具体的インディケータは提示されていないが、正のインパクトを与えていると複数の事実から判断できる。

政策・法律面、適正人材の存在、政府予算等についても IDD モニタリングシステムと当該プロジェクト成果の持続性が確保されていることが確認された。

EPI 計画：

1997-2002 年に JICA が実施した EPI プロジェクトは目標を達成し、モンゴルでの EPI 強化に多大な貢献となった。上位目標達成について、PDM に対し数値的に具体的インディケータは提示されていないが、正のインパクトを与えていると複数の事実から判断できる。

政策・法律環境の提供、適正な人材の存在、期待できる長期的なワクチンファンドシステムと政府の計画の成功に対する積極的現状は、モンゴルでの EPI 計画の自立発展性を保証するものである。

3-5. 提言（当該プロジェクトに関する具体的な措置、提案、助言）

IDD モニタリングシステムについて

- ・他の地域に比べ西部地域のヨード入りの塩の利用が少ない。そのため政府は、西部地域のヨード入り塩へのアクセスを改善し、価格を引き下げ、地域住民の否ヨード塩の利用を管理すべきである。
- ・住民の知識及び意向は、提供される情報によるものである。計画の成果を維持するために、基本人口に対する IEC 活動のための財源が設けられるべきである。
- ・地方の訓練された人材の持続性を保つために、訓練された保険医療関係者・専門家の移動に十分注意を払い、包括的なシステムワイドの人材育成政策が必要である。
- ・塩源の所有税が引き下げられるか一時的に免税でなければいけない。現在は、塩源開発に対する税金は金に対する税金に等しい。
- ・警備されていない時、現地住民が食用のための塩（非ヨード化塩）を取っている川及び湖が 90 ヶ所以上あることが分かった。現地住民の非ヨード化塩の利用を避けるためにも地方自治体は、天然塩源のオーナーシップに注意をはらわなければいけない。

EPI について

- ・JICA、UNICEF と WHO により提供されたコールドチェーン機材は、古くなりメンテナンスが必要となってきた。政府は、技術者の訓練と部品調達の財源にもっと注目しなければいけない。
- ・国家ワクチンファンドを適切に利用するためには、モンゴルは詳細計画に基づいた活動を行い、国際的ドナー機関との契約を締結すること等によりワクチンを購入について早期に自立する必要がある。

3-6. 教訓（当該プロジェクトから導き出された他の類似プロジェクトの発掘・形成、実施、運営管理に参考となる事柄）

1. IDD 削減計画の評価は、国家アンケート調査 I（1992）、II（2000-2001）と III（2004）を参考とした。ただし、国家アンケート調査 II は 2000-2001 年の情報、国家アンケート調査 III は 2004

年の情報である。アンケート終了(2002年9月)から3年のブランクを見ると数字が現実的ではないと思える。実際の成果を見るには2005年、ちょうど3年後に国家アンケート調査を実施した方が望ましい。

2. 上記3冊のアンケート調査には、調査方法や指数が統一されていないものが利用されており、比較しにくくなる。例えば、尿のヨード値を算出するには、アンケート調査IIは数論を利用しているが、アンケート調査IIIはメジアン方式を利用している。従って、統一の方式あるいは指数を利用することが望ましい。

Evaluation Summary

Evaluation conducted by: JICA Mongolia Office

1. Outline of the Project	
Country: Mongolia	Project title: Maternal and Child Health Project
Issue/Sector: Primary Healthcare	Cooperation Scheme: Technical Cooperation
Division in charge: Human Development Department Maternal and Child Health Team	Total cost : — yen
Period of Cooperation: 1 October, 1997 ~ 30 September, 2002	Partner Country's implementing Organisation: Ministry of Health, National Center for Communicable Diseases, Public Health Institute .
	Supporting Organisation in Japan: Health and Welfare Department of Chiba prefecture, Lymph Institute of Chiba prefecture, TOHO University, International Medical and Welfare University
	Related cooperation: Vaccine Supply (JICA)
1-1. Background of the Project	
<p>In Mongolia, the Extended Programme on Immunization (EPI) has initiated based on existing immunization activities starting since 1962. The government of Mongolia launched specific disease control initiatives in 1993 for EPI targeted diseases with assistance from international organizations (UNICEF, WHO) and had achieved high immunization coverage. However, the government of Mongolia had difficulties in self-reliance in EPI.</p> <p>On the other hand, according to the result of various surveys in 1992 and 1993 conducted by the Government with assistance of UNICEF, Iodine Deficiency Disorder (IDD) was acknowledged as a serious problem in Mongolia.</p> <p>From these points of views, in order to promote maternal and child health, the government of Mongolia requested the government of Japan to launch a project on technical cooperation. The government of Japan responded to the request and implemented the Project in October 1997 to eliminate IDD and to enhance the quality of EPI.</p>	
1-2. Project overview	
<p>The Maternal and Child Health Project (further the Project) was implemented October 1997-September 2002. In June 2002, Japanese Evaluation Team visited Mongolia and conducted a Final Evaluation jointly with the Mongolian side. The purpose of the evaluation was to evaluate implementation and achievements of the Project. During the evaluation, the Joint team reviewed all activities and achievements of the Project and evaluated the project by using DAC five criteria namely efficiency, effectiveness, impact, relevance and sustainability. Both sides concluded that at the end of the project (only 3 months after the evaluation) project would achieve its purpose.</p> <p>In January 2006, JICA Country Office has decided to conduct Ex-post Evaluation on Maternal and Child Health Project (further Project) and called for external evaluators. The Mongolian Public Health Professionals' Association (further MPHPA) has sent its proposal to JICA and was selected as an Evaluator.</p>	
(1) Overall goal	
To promote maternal and child health in Mongolia	
(2) Project Purpose	

- 1) To eliminate IDD 2) To achieve self-reliance in the EPI

(3) Outputs

1) IDD Elimination Program

- National IDD laboratory is established
- All the salt factories produce iodized salt
- All the salt on the retail level is iodized and purchased by consumers
- Knowledge, Attitude and Practices (KAP) of the people about the importance of using iodized salt is enhanced
- Referral system for monitoring the progress of IDD elimination is established
- National IDD Program becomes self-sustainable

2) EPI

- Reliable clinical surveillance system is established
- Reliable cold chain is established
- Willingness for vaccination is enhanced

Inputs (at the time of Project Termination):

Japanese side

Input	Project Period	Follow up period
Long term Expert	6 (the total number)	
Short Term Expert	23(the total number)	
Trainees received	13 Mongolian personnel trained in Japan	
Equipment	106'500'000 ye	
Local Cost	70'305'000 yen	
Others		

Mongolian side:

EPI project

Counterpart	31(the total number)
Equipment	2 office spaces, Counterpart fee
Land and facilities	Provided by Mongolian government
Local cost	US \$ 1,123,000
Others	NA

IDD Elimination project

Counterpart	10 (the total number)
Equipment	2 office spaces, Counterpart fee
Land and facilities	Provided by Mongolian government
Local cost	US \$ 47,231
Others	NA

2. Evaluation team

Member of Evaluation Team	MPPHA conducted the Ex-post evaluation and the Evaluation team consisted of five members. They are: 1. Miho Sasaki, JICA Mongolia Office 2. G.Enkhjargal, JICA Mongolia Office 3. B.Mashbadrakh, Executive director, MPPHA 4. Yo.Dungu, member of MPPHA 5. I.Bolormaa, member of MPPHA	
Period of Evaluation	16 January 2006 – 1 March 2006	Type of Evaluation: Ex-post evaluation

3. Results of Evaluation

3-1. Summary of Evaluation Results

IDD Elimination project:**(1) Impact**

Narrative summary	Indicators that can be verified	Result
Project purpose To eliminate IDD	<ul style="list-style-type: none"> ▪ Median value of urinary iodine >100µ/L ▪ Goiter prevalence rate <10% 	This purpose is almost achieved. Goiter prevalence rate, which was 29.2% in 1995, is reduced to 13.8% according to Third Nutritional Survey in 2004 and have not reached the Project target of <10%. Similarly, median value of urinary iodine is 98.5µg/l and 96.6µg/l according to National Survey II and III respectively, while the project target was >100µg/l. Although the Project target levels are not reached yet, current value of these indicators are very close to targets set by the Project. Therefore, the Project has significantly influenced on IDD elimination in the country.
Outputs 1. Monitoring system for IDD elimination programme is established	<ul style="list-style-type: none"> ▪ Data of the laboratory has over 80% correlation with those of reference laboratories in Japan. ▪ IDD extent is reported from each aimag at least once a year 	This output is fully achieved. National IDD reference Lab was established and still functioning as part of PHI. Mechanism to monitor IDD elimination and salt iodization has been put in place.
2. The salt factories in the project site produce qualified iodised salt.	<ul style="list-style-type: none"> ▪ Produced salt contains 20-40 ppm of iodine 	This output is fully achieved. According to findings of Joint assessment conducted by MOH and SSIA in 2004, all the salt sold on wholesale and retail market were iodized salt and contained 27-30 ppm of iodine, which is within a range of approved standard 30±5 ppm.
3. Usage of iodised salt in the project site is promoted.	<ul style="list-style-type: none"> ▪ Over 90% of consumers use iodised salt. 	This output is not fully achieved. Percentage of households using iodized salt is 74.4% according to Nutritional Survey III.
4. Knowledge, attitude and practice of the people about the importance of using iodised salt is enhanced.	<ul style="list-style-type: none"> ▪ Over 95% of consumers know iodised salt ▪ Local government officials attend to the national /regional workshops 	This output is achieved. According to 2004 survey, population knowledge has reached 94.1%. local government official are committed in promotion of salt iodization and usage of iodised salt.

