EXECUTIVE SUMMARY

ASSESSMENT TO ESTABLISH BASELINE INDICATORS AND IDENTIFY NEEDS FOR MATERNAL HEALTH INTERVENTIONS FOR WOMEN OF ETHNIC MINORITY GROUPS LIVING IN 6 NORTHERN MOUNTAINS AND CENTRAL HIGHLAND PROVINCES
ASSESSMENT TO ESTABLISH BASELINE INDICATORS AND IDENTIFY NEEDS FOR MATERNAL HEALTH INTERVENTIONS

Introduction and Methods

INTRODUCTION

From 2021–2024, UNFPA, in collaboration with the Ministry of Health (MOH) and MSD for Mothers, is implementing a project entitled “Leave no one behind: Innovative interventions to reduce maternal mortality in ethnic minority regions of Viet Nam.”

METHODS

Sub-study 1

To analyze commune-level characteristics (geographical, socio-economic and service delivery) at commune health centers (CHCs).

Methods: Analysis of secondary data from CHCs.

Settings: 60 selected CHCs.

Sub-study 2

To analyze sexual and reproductive health indicators before interventions.

Methods: A cross-sectional survey that interviewed 718 mothers who had children under two years of age.

Settings: 12 randomly selected communes.

Sub-study 3

To identify the needs for improving technical capacities of health providers at the district and commune levels and set behavior change communication and community mobilization strategies toward safe pregnancy and childbirth that take into account local cultures and traditions.

Methods:
- 22 in-depth interviews and six focus group discussions in six selected communes and districts.
- A self-administered questionnaire, which was completed by 93 health care providers.

*List of 60 communes: Son La (12 communes: Hang Chu, Xin Yang, Hang Dong, Kim Bon, Suoi Bau, Chiem Khua; Tan Hop, Muong Cai; Chiem En; Kon Tum, Gia Lai and Dak Nong (Central Highlands region).
SUB-STUDY 1
HOUSEHOLD CHARACTERISTICS AND SEXUAL AND REPRODUCTIVE HEALTH CARE

PROJECT AREAS

50/60 COMMUNES
in zone III, the areas with the most difficult geographic and socio-economic conditions where ethnic minorities reside (33/2020/QĐ-TTg) in 2021–2025.

42% Living in poverty

76% Improved water source

45% Improved sanitation facility

2.7 children
On average, each woman of childbearing age had 2.7 children.

60-77 MINUTES
On average, it takes women 60 minutes to get to the nearest CHC; 77 minutes to get to the nearest hospital.

CHCs WITH SERVICES AVAILABLE (%)

<table>
<thead>
<tr>
<th>Service</th>
<th>Available (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-based referral team</td>
<td>10</td>
</tr>
<tr>
<td>Access to means of medical transport at CHC for referrals</td>
<td>57</td>
</tr>
<tr>
<td>Home delivery with trained health worker</td>
<td>85</td>
</tr>
<tr>
<td>Staff on call at the CHC 24/7 for emergencies</td>
<td>93</td>
</tr>
<tr>
<td>Emergency communication available to the community 24/7</td>
<td>98</td>
</tr>
</tbody>
</table>
SUB-STUDY 1
REPRODUCTIVE HEALTH CARE AND OBSTETRIC SERVICES IN LAST 3 MONTHS

PROVISION OF SPECIFIC ANTENATAL CARE SERVICES (%)

- Syphilis testing: 8%
- Hepatitis B testing: 10%
- Proteinuria testing: 25%
- Hemoglobin (Hb) testing: 33%
- HIV testing: 38%
- Dispensed/prescribed vitamins/minerals: 88%
- Tetanus vaccination: 98%
- Integrated mgmt. of pregnancy and childbirth: 98%
- Clinical antenatal checkups: 100%

PROVISION OF DELIVERY AND POSTPARTUM SERVICES (%)

- Manual exploration of uterine cavity: 37%
- Partograph: 45%
- Assistance at delivery: 88%
- Anticonvulsant injection/infusion: 8%
- Antibiotic injection/infusion: 22%
- Initial eclampsia/pre-eclampsia mgmt.: 33%
- Manual removal of retained placenta: 20%
- Mgmt of obstetric hemorrhage: 50%
- Oxycocin injection/infusion: 53%
- Emergency referral: 83%
- One week postpartum checkup: 92%
- 3* contraceptive methods offered: 88%
- FP services available: 100%
SUB-STUDY 1
EQUIPMENT, ESSENTIAL DRUGS AND COMMUNICATION MATERIALS IN THE DELIVERY OF REPRODUCTIVE HEALTH SERVICES

80%–90% of CHCs did not have proteinuria testing materials or blood glucose testing equipment.

About 20% of CHCs lacked basic equipment for assisting at delivery.

