

# implementation story:



## Empowering Rural Women in Vietnam Through Sexual and Reproductive Healthcare: A Model Where Access Meets Entrepreneurship



Client Thao Thi Pang is listening to MS Lady Tran Thi Ngoc consult about quality SRH and FP products and services at her house.

### AUTHOR

Giang Thi Huong Phan

### CONTACT

pdm.msivn@mariestopes.org.vn

### ORGANIZATION

Marie Stopes International, Vietnam

### PARTNERS

Provincial Departments of Health



## Background and Context

Vietnam's healthcare system is facing critical gaps, particularly in its capacity to satisfy the needs of socially and economically marginalised groups. Sexual and reproductive (SRH) healthcare, family planning (FP) information, and service provision are aimed almost exclusively at married couples (MICS, 2014). In addition, the persistent stigma and discrimination surrounding pre-marital sex isolates young people, preventing them from adopting health-seeking behaviors (UNFPA, 2019). Women living in rural and remote areas, including those belonging to ethnic minorities, also face increased difficulty in accessing SRH/FP information and services (MICS, 2014).

According to a recent report by the World Bank, the national poverty rate is 9.8%, but rises to 58% among ethnic minorities (World Bank, 2018). In Vietnam, the poverty line is defined as living with less than US\$35 per month (Multidimensional Poverty Standards for 2016-2020, 2015).

Rural and ethnic minority women have higher rates of unmet SRH/FP needs, and ethnic minority women face increased cultural, interpersonal, and communication barriers to healthcare. Unmet need for contraception is significantly higher for ethnic minorities (8.4%) and women in the Northern Midland and mountainous region (8.2%) in Vietnam than the country average (6.1%) (GSO, 2014). The maternal

“The MS Ladies Program has brought many benefits to people and the health of Son La province, providing improved skills for providers within the health sector, including population collaborators, midwives, and obstetrician doctors at communal health stations, who have had the opportunity to improve their skills and knowledge through the ongoing training courses from MSV.”

The Son La Provincial DOH representative

mortality rate is almost four times higher in minority ethnic communities than the national average (GSO, 2014).

Lào Cai and Sơn La are two northern mountainous provinces in the Tây Bắc region. In this region, poverty is high, particularly among ethnic minority households, which contributes to significant disparities in health service utilisation. 65% of the provinces' people live in rural and remote areas, where access to essential services is limited (World Bank, 2016). Health budget cuts have also contributed to a shortage of SRH supplies in these regions. In Sơn La province, only an estimated 37.5% of the population have access to SRH services (Son La DOH, 2018). Similarly, Lào Cai has seen a decrease in access to long-term FP methods in recent years.

## THE HIGH IMPACT PRACTICE

This intervention showcases the use of **Community Health Workers** as a high impact practice to support family planning program and services. Under the program funded by the Australia government, trained midwives, known as Marie Stopes Ladies (MS Ladies), provide advice and affordable SRH/FP products to women in rural communities, increasing their access to SRH/FP information and services. These products and services used to be provided free of charge at local community health stations (CHSs), but were cut due to reductions in locally allocated health funding, despite the willingness of communities to pay a small fee for such services. This has disproportionately impacted ethnic minorities and women in rural areas. Marie Stopes Vietnam (MSV) identified the MS Ladies Program as a way to provide innovative and sustainable provision of SRH/FP services to these populations.

The MS Ladies program works alongside the existing public health system to provide SRH/FP information, short-acting and long-acting contraception methods and services to women and men in mountainous and remote areas. The program provides a critical link between these communities and the health system, especially as most MS Ladies also work at local CHSs. MS Ladies have an in-depth understanding of the social and cultural needs affecting women in their community, which enables them build rapport and trust among clients and reduce social barriers in accessing SRH/FP. As MS Ladies work within their communities, geographical barriers are also reduced.

In addition to bridging the gap in access, the MS Ladies model improves the clinical and client-facing skills of midwives working in the public health system through the training, monitoring and



MS Lady Vu Le Thanh was explaining about different family planning methods to a group of clients at Community Health Station in Trung Chai Commune, Sapa town, Lao Cai province.

