

**Vietnam**

# Reproductive health network project

Cultural, linguistic, religious, political and geographical barriers are just some of the constraints to be overcome by the **Provincial reproductive health network project** in providing pioneering SRH services to poor, marginalized communities of ethnic minorities in remote hard-to-reach areas, previously unserved by mainstream health services.

As an officially recognized NGO, the Vietnam FPA was requested by the government to extend service delivery to minority populations who were not being reached by the national family planning programme, and to create innovative and experimental programmes for replication by the government.

Specific project objectives are: to introduce accessible and high quality sexual and reproductive health and MCH services in remote and under-served areas, at provincial, district and commune levels; to improve knowledge and use of contraceptive methods; to emphasize the health benefits of spacing and limiting the number of births; and to strengthen VINAFFPA's management capabilities.

The project is located in the most marginalized districts and communes in two of the poorest provinces: the areas are difficult to reach in terms of distance, and because of poor infrastructure and communication networks. The project aims to reach ethnic minority groups such as the Chams, Chros, Van Kieu and Pako.

The FPA developed an innovative model of service provision through an integrated community-based network in which community health workers and mobile teams work in close partnership with the government commune health stations. This network is underpinned by referrals to government hospitals and a VINAFFPA reproductive health centre for medical back-up. This project – using community health workers who belong to the ethnic minority groups, who speak the same language and who are trusted by the communities – has demonstrated the feasibility and effectiveness of this community-based model.

The project meets many of the challenges set out in IPPF's Vision 2000 strategic plan: to address unmet needs in sexual and reproductive health, to broaden the scope of services provided and to improve quality of care.

**PROJECT TITLE**

**Provincial reproductive health network project**

**IMPLEMENTED BY**

**Vietnam Family Planning Association (VINAFFPA). VINAFFPA was formally established in 1993. Its main role is to support and complement government efforts to extend and improve reproductive health services.**

**PROJECT AIM**

**To provide quality reproductive health services to marginalized communities at provincial, district and commune levels.**

**FUNDING**

**IPPF Vision 2000 Fund**

**BUDGET**

**US\$595,701**

**DURATION**

**July 1997 to December 2002**





The project provides pioneering SRH services to poor, marginalized communities of ethnic minorities in remote hard-to-reach areas, previously unserved by mainstream health services.

The project areas are characterized by poverty, lack of economic development, low educational levels, poor nutrition and health status, as well as high fertility. The Quang Tri province still experiences the after-effects of chemical defoliant spraying during the Vietnam war, including birth defects.

### **POVERTY ALLEVIATION PROGRAMME TARGETS VERY POOR COMMUNITIES**

The national health service infrastructure exists at three levels. There are government hospitals with family planning/MCH services at provincial and district levels while, at commune level, health stations provide a basic level of reproductive health care, if at all. Services at the commune health stations are supported by visits from mobile teams from province and district levels.

Both provinces remain neglected with severely limited access to reproductive health services. Characterized by poverty, lack of economic development, low educational levels, poor nutrition and health status, as well as high fertility, the project areas have low scores on several socio-demographic and health indicators. The Quang Tri province still experiences the after-effects of chemical defoliant spraying during the Vietnam war, including birth defects.

Prevalence of menstrual regulation and abortion is very high (with an estimated 56 procedures for every 100 live births) and, despite widespread prevalence of RTIs and STIs, there is little knowledge of diagnosis and treatment at district and commune levels, and drugs for treatment are frequently unavailable. Breast examinations and cervical smears are not provided routinely, and rarely below province level.

### **A PIONEERING AND INTEGRATED NETWORK OF SERVICES**

**The project has set up an integrated SRH service delivery network covering 18 communes using 168 community health workers, six mobile teams and one static reproductive health centre. The cumulative number of SRH services provided by the mobile teams and reproductive health centre rose from 4,614 at end-1998 to 68,119 in February 2003 and that of family planning users from 427 in 1997 to 7,971 in February 2003.**

The main innovation has been the development of a comprehensive and fully integrated model for SRH service delivery (specifically for poor ethnic minority communities in remote, inaccessible areas) through a network spanning the three administrative levels. This network links community health workers with mobile teams and with static health facilities at commune health stations, district and provincial hospitals and VINAFFPA's reproductive health centre in Dong Ha town, Quang Tri province.

The model is implemented in a very cost-effective way through close partnership with the government which provides doctors, nurses and midwives for the mobile teams, as well as contraceptives, medicines, transport and some medical equipment. In return, VINAFFPA has strengthened the capacity of the district hospital health

providers through quality of care training, and of government staff in commune health stations through on-the-job training during mobile team visits.