7 CHCs (12%) did not have a counseling and communication corner.

STOCKOUTS OF DRUGS OR MEDICAL SUPPLIES AT CHCs IN THE PAST 12 MONTHS (%)

- Oral contraceptives: 67%
- Magnesium sulfate for injection: 58%
- Contraceptive implants: 52%
- Intravenous antibiotics: 30%
- Injectable contraceptives: 22%
- Oxytocin for injection: 18%
- Solution for infusion: 15%
- Male condoms: 12%

AVAILABILITY OF TECHNICAL AND COMMUNICATION GUIDELINES AT CHCs (%)

- Clinical guidelines on contraception/family planning: 63%
- Clinical guidelines on early Essential Neonatal Care (EENC): 47%
- National guidelines for reproductive health care: 48%
- Communication materials on maternal and neonatal care: 53%

Only 53% of CHCs had communication materials and from 47%–63% had clinical guidelines on maternal, neonatal, reproductive health care and family planning.
18% of mothers had unmet need for family planning. Among them, 10% had unmet need for birth spacing and 8% for limiting the number of children.

The proportion of mothers with unmet need for family planning was highest in target communes of Son La (35%) and Lai Chau (20%) provinces, among the Thai (49%), and Hmong (21%) ethnic groups, among mothers aged over 35 years (24%), among mothers who already had two children (23%) and in the non-religious group (21%).
The proportion of women receiving antenatal care is lowest in Lai Chau (53%), among women aged over 35 years (40%), among women who have not attended school (53%), Hmong women (69%), and with a third or higher order pregnancy (58%).

75% of women received antenatal care from a doctor, and the rest from nurses and midwives.

Only 3% of women who had antenatal care received a package of three essential services including blood pressure measurement, urine testing and blood testing.
SUB-STUDY 2
DELIVERY

DELIVERIES ASSISTED BY A TRAINED BIRTH ATTENDANT AND AT A HEALTH FACILITY BY ETHNICITY (%)

PLACE OF GIVING BIRTH (%)
REASONS FOR NOT GIVING BIRTH AT A HEALTH FACILITY (%)

- Customary practice of home birth: 30%
- Normal birth/easy birth, no need to go: 19%
- Quick labor, no time to get to facility: 12%
- Lack funds for transport: 10%
- Prefer home birth: 9%
- Cultural reasons: 6%
- Health facility too far: 5%
- Birth occurred at night: 4%
- Family member prohibited going to facility: 3%
- Shy: 3%
- No means of transport: 2%
- Trained birth attendant assisted at home: 1%

RECEIVING AT LEAST ONE CHECKUP WITHIN 7 DAYS AFTER DELIVERY BY ETHNICITY (%)

- Xo Dang: 40%
- H’Mong: 42%
- Gia Rai: 7%
- Ba Na: 36%
- Thai: 100%
- Other Ethnicities: 69%
- Total: 43%
Women from the Bana (55%) and H’Mong (58%) ethnic groups have the lowest overall autonomy.
### NEEDS FOR TRAINING HEALTH WORKERS AT DISTRICT/COMMUNE LEVELS (%, N=93)

<table>
<thead>
<tr>
<th>Skill</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy risk assessment</td>
<td>33</td>
</tr>
<tr>
<td>Initial management of eclampsia</td>
<td>30</td>
</tr>
<tr>
<td>Preeclampsia risk detection</td>
<td>30</td>
</tr>
<tr>
<td>Integrated mgmt. of pregnancy and childbirth</td>
<td>29</td>
</tr>
<tr>
<td>Initial management of severe preeclampsia</td>
<td>28</td>
</tr>
<tr>
<td>Clinical antenatal check-up</td>
<td>27</td>
</tr>
<tr>
<td>Detecting danger signs during labor</td>
<td>25</td>
</tr>
<tr>
<td>Chronic disease detection in pregnant</td>
<td>25</td>
</tr>
<tr>
<td>Detection of gestational diabetes risk</td>
<td>25</td>
</tr>
<tr>
<td>Knowledge of COVID-19 prevention</td>
<td>24</td>
</tr>
<tr>
<td>Pregnancy anemia screening and detection</td>
<td>24</td>
</tr>
<tr>
<td>Monitoring normal labor and delivery</td>
<td>22</td>
</tr>
<tr>
<td>Diagnosis of labor</td>
<td>22</td>
</tr>
<tr>
<td>Manual removal of retained placenta</td>
<td>20</td>
</tr>
<tr>
<td>HIV, syphilis and hep B counseling</td>
<td>20</td>
</tr>
<tr>
<td>Temporary hemostasis techniques</td>
<td>19</td>
</tr>
<tr>
<td>Assisting delivery with cephalic presentation</td>
<td>19</td>
</tr>
<tr>
<td>Practicing labor monitoring using partograph</td>
<td>19</td>
</tr>
<tr>
<td>Communication on maternal health care</td>
<td>18</td>
</tr>
<tr>
<td>Manual exploration of uterine cavity</td>
<td>18</td>
</tr>
<tr>
<td>Quantifying blood loss after delivery</td>
<td>18</td>
</tr>
<tr>
<td>Preparing statistical reports</td>
<td>17</td>
</tr>
<tr>
<td>Group communication skills</td>
<td>17</td>
</tr>
<tr>
<td>Early essential newborn care (EENC)</td>
<td>17</td>
</tr>
<tr>
<td>Maternal health care program management</td>
<td>16</td>
</tr>
<tr>
<td>PPE use to prevent Covid-19</td>
<td>16</td>
</tr>
<tr>
<td>Detecting severe postpartum infection</td>
<td>16</td>
</tr>
<tr>
<td>Detecting postpartum hemorrhage</td>
<td>16</td>
</tr>
<tr>
<td>Personal communication skills</td>
<td>15</td>
</tr>
<tr>
<td>Maternal and newborn care (first week)</td>
<td>15</td>
</tr>
<tr>
<td>Skills to organize group communication</td>
<td>14</td>
</tr>
<tr>
<td>Initial mgmt. of severe postpartum infections</td>
<td>14</td>
</tr>
<tr>
<td>Knowledge of contraceptive methods</td>
<td>13</td>
</tr>
<tr>
<td>Comprehensive essential obstetric care</td>
<td>11</td>
</tr>
</tbody>
</table>
SUB-STUDY 3
NEEDS FOR BEHAVIOR CHANGE COMMUNICATION