(2) Sustainability: IDD Elimination Project**Policy aspect:**

Since 1997, the government of Mongolia has been changed several times. However, the government's commitment to implement this Program is maintained until now. 2006 is the last year of the second National Program to Control IDD, therefore the Government of Mongolia is planning to discuss

the future of it during a National Workshop to be held in March or April 2006. It is expected to continue but its ownership might change. The Association of Salt Manufacturers, established by the joint initiative of UNICEF, JICA and MOFA, is expected to take responsibility for further implementation of the National Program.

Organization aspect:

Capacity built at institutional level ensures sustainability of the project in the near future.

Financial aspect:

In order to ensure sustainability of management and coordination of the National Program, the government allocates 15mln MNT to MOFA and 5mln MNT to MOH annually. It helps to ensure sustainability of management and coordination of IDD elimination and salt iodization activities.

Local governments also implement sub-programs and fund it from their local budget in order to ensure the Program success in their respective aimags.

EPI project:

(1) Impact

Narrative summary	Indicators that can be verified	Result
<p>Project purpose Prevention system for EPI target diseases is strengthened.</p>	<p>1 Certification by WHO regional committee 1 National documentation for certification for poliomyelitis eradication 2 National EPI coverage data 3 National EPI surveillance data</p>	<p>1. Certification of poliomyelitis eradication by WHO regional committee is provided in 2001. 2. National EPI vaccine coverage is improved. 3. EPI disease surveillance including active hospital investigation is improved and expanded.</p>
<p>Outputs 1. Vaccination rate in soum and bag level is improved</p>	<p>1-1. Coverage of each vaccine in last 5 years has reached more than 90% 1-2. Number of soums conducted coverage survey 1-3. Number of workshops on national and aimag level</p>	<p>This output is fully achieved. 1. Coverage of each vaccine has reached more than 90%. National coverage was 89% in 1995. By the end of 2005, coverage of BCG is 98.7%, OPV 99%, DTP 99%, DTP+HepB+HiV 99.3%, measles vaccine 97.5% and Hep B vaccine 98.5%. The project outcome is high and it envisaged by the evenly increase of all 6 vaccines. 2. Active coverage survey is conducted in all aimags and soums. 3. Number of workshops were conducted 6-times in national level and 34 times in aimag level.</p>
<p>2. Surveillance system for EPI target diseases is improved</p>	<p>2-1. AFP surveillance indicators 2-2. Number of workshops for medical workers 2-3. Publication for medical workers</p>	<p>This output is completely achieved. 1. AFP surveillance indicator were 1.4 in 1997, and 1.0 in 2001. 2. See 1-3. 3. 17 guidebooks have been published.</p>

3. Cold chain and logistics system are improved.	3-1. Discrepancy between record and physical stock of vaccines in central storage is decreased 3-2. Storage condition in aimag and soum 3-3. Workshops for cold chain	This output is fully achieved. 1. No discrepancy in every vaccine confirmed in 6 th May 2002 2. Ice-lined refrigerators have supplied in 26% of soums (100% in 1997). Generators have supplied in 96.3% of soums (41% in 1997). 3. Workshops for cold chain were conducted 1 for national level, 17 for aimag level.
4. Technical level of EPI medical staff is improved.	4-1. Number of training for EPI medical staff 4-2. Number of audience in the training course for EPI medical staff	This output is fully achieved. See 1-2.

(2) Sustainability: EPI Project

Policy aspect:

- Government is highly committed in implementing EPI program, and it has included vaccination issues in goals of many of its policy documents, including Millennium Development Goal, Poverty reduction strategy etc.
- MOH in collaboration with donor agencies is developing Multi-year plan for National Immunization Program, which identifies actions to be taken until 2010. It will also ensure sustainability of the Project achievements.
- The government also aims to improve self-reliance of EPI program by improving Vaccine Fund. It is expected that by 2010 the government becomes self-reliable and buys all the vaccines necessary for Mongolia by itself.

Organization aspect:

- Partnership between MOH and international organizations especially JICA and UNICEF was perfect. They cooperate openly, share ideas and divide responsibilities and work on different elements of the Program so support each other. This collaboration continues at present and other donors that enter in this collaboration also become part of this well organized collaboration and works in good partnership.
- Surveillance system for EPI target diseases is maintained at high level of performance. National Polio Laboratory and National Measles Laboratories are working in full capacity and ensure confirmation of disease cases by Lab diagnosis.

Financial aspect:

MOH is receiving supply of EPI vaccines by other donors. Top donor is JICA, if JICA stop supply, 60% children of Mongolia can't be vaccinated immediately. By Master Plan of EPI planed on Oct 2005, MOH will achieve independence on 2010 completely. Therefore, financial aspect is not secured sustainability at the present moment.

3-2. Factors that have promoted project

IDD Elimination project:

Some other programs and projects implemented by MOH with assistance of other international and bilateral organizations, support sustainability of IDD Elimination Programme. In addition, some policy decisions of the government also support implementation of IDD elimination program. The government of Mongolia pays special attention on food fortification especially fortification of flour with iron, milk with vitamin calcium and others. There are some policy initiatives to make salt iodization a part of food fortification project in order to ensure sustainability of achievements of IDD program.

The government has established Trade Networks in several aimags and identified main food products, which must be supplied through this network. Iodized salt is included among these products and regularly supplied to aimags, which are covered by these networks.

The government of Mongolia also announced that it would support private sector development. Therefore, small-scale salt factories, which are part of private sector, have better chance of survival.

EPI project:

Vaccination is included in work plan of every level governors and understood by most of the policy makers and decision makers, therefore, although government officials are changed frequently, even new ones are also committed for improving vaccination coverage.

3-3. Factor that have inhibited project

IDD Elimination project:

There are several factors that negatively influence on achievements of IDD elimination and salt iodization.

- Some small salt deposits are not owned by anyone, and local people freely use natural non-iodized salt from salt deposits nearby. Moreover, some of the natural salts are not suitable for human but still used by local people.
- According to currently effective legislation, tax on salt deposits is equal to tax of gold mining deposits. If this situation is not changed, nobody will own and extract salt from small salt deposits and it will negatively influence on sustainability of the project.

EPI project:

- High turnover and staff mobility negatively influence on sustainability of the project, because due to these previously trained staff are changed or move away and new staff needs to be trained again.
- Frequent natural calamities sometimes negatively influence on the vaccination coverage because due to harsh winter and draught people move from their original living places to other aimags where they are not registered and cannot access health services including vaccination.

3-4. Conclusions

IDD Elimination project:

Although some of the goals of the IDD Elimination Project implemented by JICA have not been reached yet, in general, project has significantly contributed to Control of IDD in Mongolia. On the contrary, no negative impact was observed.

Enabling policy and legislative environment, existence of adequate human and other resources, involvement of private sector and government's commitment to maintain project achievements are the factors, which ensure sustainability of IDD Control Programme in Mongolia.

EPI project:

On overall, EPI Project implemented by JICA 1997-2002 has successfully achieved its goals and greatly contributed to strengthening EPI Programme in Mongolia.

Enabling policy and legislative environment, existence of adequately trained human resource, well-structured infrastructure, promising financial long-term funding mechanism and government's commitment to maintain project achievements are the factors, which ensure sustainability of EPI Project in Mongolia.

3-5. Recommendations

Regarding IDD Control Program

- Utilization of iodized salt is still lower in western region's aimags compared to other regions. Therefore, the government should take actions aimed to improve access to iodized salt in western aimag, decrease price of iodized salt and control use of non-iodized salt by local people.
- Knowledge and attitude of general population relies on frequency of information given to them. Therefore, in order to sustain achievements of the Project, appropriate funding should be allocated for IEC activities directed for the general population.
- There is a need to pay special attention on mobility of trained health professionals and need to develop comprehensive system-wide human resource development policy aimed to ensure sustainability of trained work force of health sector especially in rural area.
- In order to promote exploitation of salt deposits by local businessmen, taxation on ownership of small salt deposit should be very low or temporarily free of tax. Currently, tax on salt deposit exploitation is

equal to gold deposit tax.

