

Adapting the Reaching Every District strategy in reducing unmet need for family planning among disadvantaged women in Mongolia

Shinetugs Bayanbileg, UNFPA Country Office, Mongolia



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Health Conference

*reaching every mother and newborn
with quality care*

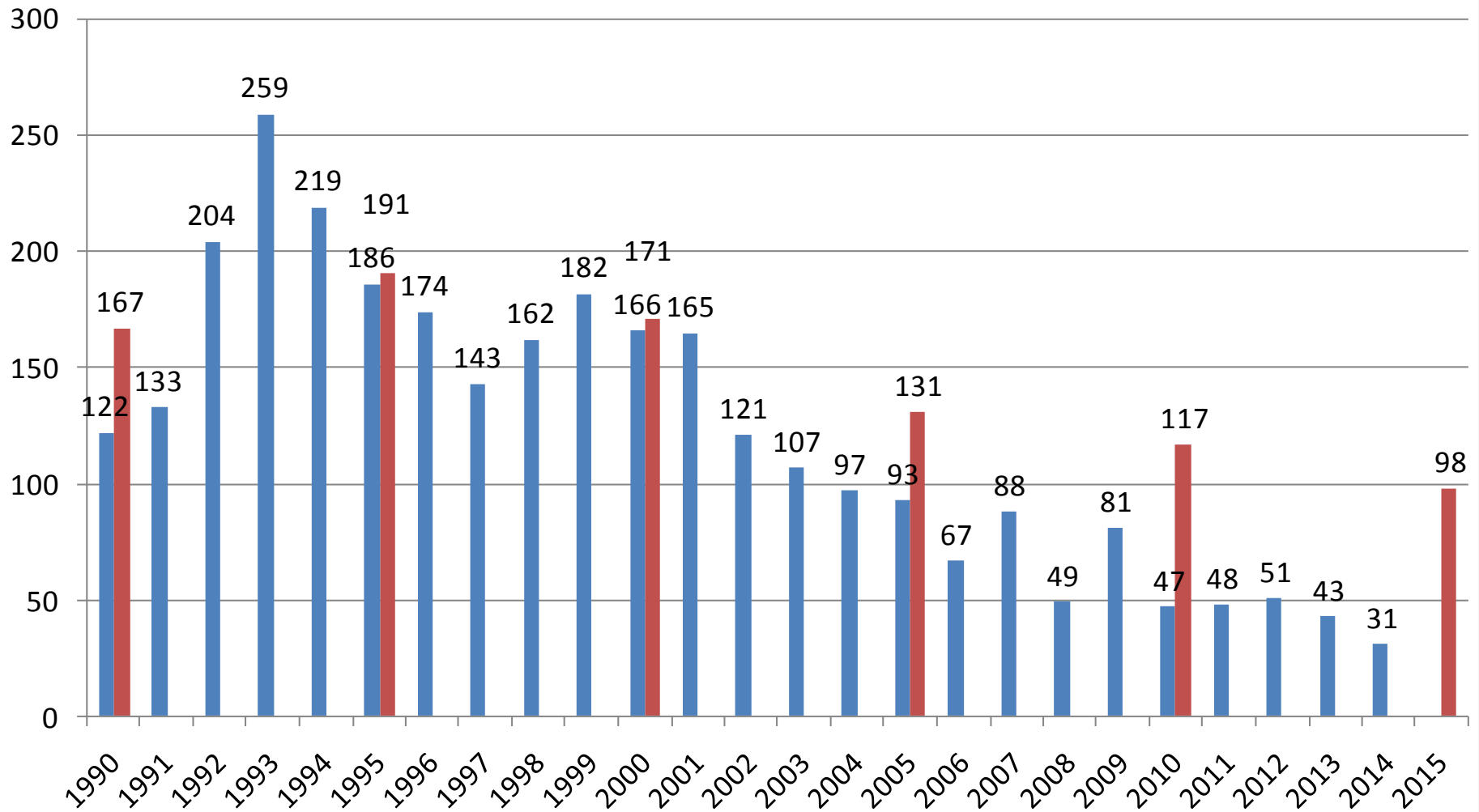
OCTOBER 18–21
2015 Mexico City

Country Profile

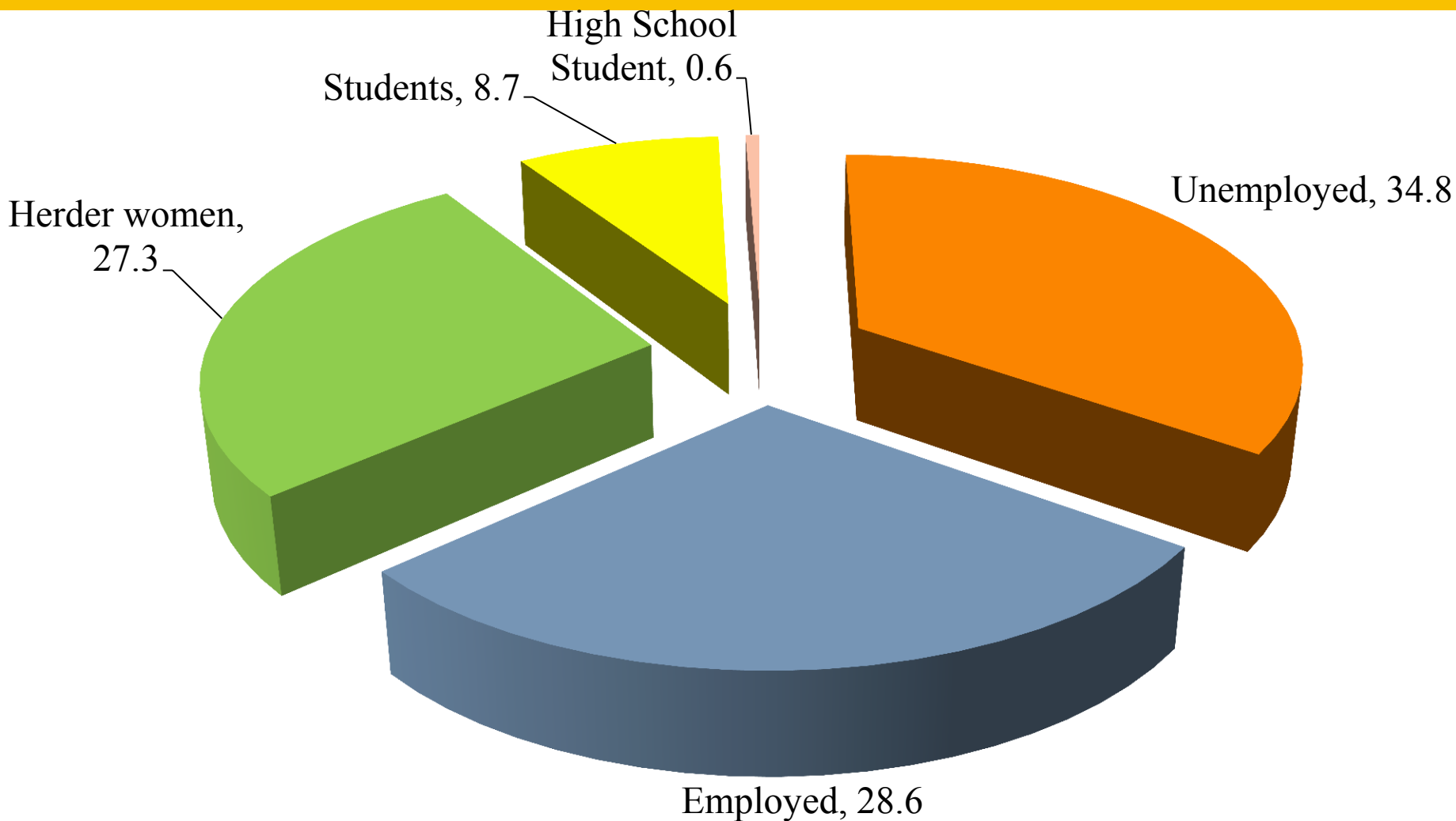


Indicator	Description
Total population	3.1 mln
Population growth rate	2.2%
TFR	3.1
CPR	54.6
MMR per 1,000,000 LB	30.6 (MDG target 50.0)
Total health expenditure as % of GDP	3.6%
Life-expectancy, F/M	69.6 75.5/65.9
Adult literacy rate, F/M	97.5/95.2

MMR per 100,000 live births: national data and global estimates



Occupational statuses of mothers who died, 2010-2014



Challenges in utilization of SRH services



- Low health-seeking behavior
- Distance issues
- Misconceptions
- Influence by friends
- Insufficient counseling
- Attitude of health care providers

Reaching Every District (RED) approach: a way to improve immunization performance



