

**“PROBING OF DEVELOPMENT”
CONSULTING COMPANY**

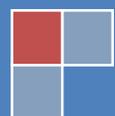
MONGOLIAN RED CROSS SOCIETY

**“COMMUNITY BASED
HEALTH AND FIRST AID
IN MONGOLIA” PROJECT**

**FINAL
EVALUATION
REPORT**

**August
2013**

**ULAANBAATAR
MONGOLIA**



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List of abbreviation

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List of abbreviation

STI	Sexually Transmitted Infections
AIDS	Acquired Immunodeficiency Syndrome
WHO	World Health Organization
MRCS	Mongolian Red Cross Society
UN	United Nations
MM	Mass Media
VAE	Voluntary Advice and Examination
GoM	Government of Mongolia
NGO	Non-Government Organization
RCC	Red Cross Committee
HIV	Human Immunodeficiency Virus
NCCD	National Center for Contagious Disease
MH	Ministry of Health

PROJECT INTRODUCTION

Project implementation and duration. Mongolian Red Cross Society implemented the “Community Based Health and First Aid in Mongolia” project financed by Finnish Red Cross and IFRC/RCS from 2010 to 2012.

MRCS is an organization that provides its contribution to social life and human development of Mongolia through organizing many activities such as to provide knowledge and practical skills of health and first aid to people, to provide welfare services, to expand a number of blood donors, to improve supply of blood and blood products, to provide urgent rehabilitation aid for catastrophic victims, to give material and psychological aid and to promote movements to develop humane and sociable minds of youth.

We, Red Crossers as humanitarian guides, are working creatively for society, human happiness and for the goods of others through dedicating our minds and bodies with high ethical principles and keeping ourselves apart from any rewards, profits and individual interests.

Objective of the project is to provide supports to reduce health vulnerability of households through developing knowledge, awareness and practical skills to provide first aid to him/herself or to others until having appropriate medical care and, to organize activities to prevent from possible disasters and injury in order to decrease severity when sudden disasters and disease occurred to people.

Outcome of the project is to improve knowledge, awareness and practical skills on health and first aid of the 6500 households and 8000 teenagers in high school of 12 soums, where the project was implemented, through developing their community based health and first aid knowledge. For this purpose, many activities are planned to be organized including household visits, community dialogues, community mobilization activities, trainings and simulation exercises, activities at the schools. Community participation evaluation shall expand evaluation means of vulnerability and capacity.

Project framework. Gobi region is a special regional area with natural characteristics that are harsh climate, water scarcity and frequent sandstorms and snowstorms, and high desertification. All these external factors are leading to high poverty level within this region. Also, the Trans-Siberian railway line passes through the region, bringing new opportunities but also different types of vulnerabilities. Based on above characteristics, in total of 12 soums including Gobi-Sumber (Sumbersoum), Dundgobi (Adaatsag, Delgertsogt, Luus, Derensoums), Dornogobi (Zuunbayan, Khatanbulag, Khuvsgul, Ulaanbadrakh soums), Umnugobi (Dalanzadgad, Bulgan, Khankhongor soums) are selected to implement the project.

