Training Program for the MCA-Mongolia
Non-Communicable Diseases and Injuries (NCDI) Health Project

FINAL REPORT

Contract Number: CA/MCA-M/MCC/HEA/LTC/CS/063/2010

Submitted to:
MCA-Mongolia Health Project Implementation Unit

Submitted by:

Onom Foundation
Ulaanbaatar, Mongolia

and

Eurasian Medical Education Program
Washington, DC USA
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1. MCA-MONGOLIA HEALTH PROJECT TRAINING PROGRAM

1.1. A Brief Introduction to the Training Logistics Contract

Recognizing non-communicable disease and injuries (NCDI) as principal contributors to the excess morbidity and mortality in Mongolia, the Government of Mongolia developed the Health Project with the Millennium Challenge Corporation of the United States Government. In respect to non-communicable disease (NCD), the principle focus of the MCA-Mongolia Health Project is on cardiovascular disease, diabetes, cervical cancer and breast cancer, whereas on injuries, the principle focus is on road traffic safety. In addressing the issues, the MCA-Mongolia Health Project seeks to introduce new skills, new techniques and technologies, and evidence based approaches via short-term training that constitutes a part of activities conducted within the project.

A request for proposal was issued on May 5, 2010 by MCA-Mongolia to select a training logistics contractor (TLC) via international competitive bidding process, in which a quality and cost based selection method was designated to evaluate the submitted proposals. The main duty of TLC was to carry out logistical arrangements of the Health Project training activity.

The Onom Foundation (OF) and Eurasian Medical Education Program (EMEP) Partnership responded to this request for proposals and its proposal received the highest technical score, while its financial offer was the least expensive. Consequently, the OF-EMEP Partnership advanced to the next stage of the procurement process and entered in contract negotiation with MCA-Mongolia in August of 2010. After successful contract negotiation, the contract was officially signed on August 13, 2010, the implementation was launched on September 1, 2010. The initial contract amount was MNT 3,343,523,954.00 (Three Billion Three Hundred Forty Three Million Five Hundred Twenty Three Thousand Nine Hundred Fifty Four Only).

Within the training program, the OF-EMEP Partnership, the training logistics contractor, was tasked provide comprehensive logistics service for nationwide training under the MCA-Mongolia Health Project for Non-Communicable Diseases and Injures (NCDI). In particular, 39 different NCDI training modules for medical and non-medical staff were carried out by the contractor using newly developed curricula, modules and training materials, developed and pre-tested by EPOS Health Management, the Institutional Contractor of the MCA-Mongolia Health Project. The target groups of these training were family doctors, soum general doctors, general practitioners’ nurses, doctors specialized in cardiology, endocrinology, public health specialist, local health organization managers, quality managers, health education teachers, schoolteachers and doctors of the secondary schools, social workers, community members and directors or managers the public and private organizations. The master trainers were trained in training-of-trainers courses which were pre-tested and later conducted by EPOS Health Management.
In the OF-EMEP Partnership, the Onom Foundation was the prime organization that was charged to carry out all tasks related to training program implementation on the ground, while the EMEP was tasked to perform internal monitoring and evaluation.

The initial preparation for training activity was conducted during September – December 2010, including publication of training materials, establishment of logistical system, selection and training of local coordinators, and information technology infrastructure. Training program was carried out during 2011-2012 and contract was successfully completed by December 31, 2012.

Because of training implementation structure changes, additional refresher training, and budget shortages, the initial contract was amended four times during the contract implementation:

<table>
<thead>
<tr>
<th>Amendment</th>
<th>Date</th>
<th>Lump Sum Contract Amount [MNT]</th>
<th>Brief Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amendment 1</td>
<td>March 7, 2011</td>
<td>3,578,032,954.00 (Funding increased by 234,509,000.00)</td>
<td>Training implementation structure changes were made based on findings during the training-of-trainers conducted by EPOS Health Management, the International Institutional Contractor. Additional funding was allocated to account for added costs associated with these changes.</td>
</tr>
<tr>
<td>Amendment 2</td>
<td>April 8, 2011</td>
<td>No cost change</td>
<td>Dr. Jargalsaikhan Dondog, the Team Leader was hired by the Ministry of Health as the Chairwomen of the Department of Monitoring and Evaluation. Dr. Altantsetseg Togoo was selected as the Team Leader and Dr. Ragchaa Byambaa as the Chief Training Officer. Thus, the contract was amended to reflect these personnel changes.</td>
</tr>
<tr>
<td>Amendment 3</td>
<td>January 19, 2012</td>
<td>4,034,526,354.00 (Funding increased by 456,493,400.00)</td>
<td>Due to postponement of the NCD screening program, refresher training was added to the scope of work based on recommendations of the Independent Evaluation Panel and EPOS Healthcare Management, the International Institutional Technical Assistance Contractor for the MCA-Mongolia Health Project. With this contract amendment, the total number of training person-days was increased to 48,440.</td>
</tr>
</tbody>
</table>
Amendment 4  May 4, 2012  3,938,820,354.00 (Funding decreased by 95,706,000.00)

Because of budget shortage of the MCA-Mongolia Health Project, the Second National NCDI Conference was cancelled, and the funds allocated for the conference was retracted.

<table>
<thead>
<tr>
<th>Amendment</th>
<th>Date</th>
<th>Amount</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amendment 4</td>
<td>May 4, 2012</td>
<td>3,938,820,354.00</td>
<td>(Funding decreased by 95,706,000.00) Because of budget shortage of the MCA-Mongolia Health Project, the Second National NCDI Conference was cancelled, and the funds allocated for the conference was retracted.</td>
</tr>
</tbody>
</table>

**Table 1. Brief Review of Contract Amendments**

The MCA-Mongolia Health Project monitoring and evaluation resulted in handful of changes and tweaks to make the training activities in concert with other project components and activities. For instance: in late 2011, a group of independent experts, hired by MCA-Mongolia Health Project, carried out evaluation for the training activity organized by the Onom Foundation. The evaluation team concluded that the trainings were organized in effective manner and participants acquired good knowledge, however, they recommended refresher training for the general practitioners, family doctors, midwives, nurses and quality managers of the primary health care units in order to refresh the knowledge obtained during the training for the upcoming nationwide screening. In accordance with this recommendation, MCA-Mongolia tasked our team to carry out additional 7,440 person-days of refresh training under the Contract Amendment 3 that was signed in January 2011, bringing the total number of training person-days to **48,440**. Finally, it should be noted that all deliverables and reports were submitted on time and according to the deliverables schedule, which can be demonstrated by the S-curve.

**1.2. Objectives and Main Assignments of the Training Logistics Contractor**

The main objective of the training component of the MCA-Mongolia Health Project is to introduce new skills, new techniques and technologies, and evidence based via short-term training and workshops, and introduce and disseminate clinical guidelines by organizing conferences and meetings. Therefore, the OF-EMEP Partnership, the Training Logistics Contractor, kept the above-mentioned objective in implementing the contract with MCA-Mongolia.

There are three main assignments within the training program to the OF-EMEP Partnership, the Training Logistics Contractor as per the final contract with MCA-Mongolia:

- **Task 1: Conduct 41,000 person days of training**

  TLC was tasked to provide comprehensive logistics service for nationwide NCDI training program of the Health Project. As noted earlier, 39 different NCDI training modules for medical and non-medical staff were organized by the TLC using curricula, modules and
training materials developed and pre-tested by EPOS Health Management, the Institutional Contractor of the Health Project. The master trainers were trained by in training-of-trainers courses carried out by EPOS Health Management. The target groups of these trainings were general practitioners and nurses of primary healthcare units, doctors specialized in cardiology, endocrinology, public health specialists, local health organization managers, quality managers, health education teachers, secondary school teachers and doctors, social workers, community members, and directors or managers of the public and private organizations.