- There are around 90 rivers and lakes from which local people get non-iodized salt and utilize for cooking purposes, when they are unattended and guarded. Therefore, local governments need to pay attention on ownership of natural salt deposits and prevent local people from using non-iodized salt from their local areas.

Regarding EPI Program

- Cold chain equipment provided by JICA, UNICEF and WHO are becoming old and requires maintenance. Therefore, government should pay attention on training qualified repairmen and allocating budget for purchase of necessary spare parts and maintenance of equipment.

- In order to operate the National Vaccine Fund efficiently, Mongolia needs to work with step-by-step plan and to seek ways to buy vaccines cheaper by using contacts of international partners.

3-6. Lesson learned

1. The IDD elimination project evaluation is mostly based on data of 1st (1992), 2nd (2000-2001) and third (2004) National Nutritional Surveys. However, 2nd Survey data is data of 2000-2001 and third Survey data are data of 2004. It means they are not actual figures corresponding to the time of completion (Sep 2002) and impact 3 years of after the completion (2005). It is advisable to have conducted third National Survey in 2005 exactly 3 years after the completion of the project in order to get true picture.
2. These 3 consequent surveys sometimes used different methods and indicators, which makes comparison difficult. For instance, to show iodine content in urine, Survey II used arithmetic mean while Survey III used median. Therefore, attention should be paid to use the same method and indicators.

March 29, 2006
PRG/NGOs/6/06-023

Mr.Moriya Tsutomu
Resident Representative
JICA Mongolia Office

Subject : Request for Comments of Ex-post Evaluation Study on Maternal
and Child Health Project in Mongolia

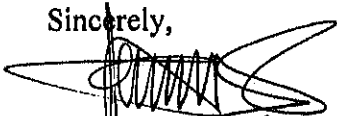
Dear Mr. Tsutomu,

Thank you very much for sharing with us the above mentioned evaluation.
We have reviewed the report and fully concur with the findings of the evaluation.

I am pleased to inform you that, UNICEF will continue its support to the Ministry of Food and Agriculture and the Ministry of Health in the area of IDD control and support to the National Immunization Programme in the new Country Programme of Cooperation for the period of 2007-2011.

Thank you.

Sincerely,



Yamen Mazumder
Programme Coordinator
UNICEF Mongolia

Cc: Mr. Richard Prado, Representative, UNICEF Mongolia
Ms. Tuya Mungun, Health&Nutrition Officer, UNICEF Mongolia
Ms. Miho Sasaki, Assistant Resident Representative, JICA Mongolia Office

Third Party Review by External Experts

Ex-Post Evaluation on ... *Project Title*

** This Third Party Review by External Experts is to examine the end-product (an evaluation report and a summary sheet) of ex-post evaluation of the above-mentioned project in light of its structure, verification procedure and overall consistency. It is to be noted that the review is not to question the validity of the evaluation results per se.*

** On the leftmost column of each item, choose the rating from A as 'excellent', B as 'good', C as 'acceptable' and D as 'unacceptable'.*

** When you choose D for an item, specify the reason in comment fields.*

** For more details of viewpoints for each item, refer to the corresponding page of 'JICA Project Evaluation Guideline' which is indicated on the rightmost column of each item.*

1 Evaluation Framework

Reference page No.
of 'JICA Project
Evaluation Guideline'

A	(1) Time Frame of Evaluation Study	97
Viewpoint	Necessary field survey activities such as data collection and discussion with counterparts are appropriately set within the time frame of the evaluation study. Time frame also contains preparations such as distribution of questionnaires, and are appropriate in terms of timing, length and schedule of the evaluation study.	
B	(2) Study Team	107
Viewpoint	Team members are assigned on an impartial basis, and are with balanced specialty.	
Comment		

2 Data Collection and Analysis

C	(1) Evaluation Questions	51
Viewpoint	Evaluation questions are in line with evaluation purposes and set properly in the evaluation grid. General questions as to the five evaluation criteria are narrowed down to more specific sub questions to identify necessary information/data to be collected.	
B	(2) Data Collection	72
Viewpoint	Data collection is conducted based on the evaluation grid, and is sufficient for obtaining answers for	

	evaluation questions. Additional information are collected for unexpected and newly confronted questions during the process.	
B	(3) Measurement of Results	61
Viewpoint	Achievement level of overall goal is examined on the basis of appropriate indicators, being compared with targets.	
B	(4) Examination of Causal Relationship	62
Viewpoint	The causal relationships whether the effects for the beneficiaries resulted from the project is examined either in a qualitative or quantitative manner (i.e. Are the effects at the overall goal level caused by the project intervention?)	
Comment		

3 Evaluation Results

A	(1) Impact	57, 85-86
Viewpoint	Perspectives for evaluation of 'Impact' (e.g. achievement level of the overall goal, causal relationships between the outcome of the project and overall goal, ripple effects) are substantially covered. Grounds for judgment are clearly stated in a convincing manner.	
A	(2) Sustainability	58, 85-86
Viewpoint	Perspective for evaluation of 'Sustainability' (e.g. probability of activities to be continued and outcomes to be produced in terms of 1)policies and systems, 2) organizational and financial aspects, 3) technical aspects, 4) Society, Culture and environment and) are substantially covered. Grounds for judgment are clearly stated in a convincing manner.	
B	(3) Factors Promoting Sustainability and Impact	85-86
Viewpoint	Promoting factors on 'Impact' and 'Sustainability' are analyzed properly based on the information obtained through evaluation process.	
A	(4) Factors Inhibiting Sustainability and Impact	85-86
Viewpoint	Inhibiting factors on 'Impact' and 'Sustainability' are analyzed properly based on the information obtained through evaluation process.	
B	(5) Recommendations	87-88
Viewpoint	Recommendations are made thoroughly based on the information obtained through the process of data analysis and interpretation. Recommendations are specific and useful for feedbacks and follow-ups, preferably being prioritized with a time frame.	
C	(6) Lessons Learned	87-88

Viewpoint	Lessons learned are derived thoroughly based on the information obtained through the process of data analysis and interpretation. Lessons learned are convincing and useful for feedbacks, being generalized for wider applicability.
Comment	No statistical analysis done to measure the impact of the programme to achieve the objectives. More specific, clear lessons learned are required.

4 Structure of Report

A	(1) Writing Manner	89,103
Viewpoint	Logical structure and major points are clearly described in an easily understandable manner.	
C	(2) Presentation of Primary Data and Utilization of Figures	89,103
Viewpoint	Sufficient primary data such as on the target, contents and results of interviews and questionnaires are presented properly in the report. Figures and tables are utilized effectively to present statistics and analysis results.	
Comment	Urinary Iodine Indicator is most critical which was not mentioned in the evaluation report.	

5 Overall Review based on 'Criteria for Good Evaluation'

A	(1) Usefulness	13-14
Viewpoint	In light of the effective feedback to the decision-making of the organization, clear and useful evaluation results are obtained.	
A	(2) Impartiality and Independence	13-14
Viewpoint	Evaluation is impartially conducted in a neutral setting	
B	(3) Credibility	13-14
Viewpoint	In light of the specialties of evaluators, transparency of the evaluation process and appropriateness of the criterion of judgment, evaluation information are credible.	
A	(4) Participation of Partner Countries	13-14
Viewpoint	Partner countries' stakeholders participate actively in the process of evaluation, not just provide information.	
Comment		

5 Overall Comment

- Well written, informative, and focused report.

Date

06/04/2006

Name of the Third Party

YAMEEN MAZUMDER

Designation

PROGRAMME COORDINATOR

Name of the Institution

UNICEF

I. OUTLINE OF THE EX-POST EVALUATION

1.1. Preface

The Maternal and Child Health Project (further the Project) was implemented between October 1997- September 2002. In June 2002, Japanese Evaluation Team visited Mongolia and conducted a Final Evaluation jointly with the Mongolian side. The purpose of the evaluation was to evaluate implementation and achievements of the Project. During the evaluation, Joint team reviewed all activities and achievements of the Project and evaluated the project by using DAC five criteria namely efficiency, effectiveness, impact, relevance and sustainability. Both sides concluded that at the end of the project (only 3 months after the evaluation) project would achieve its purpose.

In January 2006, JICA Country Office has decided to conduct Ex-post Evaluation on Maternal and Child Health Project (further Project) and calls for external evaluators. The Mongolian Public Health Professionals' Association (further MPPHA) has sent its proposal to JICA and was selected as an Evaluator.

1.2 Objective of Evaluation

The evaluation is expected to verify the important issues relating to the project impact and sustainability observed 3 years after the project completion. Objectives of the evaluation are:

1. To grasp the inputs of the Mongolian and Japanese sides to the Project and summarize the achievement of the Plan of the Project
2. To execute a comprehensive evaluation on the achievement of the Project from the viewpoints of five criteria.

After discussing the situation jointly, JICA and MPPHA agreed to concentrate on only impact and sustainability because of limited time allowed and because the Final evaluation conducted in 2002 covered issues related with effectiveness, efficiency and relevance of the project.

