



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.”**



► **Settings:** 60 especially disadvantaged communes of 6 poor ethnic minority provinces, namely Lai Chau, Son La, Bac Kan (Northern Midlands and Mountains region); Kon Tum, Gia Lai and Dak Nong (Central Highlands region).



► **Objective:** to reduce maternal mortality by improving the utilization of maternal health care and family planning (FP) services.



► **Hanoi University of Public Health** conducted this survey to establish baseline indicators and specify detailed needs for interventions in project areas.

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, Xim Vang, Hang Dong, Kim Bon; Suoi Bau, Chieng Khua; Tan Hop, Muong Cai; Chieng En; Dua Mon, Suoi Bang; Chieng Xuan), Lai Chau (19 communes: Si Lo Lau; Vang Ma Chai; Mu Sang; Tung Qua Lin, Tua Sin Chai; Pu Sam Cap; Hong Thu; Lang Mo; Ta Ngao, Ta Tong; Ta Ba; Pa U; Pa Ve Su; Nam Manh; Pu Dao; Nam Pi; Nam Cha; Trung Chai; Nam Ban), Gia Lai (14 communes: Kon Chieng; Dak Troi; De Ar; Hra; A Yun, Ayun; Bo Ngoong; Ia Ko; H Bong; Al Ba; Kong Htok; Chu Krey; Dak Po Pho, Dak To Ver); Kon Tum (6 communes: Muong Hoong; Ngoc Linh, Mang But; Dak Ring; Dak Nen; Po E); Bac Kan (5 communes: An Thang; Co Linh, Binh Trung; Tan Lap; Xuan Lac), Dak Nong (4 communes: Dak Ngo; Dak R'tih, Quang Son; Quang Hoa)

SUB-STUDY 1

HOUSEHOLD CHARACTERISTICS AND SEXUAL AND REPRODUCTIVE HEALTH CARE

PROJECT AREAS

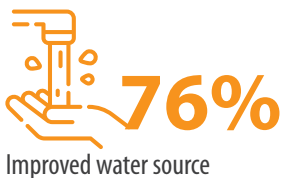


**50/60
COMMUNES**

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



Improved water source



Improved sanitation facility



**2,7
children**

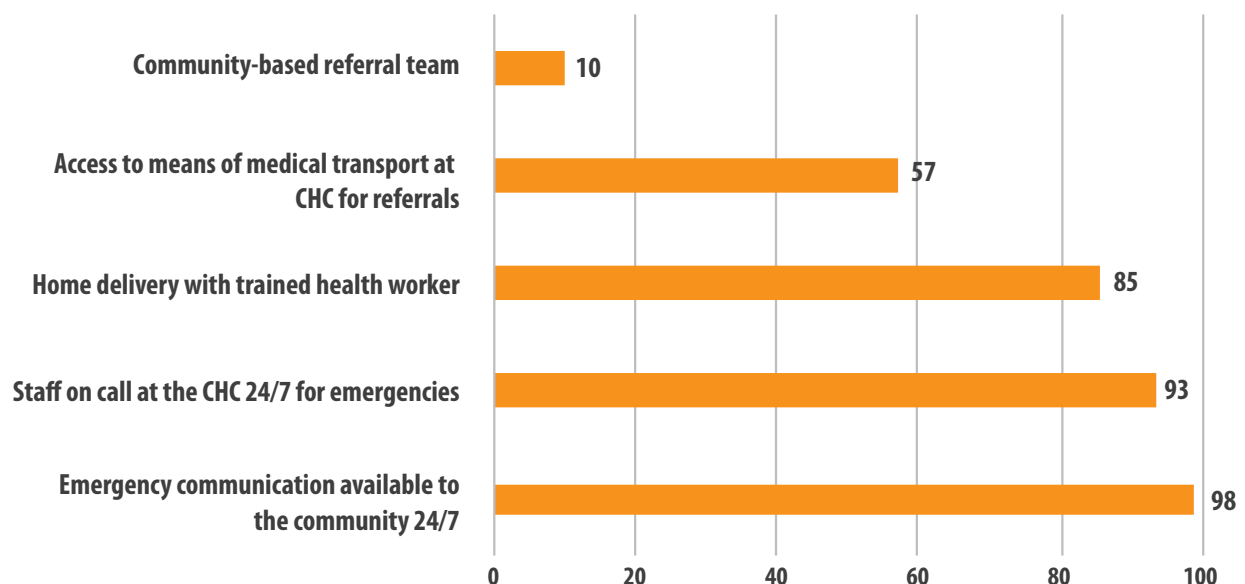
On average, each woman of childbearing age had 2.7 children.