Figure 1. Provinces included in the project

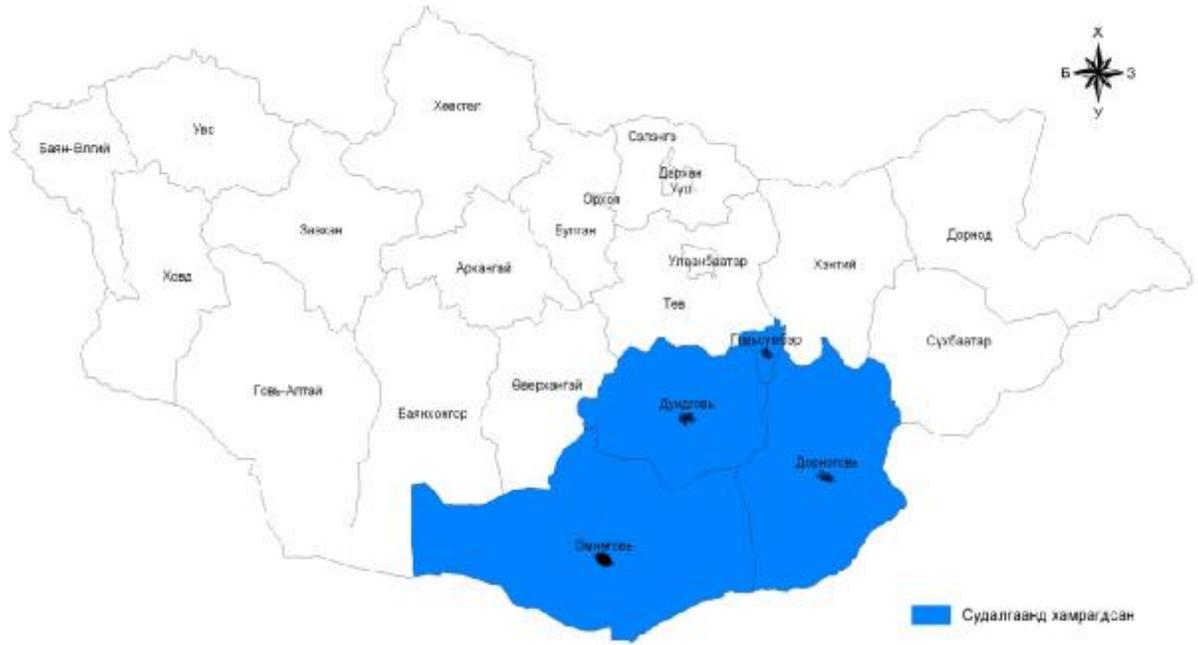
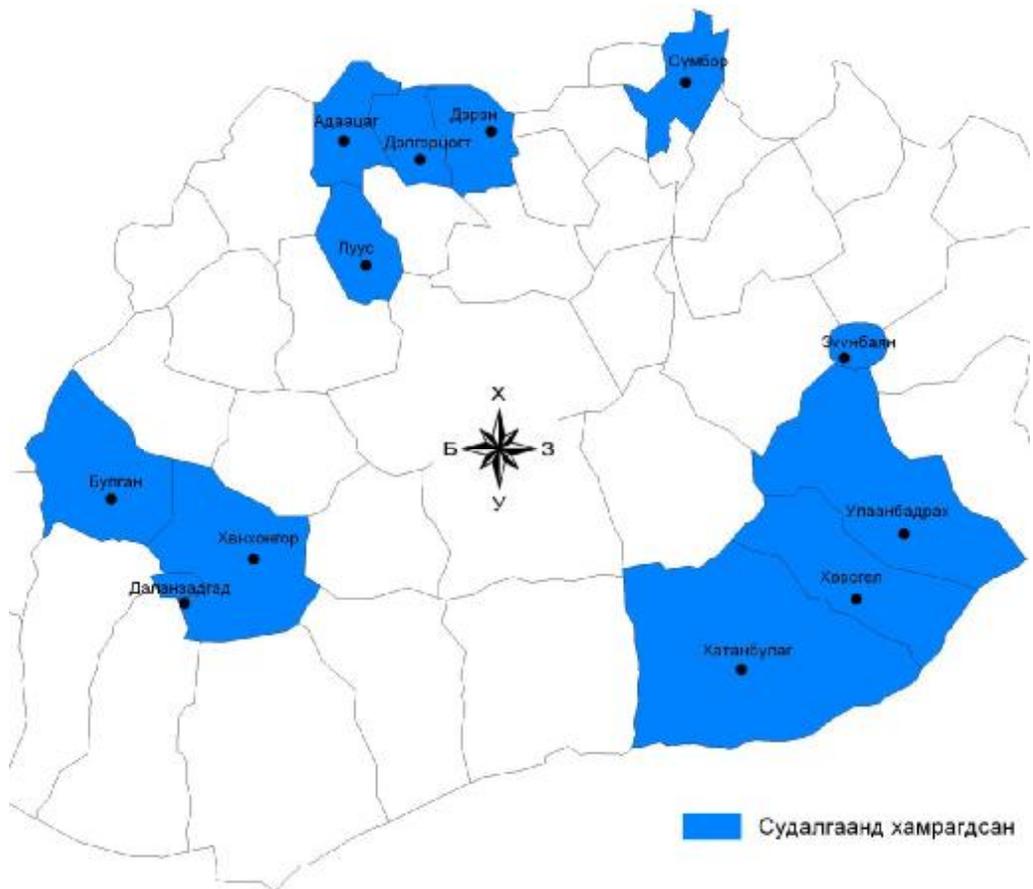