- In 2002, the Reaching Every District (RED) approach was developed and introduced by WHO, the United Nations Children's Fund (UNICEF) and other partners in the GAVI Alliance to improve immunization systems in areas with low coverage
- In Mongolia, a pilot RED project was initiated by the Ministry of Health (MoH), UNICEF and WHO in Bayanzurkh District of UB during 2008-2009
- Pilots in Khuvsgul, Khovd, Bayan-Ulgii, Uvs and Gobi-Altai aimags were conducted by MoH and UNFPA with focus SRH in 2011

Health Ministerial Order of Mongolia

2012.08.17 Decree № 292

In accordance with Mongolian government decree №61 ‘National Reproductive Health Programme’, approved in 2012, for the purpose to implement articles 4.3.2,4.3.4,4.3.7, ORDERS:

Approve ‘Deliver package health care services on reproductive health to target group directives’ as Annex 1, ‘Reach-out target group guidelines’ as Annex 2, ‘Progress report sheet of chosen target group’ as Annex 3.

Assign the governors of Health Department to organize and monitor the implementation.

Assign the Public Health Department of Policy Implementation and Coordination, to monitor the implementation of this decree.

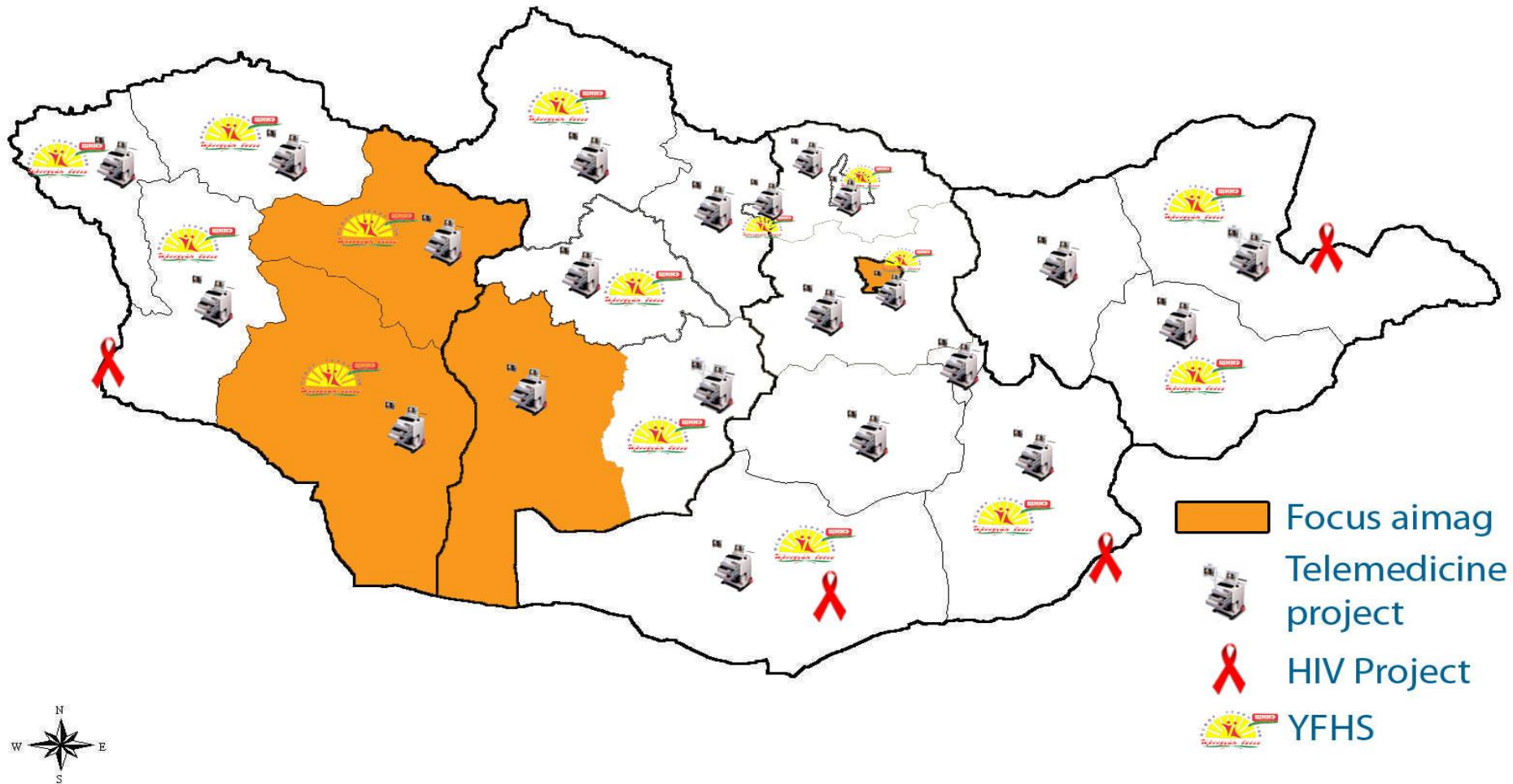
Health Minister: Khurelbaatar. N

Intervention Preparation



- Target: **poor, living in remote pastoral areas, unregistered, young girls at risk, disabled or subject of gender-based violence** in Zavkhan, Gobi-Altai and Bayankhongor aimags, and khorroos 12-16 of Chingeltei District
