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An Evaluation of the Myanmar Birth Spacing Project

A Report to UNFPA

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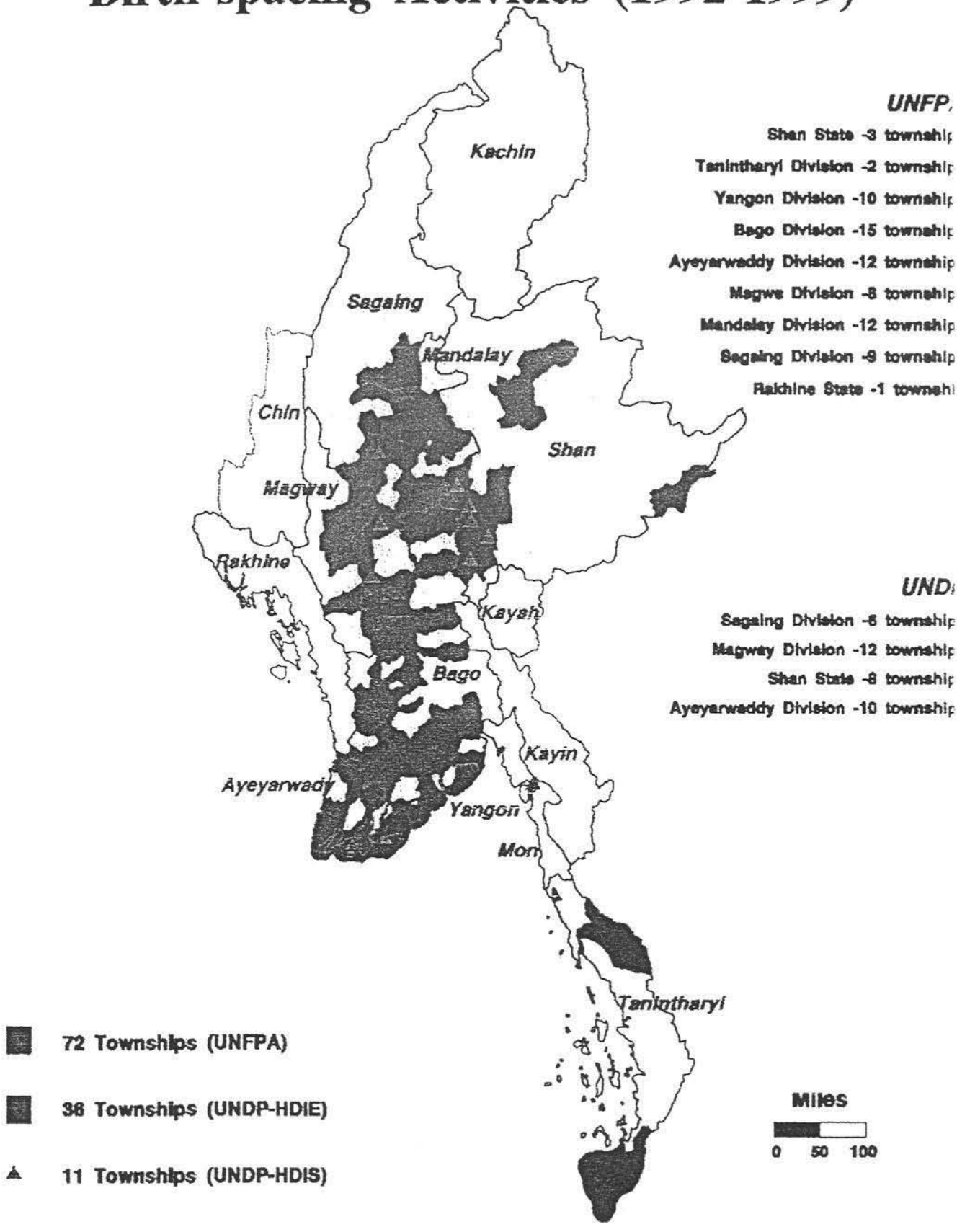
Townships with UN-assisted Birth-spacing Activities (1992-1999)



EXECUTIVE SUMMARY

UNFPA has provided US$ 3.6 million over the past four years (1996-1999) to help Myanmar expand its birth spacing (BS) services, not only in terms of additional sites (from 20 townships in 1995 to 72 in 1996), but also in terms of additional types of contraceptives (pills, injectables, IUDs and condoms). An external Evaluation Team was asked to assess progress to date in strengthening local capacity to do this. The team examined the five major targets of this capacity-building strategy: 1) training; 2) information, education and communication (IEC); 3) service delivery; 4) management information; and 5) project management. The evaluation was conducted between mid-September and mid-October 1999.