Figure2. Soms included in the project



Main activities implemented within the project framework.

Objective 1. Headquarters (NHQ) and midlevel branches are in charge of monitoring, evaluating implementation of the project on community based health and first aid in the selected soums.

At NHQ level:

- Organize the project introduction meeting;
- Train 20 master trainers at national level, and these master trainers shall organize training for 40 volunteer senior workers and 40 high school teachers;
- Develop and implement monitoring and evaluation system and plan of “Community Based Health and First Aid” project;

At midlevel branches level:

- Project regional coordinator shall establish branches at 4 selected provinces;
- Introduce the project to related parties;
- Select 40 volunteer senior officers and train by the project trainer and mobilize them;
- Select 240 volunteer workers and train and mobilize them;
- Redevelop project manual and community based toolkit, test, print and distribute to the master trainers, coordinators and volunteer workers;
- Organize meetings on lessons learnt at all levels including 4 branches and NHQ

Objective2. A total of 280 which consists of 240 volunteers and 40 trainers will be mobilized to visit the targeted 6500 households.

Within this framework:

- Organize community dialogues to identify main needs, advantages and solutions;
- Community mobilization activities shall be conducted through identified issues during the community assessment
- Volunteer workers shall visit households to define needs of families and communities;
- Organize consultation meetings among herders;
- Develop contingency disaster plan at the selected 4 provinces;
- Develop disaster simulation at local and regional level;
- Celebrate public days such as World Blood Donor Day, Volunteer Day, World First Aid Day, Elderly Day, World Aids Day etc;
- Disseminate and circulate organized activities;
- Support disaster mitigation initiatives provided from public;

Objective3. In total, 8 000 teenagers and youth in 12 selected schools shall participate in the school-based activities and shall develop knowledge, awareness and practical skills on disease prevention, health and first aid and disaster preparedness and response through organizing trainings and mobilizing them.

Within this framework :

- Organize training for in total of 40 school teachers and social workers together with volunteer senior workers;
- One teacher shall train 200 trainees/pupils;
- Each teacher shall be equipped with Red Cross training packages;
- Redevelop community based toolkit for teenagers in high school, print and distribute to teachers;
- Organize activities to expand blood donors together with Youth Club 25;
- Each pupil shall have knowledge on AIDS;

OBJECTIVE OF THE EVALUATION

Objective of the evaluation is to evaluate project outcomes during 2010-2012 through comparing the results of baseline survey at the beginning of the “Community Based Health and First Aid in Mongolia” project and the results of end line survey conducted at the final implementing year of the project.

This evaluation shall identify main factors that are facilitating or hindering the implementation of “Community Based Health and First Aid in Mongolia” project and delivery of its outcomes. Moreover, it is intended to develop recommendations and advices.

