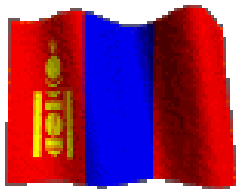


Reproductive health services in Mongolia

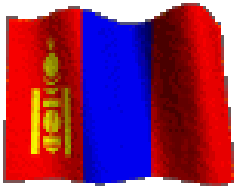
Khandarmaa.Ts, Mongolia



Country profile

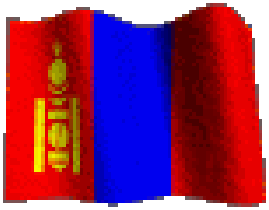
- ▶ **Location:** Between Russia and China
 - ▶ **Population:** 2.867.7
 - ▶ **Area:** 1.500.000 sq.km
 - ▶ **Density:** 1.75 per sq. Km
 - ▶ **Total Fertility Rate:** 2,7
 - ▶ **Population Growth:** 2.0%
 - ▶ **Life expectancy:** 74.32 F; 64.9 M
 - ▶ **GDP per capita:** 5,400 USD
 - **Climate:** sharp continental, 4 seasons (-30-35 January; + 28-32C in July)
- Source: Health Statistics, DoH, 2012





Traditional culture

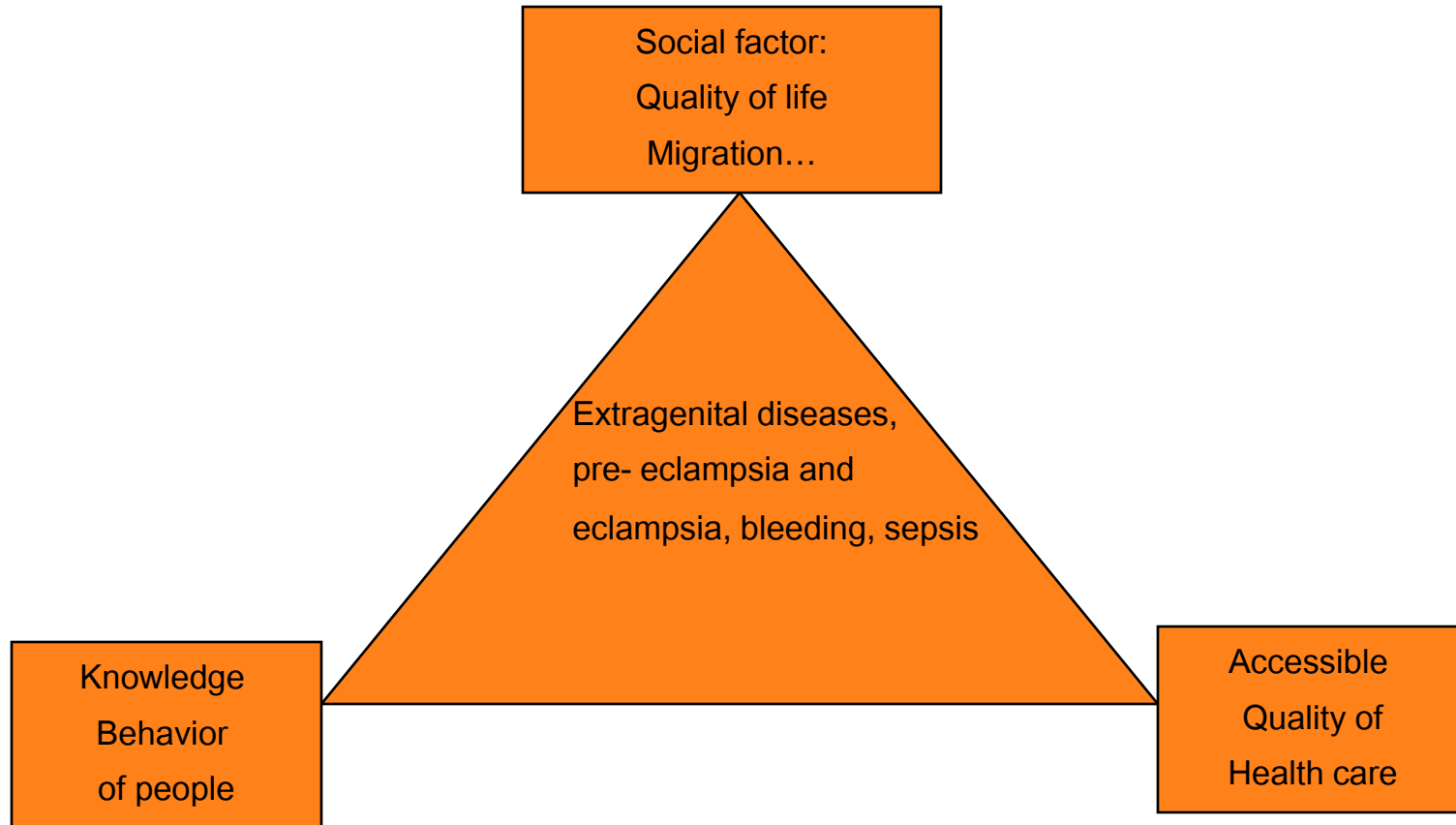


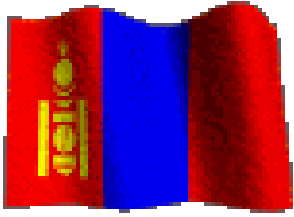


The legislation on RH of Mongolia

- ▶ The commitment of the Government to reducing poverty and improving the reproductive health and well-being of the population is reflected in the Government Action Plan (2012-2014),
- ▶ the National MDGs,
- ▶ the Health Sector Master Plan (2005-2015),
- ▶ the Maternal Mortality Reduction Strategy (2000-2004,2005-2010),
- ▶ the State Population Development Policy (2004-2015),
- ▶ The third National Reproductive Health Programme (2007-2011),
- ▶ and the Fourth National Reproductive Health Programme (2012-2016).