Accomplishments

Given the limited resources and the many constraints that exist in Myanmar, the BS project has had a number of significant achievements, especially in the development of BS trainers, trained providers and volunteer motivators; development and distribution of BS manuals and IEC materials; community-based education/motivation contacts; expansion of contraceptives, service sites and choice of methods; and development of relevant management information.

It is too early to measure the impact of the project on health and fertility, but there is some anecdotal evidence that the project is having some impact on fertility, abortion and maternal mortality. A number of health staff, clients and observers believe that there have been declines in all of these indicators in project areas. They believe that there have been fewer abortions and fewer maternal deaths, in particular

Project Achievements

Training	
Township physician, nurse and midwife trainers	276
Basic health service providers	3000
Auxiliary midwives	6,040
MMCWA volunteers	5,400
Information, Education and Communication	
BS manuals	29,000
BS pamphlets	560,000
BS posters	291,000
Education and counselling	35-300,000 contacts
Services	
Expansion of service sites	72 townships
Increased contraceptives	$400,000/year
Greater choice	4 modern methods
Increased access	1.5 million ELCOs
Management Information	
MIS operational	72 townships
BS Eligible Couple registration	72 townships
Surveys and studies	Five major studies

The effects on coverage, utilisation, awareness and motivation are increasing – although even there the hard evidence is difficult to come by at the moment. This should improve, however, as the project becomes established and relevant data are developed. The MIS and ELCO, in particular, should provide valuable information on a number of key indicators, including numbers of current BS users by method and source of supply, as well as percentage of eligible couples who are current users, again by method and source of supply. These sources also have the advantage of covering each of the 72 UNFPA townships, so they can be aggregated by State/Division as well as for all 72 townships.

The large effort put out by both the Department of Health (DOH) and the Myanmar Maternal and Child Welfare Association (MMCWA) volunteers should have increased awareness of birth spacing and willingness to begin using contraception. No data are available for a full year and for all project townships. But if the reported data can be taken at face value, the DOH alone probably conducts

150,000 health education events for 1.5 million listeners each year. This is just on birth spacing. MMCWA's "multiplier" approach to health education on BS should reach even more people than the DOH has.

Quite a bit of training has been carried out but actual capacity development (institutional and individual) has been limited to a few areas, all of which are important. Chief among the gains are the improvement in research capability at the Population Department (POD); strengthening of MIS recording and reporting at the local level, development of an ELCO registration capability at all levels; and development of IUD clinical skills and capabilities at township levels.

Challenges

The project has made significant progress in many areas, especially when the limited resources and the extensive constraints are taken into account. However, there are many challenges remaining. Some of these can be addressed relatively quickly and easily, but most will require significant investments of technical assistance, training and, of course, contraceptives and other commodities.

Services There are not enough contraceptives to meet the demand; the contraceptive distribution system is unable to provide a steady reliable, frequent, timely and appropriate mix of contraceptives to the townships. The BS programme is built around physicians (particularly Township Medical Officers – TMOs) and fixed facilities which severely limits the delivery of contraceptive services. Provision of services by midwives (MWs) and auxiliary midwives (AMWs) is restricted by TMOs and Department of Health (DOH) policies. This limits services to the poor and to those in rural areas, in particular. Voluntary sterilisation services are downplayed because of government restrictions. The project is doing very little directly to promote prevention of HIV/AIDS, but its indirect support is helpful. Clinical service quality appears to be satisfactory, but client knowledge of contraceptive usage, side effects and other facts appears to be poor. There is little supervision of BHS staff and AMWs. There seems to be no supervision of the Myanmar Maternal and Child Welfare Association (MMCWA) volunteers. The Community Cost Sharing (CCS) system is inadequate for sustainability purposes and may actually be driving potential users from accepting or continuing to use birth spacing.

Training. No curricula have been developed for the training courses and there are few, if any, individuals skilled in training methodology. Training has relied upon traditional, non-participatory methods of classroom teaching that often provide more knowledge and fewer skills than are necessary to do a job. The training programme is not competency-based and there is little follow-up or supervision.

IEC. Materials, while of high quality, are severely limited for training as well as distribution to potential clients. Not enough has been done to promote acceptance of the IUD, which is an appropriate method for many women. As a result, the change expected in the method mix has not yet occurred. MMCWA's outreach efforts are extensive, but the quality and accuracy of their IEC is unknown, as is the effectiveness of these efforts in recruiting women to BS.