**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 (%)

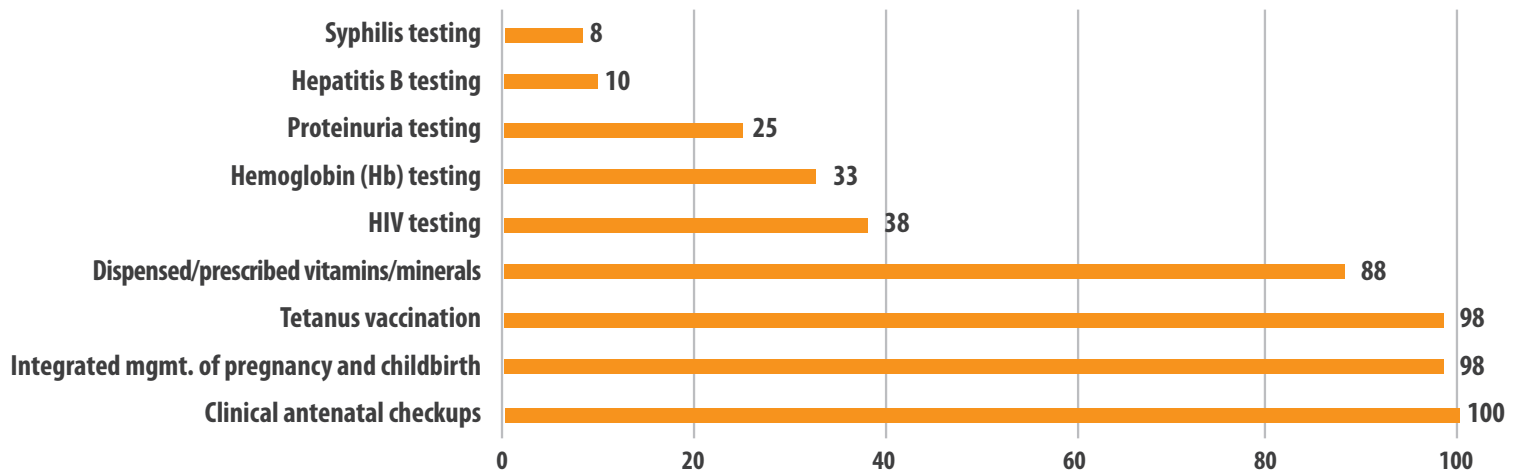


SUB-STUDY 1

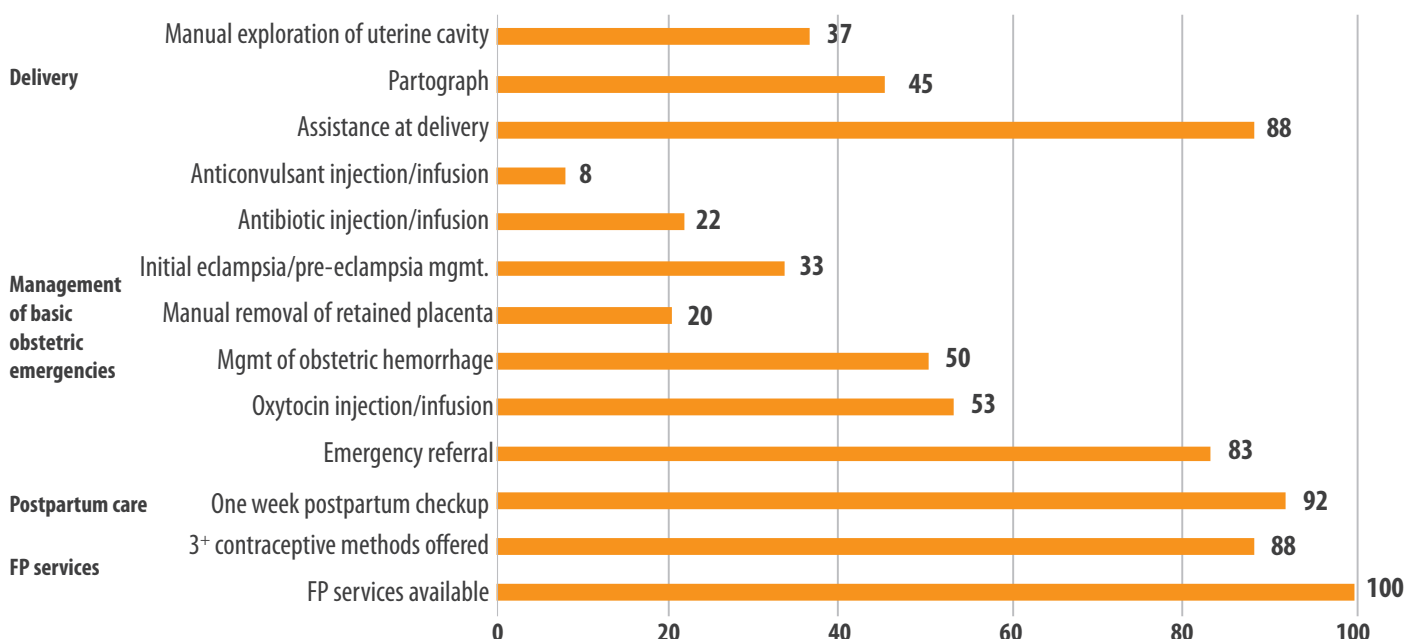
REPRODUCTIVE HEALTH CARE AND OBSTETRIC SERVICES IN LAST 3 MONTHS



PROVISION OF SPECIFIC ANTENATAL CARE SERVICES (%)



PROVISION OF DELIVERY AND POSTPARTUM SERVICES (%)



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.

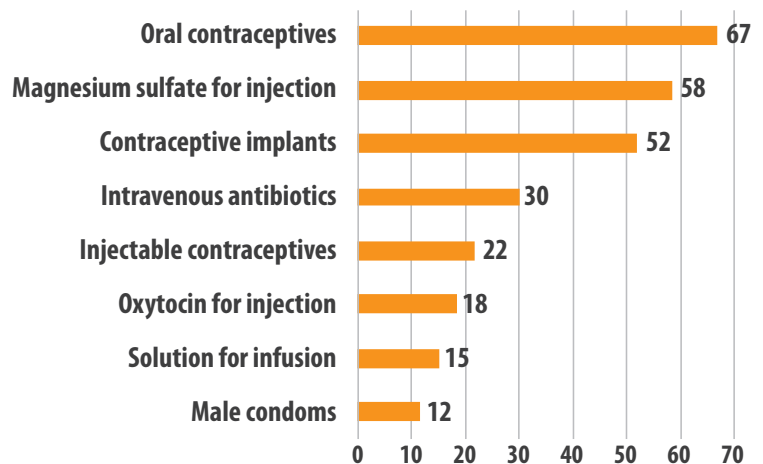


About 20% of CHCs lacked basic equipment for assisting at delivery.