1.3 Evaluation team and period

MPPHA conducted the Ex-post evaluation and the Evaluation team consisted of five members. They are:

1. Sasaki Miho, JICA Mongolia Office
2. G.Enkhjargal, JICA Mongolia Office
3. B.Mashbadrakh, Executive director, MPPHA
4. Yo.Dungu, member of MPPHA
5. I.Bolormaa, member of MPPHA

The evaluation is conducted within 45 days between 16 January and 1 March 2006.

1.4 Methodology of evaluation

To evaluate impact of the Project, we compared data of National Nutritional Survey III conducted in 2004 with that of baseline and Nutritional Survey II conducted in 2000-2001.

To evaluate sustainability, we compared the newly obtained information with the Terminal Evaluation Report data.

Following methods were used for evaluation:

Method 1. Documentary review

- ① All materials developed during the implementation of the project
- ② Final report of the project and Report of a Joint Evaluation conducted at the end of the Project
- ③ Survey materials and reports developed since the completion of the project

Method 2. Key informants' interview by using questionnaire developed by the Evaluation team

For this purposes, we have visited several organizations. Those are:

- ① At national level
 - Ministry of Health
 - Ministry of Food and Agriculture
 - National Center for Communicable Diseases
 - Public Health Institute
 - Other donors like UNICEF, WHO
- ② In Ulaanbaatar
 - UB Health Department
 - Two Family Group Practices
- ③ In Uvurkhangai Aimag
 - Aimag Health Department
 - District Health Centers
 - Two Family Group Practices
 - One soum hospital
 - One small-scale salt iodization factory

Method 3. Direct observation of awareness activities and use of IEC materials and mass media campaigns

II. SUMMARY OF THE PROJECT

The Government of Mongolia filed an official request to the Government of Japan for the project on Technical Assistance in July 1996. The fact-finding missions were sent since then to ascertain the nature of the assistance requested and beneficiary group for the assistance. In this background, the five-year project was implemented 1997-2002.

Implementing agencies were MOH, NCCD and PHI of Mongolia. The project has been implemented in close collaboration with UNICEF and WHO. The project was implemented in accordance with Master Plan that was agreed at the time of Implementation Study.

Overall goal: To promote maternal and child health in Mongolia

Project Purpose:

- ① To eliminate IDD
- ② To achieve self-reliance in the EPI

Outputs of the Project:

- ① IDD Elimination Program
 - National IDD laboratory is established
 - All the salt factories produce iodized salt
 - All the salt on the retail level is iodized and purchased by consumers
 - Knowledge, Attitude and Practices (KAP) of the people about the importance of using iodized salt is enhanced
 - Referral system for monitoring the progress of IDD elimination is established
 - National IDD Program becomes self-sustainable
- ② EPI
 - Reliable clinical surveillance system is established
 - Reliable cold chain is established
 - Willingness for vaccination is enhanced

III. EVALUATION

3.1. EVALUATION OF IDD ELIMINATION PROJECT

3.1.1 Impact of the IDD elimination project

Impact toward the achievement of Overall Goal of the Project:

There are several positive impacts Purpose of the Project as follows. Project has significantly contributed to Control of IDD in Mongolia. And also, the government of Mongolia is committed to and capable to carry out IDD Control Program on sustainable basis. Although impacts toward the achievement of Overall Goal of the Project are not clear for unknown indicators, if the present condition is keeping, Overall Goal will be achieved soon.

Policy impacts:

The project was successful in reaching its goal to persuade decision-makers about importance of IDD elimination. As a result, several policy documents were issued by the government and actively implemented as follows;

1) **Approval and implementation of 2nd National IDD Control Program:** The Mongolian government has implemented National IDD Control Program 1996-2001. With financial and technical assistance of JICA and other international organizations, the first National Program was implemented successfully. However, its main goals were not reached yet. Therefore, in order to sustain the achievements of the first program, the government of Mongolia approved the second National Program to Control IDD in 2002 and it is under implementation. All the stakeholders agree that the JICA's IDD Elimination project has greatly contributed to development and implementation of consequent national programs on IDD elimination in Mongolia.

2) Approval of “Law on salt iodization and prevention from iodine deficiency”: After completion of JICA’s project, understanding and accepting the importance of salt iodization, the government of Mongolia approved a “Law on salt iodization and prevention from iodine deficiency” in 2003. Following the Law, several ministerial orders were enacted to ensure successful implementation of the Law.

3) Other positive indirect impacts: There were also some other positive policy changes, which could be accepted as indirect impact of the Project. Those are:

- ① As part of the National Program, monitoring of salt iodization was greatly enhanced. Currently, the State Specialized Inspection Agency regularly controls iodization of salt both produced domestically and imported from overseas. In addition, all the Border Inspection Agencies are provided with means to identify iodine in imported salts, and most of the aimag specialized inspection agencies are also provided with equipment to check iodine in salt.
- ② As part of IEC planned by the National Program, topics related with IDD and iodized salt were included in curriculum of Health education classes of general educational schools.
- ③ The first National Program was led by the MOH, but the second National Program is currently being implemented under the administration and management of the MOFA. It is a factor, which significantly increases success rate related promotion of iodization of salt.

Economical impacts:

1) The project positively influences on ensuring that salt factories produce iodized salt: Until 1990, Mongolia extracted 18’000 tones of non-iodized natural salt annually and imported 3’000 tones of salt. Currently, there are 22 small-scale factories, which are using mixing machines for salt iodization provided by JICA and produce iodized salt. Since 2000, small-scale factories have been iodizing natural salt and the annual production of domestically produced iodized salt has reached 826’2 tones in 2005, which equals to 8.7% of annual consumption of iodized salt in Mongolia.

On the other hand, the Law now allows importing only iodized salt into Mongolia. There are 6 large salt factories based in UB, which import iodized salt and pack it here. According to findings of Joint assessment conducted by MOH and SSIA, all the salt sold on wholesale and retail market were iodized salt and contained 27-30 ppm of iodine, which is within a range of approved standard 30 ± 5 ppm. It satisfies a target set by the Project.

2) One of the impacts of the project is a decrease in Goiter prevalence rate: Goiter prevalence rate, which was 29.2% in 1995, is reduced to 13.8% according to Third Nutritional Survey in 2004 and have not reached the Project target of <10%. Similarly, median value of urinary iodine is 98.5 μ g/l and 96.6 μ g/l according to National Survey II and III respectively, while the project target was >100 μ g/l.

Although the Project target levels are not reached yet, current value of these indicators are very close to targets set by the Project. Therefore, there is no scientific study, which validates this impact of the project. However the Project has significantly influenced on IDD elimination in the country. On the basis of these facts, it can be concluded that due to decrease in prevalence of goiter, expenditures related with diagnosis and treatment of this disease is greatly reduced.

Impact on institutional capacity:

The project had positive impact on many aspects of institutional capacity in Mongolia, while there was not significant negative impact. Those are:

- ① Within the framework of the Project, National IDD reference Lab has been established and still functioning as part of PHI. Mechanism to monitor IDD elimination and salt iodization has been put in place.
- ② In 2002, MOFA has created a position of Coordinator for National IDD Control Program, whose responsibility is to oversee and manage Program implementation, including control and assistance to small-scale salt factories.
- ③ 5 Mongolian personnel from MOH and PHI were trained in Japan. Total of 23 long and short-term Japanese experts visited Mongolia and provided technical assistance and advice to Mongolian counterparts on different aspects of IDD control and salt iodization. A number of workshops and seminars were organized at both national and local levels.
- ④ Machinery and equipment provided by the project have significantly improved technical capacity of IDD control system in the country and most of them are still being effectively used for salt iodization and control of iodine in salt.

Impact on general population:

IEC activities organized at community greatly promoted enhancement of knowledge, attitude and practice of general population.

- ① All the interviewees agree that JICA project has significantly contributed to the increase of knowledge of population about IDD and iodized salt. According to 2004 survey, population knowledge has reached 94.1% (Project target was 95%) and percentage of households using iodized salt is 74.4% (Project target was 90%). It is a result of strategy to create demand shared by JICA and UNICEF.
- ② It is also enhanced by the fact that all the salt at retail market and store are either salt iodized domestically or imported iodized white salt.
- ③ Only small group of local people, who live near to natural salt deposits or who keep a tradition to use natural salt for certain types of cooking use non-iodized local salt. But utilization is not regular and they use non-iodized salt interchangeably with iodized salt.

Negative Impact:

Negative impacts are fined out in this survey.

3.1.2 Sustainability of the IDD elimination project**Policy aspect:**

Since 1997, the government of Mongolia has been changed several times. However, the government's commitment to implement this Program is maintained until now. 2006 is the last year of the second National Program to Control IDD, therefore the Government of Mongolia is planning to discuss the future of it during a National Workshop to be held in March or April 2006. It is expected to continue but its ownership might change.