• Task 2: Organize one in-country national NCDI conference

TLC was requested to organize and facilitate national NCDI conference with up to 300 participants from 21 aimags and 9 districts of Ulaanbaatar to share experiences and documented lessons learnt. The conference was designed by EPOS Health Management and the Health Project.

• Task 3: Organize 7,440 person days of refresh training

In November of 2011, a group of independent evaluators, hired by MCA-Mongolia Health Project, carried out evaluation for the training activity organized by the TLC. The evaluation team concluded that the trainings were organized in effective manner and participants acquired good knowledge. However, they recommended refresher training for the general practitioners, family doctors, midwives, nurses and quality managers of the primary health care units in order to refresh the knowledge obtained during the training for the upcoming nationwide screening. In accordance with the recommendation of independent evaluation panel and EPOS Health Management, MCA-Mongolia Health Project tasked TLC to carry out additional 7,440 person-days of refresh training under the Contract Amendment 3.

More details on completion of these tasks and other related information can be found in specific sections presented throughout this report.
2. PROGRAM MANAGEMENT REVIEW

2.1. Duty Allocation in the OF-EMEP Partnership

Within the OF-EMEP Partnership, the Onom Foundation was the prime organization that was charged to carry out logistical tasks related to conducting the training program within the project implementation on the ground, whereas Eurasian Medical Education Program was tasked to perform internal monitoring and evaluation. To formalize this arrangement officially, the Memorandum of Understanding was signed between the Onom Foundation and Eurasian Medical Education Program (Institute for Health Policy Analysis), which is attached to this report.

Figure 1. Dr. Naranbaatar Dashdorj of the Onom Foundation and Dr. Harvey Sloane of EMEP at the Meeting prior to the First NCDI National Conference in 2011.

For this arrangement, colleagues at EMEP reviewed the quarterly reports, provided feedback, and shared their experiences of organizing continuing medical education training. In turn, the TLC team made an earnest effort in incorporating EMEP’s feedback into the implementation of the contract. In addition, Dr. Harvey Sloane, Director for Public Health at the Institute for Health Policy Analysis made an official internal monitoring and evaluation trip in September
of 2011 (See a photo in Figure 1). At the National Conference, Dr. Sloane co-chaired a session on public health and shared his perspective on public health track record in the United States, specifically the importance smoking cessation with the audience at the National Conference. After the trip, Dr. Harvey Sloane provided his feedback on organization of the First NCDI National Conference, and ways to improve organization of the Second NCDI National Conference. However, the TLC team was not able to implement those feedbacks, since the Second NCDI National Conference was cancelled by MCA-Mongolia because of funding shortage.

2.2. Project Management Structure

To successfully carry out 48,440 person days of training with over seventeen thousand participants and to organize large-scale national conference with several hundred attendees, it was absolutely critical to have streamlined and effective project management structure in place. In addition, it was necessary to have transparent and effective operations management with clearly delineated functional responsibilities and duties assigned to project personnel and ambiguously defined chain of leadership.

With these considerations and requirements in mind, we utilized a very simple and streamlined project management structure shown in Fig. 2. As illustrated in this figure, the TLC Team was operated under the leadership of the Team Leader, who provided all necessary senior level management and supervision. The Chief Training Logistics Officer (CTLO) was in charge of all logistics aspect of the training program. The Chief Financial Officer (CFO) was tasked to oversee the financial management. In addition to their professional leadership, CTLO and CFO were tasked respectively to supervise a number of short and long term logistics coordinators and accountants. The TLC Team also included dedicated support personnel, reporting directly to the Team Leader.

With this management structure, the TLC Team had day-to-day responsibility for executing all technical aspects of the project and working with the Health Project Implementation Unit (PIU) and EPOS Health Management, the lead technical assistance contractor responsible for developing all technical contents for the training courses and conducting of training-of-trainers. The TLC Team operated with considerable autonomy within the framework established by the OF-EMEP Partnership. In addition to the requisite reporting, the Team Leader reported to the Project Director, on project progress and/or obstacles to progress. In turn, the Project Director was responsible for keeping the OF-EMEP Partnership informed and up-to-date on the project status. The OF-EMEP Partnership responded immediately to all team requests or alerts and to any other indications that performance did not meet or exceed expectations and agreed standards. The Project Director discussed any problems with the Team Leader, agreed on what corrective actions are most appropriate and provided the support that was needed.
This clearly defined and unambiguous chain of leadership ensured responsive, effective, and accountable management framework. To further improve this management framework, responsibilities and duties of each and every project personnel were refined at greater detail during the project start-up phase. At the same time, proper and objective quality control, monitoring and evaluation were added to this management structure:

![TLC Management Structure Diagram]

**Figure 2. TLC Management Structure**

At the outset of the contract implementation in September of 2010, TLC hired 4 support staff in addition to three key professionals. In other words, the TLC core team consisted of 7 professionals. However, our team expanded significantly to over 40 professionals with wide variety of backgrounds ranging from medical doctors to finance specialist and lawyers toward the end of 2010.

As noted in Section 1.1, Dr. Jargalsaikhan Dondog, the Former TLC Team Leader, resigned from her position to serve as the Head of the Monitoring and Evaluation Department at the Ministry of Health. In order to ensure continuity of over all supervision for the contract, Dr. Altantsetseg Togoo, the Chief Training Logistics Officer was promoted as the Team Leader.

Please note that the selection was made in accordance with the contract terms and Amendment 2 was made to change the key personnel.
Since the beginning of project implementation, Dr. Altantsetseg was exemplary in her performance as the Chief Training Logistics Officer of the TLC Team. Dr. Altantsetseg excelled as the Team Leader, as we expected at the outset because of her extensive managerial and leadership experience.

<table>
<thead>
<tr>
<th>Position</th>
<th>Effort in Person Months</th>
<th>Key Professionals Name</th>
<th>Educational Qualifications</th>
<th>Profession</th>
<th>Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Project Director</td>
<td>Intermittent</td>
<td>Naranbaatar Dashdorj</td>
<td>Ph.D.</td>
<td>Physicist</td>
<td>Project management and administration</td>
</tr>
<tr>
<td>2 Team Leader</td>
<td>Full-time and 28 person-months</td>
<td>Togoo Altantsetseg 04/2011 - 12/2012</td>
<td>M.D. and Ph.D.</td>
<td>Medical Doctor</td>
<td>Medical education, healthcare administration, and project management.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jargalsaihan Dondog 09/2010 - 04/2011</td>
<td>M.D. and Ph.D.</td>
<td>Medical Doctor</td>
<td>Monitoring and evaluation and project management.</td>
</tr>
<tr>
<td>3 Chief Training Logistics Officer</td>
<td>Full-time and 28 person-months</td>
<td>Ragchaa Byambaa 04/2011 - 12/2012</td>
<td>M.D. and Ph.D.</td>
<td>Medical Doctor</td>
<td>Healthcare and public administration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Togoo Altantsetseg 09/2010 - 04/2011</td>
<td>M.D. and Ph.D.</td>
<td>Medical Doctor</td>
<td>Medical education, healthcare administration, and project management.</td>
</tr>
<tr>
<td>4 Chief Financial Officer</td>
<td>Full-time and 28 person-months</td>
<td>Damiran Suvdaa</td>
<td>M.B.A.</td>
<td>Finance Specialist</td>
<td>Financial management and budgeting</td>
</tr>
</tbody>
</table>

Table 2. TLC Core Team

For the Chief Training Logistics Officer of the TLC Team, Dr. Ragchaa Byambaa was recruited in place of Dr. Altantsetseg. Dr. Byambaa is a recognized leader in Mongolian healthcare system. Dr. Byambaa served as the Vice Minister of Health and played important role in transforming the healthcare system during the difficult transition phase in 1990s. More recently, Dr. Byambaa served as the Senior Advisor to two Ministers of Health.
Thanks to these senior capacities and other equally important roles, he acquired a great wealth of knowledge and expertise that was very beneficial for carrying out tasks associated with organizing training sessions within the Training Logistics Contract. Again, Dr. Byambaa’s appointment was made in accordance with the contract terms. These personnel changes were introduced into the contract with the Amendment 2.

