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OTHER FUNDS AND PROGRAMMES

UNITED NATIONS FUND FOR POPULATION ACTIVITIES

PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director

Assistance to the Government of Mongolia

Epidemiological studies of population growth and  
strengthening maternal and child health services

Estimated UNFPA contribution:	\$ 1,400,000
Estimated value of the Government's contribution:	\$ 25 million
Duration:	Five years
Estimated starting date:	January 1980
Executing Agency:	World Health Organization (WHO)
Government Co-operating Agency:	Ministry of Public Health

## I. Summary

1. UNFPA proposes to support a project in the amount of \$1,400,000 for five years in Mongolia. The project is designed to improve maternal and child health services, train health personnel, conduct research on the epidemiology of population growth and the delivery of health services, and introduce family health education in schools and out-of-schools. The project is an extension and expansion of previous UNFPA assistance in these areas, begun in 1978, and was recommended by a UNFPA mission to Mongolia in May 1979. Under the new project UNFPA will finance short-term and long-term advisory services, local training costs, the supplementary salary of one national, fellowships, vehicles, and medical, audio-visual and other equipment. UNFPA may authorize some pre-project activities before the Governing Council considers this proposal; funds for these activities are included in the figures shown in paragraph 23.

## II. Background

2. Mongolia is a vast highland country situated in the middle of eastern Asia, with a population estimated in January 1979 at 1,595,000. With an area of 1,565,000 square kilometres, Mongolia has one of the lowest population densities in the world.

3. Population growth in Mongolia has been erratic. Between 1867 and 1918, the absolute size of the population decreased by 5 per cent. During this period life expectancy was estimated at about 20 years, infant mortality at 500 per thousand live births, and the crude death rate in the range of 25-30 per thousand. After 1918 health care improved and for a while the population slowly increased, then it leveled off again. As a result of the dramatic development of health services in the last four decades, life expectancy at birth is now about 62.5 years and the population growth rate close to 3 per cent per year.

4. According to the United Nations, the crude birth rate in 1977 was 37 per thousand, a decline from 1975 and 1976, due in part to rapid urbanization during the last decade; 53 per cent of the population now reside in urban areas (defined as administrative districts in which more than 20 per cent of the population are engaged in non-agricultural activities).

5. The crude death rate is 8.2 per thousand. The gross reproduction rate is about 2.6. Mongolia has a young population with about 43 per cent under the age of 15. About 46 per cent of the women are in the reproductive ages of 15 to 49 years. While mortality rates have decreased dramatically, and this has been a major factor in attaining the present growth rate, the infant mortality rate, at 60-70 per thousand live births, is still relatively high. The per capita gross national product in 1978 was estimated at \$940 by the World Bank.

6. The Government's population policy aims at an increase in the size of the population so as to provide the manpower necessary to realize the country's resource potential and thus attain national development priorities. Some constraints to implementing this policy are a lack of integrated comprehensive maternal and child health services, especially in rural areas; a shortage of manpower adequately trained in maternal and child health care; an absence of epidemiological data on maternal and infant morbidity and mortality in varying geographical locations; and inadequate motivation of the population in matters of family health due to a lack of health education.
7. To implement its population policy, as well as to improve the population's welfare, the Government wants to reduce morbidity and mortality by embarking on a major programme to up-grade and expand maternal and child health care. The Government gives this programme highest priority.
8. Since July 1978, UNFPA has been assisting Mongolia with a project designed to attack some of the constraints outlined above. With UNFPA support, which will total \$553,175 over a three-year period, studies on infant, perinatal and maternal morbidity and mortality have been undertaken in six districts in three of Mongolia's 18 aimaks (provinces). In addition, comprehensive maternal and child health services have been established in ten model districts; while making available improved specialist care for mothers and children, these services also emphasize preventive medicine and promotion of good health. The findings of the studies carried out with this assistance and the experience with the model centres have enabled the Government to plan the next phase of expanding its maternal and child health programme more effectively.
9. Also under this preliminary phase of support, two seminars on neonatal care and two courses on infant nutrition and epidemiology were conducted in various maternal and child health centres. Seventeen fellows are now studying, or are in the process of being placed for study, at institutions abroad providing training in the epidemiology of population growth, family health, health education, infant nutrition, and other subjects relevant to project goals.
10. Two activities planned for this project, not implemented due to difficulties in recruitment of consultants, will be rescheduled so as to dovetail with the present project. These are studies on infant nutrition and factors affecting fertility and the introduction of teaching of family health education in secondary and vocational schools, places of work and homes.
11. Other UNFPA assistance to Mongolia includes a project to support the last population census, held in January 1979. The three and one-half year project, begun in the second half of 1978 with assistance totalling \$849,550, also provides support for processing and analyzing results of the census, for developing an integrated data processing system for population data, and for the design of a suitable population registration system.