- Health workers, social workers, nurses or community health volunteers were trained to provide outreach services
- Cascade trainings were conducted
- Local NGOs were provided with grants to increase the demand

UNFPA in Mongolia, 2012-2016



-  Focus aimag
-  Telemedicine project
-  HIV Project
-  YFHS







Intervention Implementation

- Implementation started in October 2012 in Ulaanbaatar and aimag centers, and May 2013, in soums
- By the end of 2013, 17,019 women were reached out ranging from **17 to 31 percent** of reproductive age women in the target areas

Intervention package



- Identification of SRH needs
 - FP
 - ANC
 - Postpartum care
 - STI testing or Cx cancer screening
- Health education: importance of FP, iron-folate, ANC, screenings
- Advice to come to the primary health care center for further counseling, starting a modern method, ANC, Pap-smear, RPR, vaginal exam
- Distribution of condoms until check-up, micronutrients, IEC, dignity kits







Numbers of women reached out using RED strategy by intervention sites as of end of 2013



Sites	Ulaanbaatar Chingeltei Sub-districts 12-16	Bayan- khongor	Gobi- Altai	Zavkhan	Total
Total population (2010 Census)	47,500	75,700	53,200	64,900	241,300
Number of selected disadvantaged women reached out by outreach workers	2,632	3,822	4,933	5,632	17,019
Percentage from the total women of reproductive age reached out by outreach workers	18.5	16.8	30.9	28.9	23.5
Number of women who started on a modern contraceptive method (new acceptors)	395	537	236	200	1,368

