2014 Facility Assessment for Reproductive Health Commodities and Services

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Department of Medical Research

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Foreword

Improving maternal and child health is a global priority. An estimated 1 000 women – most of them in developing countries– die every day due to complications related to pregnancy or childbirth. Many of these deaths are due to conditions that could be prevented or treated with access to quality services, contraceptives and medicines. The access and availability of medicines at public health facilities are limited in many areas. In this case, exact information about the limitations in terms of geographical areas, types of services and logistic items are essential.

In Myanmar, Ministry of Health has made efforts to reach the Millennium Development Goals, especially reducing maternal mortality and child mortality by providing quality services covering the whole country. Reducing maternal and child mortality needs comprehensive care not only for mother and child but also adolescent reproductive health services as well as contraception, prevention & treatment of reproductive tract infections. Maternal and Child Health Division is responsible for providing comprehensive & quality services with the technical and financial collaboration of related local and internal organizations.

Although, maternal and child health services have been strengthened and significant inputs have been invested for improving, there are still many challenges. Health workforces at different levels need to be improved. Midwives are taking responsibilities for many integrated projects and thus they are overwhelmed with many tasks. Infrastructures like communication tools and facilities also need to be improved. Regular supplies of reproductive health (RH) commodities such as medicines for emergency obstetric care and infections, and contraceptives to meet the need of facilities are essential for quality of RH services.

This report on 2014 Facility Assessment for RH Commodities and Services was prepared by the Department of Medical Research (Upper Myanmar) in collaboration with Maternal & Child Health Division, DOH and Department of Medical Research (Lower Myanmar). The report is based on comprehensive information collected at representative sample health facilities all over the country by well-organized and trained teams during May and June 2014. This is the first report in Myanmar for the Global Programme for RHCS covering 46 countries. It could be useful as baseline information for commodities supplies as well as a monitoring tool for assessment of future programme implementation. Since the report was prepared in line with GPRHCS assessment tool, it could also be utilized as part of international monitoring and evaluation for the GPRHCS.

We would like to thank all concerned persons without whose relentless efforts and dedication this undertaking would not have been successful. In particular, we would like to express our heartfelt thanks to Ms. Janet E. Jackson, UNFPA Representative for Myanmar for her keen interest and support for this undertaking. Thanks are also due to Dr. Hla Hla Aye, Assistant Representative, Dr. Wynn Aung, National Programme Officer, Daw Yu Myat Mun, Programme Analyst, U Moe Zaw Latt Tun, Project Assistant and other concerned staff of UNFPA for their continuous support along the implementation process.

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Acknowledgement

The "2014 Facility Assessment for Reproductive Health Commodities and Services" is the first ever report of its kind in Myanmar, involving one third of the country's health facilities and covering every part of the country. This was an immense task that took several months and was undertaken as a collaborative endeavour between Departments of Medical Research and Maternal & Child Health Division of the Department of Public Health, with technical support from the UNFPA Myanmar Country Office. This assessment was made possible thanks to funding from UNFPA's Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) which supports 47 countries.

This survey provides insight into the state of readiness of health facilities in terms of availability, choices and stocks of family planning supplies and essential obstetric care medicines. It also underlines key challenges for health system strengthening especially in ensuring access, irrespective of the level of facility and its location. The survey findings were validated through a dissemination workshop held on 29 December, 2014 involving Departments of Medical Research and Maternal & Child Health Division and other of Departments of the Ministry of Health and representatives of States and Regions. Discussions points were captured and the recommendations were compiled which were incorporated to the survey report.

UNFPA expresses special gratitude to Dr. Yi Yi Myint, formerly the Director General, Department of Medical Research (Upper Myanmar), now the Director General of Department of Traditional Medicine, for her valuable support and technical guidance to this initiative. Special thanks go to the research team led by Dr. Kyaw Oo, Director, Department of Medical Research (Upper Myanmar), now known as the Department of Medical Research (Pyin Oo Lwin Branch).

Thanks are extended also to those from each State/Regional Health Departments who attended the coordination meeting and took a managerial and supervisory role as local health authorities. Without their energetic and kind cooperation, the field activities would not have been completed within the allotted time frame.

Last but not the least, I would like to thank the field enumerators for the quality information they recorded and staff from the Department of Medical Research (Pyin Oo Lwin branch) who participated actively in field supervision during activities of various teams all over the country including remote and hard-to-reach areas. None of this would have been possible without the unstinting support of the Deputy Minister, Her Excellency Dr. Thein Thein Htay, who saw through the whole process and provided constant inspiration and encouragement to the whole process.

Janet E Jackson
Country Representative
UNFPA-Myanmar

Abbreviations

BEmOC	Basic Emergency Obstetric Care
BS	Birth Spacing
CEmOC	Comprehensive Emergency Obstetric Care
CMSD	Central Medical Store Depot
COC	Combined Oral Contraceptive Pill
CPR	Contraceptive Prevalence Rate
DMO	District Medical Officer
DMR-UM	Department of Medical Research (Upper Myanmar)
DOH	Department of Health
DPMA	Depo Medroxyprogesterone Acetate
ECP	Emergency Contraceptive Pill
EmOC	Emergency Obstetric Care
FOC	Free-of-charge
FP	Family Planning
GPRHCS	Global Programme to Enhance Reproductive Health Commodity Security
HA	Health Assistant
HF	Health Facility
ICT	Information and Communication Technology
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IUD	Intrauterine Device
LHV	Lady Health Visitor
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MIMU	Myanmar Information Management Unit
MMR	Maternal Mortality Ratio
MO	Medical Officer
MS	Medical Superintendent
NO	Nursing Officer
ObGy	Obstetrics and Gynaecology
PMTCT	Prevention of Mother to Child Transmission
RH	Reproductive Health
RHC	Rural Health Center
RHCS	Reproductive Health Commodity Security
SDP	Service Delivery Point
THO	Township Health Officer
THN	Township Health Nurse
TMO	Township Medical Officer
UHC	Urban Health Center
VCT	Voluntary Counselling and Testing

Contents

Executive summary

In Myanmar, priority has been given to maternal and child health services and considerable inputs have been invested to improve these services. However, there are still many challenges such as inadequate health workforces at different levels, and over workload of midwives due to many integrated projects and there is also a need for developing infrastructures like communication tools and facilities. Most importantly, RH services must be of quality in all aspects. In this regard, regular supply of medicines for EmOC & infections and contraceptives to meet the needs of facilities is crucial. This assessment aims to provide stakeholders with baseline information regarding Reproductive Health Commodity Status.

In addition to assessing the availability and stock out of RH commodities, the survey addressed supply chain (including cold chain); staff training and supervision; availability of guidelines and protocols, Information Technology, method of waste disposal and user fee. The survey also obtained the views of clients about the services. In order to undertake the activities, DMR-UM trained enumerators on survey methodology and organized necessary meetings and workshops.

A cross-sectional descriptive study design covering all states and regions was undertaken to: 1) To assess availability, utilization and supply chain management system for RH commodities at different levels of health facilities, 2) To assess quality of RH services with emphasis on family planning in terms of training, supervision, use of guidelines and ICT, and 3) To determine clients' accessibility to RH services provided at different level of facilities.

DMR-UM organized a one-day coordination meeting at DMR-UM in Pyin Oo Lwin in April 2014 with health authorities from state/regional health departments as the survey covered all states and regions across Myanmar. The objectives of the meeting were to advocate local health authorities on the survey, to discuss on the recruitment of local field workers, to permit field workers for field data collection activities and to determine the roles and responsibilities of local authorities in the supervision process. Enumerator training was conducted in May 2014. Since the survey was a nation-wide survey, health staff recruited from all state and regions (64 field workers, 12 technical supervisors and 2 investigators) attended the training. The data collection started in June 2014 simultaneously in all state/regions under the close supervision of local administrative supervisors and DMR-UM technical supervisors. All record forms were checked by supervisors of both sides (i.e. DMR-UM as well as State/Region Health Departments). Data entry works were done simultaneously with recollection of the forms. Data entry works were completed at the end of June. Data analysis and report writing were done during July and August 2014.

Out of the total 408 health facilities with urban rural ratio of 59:41, more than 90% of HFs provided at least one out of three types of RH services, namely family planning, maternal health including delivery services and HIV/AIDS services, and the most available contraceptive methods were injectables, OC pills and male condoms. Male sterilization was not authorized to provide in Myanmar. Female sterilization was allowed only with legal restrictions and in some HFs with enough facilities and skilled health personnel. Availability of contraceptive services depended on supply system, availability of skilled providers and clients' demand. Fifty eight percent of HFs could provide at least five modern contraceptive

methods. There were differences between urban and rural (73% vs. 38%) as well as between different levels of HFs (only 38% in primary level HFs compared to 76% and 81% in secondary and tertiary level HFs respectively). One-third of health facilities were lacking almost all items of RH medicines. Availability of at least 7 life-saving RH medicines was 43% in primary level, 75% in secondary level and 89% in tertiary level HFs. Unavailability of medicines was mainly due to delay in supply (58%). Majority of HFs at all levels were found to have stock-out for at least one contraceptive method within the last 6 months in all States/Regions and in both urban and rural areas. Supply system was found to be mostly irregular and inconsistent in terms of frequency, interval, need calculation and commodity distribution. One-fourth (24%) and two-third (67%) of HFs had no trained staff for birth spacing and implant respectively. Almost all primary level HFs had no trained staff for implant. Supervision was less frequent at tertiary level and secondary level HFs. Supervision was 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. Regarding the ICT, mostly used materials were mobile phones and PC computers and the use was less frequent in primary level HFs. Mobile phones were mainly used for communication and PC computers, mainly for record keeping. Wastes were disposed mostly by burying and burning. However, 45% of tertiary level HFs used municipal system and 42% used incineration. Although a small number of HFs charged user fees, RH services were found mostly to be free of charge especially at tertiary levels.

Average age of clients interviewed was 31.6 years and ranged between 25 and 39 years. Two-third of clients were at above primary level education. Sixty percent of clients visited on a three-monthly basis. 95% of clients in all levels of HFs of all regions in both urban and rural areas were satisfied with waiting time, cleanliness, privacy and consultation time. Personal relationship and communication of staff were also reported to be satisfactory by more than 90% of clients. Thirty percent of clients stated that they had to pay for BS services by buying medicine from pharmacy outside or inside hospital.

In conclusion, ensuring adequate, timely and need-based distribution of commodities and services to reach targeted population is critical and it requires a comprehensive and systematic supply system that will in turn contribute to achieving RH commodity security. The survey will form the basis for measuring progress in family planning and reproductive health services over the coming years and Myanmar's commitment to halve by 2020 the unmet need for family planning among women of reproductive age, thus increasing contraceptive use from 39.5% to 50% in Myanmar and reducing unmet need to less than 10 per cent from the current level of 24%.

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Part I: Introduction

Country background information

Myanmar is the second largest country in Southeast Asia with a total land area of 676,578 square kilometres with fertile tropical deltas in the south and a rugged landscape in the Himalayan foothills of the north. It lies between 09 32 N and 28 31 N latitudes and 92 10 E and 101 11 E longitude. It stretches 2200 kilometers from north to south and 925 kilometers from east-west at its widest point.[1] It shares borders with 40% of the world's population - to the north and northeast with the People's Republic of China, to the east and southeast with Lao People's Democratic Republic (Lao PDR) and Thailand, and to the west and northwest with Bangladesh and India. Myanmar's 2,800 kilometers coastline provides access to sea routes and deep-sea ports, and the country is rich in natural resources including arable land, forests, minerals, natural gas, and freshwater and marine resources. The economy is dominated by agriculture and farm-related activities which account for 36% of gross domestic product (GDP) and 60%–70% of employment (ADB). Despite its abundance of natural resources, the per capita gross national income has been estimated to be USD 1,144 per year (2011). Long-standing conflicts remain a challenge. Myanmar is also one of the world's most diverse countries, with a rich history and a wealth of cultural and religious traditions, and as many as 135 different ethnic groups. According to recent preliminary census data, the current population was reported to be 51 million people. While the country's population density is among the lowest in South East Asia, this makes a wide variation with two-thirds of the population living in rural areas and the larger urban populations concentrated in Yangon and Mandalay. Administratively, Myanmar is divided into seven states, seven regions and one union territory (Nay Pyi Taw). The states - Chin, Kachin, Kayah, Kayin, Mon, Rakhine, and Shan - cover mainly the upland areas and are largely populated by national races/ethnic communities. The regions - Ayeyarwady, Bago, Magway, Mandalay, Sagaing, Tanintharyi, and Yangon - are situated mainly on the plains with a population of predominantly Bamar origin.[2] Myanmar has abundant natural resources including land, water, forest, coal, mineral and marine resources, and natural gas and petroleum. Great diversity exists between the regions due to the rugged terrain in the hilly north which makes communication extremely difficult. In the southern plains and swampy marshlands, there are numerous rivers and tributaries of these revers criss-crossing the land in many places. About (89.4%) of the population, mainly Bamar, Shan , Mon, Rakhine and some Kayin are Buddhists. The rest are Christians (4.9%), Muslims (3.9 %) Hindus (0.5%) and Animists (1.2%). Development of social sector has kept pace with economic development. Expansion of schools and institutes of higher education has been considerable especially in the Regions and States. Expenditures for health and education have raised considerably, equity and access to education and health and social services have been ensured all over the country. Twenty four special development regions have been designated in the whole country where health and education facilities are developed or upgraded along with other development activities.[3]

[1] Health In Myanmar, 2013. MOH
[2] The MIMU. http://www.themimu.info
[3] Health in Myanmar, 2013. MOH

Rationale

According to UN estimates by WHO, UNFPA, UNICEF and World Bank (2010), the maternal mortality ratio (MMR) in 1990 was 520 maternal deaths per 100,000 live births and in 2010, it was 200 maternal deaths per 100,000 live births. The 2004-2005 Nationwide Cause Specific Maternal Mortality Survey estimated the MMR to be 316 per 100,000 live births and 89% of all maternal deaths were from rural area. Based on this trend, achieving the national MDG5 MMR target of 130 per 100,000 live births by 2015 remains as a challenge. The 2004-2005 Nationwide Cause Specific Maternal Mortality Survey also reported significant variations in MMR based on age, type of delivery, urban-rural locality and region. MMR was highest in the 45-49 age groups, but younger women aged 15-19 years also showed the higher risks compared with other age groups. The majority of maternal deaths (88 per cent) took place at home, but also in public hospitals (10 percent) or on the way to a health care facility (2 percent). The same study showed that MMR was 140 per 100,000 live births in urban populations but 363 per 100,000 live births in rural populations. Severe post-partum haemorrhage was the main direct obstetric cause of maternal deaths (31 per cent), followed by hypertensive disorders of pregnancy including eclampsia (11.3 per cent) and abortion related causes (9.9 per cent).