As on-site trainings were simultaneously conducted throughout Mongolia, covering all 22 provinces, all 9 districts of Ulaanbaatar, and Railway Hospital, we recruited and contracted 32 local training coordinators in coordination with the Departments of Health around the country. Expertise and background of our local training coordinators, who were integral part of the TLC implementation, were very wide and diverse. Detailed information about our local training coordinators along with their contact information can be found on the project training web portal: http://www.surgalt.net/.

In addition, efforts of our project team and local coordinators to effectively implement the contract were supported by the backstopping personnel at the Onom Foundation. Such support played an important role in supporting the TLC implementation by providing on-demand and readily available assistance for various difficult issues involving information technology, publishing of training materials, organization of large-scale events such as national conferences, and supply of training equipment.

It should be noted that these backstopping personnel were not compensated by the training logistics contractor in other words, they are not on the TLC payroll. As part of the overall project management, the Onom Foundation provides this support, which has been proven to be absolute necessity because of high-load of the training implementation.
3. TRAINING LOGISTICS CONTRACT IMPLEMENTATION

3.1. Project Implementation Approach

Effective project implementation goes hand-in-hand with efficient management and communication systems. Cost effective and real-time communication and management system ensures appropriate tracking of project progress and control of resources and activities. Because of this understanding, TLC utilized information technology in implementation of the training program. For instance: TLC developed and utilized the main online training portal [http://www.surgalt.net/](http://www.surgalt.net/) that handled flow of information that enabled efficient and timely implementation. The main portal was automated to generate various statistics, database entries were more streamlined. Thanks to these initiatives and developments, the surgalt.net was very powerful tool in project implementation.

![Figure 3. Training Web Portal: www.surgalt.net](http://www.surgalt.net/)

In addition to being fun and entertaining, the online portal played a crucial role in collecting all necessary information about trainees such as their attendance, various surveys, teacher evaluation, credit hour registration and other important information. In turn, information collected via [www.surgalt.net](http://www.surgalt.net) was compiled into a general database used in a number of project implementation activities and financial transactions. Team members, local coordinators, and training instructors constantly communicated over the internet via the training web portal [http://www.surgalt.net/](http://www.surgalt.net/) and mailing lists at...
localcoordinators@onomfoundation.org and trainers@onomfoundation.org by sharing news and events.

In addition, these platforms provided very effective way to find solutions for difficulties facing at the training sites. It should be highlighted that such community-wide communications not only enabled communication but also generated exchange of ideas and healthy level of competition among our extended team members.

Figure 4. Snapshot of sample photos posted on http://www.surgalt.net/

To make www.surgalt.net (Fig. 3) truly unified platform for the training, TLC added certain features such as adding photo and video sharing by local coordinators. These features had been proven to be very popular as many photos have been added by local coordinators. Please refer to Fig. 4 for samples.
Not only photos document the training progress, there are some videos posted on www.surgalt.net that provide very entertaining information about the training taking place in Bulgan province. These short videos were put together by Mr. B. Munkhbaatar, the Local Training Coordinator in Bulgan province.

**Figure 5.** Snapshot of videos posted on [http://www.surgalt.net/](http://www.surgalt.net/)

In addition, we developed and launched the TLC specific website with news flashes and project related information. On this website, interested parties are able to get more information about the training program ([http://onomfoundation.org/projects/tlc/](http://onomfoundation.org/projects/tlc/)). A snapshot of this website is shown in **Figure 6.**
Figure 6. Snapshot of the TLC website
3.2. Approach to Financial Management and Cost Containment

Efficient and proper utilization of the TLC funds was of the utmost importance. Our partnership had a transparent and accountable financial management structure to oversee all TLC financial activities.

In managing the TLC funds, we followed MCC and MCA-Mongolia financial regulations and procedures. Specifically, the TLC's accounting system was structured to support budgeting, planning, financial analysis, control and reporting. The training logistics contractor maintained its accounting records and prepared its financial statements on the accrual basis of accounting. Accordingly, revenue was recognized when earned and expenses are recorded when incurred. The TLC bank statements was reviewed by the Project Director and reconciled immediately upon receipt by the Chief Financial Officer. The Project Director and Chief Financial Officer were the official signatories for all the TLC bank accounts and transactions.

Furthermore, journal entries were posted daily and invoices were processed for payment based on the payment due date. All expenditures were recorded in the accounting system that is used to make all payments and to generate monthly budget reports. The Chief Financial Officer tracked and monitored all budgets at the line-item level and provided monthly financial status reports to the Team Leader and Project Director. These monthly reports compared cash receipts with cash outlays and where possible related financial data to performance unit cost data. Budget analyses were compared on a monthly and end-of-year basis.

Our financial system emphasized accountability for all expenditures of funds and ensured compliance with MCA-Mongolia requirements in the tracking, monitoring and procurement of goods and services, the disbursements of funds and the issuance of reports that reflect program activities and accurate job cost data. On a monthly basis, accounts payable was verified all charges and matched these expenditures against purchase requests. Once paid the invoice was stamped “Paid” and attached to the corresponding purchase order and filed in the TLC vendor file. Direct payment of invoices were coded, approved and filed in the vendor file. In all financial transactions, we actively pursued bank transfers allowing cash transactions only when it was the only choice. In parallel with these financial management measures and arrangements, we placed particular emphasis on containing costs.

**Procurements.** In order to purchase certain items and services with monetary value of beyond certain limit (1.5 million MNT), we obtained competitive bids at least from three sources, in such a way, we ensured that the TLC is getting the most value for its funds. For training stationary, paper, and other office supplies, we negotiated a long-term contract with vendor(s) to lower unit prices of such items. We selected such vendor by getting competitive bidding requests. We checked the market competitiveness of prices regularly to make certain that we had truly reliable and competitive supplier. In this process, we made sure that supplied goods meet our specifications and needs. In obtaining competitive bids, we made
sure that we have internal check as well. For instance: when a logistics staff collected the competitive bids, a staff accountant ensured its reliability and competitiveness and vice versa. Such measures were utilized in all arrangements.

**Travel arrangements.** We negotiated with airlines such as MIAT, Aeromongolia and Eznis and Mongolian Railway Company to get most competitive rates for domestic flights for centralized training participants and trainers. To ensure traceability of financial transactions, we directly paid these companies via bank transfer once the travel itineraries have been finalized, without involving training participants and trainers financially. We also attempted to make such arrangements with ground transportation companies whenever it was feasible.