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### **BRINGING SERVICES RIGHT INTO THE HOMES OF CLIENTS**

**From 1997 to February 2003 community health workers reached 365,077 people with SRH information through 206,423 home visits and group talks. They managed 12,241 clients and referred 69,568 clients to mobile teams and commune health stations for reproductive health services.**

The 168 community health workers form the backbone of the project: most are local community members, selected by their own communities. They are well trained, skilled, motivated and knowledgeable.

Community health workers play a crucial role in awareness-raising and education on SRH and other health issues at community level, in client education and motivation, in referring clients to the mobile teams and static clinics, and in distributing condoms and pills. They know their clients well and have built up trust with the community.

The referral system to mobile teams, commune health stations and district hospitals works well. Community health workers accompany clients during the mobile sessions. This provides reassurance to the client and ensures good follow-up.

### **SERVICE DELIVERY IN THE HEART OF THE COMMUNITY**

**In 2002 the six mobile teams made 52 trips visiting 162 communes (an average of nine visits per commune per year) and served a total of 11,512 clients: 10,745 for reproductive health and MCH services and 767 for family planning methods.**

Six mobile teams are active in the project and provide a full range of services including family planning (IUDs, injectables, female sterilization, pills and condoms), gynaecological examination and treatment, antenatal care, breast examination, menstrual regulation and abortion, cervical smears, pregnancy testing, other simple laboratory tests and, in Binh Thuan, ultrasound services.

The quality of services is high with close attention given to hygiene and infection

control, counselling and information, client privacy and confidentiality, use of individual medical records and client follow-up.

Premises for the mobile teams are provided by the government (in commune health stations) or by the community (in village halls). Logistics, such as furniture and lunch for the mobile team, are organized by Women's Union members: an example of good community-level collaboration.

### REPRODUCTIVE HEALTH CENTRE: A POTENTIAL MODEL CLINIC

**There were 17,268 service visits between 1997 and 2003: 3,716 for family planning methods (mainly IUD insertion and check-up), 7,199 for reproductive health services and 6,353 for information and counselling.**

The Dong Ha reproductive health centre acts as a medical back-up for the project in Quang Tri province, and provides a wide range of integrated high quality SRH services. These are offered in a client-friendly environment by competent and well trained providers who pay much attention to quality of care and respect for clients' rights.

Despite these attributes, however, the centre is still under-utilized although it has excellent potential to become a model for clinical services and for income generation.

### ENHANCING SKILLS AND CAPACITY

**Training is a core project component: a total of 61 training courses has been run for 1,487 participants.**

The project has increased VINAFPA's capabilities and strengthened its institutional capacity. It has improved the knowledge and skills of VINAFPA volunteers, staff and service providers at all levels through training on a variety of topics including reproductive health and family planning, safe motherhood, STIs/HIV/AIDS, adolescent reproductive health, IEC, counselling, management, monitoring, supervision and management information systems.

Clinical training is participatory, relevant and practical. It has enabled government and FPA providers to upgrade their skills in aspects such as infection control, clinical and technical competence, counselling, clients' rights, and prevention and treatment of RTIs and STIs.

Development and consistent use of a new client record system links client records at commune, mobile team and static clinic levels and tracks their progress through the service network. The system is the first of its kind to be used by VINAFPA and has led to excellent client follow-up and quality of care.

### INCREASED KNOWLEDGE AND AWARENESS: HIGH PROJECT IMPACT

**Since 2000, community health workers have been very active in conducting IEC activities including 604 group talks for 23,559 participants as well as 237 focus group discussions for 6,772 participants.**

SRH messages are transmitted through video shows, broadcasts through village loudspeakers, group discussions with community leaders and focus group discussions with clients. These are supplemented by specially developed pictorial materials, a particularly appropriate medium, as illiteracy is prevalent in the project areas and few people have access to mass media.

The project has had a significant impact in improving health. A study at the end of 2000 reported improvements in a number of indicators. Most significant has been the increase in contraceptive use from 58.5% in 1995 to 93.4% at the end of 2000. Even in remote rural areas, women are increasingly interested in family planning with 68% of women wanting to limit their families to one or two children in 2000 compared to only 24.8% in 1995.

Clients are now more aware of the benefits of SRH as a result of intensive education work. For example, awareness of family planning methods increased between 1995 and 2000, particularly for pills (55% to 90%), injectables (22% to 55%) and condoms (88% to 95%).