Two-thirds of health facilities assigned for emergency obstetric care services were not fully functioning mainly due to lack of medical doctors and clients' demand for services. Some CEmOC facilities lacked services for manual removal of retained placenta, cesarean section and blood transfusion. Anticonvulsants were not used in some CEmOC and BEmOC facilities despite its availability. Manual removal of retained placenta was also not performed in some BEmOC facilities.[4]

Myanmar demonstrated a marked increase in its contraceptive prevalence rate (CPR) reaching 37% in 2001 (32.8% using modern methods and 4.2%-traditional methods) and 41% in 2007 (38% using modern methods and 3% traditional methods). However, nationally, the unmet need for contraception is still high and is estimated at 19.1% in 1997, 17.8% in 2001 and 17.7% in 2007 of all currently married women of reproductive age (4.9%-unmet need for spacing and 12.8%-for limiting). The most widely used methods of contraception are three-monthly injectables (14.9%), followed by daily combined oral pills (8.6%). Birth spacing services in Myanmar are provided through the public and private sectors.[5]

Recognizing the importance of universal access to reproductive health in achieving the Millennium Development Goals, the National Reproductive Health Policy was developed in 2002. Myanmar 5 year Reproductive Health Strategic Plan (2009-2013) has been developed in order to solve the priority problems. Core strategies were; 1) Setting enabling environment; 2) Improving information base for decision making; 3) Strengthening health systems and capacity for delivery of reproductive health services; and 4) Improving community and family practices.[6] RHCS strategy is not included in the priority strategic plan of action of MCH programme. There was no baseline information regarding to RHCS which was assessed in a systematic way. If Myanmar MCH programme is to be linked into the Global

4 Kyaw Oo, Myint Myint Than, Thae Maung Muang, Poe Poe Aung, Kyu Kyu Than, Su Latt Tun Myint, Pe Thet Zaw, Yin Yin Soe. Assessment of Emergency Obstetric Care in Myanmar. Myanmar Health Research Congress, 2011

5 National health Plan 2011-2016

6 Health in Myanmar, 2013

Programme for enhancing reproductive health commodity supply, it is essential to have baseline information on RHCS which is assessed systematically and consistently across all other countries included in the Global Programme. The assessment focused on both the availability of RH commodities and salient aspects of service delivery facilities that underpin good RH programmes. In addition to assessing the availability and stock out of RH commodities, the survey addressed supply chain (including cold chain); staff training and supervision; availability of guidelines and protocols, Information Communication Technology (ICT), method of waste disposal and user fee. In addition, the survey also obtained the views of clients about the services. Information obtained from the survey could be useful for the country's endeavor towards better access to reproductive health commodities and for achieving universal access to reproductive health and improved maternal health.

Objective

General objective

To assess the reproductive health commodity security (RHCS) status of the country

Specific objectives

1. To assess the availability, utilization and supply chain management system for RH commodities at different levels of health facilities
2. To assess the quality of RH services with emphasis on family planning in terms of training, supervision, use of guidelines and ICT
3. To determine clients' accessibility to RH services provided at different levels of facilities

Methodology

Cross-sectional descriptive study design was used. All states and regions (administrative areas) were covered. Three levels of health facilities which were providing reproductive health services including family planning, maternal care and treatment of reproductive tract infections were included. The clients of the respective facilities were also interviewed. Data collection activities were carried out during May and June of 2014.

Sampling procedure,

The survey considered the following broad categories of Service Delivery Points (Health Facilities) that provide modern methods of contraceptives and maternal/RH services as stratums:

a) Primary Level Facilities (Rural Health Centre, Urban Health Center and Maternal & Child Health Center)
b) Secondary level Facilities/Hospitals (Station or Township Hospital without ObGy Specialist)
c) Tertiary level Hospitals (District/State/Region Hospitals and Hospitals with ObGy Specialist)

The list of all service delivery points (providing Family Planning and Maternal Health services) in each of the administrative units of the country was taken from MCH/DOH. This list served as a frame for the selection of samples.[7] Then, Health facilities (HFs) that could provide modern contraceptives were summarized by area and level. This was used for determination of sample size (number of HFs by administrative regions).

State/Region	Number of Tertiary Hospitals	Number of secondary level HFs	Number of primary level HFs
Kachin	4	17	85
Kayah	2	5	36
Kayin	3	6	76
Chin	4	5	66
Sagaing	9	28	236
Tanintheri	3	7	104
Bago East	3	12	103
Bago West	2	12	97
Magwe	6	21	172
Mandalay	14	28	151
Mon	2	9	82
Rakkhine	4	13	135
Yangon	11	28	108
Shan East	1	11	43
Shan North	6	19	107
Shan South	5	23	102
Ayeyarwaddy	8	20	267
Total	87	264	1970

Again, all HFs were listed and unique number was assigned and this list was used for sampling frame.

The total sample should contain a minimal number of each level of facility to support good estimation of the parameters of the population. The following formula is used:

$$n = \frac{Z^2 p(1 - p)}{d^2}$$

Where n = minimal sample size for each domain
Z = Z score that corresponds to a confidence interval
p = the proportion of the attribute *(type of SDP)* expressed in decimal
d = per cent confidence level in decimal

The formula adopts an approach that gives large (tertiary and secondary) facilities a higher probability of inclusion in the survey because of their small number and provides a guide for choosing a sample of the primary facilities.

Step 1) Calculate relative proportion for the types of SDPs

The relative proportion for Tertiary level SDPs is calculated as follows:

[Total number of tertiary SPDs]÷[Total number of SDPs on the sample frame].

[7] Annual Hospital Statistics Report 2007, DHP, MOH

	Tertiary level HFs	Secondary level HFs	Primary Level HFs	Total
Number of SDPs	87	264	1970	2321
Relative Proportion	0.037484	0.113744	0.848772	0.02762

Step 2) Apply the formula above to obtain the minimal sample size for each Type of HFs

The confidence interval is set at Z-score = 95 per cent and 5 per cent confidence limit.

$$n = \frac{Z^2 p(1 - p)}{d^2}$$

P= relative proportion
D=0.05, Z=1.96

Confidence Interval and Confidence Limit	Minimal Sample Size of Service Delivery Point			
	Tertiary level	Secondary level	Primary Level	Total
[95% confidence interval (Z = 1.96) and 5% confidence limit (d = 0.05)	55	155	197	408

Step 3: Correction for abnormal-oversize samples

There was no abnormal sample size larger than actual existing total number in each category. Thus, the calculated numbers were set as minimum requirement.

Step 4: Distribution of Sample Sizes for Administrative Units

To distribute total sample size for each category of HFs among the administrative units, the relative proportions for each domain was made from the calculation where the region-wise and level-wise total HFs was divided mathematically by level-wise total HFs. Then these proportions were multiplied with required number of total HFs in each level.

Required numbers of HFs were as in the following table;

Administrative Sub Region	Category of Service Delivery Point			
	Tertiary level	Secondary level	Primary Level	Total
Kachin	3	10	9	21
Kayah	1	3	4	8
Kayin	2	4	8	13
Chin	3	3	7	12
Sagaing	6	16	24	46
Tanintheri	2	4	10	16
Bago East	2	7	10	19
Bago West	1	7	10	18
Magwe	4	12	17	33
Mandalay	9	16	15	40
Mon	1	5	8	15
Rakhine	3	8	14	24
Yangon	7	16	11	34
Shan East	1	6	4	11
Shan North	4	11	11	26
Shan South	3	13	10	27
Ayeyarwaddy	5	12	27	44
Total	**55**	**155**	**197**	**408**

Finally, systematic sampling method was used to select the HFs based on the list (sampling frame). The list of sample HFs was described in the coordination meeting with local regional health authorities for security assurance. In case of uninsured HFs in their areas, the second one from the list was replaced after discussion and getting agreement of concerned UNFPA National Programme Officer.

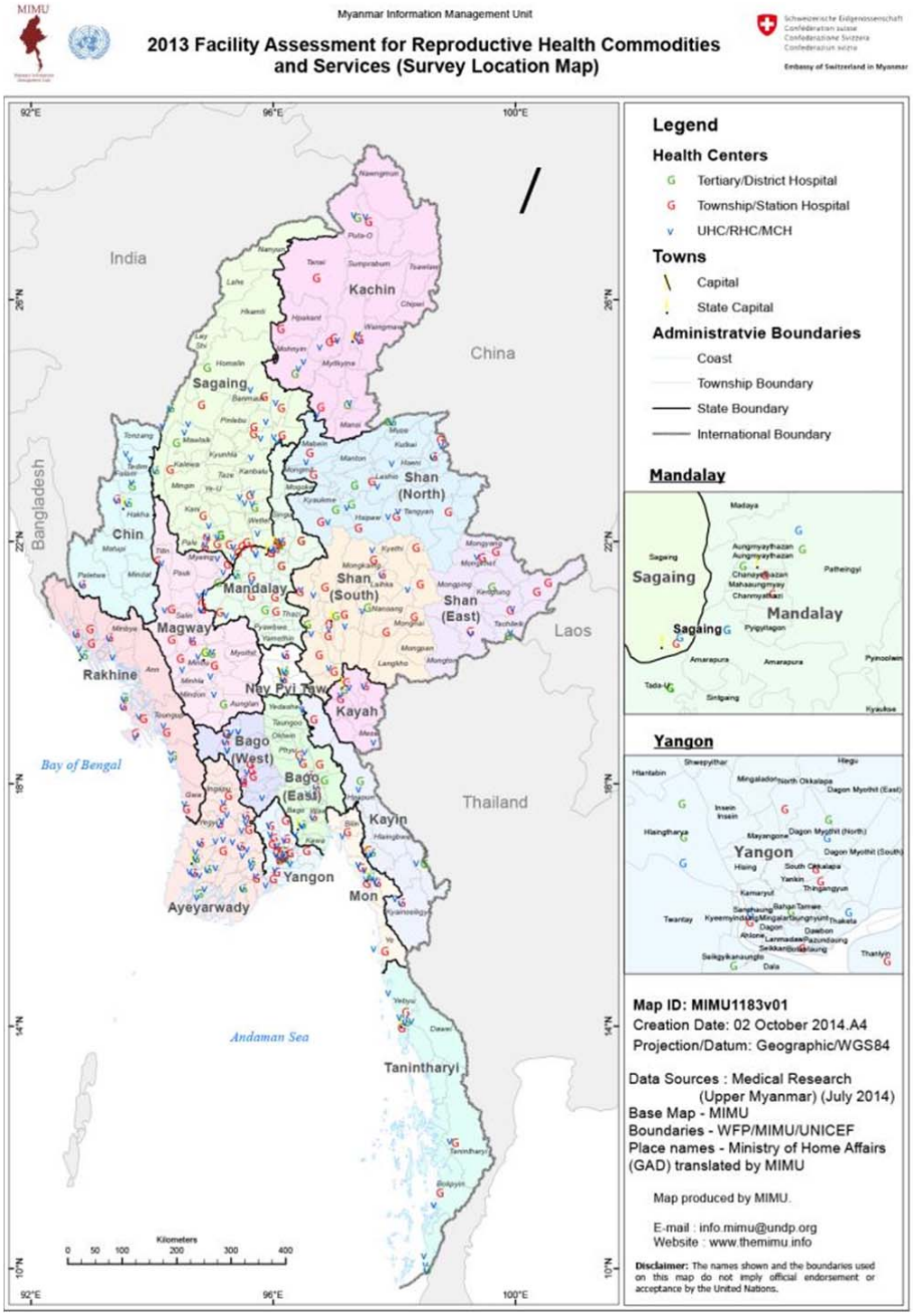


Figure 1. Location map for sample health facilities

Questionnaire

There is a generic standardized questionnaire for the survey and it was translated and re-formatted for convenience of survey team of DMR-UM. Questionnaire has two parts. Some of the information given by interviewee was verified by interviewer using observation of relevant evidences and records available in the facility. See Annex 1&2.

Field work/data collection

Face-to-face interview using structured questionnaire was used to collect data. DMR-UM organized a one-day coordination meeting at DMR-UM in April 2014 with health authorities from state/regional health departments as the survey covered all states and regions. The objectives of the meeting were to advocate local health authorities on the survey, to discuss on the recruitment of local field workers, to permit field workers for field data collection activities and to determine the roles and responsibilities of local authorities in the supervision process. Emphasis was placed on the quality of the survey and participants actively discussed on the level and number of supervisors to be assigned at state/regions, service delivery points to be surveyed, financial issues and timeline for field works and supervision. It was confirmed that 55 tertiary, 155 secondary, 198 primary level HFs, totaling 408 would be covered.