**Disbursements.** We anticipated that disbursements of per diem to be an activity that will involve most cash transactions, thus we were prepared and we paid particular attention to avoid mishaps and financial irregularities. We actively avoided giving out cash to individuals and set up long-term agreement with Khan Bank to use bank transfers for per diem disbursements. This system worked great!

**Catering.** To provide lunch and refreshments during training sessions, we worked with hotels, restaurants, and catering companies. Again, we established long-term working relationships with companies providing such services. Based on our hands-on experience organizing events requiring such services, we know that there were myriad of options with competitive rates in Ulaanbaatar. TLC carried out survey on such companies and put together a shortlist with certain number of companies based on the quality, sanitation conditions, and price, then TLC contracted with these companies to provide such services.
3.3. Detailed Review of the Work Plan Execution

In line with the scope of work, the TLC team developed overall work plan with four main tasks that include:

1. Overall Preparation
2. Centralized and On-site Training
3. Organizing of National Conference
4. Project Management

The detailed work plan was developed for the entire duration from September 1, 2010 to December 31, 2012 prior to the launch of project implementation.

<table>
<thead>
<tr>
<th>TLC Overall Work Plan for 2010-2012</th>
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<tbody>
<tr>
<td><strong>Activities/Deliverables</strong></td>
</tr>
<tr>
<td>Selection of key professional staff</td>
</tr>
<tr>
<td>Build project communication networks</td>
</tr>
<tr>
<td>Set up project implementation management</td>
</tr>
<tr>
<td>Submit detailed work plan</td>
</tr>
<tr>
<td>Establish the project office</td>
</tr>
<tr>
<td>Selection of local training staff</td>
</tr>
<tr>
<td>Prepare training room</td>
</tr>
<tr>
<td>Pre-test representative training components</td>
</tr>
<tr>
<td>Publication of the training material</td>
</tr>
<tr>
<td>Deliberate detailed training plan</td>
</tr>
<tr>
<td>Organize up to 41,000 person days training</td>
</tr>
<tr>
<td>Deliver training program report</td>
</tr>
<tr>
<td>Organize 6,000 person days training and submit the progress report as indicated above in lines 71 to 84</td>
</tr>
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</tr>
<tr>
<td>Organize 6,000 person days training and submit the progress report as indicated above in lines 71 to 84</td>
</tr>
<tr>
<td>Organize the first NCDI National conference</td>
</tr>
<tr>
<td>Deliver the report on NCDI national conference</td>
</tr>
<tr>
<td>Project management (M)</td>
</tr>
<tr>
<td>Input to develop evaluation tool and M&amp;E indicators by Professor Henry Blane, EMEP</td>
</tr>
<tr>
<td>Contact regularly with partners</td>
</tr>
<tr>
<td>Weekly meeting and report</td>
</tr>
<tr>
<td>Monthly report</td>
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<tr>
<td>Quarterly report</td>
</tr>
<tr>
<td>Training progress report</td>
</tr>
<tr>
<td>Annual report</td>
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<tr>
<td>Self assessment report</td>
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<td>Final report</td>
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</tbody>
</table>

**Figure 7. TLC Work Plan**

The plan was accepted by the Health Project on August 26, 2010, laying the blue-print for the project implementation.
The TLC implementation targets have been achieved as scheduled in some cases ahead of schedule. Please refer to the overview of the overall project work plan shown in Fig. 7. It should be emphasized that we met all delivery targets specified in this work plan.

The TLC S-Curve, shown in Fig. 8, corroborates this assessment. Indeed, TLC completed majority of preparatory activities on time and reached all major training milestones of training as scheduled in the detailed training plan. On the project deliverables side, the TLC team submitted required training progress reports and quarterly and monthly reports according to reporting requirements.

Our project team completed all training deliverables as scheduled or ahead of schedule. It should be noted that the additional refreshment training in this reporting quarter was not reflected in the work plan presented above, as it was introduced based on recommendations from the independent evaluation panel review carried out in the fourth quarter of 2011.

Figure 8. TLC S-Curve (December 31, 2012)

It should be noted that these successes are due to tireless efforts of the TLC team, backstopping team at the Onom Foundation, Health Sciences University of Mongolia, Eurasian Medical Education Program, EPOS Health Management, and our client, the MCA-Mongolia Health Project Implementation Unit.
3.4. Internal Monitoring and Evaluation

To optimize the TLC more and to provide checks and balances, we developed an internal monitoring and evaluation plan and implemented it continuously. This plan had been internally developed, discussed, and approved by the Project Director.

In accordance with this plan, evaluation and monitoring trips have been made to Baganuur, Nalaikh, Bayanzurkh, Chingeltei, Songinokhairkhan, and Khan-Uul districts of Ulaanbaatar and to Railway Hospital. During these monitoring and evaluation trips, members of the TLC team met with local training coordinators, got their feedback on improving project implementation, and help to resolve issues facing them. Further, team members evaluate training rooms and equipment, and provided their feedback on correcting problems and issues if there were any. In addition, team members had face-to-face meeting with the Directors of the Department of Health to exchange ideas and listen to their suggestions.

As a result of these monitoring and evaluation visits to training site, TLC made some adjustments to our practices such as collecting financial documents. Furthermore, TLC allocated additional funds to all local training coordinators for office supplies and communication costs for training announcements. Based on feedbacks obtained from trainees, TLC promoted healthy eating during tea breaks by providing more fruit and green tea.
3.5. Overall Training Review

As of December 31, 2012, the TLC organized training sessions throughout Mongolia with 17,536 participants, leading to 48,462 person-days of training as summarized in Table 2. This achievement is an indication of successful completion of all of the training, bringing the completion rate to over 100% of the overall training person-days of 48,440.

<table>
<thead>
<tr>
<th>All Training and Workshops as of December 31, 2012</th>
<th>Number of Participants</th>
<th>Training Person-Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 NCDI training person-days (Task 1)</td>
<td>10,562</td>
<td>35,474</td>
</tr>
<tr>
<td>2 2012 Refreshment training person-days (Task 3)</td>
<td>2,344</td>
<td>7,036</td>
</tr>
<tr>
<td>3 All ad hoc training and workshops person-days (Task 1)</td>
<td>4,630</td>
<td>5,952</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>17,536</strong></td>
<td><strong>48,462</strong></td>
</tr>
</tbody>
</table>

Table 2. Training Person-Days and Number of Participants by Type

As shown in Table 3, our team successfully completed all planned training. In addition, our team successfully completed all refreshment training that were assigned in the first quarter of 2012 as shown in Table 4.