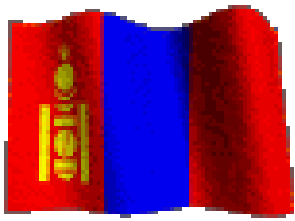
Main causes of maternal mortality





Policy and approach

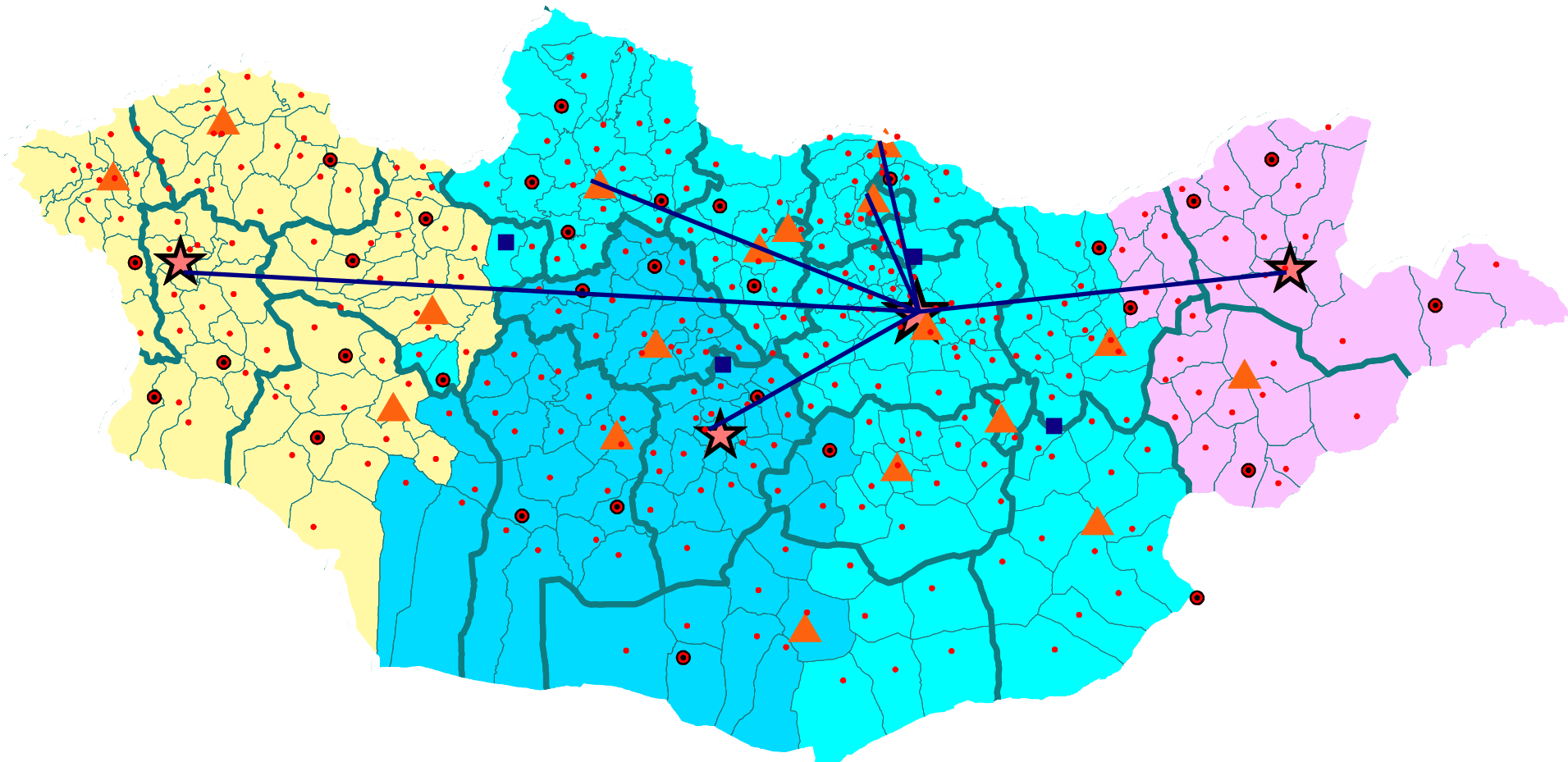
- ▶ Established an essential medicines list (EML) including all the modern contraceptives and the 10 priority reproductive health medicines.
- ▶ all service of RH are to provide distance learning on EmOC.
- ▶ adolescent health centers in 21 aimags (province)
- ▶ established the maternity rest room in each soum health center and aimags
- ▶ set up the referral mechanism
- ▶ a regional sub-office in western Mongolia, the first United Nations organization in the country to do so
- ▶ an extensive training and re-training programme on family planning

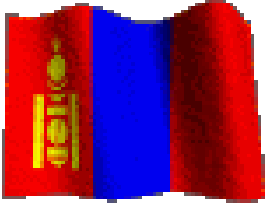


Policy and approach (continue...)

- ▶ A care service package on RH in primary health care
- ▶ All RH service delivery points (SDPs)
- ▶ Participation of NGOs, religious groups, of local community leaders and volunteers
- ▶ Community based intervention
- ▶ IEC/BCC activities using mass, interpersonal and social media

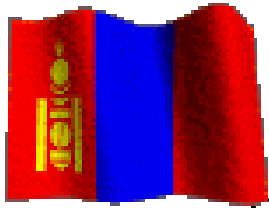
Service network





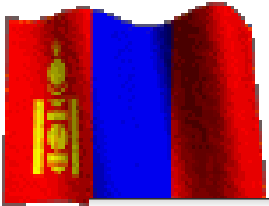
Universal coverage in primary care

- ▶ **Products:** reproductive health commodities and life-saving maternal medicines, BCC - mobile communication systems, flour, rice, paunch, candle, match within bags and boxes
- ▶ **Price:** by Government and NGO—free of charge and cost
- ▶ **Place:** public place as governor's ward of khoroo, bagh, bank, shopping center, water hole, soum (330) and family health center (221) and NGOs are market appropriate place
- ▶ **Promotion:** Medical devices/equipment and supplies, training and re-training, logistic management, health care service package in primary care and plus behavior change communication based on different need of people should be scope of key messages to promote market segment.