Evaluation is also intended to examine and indentify if there are any gender issues and discrimination in those areas

PROBLEMS ENCOUNTERED DURING THE EVALUATION

1. Whether or not to have tangible outcome of evaluation highly depends on baseline survey. This survey is an activity to collect survey information from primary units and it also highly depends on specialized surveyors and counters whether to collect qualified survey information or not. As for our evaluation team, we are doubtful that the baseline survey of 2010 and end line survey of 2012 were conducted at qualified level. Reasons are:
 - ***Some of results of the baseline survey is not inconsistent with real life.***For example, 1/in the survey of 2010,it is asked a question that whether or not to had vaccination for 12-59 months old children, 87 percents were answered not to had. Mongolia is one of the countries that has very high rates in children’s vaccination. This result might be caused by not having enough explanation of the question to the participants.2/also 70 percents of the survey participants answered that they did not have place to wash their hands. So that, it might be related to that the place to wash hands is not explained well.

- **Survey questionnaire is not developed at qualified level.** When conducting the survey in 2012, the manuals for surveyors were distributed to the survey participants together with survey questionnaire and filled by them directly. Basically, manuals include already marked right and wrong answers of the questionnaire and this is possible to directly influence the results of the survey.
2. It was not possible to be evaluate the project fully, because there were no project progress implementation report and other progress information. Hence, it was not possible to evaluate implementation of some tasks such as results of the activities for youth and school-based activities. This evaluation is not possible to be conducted based on only two sample surveys.

EVALUATION METHODS AND INSTRUCTIONS

For implementing “Community Based Health and First Aid in Mongolia” project in 12 soums of Gobi region during 2010-2012, Mongolian Red Cross Society conducted the baseline survey including in total of 1153 households or 15 percents of the total households of the soums, that are going to implement the project at the beginning of the project (in 2010). However, in final year of the project implementation (in 2012), the end line survey was conducted including in total of 1173 households that are beneficiaries of the project. Survey was conducted through filling out the questionnaire with 44 questions within in total of 16 topics.

Database was established based on information gathered from the end line survey using SPSS software and relevancy analysis/хамаарлын шинжилгээ was conducted to data using land survey ArcView GIS software and, statistical explanation and graphics were added.

“Probing of Development” consulting company evaluated the project implementation based on above survey results and the project documentation and terms of references and, prepared this evaluation report.

Comparison method and simple methods of survey, analysis and statistics were used to do survey results analysis of twofold survey conducted by “Community Based Health and First Aid in Mongolia” project.

In total of 36 questions, that are possible to be compared, were selected from 44 questions of survey. Outcomes were compared and concluded as follows:

- Baseline survey unification is comparatively not good, so that evaluation is mainly based on the end line survey results.
- It is tried to do quantitative and qualitative conclusion through comparing baseline survey data and end line survey data from survey results.
- Following evaluation was made based on comparing survey results:

- **Improved**– After comparing results of the end line survey to results of the baseline survey, if positive change or improvement occurred. Then it shall conclude that survey participants’ knowledge, understanding and attitude on that issue is improved. It will be background to conclude that the project outcomes are good.
- **Unchanged**– After comparing results of the end line survey to results of the baseline survey, if there is no change, then it shall conclude that participants’ knowledge, understanding and attitude on that issue is still the same. It will be background to conclude that the project outcomes are not sufficient.
- **Decreased**– After comparing results of the end line survey to results of the baseline survey, if negative change or decrease occurred. Then it shall conclude that survey participants’ knowledge, understanding and attitude on that issue is decreased. It will be background to conclude that the project outcomes are bad.

KEY OUTCOMES OF EVALUATION

After comparing answers of the 36 questions selected from twofold survey, it is rated that improved- 33, unchanged-2, decreased-1. So that, outcomes of the “Community Based Health and First Aid in Mongolia” project implemented for three years are good and the project was implemented well.

It is concluded from improved indicators that survey participants’ number of choices on that methods and symptoms relating to certain issues were increased. It shows that their understanding, knowledge and attitude on that issue is improved.

It is concluded from unchanged indicators that households did not have enough knowledge on methods to make drinking water safe and use it. Since Gobi water has high hardness it should pay more attention on improving knowledge on how to use drinking water. Also, it should consider that only 46.1 households could name 2 vital parts of the balanced nutrition of balanced diet topic.