CONTENT THAT NEEDS TO BE COMMUNICATED TO MOTHERS (%)

- Basic knowledge of pregnancy and postpartum care: 56%
- Integrating Covid-19 prevention in maternal health care: 51%
- Examining and detecting risks during pregnancy and childbirth: 48%
- Basic knowledge of family planning: 36%
- Nutrition for pregnant women: 33%
- Planning to give birth at a medical facility: 23%

RECOMMENDED COMMUNICATION CHANNELS FOR MOTHERS (%)

- Face-to-face group counseling: 67%
- Face-to-face individual counseling: 48%
- Counseling by VHWs, VBAs: 44%
- Loudspeakers: 40%
- Leaflets: 36%
- Internet: 23%
- Television: 23%
- Phone App: 13%
- District/commune website: 11%
RECOMMENDATIONS FOR DESIGN AND IMPLEMENTATION OF INTERVENTIONS

**EMERGENCY OBSTETRIC CARE**

Increase provision and utilization of basic obstetric services at the commune level and comprehensive obstetric services at district level.

Training resources should be focused not only on midwives at CHCs but also emergency obstetric staff at the district level, such as obstetricians at the district level.

Strengthen provision and utilization of essential equipment and drugs at district and commune levels.

**FAMILY PLANNING**

FP interventions should be prioritized to target communes in Son La, Lai Chau and Dak Nong provinces.

Provide a wide range of contraceptive methods in response to specific preferences of ethnic minority people, particularly oral and injectable contraceptives.

Communication activities on family planning should give priority for women aged 19–24 and 35–49 years, women with low education levels and those who belong to Thai and Hmong ethnic groups.

**IMPROVING SKILLED BIRTH ATTENDANTS**

Increase the rate of ANC utilization, focusing attention on the target communes of Lai Chau, Kon Tum and Gia Lai provinces.

Improve the quality of ANC following WHO recommendations.

Implement interventions to increase the proportion of births attended by skilled birth attendants in all target communes since this rate is currently low.

**VHWS AND VBAS**

Consider recruiting new VHWS or VBAs in these disadvantaged areas.

Training for VHWS and VBAs should cover identification of risk of difficult births and how to persuade family members to bring the pregnant woman to the health facility early.

**BEHAVIOR CHANGE COMMUNICATION**

Communication on safe pregnancy and childbirth is essential for both mothers from ethnic minority groups and their family members.

Face-to-face individual and in person small group communications are more effective than other communication channels.

Design of communication interventions should ensure ethnic cultural appropriateness.

Health communication activities should include private health facilities in the area because pregnant women are increasingly receiving ANC services in these facilities.
The rapid assessment to establish baseline indicators and identify needs for maternal health interventions was carried out in 2021–2022 by Hanoi University of Public Health as part of the project “Leave no one behind: innovative interventions to reduce maternal mortality in ethnic minority regions of Vietnam”. The project aims to reduce maternal mortality in 60 of the most disadvantaged communes in Lai Chau, Son La, Bac Kan, Kon Tum, Gia Lai and Dak Nong provinces. Technical and financial support for this assessment was provided by MOH, UNFPA and MSD for Mothers.

The objective of the snapshot is to disseminate key findings among policy makers, health professionals, civil society organizations, researchers, and donors to strengthen joint efforts to bridge the gap in maternal mortality among ethnic minority communities in Viet Nam.

Data from this snapshot can be found in Tables 4.1, 4.5, 4.9, 4.12, 4.15, 4.17, 4.18, 4.24, 4.32, 4.33 of the Rapid Assessment.

The Rapid Assessment to establish baseline indicators and identify needs for maternal health interventions 2022 will be available at https://vietnam.unfpa.org/

DISCLAIMER: The views and opinions expressed in this report are those of the research team and do not necessarily reflect the views and policies of the Ministry of Health and the United Nations Population Fund.