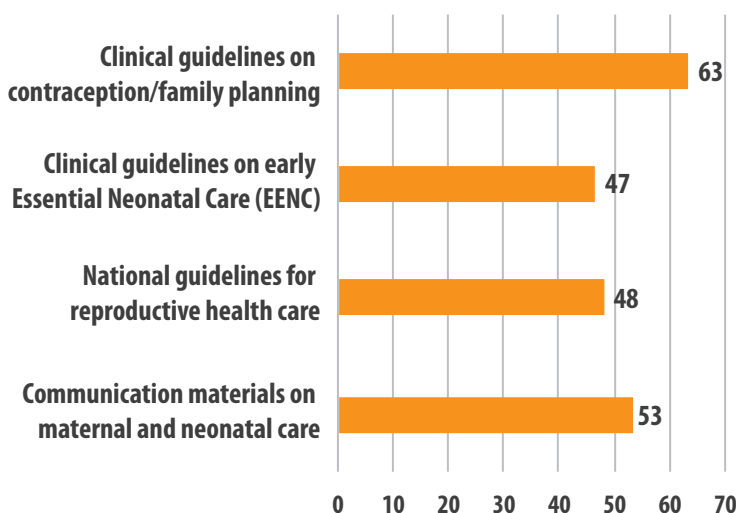


7 CHCs (12%) did not have a counseling and communication corner.

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



AVAILABILITY OF TECHNICAL AND COMMUNICATION GUIDELINES AT CHCs (%)

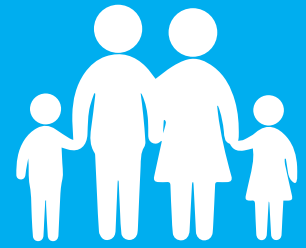


Only **53%** of CHCs had communication materials and from **47%–63%** had clinical guidelines on maternal, neonatal, reproductive health care and family planning.

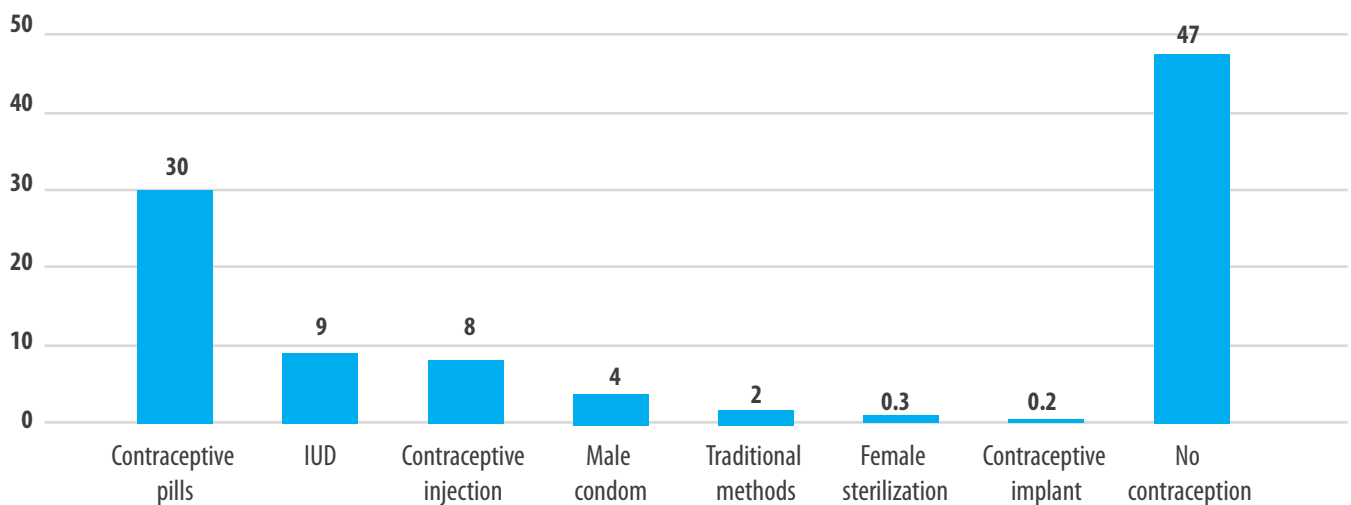
SUB-STUDY 2

MATERNAL HEALTH INDICATORS

FAMILY PLANNING AND UNMET NEED FOR FAMILY

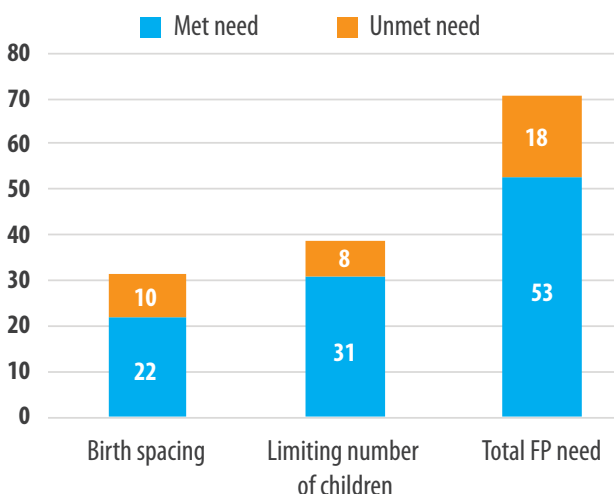


CONTRACEPTIVE METHOD MIX (%)



51% used modern methods and **2%** used traditional methods. **47%** of mothers did not use any contraceptive method. Among those mothers, **20%** understood that they could get pregnant during the postpartum period, **32%** thought they could not, and the remaining **48%** did not know whether they could get pregnant or not.