As for decreased indicators, in the baseline survey, 37 percents of households’ water sources are from central sewerage and remaining 63 percents are from portable water; but in the end line survey, it is decreased that 12.9 percents are from central sewerage and 33.4 percents are from portable water. This shows that it is needed to improve secured water sources; on the other hand, it is doubtful that if surveyors could not explain this questions very well to survey participants.

“Community Based Health and First Aid in Mongolia” project

Final Evaluation

No	Indicators	Questionary	Results of the baseline survey	Results of the end line survey	Compared conclusion of results	Project outcome evaluation
0	Survey sample		1153 households	1173 households	Increased by 2%	
1	Acute Respiratory Infections	Prevention from pneumonia and inflame stroke	17% no understanding or no answer	4% no answer, 73.3% of total answered households named not less than 3 answers	During the project implementation, households' ability on prevention from pneumonia and inflame stroke had improved and 2/3 of total included households learnt to name symptoms	improved
		Symptoms of infected children	81% same types of answers 2% answer with multiple choices	5.5% no answer, 68.1% of total answered households named not less than 3 symptoms		
2	Hepatitis A	Outbreak of hepatitis A virus and infections	11% no understanding or no answer	2.9% no answer, 45.2% of total answered households named not less than 3 ways	Citizens information on Hepatitis A and infectious disease are improved and they know about its symptoms comparatively well.	improved
		Understanding on symptoms of hepatitis A	87% only one answer 2% answer with multiple choices	3,8% no answer, 63,5% of total answered households named not less than 3 symptoms		
3	First aid and injury prevention	First aid for light pyrosis/хөнгөн түлэгдэлт	Within this three questions 44% did not reply and did not have any understanding	4,9% no answer, 69,8% of total answered households named 2 main steps.	From the survey results, it is showed that understanding, knowledge and ability on first aid for light pyrosis, measures to take outer bleeding, bone fracturing had improved.	improved
		Measures for outer bleeding/Гадуур цус алдалт	56% replied only one answer	6,1% no answer, 59,1% of total answered households named 3 main steps.		
		Measures for bone fracturing		3,2% no answer, 57,6% of total answered households named 3 main steps		
4	Infant care	Concerns for infant care at home	Most of the survey participants have basic understanding	3,3% no answer, 71,2% of total answered households named 3 main steps	Citizens' knowledge on infant care and reasons to take urgent medical care had improved.	Improved
		Reasons and	9% no understanding	3,9% no answer, 74% of total		Improved

		emergency situations to take medical care urgently for infant	91% reply with one answer.	answered households named not less than 3 symptoms to make emergency call for medical assistance		
5	Diarrhoea and dehydration	Diarrhoea prevention methods for babies	15% no understanding 85% replied only one answer	2,7% no answer, 66,3% of total answered households named more than 3 methods	Understanding and knowledge on diarrhoea and dehydration was improved. It is required to improve understanding and knowledge on how to prepare pedialyte.	Improved
		Dangerous symptoms of dehydration				
		Preparation of packed pedialyte/xopocor		2,8% no answer, 47,3% of total answered households have knowledge on how to prepare pedialyte/xopocor.		
6	Community mobilization in disaster situations	Individual preparation for disaster prevention and response	40% no understanding 55 % only one answer 5 % with certain knowledge	3,9% no answer, 60,4% of total answered households named not less than 3 measures	Knowledge on measures to take and preparation on disaster prevention of Gobi region households had improved.	Improved
		Measures for plague and infectious disease outbreak				
7	Family planning	Prevention from pregnancy	11% no understanding and no answer 89% replied only one answer	4,6% no reply, 72,6% of total answered households know more than 3 modern methods. 4,0% no reply, 65,9% of total answered households know more than 3 information sources.	Education on family planning of households are improved.	Improved
		Sources to have information on modern methods to protect from pregnancy				
8	HIV/AIDS and sexually transmitted infections	Ways to infect HIV to human beings	48% no answers 52% replied 1-2 types of answers.	5,7% no reply, 70,4% of total answered households know infecting ways 4,1% no reply, 50,5% of total answered households named prevention ways during sexual intercourse correctly.	Knowledge on HIV/AIDS infecting ways is improved, but it is required to improve prevention methods.	Improved
		Prevention methods from sexually transmitted				

