



## Baseline report and needs assessment findings informed the programming of maternal and newborn care in hard-to-reach communes of Vietnam

Le Thi Nga<sup>1</sup>, Tran Hung Minh<sup>2</sup>, Sian FitzGerald<sup>1</sup>, Peter Berti<sup>1</sup>, Khadija Begum<sup>1</sup>, Cassandra Morris<sup>1</sup> <sup>1</sup>HealthBridge Foundation of Canada, <sup>2</sup>Center for Creative Initiatives in Health and Population

**Background:** The 4-year project of Strengthening Health Systems and Improving Nutrition in Vietnam (2016-2020)

- Site: 6 communes in 2 districts of Son La province in northwest mountainous region
- Target groups: 8 ethnicities

#### **Objectives:**

- Measure knowledge and practices of antenatal, delivery, postnatal care, breastfeeding, and male engagement of care
- Identify factors preventing/enabling use of health services

#### Method:

- Household survey:
  - o N = 452 mothers of children under 24 months from 53/102 clusters
  - Probability Proportional to Size sampling
- Needs assessment:
  - o 16 in-depth interviews with district and commune health officers
  - o 30 focus group discussions with village health workers, women and men of children under 24 months

### **Findings:**



Figure 1. Place and assistance at delivery

Table 1. Factors influencing high rates of unsafe delivery in minor ethnicities (N=452; p<0.05)

	Home
Maternal age by year	delivery %
<20 (n=47)	51%
20-29 (n=137)	52%
>=30 (n=25)	40%
Mother's ethnicity	
Thai/ Kh'Mu/ Khang/ LaHa/	
Xin Mun (n=364)	44%
H'Mong (n=56)	82%
Kinh/ Muong (n=32)	6%

Home Maternal education by grade (1-12) delivery % No schooling/can't read/write (n=60) 73% 52% Up to 5 grade (n-27) 43% 6-9 grade (n=97) >= 10 grade (n=25) 6% Economic status (government standard) Poor (n=34) 22% Near poor (n=47) 50%

Conclusion: High rates of unsafe delivery among ethnic minorities are the result of:

- Poor knowledge of pregnancy and home delivery danger signs
- Inadequate health services (including maternal/newborn/child care education)
- Insufficient usage and accessibility of health facilities



# **Recommendations:**

Interventions should prioritize:

- Enhancing health education
- Increasing male involvement
- Improving the use of skilled birth attendants

### **Utilization of baseline results:**

Informed the design of:

- Recruiting and training ethnic minority midwives for remote villages
- Applying mobile technology and implementing mHealth strategies for health education