UNMET NEED FOR FAMILY PLANNING (%)



Unmet need for FP



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.

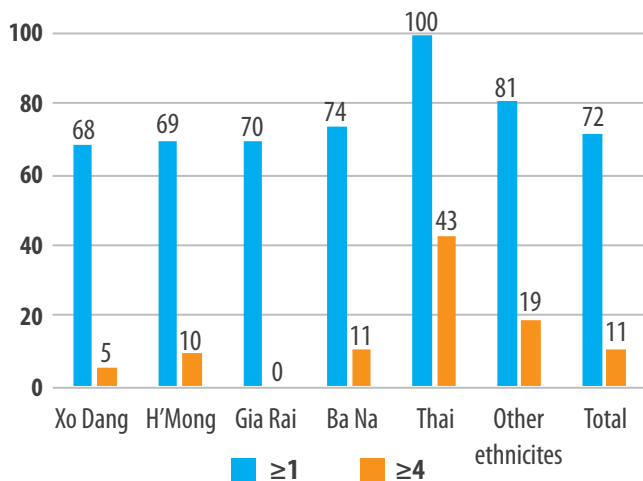
The proportion of mothers with unmet need for family planning was highest in target communes of Son La (35%) and Lai Chau (20%) provinces, among the Thai (49%), and Hmong (21%) ethnic groups, among mothers aged over 35 years (24%), among mothers who already had two children (23%) and in the non-religious group (21%).

SUB-STUDY 2

ANTENATAL CARE



Percentage of mothers receiving antenatal care at least once and at least 4 times by ethnicity



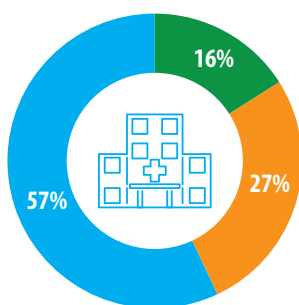
MAIN RESULTS

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.

PLACE OF ANTENATAL CARE (%)