The Association of Salt Manufacturers, established by the joint initiative of UNICEF, JICA and MOFA, is expected to take responsibility for further implementation of the National Program.

“Law on salt iodization and prevention from iodine deficiency” prohibits import of non-iodized salt. As a result, import of non-iodized salt is stopped. Now, all imported salt come from China, where all salts are iodized and of good quality. It is also another factor, which would sustain use of iodized salt in Mongolia.

Therefore political priority in IDD is sustainable sufficiently.

Financial aspect:

In order to ensure sustainability of management and coordination of the National Program, the government allocates 15mln MNT to MOFA and 5mln MNT to MOH annually. It helps to ensure sustainability of management and coordination of IDD elimination and salt iodization activities.

Local governments also implement sub-programs and fund it from their local budget in order to ensure the Program success in their respective aimags.

Sustainability related with institutional capacity

Capacity build at institutional level ensures sustainability of the project in the near future.

- ① National IDD Laboratory conducts national surveys and examines iodine in urine and blood. It receives some specimen from aimags and confirms exam findings. Its data has over 80% with those of reference Lab in Japan. However, it lacks a nationwide network and currently cannot work in close collaboration with aimags. But the government has considered this issue and took steps to establish nationwide network and regularize its activities.
- ② All of the small-scale salt factories have sustainable financial basis and have enough human resource and institutional capacity. They were provided with iodinate by JICA for free and still have stock enough for 5 years.
- ③ An experiment to establish Pools on natural salt deposit to purify and extract natural salt was conducted in Uvs and Zavkhan aimags. Based on success of the experiment, pools are established in two salt deposits and now extracting and iodizing natural salt and provides local area with iodized salt. All the stakeholders are well educated about the importance of iodization of salt and promotion of iodized salt usage. In addition, all the policy makers, local government people including aimag and soum governors, implementation agency people are committed to salt iodization.
- ④ Capacities of inspection and law enforcement agencies have improved and their performance is regularized. The State Specialized Inspection Agency conducts regular inspection to aimag according to annual plan. It also provides professional guidance to aimag branches and border inspection agencies. Aimag branches also control production, sales and retail sales in their respective aimags. Border inspection agencies ensure that non-iodized salt is not imported through Mongolian border.
- ⑤ UNICEF plays special role in ensuring sustainability of salt iodization in Mongolia. Through its planned activities, private sector was supported, its human resource capacity was strengthened through series of training for example, on cause-based management; salt iodization factories are well advocated in their local areas, they understand importance of intersectional collaboration, they were provided with some equipment for free, and salt importers have established their own Association.

Sustainability from population perspective

Currently, 94.1% of population knows about IDD and iodized salt, and 74.4% of households use iodized salt. However, if IEC and advocacy activities are stopped it may lead to decrease of knowledge and usage of iodized salt over time.

Inclusion of topic on 'IDD and iodized salt' in curriculum of health education classes positively influence on increase of knowledge among school children.

The National Program with assistance of UNICEF organizes activities aimed at encouraging poor households to use iodized salt by selling iodized salt by 50% discounted price or by distributing to poor household iodized salt enough for their annual consumption for free.

[Support or Inhibit sustainability factors of IDD elimination project]

Supportive factors

There are many factors that support success of the IDD Elimination Program.

Some other programs and projects implemented by MOH with assistance of other international and bilateral organizations, support sustainability of IDD elimination Program. Those are as follows:

- National Program to Improve Child Development and Protection;
- Project to improve nutritional status of poor mothers and children implemented by UNICEF and Asian Development Bank;
- Sustainable Food Fortification Project, ADB;
- Nutritional micro-elements and health project implemented by the "World vision";
- Integrated Management of Childhood Diseases implemented by UNICEF;
- "Strengthening EPI" project implemented by ADRA

In addition, some policy decisions of the government also support implementation of IDD elimination program. The government of Mongolia pays special attention on food fortification especially fortification of flour with iron, milk with vitamin calcium and others. There are some policy initiatives to make salt iodization a part of food fortification project in order to ensure sustainability of achievements of IDD program.

The government has established Trade Networks in several aimags and identified main food products, which must be supplied through this network. Iodized salt was included among these products and regularly supplied to aimags, which are covered by these networks.

The government of Mongolia also announced that it would support private sector development. Therefore, small-scale salt factories, which are part of private sector, have better chance of survival.

Inhibiting factors

There are several factors that negatively influence on achievements of IDD elimination and salt iodization.

- ① Lack of continuity at national and local governments and in their respective organizations negatively influence on sustainability of the project and may continue in the future. At all levels, persons who are trained and become knowledgeable and committed for salt iodization and IDD elimination have been changed frequently following government election.

- ② On the other hand, poor remuneration and poor living condition in countryside leads to high mobility of trained doctors and other health professionals and also negatively influences on sustainability of the project.
- ③ Some small salt deposits are not owned by anybody and local people freely use natural non-iodized salt from salt deposits nearby. Moreover, some of the natural salts are not suitable for human but still used by local people.
- ④ According to currently effective legislation, tax on salt deposits is equal to tax of gold mining deposits. If this situation is not changed, nobody will own and extract salt from small salt deposits and it will negatively influence on sustainability of the project.

3.1.3 Conclusion for IDD Elimination project

1. The Project target to reduce goiter prevalence rate <10% and to increase median level of urine iodine >100µg/l are not reached yet, however, current value of these indicators are very close to targets set by the Project. Therefore, the evaluation team concludes that the Project has significantly influenced on IDD elimination in the country.
2. The project has significantly impacted on control of iodine content of salt. According to findings of Joint assessment conducted by MOH and SSIA, all the salt sold on wholesale and retail market were iodized salt and contained 27-30 ppm of iodine, which is within a range of approved standard 30±5 ppm. It satisfies a target set by the Project.
3. As planned by the Project, the National IDD Lab was successfully established and has a capacity to control IDD elimination in the country. The government of Mongolia is committed to make necessary corrections to regularize its activities and to establish nationwide network. So, it can be concluded that a goal to establish National IDD Lab is achieved.
4. The projects goal to increase consumption of iodized salt to 90% and knowledge of population to 95% is not fully achieved yet. Knowledge of population about IDD and iodized salt was 94.1% according to 2004 Survey. When knowledge about certain health related issue is higher than 90% it is accepted as satisfactory. It means, the project was successful in reaching this goal. On the other hand, percentage of households using iodized salt was 74.4% according to 2004 Survey. It is related with difference in price and accessibility of iodized salt in aimags and regions.
5. With the influence of the Project, a "Law on salt iodization and prevention from iodine deficiency" was approved in 2003, and the National IDD Control Program has been continuously implemented since the completion of the Project.
6. The project had no significant negative impact on any of the sphere of IDD elimination program in Mongolia.
7. The National program, which ends this year, is expected to continue further on the basis of already developed capacity. The ownership of the Program however, might be shifted from central government to local governments and private sector. Final decision will be made during a National Workshop to be held in March or April 2006.

3.2 EVALUATION OF EPI PROJECT

3.2.1 Impact of the EPI project

Impact toward the achievement of Overall Goal of the Project:

On overall, EPI Project implemented by JICA 1997-2002 has successfully achieved its goals and greatly contributed to strengthening EPI Program in Mongolia. The government of Mongolia is fully committed to and capable to carry out EPI program on sustainable basis.

Policy impact:

The Project positively influenced on formulation and development of supportive policy environment for EPI.

1) Approval and implementation of National Program on Communicable Diseases

Control: The Mongolian government has implemented National Program on Immunization 1993-2002. During this period, JICA implemented technical cooperation project to enhance the quality of EPI. Throughout the project, JICA collaborated effectively with UNICEF and WHO due to effective coordination of MOH. However, communicable diseases including vaccine-preventable diseases remained to be important public health problem. Therefore, in order to sustain the achievements of the first program and to improve the situation further, the government of Mongolia approved the National Program on Communicable Diseases Control in 2002 and it is under implementation. EPI program has become a part of this large program. The Ministry of Health acknowledges great contribution of JICA's EPI Project in achieving objectives of the National Program and formulating policy regarding immunization against vaccine-preventable diseases in Mongolia.

2) Approval of "Law on salt iodization and prevention from iodine deficiency": In 2002, the government of Mongolia approved a "Law on Immunization". Following the Law, several ministerial orders were enacted to ensure successful implementation of the Law.

Economical impact:

JICA's EPI project has contributed to successful implementation of the Communicable Disease Control Program by providing cold chain equipment and vaccines. For instance, the national coverage was 89% in 1995. By the end of 2005, coverage of BCG is 98.7%, OPV 99%, DTP 99%, DTP+HepB+HiV 99.3%, measles vaccine 97.5% and Hep B vaccine 98.5%. The project outcome is high and it envisaged by the evenly increase of all 6 vaccines. High coverage means many lives are saved from life-threatening communicable diseases, which, if not prevented, would take lives of many people and cause severe damage to the country's economy.

