

Myanmar Reproductive Health End of Programme Community Survey, 2005

Executive Summary

The UNFPA special programme of assistance to Myanmar for the period 2002-2005 consists of PH-related project activities in 86 townships, which cover more than 30 percent of the population. Although 14 townships were added in 2004 and 2005, they were not included in the study for the assessment of impact of the programme because of the short duration of the RH programme. A Reproductive Health Baseline Community Survey (RHBCS) was conducted by the Department of Health Planning in 2002 for collecting reproductive health related information on the programme implemented by the Department of Health (DOH) with the assistance of UNFPA. At the end of the programme in 2005, a similar Reproductive Health Community Survey (RHECS) was conducted to assess the impact of the RH programme.

Summary of the Findings, Conclusion and Recommendations

The OVI was used for monitoring and evaluating the RH programme outputs based on a baseline survey in 2002 and the present end line survey in 2005 with the same scope and coverage. Status and changes in terms of OVI values are summarized as follows:

- **Birth Spacing:** 70% of clients replied that they are satisfied with Birth Spacing services provided. However, their answers may be biased upwards out of courtesy due to the way the question was asked. An alternative assessment resulted in an overall proportion of 50.3%, which is much lower than the target value of 70%. It may be concluded that RH infrastructures have to be improved so that the target OVI value can be achieved.
- **Antenatal Care:** The percentage of pregnant women receiving 4 or more contacts for AN care in 2005 is 47.2%, up from 42.2% in 2002. Compared with the target value of at least 65%, an additional 17.8% of pregnant mothers must receive more contacts to achieve the target OVI value. There is an urban-rural differential with the urban mothers receiving more contacts with SDP for AN care services than the rural mothers.
- **Postnatal Care:** The percentage of postnatal women receiving 6 or more contacts for postnatal care is 56.4%, in 2005, up from 51.4% in the base year 2002. There is an urban-rural difference in favour of rural women under 6 postnatal contacts. Since the target postnatal care is 65%, 8.6% of postnatal women especially in rural areas have to be contacted more for PN care to achieve the desired target.
- **Abortion Complications:** RHECs (2005) show that 82.6% of CMW with abortion complications went to SDPs to receive emergency care in 2005, as compared to 74.4% in 2002. There is an urban-rural differential in favour of urban women. Since the target proportion is 95%, more activities including IEC need to be carried out in the programme townships, especially in the rural areas, to achieve the desired target.
- **TBA referral in obstetric emergencies:** The RH community found that the percentage of TBA referrals for obstetric emergencies is 2.8% in 2005, while the target is 3.8% in the end of programme year. TBAs are probably the least trained service providers but one of the major service providers so that their timely referrals for emergency obstetric cases is crucial. Compared to the base year 2002, there is virtually no improvement in TBA referrals for emergency cases and much more relevant activities

need to be carried out to make TBA aware of the importance and timely action to make referrals for emergency cases.

- **Contraception:** The proportion of men and women who can identify 4 or more contraceptive methods is 37.3% in 2005, up from 31.8% in 2002. Since the target value for contraception is 70%, more IEC activities need to be done in both urban and rural areas to achieve the target value.
- **HIV/AIDS:** The OVI value for HIV/AIDS is 70% while the sample result shows that the proportion is 50.7%, although it has increased from the 2002 base year by 10.5%. More communication and information activities to increase knowledge about HIV/AIDS prevention need to be carried out in the programme townships to raise the proportion who know 3 or more ways to prevent HIV transmission to achieve the specific OVI target for HIV/AIDS.

Research Geographic Coverage by Area

36 sample townships in 14 States and Divisions:

State/Division	Township
Shan (North)	Lashio
Rakhine	Sittwe, Ponnakyun
Mon	Kyaikhto
Sagaing	Monywa, Wetlet, Myinmu, Myaung
Mandalay	Singaing, Myitthar, Mahlaing, Nahtogyi, Amarapura
Magway	Chauk, Pwintphu, Taungdwingyi, Aunglan, Yanangyaung
Bago (East)	Oktin, Bago, Dauk-U
Bago (West)	Pyay, Paungte, Gyobingauk
Ayeyawady	Nyaungdone, Zalon, Ingapu, Yekyi, Danuphyu, Hinthada, Kyaiklat, Myanaung
Yangon	Kyauktan, Thonegwa, Kungyangone, Tontay
Tanintharyi/Shan (East)/Shan (East)/Kachin	

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