PHOTO CREDIT: Marie Stopes Vietnam



MS Lady, Tran Thi Ngoc, visits client, Thao Thi Pang, at home to provide counselling on quality SRH and FP products and services.

PHOTO CREDIT: Marie Stopes Vietnam



MS Lady Vu Le Thanh was explaining about different family planning methods to a group of clients at Community Health Station in Trung Chai Commune, Sapa town, Lao Cai province

PHOTO CREDIT: Marie Stopes Vietnam

support provided by the MSV Program. The MS Ladies model has the potential to being further integrated and adopted into the public health system in the future, improving access and affordability for those who live far away from healthcare facilities or face financial barriers in accessing SRH/FP.

MS Ladies are not only able to meet their clients' needs, but they can also generate a sustainable income to support themselves and their families through charging their clients a small fee. Highly trained MS Ladies visit women's homes to provide basic education on SRH/FP and distribute products. They help ensure that a wide range of high quality and low cost SRH/FP products and services, such as condoms, contraceptive pills, injectables, IUDs and implants, are consistently available and easily accessible to communities. Furthermore, MS Ladies provide referrals to clinical SRH/FP services at CHSs, as well as comprehensive abortion care, such as pre- and post-abortion counselling, post-abortion follow-up, post-abortion contraception, and referrals to other SRH/FP services. The quality of service provision is ensured through regular monitoring and on-the-job training provided by the MSV Program medical team. MS Ladies also engage men in their outreach efforts. In Vietnam, men often play a critical role in decisions surrounding contraceptive use, and have a significant influence over women's preferences and attitudes towards FP. In order to ensure that men and women can make informed choices together, MS Ladies also provide education and contraceptive counselling to husbands. For example, within Mong ethnic minority families, it is common for men to be consulted on family planning decisions, so MS Ladies counselled husbands and wives together when providing SRH/FP products and services, ensuring that they both understood the different contraceptive methods.

The MS Ladies Program promoted healthy SRH/FP behaviors and increased access to services by engaging and mobilising groups of women and men at community social events and through local media channels. The program has been supported by local governments.

## Implementation Story

According to a baseline survey conducted by MSV in 2017, women in Lào Cai and Sơn La provinces are able and willing to pay out-of-pocket money for SRH/FP services. While there is an adequate number of community health workers, the healthcare system is struggling to meet the demand for SRH/FP services. The innovative and scalable MS Ladies model is designed not only to overcome these challenges, but also to provide entrepreneurial opportunities to female healthcare workers.

MSV provided local community healthcare workers with training, equipment, and support to allow them to become MS Ladies. MS Ladies established their own community-level businesses delivering high quality, comprehensive SRH/FP services and products to underserved women at an affordable price. Target populations included women of reproductive age, ethnic minorities, women living in rural areas, and people with disability.

MS Ladies were recruited based on their experience as service providers of SRH/FP services. The level of trust in their communities, their responsibility, their enthusiasm, and their willingness to participate in all aspects of the project were also taken into account, as well as their communication skills. The project primarily mobilised existing human resources within the primary healthcare network, i.e. midwives and nurses who



MS Lady Vu Le Thanh was doing communications sessions about contraception methods at Trung Chai Secondary school, Trung Chai Commune, Sapa town, Lao Cai province



Students were listening to the Communications Sessions at about contraception methods at Trung Chai Secondary school, Trung Chai Commune, Sapa town, Lao Cai province.

are working at community health stations (CHSs) at the grassroots level. These clinical professionals are paid by the government for their work and for participating in the project, making an additional income to their government salary for being branded as MS Ladies. They approach rural women and ethnic minorities with unmet needs in order to provide counselling and generate demand for SRH and FP products and services within their communities. That way, they generate a margin as an additional income for themselves and their families, improving their access to economic resources and contributing to their financial independence.



PHOTO CREDIT: Marie Stopes Vietnam

MS Ladies give instruction for the students on how to use condom on the model at Trung Chai Secondary school, Trung Chai Commune, Sapa town, Lao Cai province.

