ASSESSMENT OF VACCINE WASTAGE RATE AND KNOWLEDGE AND PRACTICE OF MIDWIVES ON VACCINE WASTAGE IN TOWNSHIPS OF SHAN (SOUTH)

HNIN EI PHYU
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ABSTRACT

Immunization is one of the most cost effective interventions to prevent life threatening vaccine preventable diseases. When there is immunization, there are vaccine wastage (VWR) results avoidable and unavoidable, from a variety of causes. Vaccine wastage causes wastage of budgets. So vaccine wastage rate should be within targeted rate. National level VWR for BCG, Pentavalent vaccines and Measles vaccines are 50%, 25% and 25% respectively. As a result of Shan (South) EPI evaluation 2015, VWR of these vaccines were 75%, 25% and 55% respectively. The objective of this study was to assess wastage related knowledge and practice of midwives at service delivery level and to find out the completeness of VWR of BCG, Pentavalent vaccines and Measles vaccine for June, July and August, 2016.

A cross sectional analytical study was done by using semi-structured questionnaires for quantitative study and vaccine indent form of 26 immunization units were reviewed by checklist. The information on socio-demographic characteristics, knowledge level and practice level on vaccine wastage of midwives from Taunggyi, Hopone and Nyaung Shwe Townships were interviewed.A large number of midwives were not able to write down formula of vaccine wastage factor and more than half were able to write down formula of vaccine wastage rate. Half of them said outreach session as most vaccine wastage session.

There was no uniform method to calculate vaccine needs and 45.3% of them used consumption method, 40.6% of them used WHO target population method and 14.2% used mixed method for vaccine request. On the assessment of vaccine indent form of twenty-six immunization units with checklist for three months, calculated vaccine wastage rate were still under acceptable level and there was still gap in knowledge and practice of vaccine wastage among respondents. The study was done for the month of June, July and August and there was limitation to compare seasonal variation of vaccine wastage and selected three townships were not identical with other eighteen townships in socio-demographic characteristics and work-related characteristics of service providers.