Enumerator training was conducted in May 2014. Since the survey is a nation-wide survey, health staff recruited from all state and regions attended the training. 64 field workers, 12 technical supervisors and 2 investigators attended the training sessions. In the training, a trainer from Myanmar Information Management Unit (MIMU) helped with the use of GPS receivers during the field activities. Pilot testing on field activities was carried out at five HFs in Pyin Oo Lwin Township. The data collection started in May 2014 simultaneously in all state/regions under close supervision of local administrative supervisors and DMR-UM technical supervisors. Data collection activities for the last area (most hilly and remote areas in Chin State) were completed in June 2014.

Data analysis

Data entry was made using EpiData software. Data analysis was done in SPSS after transfer of the EpiData record file into SPSS format. Descriptive analysis was mainly used. Frequency tables were mainly described in accordance with the list of dummy tables described in the guideline document. Proportions and percentage were described in combination with graphical display appropriately.

Ethical consideration

Prior permission from central authorities was taken first because the report would disclose the country's situation and weaknesses in the health services provision. Informed consent from local authorities of the facility was made in a proper way. Report would not describe individual facility's information. Permission for submission of report from MOH was taken properly. Sharing of information and dissemination of the report would be beneficial for service providers, programme manager and policy makers as the findings can be utilized for evidence based and informed decision making in the respective areas.

Limitations of the study

Given the time required to complete all administrative and financial procedures, the data collection activities could be stared only in mid-2014 although it was aimed to be a 2013 survey. As the period for starting data collection works was in rainy season, some areas in hilly regions could not be reached due to road and traffic constraints. Some areas took more working days than planned and travelling to some areas were delayed. The level of some HFs were found to be different from the one described in the sampling list. However, total number of HFs did not change. Short period to cover all study areas required recruitment of large number of enumerators which might result in increased interviewer variation. Since the survey team members were recruited from regional health departments, survey forms and materials were recollected by a variety of ways such as express mail services, express highway bus and hand carry by supervisors which took time to get all documents completely.

Part II: Policy statement

Myanmar has made considerable progress in the coverage and quality of the elements of reproductive health, particularly for maternal and newborn health and birth spacing services. Reproductive health care is implemented in accordance with the overall goals and within the framework of the National Health Policy (1993), the National Population Policy (1993) and the National Health Plans. Improving maternal and child health services was specially emphasized and a lot of inputs have been invested. The Ministry of Health has been planning and implementing the interventions under the leadership and guidance of the National Health Committee. National Reproductive Health Policy was developed in 2002 based on the concepts of ICPD and the WHO Global Reproductive Health Strategy (2004). It was supported by three consecutive Reproductive Health Strategic Plans. It recognizes the importance of universal access to reproductive health in achieving the Millennium Development Goals. As 70% of the country total populations reside in rural area, resources and interventions need to be centered to rural residing beneficiaries, who are mothers, newborn babies and under five children in rural area.[8] Five Year Strategic Plans for Reproductive Health for 2004-2008 and for 2009-2013 were then developed to guide the implementation. The Five Year Strategic Plan for Child Health Development (2005-2009 and 2010-204) and Five Year Strategic Plan for Adolescent Health (2009-2013) complement the Strategic Plan for Reproductive Health. The current plan covers the period 2011-2016.[9]

Summary of the national protocols

While the Policy and Strategy for provision of a core package of RH services are in place, access to and utilization of services still remain a challenge. Both geographic and financial factors limit access for the underserved population. Service-related issues: preparedness of health facilities to manage emergencies affects utilization and maternal and perinatal outcome. In 2007, delivery by skilled birth attendants was estimated at 67% with regional disparities. The content and quality of service provision has not been featured in national or local surveys. While training of service providers mainly midwives, has taken place extensively, the other components that contribute to quality in service delivery need strengthening: supplies and logistics, equipment and infrastructure, monitoring and supervision and incentives to retain health staff in under-served areas. On the demand side, the knowledge of clients and families and affordable good quality services need to be addressed.

There is a funding gap for implementation of the Five-year National RH Strategic Plan (2009-2013) which indicates a need for an increase in Government budget allocation. The funding gap for contraceptives is estimated at $3.8 million in 2012.[10] In the past few years, the international community emphasized reduction of maternal mortality with a very focused approach on pregnancy and childbirth. Continuum of care across the life-cycle and the role of family planning/birth spacing and management of abortion complications in achieving MDG5 received less attention. Inadequate health work force at different levels of the health system and multi-tasking of basic health staff especially midwives have led to work overload. Health facilities need infrastructure such as means of referral-communication and

[8] National Health Plan 2011-2016. MOH
[9] Country Review Myanmar. ICPD Report. UNFPA

ambulance/other vehicles for better functioning status. Other areas in need of improvement are: reliable supplies and logistics management, regular and systematic monitoring and supervision, data collection and reporting and use of data for decision-making as well as health care financing. (ICPD Report)

Guidelines and laws which underline the provision of contraceptive and maternal/RH commodities in the different categories of SDPs in the country

Since 1991, the Government of Myanmar has adopted a policy of making contraceptives available in the public sector in response to the recognition that birth spacing is important for improvement of the health of women and children. Birth spacing services through the public sector were started in 1991. By early 1996, birth spacing activities were taking place in 33 townships, representing about 15% of population. The service provided COCs, DPMA and condoms at maternal and child health centers, rural health centers and rural health sub-center sites. IUD insertions are undertaken at township hospitals, maternal and child health centers and some rural health centers. Contraceptive users paid a user charge as part of a cost recovery scheme previously. But these fees differed from place to place. The user charge represents a barrier to use for a significant number of women. The birth spacing services expanded with intensive training and refresher training among providers, implementation of birth spacing management information system, collaboration with partner organizations and development of IEC materials. Female sterilization can be provided in most township hospitals only if prior official approval has been obtained. Male sterilization is legally available only to those whose wives cannot undergo female sterilization because of possible adverse health consequences. Injectable contraceptive can be purchased at most drug stores by health staff as well as clients without any prescription.[10]

Maternal and Child Health Division conducted training of basic health staff at townships during the last decades. Guidebooks, manuals and materials for training sessions were developed in Myanmar language. The materials were produced with financial as well as technical inputs from WHO, UNFPA and local technical expertise including clinicians.

[10]UNDP/UNFPA/WHO-HRP/World Bank. An Assessment of Contraceptive Method Mix in Myanmar. 1997

Guide book on quality RH services for basic health staff

It was developed and distributed by the Ministry of Health with the assistance of UNFPA. The guidebook was distributed among different level of health facilities and basic health staff. It introduced National Health policy, National Population Policy (draft), Myanmar Reproductive Health Policy and Three Delays. Main chapters are Reproductive Health, RH Materials, Quality RH services, birth spacing, various modern contraceptives including emergency contraceptives, reproductive tract infections, abortion care, safe motherhood, male involvement and adolescent RH.

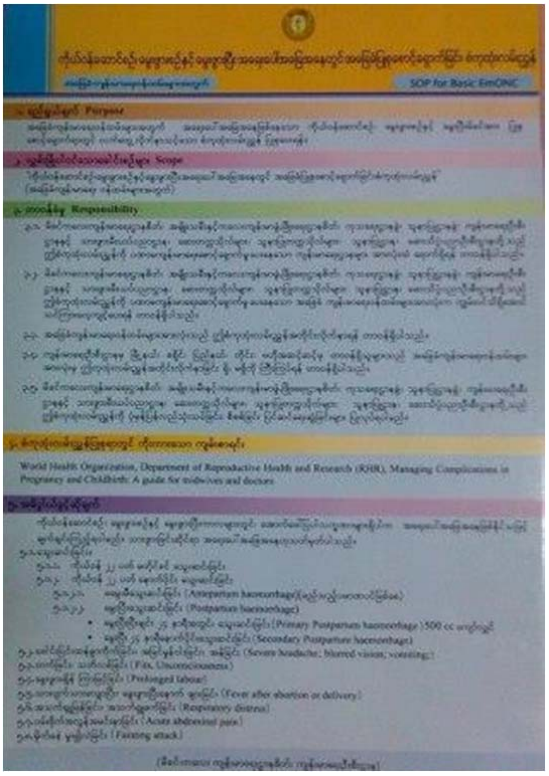
Figure 2. Guide book on quality RH services for BHS

Primary Health Care level antenatal and intra-partum care trainee's manual

It is another manual for trainees (basic health staff) at primary level health facilities and staff. It is used in training courses which are the result of a collaborative effort between the MCH section of Department of Health and staff & technical consultants of WHO and UNFPA officers in Myanmar. The manual was produced with the technical assistance and contribution of staff of various organizations. Main chapters are clients' centered service provision, antenatal care, delivery care, post-partum care, problem solving in emergency situations, newborn care, post-abortion care, management & supervision and guidelines for major delays.

Figure 3. Antenatal and intrapartum care trainee's manual for primary health care level

Standard Operation Procedure for Basic Emergency Obstetric and New-born Care



It is a booklet for basic health staff and serves as a standard guideline for providing antenatal, intra-partum and post-partum care including newborn care. It also describes management of each major emergency situation using flow diagrams. Colourful arrangement and description of facts in boxes of flow diagrams make the standard operations easy to understand and it could be carried easily by basic health staff in the field.

Figure 4. Standard operating procedure for BEmOC and Newborn care

Operational Guideline for maternal and new-born care

It is a guide book for decision making in a practical setting for antenatal, intra-partum and post-partum as well as new-born care. It also includes giving care after abortion. The book guides health staff in providing quality care. This manual presents more details about the practical procedures for obstetric care at primary health care level. It was comprehensive for all aspects of care for pregnant women and new-born babies. Indications and usage of emergency medications for basic health staff at field operation context are also included in details.

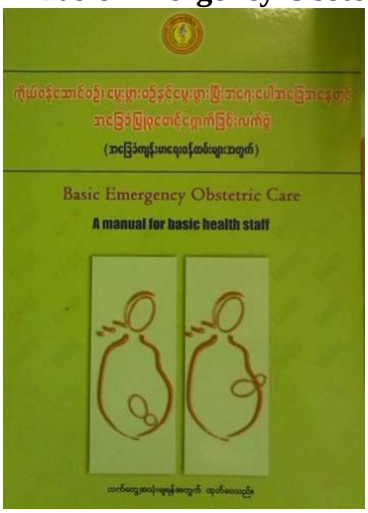
Figure 5. Operational guideline for maternal and newborn care

Decision-making tool for birth spacing clients and providers

It was prepared by Maternal & Child Health Division of Department of Health and Obstetrics & Gynaecology Department of University of Medicine 1 with the assistance of WHO and UNFPA. It is a short handbook especially for basic health providers and useful for counselling of clients to get their informed choice and to choose the most appropriate contraceptive.

Figure 6. Decision-making tool for birth spacing clients and providers

A Basic Emergency Obstetric Care: A manual for basic health staff



It is a short manual booklet, easy to handle and carry at field by staff especially midwives. All the procedures are described in Myanmar language and illustrations are easy to understand. Steps and procedures are meant for primary care units and procedures before referral are explained.

Figure 7. Manual of BEmOC for BHS

Part III: Results

List of health facilities included in the assessment

Table A. List of HFs by administrative areas

		Level of health facility			Total
		Tertiary/District Hospital	Township/Station Hospital	UHC/RHC/MCH	
Area	Kachin	4	8	10	22
	Kayah	1	3	4	8
	Kayin	3	3	8	14
	Chin	2	2	6	10
	Sagaing	8	16	22	46
	Tanintheri	2	4	10	16
	Bago East	2	7	10	19
	Bago West	1	7	10	18
	Magway	4	12	17	33
	Mandalay	6	12	10	28
	Nay Pyi Taw	2	4	6	12
	Mon	1	5	9	15
	Rakhine	3	9	13	25
	Yangon	7	16	11	34
	Shan East	2	6	4	12
	Shan North	6	9	11	26
	Shan South	3	13	10	26
	Ayayarwaddy	5	12	27	44
Total		62	148	198	408

List of HFs according to level and areas was described. There were a total of 408 as calculated sample size.

Table B. List of HFs by urban/rural

	Frequency	Percent
Urban	240	58.8
Rural	168	41.2
Total	408	100.0

Urban rural ratio of the HFs was 59:41.

Table C. List of HFs in levels by urban/rural

			Unban/Rural		
Level of health facility			Urban	Rural	Total
	Tertiary/District Hospital	Freq	62	0	62
		%	100.0%	0.0%	100.0%
	Township/Station Hospital	Freq	142	6	148
		%	95.9%	4.1%	100.0%
	UHC/RHC/MCH	Freq	36	162	198
		%	18.2%	81.8%	100.0%
Total		Freq	240	168	408
		%	58.8%	41.2%	100.0%

Since Station Hospitals were located at rural area, 4.1% of secondary level HFs were categorized into rural. Among primary level HFs, UHCs and MCHs were located in urban areas and it was found to constitute18%.

Table D. Type of HFs as local administrative levels

	Frequency	Percent
RHC	173	42.4
Station Hospital	104	25.5
Township Hospital (25-bedded)	40	9.8
UHC/MCH	25	6.1
Tertiary Hospital	18	4.4
Township Hospital (100-bedded)	15	3.7
State/Region Hospital	14	3.4
Township Hospital (50-bedded)	12	2.9
District Hospital	7	1.7
Total	408	100.0

More detailed categories of HFs in accordance with system of Myanmar MOH were described in Table D.

Table E. Recent RH service status of HFs

		HFs (N=408)	
		N	Percent
Recent services available	Birth spacing service	405	99.3%
	Maternal health including delivery services	403	98.8%
	HIV/AIDS services (eg.VCT, PMTCT, ART etc)	380	93.1%

More than 90% of HFs found to be providing at least one of the three types of RH services. More than 98% of HFs provided the birth spacing service and maternal health including delivery services.