<table>
<thead>
<tr>
<th>Name of the Events</th>
<th>Refreshment Training Code</th>
<th>Actual number of days per course</th>
<th>Planned person days</th>
<th>Actual number of participants</th>
<th>Actual number of training person-days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refresh training for family doctors (general practitioners)</td>
<td>R14</td>
<td>5</td>
<td>3,100</td>
<td>589</td>
<td>2,945</td>
</tr>
<tr>
<td>Refresh training for nurses</td>
<td>R25</td>
<td>3</td>
<td>1,860</td>
<td>581</td>
<td>1,743</td>
</tr>
<tr>
<td>Refresh training for midwives</td>
<td>R23</td>
<td>2</td>
<td>1,240</td>
<td>580</td>
<td>1,160</td>
</tr>
<tr>
<td>Refresh training on quality assurance</td>
<td>R36</td>
<td>2</td>
<td>1,240</td>
<td>594</td>
<td>1,188</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td></td>
<td><strong>7,440</strong></td>
<td><strong>2,344</strong></td>
<td><strong>7,036</strong></td>
<td></td>
</tr>
</tbody>
</table>

Table 4. Review of NCDI Refreshment Training
## Training Program for the MCA-Mongolia NCDI Health Project

Contract Number: CA/MCA-M/MCC/HEA/LTC/CS/063/2010

### Table 3. Review of NCDI Training

<table>
<thead>
<tr>
<th>Training Subjects and Types</th>
<th>Training Code</th>
<th>Actual number of days per course</th>
<th>Planned person days adjusted by cancelled trainings</th>
<th>Actual number of participants</th>
<th>Actual number of training person-days</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Training for endocrinologists</td>
<td>21</td>
<td>5</td>
<td>300</td>
<td>59</td>
<td>295</td>
</tr>
<tr>
<td>2 Training for oncologists</td>
<td>24</td>
<td>5</td>
<td>85</td>
<td>29</td>
<td>145</td>
</tr>
<tr>
<td>3 Training for nurses on training, communication, and counseling for patients with diabetes type II</td>
<td>27</td>
<td>3</td>
<td>180</td>
<td>61</td>
<td>183</td>
</tr>
<tr>
<td>4 Skills training for cytologists</td>
<td>29</td>
<td>40</td>
<td>1,280</td>
<td>32</td>
<td>1,280</td>
</tr>
<tr>
<td>5 Skills training for cytologists’ assistant</td>
<td>30</td>
<td>30</td>
<td>960</td>
<td>32</td>
<td>960</td>
</tr>
<tr>
<td>6 Training for pathologists</td>
<td>31</td>
<td>10</td>
<td>210</td>
<td>30</td>
<td>300</td>
</tr>
<tr>
<td>7 Skills training for radiologists</td>
<td>32</td>
<td>3</td>
<td>60</td>
<td>20</td>
<td>60</td>
</tr>
<tr>
<td>8 Training for statistician on M&amp;E tools</td>
<td>35</td>
<td>2</td>
<td>124</td>
<td>59</td>
<td>118</td>
</tr>
<tr>
<td>9 Training for quality assurance specialists</td>
<td>37</td>
<td>2</td>
<td>40</td>
<td>35</td>
<td>70</td>
</tr>
<tr>
<td>10 Training for traffic police staff</td>
<td>Canceled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Training for statisticians on DALY/QUALY estimation methodology</td>
<td>Canceled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Training for statisticians on cancer registration and recall system</td>
<td>46</td>
<td>5</td>
<td>150</td>
<td>30</td>
<td>150</td>
</tr>
<tr>
<td>13 Training for local authorities</td>
<td>49</td>
<td>1</td>
<td>200</td>
<td>149</td>
<td>149</td>
</tr>
<tr>
<td>14 Training for decision makers</td>
<td>50</td>
<td>1</td>
<td>200</td>
<td>149</td>
<td>149</td>
</tr>
<tr>
<td>15 Training for journalists</td>
<td>43</td>
<td>2</td>
<td>120</td>
<td>60</td>
<td>120</td>
</tr>
<tr>
<td>16 Training on NCDI in-service</td>
<td>14</td>
<td>10</td>
<td>6,200</td>
<td>611</td>
<td>6,110</td>
</tr>
<tr>
<td>17 Skills training on performing ophthalmoscopy, reading &amp; interpreting of ECG</td>
<td>15</td>
<td>2</td>
<td>1,240</td>
<td>577</td>
<td>1,154</td>
</tr>
<tr>
<td>18 Training on schools for patients with Hypertension and Diabetes</td>
<td>16</td>
<td>2</td>
<td>1,240</td>
<td>615</td>
<td>1,230</td>
</tr>
<tr>
<td>19 Training on palliative care</td>
<td>17</td>
<td>2</td>
<td>1,240</td>
<td>573</td>
<td>1,146</td>
</tr>
<tr>
<td>20 Training on teaching physical therapy</td>
<td>18</td>
<td>3</td>
<td>1,395</td>
<td>429</td>
<td>1,287</td>
</tr>
<tr>
<td>21 Training for gynecologists</td>
<td>22</td>
<td>5</td>
<td>1,550</td>
<td>274</td>
<td>1,370</td>
</tr>
<tr>
<td>22 Training for emergency service staff</td>
<td>28</td>
<td>3</td>
<td>930</td>
<td>310</td>
<td>930</td>
</tr>
<tr>
<td>23 Training for midwives and FD</td>
<td>23</td>
<td>4</td>
<td>2,232</td>
<td>591</td>
<td>2,364</td>
</tr>
<tr>
<td>24 Training for feldshers and nurses on NCDI in-service</td>
<td>25</td>
<td>5</td>
<td>3,100</td>
<td>602</td>
<td>3,010</td>
</tr>
<tr>
<td>25 Skills training for surgeons on breast biopsy</td>
<td>19</td>
<td>2</td>
<td>120</td>
<td>59</td>
<td>118</td>
</tr>
<tr>
<td>26 Training for cardiologists</td>
<td>20</td>
<td>5</td>
<td>800</td>
<td>159</td>
<td>795</td>
</tr>
<tr>
<td>27 Training for nurses on training, communication, and counseling for patients with hypertension</td>
<td>26</td>
<td>3</td>
<td>480</td>
<td>157</td>
<td>471</td>
</tr>
<tr>
<td>28 Training for public health specialists</td>
<td>34</td>
<td>4</td>
<td>1,860</td>
<td>437</td>
<td>1,748</td>
</tr>
<tr>
<td>29 Training on quality assurance and M&amp;E</td>
<td>36</td>
<td>3</td>
<td>1,860</td>
<td>516</td>
<td>1,548</td>
</tr>
<tr>
<td>30 Training for school doctors and nurses</td>
<td>38</td>
<td>2</td>
<td>1,240</td>
<td>511</td>
<td>1,022</td>
</tr>
<tr>
<td>31 Training for social workers</td>
<td>42</td>
<td>3</td>
<td>1,395</td>
<td>431</td>
<td>1,293</td>
</tr>
<tr>
<td>32 Training for volunteers</td>
<td>44</td>
<td>2</td>
<td>930</td>
<td>476</td>
<td>952</td>
</tr>
<tr>
<td>33 Training for school directors and teachers</td>
<td>51</td>
<td>2</td>
<td>1,240</td>
<td>565</td>
<td>1,130</td>
</tr>
<tr>
<td>34 Training for community members</td>
<td>52</td>
<td>1</td>
<td>620</td>
<td>522</td>
<td>522</td>
</tr>
<tr>
<td>35 Training for workplace managers and doctors</td>
<td>53</td>
<td>2</td>
<td>1,240</td>
<td>524</td>
<td>1,048</td>
</tr>
<tr>
<td>36 Training for traffic police on traffic rules enforcement</td>
<td>Canceled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37 Basic life support for non medical staff</td>
<td>41</td>
<td>3</td>
<td>1,500</td>
<td>491</td>
<td>1,473</td>
</tr>
<tr>
<td>38 Training for researchers</td>
<td>47</td>
<td>2</td>
<td>400</td>
<td>187</td>
<td>374</td>
</tr>
<tr>
<td>39 Training for grant applicants</td>
<td>48</td>
<td>2</td>
<td>400</td>
<td>200</td>
<td>400</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>37,121</strong></td>
<td><strong>10,562</strong></td>
<td><strong>35,474</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In **Table 5**, all *ad hoc* training and workshops organized are shown along with approximate dates and training person-days:

