

Driving Contraceptive Uptake through Demand Creation and Service Availability, Advocacy, and Empowerment

Thaubung Township, Ayeyarwady Region, Myanmar

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2022 Theme: Family Planning & Universal Health Coverage: Innovate. Collaborate. Accelerate.

Background

The Context

In 2014, Myanmar's census data indicated that the maternal mortality ratio was 354 per 100,000 live births in the Ayeyarwady Region, which was higher than that of the country at 282. This condition has been exacerbated by the COVID-19 pandemic, as well as the February 1, 2021 military coup in Myanmar.

The Intervention

The Enhancing Nutrition Services to Improve Maternal and Child Health in Africa and Asia (ENRICH) initiative was funded by the Government of Canada to address issues critical to the health of mothers, newborns, and young children through strengthening community health systems in areas of maternal and child health and nutrition, including sexual and reproductive health.

- Provided family planning (FP) commodities and training on gender-responsive health, sexual and reproductive health and rights (SRHR) services for government health staff and community volunteers
- Implemented the Care Group and Citizen Voice and Action (CVA) models of advocacy
- Fostered relationships between community groups and volunteer mothers to promote key health practices

Results

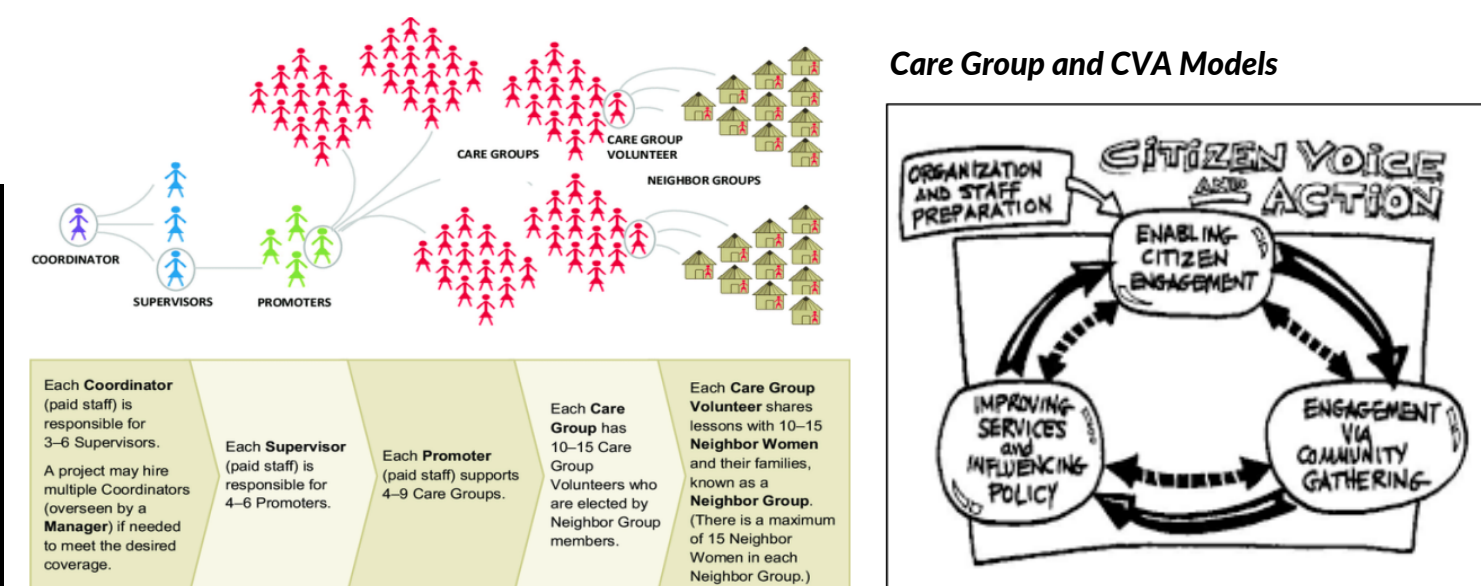
- The contraceptive prevalence rate among women with children ages 0 to 23.9 months increased from 62.2% to 82.4%
- The proportion of women reporting a visit by a health worker or community health worker who talked about FP and/or gave a FP method in the last 6 months increased from 23.3% to 67.6%
- Knowing at least 3 ways to delay or avoid pregnancy increased from 22.9% to 92.9%
- Knowledge on benefits of waiting 24 months after giving birth before attempting to get pregnant again: 45.1%.
- Knowledge on risks of becoming pregnant before the age of 18 years: 34%.



Further Research

Looking Forward

Some facilities and communities were not able to meet the demand generated, and the lack of sustained results in service availability could be demonstrative of the fragility of health system improvements in the face of crises. These findings reveal the need for improvements in gender-responsive health service delivery, especially regarding health governance and leadership, sustainability of results, and the identifying of adaptive solutions to maintaining health system capacity in times of conflict or crises. Further research would be critical to gaining a better understanding of the gendered implications of shocks on health systems, and areas of advocacy for system sustainability and resilience.



Methodology

Sampling and Evaluation

- Probability Proportional to Size sampling method was used to randomly select primary caregivers of children 0 to 59.9 months; 105,000 total participants were identified, with 51.1% being women.
- Information on demographics, maternal and child health and nutrition, use and knowledge on FP and SRHR was collected using the Open Data Kit application in Android Smartphones.
- Quantitative household surveys, health facility assessments, and qualitative gender assessments took place at baseline and endline.

Program Implications

Successes

- The integration of the Care Groups; Citizen Voice and Action; and men, women and youth groups enhanced the capacity of communities to demand quality health services and advocate for their rights.
- The project significantly contributed to the functionality of health facilities and the quality of the services.

COVID-19, Crises, and Health Interventions

- At baseline, 20 out of 20 health facilities were providing FP services, while at endline only 18 reported doing so, and 19 reported providing general information and counselling on SRHR at baseline, while at endline, only 17 reported doing so.
- While the ENRICH outcomes demonstrate a net increase in contraceptive uptake and demand, the results also indicated the need for further research and intervention as the ramifications for COVID-19 and political insecurity in country are yet to be fully realized.
- Disruptions to service provision because of COVID-19 and the civil disobedience movement were noted during evaluation along with initial indicators of reduction in household incomes.