Methodology

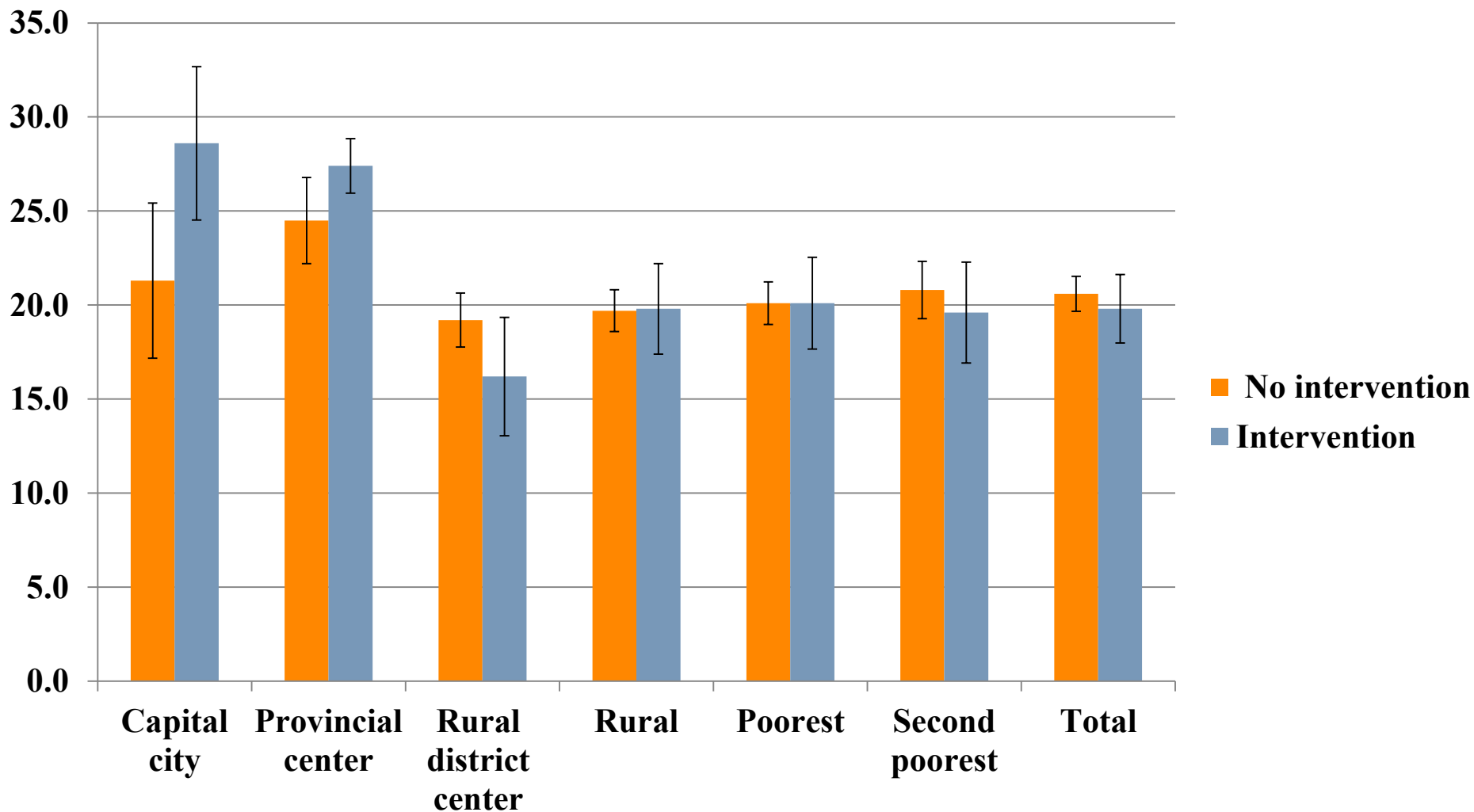


- The unmet need was calculated for the intervention and non-intervention areas from the **MICS 2010** as the baseline and **SISS 2013** using the standard MICS syntaxes among
 - Poorest quintile
 - Second poorest quintile
 - Residents of pastoral areas
- The data collection for the MICS was done during October – December 2010, and the data collection of SISS was done during October – December 2013

Unmet need for family planning among the poorest two quintiles and residents of rural pastoral areas per FPA intervention and non-intervention sites