Management information. The quality of MIS data appears quite good, but the problem is quantity, that is, underreporting and late reporting. MMCWA field activities and accomplishments are not reported and incorporated into the BS MIS. Training is the key to quality in both the MIS and ELCO registration. If the training is inadequate or incomplete then the staff have significant problems and make lots of mistakes.

Recommendations

Some of these challenges can be resolved relatively easily; others will be more difficult and may require policy and institutional changes. All of them will require substantial external support over an extended period, which the Team realises may not be forthcoming. Assuming that the necessary resources can be raised, the Team recommends 1) that the present project be extended through 2000 while a new approach is developed; 2) that the new approach be implemented in the 72 townships as soon after that as possible, say 2001-2005; and 3) that this be followed by replication of the approach in all remaining townships – together with expansion of services to include all other priority RH services – say 2006 – 2010.

Gaining Support for RH/BS in Myanmar

The Team is very aware that implementation of many of its recommendations depends on approval of a multi-year UNFPA country programme. The Team is also aware that political considerations are likely to outweigh humanitarian ones when the UNFPA Board is asked to approve such a programme. However, the Team also believes that those who examine the current project as it stands will be impressed with what has been accomplished by the thousands of highly dedicated civil servants who somehow manage to get something done under very difficult conditions. They will also be moved by the plight of the millions of needy people inside and outside of the project area who desperately need help – help that they cannot get because of events beyond their understanding and control. We hope that some way can be found to provide this help.

ABBREVIATIONS

AIDS	Acquired Immune deficiency syndrome
AMW	Auxiliary midwife
ANC	Antenatal care
BHS	Basic Health Services
BHS	Basic health staff
BS	Birth spacing
BS/RH	Birth spacing / reproductive health
CBD	Community based distribution
CBMRHS	Cross-Border Migration and Reproductive Health Survey
CCS	Community cost sharing
CHEB	Central Health Education Bureau
CHW	Community health workers
CMSD	Central Medical Store Depot
CPR	Contraceptive prevalence rate
CSO	Central Statistical Organisation
CST	Country Support Team
CTA	Chief Technical Advisor
DHP	Department of Health Planning
DOH	Department of Health
EIU	The Economist Intelligence Unit
ELCO	Eligible couple
EPI	Expanded Programme on Immunisation
ESCAP	Economic and Social Commission for Asia and the Pacific
EU	European Union
FO	Field office
FPIA	Family Planning International Assistance
FRHS	Fertility and Reproductive Health Survey
GDP	Gross domestic product
GNP	Gross national product
GP	General practitioner
HA	Health Assistant
HDR	Human Development Report
HEB / DHP	Health Education Bureau / Department of Health Planning
HIV	Human immuno-deficiency virus
HMIS	Health Management Information System
HQ	Headquarters
ICPD	International Conference on Population and Development
IEC	Information, education and communication
ILO	International Labour Organisation
IMMCI	Integrated Management of Maternal and Child Illnesses
IPPF	International Planned Parenthood Federation
IUD	Intrauterine contraceptive device
JHPIEGO	Johns Hopkins International Programme on Obstetrics & Gynaecology
KAP	Knowledge, attitude and practice
LHV	Lady health visitor
MCH	Maternal and Child Health
MCH / BS	Maternal and Child Health / Birth Spacing
MCWA	Maternal and Child Welfare Association

MICS	Multiple indicator cluster survey
MIO	Ministry of Information
MIS	Management information system
MMCWA	Myanmar Maternal and Child Welfare Association
MMR	Maternal mortality ratio
MMS	Maternal Mortality Survey
MNPED	Ministry of National Planning and Economic Development
MOH	Ministry of Health
MOIP	Ministry of Immigration and Population
MSI	Marie Stopes International
MW	Midwife
MWRA	Married women of reproductive age
NGO	Non-governmental organisation
NPD	National Project Director
OB/GYN	Obstetrician & gynaecologist
PHC	Primary Health Care
PHS	Public Health Supervisor
POD	Population Department
PSI	Population Services International
QOC	Quality of care
RH	Reproductive health
RHC	Rural Health Centre
RTI	Reproductive tract infection
STD	Sexually-transmitted disease
TA	Technical assistance
TB	Tuberculosis
TBA	Traditional birth attendants
THO	Township Health Officer
TMO	Township Medical Officer
TOR	Terms of reference
TOT	Training of trainers
TSS	Technical support services
TV	Television
U5MR	Under-5 mortality rate
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Fund
UNFPA	United Nations Population Fund
UNFPA FO	United Nations Population Fund Field Office
UNFPA/M	United Nations Population Fund / Myanmar
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCR	Video cassette recorder
VS	Voluntary sterilisation
WHO	World Health Organisation

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