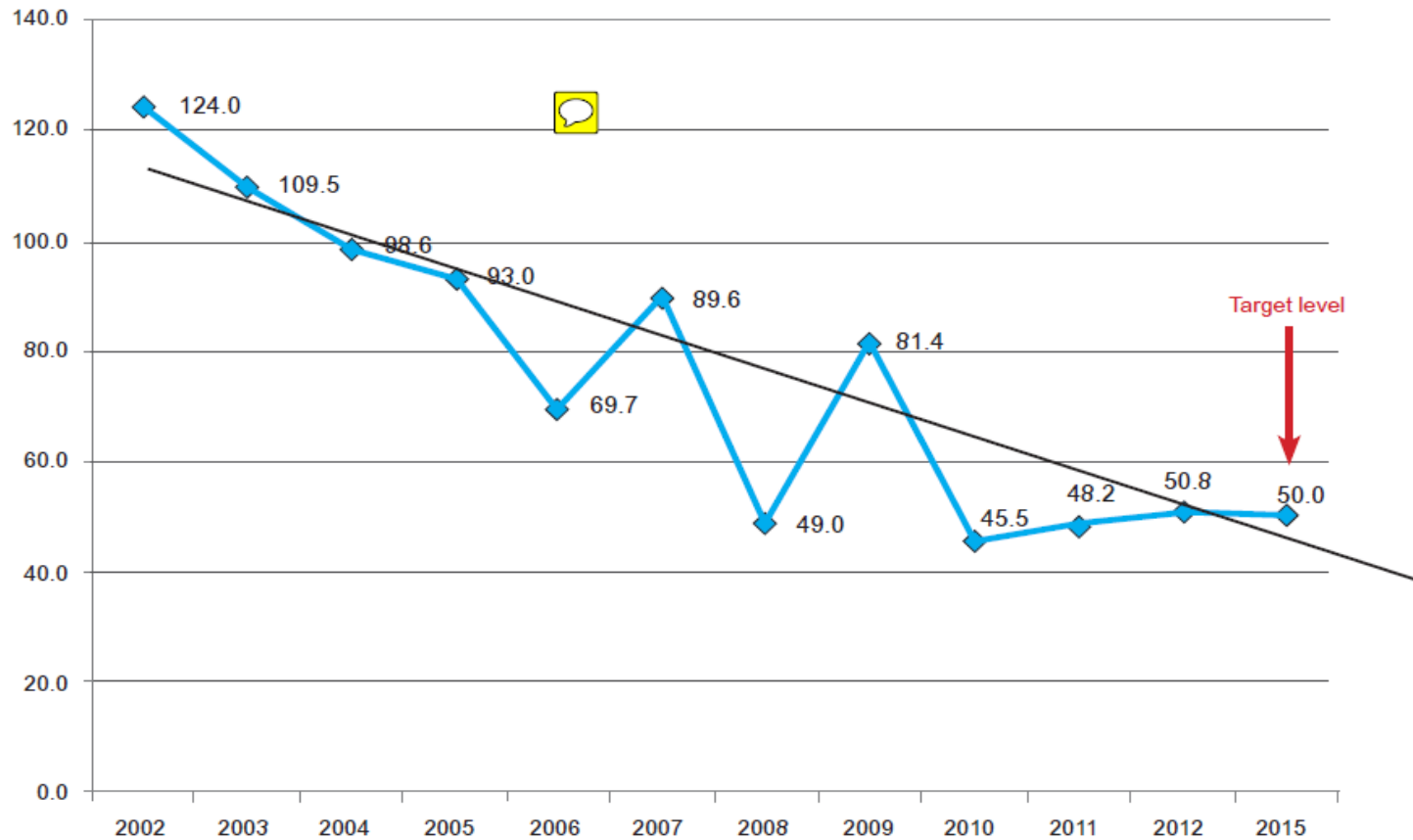
Outcome

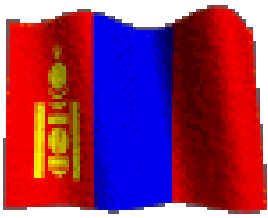
- ▶ 87.3% of all mothers had at least 6 times check-ups during pregnancy.
- ▶ 0.3% of total births were home births.
- ▶ The maternal mortality ratio from 199 maternal deaths per 100,000 live births in 1990 to 50.8 in 2012. (reduced 4 times since 1990).
- ▶ In 2012, 54.4% of women used the modern methods of contraception, and this is similar to the outcomes of programme “Child development 2010”, which surveyed married and living with partners women aged 15-49 years on use of contraception (55%).



