

Assessment of Performance and Acceptability of Auxiliary Midwives in Rural Communities as a Strategy to Improve Maternal Health, 2004-2005

Executive Summary

The study was initiated in July 2005 and completed in December 2005. Data analysis and report writing was done during December 2005 to March 2006. Because of easy accessibility, close social relationships, personal trust and social convenience, utilization of AMWs is very high especially in remote villages with limited geographical accessibilities. The same is true for AMWs residing in villages far from other health care facilities. Moreover, AMWs are utilized in villages as a substitute for TBA who became defunct due to senility or disabilities. Even among non-users of AMWs for delivery, there was evidence of AMWs utilization during Ante-Natal (AN) care.

Summary of Findings, Conclusion and Recommendations

Findings

- Out of 211 AMWs, those who were married are 100 (47.4%) and single, 92 (43.6%), Among them, 152 AMWs have other occupations with (72.0%) and 59 (28.0%) having no other occupation.
- Only about 15% of all AMWs were of primary education level, 70.6% had middle school education.
- Out of 211, 89 (42.4%) had more than 10 years of service, 88 (41.9%) had 5-10 years of service and about (15.7%) had less than 5 years of service.
- 101 AMWs out of 211 had training during 1989 and 1998. Out of 199 AMWs, 122 AMWs had training supported by UNICEF and 77 by other agencies.
- Out of 207 AMWs, 119 (57.5%) had refresher training, and 88 had no refresher training.
- Among 191 AMWs, 161 (84.3%) utilized clean delivery-kits.
- Out of 211 AMWs, 96 (45.5%) did referrals for AN, 73 (34.6%) for delivery, 10 (4.7%) for PN and 20 (9.4%) for neonates. The Mean no of delivery cases for States was 7.86 and that for Divisions was 12.12 having 10.34 for 199 AMWs. Out of 211 AMWs, 115 (54.5%) had below satisfactory levels of knowledge scores and 96 (45.5%) had satisfactory levels of knowledge scores.
- Only 179 AMWs, (84.8%), had below satisfactory levels of skill assessment scores and 32 AMWs (15.2%) had satisfactory levels of skills assessment scores.

Conclusion

AMW performance as assessed by this study was relatively lower than expected.

- (84.8%) below satisfactory level of skill.
- (54.5%) below satisfactory level of knowledge.
- Only (84.3%) have experience of using clean Delivery kit.
- Only (46.4%) have made AN referral during the past one year.

- Only (36.9%) have made referral during delivery.
- Only (5%) have made Post-Natal (PN) referral during the past one year.
- Only (9.8%) have made referral of neonates during the past one year.
- Only (49.7%) have made abdominal examination during AN care.
- Only 10.34 deliveries per AMW was found during the past one year.

Recommendations

- Roles and responsibilities of AMWs should be clearly defined in order to facilitate the smooth conduct of maternal and child health activities.
- A Revision of Training manual in accordance with the updated information should be compiled.
- AMWs from the whole country should be provided with equal opportunities for refresher courses.
- Refresher training should be given to AMWs in accordance with the current health developments in combating the prevailing health problems.
- Social barriers to effective referral should be resolved by improving the outlook of health personnel from the receiving end.
- Knowledge and performance improvement of AMWs are essential for early recognition of suggestive symptoms and appropriate elicitation of danger signs in order to improve their referral services.
- A practice-based training period of 3 months should be fully supervised by the assigned MW in order to develop their delivery skills up to the optimally safe level.
- A system for clean delivery kit distribution should be formulated to ensure its correct usage and appropriate utilization for all mothers in labour.
- AMW kits should be replaced or replenished as required.
- Mothers and potential mothers should be informed of the available maternal health care services including safe delivery services and their right to choose.

Research Geographic Coverage by area

The study areas are 12 townships from 12 States and Divisions, Mogaung (Kachin State), Pa-an (Kayin State), Hakha (Chin State), Monywa (Sagaing Division), Oaktwin (Bago East Division), Loilen (Shan South State), Myaungmya (Ayeyarwady Division), Pyinmana (Mandalay Division), Zigon (Bago West Division), Aunglan (Magway Division), Kyauktaw (Rakhine State), Kawhmu (Yangon Division).

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