<table>
<thead>
<tr>
<th>Ad hoc Training and Workshop</th>
<th>Training Workshop Date</th>
<th>Actual number of participants</th>
<th>Training Person-Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 TLC Local Coordinators Training</td>
<td>October 2010</td>
<td>43</td>
<td>43</td>
</tr>
<tr>
<td>2 MOU Signing Workshop</td>
<td>January 2011</td>
<td>85</td>
<td>85</td>
</tr>
<tr>
<td>3 Contractors’ Workshop</td>
<td>March 2011</td>
<td>90</td>
<td>90</td>
</tr>
<tr>
<td>4 Workshop on Development and Usage of Laboratory Equipment</td>
<td>May 2011</td>
<td>120</td>
<td>240</td>
</tr>
<tr>
<td>5 Workshop of NCDI Policy</td>
<td>June 2011</td>
<td>70</td>
<td>70</td>
</tr>
<tr>
<td>6 Training for Decision Makers in Ulaanbaatar (49/50)</td>
<td>June 2011</td>
<td>110</td>
<td>220</td>
</tr>
<tr>
<td>7 Training for Operation of Biochemical Analyzers</td>
<td>June 2011</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>8 Training for Health Professionals in Bulgan Province</td>
<td>September 2011</td>
<td>25</td>
<td>125</td>
</tr>
<tr>
<td>9 National Cancer Center Workshop</td>
<td>September 2011</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>10 Department of Health Workshop</td>
<td>October 2011</td>
<td>80</td>
<td>160</td>
</tr>
<tr>
<td>11 Ulaanbaatar Mayor’s Office and Health Department Workshop</td>
<td>November 2011</td>
<td>150</td>
<td>150</td>
</tr>
<tr>
<td>12 Association of Public Health Professionals Training</td>
<td>December 2011</td>
<td>150</td>
<td>150</td>
</tr>
<tr>
<td>13 Ministry of Health Training</td>
<td>December 2011</td>
<td>75</td>
<td>75</td>
</tr>
<tr>
<td>14 Mongolian Association of General Practitioners Workshop</td>
<td>December 2011</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>15 Training on National Screening and Case Management Implementation Plan</td>
<td>January 2012</td>
<td>900</td>
<td>900</td>
</tr>
<tr>
<td>16 Ministry of Health: NCDI Prevention Workshop</td>
<td>February 2012</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>17 Ministry of Health: Donor Coordination Workshop</td>
<td>February 2012</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>18 NCDI Training in Sukhbaatar Province</td>
<td>April 2012</td>
<td>250</td>
<td>750</td>
</tr>
<tr>
<td>19 Nationwide Screening Stakeholders Meeting</td>
<td>April 2012</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>20 Ministry of Health Training Seminar and Workshop</td>
<td>April 2012</td>
<td>500</td>
<td>500</td>
</tr>
<tr>
<td>21 Training at the Medical Technology School of the HSUM</td>
<td>May 2012</td>
<td>250</td>
<td>250</td>
</tr>
<tr>
<td>22 Artery Hypertension Training</td>
<td>June 2012</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>23 NCDI Treatment Standard and Quality Assurance Seminar</td>
<td>July 2012</td>
<td>66</td>
<td>198</td>
</tr>
<tr>
<td>24 Healthcare Waste Management</td>
<td>September 2012</td>
<td>35</td>
<td>70</td>
</tr>
<tr>
<td>25 Treatment and Prevention Training for NCDI</td>
<td>September 2012</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>26 Hospice Care Training</td>
<td>October 2012</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>27 National Healthcare Quality Conference</td>
<td>October 2012</td>
<td>145</td>
<td>290</td>
</tr>
<tr>
<td>28 Healthy Diet for Diabetic Patients</td>
<td>October 2012</td>
<td>450</td>
<td>450</td>
</tr>
<tr>
<td>29 NCDI Prevention Training at District Health Centers</td>
<td>October 2012</td>
<td>363</td>
<td>363</td>
</tr>
<tr>
<td>30 NCDI 2 Day Workshop</td>
<td>November 2012</td>
<td>100</td>
<td>200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Table 5. Review of All ad hoc Training and Workshops</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Person-Days</strong></td>
</tr>
<tr>
<td>Name of the Events</td>
</tr>
<tr>
<td>------------------------------------</td>
</tr>
<tr>
<td>Number of Training Participants</td>
</tr>
<tr>
<td>Training Person-Days</td>
</tr>
<tr>
<td>Number of Participants (Male)</td>
</tr>
<tr>
<td>Number of Participants (Female)</td>
</tr>
<tr>
<td>Number of Healthcare Professionals</td>
</tr>
<tr>
<td>[Male-425] [Female-3139]</td>
</tr>
<tr>
<td>Number of Non-Healthcare Professionals</td>
</tr>
</tbody>
</table>

**Table 6.** Review of Training Data: Central versus Regional, Healthcare vs Non-Healthcare, Male vs Female

Out of 36 types of training (3 cancelled) organized throughout Mongolia, 19 training were organized at regional sites, while 17 types of training were organized at central sites (Fig. 9).

**Figure 9.** Training Sites
Out of 17,536 participants, 81.1% or 14,225 training participants were female, whereas the remaining 18.9% or 3,311 of participants were male.

![Figure 10. Training Participants' Gender](image)

This overwhelming disparity in gender reflects the nature of Mongolian healthcare system. On average training participants had 14 years of working experience and average age is approximately 39.

Out of all participants, 76.3% or 13,370 participants were healthcare professionals, while 4,166 or 23.7% participants were non-healthcare professionals.

![Figure 11. Training Participants by Profession](image)
To organize all training sessions, our team closely worked with colleagues from the Health PIU, EPOS Health Management, and Health Sciences University of Mongolia to develop detailed training schedule several months in advance. The training schedules developed in such close coordination was then reviewed and approved by the Ministry of Health. As an example, the detailed training schedule for the second quarter of 2011 is presented in Fig. 12. This particular training schedule was approved by the 98th decree of the Minister of Health. Other training schedules are attached in separate annexes.

In addition to all major logistics tasks of organizing training sessions, our team performed the following activities throughout the contract implementation:

- Closely worked with the Directors of the Departments of Health to develop and finalize list of participants who attended the training sessions and coordinated with the Health Project Implementation Unit for feedback, changes, and approval
- Provided detailed information about training courses to local training coordinators and relevant officials at Departments of Health in advance of organizing the training sessions
- Coordinated with EPOS Health Management to receive training materials for publication and orchestrated publishing and distribution of these training materials
- Carried out a contract negotiation with a number of professional associations and Health Sciences University of Mongolia to utilize their training capacity for conducting training sessions. List of professional associations and organizations that include:
  - Health Sciences University of Mongolia
Palliative Care Association
Mongolian Diabetes Association
Mongolian Heart Association
Mongolian Red Cross
Association of Obstetrics and Gynecology
Radiology Association
Association of Ophthalmologists
Association of Cytologists

- Developed and established contracts with training instructors and coordinated with these instructors to conduct training sessions in accordance with guidelines developed for the training instructors
- Conducted pre- and post-training evaluation tests and training satisfaction tests among all training participants
- Developed and refined information technology infrastructure required for the contract implementation and training database
- Finally, documented and archived all necessary technical and financial documents

3.6. First National NCDI Conference

TLC was charged to organize the First National Conference on Prevention of Non-Communicable Chronic Disease and Injuries in September of 2011 within the umbrella of the MCA-Mongolia Health Project. This national conference on NCDI is the first of two national conferences that we are tasked to organize to cover broad areas ranging from cardiovascular diseases, diabetes, breast and cervical cancers, to injuries. However, the Second National Conference was cancelled because of shortage in funding for the MCA-Mongolia Health Project.