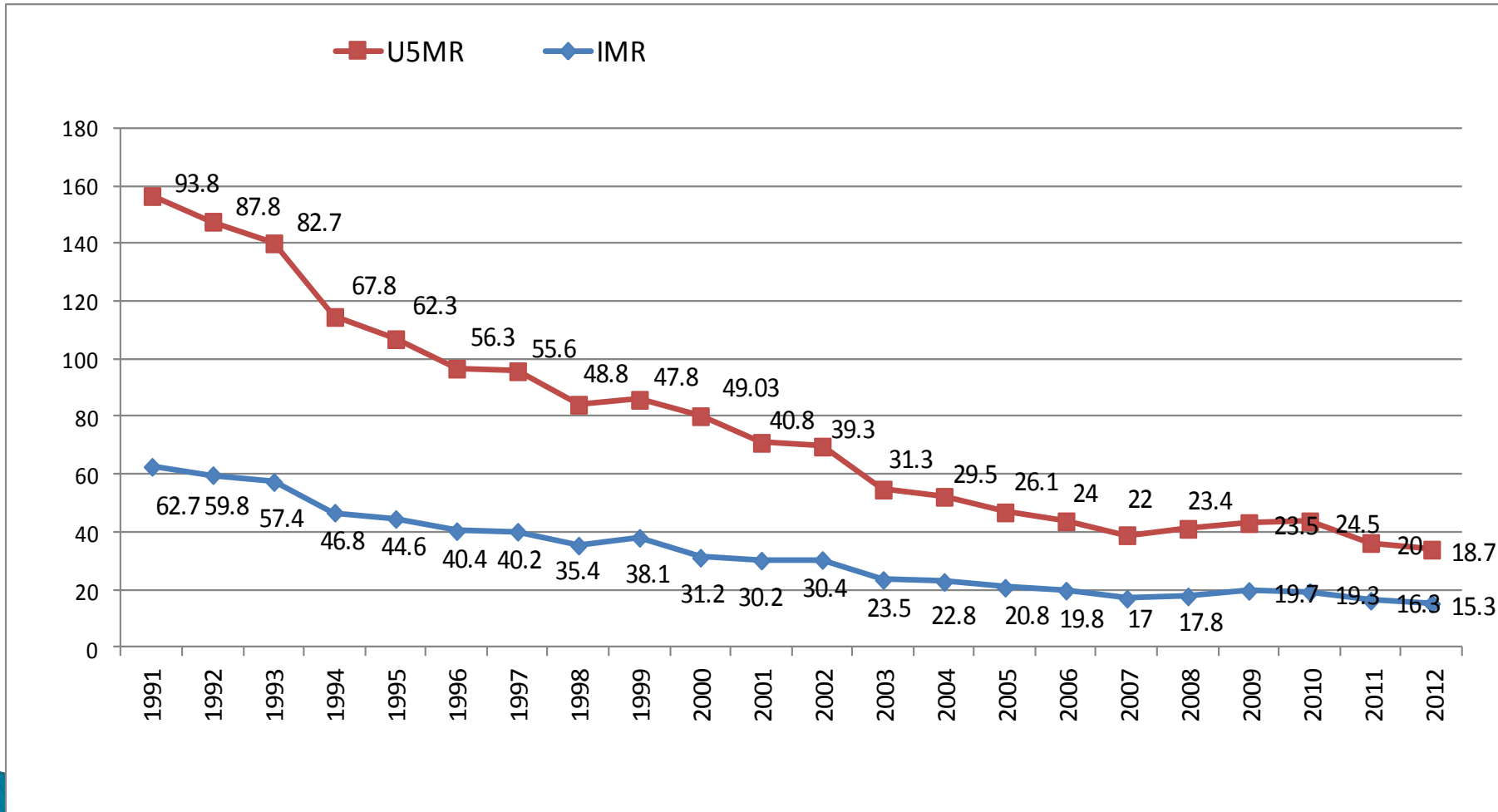
In comparison with MDG,s

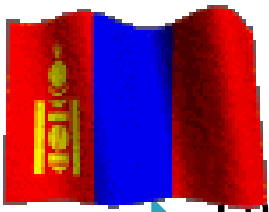
Figure 3.1.1 Maternal mortality per 100 000 live births (2002-2012)



