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

Shinetugs Bayanbileg, UNFPA Country Office, Mongolia
## Country Profile

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>3.1 mln</td>
</tr>
<tr>
<td>Population growth rate</td>
<td>2.2%</td>
</tr>
<tr>
<td>TFR</td>
<td>3.1</td>
</tr>
<tr>
<td>CPR</td>
<td>54.6</td>
</tr>
<tr>
<td>MMR per 1,000,000 LB</td>
<td>30.6 (MDG target 50.0)</td>
</tr>
<tr>
<td>Total health expenditure as % of GDP</td>
<td>3.6%</td>
</tr>
<tr>
<td>Life-expectancy, F/M</td>
<td>69.6    75.5/65.9</td>
</tr>
<tr>
<td>Adult literacy rate, F/M</td>
<td>97.5/95.2</td>
</tr>
</tbody>
</table>
MMR per 100,000 live births: national data and global estimates
Occupational statuses of mothers who died, 2010-2014

- Unemployed, 34.8%
- Employed, 28.6%
- Herder women, 27.3%
- High School Students, 8.7%
- Student, 0.6%
Challenges in utilization of SRH services

- Low health-seeking behavior
- Distance issues
- Misconceptions
- Influence by friends
- Insufficient counseling
- Attitude of health care providers
• 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
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 khorooos 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
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
Зорилтот Булгийн Хүн Амын Газар Зүйн Байршил

2014
### Numbers of women reached out using RED strategy by intervention sites as of end of 2013

<table>
<thead>
<tr>
<th>Sites</th>
<th>Ulaanbaatar Chingeltei Sub-districts 12-16</th>
<th>Bayan-khongor</th>
<th>Gobi-Altai</th>
<th>Zavkhan</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (2010 Census)</td>
<td>47,500</td>
<td>75,700</td>
<td>53,200</td>
<td>64,900</td>
<td>241,300</td>
</tr>
<tr>
<td>Number of selected disadvantaged women reached out by outreach workers</td>
<td>2,632</td>
<td>3,822</td>
<td>4,933</td>
<td>5,632</td>
<td>17,019</td>
</tr>
<tr>
<td>Percentage from the total women of reproductive age reached out by outreach workers</td>
<td>18.5</td>
<td>16.8</td>
<td>30.9</td>
<td>28.9</td>
<td>23.5</td>
</tr>
<tr>
<td>Number of women who started on a modern contraceptive method (new acceptors)</td>
<td>395</td>
<td>537</td>
<td>236</td>
<td>200</td>
<td>1,368</td>
</tr>
</tbody>
</table>
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
<table>
<thead>
<tr>
<th>Background characteristics</th>
<th>Intervention sites Mean [95% CI] (N)</th>
<th>Non-intervention sites Mean [95% CI] (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SISS 2013 11.0 [8.0-13.9]* (557)</td>
<td>SISS 2013 15.8 [14.5-17.1] (3,150)</td>
</tr>
<tr>
<td></td>
<td>Provincial center 27.4 [24.5-30.3] (62)</td>
<td>Provincial center 24.5 [19.9-29.1] (334)</td>
</tr>
<tr>
<td>Wealth index quintiles</td>
<td>Poorest 20.1 [15.3-25.0] (273)</td>
<td>Poorest 14.5 [12.9-16.2] (1,990)</td>
</tr>
<tr>
<td></td>
<td>Second poorest 19.6 [14.2-24.9] (179)</td>
<td>Second poorest 17.0 [14.4-17.8] (1,640)</td>
</tr>
</tbody>
</table>
Unmet need for FP, MICS 2010

Capital city  | Provincial center  | Rural district center  | Rural  | Poorest  | Second poorest  | Total

No intervention | Intervention
Unmet need for FP, SISS 2010

- Capital city
- Provincial center
- Rural district center
- Rural
- Poorest
- Second poorest
- Total

P<0.01
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!