		infections				
9	Immunization and vaccination campaigns	Disease possible to prevent by vaccination	91% could name only one vaccination	3,2% no reply, 93,6% of total answered households named not less than 3 disease possible to prevent by vaccination correctly	Understanding and number of vaccination included were improved.	Improved
		Included in vaccination of 12-59 month old children of the family	87% answered that did not included	6,6%no reply 81,4% included in vaccination		
10	Balanced nutrition	Main parts of balanced nutrition	50% of households participated in the survey have children under 5 years old and 5% have children under 6 months old. Surveying on breast feeding: - no answer-16% -stop breast feeding from 6 month old- 2% -until one year old-19% -until 2 years old 58% 49% of total survey participants have breast feeding. Clarifying when additional nutrition is given: 17% no answer, 67% gave additional nutrition to their children when they were before 6 months old	4,9% no answer 46.1% of total answered households named 2 main parts of balanced diet	It is still required to improved knowledge on balanced nutrition. Only ¼ percents of households participated in the survey answered about balanced diet.	Unchanged
		Ways to know children under malnutrition	About ways to know children under malnutrition 15% no knowledge 74% replied one answer 11% replied with many	6,0% no reply, 58,7% of total answered households named more than 3 reasons to have medical care due to malnutrition correctly.		

			answers			
11	Road and traffic safety	Ways to risk reduction for road passengers	66% wear seat belt 12% have safety distance 11% traffic lights and road signs 10% speed maximum limits	3,4% no reply 82,2% of total answered households named not less than 3 vital steps of road and traffic safety correctly.	It is showed that 17,7%of total survey participants did not have enough knowledge on road and traffic safety.	Improved
12	Safe delivery	Symptoms of pregnancy	11% do not know 89% know by some ways: -62% severe blood loss after delivery -13% pain through stomach severely	7,1% no reply, 79,5% of total answered households named not less than 3 dangerous symptoms which needs medical care.	Knowledge on pregnancy symptoms of total survey participants households had improved. Number of people who knows when to have pregnancy examination had increased and number of people who replied to have pregnancy examination within in first 3 months also increased by 22.7 percents.	Improved
		Whether to know timing to have pregnancy examination and control	89% of total survey participants have some knowledge: 62 % had just after knowing pregnancy 27% had within first 3 months of pregnancy	41,8% had just after knoweing pregnancy 49,7% had within first 3 months of pregnancy or in total of 91,6% know when to have pregnancy examination and control.		
13	Water and sanitation	Sources of drinking water of households	37% from central sewerage 63 % from portable water	12,9% from central sewerage 33,4% from portable water 38,1%from groundwater well.	Number of households taking water from central sewerage had decreased. This question might be understood wrongly.	Decreased
		Methods to make drinking water safe and use	4% no reply 28% do not do anything 68% some measures are taken in order to make drinking water safe: 67% boil water	5,1% do not do anything 94.6% some measures are taken in order to make drinking water safe: 53,7% boil water 13,7% use filters.	Number of households to make drinking water safe had been increased as a result of survey participated households, but number of households that use water after boiling had been decreased.	Unchanged
		Daily use of water of one household, by litre	27% use 10 or more than 10 litre/person/day 73% use 5-10 litre/person/day.	48,1% use 10 or more than 10 litre/person/day 51.9% use 5-10 litre /person /day.	Number of households using 10 or more than 10 litre/person/day participated in the survey had increased	Improved
		Place to wash	29% have place to wash	95,7% have place to wash	Sanitation of households	Improved