In 2001, Mongolia received Poliomyelitis Free Certification from WHO Regional Pacific Regional Commission. Moreover, there were no cases of vaccine-preventable diseases such as diphtheria, tetanus and peruses for the last three years. Therefore, since there is no scientific study related with economic impact of the project, the actual value of impact is not identifiable. However it is clear that the Project had great impact on the economy of Mongolia.

Impact on institutional capacity:

The project positively influenced on institutional and human resource capacity in different ways. Those are:

- ① 9 Mongolian personnel were trained in Japan from MOH and NCCD. Total of 23 long and short-term Japanese experts visited Mongolia and provided technical assistance and advice to Mongolian counterparts on different aspects of EPI. A number of workshops and seminars were organized at both national (total of 7) and local levels (total of 51). All of these activities have significantly contributed to improvement of institutional capacities of different level institutions including MOH, NCCD and other central and local level institutions.
- ② Within the National Program, a Vaccine Fund is established and aims to ensure self-reliance of EPI program by 2010.
- ③ At NCCD, Lab-based EPI surveillance system is established, which is the basis for early diagnosis and response activities in case of sporadic cases of vaccine-preventable diseases. Also, a reliable information database, monitoring system, and nationwide information network is established and functions adequately. All the aimags and provinces are included in this network and transfer of information and data processing and feedback system is well organized.

Impact on technological reform:

By providing Cold chain equipment, the Project has greatly contributed to technological reform and improved capacity in this field.

By 2002, 98% of all health facilities involved in immunization were provided with cold chain equipment supplied by JICA, UNICEF and WHO. Most of the equipments were supplied by JICA. For example, 71% of refrigerators, 69% of generators, 39% of freezers, 55% of motorcycles and 100% (21 vehicles) were supplied by JICA. As a result, transportation, distribution and storage of vaccine have improved. Most of them are being effectively used currently and significantly contributes to the successful operation of cold chain in Mongolia. With the JICA assistance, diagnostic and human resource capacities of National Polio Laboratory and National Measles Laboratory were greatly enhanced.

Impact on general population:

All the interviewees agree that JICA project has significantly contributed to the increase of awareness and knowledge of Mongolian people regarding EPI. Currently, almost every Mongolian knows about importance of vaccination and actively cooperates with health professionals.

Negative Impact:

No negative impact was observed.

3.2.2 Sustainability of the EPI project

Policy aspect:

- ① Government is highly committed in implementing EPI program, and it has included vaccination issues in goals of many of its policy documents, including Millennium Development Goal, Poverty reduction strategy etc.

② MOH in collaboration with donor agencies is developing Multi-year plan for National Immunization Program, which identifies actions to be taken until 2010. It will also ensure sustainability of the Project achievements.

③ The government also aims to improve self-reliance of EPI program by improving Vaccine Fund. It is expected that by 2010 the government becomes self-reliable and buys all the vaccines necessary for Mongolia by itself.

Organization aspect:

① Partnership between MOH and international organizations especially JICA and UNICEF was perfect. They cooperate openly, share ideas and divide responsibilities and work on different elements of the Program so support each other. This collaboration continues at present and other donors that enter in this collaboration also become part of this well organized collaboration and works in good partnership.

② Surveillance system for EPI target diseases is maintained at high level of performance. National Polio Laboratory and National Measles Laboratories are working in full capacity and ensure confirmation of disease cases by Lab diagnosis.

Financial aspect:

MOH is receiving supply of EPI vaccines by other donors. Top donor is JICA, if JICA stop supply, 60% children of Mongolia can't be vaccinated immediately. By Master Plan of EPI planed on Oct 2005, MOH will achieve independence on 2010 completely. Therefore, financial aspect is not secured sustainability at the present moment.

「Support or Inhibit sustainability Factors of IDD elimination project」

Supportive factors

Vaccination is included in work plan of every level governors and understood by most of the policy makers and decision makers, therefore, although government officials are changed frequently, even new ones are also committed for improving vaccination coverage.

Inhibiting factors

High turnover and staff mobility negatively influence on sustainability of the project, because due to these previously trained staff are changed or move away and new staff needs to e trained again.

Frequent natural calamities sometimes negatively influence on the vaccination coverage because due to harsh winter and draught people move from their original living places to other aimags where they are not registered and can not access health services including vaccination.

3.2.3 Conclusion for EPI Project

1. Mongolia received Poliomyelitis Free Certification from WHO Regional Pacific Regional Commission in 2001. It is one of the greatest impacts of the Project.
2. The project was also successful in increasing vaccine coverage in Mongolia. Due to activities implemented by EPI project, vaccine coverage in Mongolia has been increasing constantly and kept higher than 95% for all six main vaccines for the last 5 years.
3. A reliable cold chain is established and functioning, EPI disease surveillance system and nationwide information network is in place. It promotes sustainability of EPI program in Mongolia.
4. The project has positively contributed to creation of favorable legislative and policy environment regarding immunization, sensitization of policy-makers and decision makers, improvement of institutional and human resource capacity both at central and local levels, and improvement of knowledge, attitude and practice of general population.
5. Currently, the National Immunization Program is implemented as part of National Communicable Diseases Control Program and will be continued until 2010. After 2010, it is also expected that the Program will continue on sustainable basis.

IV. COLLABORATION OF INTERNATIONAL AND BILATERAL ORGANIZATIONS

Many international organizations support IDD Elimination and EPI projects and contribute towards sustainability of these projects. The most significant contributors were UNICEF and WHO and some other organizations are involved on short period or on only one aspects of the project.

1. UNICEF

UNICEF has been working on these projects from the very beginning in close collaboration with JICA and WHO. It embraces a Strategy to "Reach every district", meant to reach vulnerable and poor people, and until now it works following the work plan, which is developed in collaboration with JICA.

Regarding IDD Program:

During last several years, UNICEF has been organizing many activities in the field of IDD elimination and salt iodization including training of state inspectors, salt manufacturers, local government people and health professionals. It also provided testers and labs to state inspection agencies and its branches.

Regarding the sustainability of the Program, UNICEF feels that because the program has not reached its goals fully, the third phase should be approved and implemented. In the future, UNICEF plans to continue of supports IDD program, however it will support not the full program but the parts, which needs to be improved and strengthened. It is planning to conduct Joint evaluation of the Program by a team consisted of national counterparts, external consultants, and may be international consultant in 2006. On the basis of findings of the Joint evaluation, it will decide its future plans regarding IDD elimination program. Certainly, UNICEF will support Nutritional surveys, which is conducted every 4 years.

Regarding EPI Program:

Strategy to "Reach every district" will be continued and UNICEF will address problems of vulnerable group of population and target population. It will support strengthening surveillance system. It will also continue supplying vaccines until 2010.

2. WHO

WHO has been working on both IDD Elimination and EPI programs and has been supporting cold chain and providing technical assistance through professional guidance and advice on different fields.

In the future WHO plans to do the following things:

- will work continuously with these projects especially EPI;
- will support capacity building of Lab-based surveillance system;
- will introduce policy to vaccinate not only in childhood but at any eligible age;
- will promote integration of vaccination with other health sector interventions

3. Others

There are also some other international organizations, which support certain elements of these programs or provide support only for a short time or is new in the field. Those are: Global Alliance for Vaccine and Immunization, World vaccine fund, an Italian Vodafone company, ADRA international organization and others.

V. RECOMMENDATIONS AND LESSONS LEARNED

5.1. Recommendations

Regarding IDD Control Program

- ① Utilization of iodized salt is still lower in western region's aimags compared to other regions. Therefore, the government should take actions aimed improving access to iodized salt in western aimag, decreasing price of iodized salt and controlling use of non-iodized salt by local people.
- ② Knowledge and attitude of general population relies on frequency of information given to them. Therefore, in order to sustain achievements of the Project, appropriate funding should be allocated for IEC activities directed for the general population.
- ③ There is a need to pay special attention on mobility of trained health professionals and need to develop comprehensive human resource development policy aimed to ensure sustainability of trained work force of health sector especially in rural area.
- ④ In order to promote exploitation of salt deposits by local businessmen, taxation on ownership of small salt deposit should be very low or temporarily free of tax. Currently, tax on salt deposit exploitation is equal to gold deposit tax.
- ⑤ There are around 90 rivers and lakes from which local people get non-iodized salt and utilize for cooking purposes, when they are unattended and guarded. Therefore, local governments need to pay attention on ownership of natural salt deposits and prevent local people from using non-iodized salt from their local areas.

Regarding EPI Program

- ① Cold chain equipment provided by JICA, UNICEF and WHO are becoming old and requires maintenance. Currently 10.3 percent of them are broken and not utilized. Therefore, government should pay attention on preparing qualified repairmen and allocating budget for purchase of necessary spare parts and maintenance of equipment.
- ② In order to operate the Vaccine fund efficiently, Mongolia needs to work with step-by-step plan and to seek ways to buy vaccines cheaper by using contacts of international partners.