Table F. Type of contraceptive methods offered by HFs

		Responsible (N=408)		Recently available (N=408)	
		N	Percent	N	Percent
Contraceptive Methods	male condom distribution	373	91.4%	334	81.9%
	female condom distribution	125	30.6%	30	7.4%
	OC pill prescribing	388	95.1%	374	91.7%
	prescribing 3-monthly injectable	398	97.5%	390	95.6%
	prescribing IUD	311	76.2%	272	66.7%
	prescribing hormonal implant	178	43.6%	137	33.6%
	female sterilization	195	47.8%	181	44.4%
	prescribing ECP	283	69.4%	240	58.8%

Note: Male sterilization is illegal in the country and HFs are not permitted to provide this service.

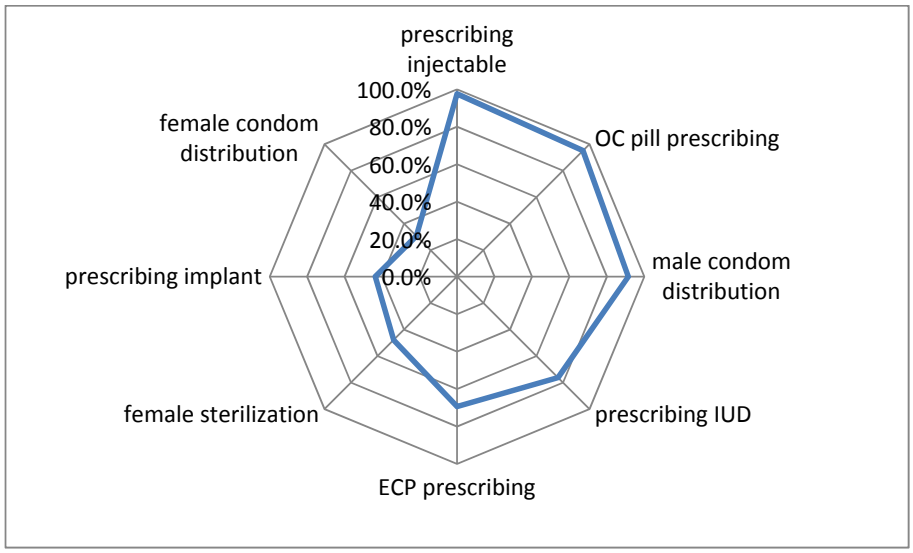


Figure 8. Type of contraceptive methods offered by HFs

Most available contraceptives were injectable contraceptives, OC pills and male condoms. Female condoms and hormonal implants were least available. Male sterilization was not authorized to provide in Myanmar. Female sterilization was allowed only with legal restrictions and in some HFs with enough facilities and skilled health personnel.

Table G. Reasons for not providing the birth spacing services

Reason for not doing the servicesa	Level of health facility			Total
	Tertiary/District Hospital	Township/Station Hospital	UHC/RHC/MCH	
Supplies could not receive timely	7	36	23	66
	24.1%	48.6%	28.4%	
Supplies could not indent timely	3	3	10	16
	10.3%	4.1%	12.3%	
Stock-out at market	0	3	5	8
	0.0%	4.1%	6.2%	
No users	18	43	37	98
	62.1%	58.1%	45.7%	
No skilled staff	2	19	37	58
	6.9%	25.7%	45.7%	
No equipment	1	13	6	20
	3.4%	17.6%	7.4%	
Other	4	16	9	29
	13.8%	21.6%	11.1%	
No supply	17	32	29	78
	58.6%	43.2%	35.8%	
Total	29	74	81	184

Some reasons were related to supply-chain system. Some were related to clients' demand and some to human resource.

Offering at least five modern contraceptive methods

Table 1. Percentage distribution of service delivery points offering at least five or three modern contraceptive methods by type of facility

			Offering at least five or three modern contraceptives		
			No	Yes	Total
Level of health facility	Tertiary/District Hospital (at least five)	Freq	12	50	62
		%	19.4%	80.6%	100.0%
	Township/Station Hospital (at least five)	Freq	36	112	148
		%	24.3%	75.7%	100.0%
	UHC/RHC/MCH (at least three)	Freq	26	172	198
		%	13.1%	86.9%	100.0%
Total		Freq	74	334	408
		%	18.1%	81.9%	100.0%

Fifty eight percent of HFs could provide at least five modern contraceptive methods. The least proportion was at primary level HFs (38%).

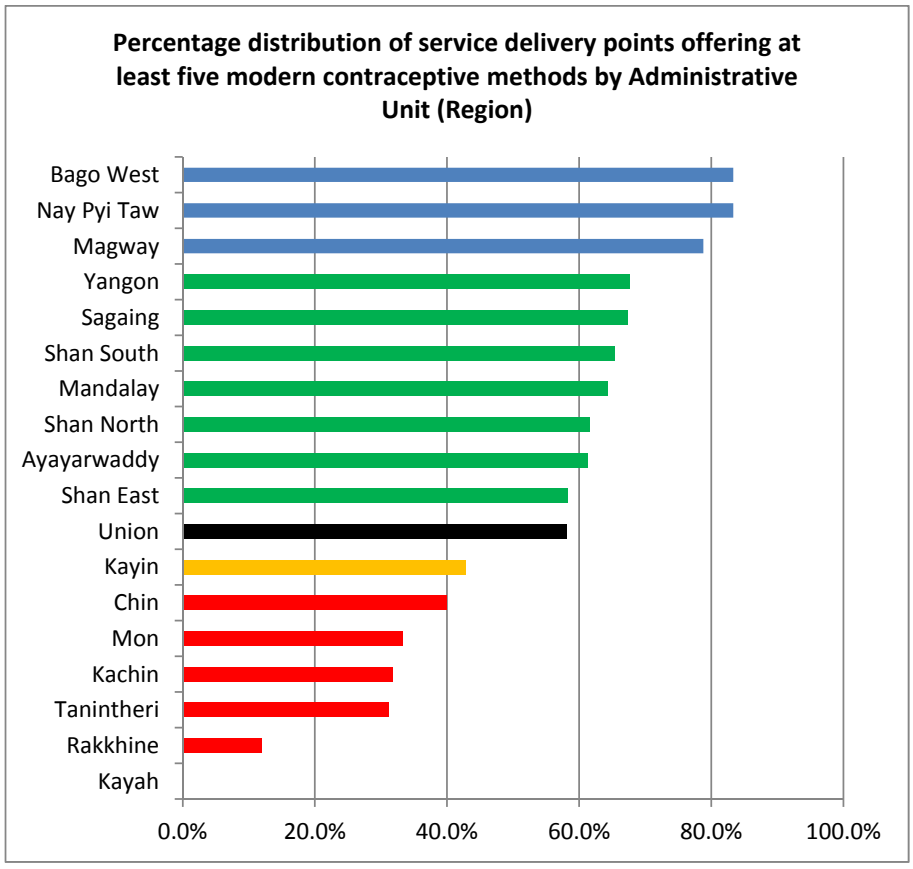


Figure 9. Percentage distribution of service delivery points offering at least five modern contraceptive methods by Administrative Unit (Region)

Table 2. Percentage distribution of service delivery points offering at least five modern contraceptive methods by Administrative Unit (Region)

			Offering at least five modern contraceptives		
			No	Yes	Total
Area	Kachin	Freq	15	7	22
		%	68.2%	31.8%	100.0%
	Kayah	Freq	8	-	8
		%	100.0%	-	100.0%
	Kayin	Freq	8	6	14
		%	57.1%	42.9%	100.0%
	Chin	Freq	6	4	10
		%	60.0%	40.0%	100.0%
	Sagaing	Freq	15	31	46
		%	32.6%	67.4%	100.0%
	Tanintheri	Freq	11	5	16
		%	68.8%	31.3%	100.0%
	Bago East	Freq	2	17	19
		%	10.5%	89.5%	100.0%
	Bago West	Freq	3	15	18
		%	16.7%	83.3%	100.0%
	Magway	Freq	7	26	33
		%	21.2%	78.8%	100.0%
	Mandalay	Freq	10	18	28
		%	35.7%	64.3%	100.0%
	Nay Pyi Taw	Freq	2	10	12
		%	16.7%	83.3%	100.0%
	Mon	Freq	10	5	15
		%	66.7%	33.3%	100.0%
	Rakkhine	Freq	22	3	25
		%	88.0%	12.0%	100.0%
	Yangon	Freq	11	23	34
		%	32.4%	67.6%	100.0%
	Shan East	Freq	5	7	12
		%	41.7%	58.3%	100.0%
	Shan North	Freq	10	16	26
		%	38.5%	61.5%	100.0%
	Shan South	Freq	9	17	26
		%	34.6%	65.4%	100.0%
	Ayeyarwaddy	Freq	17	27	44
		%	38.6%	61.4%	100.0%
Total		Freq	171	237	408
		%	41.9%	58.1%	100.0%

Highest percentages (>80%) HFs of offering at least five modern contraceptives were among Bago and Nay Pyi Taw Regions. HFs of many States i.e. Chin, Mon, Kachin, Rakkhine and Kayah were found to be providing below 40%.

Table 3. Percentage distribution of service delivery points offering at least five modern contraceptive methods by urban/rural residence

			Offering at least five modern contraceptives		
			No	Yes	Total
Unban/Rural	Urban	Freq	66	174	240
		%	27.5%	72.5%	100.0%
	Rural	Freq	105	63	168
		%	62.5%	37.5%	100.0%
Total		Freq	171	237	408
		%	41.9%	58.1%	100.0%

Urban rural difference for offering five modern contraceptives was significantly obvious (73% vs. 38%).

Table 4a. Percentage distribution of service delivery points offering at least five modern contraceptive methods by distance from nearest warehouse/source of supplies (Tertiary/District Hospital)

				Offering at least five modern contraceptives		
Tertiary/District Hospital				No	Yes	Total
	Distance to nearest medical depot	<= 4	Freq	4	20	24
			%	16.7%	83.3%	100.0%
		5 – 9	Freq	2	3	5
			%	40.0%	60.0%	100.0%
		10 – 14	Freq	-	2	2
			%	-	100.0%	100.0%
		15 – 19	Freq	-	1	1
			%	-	100.0%	100.0%
		20 – 24	Freq	1	2	3
			%	33.3%	66.7%	100.0%
		25 – 29	Freq	-	1	1
			%	-	100.0%	100.0%
		30 – 34	Freq	-	4	4
			%	-	100.0%	100.0%
		45+	Freq	5	17	22
			%	22.7%	77.3%	100.0%
	Total		Freq	12	50	62
			%	19.4%	80.6%	100.0%

Table 4b. Percentage distribution of service delivery points offering at least five modern contraceptive methods by distance from nearest warehouse/source of supplies (Township/Station Hospital)

Township/Station Hospital			Offering at least five modern contraceptives		
			No	Yes	Total
Distance to nearest medical depot	<= 4	Freq	5	6	11
		%	45.5%	54.5%	100.0%
	5 – 9	Freq	3	2	5
		%	60.0%	40.0%	100.0%
	10 – 14	Freq	6	11	17
		%	35.3%	64.7%	100.0%
	15 – 19	Freq	3	7	10
		%	30.0%	70.0%	100.0%
	20 – 24	Freq	3	15	18
		%	16.7%	83.3%	100.0%
	25 – 29	Freq	1	4	5
		%	20.0%	80.0%	100.0%
	30 – 34	Freq	1	5	6
		%	16.7%	83.3%	100.0%
	35 – 39	Freq	-	8	8
		%	-	100.0%	100.0%
	40 – 44	Freq	2	2	4
		%	50.0%	50.0%	100.0%
	45+	Freq	12	52	64
		%	18.8%	81.3%	100.0%
Total		Freq	36	112	148
		%	24.3%	75.7%	100.0%

Table 4c. Percentage distribution of service delivery points offering at least five modern contraceptive methods by distance from nearest warehouse/source of supplies (UHC/RHC/MCH)

UHC/RHC/MCH			Offering at least five modern contraceptives: No	Yes	Total
Distance to nearest medical depot (mile)	<= 4	Freq	33	17	50
		%	66.0%	34.0%	100.0%
	5 - 9	Freq	40	30	70
		%	57.1%	42.9%	100.0%
	10 - 14	Freq	19	13	32
		%	59.4%	40.6%	100.0%
	15 - 19	Freq	10	8	18
		%	55.6%	44.4%	100.0%
	20 - 24	Freq	13	2	15
		%	86.7%	13.3%	100.0%
	25 - 29	Freq	2	1	3
		%	66.7%	33.3%	100.0%
	30 - 34	Freq	1	-	1
		%	100.0%	-	100.0%
	35 - 39	Freq	-	2	2
		%	-	100.0%	100.0%
	40 - 44	Freq	3	-	3
		%	100.0%	-	100.0%
	45+	Freq	2	2	4
		%	50.0%	50.0%	100.0%
Total		Freq	123	75	198
		%	62.1%	37.9%	100.0%

Table 4d. Percentage distribution of service delivery points offering at least five modern contraceptive methods by distance from nearest warehouse/source of supplies

				Offering at least five modern contraceptives		
All levels				No	Yes	Total
	Distance to nearest medical depot	<= 4	Freq	42	43	85
			%	49.4%	50.6%	100.0%
		5 - 9	Freq	45	35	80
			%	56.3%	43.8%	100.0%
		10 - 14	Freq	25	26	51
			%	49.0%	51.0%	100.0%
		15 - 19	Freq	13	16	29
			%	44.8%	55.2%	100.0%
		20 - 24	Freq	17	19	36
			%	47.2%	52.8%	100.0%
		25 - 29	Freq	3	6	9
			%	33.3%	66.7%	100.0%
		30 - 34	Freq	2	9	11
			%	18.2%	81.8%	100.0%
		35 - 39	Freq	-	10	10
			%	-	100.0%	100.0%
		40 - 44	Freq	5	2	7
			%	71.4%	28.6%	100.0%
		45+	Freq	19	71	90
			%	21.1%	78.9%	100.0%
	Total		Freq	171	237	408
			%	41.9%	58.1%	100.0%