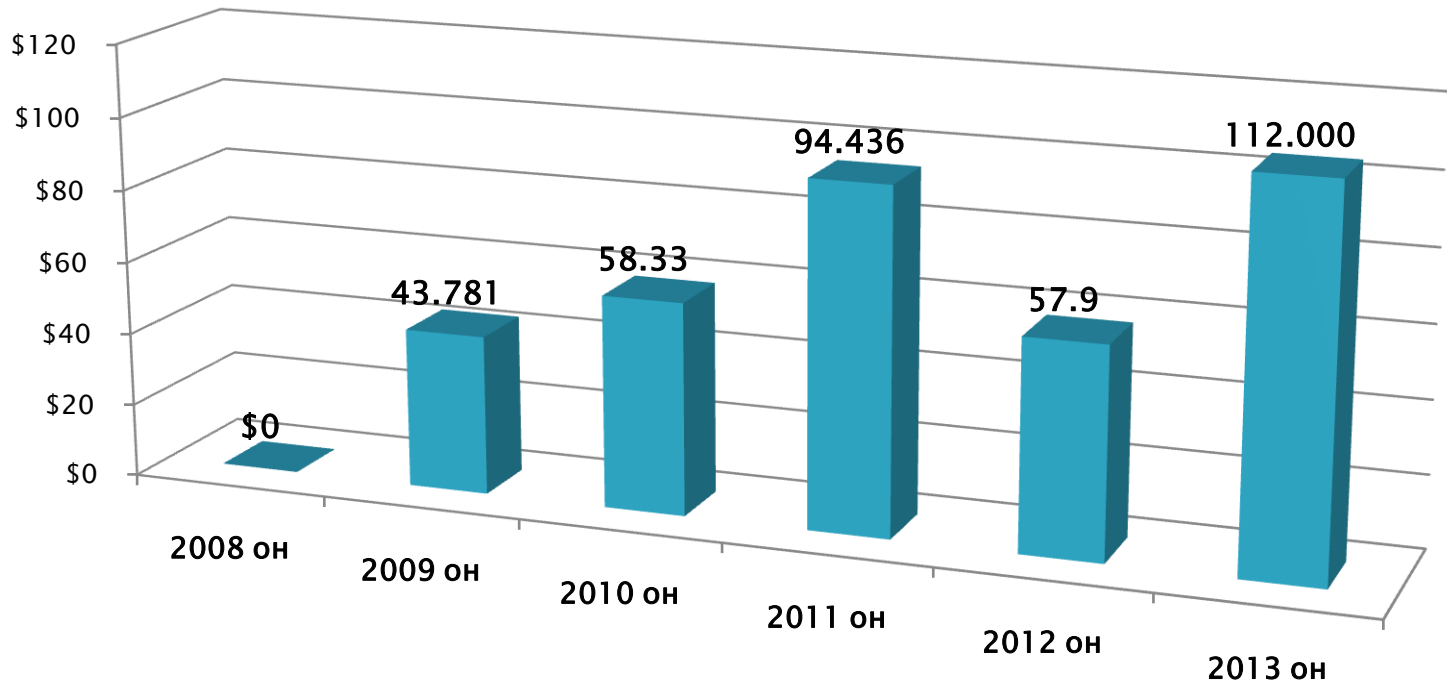


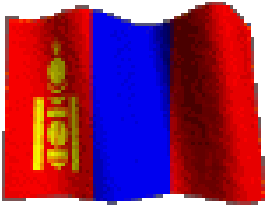
Reduce by four times, between 1990 and 2015





▶ The government budgetary allocations of family planning, RH related programmes increased year by year (by \$, 2008-2013 years).





Challenges



Challenges during long winter