5.2. Lessons learned

- ① The IDD elimination project evaluation is mostly based on data of 1st (1992), 2nd (2000-2001) and third (2004) National Nutritional Surveys. However, 2nd Survey data is data of 2000-2001 and third Survey data are data of 2004. It means they are not actual figures corresponding to the time of completion (Sep 2002) and impact 3 years of after the completion (2005). It is advisable to have conducted third National Survey in 2005 exactly 3 years after the completion of the project in order to get true picture.
- ② These 3 consequent surveys used sometimes used different methods and indicators, which makes comparison difficult. For instance, to show iodine content in urine Survey II used arithmetic mean while Survey III used median. Therefore, attention should be paid to use the same method and indicators.

VI. ATTACHMENTS

QUESTIONNAIRES USED FOR INTERVIEW

Questionnaire to Policy Level Institutions /MOH, MOFA/

Part I. IDD Elimination program

Q1: Governmental Policy

1-1 As a result of IDD elimination program implementation, were there any changes in governmental policy? Yes, No
If Yes, what are those changes in policy?

Q2: Questions related to the impact of the project

2-1. Where there any positive or negative impact on any of the following field as a result of IDD Elimination program:

- The policy
- Economic impact
- To the organization and structure
- To the technological reform
- Impact to human right and poverty

2-2. What level implementing agencies' institutional capacities have been improved and to what extent?

2-3. Where there negative impacts of institutional capacity?

2-4. Where there positive or negative impacts on target group population especially minority and vulnerable groups as a result of the Project? What are they?

2-5. Where there any external factors that supported or inhibited achievements of the Project?

Q3: Questions related to the sustainability of the project

3-1. Is Mongolian government capable to maintain the Project achievements in terms of:

- Policy
- Funding
- Human resource
- Institutional capacity

3-2. What are the factors that support or inhibit sustainability of the Project outcomes?

Part II. EPI program

Q1: Governmental Policy

1-1 As a result of EPI program implementation, were there any changes in governmental policy? Yes, No
If Yes, what are those changes in policy?

Q2: Questions related to the impact of the project

2-1. Where there any positive or negative impact on any of the following field as a result of EPI program:

- The policy
- Economic impact
- To the organization and structure
- To the technological reform
- Impact to human right and poverty

2-2. What level implementing agencies' institutional capacities have been improved and to what extent?

2-3. Where there negative impacts of institutional capacity?

2-4. Where there positive or negative impacts on target group population especially minority and vulnerable groups as a result of the Project? What are they?

2-5. Where there any external factors that supported or inhibited achievements of the Project?

Q3: Questions related to the sustainability of the project

3-1. Is Mongolian government capable to maintain the Project achievements in terms of:

- Policy
- Funding
- Human resource
- Institutional capacity

3-2. What are the factors that support or inhibit sustainability of the Project outcomes?

Questionnaire to Implementation Agencies

National level institutions: PHI, NCCD, State Professional Inspection Agency

Local Level institutions: Local government, Ulaanbaatar city Health Department, Aimag Health Department, Soum hospital, Family Group Practice

Part I. IDD Elimination program

Q1: Questions related to the impact of the project

1-1. Where there any positive or negative impact on any of the following field as a result of IDD Elimination program:

- To the organization and structure
- To the technological reform
- Organizational capacity /human resource etc/

1-2. Has institutional capacity of your organization or your aimag/city improved as a result of IDD elimination program, if so to what extent?

1-3. Where there negative impacts on institutional capacity?

1-4. Where there positive or negative impacts on target group population especially minority and vulnerable groups as a result of the Project? What are they?

1-5. Where there any external factors that supported or inhibited achievements of the Project?

Q2: Questions related to the sustainability of the project

2-1. Is your organization/aimag/city capable to maintain the Project achievements in terms of:

- Funding
- Human resource
- Institutional capacity

2-2. What are the factors that support or inhibit sustainability of the Project outcomes?

Part II. EPI program

Q1: Questions related to the impact of the project

1-1. Where there any positive or negative impact on any of the following field as a result of EPI program:

- To the organization and structure
- To the technological reform
- Organizational capacity /human resource etc/

1-2. Has institutional capacity of your organization or your aimag/city improved as a result of EPI program, if so to what extent?

1-3. Where there negative impacts on institutional capacity?

1-4. Where there positive or negative impacts on target group population especially minority and vulnerable groups as a result of the Project? What are they?

1-5. Where there any external factors that supported or inhibited achievements of the Project?

Q2: Questions related to the sustainability of the project

2-1. Is your organization/aimag/city capable to maintain the Project achievements in terms of:

- Funding
- Human resource
- Institutional capacity

2-2. What are the factors that support or inhibit sustainability of the Project outcomes?

Questionnaire to other International Organizations /WHO, UNICEF, ADB/

Part I. IDD Elimination program

Q1: Questions related to the impact of the project

1-1. Does your organization support IDD Elimination program, if so what were main directions:

- Policy
- Capacity building
- Organization and structure
- Technological reform

If so, please describe in detail.

1-2. What is your policy regarding the future of IDD elimination programme?

1-3. Where there any positive or negative impacts on national institutional capacity? If so, what are they?

1-4. Where there positive or negative impacts on target group population especially minority and vulnerable groups as a result of the Project? If so, what are they?

1-5. Where there any external factors that supported or inhibited achievements of the Project?

Q2: Questions related to the sustainability of the project

2-1. Do you think that the Mongolian side was capable to maintain the Project achievements in terms of:

- Policy
- Financing
- Human resource
- Institutional capacity

2-2. What are the factors that support or inhibit sustainability of the Project outcomes?

Part II. EPI program

Q1: Questions related to the impact of the project

1-1. Does your organization support EPI program, if so what were main directions:

- Policy
- Capacity building
- Organization and structure
- Technological reform

If so, please describe in detail.

1-2. What is your policy regarding the future of EPI programme?

1-3. Where there any positive or negative impacts on national institutional capacity? If so, what are they?

1-4. Where there positive or negative impacts on target group population especially minority and vulnerable groups as a result of the Project? If so, what are they?

1-5. Where there any external factors that supported or inhibited achievements of the Project?

Q2: Questions related to the sustainability of the project

2-1. Do you think that the Mongolian side was capable to maintain the Project achievements in terms of:

- Policy
- Financing
- Human resource
- Institutional capacity

2-2. What are the factors that support or inhibit sustainability of the Project outcomes?

Evaluation Grid: IDD Elimination program

C r i t e r i a	Evaluation Questions		Achievement criteria/ Measures	Data needed	Data source	Data collection method
	Main questions	Sub-questions				
I M P A C T	1. To what degree had the overall goal of the project been achieved since the time of terminal evaluation?	1. Has the goiter rate reduced to and been maintained at rate lower than 10%? 2. Has median value of urinary iodine been reached to maintained at value lower than 100µg/L?	1. Compare the newly obtained information with the Terminal Evaluation Report 2. Compare the newly obtained information with the Terminal Evaluation Report	1. Goiter rate 2. Value of urinary iodine	1. PHI 2. PHI	1. Literature /Document search 2. Literature /Document search
	2. What positive impacts has the project resulted in besides what were originally intended?	Where there positive impact on any of the following field: 1. The policy 2. Economic impact 3. To the organization and structure 4. To the technological reform 5. Impact to human right and poverty	Describe the result of discussion with implementing agencies	Information about any possible impact	1. MOH 2. MOAI 3. PHI 4. Unicef 5. Local agencies	Questionnaire Interview
	3. What negative impacts has the project resulted in besides what were originally intended?	Where there positive impact on any of the following field: 1. The policy 2. Economic impact 3. To the organization and structure 4. To the technological reform 5. Impact to human right and poverty	Describe the result of discussion with implementing agencies	Information about any possible impact	1. MOH 2. MOAI 3. PHI 4. Unicef 5. Local agencies	Questionnaire Interview

	4. Had the project contributed to the improved institutional capacity of implementing agency? Has the project negatively contributed to the promotion of environmental and social development; in particular in the sector of capacity building of human resources and private institutions?	1. What level implementing agencies' Institutional capacities have been improved and to what extent? 2. Where there negative impacts of institutional capacity?	Describe the result of discussion with implementing agencies	Information about institutional capacities	1. MOH 2. MOAI 3. PHI 4. Unicef 5. Local agencies	Questionnaire Interview
	5. Among positive changes made, how has the project implementation empowered the target group economically and socially? What negative changes have been brought to the beneficiaries, including minority and vulnerable group?	1. Which of the target groups were empowered as a result of the Project and how? 2. Where there negative impacts on minority and vulnerable groups as a result of the Project?	Describe the result of discussion with implementing agencies	Information about possible changes	1. MOH 2. MOAI 3. PHI 4. Unicef 5. Local agencies	Questionnaire Interview
	6. Were there any external factors, which affected on achievement of the Project?	1. Were there external factors that supported achievements of the Project? 2. Were there any external factors that inhibited achievements of the Project?	Describe the result of discussion with implementing agencies	Information about possible changes	1. MOH 2. MOAI 3. PHI 4. Unicef 5. Local agencies	Questionnaire Interview
SUSTAINABILITY	1. Is the Mongolian side capable of maintaining benefits accrued as a result of achieving the Project purpose and overall goal?	Capacity of the Mongolian side to maintain the Project achievements in terms of: ▪ Policy ▪ Funding ▪ Human resource ▪ Institutional capacity	Compare the newly obtained information with the Terminal Evaluation Report	Information on current situation of: ▪ Policy ▪ Funding ▪ Human resource ▪ Institutional capacity	1. MOH 2. MOAI 3. PHI 4. Local agencies	Questionnaire Interview