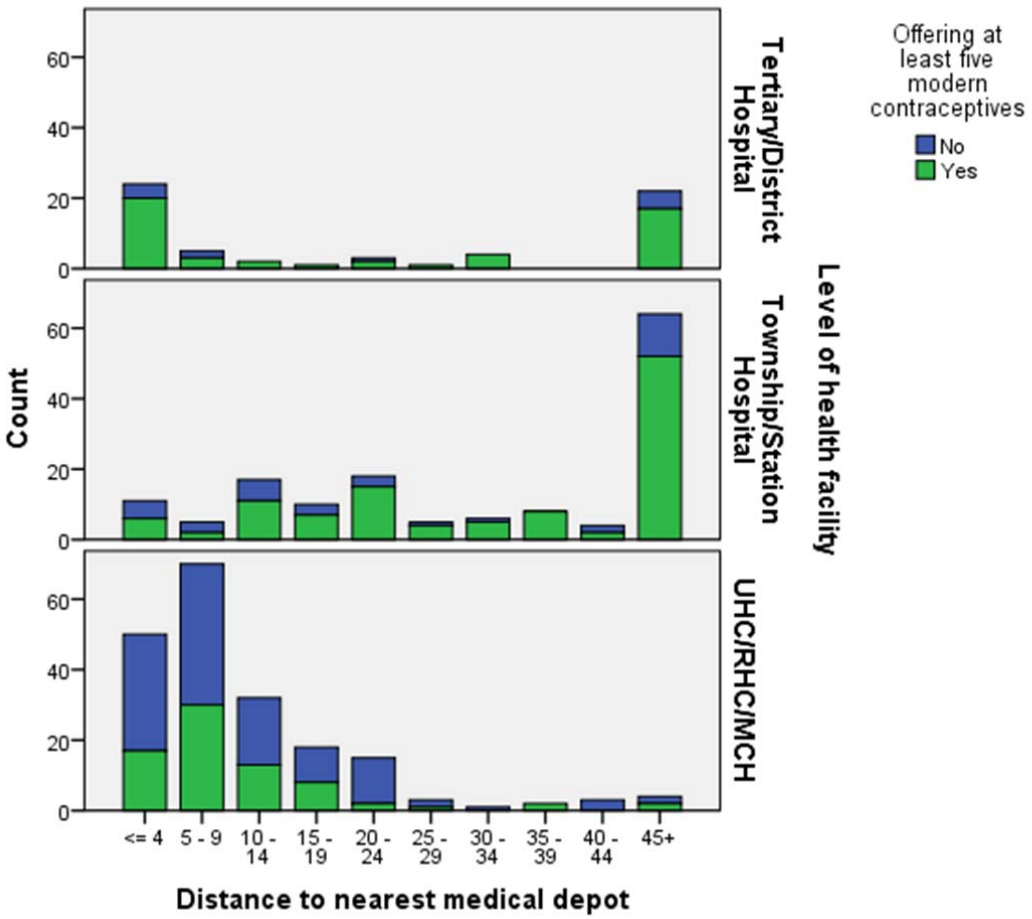


Figure 10. Distance to nearest medical depot by level of HFs

Distance to nearest medical depot was not associated with offering services.

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Availability of Reproductive Health medicine

Table 5a. Number of HFs expected to have maternal/RH medicines and their recent availability

Status of RH medicines in HFs	Relevant (N=408)		Recently available (N=408)	
	N	Percent	N	Percent
Ampicillin	369	90.4%	221	54.2%
Azithromycin	339	83.1%	208	51.0%
Benzithine/benzyl penicillin	350	85.8%	221	54.2%
Betamethasone/dexamethasone	350	85.8%	254	62.3%
Calcium gluconate	343	84.1%	244	59.8%
Cefixime	364	89.2%	267	65.4%
Gentamycin	387	94.9%	283	69.4%
Hydralazine	213	52.2%	83	20.3%
MgSO4	371	90.9%	274	67.2%
M-Dopa	289	70.8%	135	33.1%
Metronidazole	399	97.8%	384	94.1%
Misoprostol	374	91.7%	273	66.9%
Nifedipine	364	89.2%	265	65.0%
Oxytocin	382	93.6%	298	73.0%
Na Lactate	388	95.1%	358	87.7%
TT	383	93.9%	261	64.0%

Note: Tetanus toxoid (TT) is not routinely stocked at HFs because it is a vaccine for Universal Child Immunization (UCI) Programme and supplies are distributed only during the days of UCI scheduled monthly. It is available only at HFs with cold chain at all time.

Almost all items of RH medicines were lacking in one-third of health facilities at the time of assessment. Hydralazine and M-dopa were especially lacking in two-thirds of health facilities at the time of assessment.

Table 5b. Reason for recent unavailability

Reasons for not available medicine	Percent
Delay supplies	58.1%
Delay for indent	8.8%
Stock-out at supply sites	1.5%
No use	9.2%
No trained staff	.6%
Other	21.1%

Unavailability of medicines was mainly due to delay in supply (58%).

Table 5c. Stock-out situation from observation of drug registry

	HFs (N=408)	
Observation of stock-out	N	Percent
Ampicillin	162	39.7%
Azithromycin	164	40.2%
Benzithine/benzyl penicillin	155	38.0%
Betamethasone/dexamethasone	127	31.1%
Calcium gluconate	141	34.6%
Cefixime	134	32.8%
Gentamycin	128	31.4%
Hydralazine	234	57.4%
MgSO4	115	28.2%
M-Dopa	216	52.9%
Metronidazole	24	5.9%
Misoprostol	127	31.1%
Nifedipine	125	30.6%
Oxytocin	100	24.5%
Na Lactate	47	11.5%
TT	144	35.3%

Note: Mifepristone was not authorized to use at all HFs in the county.

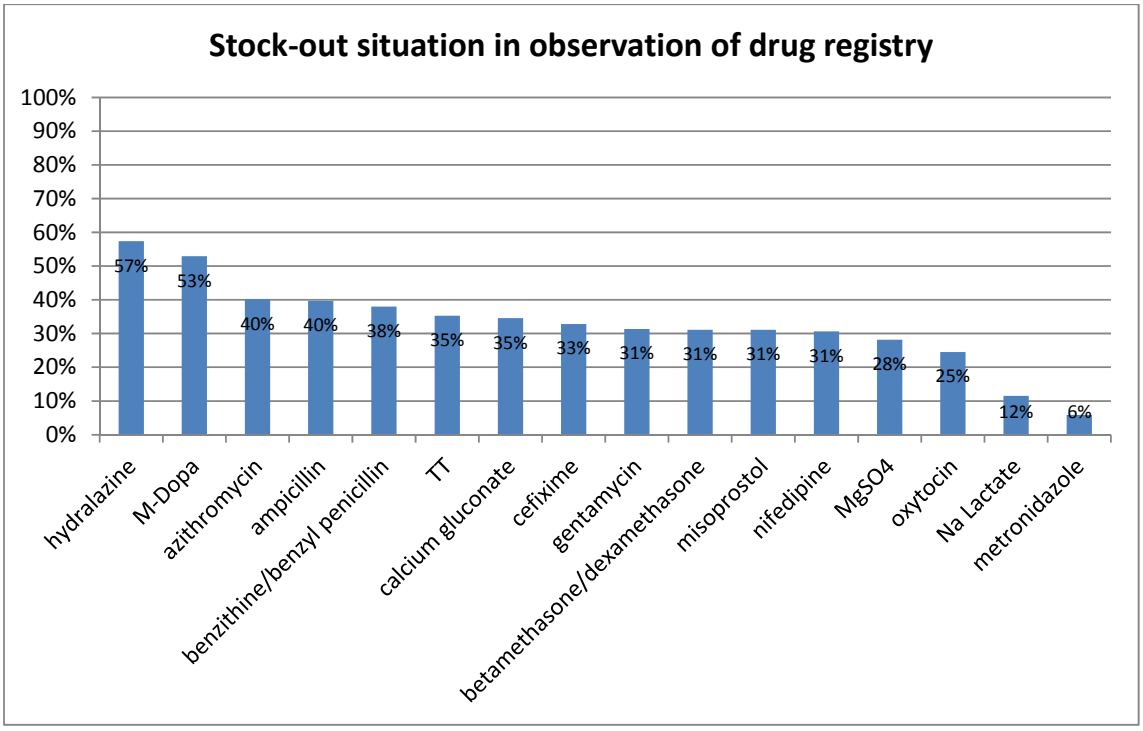

Figure 11. Stock-out situation from observation of drug registry

Mifepristone was not registered in Myanmar and not authorized for use in government HFs. TT was integrated in EPI and not regularly stored in HFs except on immunization days.

Table 6. Percentage distribution of service delivery points with seven (including 2 essential) life-saving maternal/reproductive health medicines available by type of facility

			Could provide at least 7 types of life saving medication		
			Yes	No	Total
Level of health facility	Tertiary/District Hospital	Freq	55	7	62
		%	88.7%	11.3%	100.0%
	Township/Station Hospital	Freq	111	37	148
		%	75.0%	25.0%	100.0%
	UHC/RHC/MCH	Freq	86	112	198
		%	43.4%	56.6%	100.0%
Total		Freq	252	156	408
		%	61.8%	38.2%	100.0%

Availability of at least 7 life-saving medicines was lowest in primary level of HFs (43%). Even in tertiary level HFs, it was found to be 89%.

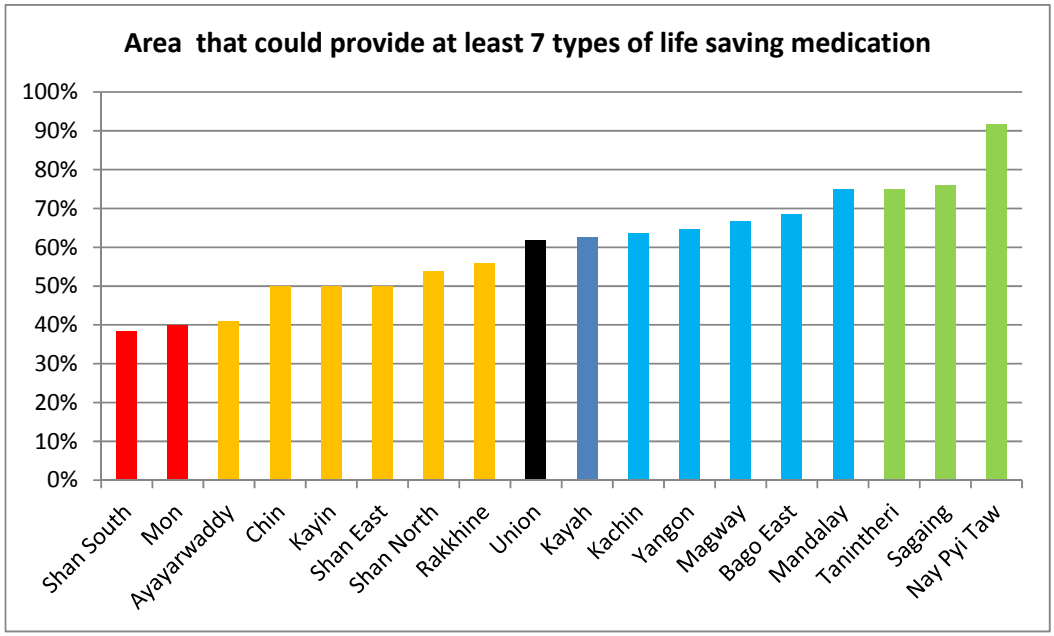

Figure 12. Areas that could provide at least 7 types of life saving medication

Regarding percent of HFs which could provide at least 7 life-saving RH medicines, most areas were below 80%. Least proportions of the HFs with at least 7 life-saving RH medicines available were in Ayeyarwaddy, Mon and Shan (South) (below 41%).

Table 7. Percentage distribution of service delivery points with seven (including 2 essential) life-saving maternal/reproductive health medicines available by Administrative Unit (Region)

			Could provide at least 7 types of life saving medication		
			Yes	No	Total
Area	Kachin	Freq	14	8	22
		%	63.6%	36.4%	100.0%
	Kayah	Freq	5	3	8
		%	62.5%	37.5%	100.0%
	Kayin	Freq	7	7	14
		%	50.0%	50.0%	100.0%
	Chin	Freq	5	5	10
		%	50.0%	50.0%	100.0%
	Sagaing	Freq	35	11	46
		%	76.1%	23.9%	100.0%
	Tanintheri	Freq	12	4	16
		%	75.0%	25.0%	100.0%
	Bago East	Freq	13	6	19
		%	68.4%	31.6%	100.0%
	Bago West	Freq	17	1	18
		%	94.4%	5.6%	100.0%
	Magway	Freq	22	11	33
		%	66.7%	33.3%	100.0%
	Mandalay	Freq	21	7	28
		%	75.0%	25.0%	100.0%
	Nay Pyi Taw	Freq	11	1	12
		%	91.7%	8.3%	100.0%
	Mon	Freq	6	9	15
		%	40.0%	60.0%	100.0%
	Rakkhine	Freq	14	11	25
		%	56.0%	44.0%	100.0%
	Yangon	Freq	22	12	34
		%	64.7%	35.3%	100.0%
	Shan East	Freq	6	6	12
		%	50.0%	50.0%	100.0%
	Shan North	Freq	14	12	26
		%	53.8%	46.2%	100.0%
	Shan South	Freq	10	16	26
		%	38.5%	61.5%	100.0%
	Ayayarwaddy	Freq	18	26	44
		%	40.9%	59.1%	100.0%
Total		Freq	252	156	408
		%	61.8%	38.2%	100.0%

Table 8. Percentage distribution of service delivery points with seven (including 2 essential) life-saving maternal/reproductive health medicines available by urban/rural residence

			Could provide at least 7 types of life saving medication		
			Yes	No	Total
Unban/Rural	Urban	Freq	178	62	240
		%	74.2%	25.8%	100.0%
	Rural	Freq	74	94	168
		%	44.0%	56.0%	100.0%
Total		Freq	252	156	408
		%	61.8%	38.2%	100.0%

Urban rural difference was also obvious for availability of RH medicine (74% vs. 44%).