12. In the field of family health, the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), and the United Nations Development Programme (UNDP) support programmes complementary to UNFPA activities, including those covered in the present proposal. Mongolia also receives bilateral assistance from the U.S.S.R. for health activities.

### III. The project

13. The project's long-term objective is to assist the Government in improving its comprehensive family health programme, particularly in the rural areas, so as to reduce perinatal, infant and maternal morbidity and mortality rates and increase life expectancy. These achievements, which are assigned high priority in the country's development plan, will contribute to the Government's goal of increasing the rate of population growth, considered an important factor in national development.

14. The short-range objectives are to: improve and extend model maternal and child health care services, especially to rural populations, in six provinces; train health personnel, both inside the country and abroad; carry out further research on morbidity and mortality and infant nutrition in additional areas of the country; evaluate the achievements of the model services to obtain information useful in extending services to the entire country; and introduce family health education in schools, places of work and homes.

15. Improving and extending maternal and child health care: In the six model provinces the project will establish health services for women and children at the province and district levels; emphasis will be on preventive care. Intensive care units for children and maternity wards will be established in hospitals in the six provinces. Providing services at province centres will be a team consisting of a pediatrician, an obstetrician, and a nurse. To extend these services to the rural community, mobile teams (also consisting of a pediatrician and obstetrician, and a nurse plus other paramedical staff) will make scheduled visits to all the districts and sub-districts in the province. Besides delivering policlinic and domiciliary maternal and child health care services, these teams will provide in-service training to health staff. To improve the level of services UNFPA assistance will also provide medical, laboratory and sanitary equipment, as well as drugs and other supplies.

16. The territory included in the six model provinces is very large, and to provide the mobility necessary to extend maternal and child health services, as well as training and supervision to rural areas in these provinces, additional transport is a necessity. Thus, the project budget includes a substantial allocation for vehicles.

17. Training health personnel: For the duration of the project, 36 health personnel and eight specialists in health education will travel abroad for training. Also, 120 people will receive training in Mongolia in the epidemiology of population growth, family health education, child nutrition and related subjects. A series of national seminars on maternal and child care will be held for about 240 health personnel from the model provinces.

18. Research: The Government still lacks accurate data on the epidemiology of population growth relevant for all regions of the country. Under this project data obtained from studies carried out during the preliminary phase of UNFPA support will be supplemented through studies on morbidity and mortality, infant nutrition and fertility patterns.

19. With a view to planning the extension of maternal and child health services within the general health services system nationally, the Government also wants to explore alternative approaches to the delivery of maternal and child health care under different local conditions. The project calls for research on and evaluation of the services offered in the project sites ( in some of which maternal and infant mortality are considerably higher than the national average).

20. The research studies will be undertaken jointly by scientists from the Maternal and Child Health Research Institute, Departments of Pediatrics and Obstetrics of the State Medical Institute, and district-level health personnel, with the assistance of international consultants. Scientists from other national institutions such as the Institute of Education and the Scientific and Research Institute of the Academy of Sciences will be members of a steering committee for research.

21. Family health education: Family health education activities that the project will introduce in secondary and vocational schools, in places of work such as factories and co-operative farms, and in homes in the six model provinces will play a significant role in preventive family health care. A long-term health education specialist, still to be assigned under the preliminary phase of the project, will formulate the educational programme, train teachers and prepare learning and teaching materials.

22. The project will be implemented by the Department of Maternal and Child Health in the Ministry of Health, and the Ministry will appoint a national manager with responsibility for project management. WHO will be the Executing Agency.

23. The components of UNFPA funding over the five-year period of the project are:

	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>Total</u>
	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
International experts and national staff	35 500	71 500	35 500	71 500	4 000	218 000
Sub-contracts/grants	20 000	16 000	14 000	-	-	50 000
Local training	11 500	28 500	33 000	12 000	16 000	101 000
Fellowships	87 600	189 000	110 900	30 600	-	418 100
Equipment (including vehicles)	383 200	-	125 500	-	97 200	605 900
Miscellaneous	<u>500</u>	<u>2 500</u>	<u>2 500</u>	<u>1 000</u>	<u>1 000</u>	<u>7 000</u>
	538 300	307 000	321 400	115 100	118 200	1 400 000

24. The Government's contribution, totalling \$25 million, will mainly cover the cost of running clinics, the salaries of local health and research personnel, and the expenses involved in maintaining equipment and vehicles.

IV. Recommendation

25. The Executive Director recommends that the Governing Council:

(a) Approve the project in Mongolia in the amount of \$1,400,000 for five years; and

(b) Authorize the Executive Director to allocate the funds and to make the appropriate arrangements with the Government of Mongolia and the Executing Agency.

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