MS Ladies are trained in contraceptive counselling, injectables, IUD insertion, implant insertion and removal, abortion counselling, safe surgical abortion and referrals for medical abortion - as they are not permitted to provide medical abortion at the CHS level. Additionally, while short-acting contraceptive methods, such as condoms, oral pills, emergency contraceptives and other female health products, such as (iron supplement pills, prenatal vitamin, multivitamins and sanitary hygiene) can be provided at home, clinical services must be provided at a CHS. MS Ladies are also trained to build their technical skills in business, financial management, communications, and leadership, which enhances their status in communities and families with opportunities for leadership and decision making.

The clinical training provided to MS Ladies on SRH/FP service provision skills including safe surgical abortion was adapted from the Vietnamese Ministry of Health's National Guidelines for Reproductive Health Care Services and the World Health Organization's (WHO) 'Family Planning - A global handbook for providers' and 'Safe Abortion - technical and policy guidance for health systems'. MS Ladies are trained to provide comprehensive abortion care, including safe abortion, and post abortion contraception counselling and services.

The MS Ladies Program in Lào Cai and Son La has conducted more than 87,000 client visits since June 2018. Based on Marie Stopes International's Impact Estimator 2.3 - an innovative tool for measuring the impact of programs - the program is estimated to have prevented 9,120 unwanted pregnancies, 2,749 live births, and 5,424 abortions, including 2,392 unsafe abortions. In addition to SRH/FP training courses, MS Ladies receive ongoing business skills training, provided by MSV's experienced social marketing team to assist MS Ladies in developing and marketing their businesses.

MSV's social marketing team has extensive experience in supporting the MSV social franchise networks of almost 300 private clinics branded as "BlueStar", and more than 200 community health stations branded

MS Lady Lo Thi Hao is explaining about different family planning method to a group of Thai (a minority group in Vietnam) women in Son La province.



PHOTO CREDIT: Marie Stopes Vietnam

as “Sisterhood”. Support for MS Ladies includes training service providers in financial management, communications, marketing, and cross-selling skills.

Individual MS Ladies have reported personal impacts, such as increased income and financial independence, skills development through additional training, personal development through the growth of their business, improved confidence and communication skills, and improved social standing in their communities. So far, the MS Ladies Program has a reported revenue of 690 million Vietnamese Dong (~30K USD), which equates to a personal income increase of at least 5% for individual MS Ladies. This means that on average, a MS Lady has earned an additional service income of 150,000VND per month after 15 months of operation.

During the two years of the project implementation in Sơn La and Lào Cai provinces, MSV has recruited and trained 183 MS Ladies to provide high-quality, comprehensive, equitable, and affordable SRH/FP services to target populations. MS Ladies have provided more than 38,000 FP methods, including more than 4,000 long-acting FP methods.

Local governments have been supportive of the MS Ladies Program. According to a representative of the Sơn La Provincial Department of Health (DOH), the MS Ladies Program not only supported increased access to SRH/FP in Sơn La, but also improved human resources by improving the providers’ skills.

The Sơn La Provincial DOH representative said “The MS Ladies Program has brought many benefits to people and the health of Sơn La province, providing improved skills for providers within the health sector, including population collaborators, midwives, and obstetrician doctors at communal health stations, who have had the opportunity to improve their skills and knowledge through the ongoing training courses from MSV.”

In Lào Cai and Sơn La, ethnic minority groups account for 63% (Lao Cai DOH, 2018) and 82% (Son La DOH, 2018) of the population, respectively (ref). These groups are often suspicious and tend to avoid people from outside their community. It takes a lot of time for MS Ladies to build trust and report with the community. They achieve this through perseverance and relationship-building. In some particularly remote villages, language is also a barrier and native speaking colleagues are required to accompany MS Ladies on their visits. As such, 23% and 81% of MS Ladies have been recruited among minority groups in Lào Cai and Sơn La, respectively. Information resources in multiple languages have also been developed. Limited equipment and infrastructure in remote health stations has required the provision of additional tools and medications to enable new services.



Ms. Vu Thanh Binh - Head of Medical and Pharmaceutical Department, Son La Province Department of Health

PHOTO CREDIT: Marie Stopes Vietnam

Ms. Lo Thi Hao – MS Lady at Son La Province – is taking care of her family after work.