Figure 13. Banner of the First National Conference

The National Conference Organizing Committee was headed by Dr. J. Tsolmon, Vice Minister of Health. Dr. T. Altantsetseg, the Team Leader Dr. R. Byambaa, the Chief Training Logistics
Officer, and Mr. Tulgabaatar Dashdorj, the Chief Operating Officer of the Onom Foundation became members of the Organizing Committee. Dr. B. Munkhbat, Deputy Director of the MCA-Mongolia Health Project, along with Dr. N. Sumberzul, Vice President of the Health Sciences University of Mongolia led the Scientific Committee that developed and prepared the technical program of the National Conference.

![Figure 14. Pre-Conference at the Ministry of Health](image)

The pre-conference was organized at the Information Center of the Ministry of Health on September 7, 2011 (Fig. 14) as a prelude to the First National Conference. Over 100 participants consisted of Directors of Health Departments and healthcare professionals in all 21 provinces and 9 districts of Ulaanbaatar were present at this pre-conference. Newly developed clinical guidelines for hypertension, breast and cervical cancers, and type II diabetes were introduced at the pre-conference.

In addition, discussions were conducted on strategies and methodologies of carrying out screening programs planned in 2012 under the Health Project. Furthermore, international best practices and lessons-learned were shared. At the same time, ways and strategies to improve public campaigns and current status of implementation of the Health Project components were presented. During the pre-conference, our team organized a mini-exhibition on healthy food and diet designed to mitigate non-communicable chronic disease risk factors in cooperation with the Mongolian University of Science and Technology (Fig. 15).

During this exhibition, professional dietitians advised participants on various diets for patients with hypertension or type II diabetes, and recommended exemplary diets based on their body mass index and basic vitals. A number of participants highly praised this exhibition and wanted to organize such events at their workplaces.

To increase the visibility of the First National Conference, a dedicated press conference was organized on September 7, 2011 at Ulaanbaatar Hotel.
Dr. J. Tsolmon, Vice Minister of Health, Mr. Robert Reid, MCC Resident Director in Mongolia, Dr. A. Munkhtaivan, MCA-Mongolia Health Project Director, Dr. Elena Maximenco, EPOS Team Leader, and Dr. Naranbaatar Dashdorj, TLC Project Director, participated and made remarks at this press conference. A number of media outlets were present (Fig. 16).

Following the pre-conference, the National Conference took place at the Government House on September 8-9, 2011. TLC organized the National Conference in close coordination with Ministry of Health, Health Project Implementation Unit, Health Sciences University of Mongolia, EPOS Health Management, and other project implementation partners. Over 330 participants from all corners of Mongolia actively participated at the First National Conference for two full days of policy discussions and scientific presentations.

Dr. J. Tsolmon, Vice Minister of Health, opened the First National Conference, then Ambassador Extraordinary and Plenipotentiary of the United States of America to Mongolia Jonathan Addleton gave a speech and wished a success for the National Conference. Subsequently, Mr. Robert Reid, MCC Resident Director in Mongolia and Mr. S. Bayarbaatar, the
Chief Executive Officer of MCA-Mongolia made their remarks and emphasized importance of the First National Conference (Fig. 17).

Logistically, organizing the National Conference was a big operation that started with an invitation announcement published at major daily newspapers including Udriin Sonin, Unuudur, and Zuunii Medee, and broadcasted via MNB, UBS, TM, C1, and other TV stations. Thanks to these efforts, over 60 researchers and scientists sent their abstracts to the Scientific Committee to present at the National Conference. Out of these abstracts, 18 were presented at the main conference, and 20 abstracts were discussed at the three different sub-sessions. Abstracts were included in the National Conference Abstract Book and distributed to all parties.

Presentations covered wide range of subjects with a mix of basic research findings as well as public health policy issues. At the same time, there were many presentations rightly summarized problems facing the Mongolian healthcare system in regards to non-communicable chronic diseases and injuries. Participation of the Government of Mongolia was high, as indicated by policy discussions and talks presented by the Ministry of Health, Ministry of Education, Culture and Science, and other government agencies. In addition, the World Health Organization Mission in Mongolia and international experts from EPOS Health Management and Onom Foundation presented and chaired sessions at the National Conference.

As stated earlier, 330 participants were invited to the National Conference, out of which 105 participants were selected to participate from countryside. 101 out of 105 actually participated, while 173 participants out of 225 invited from Ulaanbaatar were present at the National Conference. Thus, overall participation level was 83% (274 out of 330).
Figure 17. Opening of the First National Conference at the Government House on September 8, 2011
In conclusion, the First National Conference on Non-Communicable Chronic Diseases and Injuries was successfully organized by our team in coordination with the Ministry of Health, Health Project Implementation Unit, and other implementing partners. It was a productive conference where a number of useful discussions on issues ranging from policy to strategies took place. More importantly, the Conference was featured extensively in the media including MNB, UBS, TM, C1, Parliament TV, TV5, SBN, NTV, Motherland TV, New TV, TV25, MongolTV, Aist TV and other news outlets such as newspapers that include Unuudur, Udriin Sonin, Udriin Shuudan, Mongoliin Medee, and Eruul Mend.
4. RESULTS, CHALLENGES, AND SUSTAINABILITY

4.1. Results and Main Achievements

We are pleased to report that all planned training and *ad hoc* training and workshops were organized within the timeframe of the Training Logistics Contract. In fact, we successfully carried out 48,462 person-days training (100% completion rate), training 17,536 participants within the contract as of December 31, 2012. As noted earlier, TLC successfully organized the First National Conference on Prevention of Non-Communicable Chronic Disease and Injuries in September of 2011 within the umbrella of the MCA-Mongolia Health Project.

In doing so, TLC was able to achieve couple of tangible results. According to survey on training satisfaction carried out among all training participants from all 36 types of training, the average was **4.6 out of 5**. We would like to emphasize this result, as our dedication and attention to details for all trainings we organized were evident to training participants. Since we constantly sought to improve our performance and effectiveness, we collected feedback from regional and centralized training sites, and we fine tuned our performance. Thanks to these efforts, training participants graded our performance highly in organizing training sessions and other activities.

More importantly, in addition to grading our performance, we also kept track of knowledge improvement by the way of training. Such assessments were carried out using pre- and post-training knowledge questionnaires, developed by EPOS Health Management. Pre-training survey results reveal that knowledge level was approximately **44%** on average. In contrast, post-training knowledge survey results indicate that knowledge level increased to **72.8%**. In other words, knowledge level was increased by **28.8%** because of the training. It is significant improvement, which we strongly believe, will translate into better health services for Mongolians.

![Figure 18. Main Achievements](image-url)
The positive assessment of our performance and main achievements of the training program were confirmed by the Independent Evaluation Panel that was appointed by the Millennium Challenge Account - Mongolia. The IEP diligently examined the contract performance of the Training Logistics Project implemented by TLC on November 9 - 23, 2011. The Independent Panel’s evaluation was truly comprehensive, involving assessment of all training reports, internal monitoring and evaluation documents, other important project documents, as well as site visits.

