



# Experience of donor withdrawal and its impact / effect on the national FP program in MONGOLIA

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To document **Lessons Learned** from past programmatic experiences to:

- support advocacy efforts with MoH & other ministries-both in country and in other countries
- convince policy makers to allocate more national funding for FP for promoting national ownership
- provide policy guidance for strengthening FP services and improving the quality of care, with the resulting increased utilization of services and improved health outcomes.

- **Literature Review** : Secondary desk review of all published documents, reports, journal articles, as well as relevant websites.
- **Key Informants**: MoH & other Ministries, Key Stakeholders, NGO partners, Donors, UN bodies
- **Field Visits**: SDPs at diff levels, public and private sectors/NGOs, private sector outlets and pharmacies, social marketing mechanisms.
- **Focus group discussions**: Providers, End-users
- **Stakeholders debriefing and inputs**

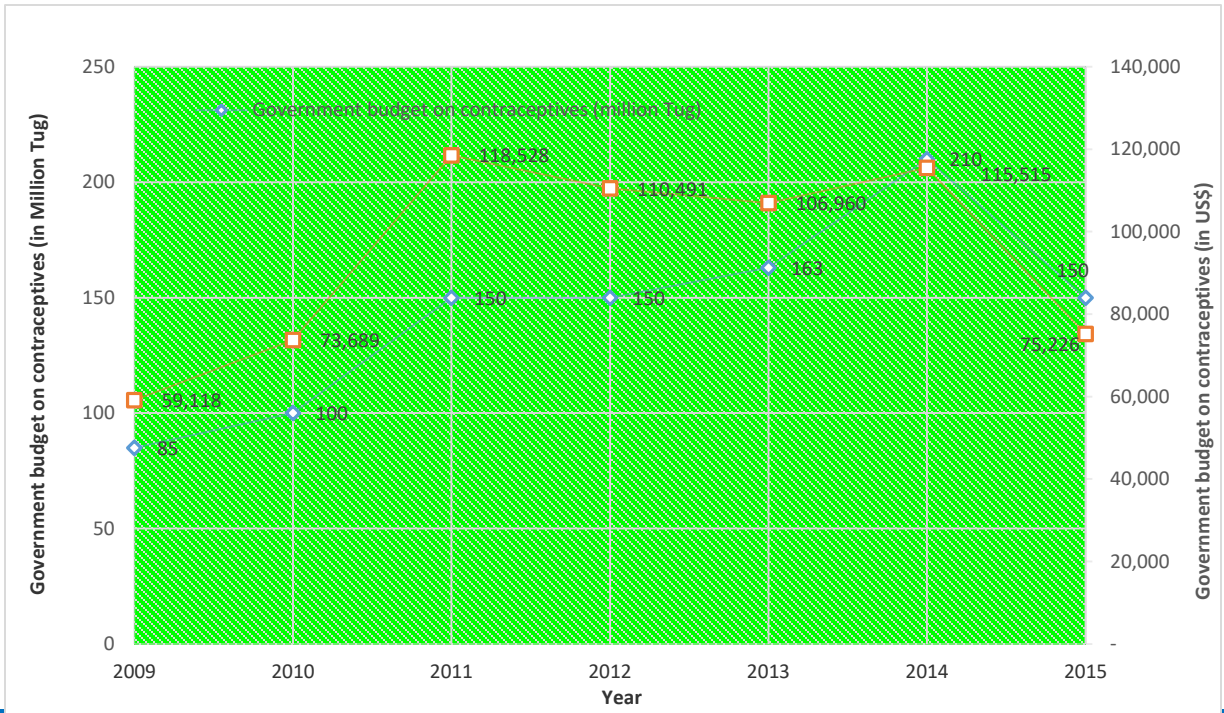
## Assumptions/Hypothesis:

- Trend of govt. /public sector resources allocations for contraceptives procurement
- CPR, MMR, contraceptives stock outs, abortion rates with trend of funding/support
- OOPE and alternative financing/ Health Insurance Fund (HIF)
- Effect on human resources
- Phasing in of other partners/sectors

Case studies from the field (FGDs) with providers and end users-to substantiate findings