PHOTO CREDIT: Marie Stopes Vietnam



**MSV partnered with provincial DOHs to ensure the availability and accessibility of SRH/FP products and services to local women.** The DOH set up the legal mechanisms to allow MS Ladies to socially market products and provide services within communities at affordable prices. MSV entered a contract with a private pharmaceutical company for the provision of low-cost SRH/FP products.

**MSV entered into a strategic partnership with Bach Khang, a private pharmaceutical company,** since 2012, whereby the company has agreed to provide SRH/FP products for all MSV programs at 20-30% percent discount in comparison to the market price.

**It is critical to work closely with the DOHs and gain policy support for program implementation,** particularly as the government has transitioned from a free service model to fee-for-service model. The MS Ladies Program plays an important role in demonstrating to the government how communities can accept this shift, which will help provide a sustainable model for the future. There have been noticeable improvements in the reported quality of the client service experience, and increased trust of providers in their communities. Local women are satisfied that MS Ladies offer better services than pharmacies, as they offer comprehensive counselling on all FP methods, as well as the management of side effects.

## recommendations

The MSV Program has made a number of recommendations about implementing community-based SRH/FP service provision, including:

- 01 Work closely with the community to identify their needs.** The products and services offered by MS Ladies can be diversified based on the needs of women as well as any legal requirements.
- 02 Develop product information and instructions in local languages** spoken by minorities and that are disability-accessible.
- 03 In large geographical regions, take into account the distances travelled** and the time it may takes for MS Ladies to visit clients.
- 04 Create opportunities for MS Ladies to share experiences and ideas with other regions,** including through social media and messaging apps, such as Zing, WhatsApp, Viber, and Facebook.
- 05 Refresh and update training regularly.**
- 06 Depending on the clients' needs, it may be necessary to provide equipment and medication** for gynaecological examination and additional services as well.
- 07 Carefully consider criteria for selecting potential MS Ladies or community health workers.** Most importantly, community health workers must be willing to work and be trusted by the community they will work for.

### REFERENCES

GSO (2014). Viet Nam Multiple Indicator Cluster Survey (MICS) 5. General Statistics Office of Viet Nam. Retrieved from <https://www.unicef.org/vietnam/media/1276/file/Monitoring%20the%20situation%20of%20children%20and%20women:%20Viet%20Nam%20Multiple%20Indicator%20Cluster%20Survey%202014%20.pdf>.

Lao Cai DOH (2018). Lao Cai Department of Health.

Multidimensional Poverty Standards for 2016-2020 (2015). Decision 59/2015/QĐ-TTg issued by the Prime Minister of the Socialist Republic of Vietnam. Retrieved from <https://thukyluat.vn/vb/quyet-dinh-59-2015-qd-ttg-chuan-ho-ngheo-ho-can-ngheo-ho-co-muc-song-trung-binh-2016-2020-4846c.html#TaiVe>.

Son La DOH (2018). Son La Department of Health.

UNFPA (2019). Report on Vietnamese Youth in the Period Of 2015 – 2018. Ministry of Home Affairs and United Nations Population Fund in Vietnam (UNFPA). Retrieved from <https://vietnam.unfpa.org/sites/default/files/pub-pdf/Final%20Youth%20report%202018%20in%20Eng.pdf>.

United States Agency for International Development (USAID). (2015). Community health workers: bringing family planning services to where people live and work. High Impact Practices brief. Washington (DC): USAID; 2015. <http://www.fphighimpactpractices.org/briefs/community-health-workers>

World Bank (2016). Rural Population (% of Total Population) – Vietnam. The World Bank. Retrieved from <https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS?locations=VN>.

World Bank (2018). Climbing the Ladder: Poverty Reduction And Shared Prosperity In Vietnam, Vietnam Poverty And Shared Prosperity Update Report. The World Bank. Retrieved from <http://documents1.worldbank.org/curated/en/206981522843253122/pdf/124916-WP-PUBLIC-P161323-VietnamPovertyUpdateReportENG.pdf>.