57%

Private hospital or clinic

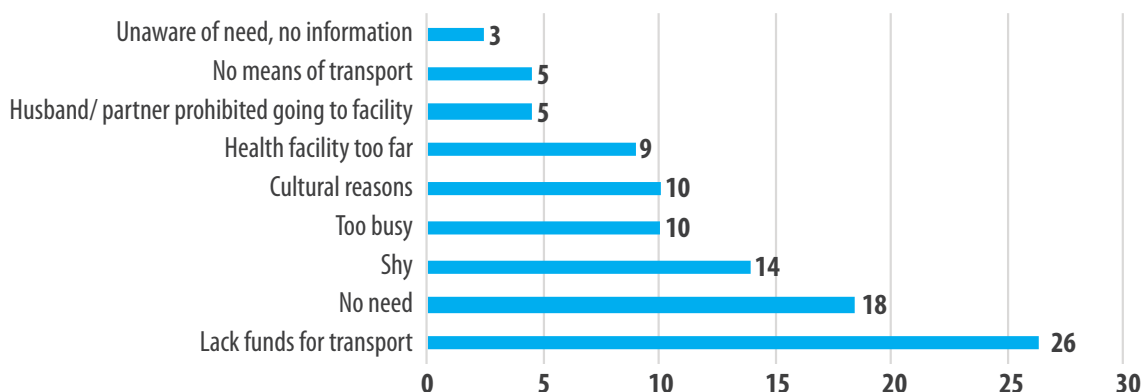
16%

Government hospital

27%

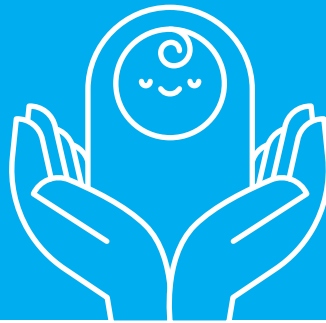
CHC

REASONS FOR NOT OBTAINING ANTENATAL CARE

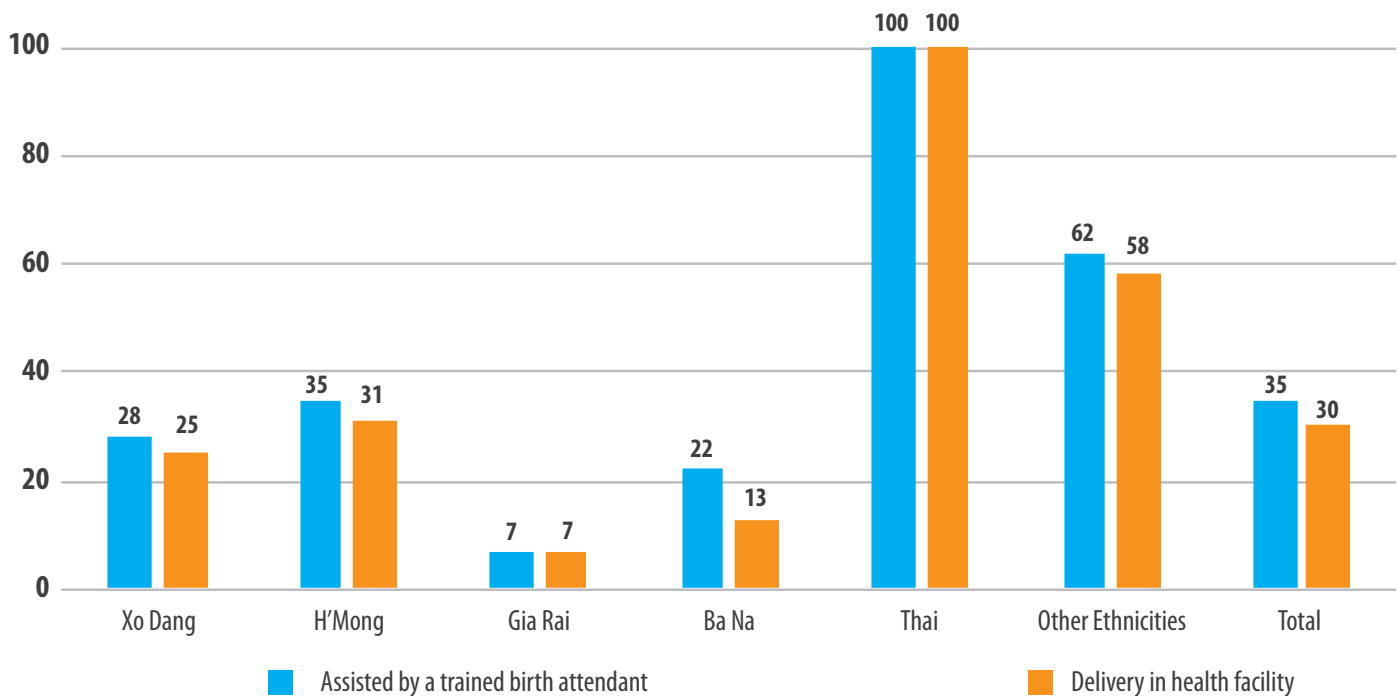


SUB-STUDY 2

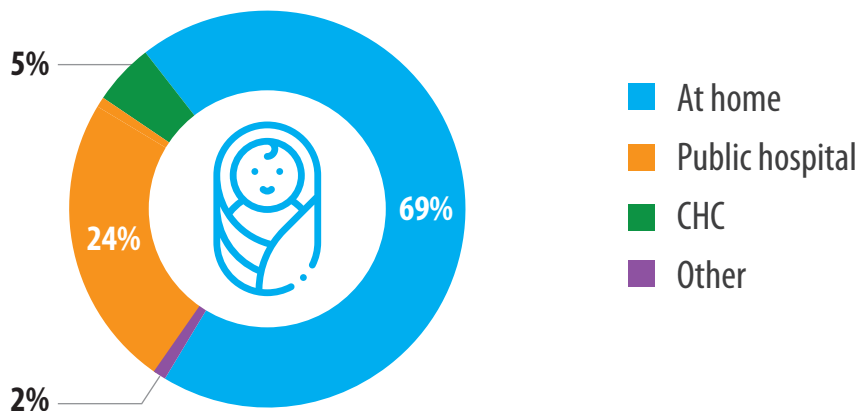
DELIVERY



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



PLACE OF GIVING BIRTH (%)