Table 9. Percentage distribution of service delivery points with seven (including 2 essential) life-saving maternal/reproductive health medicines available by distance from nearest warehouse/source of supplies

			Could provide at least 7 types of life saving medication		
			Yes	No	Total
Distance to nearest medical depot	<= 4	Freq	50	35	85
		%	58.8%	41.2%	100.0%
	5 – 9	Freq	38	42	80
		%	47.5%	52.5%	100.0%
	10 - 14	Freq	28	23	51
		%	54.9%	45.1%	100.0%
	15 - 19	Freq	14	15	29
		%	48.3%	51.7%	100.0%
	20 - 24	Freq	24	12	36
		%	66.7%	33.3%	100.0%
	25 - 29	Freq	5	4	9
		%	55.6%	44.4%	100.0%
	30 - 34	Freq	8	3	11
		%	72.7%	27.3%	100.0%
	35 - 39	Freq	7	3	10
		%	70.0%	30.0%	100.0%
	40 - 44	Freq	3	4	7
		%	42.9%	57.1%	100.0%
	45+	Freq	75	15	90
		%	83.3%	16.7%	100.0%
Total		Freq	252	156	408
		%	61.8%	38.2%	100.0%

Availability of RH medicine in HFs was not associated with distance of HFs to nearest medical depot.

No stock-out RH medicine in the last six months

Table 10. Percentage distribution of service delivery points with 'no stock out' of a modern contraceptive method in the last six months by type of facility

			Stock situation for contraceptives in last 6 months		
			At least one method out	No stock-out at all	Total
Level of health facility	Tertiary/District Hospital	Freq	51	11	62
		%	82.3%	17.7%	100.0%
	Township/Station Hospital	Freq	126	22	148
		%	85.1%	14.9%	100.0%
	UHC/RHC/MCH	Freq	158	40	198
		%	79.8%	20.2%	100.0%
Total		Freq	335	73	408
		%	82.1%	17.9%	100.0%

Majority (80% and above) of HFs at all levels were found to have experienced stock-out for at least one contraceptive method within last 6 months.

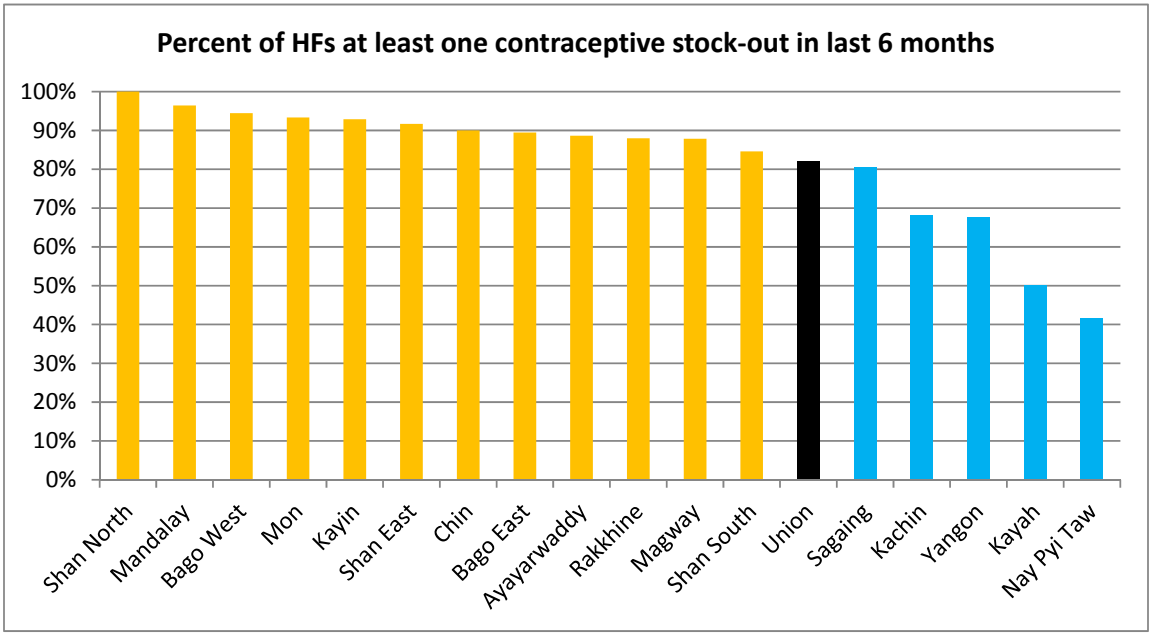

Figure 13. Percent of HFs at least one contraceptive stock-out in last 6 months

Table 11. Percentage distribution of service delivery points with 'no stock out' of a modern contraceptive method in the last six months by Administrative Unit (Region)

			Stock-out situation for contraceptives in last 6 months		
			At least one method	No stock-out at all	Total
Area	Kachin	Freq	15	7	22
		%	68.2%	31.8%	100.0%
	Kayah	Freq	4	4	8
		%	50.0%	50.0%	100.0%
	Kayin	Freq	13	1	14
		%	92.9%	7.1%	100.0%
	Chin	Freq	9	1	10
		%	90.0%	10.0%	100.0%
	Sagaing	Freq	37	9	46
		%	80.4%	19.6%	100.0%
	Tanintheri	Freq	5	11	16
		%	31.3%	68.8%	100.0%
	Bago East	Freq	17	2	19
		%	89.5%	10.5%	100.0%
	Bago West	Freq	17	1	18
		%	94.4%	5.6%	100.0%
	Magway	Freq	29	4	33
		%	87.9%	12.1%	100.0%
	Mandalay	Freq	27	1	28
		%	96.4%	3.6%	100.0%
	Nay Pyi Taw	Freq	5	7	12
		%	41.7%	58.3%	100.0%
	Mon	Freq	14	1	15
		%	93.3%	6.7%	100.0%
	Rakkhine	Freq	22	3	25
		%	88.0%	12.0%	100.0%
	Yangon	Freq	23	11	34
		%	67.6%	32.4%	100.0%
	Shan East	Freq	11	1	12
		%	91.7%	8.3%	100.0%
	Shan North	Freq	26	-	26
		%	100.0%	-	100.0%
	Shan South	Freq	22	4	26
		%	84.6%	15.4%	100.0%
	Ayayarwaddy	Freq	39	5	44
		%	88.6%	11.4%	100.0%
Total		Freq	335	73	408
		%	82.1%	17.9%	100.0%

Stock-out of at least one contraceptive within last 6 months was more or less equally distributed in all States/Regions. Only in three areas (i.e. Nay Pyi Taw, Tanintheri and Kayah), stock-out was found in less than 50% of HFs.

Table 12. Percentage distribution of service delivery points with 'no stock out' of a modern contraceptive method in the last six months by urban/rural residence

			Stock situation for contraceptives in last 6 months		
			At least one method out	No stock-out at all	Total
Unban/Rural	Urban	Freq	201	39	240
		%	83.8%	16.3%	100.0%
	Rural	Freq	134	34	168
		%	79.8%	20.2%	100.0%
Total		Freq	335	73	408
		%	82.1%	17.9%	100.0%

The stock-out situation of contraceptives within last 6 months was not different between urban and rural HFs.

Table 13. Percentage distribution of service delivery points with 'no stock out' of a modern contraceptive method in the last six months by distance from nearest warehouse/source of supplies

			Stock situation for contraceptives in last 6 months		
			At least one method out	No stock-out at all	Total
Distance to nearest medical depot	<= 4	Freq	71	14	85
		%	83.5%	16.5%	100.0%
	5 - 9	Freq	65	15	80
		%	81.3%	18.8%	100.0%
	10 - 14	Freq	40	11	51
		%	78.4%	21.6%	100.0%
	15 - 19	Freq	23	6	29
		%	79.3%	20.7%	100.0%
	20 - 24	Freq	30	6	36
		%	83.3%	16.7%	100.0%
	25 - 29	Freq	8	1	9
		%	88.9%	11.1%	100.0%
	30 - 34	Freq	9	2	11
		%	81.8%	18.2%	100.0%
	35 - 39	Freq	8	2	10
		%	80.0%	20.0%	100.0%
	40 - 44	Freq	6	1	7
		%	85.7%	14.3%	100.0%
	45+	Freq	75	15	90
		%	83.3%	16.7%	100.0%
Total		Freq	335	73	408
		%	82.1%	17.9%	100.0%

The stock-out situation of contraceptives within last 6 months was not associated with distance of HFs to the nearest medical depot.

Incidence of 'No Stock Out' of modern contraceptives on the day of the survey

Table 14. Percentage distribution of service delivery points with 'no stock out' of modern contraceptive methods at the time of the survey by type of facility

			Stock situation for contraceptives recently		
			Stock-out at least one	No stock-out at all	Total
Level of health facility	Tertiary/District Hospital	Freq	54	8	62
		%	87.1%	12.9%	100.0%
	Township/Station Hospital	Freq	130	18	148
		%	87.8%	12.2%	100.0%
	UHC/RHC/MCH	Freq	146	52	198
		%	73.7%	26.3%	100.0%
Total		Freq	330	78	408
		%	80.9%	19.1%	100.0%

More than 70% of HFs at all levels were lacking at least one modern contraceptive at the time of survey.

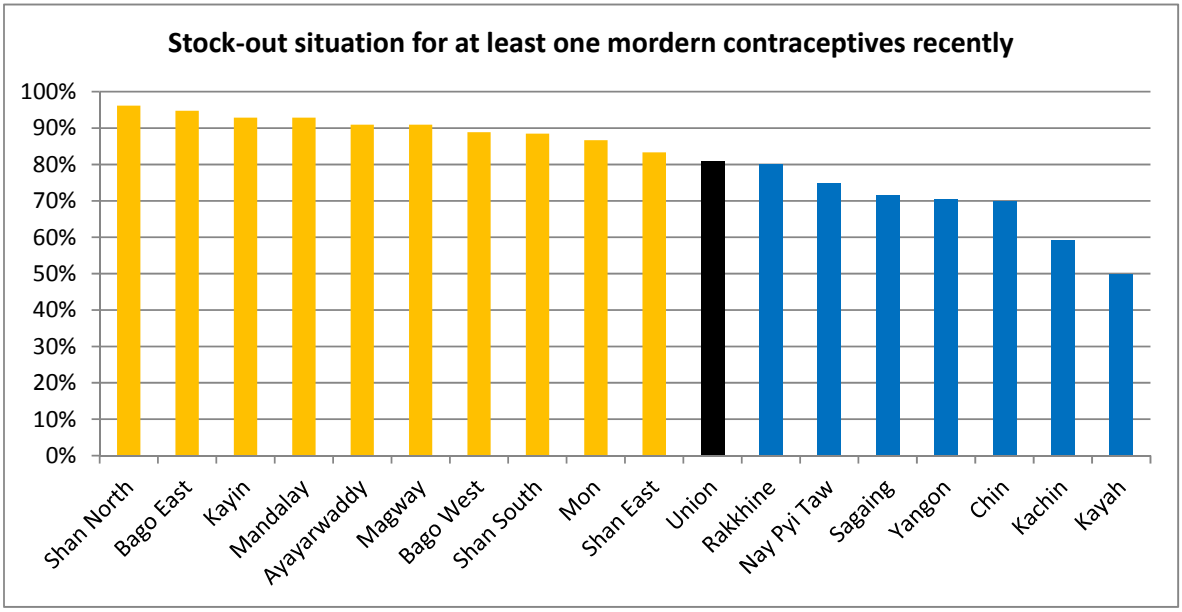

Figure 14. Stock-out situation for at least one modern contraceptives recently

Table 15. Percentage distribution of service delivery points with 'no stock out' of modern contraceptive methods at the time of the survey by Administrative Unit (Region)

			Stock situation for contraceptives recently		
			Stock-out at least one	No stock-out at all	Total
Area	Kachin	Freq	13	9	22
		%	59.1%	40.9%	100.0%
	Kayah	Freq	4	4	8
		%	50.0%	50.0%	100.0%
	Kayin	Freq	13	1	14
		%	92.9%	7.1%	100.0%
	Chin	Freq	7	3	10
		%	70.0%	30.0%	100.0%
	Sagaing	Freq	33	13	46
		%	71.7%	28.3%	100.0%
	Tanintheri	Freq	6	10	16
		%	37.5%	62.5%	100.0%
	Bago East	Freq	18	1	19
		%	94.7%	5.3%	100.0%
	Bago West	Freq	16	2	18
		%	88.9%	11.1%	100.0%
	Magway	Freq	30	3	33
		%	90.9%	9.1%	100.0%
	Mandalay	Freq	26	2	28
		%	92.9%	7.1%	100.0%
	Nay Pyi Taw	Freq	9	3	12
		%	75.0%	25.0%	100.0%
	Mon	Freq	13	2	15
		%	86.7%	13.3%	100.0%
	Rakkhine	Freq	20	5	25
		%	80.0%	20.0%	100.0%
	Yangon	Freq	24	10	34
		%	70.6%	29.4%	100.0%
	Shan East	Freq	10	2	12
		%	83.3%	16.7%	100.0%
	Shan North	Freq	25	1	26
		%	96.2%	3.8%	100.0%
	Shan South	Freq	23	3	26
		%	88.5%	11.5%	100.0%
	Ayayarwaddy	Freq	40	4	44
		%	90.9%	9.1%	100.0%
Total		Freq	330	78	408
		%	80.9%	19.1%	100.0%

Recent stock-out of at least one method was least in Tanintheri Region.