Despite the progress already made, men still consider SRH as a woman's concern and VINAFPA needs to tackle gender issues to increase male involvement, for example through links with peasants' unions and recruiting male community health workers to motivate men. Men in the project areas continue to be resistant to family planning, particularly condom use. Most husbands of women treated for RTIs and STIs still refuse to have treatment.

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### SUCCESSFUL SERVICE DELIVERY: WORKING HAND IN HAND WITH PROJECT PARTNERS

Strong community participation and close collaboration with the government and local authorities at commune, district and province levels are two major factors which contribute to the success of the project.

**The project emphasizes the health benefits of spacing and limiting the number of births. A 23-year-old mother from Dakrong district in Quang Tri province shows that women, even in remote rural areas, are increasingly interested in family planning.**

"Knowing that the cadres [the mobile team] are coming I went to see them despite the cold rain. I want a ring [IUD] so that I have few children. Having many children means hunger and hardship. I have a daughter of more than one year. I will wait until she is 4-5 years old before I have another baby."

(Source: client interviewed for the VINAFPA Project Report, March 2003)

**Six mobile teams are active in the project and provide a full range of services. Clients are now more aware of the benefits of SRH as a result of intensive education work.**



# profile

## Vietnam

Strong support from provincial and district authorities and other partners is demonstrated through the provision of funding, land, equipment, personnel, contraceptives, medicines and IEC materials.

There is a high degree of community ownership through steering committees at all levels which facilitate community involvement and co-ordination with local partners.

The project has played a major role in raising the image of VINAFPA, strengthening its credibility and leadership role as the leading NGO working in SRH in Vietnam. It shows that in the context of Vietnam, an NGO like VINAFPA can work in close partnership with the government and local authorities to mobilize community participation and resources towards a common aim of bringing much needed services to priority groups.

### ACUTE POVERTY LIMITS PROSPECTS FOR COST RECOVERY

Although project sustainability is not yet ensured, there is good potential for long-term sustainability as the project addresses critical unmet needs. The high quality and easy access of services provided have already generated a high demand from clients. The use of services will continue to rise through improved client education. Prospects are good for handing over parts of the project (such as community health workers and mobile teams) to the government and local authorities.

At the same time, financial sustainability is constrained by the poverty of the population.

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### WORKING IN DIFFICULT AREAS: PIONEERING ROLE

The project plays a pioneering role in providing services to disadvantaged ethnic minority communities in remote areas and demonstrating to the government how this can be achieved in a sustainable manner and replicated in areas with similar challenges. Important lessons have been learnt.

- The integration of project and government activities has increased project achievements and also contributed to the government's poverty alleviation programme.
- Effective referral mechanisms across the service network, and between FPA and government services, are essential to ensure a seamless approach for accessing services.
- The project has shown the importance of recruiting community health workers from the same ethnic groups as beneficiaries to ensure that they speak the same language, understand the beliefs, traditional customs, needs and concerns of clients, and are trusted by them.
- Training for community health workers should include counselling about all available contraceptive methods in order to promote a wide method mix and informed choice by clients.
- Additional training would help project staff to focus more on gender issues and to educate men about SRH.
- The potential of the reproductive health centre needs to be maximized through a more proactive approach to increase client numbers, to fully utilize the facilities and to contribute to cost recovery through service fees.

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The project is located in 18 communes in four districts of Binh Thuan and Quang Tri provinces, with a total catchment population of 123,328 including 20,307 married women of reproductive age.

- **Population is 80.8 million, with 32% aged 10–24.**
- **Human Development Index ranking: 109 out of 175 countries.** (Source: UNDP 2003)
- **Average life expectancy at birth is 72 years.**
- **The infant mortality rate is 26 per thousand live births.**
- **The maternal mortality rate is 95 per hundred thousand live births.**
- **The total fertility rate is estimated at 2.3 with 77% of married women aged 15–49 practising family planning (65% for modern methods).**
- **77% of all births are assisted by trained personnel.**
- **Population living with HIV/AIDS (15–49) is 0.3%.**
- **The literacy rate among adults is high at 91% for women and 96% for men.**

(Source: PRB 2003)

It should be noted that the above statistics reflect the situation at the national level. The marginalized communities reached by the project experience significantly higher levels of SRH need.

## contact

Vision 2000 Funds, International Planned Parenthood Federation  
Regent's College, Inner Circle, Regent's Park, London NW1 4NS, UK  
Tel: +44 20 7487 7900 Fax: +44 20 7487 7950 E-mail: info@ippf.org

www.ippf.org

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