		hands	hands 70% no place to wash hands 1% refused to answer	hands 3,1% no place to wash hands 1,2% refused to reply.	are improved, but number of households with water sewerage has decreased, 43,5% of total survey participants have not solved waste pipe issues until now.	
		Do you know when should you wash your hands for certain	37% do not know 38% after defecating 14% before eating food 11% before cooking	3,6% no reply 79,1% of total answered households named not less than 3 cases to wash hands correctly.		Improved
		Toilets of household members	32% no reply 51% have their toilets: 21% have toilet with water sewerage 4% have improved hole toilet 26% have hole toilet surrounded by clean soil	4,1% no reply 77,1% households have clean toilets: 12,2% with water sewerage 18,1% improved hole toilet 46,8% hole toilet surrounded by clean soil		Improved
		Place to dump waste water of household	40% to toilet with water sewerage 9% to prepared waste water hole	10,2% to toilet with water sewerage 56,5% to prepared waste water hole		Improved
14	Decrease discrimination	Ways to decrease discrimination due to wrong understanding of HIV	30% could not reply or did not answer	2,4% did not reply 92,4% of total answered households named ways to decrease discrimination	Due to results of improvement of citizens' knowledge on this issue, number of citizens who did not answer the question had decreased from 30% to 2,4%.	Improved
15	Tuberculosis	Symptoms of tuberculosis	One single household could not give 3 answers for this question	4,2% no reply, 76,2% of total answered households named not less than 3 symptoms of tuberculosis correctly.	Huge improvements have occurred to knowledge on preventing from tuberculosis. It is increased by almost 76% from previous survey.	Improved
		Prevention ways from outbreak of tuberculosis	42% reduce usage of alcohols, tobacco and narcotics 25% for many do not gather in stuffy room 14% people with symptoms should close their mouth and nose when they sneeze	5,8% no reply, 75,5% of total answered households named not less than 3 ways to prevent from outbreak of tuberculosis correctly.		
16	Safe blood and recruit voluntary blood donors	Criterion for voluntary blood donating people	75% healthy living habit	5,0% no reply, 80,1% of total answered households named required criteria for donating blood voluntarily .	It is possible to say that systematic knowledge on criteria to donate blood voluntarily had given.	Improved

RECOMMENDATION AND LESSONS LEARNT

Mongolian Red Cross Society, that are humanitarian guides, implemented the “Community Based Health and First Aid in Mongolia” project financed by Finnish Red Cross and IFRC/RCS in 12 soums of Gobi region from 2010 to 2012. It is concluded that the project was implemented successfully.

Final evaluation of the project was evaluated based on results of the survey conducted in provinces, and concluded that households developed knowledge, awareness and practical skills to provide first aid to him/herself or to others until having appropriate medical care, and ability to prevent from possible disasters and injury in order to decrease severity when sudden disasters and disease occurred to people

Following recommendations and lessons learnt are suggested in order to continue the project further and to assist to implement similar activities.

- It is good to conduct the baseline survey from the targeted groups in the selected areas within the project objective’s framework before started implementing the project, so that it is significant to examine final outcomes. However, further it should consider on developing the survey questionnaire and questions professionally and survey should be taken by specialized organizations and surveyors.
- Since it is intended to evaluate the project outcomes, it is important to have indicators of final outcome to define project tasks and conduct survey on issues relating to the project activities in order to evaluate the project later.
- One of the project tasks is to organize school-based activities for 8 000 teenagers and youth in 12 selected schools and shall develop their knowledge, awareness and practical skills on disease prevention, health and first aid and disaster preparedness and response through organizing trainings and mobilizing them. However, in the survey questionnaire, certain indicators to evaluate this task were very few. So that, it is important to include indicators that can express results of the targeted groups’ activities and objectives of the project in the questionnaire.
- For doing evaluation, it is vital to provide survey information, project implementation progress report and final reports, other related materials and information that can lead to do evaluation tangibly and estimate their causes and affects correctly.