# Government funding for Contraceptives

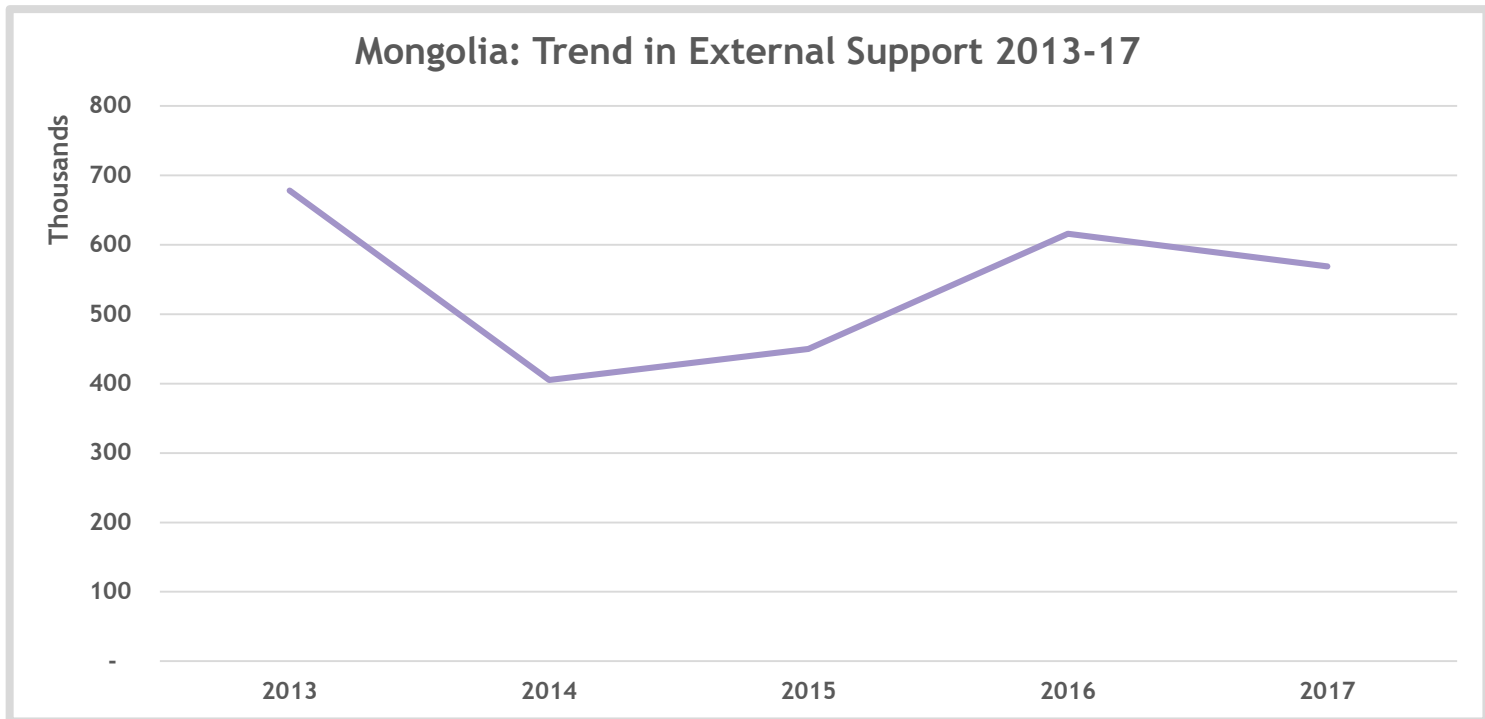
- National RHCS Strategy (2008-2013) in 2008
- Govt. allocation for contraceptives-in 2009 (for the first time-UNFPA advocacy)-85 m Tugrug (approx \$60K)
- Gradual increase/yr -up to 210 m Tugrug in 2014
- Allocation vs. spending approx 80% every year



# Donor funding for Contraceptives



- UNFPA funding for contraceptives since 1990
- UNFPA funding substantially withdrawn in 2013
- 2013 onwards, others phased in to support : MSI (SM), GF, IPPF (+UNFPA from core resources)



- CPR declined 69% in 2003 to 54.6% in 2013
- unmet need for FP among reproductive-age women increased from 4.6 percent to 16.0 percent between 2003 and 2013.
- unmet need among adolescents aged 15-19 (36.4 percent) was more than twice the national average
- Abortions/1000 LBs has increased by 21.3%, from 169 in 2008 to 205 in 2013
- MMR was in downward trend, but increased in 2016 due to budget cuts (? Late effect)
- All SDPs experiencing severe stock out of contraceptives in the past 6 months (National average 93%)

- Out of pocket expenditure on FP services is the major sources of funding for FP commodities in the private sector
- Since 2006, private health spending has accounted for about 40% of the health expenditure
- Thru private sectors ,such as pharmaceutical companies, contraceptive supply has gradually increased since 2015
- SM has played a significant role in improving availability of FP commodities in Mongolia.
- Health Insurance Fund (HIF) is another government source to fund FP commodities. (Since 2014, due to UNFPA advocacy- HIF included combined and only progesterone hormonal pills for 80% discount)



## A. Trainings

- Less than 10% staff received any training in last 5 years
- Recent studies revealed that around 40% currently using modern methods, were not informed about possible side effects before using, and more than half of women were not informed about what to do if they experience side effect

## B. Staff turn-over

- High turnover of medical personnel, particularly in primary care facilities due to budget cuts
- Staff turnover is also affecting the supply chain management, both in the public and private sectors. Significant proportion of trained staff during the GPRHCS support has moved to other positions.

# Phasing in of NGOs, Private and other sectors



- Support from the NGOs, private sectors, professional bodies and other social sector to minimize the resource gaps in contraceptive supplies & other supports (training/retraining)
- Types inputs - i.e. direct procurement support to MoH, social marketing of contraceptives, OJT of providers, support in IEC materials, supply chain management, etc.
- According to MSIM, its procurement makes up approximately 50 percent of condom market and 70 percent of pills in Mongolia

In conclusion, with the gradual phasing out by donors, there has been phasing-in by NGOs, private sectors, professional bodies, other social sectors and stakeholders

# Mongolia: Case Studies



## Case: 1

- Tungalag; age 38; Unemployed with 4 kids (all girls)
- Current pill user
- Before 2012 she would get 3 cycles from midwife free of charge but currently only 1 cycle due to shortage of supplies.
- Sometimes she buy at pharmacy and it costs 4500 tugrugs per cycle (five years ago costed 1,200 tugrugs)

## Case:2

- Munkhtsetseg, retired midwife; asked to continue working.
- Assists deliveries (50% deliveries in her soum are facilitated by her) & provides FP services
- Since 2013, the supply of contraceptives has dropped
- She has not received any supply since 2017.
- Attended last training on RH/FP 15 years ago.
- hopes to receive more supplies on regular basis in future



# THANK YOU



*The best time to plant a tree is 25 years ago.*

*The next best time is now*

- Ancient proverb