	2. How likely are the project outputs to be maintained?	1. Does policy support maintenance of the Project achievements? 2. Are there planned activities aimed to maintain the Project outputs?	Compare the newly obtained information with the Terminal Evaluation Report	Policy documents/Recent decisions/Current and proposed plans	1. MOH 2. MOAI	Questionnaire Interview Literature/Document search
	3. What are the factors that have contributed or inhibited the sustainability of the Project outcomes: such as appropriateness of project planning and technology transferred; and external factors?	1. What are the factors that support sustainability of the Project outcomes? 2. What are the factors that inhibit sustainability of the Project outcomes?	Describe significant factors and inquire their reasons	Information on current situation of: <ul style="list-style-type: none"> ▪ Policy ▪ Funding ▪ Human resource ▪ Institutional capacity ▪ Social/economic/geographical situation 	1. MOH 2. MOAI	Questionnaire Interview Literature/Document search

Evaluation Grid: EPI program

Criteria	Evaluation Questions		Achievement criteria/Measures	Data needed	Data source	Data collection method
	Main questions	Sub-questions				
IMPACT	1. To what degree had the overall goal of the project been achieved since the time of terminal evaluation?	1. How many WHO certification has Mongolia received have they been kept? 2. Has national EPI program improved? 3. Has EPI surveillance system improved and maintained?	Compare the newly obtained information with the Terminal Evaluation Report	1. Number of WHO certificates 2. Data on EPI program performance 3. Data on surveillance system performance	1. MOH 2. NCCD 3. WHO 4. Unicef	Literature/Document search

2. What positive impacts has the project resulted in besides what were originally intended?	Where there positive impact on any of the following field: 1. The policy 2. Economic impact 3. To the organization and structure 4. To the technological reform 5. Impact to human right and poverty	Describe the result of discussion with implementing agencies	Information about any possible impact	1. MOH 2. NCCD 3. Local agencies	Questionnaire Interview
3. What negative impacts has the project resulted in besides what were originally intended?	Where there positive impact on any of the following field: 1. The policy 2. Economic impact 3. To the organization and structure 4. To the technological reform 5. Impact to human right and poverty	Describe the result of discussion with implementing agencies	Information about any possible impact	1. MOH 2. NCCD 3. WHO 4. Unicef 5. Local agencies	Questionnaire Interview
4. Had the project contributed to the improved institutional capacity of implementing agency? Has the project negatively contributed to the promotion of environmental and social development; in particular in the sector of capacity building of human resources and private institutions?	1. What level implementing agencies' institutional capacities have been improved and to what extent? 2. Where there negative impacts of institutional capacity?	Describe the result of discussion with implementing agencies	Information about institutional capacities	1. MOH 2. NCCD 3. WHO 4. Unicef 5. Local agencies	Questionnaire Interview

	5. Among positive changes made, how has the project implementation empowered the target group economically and socially? What negative changes have been brought to the beneficiaries, including minority and vulnerable group?	1. Which of the target groups were empowered as a result of the Project and how? 2. Where there negative Impacts on minority and vulnerable groups as a result of the Project?	Describe the result of discussion with implementing agencies	Information about possible changes	1. MOH 2. NCCD 3. WHO 4. Unicef 5. Local agencies	Questionnaire Interview
	6. Were there any external factors, which affected on achievement of the Project?	1. Were there external factors that supported achievements of the Project? 2. Were there any external factors that inhibited achievements of the Project?	Describe the result of discussion with implementing agencies	Information about possible changes	1. MOH 2. NCCD 3. WHO 4. Unicef 5. Local agencies	Questionnaire Interview
SUSTAINABILITY	1. Is the Mongolian side capable of maintaining benefits accrued as a result of achieving the Project purpose and overall goal?	Capacity of the Mongolian side to maintain the Project achievements in terms of: ▪ Policy ▪ Funding ▪ Human resource ▪ Institutional capacity	Compare the newly obtained information with the Terminal Evaluation Report	Information on current situation of: ▪ Policy ▪ Funding ▪ Human resource ▪ Institutional capacity	1. MOH 2. NCCD 3. Local agencies	Questionnaire Interview
	2. How likely are the project outputs to be maintained?	1. Does policy support maintenance of the Project achievements? 2. Are there planned activities aimed to maintain the Project outputs?	Compare the newly obtained information with the Terminal Evaluation Report	Policy documents/Recent decisions/Current and proposed plans	1. MOH 2. NCCD	Questionnaire Interview Literature/ Document search

	<p>3. What are the factors that have contributed or inhibited the sustainability of the Project outcomes: such as appropriateness of project planning and technology transferred; and external factors?</p>	<p>1. What are the factors that support sustainability of the Project outcomes? 2. What are the factors that inhibit sustainability of the Project outcomes?</p>	<p>Describe significant factors and inquire their reasons</p>	<p>Information on current situation of:</p> <ul style="list-style-type: none"> ▪ Policy ▪ Funding ▪ Human resource ▪ Institutional capacity ▪ Social/economic/geographical situation 	<p>1. MOH 2. NCCD</p>	<p>Questionnaire Interview Literature/ Document search</p>
--	---	--	---	---	---------------------------	--

List of places visited and persons met

No	Places visited	Persons met
1	Ministry of Health	1. D.Narangerel, Officer in charge of communicable diseases control, Policy Coordination Division, MOH 2. B. Bolorchimeg, officer in charge of nutrition and food, Policy Coordination Division, MOH
2	Ministry of Food and Agriculture	Ts.Bat-Erdene, officer in charge of National IDD Control Program, MOFA
3	National Center for Communicable diseases	Ch.Munkhtsetseg, EPI team, NCCD Orgil, EPI team, NCCD Gantulga, EPI team, NCCD
4	Public Health Institute	P.Enkhtuya, Director, Sector of non-communicable diseases epidemiology
	State Specialized Inspection Agency	1. Sh. Uranchimeg, State inspector for food 2. B.Adyajav, State inspector for communicable diseases control
5	UNICEF	M.Tuya, Project officer, food and nutrition
6	WHO	Mendsaikhan, EPI programme in-country advisor
7	Ulaanbaatar city Health Department	N.Oyunbileg, Director, Health division, UB Health Department
8	Family Group Practices in UB	1. B.Sarantuaya, Head doctor, FGP, Sukhbaatar district 2. R.Erdenechimeg, Head doctor, FGP, Khan-Uul district
9	Uvurkhangai aimag Health Department	1. B.Saymaa, Director, Aimag Health Department 2. Ch.Banzar, Officer, AHD 3. D. Narantsetseg, Officer, AHD 4. M.Zolzaya, Officer, AHD 5. S.Dolgormaa, person responsible for National IDD control programme
10	Uvurkhangai aimag, Family Group Practices	1. D.Shiilegsuren, Head doctor, Uyan setgel FGP 2. H.Bundjav, Enkhiin hurd, FGP
11	Uvurkhangai aimag, Small-scale salt factory	Surenjav, owner of the salt iodization factory
12.	Soum hospital, Tuv aimag	D.Dolgor, Head of Erdenesant soum hospital G.Unurnasan, Erdenesant soum hospital B.Erdenechimeg, Erdenesant soum hospital

Reference

1. Child Nutrition Survey, UNICEF, 1993
2. Impact evaluation of projects and programs implemented in health sector, Poverty Research and Employment Facilitation for Policy Development, UNDP/SIDA/01/U01 Project, 2005
3. Nutrition Status of Population of Mongolia, Second national nutrition survey, 2002
4. Report of activities implemented within the framework of IDD Control Program, Public Health Institute, 2004
5. Report, Monitoring Survey for Cold Chain Equipment, JICA, 2002
6. MOH- Annual report of National IDD Control Program, 2002-2005
7. MOH- Annual report of National Program on Communicable Diseases Control, 2002-2005
8. Joint evaluation report on Maternal and Child Health Project, JICA, 2002
9. National IDD Control Program
10. National Program for Communicable Diseases control,
11. Health sector 2002, Reducing maternal mortality, MOH
12. Health sector 2003, Soum hospital, MOH