The Independent Evaluation Panel consisted of following members:

- Prof. D. Dungerdorj, MD, PhD, Member of the Mongolian Academy of Sciences
- Dr. Ts. Gankhuu, MD, PhD
- Prof. Kh. Gelegjamts, MD, PhD, Member of the Academy of Medical Sciences
- Dr. R. Otgonbayar, MD, PhD
- Ms. N. Khulan, MS

Over the two weeks period, the Independent Evaluation Panel conducted a number of interviews with team members, training participants, and training coordinators in addition to detailed analysis of the TLC’s inner-workings and processes involving training credits and financial transactions. Furthermore, the Panel members carefully examined the TLC’s data collection and reporting structure and all project related documents.

After the comprehensive evaluation of our performance, the Independent Evaluation Panel held an official meeting to inform its findings publicly on December 1, 2011. A number of representatives from the Ministry of Health, Department of Health - Government Implementing Agency, and heads of the human resources at district and provincial Departments of Health were present at this meeting.

During this meeting, the Independent Evaluation Panel made the following evaluations:

**Strong Points:**

- Within a short amount time, the TLC team successfully and effectively organized training sessions throughout Mongolia involving a large number of people.
- Introduced innovative information technology methods to save resources and time
- Effectively delivered every training sessions with training materials which strongly benefited knowledge improvement
- Managed training environment, equipment well and successfully provided all necessary supplies for the training sessions
- Very high satisfaction level among participants (4.6 out of 5) and nearly perfect participation
- Significantly high knowledge improvement among training participants of 28.8%
- Effectively utilized online financial transactions using the banking network around Mongolia, making financial transactions accurate and transparent

In summary, the Independent Evaluation Panel highly praised the performance of the Onom Foundation on the training logistics contract, and specifically recognized our achievements and innovative ways that were introduced during the contract implementation.

It should be noted that to achieve these results we worked in close partnership with the relevant stakeholders including Ministry of Health (MoH), Department of Health (DoH), Health Science University of Mongolia (HSUM), the Mongolian Red Cross, the National Cancer Center, First and Third State Hospitals, the Railway Hospital, the Traffic Police, the National Emergency Management Agent (NEMA), the Ministry of Education, Culture, and Science, and aimag, districts school and secondary school health education authorities. In the case of HSUM, we extensively utilized HSUM's professors and instructors at its main and regional campuses to carry out on-site training throughout Mongolia. It should be noted that without the tireless efforts of EPOS Health Management, the International Institutional Contractor and MCA-Mongolia Health Project Implementation Unit, it would be impossible to achieve any of these results.
4.2. Implementation Challenges and Lessons Learned

In organizing training sessions around the country, we faced a number of challenges, some of which are presented below:

1. High mobility of trainees affected the uniformity of knowledge gain, which necessitated refresh training in combination with the delay of NCD screening program.

2. Because of delays in some training materials delivery to us, TLC team worked under enormous pressure to get training materials published and delivered prior to the start of on-site training sessions.

3. Last minute changes in number of participants created some serious problems for smooth organization of training, since we had to deliver additional training materials for newly added participants. Such changes occurred in training 14, 16, 18, 36, 44, as a decision has been made to include all soum and family clinics at provincial centers.

4. Bad weather caused delays in travel times of trainees and overruns in allocated travel budgets. Such issues have been quite common especially in winter and spring months.

5. Heating of training rooms at some provincial centers had been problematic. These issues negatively impacted training results.

6. Intermittent internet connections at Departments of Health caused delays in sending attendance of participants and all necessary information for transferring trainee’s per diem and travel expenses. Because of these delays, TLC found it difficult to process financial transactions on timely basis even though our capacity was more than enough.

7. Absence of established transportation province-to-soum and soum-to-soum system created delays and in some extreme cases caused logistical nightmare.

Because of these challenges, we learned few lessons which might be useful to note:

1. Better coordination with project components is needed in addition to the need of taking mobility and migration of trainees into account in planning other activities!

2. To receive publication ready training materials as early as possible!

3. Forward training introductions to Departments of Health as soon as possible, so that relevant officials familiarize themselves with training content and purpose!

4. Avoid last minute changes in training participants!

5. Arrange group transportation whenever possible to ensure safety and ease!

6. Inform training instructors and their employees as early as possible about the upcoming training in written format to avoid confusion!

7. Carry out public outreach and campaign in coordination with the Health Project!
8. Compile feedbacks from trainees in a report and forward such report to relevant officials at Departments of Health!

On the National Conference, there are few lessons-learned that we would like summarize here:

1. It was very useful to set dates for the Second National Conference as early as possible, so that our team could make arrangements for large enough venues. The Government House was very beneficial of raising the significance of the First National Conference, but it was logistically poor choice because of all security and permission issues.

2. We note that the Organizing Committee needs to be more compact, possibly consisting of 3-5 people. And it would be useful to convene every two weeks, so that the Committee Chairman is informed on all aspects and can make timely decisions on all fronts.

3. Abstract books, booklets, distribution materials needed to be approved by the Organizing Committee Chairman in written form to ensure consistency and quality.

4. Need to pay particular attention on translation and technical capabilities of venues to orchestrate translation of presentations and speeches allowing synchronous translation if possible.

5. Collecting presentations and abstracts as early as possible, so that there is more time to provide feedback to presenters and their presentation contents from the Scientific Committee.

The Independent Evaluation Panel also observed similar implementation challenges and some additional points that are noteworthy to mention that are as follows:

**Weak Points:**

- Selection of training participants were poor in some cases
- Training length is very short for some sessions, especially ones involving practical training
- Lack of accounting of migration and transfer patterns among doctors at soum and family clinics
- Not enough consideration was given for past experience and practical knowledge of trainers, resulting in poor selection of trainers in some cases
- Translations of some terminologies in the training material are poor leading to confusion and misunderstanding
- Selection of local training coordinators in few cases needed more attention
- Deficiency in evaluating long-term effectiveness of training
With these observations, the Independent Evaluation Panel made the following suggestions for improvement for the NCDI Training Program of the MCA-Mongolia Health Project:

**Suggestions for Improvement:**

- Designating Training Specialist at district and provincial Departments of Health as local training coordinators will be beneficial for sustainability of the training
- Improving translation of terminologies in the training materials
- Improving selection mechanism of master trainers to take their past training experience and knowledge more into account
- Improving selection of training participants in close cooperation with decision makers on the ground to avoid certain individuals repeatedly and promote to have more people attend training sessions

**4.3. Concluding Remarks and Sustainability**

As noted in this report, the OF-EMEP Partnership successfully implemented the training logistics contract within the schedule. One of the very important issues after the implementation is sustainability of the main achievements and results.

Based on our experience of implementing the training logistics contract, we strongly believe that the training program made a significant difference, indicated by the knowledge improvement of **28.8%** on average among all participants. For this reason alone, it is appropriate to conclude the MCA-Mongolia Health Project Training Program has been a success.

It was very clear that the Healthcare Training was absolutely necessary, as confirmed by a number of participants’ positive feedback and their desire to have more training and hands-on sessions.

To build upon this achievement, all relevant stakeholders should continue organizing similar training in concerted fashion via continuing medical education channels. We note that the Ministry of Health and Health Sciences University of Mongolia ought to play more pronounced role on this front.

Finally, the OF-EMEP Partnership would like to express our gratitude to all parties involved in the MCA-Mongolia Health Project, particularly in the Training Logistics Contract that brought positive and tangible results that will ultimately improve health status of Mongolians.