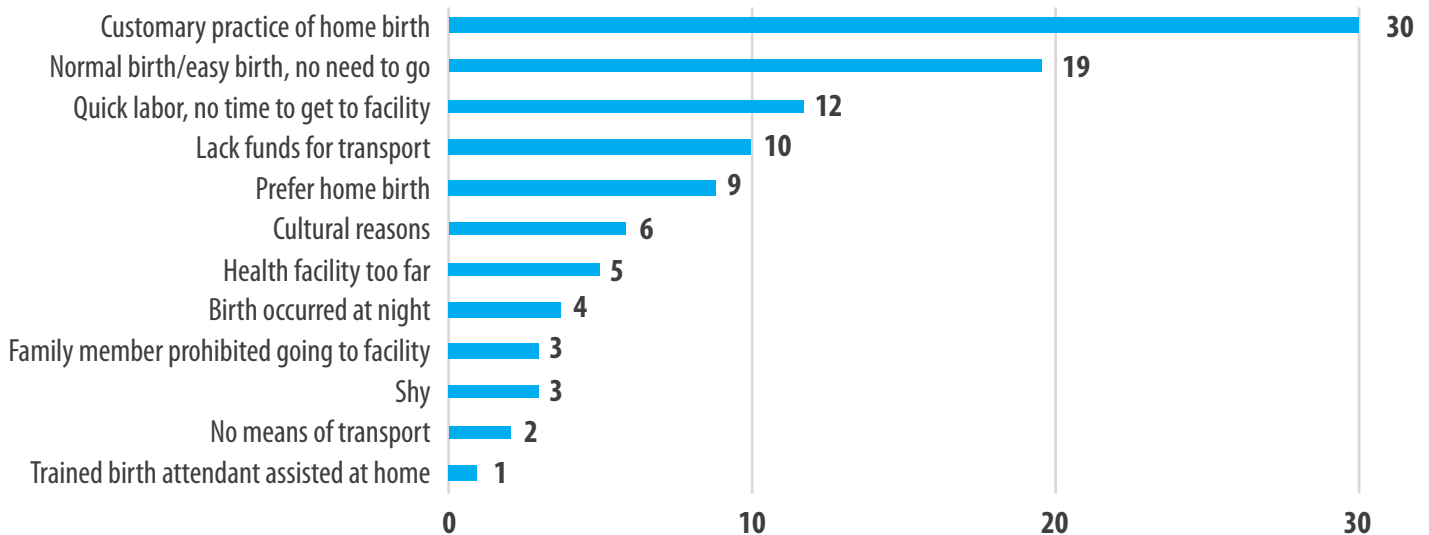


SUB-STUDY 2

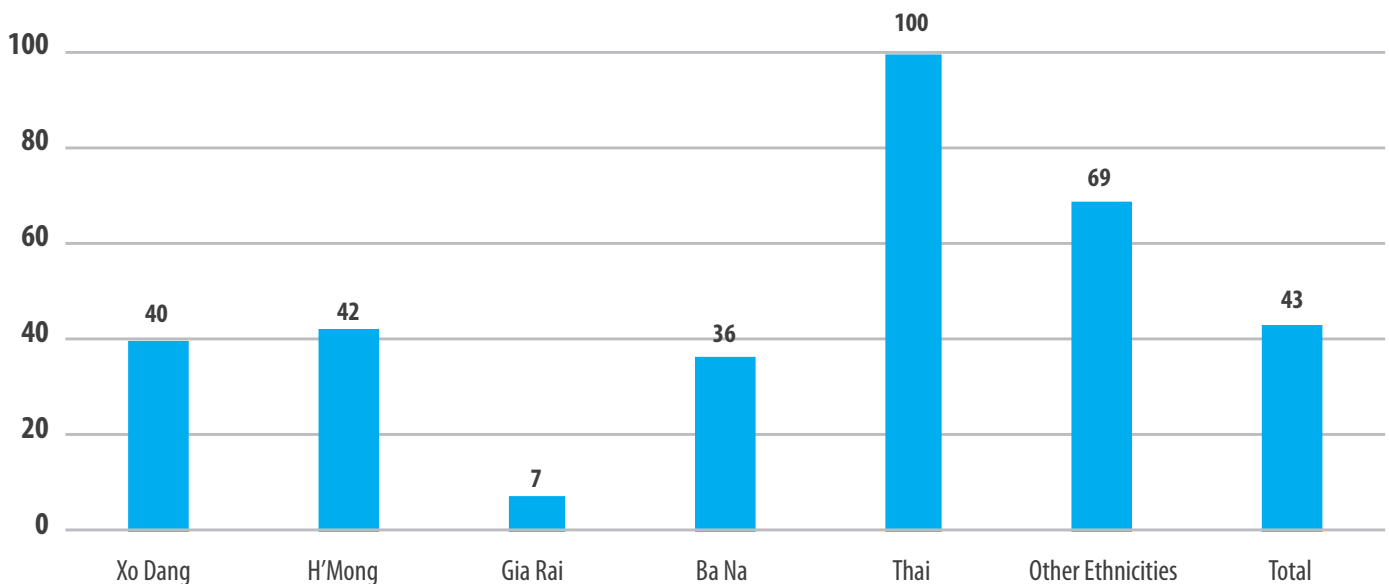
POSTNATAL CARE



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



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

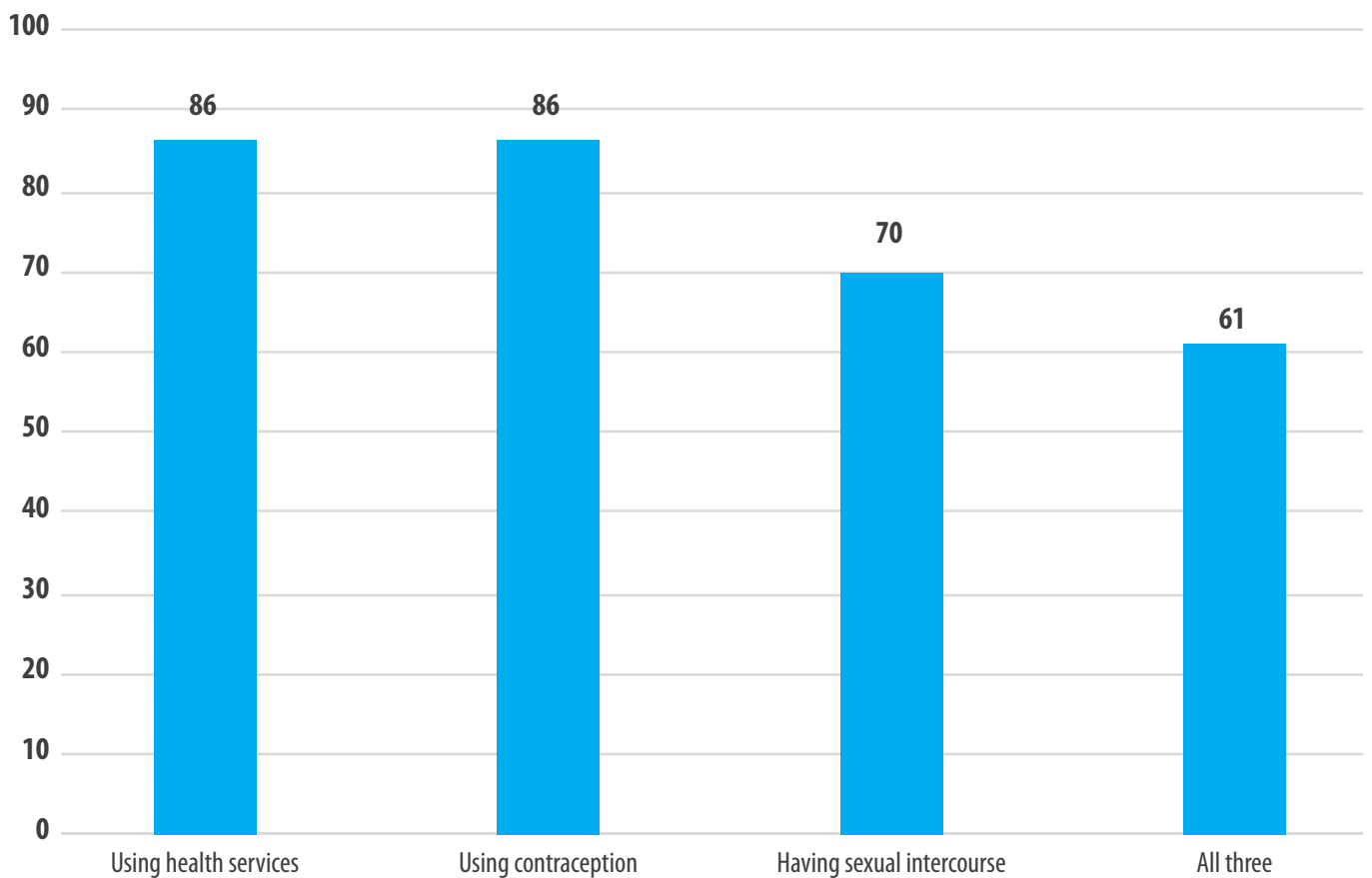


SUB-STUDY 2

WOMEN'S BODILY AUTONOMY



WOMEN'S BODILY AUTONOMY ON THE USE OF HEALTH SERVICES,
