

## **2014 Facility assessment for Reproductive Health commodities and services in Myanmar**

### **Abstract**

Although Myanmar gave priority to maternal and child health services and considerable inputs have been invested to improve these services, inadequate health resources at different levels and over workload of staff are still challenging for targeted achievements. Most importantly, reproductive health (RH) services must be of quality in all aspects. In this regard, regular supply of medicines for emergency obstetric care (EmOC), infections and contraceptives to meet the needs of facilities is crucial. In this regard, this survey addressed stock-out of RH commodities supply chain (including cold chain); staff training and supervision; availability of guidelines and protocols, availability of information technology, methods of waste disposal and users' fees and finally the views of clients about the services. The survey was conducted in June to August 2014 in collaboration of The Department of Medical Research and Maternal and Reproductive Health Division (MRH) of the Department of Public Health, with financial support from UNFPA's Supplies Programme, using global standard tools to enhance Reproductive Health commodity security. A cross-sectional descriptive design was used to assess a representative sample of 408 health facilities covering three different levels (i.e. tertiary level, district/township level and primary level) from all administratively divided States and Regions. Survey teams were set up with enumerators, team leaders and field supervisors after giving training and pretesting. Fifty eight percent of health facilities (HFs) could provide at least five modern contraceptive methods. However, one-third of HFs was lacking almost all items of RH medicines mainly due to delay in supply (58%). Availability of at least 7 life-saving RH medicines was 43% in primary level, 75% in secondary level and 89% in tertiary level HFs. Majority of HFs had stock-out for at least one contraceptive method within the last 6 months. Supply system was mostly irregular and inconsistent. One-fourth (24%) and two-third (67%) of HFs had no trained staff for birth spacing and hormonal implant method respectively. Seventeen percent of HFs had received no supervisory visits related to RH during the last one year. Supervision for RH activities was less frequent at tertiary level and secondary level HFs compare to primary level. Supervisions were mostly related to quality of reporting, drug stock-outs and the use of guideline/job aids and less related to staff clinical practice

and training. Mobile phones and personal computers were mainly used for communication and for record keeping respectively. Wastes were disposed mostly by burying and burning. Forty-five percent and 42% of tertiary level HFs used municipal system and incineration respectively. Most of clients satisfied with waiting time, cleanliness, privacy and consultation time. Personal relationship and communication of staff were satisfied by more than 90% of clients.