Table 16. Percentage distribution of service delivery points with 'no stock out' of modern contraceptive methods at the time of the survey by urban/rural residence

			Stock-out situation for contraceptives recently		
			Stock-out at least one	No stock-out at all	Total
Unban/Rural	Urban	Freq	204	36	240
		%	85.0%	15.0%	100.0%
	Rural	Freq	126	42	168
		%	75.0%	25.0%	100.0%
Total		Freq	330	78	408
		%	80.9%	19.1%	100.0%

The recent stock-out situation was not different between HFs of urban and rural areas.

Table 17. Percentage distribution of service delivery points with 'no stock out' of modern contraceptive methods at the time of the survey by distance from nearest

			Stock situation for contraceptives recently		
			Stock-out at least one	No stock-out at all	Total
Distance to nearest medical depot	<= 4	Freq	71	14	85
		%	83.5%	16.5%	100.0%
	5 – 9	Freq	59	21	80
		%	73.8%	26.3%	100.0%
	10 - 14	Freq	40	11	51
		%	78.4%	21.6%	100.0%
	15 - 19	Freq	26	3	29
		%	89.7%	10.3%	100.0%
	20 - 24	Freq	29	7	36
		%	80.6%	19.4%	100.0%
	25 - 29	Freq	8	1	9
		%	88.9%	11.1%	100.0%
	30 - 34	Freq	10	1	11
		%	90.9%	9.1%	100.0%
	35 - 39	Freq	9	1	10
		%	90.0%	10.0%	100.0%
	40 - 44	Freq	5	2	7
		%	71.4%	28.6%	100.0%
	45+	Freq	73	17	90
		%	81.1%	18.9%	100.0%
Total		Freq	330	78	408
		%	80.9%	19.1%	100.0%

The recent stock-out situation was not associated with distance of HFs to nearest medical depot.

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Supply Chain, including cold chain

Table 18. Percentage distribution of HFs with persons responsible for ordering medical supplies by type of HFs

		Main responsible person for drug indent							Total
		MS/ Head	Specialist/ Assigned MO	Pharmacist	Other	HA/LHV/ Sister	DMO	TMO	
Tertiary/ District Hospital	Freq	41	8	-	-	2	11	-	62
	%	66.1%	12.9%	-	-	3.2%	17.7%	-	100.0%
Township/ Station Hospital	Freq	-	5	2	2	3	-	136	148
	%	-	3.4%	1.4%	1.4%	2.0%	-	91.9%	100.0%
UHC/RHC/MCH	Freq	-	1	-	2	144	12	39	198
	%	-	.5%	-	1.0%	72.7%	6.1%	19.7%	100.0%
Total	Freq	41	14	2	4	149	23	175	408
	%	10.0%	3.4%	.5%	1.0%	36.5%	5.6%	42.9%	100.0%

Persons responsible for ordering medical supplies were found to vary with type of HFs. At tertiary level, medical superintendent or assigned MO or specialist were mainly responsible while TMOs were main persons at secondary level HFs. At primary level HFs, it was mainly by HA/LHV and in some HFs by TMOs.

Table 19. Percentage distribution of HFs with persons responsible for ordering medical supplies by Administrative Unit (Region)

		Main responsible person for drug indent							Total
		MS/ Head	Specialist/ Assigned MO	Pharmacist	Other	HA/LHV/Sister	DMO	TMO	
Kachin	Freq	2	-	-	-	4	4	12	22
	%	9.1	-	-	-	18.2	18.2	54.5%	100.0%
Kayah	Freq	1	1	-	-	4	-	2	8
	%	12.5	12.5	-	-	50.0	-	25.0%	100.0%
Kayin	Fre	-	2	-	-	6	1	5	14
	%	-	14.3	-	-	42.9	7.1	35.7%	100.0%
Chin	Freq	1	2	-	2	1	1	3	10
	%	10.0	20.0	-	20.0	10.0	10.0	30.0%	100.0%
Sagaing	Freq	5	-	-	-	12	5	24	46
	%	10.9	-	-	-	26.1	10.9	52.2%	100.0%
Tanintheri	Freq	2	-	-	-	6	2	6	16
	%	12.5	-	-	-	37.5	12.5	37.5%	100.0%
Bago East	Freq	2	1	-	1	10	-	5	19
	%	10.5	5.3	-	5.3	52.6	-	26.3%	100.0%
Bago West	Freq	1	-	-	-	8	-	9	18
	%	5.6	-	-	-	44.4	-	50.0%	100.0%
Magway	Freq	3	-	1	-	14	1	14	33
	%	9.1	-	3.0	-	42.4	3.0	42.4%	100.0%
Mandalay	Freq	5	2	-	-	9	1	11	28
	%	17.9	7.1	-	-	32.1	3.6	39.3%	100.0%
Nay Pyi Taw	Freq	2	-	-	-	6	-	4	12
	%	16.7	-	-	-	50.0	-	33.3%	100.0%
Mon	Freq	1	1	-	-	9	-	4	15
	%	6.7	6.7	-	-	60.0	-	26.7%	100.0%
Rakkhine	Freq	2	-	-	-	5	5	13	25
	%	8.0	-	-	-	20.0	20.0	52.0%	100.0%
Yangon	Freq	4	3	1	-	7	-	19	34
	%	11.8	8.8	2.9	-	20.6	-	55.9%	100.0%
Shan East	Freq	1	-	-	-	5	1	5	12
	%	8.3	-	-	-	41.7	8.3	41.7%	100.0%
Shan North	Freq	4	1	-	-	12	-	9	26
	%	15.4	3.8	-	-	46.2	-	34.6%	100.0%
Shan South	Freq	2	-	-	1	10	1	12	26
	%	7.7	-	-	3.8	38.5	3.8	46.2%	100.0%
Ayayarwaddy	Freq	3	1	-	-	21	1	18	44
	%	6.8	2.3	-	-	47.7	2.3	40.9%	100.0%
Total	Freq	41	14	2	4	149	23	175	408
	%	10.0%	3.4	.5	1.0	36.5	5.6	42.9	100.0%

Table 20. Percentage distribution of HFs with persons responsible for ordering medical supplies by urban/rural residence

			Main responsible person for drug indent							Total
			MS/Head	Specialist/ Assigned MO	Pharmacist	Other	HA/LHV/ Sister	DMO	TMO	
Urban/ Rural	Urban	Freq	41	13	2	3	30	11	140	240
		%	17.1	5.4	.8	1.3	12.5	4.6	58.3	100.0%
	Rural	Freq	-	1	-	1	119	12	35	168
		%	_	.6	_	.6	70.8	7.1	20.8	100.0%
Total		Freq	41	14	2	4	149	23	175	408
		%	10.0%	3.4	.5	1.0	36.5	5.6	42.9	100.0

Resupply

Table 21. How re-supply is quantified by type of HFs

			Method for refilling contraceptives			Total
			Calculate by formula and indent by staff of HC	Calculate and supply by supply department	Other way*	
Level of health facility	Tertiary/District Hospital	Freq	28	27	7	62
		%	45.2%	43.5%	11.3%	100.0%
	Township/Station Hospital	Freq	42	99	7	148
		%	28.4%	66.9%	4.7%	100.0%
	UHC/RHC/MCH	Freq	39	144	15	198
		%	19.7%	72.7%	7.6%	100.0%
Total		Freq	109	270	29	408
		%	26.7%	66.2%	7.1%	100.0%

**Other ways specified are; "buy from outside", "no need to indent because of adequate supply", " borrow from other HFs", ask patients to buy", "supply by RH programme".*

Calculation of need of medical supply by HFs themselves was not practiced at all levels of HFs. Even in tertiary level HFs, it was made only in 45%. In primary level HFs, it was far less towards 20%.

Table 22. How re-supply is quantified by Administrative Unit (Region)

			Method for refilling contraceptives			Total
			Calculate by formula and indent by staff of HF	Calculate and supply by supply department	Other way	
Area	Kachin	Freq	4	16	2	22
		%	18.2%	72.7%	9.1%	100.0%
	Kayah	Freq	2	5	1	8
		%	25.0%	62.5%	12.5%	100.0%
	Kayin	Freq	3	11	-	14
		%	21.4%	78.6%	-	100.0%
	Chin	Freq	3	7	-	10
		%	30.0%	70.0%	-	100.0%
	Sagaing	Freq	14	25	7	46
		%	30.4%	54.3%	15.2%	100.0%
	Tanintheri	Freq	8	8	-	16
		%	50.0%	50.0%	-	100.0%
	Bago East	Freq	2	14	3	19
		%	10.5%	73.7%	15.8%	100.0%
	Bago West	Freq	3	13	2	18
		%	16.7%	72.2%	11.1%	100.0%
	Magway	Freq	15	18	-	33
		%	45.5%	54.5%	-	100.0%
	Mandalay	Freq	5	22	1	28
		%	17.9%	78.6%	3.6%	100.0%
	Nay Pyi Taw	Freq	5	7	-	12
		%	41.7%	58.3%	-	100.0%
	Mon	Freq	5	9	1	15
		%	33.3%	60.0%	6.7%	100.0%
	Rakkhine	Freq	3	21	1	25
		%	12.0%	84.0%	4.0%	100.0%
	Yangon	Freq	11	22	1	34
		%	32.4%	64.7%	2.9%	100.0%
	Shan East	Freq	6	5	1	12
		%	50.0%	41.7%	8.3%	100.0%
	Shan North	Freq	11	14	1	26
		%	42.3%	53.8%	3.8%	100.0%
	Shan South	Freq	2	18	6	26
		%	7.7%	69.2%	23.1%	100.0%
	Ayayarwaddy	Freq	7	35	2	44
		%	15.9%	79.5%	4.5%	100.0%
Total		Freq	109	270	29	408
		%	26.7%	66.2%	7.1%	100.0%

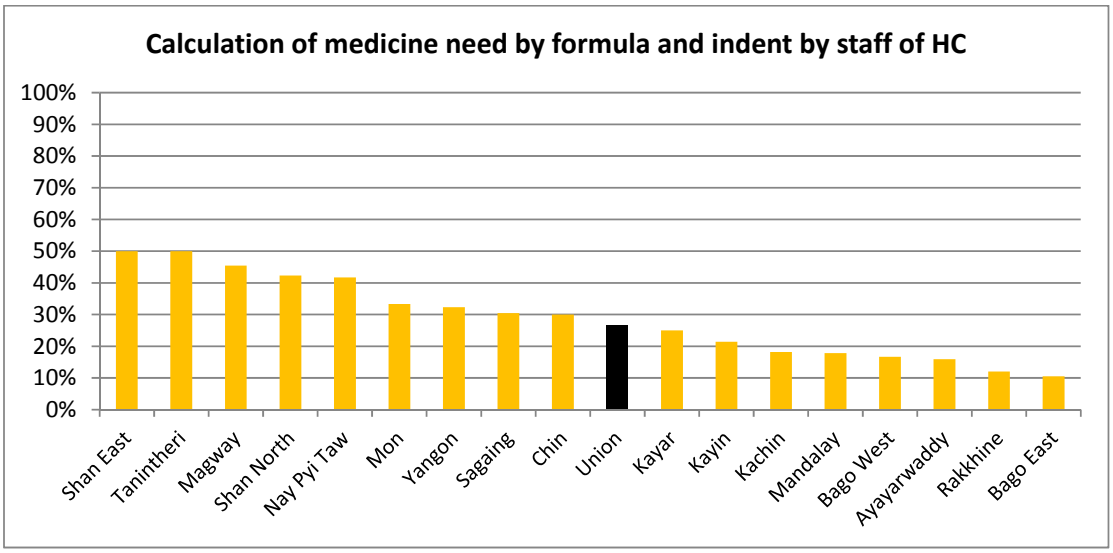

Figure 15. Calculation of medicine required by staff by areas

Calculation based on need of HFs according to areas was described. It was lowest in Shan (South) and highest in Shan (East) and Tanintheri Regions. But in all areas, this was practiced by less than 50% of HFs.

Table 23. How re-supply is quantified by urban/rural residence

			Method for refilling contraceptives			
			Calculate by formula and indent by staff of HC	Calculate and supply by supply department	Other way	Total
Unban/Rural	Urban	Freq	74	152	14	240
		%	30.8%	63.3%	5.8%	100.0%
	Rural	Freq	35	118	15	168
		%	20.8%	70.2%	8.9%	100.0%
Total		Freq	109	270	29	408
		%	26.7%	66.2%	7.1%	100.0%

There was urban/rural difference for calculation of amount of medicine to be supplied.

Source of supply

Table 24. Main source of supplies by type of SDPs

Level of health facility		Main source of supplier							Total
		CMSD	State/Region Health Department	District Health Department	Township Health Department	NGO	Donor	Private Pharmacy/ Company	
Tertiary/District Hospital	Freq	37	13	6	-	2	-	4	62
	%	59.7%	21.0%	9.2%	-	3.2%	-	6.5%	100.0%
Township/Station Hospital	Freq	77	61	1	4	1	3	1	148
	%	52.0%	41.2%	.7%	2.7%	.7%	2.0%	.7%	100.0%
UHC/RHC/MCH	Freq	39	14	24	119	1	1	-	198
	%	19.7%	7.1%	12.1%	60.1%	.5%	.5%	-	100.0%
Total	Freq	153	88	28	126	4	4	5	408
	%	37.5%	21.6%	6.9%	30.9%	1.0%	1.0%	1.2%	100.0%

Source of supply was different according to type of HFs. Primary level HFs were mainly supplied by District/Township Health departments. Secondary and tertiary level HFs were mainly supplied by CMSD and State/Region Health Departments.