HAVING SEXUAL INTERCOURSE AND USING CONTRACEPTION (%)



Women from the Bana (55%) and H'Mong (58%) ethnic groups have the lowest overall autonomy.

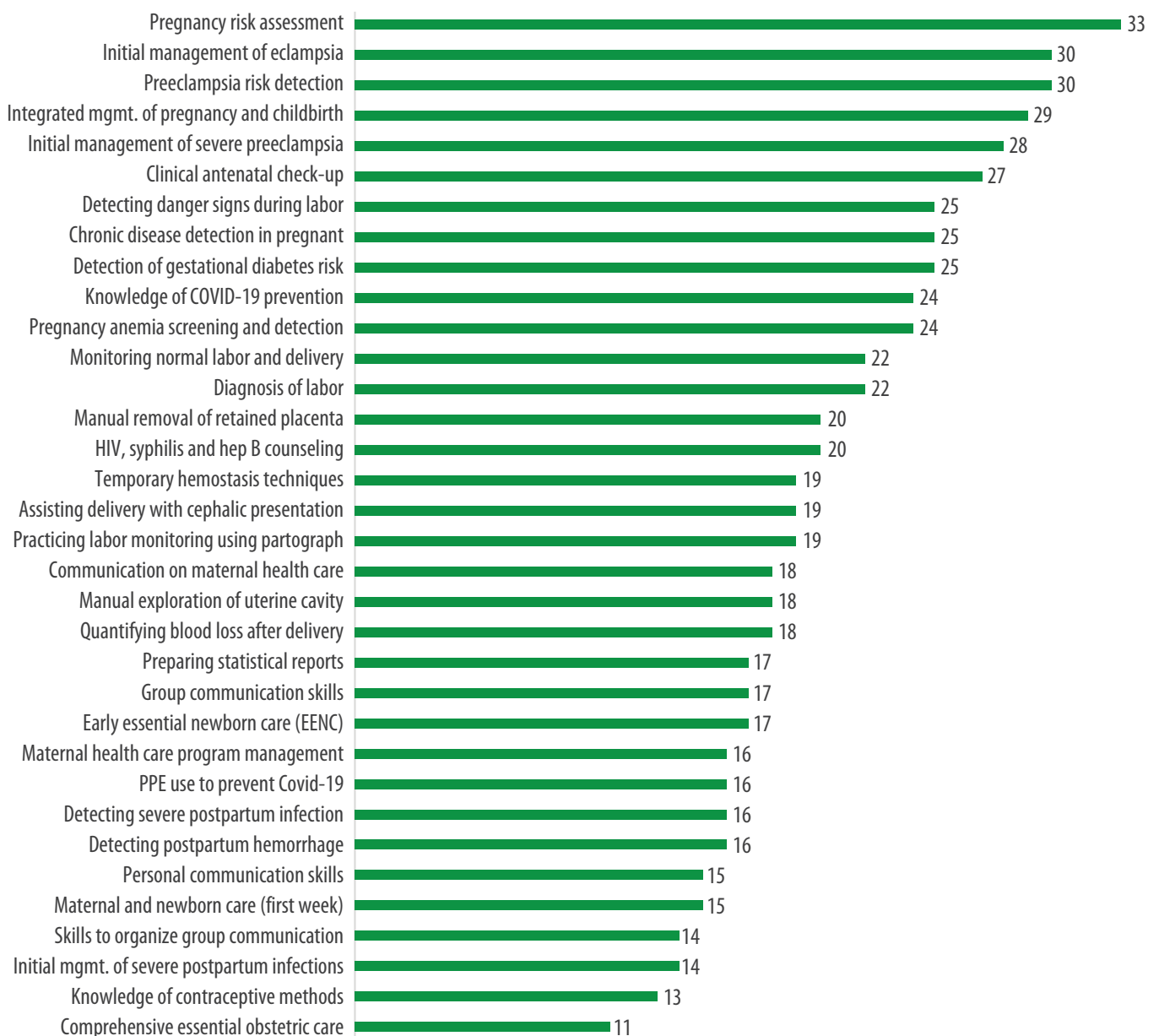
SUB-STUDY 3

NEEDS FOR TRAINING HEALTH WORKERS AND COMMUNITY COMMUNICATION ON MATERNAL HEALTH

NEEDS FOR TRAINING HEALTH WORKERS



NEEDS FOR TRAINING HEALTH WORKERS AT DISTRICT/COMMUNE LEVELS (% , N=93)