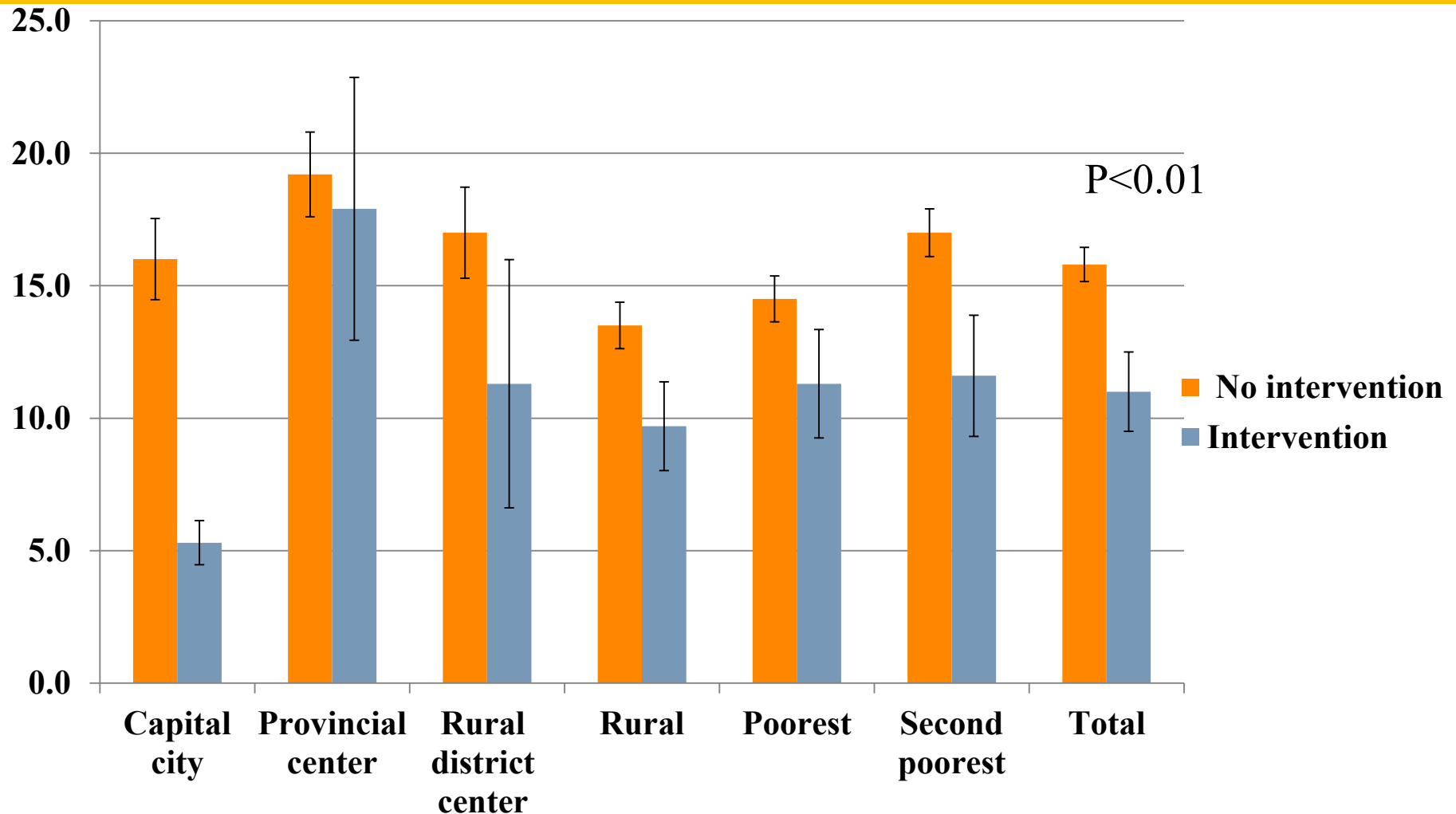
Background characteristics		Intervention sites Mean [95% CI] (N)		Non-intervention sites Mean [95% CI] (N)	
		MICS 2010	SISS 2013	MICS 2010	SISS 2013
TOTAL		19.8 [16.1-23.4] (455)	11.0 [8.0-13.9]* (557)	20.6 [18.8-22.5] (2,386)	15.8 [14.5-17.1] (3,150)
Location	Capital city	28.6 [20.4-36.7] (7)	5.3 [3.6-6.9] (19)	21.3 [13.1-29.6] (130)	16.0 [12.9-19.0] {418}
	Provincial center	27.4 [24.5-30.3] (62)	17.9 [7.9-27.8] (84)	24.5 [19.9-29.1] (334)	19.2 [16.0-22.4] (562)
	Rural district center	16.2 [9.9-22.5] (154)	11.3 [1.9-20.7] (53)	19.2 [16.3-22.1] (524)	17.0 [13.6-20.4] (368)
	Rural	19.8 [15.0-24.6] (232)	9.7 [6.4-13.1] (401)	19.7 [17.8-21.6] (1,398)	13.5 [12.0-15.0] (1,802)
Wealth index quintiles	Poorest	20.1 [15.3-25.0] (273)	11.3 [7.2-15.4] (300)	20.1 [18.0-22.2] (1,617)	14.5 [12.9-16.2] (1,990)
	Second poorest	19.6 [14.2-24.9] (179)	11.6 [7.0-16.1] (199)	20.8 [18.0-23.6] (1,214)	17.0 [14.4-17.8] (1,640)

Unmet need for FP, MICS 2010



Unmet need for FP, SISS 2010

UNFPA



Lessons



- Pilot in 2011
- Health Minister's order #292 ensured the support and commitment from the local health departments
- The availability of health services and contraceptives
- Creation of databases the target women helped for accountability and to avoid double reporting

Conclusions



- RED strategy for improving SRH works
- Effective in increasing the numbers of new acceptors of modern methods and reducing the unmet need for family planning
- Longer term follow up and an end-programme study using the same methods applied the household surveys would be useful
- May be replicated in other low and middle income countries
- Ownership and sustainability
- Longer term impact

Acknowledgments



- MOHS
- Health Departments
 - Bayankhongor
 - Gobi-Altai
 - Zavkhan
 - Chingeltei
- National Statistical Office

Thank you for your attention!