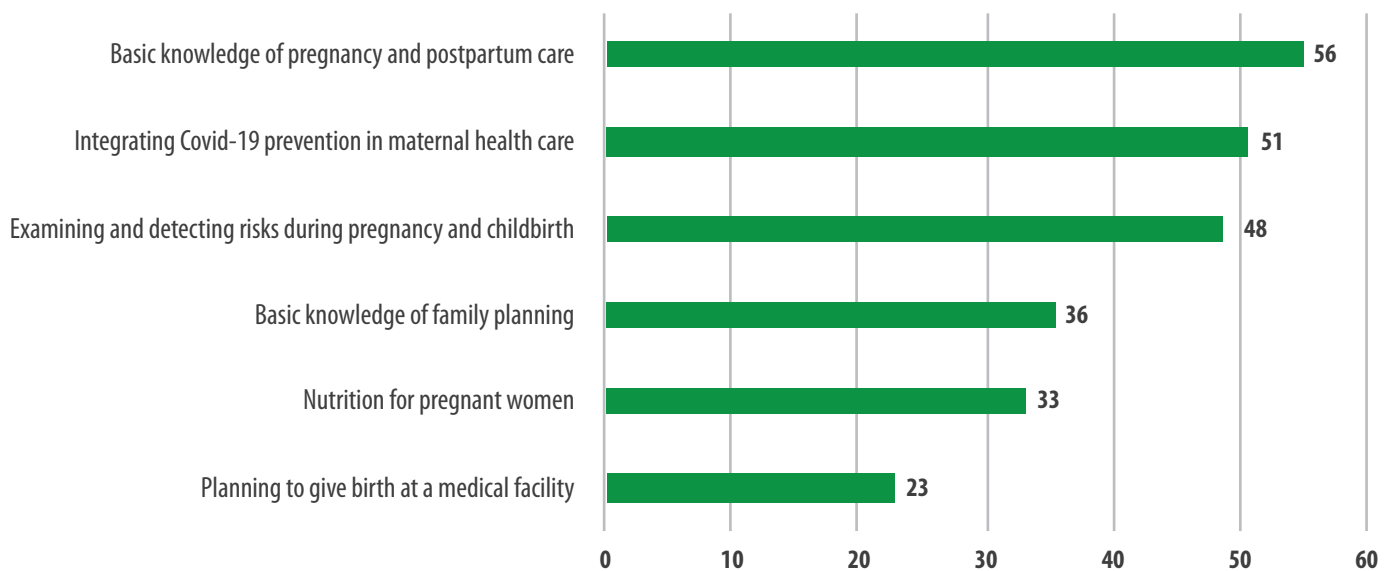


SUB-STUDY 3

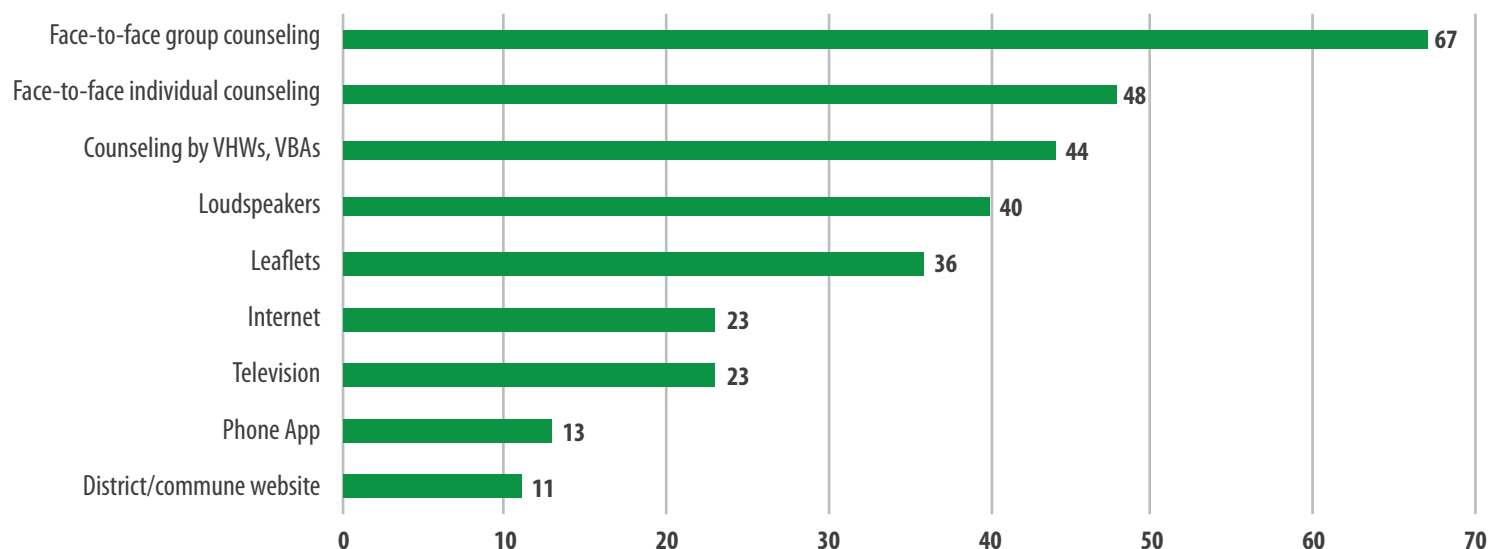
NEEDS FOR BEHAVIOR CHANGE COMMUNICATION



CONTENT THAT NEEDS TO BE COMMUNICATED TO MOTHERS (%)



RECOMMENDED COMMUNICATION CHANNELS FOR MOTHERS (%)



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.




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