Table 25. Main source of supplies by Administrative Unit (Region)

		Main source of supplier							
		CMSD	State/Region Health Department	District Health Department	Township Health Department	NGO	Donor	Private Pharmacy /Company	Total
Kachin	Freq	9	8	2	3	-	-	-	22
	%	40.9	36.4	9.1	13.6	-	-	-	100.0
Kayah	Freq	1	3	-	4	-	-	-	8
	%	12.5	37.5	-	50.0	-	-	-	100.0
Kayin	Freq	1	5	1	7	-	-	-	14
	%	7.1	35.7	7.1	50.0	-	-	-	100.0
Chin	Freq	7	1	-	1	-	-	1	10
	%	70.0	10.0	-	10.0	-	-	10.0	100.0
Sagaing	Freq	17	12	3	12	-	-	2	46
	%	37.0	26.1	6.5	26.1	-	-	4.3	100.0
Tanintheri	Freq	1	7	2	6	-	-	-	16
	%	6.3	43.8	12.5	37.5	-	-	-	100.0
Bago East	Freq	10	2	-	7	-	-	-	19
	%	52.6	10.5	-	36.8	-	-	-	100.0
Bago West	Freq	9	-	-	8	1	-	-	18
	%	50.0	-	-	44.4	5.6	-	-	100.0
Magway	Freq	8	8	2	13	1	1	-	33
	%	24.2	24.2	6.1	39.4	3.0	3.0	-	100.0
Mandalay	Freq	20	1	1	6	-	-	-	28
	%	71.4	3.6	3.6	21.4	-	-	-	100.0
Nay Pyi Taw	Freq	9	-	-	3	-	-	-	12
	%	75.0	-	-	25.0	-	-	-	100.0
Mon	Freq	6	2	-	7	-	-	-	15
	%	40.0	13.3	-	46.7	-	-	-	100.0
Rakkhine	Freq	11	2	5	6	-	-	1	25
	%	44.0	8.0	20.0	24.0	-	-	4.0	100.0
Yangon	Freq	14	10	-	8	1	-	1	34
	%	41.2	29.4	-	23.5	2.9	-	2.9%	100.0
Shan East	Freq	5	3	1	3	-	-	-	12
	%	41.7	25.0	8.3	25.0	-	-	-	100.0
Shan North	Freq	2	8	6	10	-	-	-	26
	%	7.7	30.8	23.1	38.5	-	-	-	100.0
Shan South	Freq	5	8	2	7	1	3	-	26
	%	19.2	30.8	7.7	26.9	3.8	11.5	-	100.0
Ayayarwaddy	Freq	18	8	3	15	-	-	-	44
	%	40.9	18.2	6.8	34.1	-	-	-	100.0
Total	Freq	153	88	28	126	4	4	5	408
		37.5	21.6	6.9	30.9	1.0	1.0	1.2	100.0

Table 26. Main source of supplies by urban/rural residence

Unban/Rural		Main source of supplier							Total
		CMSD	State/Region Health Department	District Health Department	Township Health Department	NGO	Donor	Private Pharmacy/ Company	
Urban	Freq	114	75	10	30	3	3	5	240
	%	47.5%	31.3%	4.2%	12.5%	1.3%	1.3%	2.1%	100.0%
Rural	Freq	39	13	18	96	1	1	-	168
	%	23.2%	7.7%	10.7%	57.1%	.6%	.6%	-	100.0%
Total	Freq	153	88	28	126	4	4	5	408
	%	37.5%	21.6%	6.9%	30.9%	1.0%	1.0%	1.2%	100.0%

Table 27. Responsibility for transportation of supplies by type of SDPs

Distributors of supplies		Level of health facility			
		Tertiary/ District Hospital	Township/ Station Hospital	UHC/RHC/ MCH	Total
Government	Freq	25	55	17	97
	%	25.8%	56.7%	17.5%	
State/Region Health Department	Freq	12	38	16	66
	%	18.2%	57.6%	24.2%	
Own arrangement	Freq	38	108	183	329
	%	11.6%	32.8%	55.6%	
Other)\	Freq	11	21	2	34
	%	32.4%	61.8%	5.9%	
Total	Freq	62	148	198	408

Responsibility for transportation varied in all level of HFs. There could be more than one way of transportation. Government arrangement was more pronounced at tertiary and secondary level HFs. Arrangement of State/Region Health department was more obvious at secondary level HFs. Primary level HFs were transporting with their own arrangement. At secondary level, transportation was also arranged by other means (i.e., distributing by contractors).

Table 28. Responsibility for transportation of supplies by Administrative Unit (Region)

		Distributors of supplies								Total
		Government		State/Region Health Department		Own arrangement		Other		
		Freq	%	Freq	%	Freq	%	Freq	%	Freq
Area	Kachin	14	14.4%	7	10.6%	7	2.1%	-	-	22
	Kayah	3	3.1%	1	1.5%	5	1.5%	1	2.9%	8
	Kayin	3	3.1%	2	3.0%	12	3.6%	-	-	14
	Chin	2	2.1%	-	-	7	2.1%	1	2.9%	10
	Sagaing	10	10.3%	6	9.1%	38	11.6%	6	17.6%	46
	Tanintheri	8	8.2%	6	9.1%	8	2.4%	-	-	16
	Bago East	5	5.2%	1	1.5%	17	5.2%	2	5.9%	19
	Bago West	3	3.1%	-	-	17	5.2%	-	-	18
	Magway	8	8.2%	5	7.6%	29	8.8%	3	8.8%	33
	Mandalay	8	8.2%	1	1.5%	27	8.2%	5	14.7%	28
	Nay Pyi Taw	5	5.2%	3	4.5%	11	3.3%	1	2.9%	12
	Mon	2	2.1%	1	1.5%	15	4.6%	1	2.9%	15
	Rakkhine	6	6.2%	3	4.5%	22	6.7%	1	2.9%	25
	Yangon	1	1.0%	-	-	29	8.8%	7	20.6%	34
	Shan East	2	2.1%	3	4.5%	10	3.0%	-	-	12
	Shan North	3	3.1%	7	10.6%	15	4.6%	1	2.9%	26
	Shan South	5	5.2%	6	9.1%	20	6.1%	5	14.7%	26
	Ayayarwaddy	9	9.3%	14	21.2%	40	12.2%	-	-	44
Total		97		66		329		34		408

Table 29. Responsibility for transportation of supplies by urban/rural residence

			Unban/Rural		
			Urban	Rural	Total
Distributors of supplies	(Government)	Freq	82	15	97
		%	84.5%	15.5%	
	(State/Region Health Department)	Freq	51	15	66
		%	77.3%	22.7%	
	(Own arrangement)	Freq	174	155	329
		%	52.9%	47.1%	
	(Other)	Freq	33	1	34
		%	97.1%	2.9%	
Total		Freq	240	168	408

Majority (329/408) of transportation for medicine was by own arrangement. HFs in urban areas relied more on transportation arranged by government, State/Region or drug suppliers compared to HFs in rural areas. Most (155/168=92%) of HFs in rural areas used their own arrangements compared to urban areas (174/240=73%).

Length of time for supplies

Table 30. Estimated length of time between order and receiving of supplies by type of HFs

			Interval between indent and arrival							
			< 2 weeks	2 weeks - 1 month	1 - 2 months	2 - 4 months	4 - 6 months	> 6 months	no regular interval	Total
Level of health facility	Tertiary/District Hospital	Freq	14	5	5	5	7	1	25	62
		%	22.6%	8.1%	8.1%	8.1%	11.3%	1.6%	40.3%	100.0%
	Township/Station Hospital	Freq	16	12	12	9	10	1	88	148
		%	10.8%	8.1%	8.1%	6.1%	6.8%	.7%	59.5%	100.0%
	UHC/RHC/MCH	Freq	29	13	5	11	9	8	123	198
		%	14.6%	6.6%	2.5%	5.6%	4.5%	4.0%	62.1%	100.0%
Total		Freq	59	30	22	25	26	10	236	408
		%	14.5%	7.4%	5.4%	6.1%	6.4%	2.5%	57.8%	100.0%

More than half (58%) of HFs had no regular interval between order and receipt of medicine. The shortest interval (<2 weeks) was stated by 15% of HFs. Tertiary level HFs had higher proportion having the shortest interval compared to other level of HFs (23% vs. 11% and 15%).

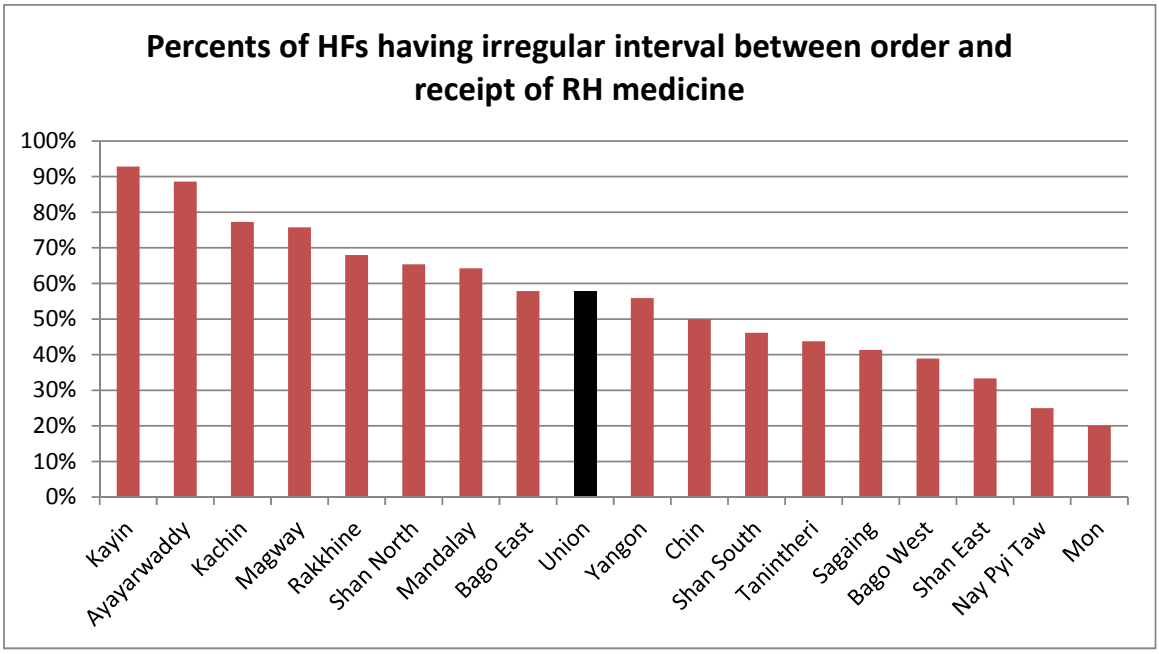

Figure 16. Percent of HFs having irregular interval between order and receipt of RH medicine

Table 31. Estimated length of time between order and receipt of supplies by Administrative Unit (Region)

		Interval between indent and arrival							
		< 2 weeks	2 weeks - 1 month	1 - 2 months	2 - 4 months	4 - 6 months	> 6 months	no regular interval	Total
Kachin	Freq	-	1	1	1	2	-	17	22
	%	_	4.5%	4.5%	4.5%	9.1%	_	77.3%	100.0%
Kayah	Freq	2	3	1	-	2	-	-	8
	%	25.0%	37.5%	12.5%	_	25.0%	_	_	100.0%
Kayin	Freq	-	1	-	-	-	-	13	14
	%	_	7.1%	_	_	_	_	92.9%	100.0%
Chin	Freq	-	1	-	-	2	2	5	10
	%	_	10.0%	_	_	20.0%	20.0%	50.0%	100.0%
Sagaing	Freq	5	6	2	6	6	2	19	46
	%	10.9%	13.0%	4.3%	13.0%	13.0%	4.3%	41.3%	100.0%
Tanintheri	Freq	4	3	-	1	-	1	7	16
	%	25.0%	18.8%	_	6.3%	_	6.3%	43.8%	100.0%
Bago East	Freq	7	-	-	1	-	-	11	19
	%	36.8%	_	_	5.3%	_	_	57.9%	100.0%
Bago West	Freq	3	1	2	2	3	-	7	18
	%	16.7%	5.6%	11.1%	11.1%	16.7%	_	38.9%	100.0%
Magway	Freq	-	-	8	-	-	-	25	33
	%	_	_	24.2%	_	_	_	75.8%	100.0%
Mandalay	Freq	4	3	1	1	1	-	18	28
	%	14.3%	10.7%	3.6%	3.6%	3.6%	_	64.3%	100.0%
Nay Pyi Taw	Freq	1	4	-	1	1	2	3	12
	%	8.3%	33.3%	_	8.3%	8.3%	16.7%	25.0%	100.0%
Mon	Freq	7	1	1	2	1	-	3	15
	%	46.7%	6.7%	6.7%	13.3%	6.7%	_	20.0%	100.0%
Rakkhine	Freq	2	-	-	3	1	2	17	25
	%	8.0%	_	_	12.0%	4.0%	8.0%	68.0%	100.0%
Yangon	Freq	4	1	3	3	4	-	19	34
	%	11.8%	2.9%	8.8%	8.8%	11.8%	_	55.9%	100.0%
Shan East	Freq	2	-	2	1	2	1	4	12
	%	16.7%	_	16.7%	8.3%	16.7%	8.3%	33.3%	100.0%
Shan North	Freq	8	-	1	-	-	-	17	26
	%	30.8%	_	3.8%	_	_	_	65.4%	100.0%
Shan South	Freq	9	2	-	2	1	-	12	26
	%	34.6%	7.7%	_	7.7%	3.8%	_	46.2%	100.0%
Ayayarwaddy	Freq	1	3	-	1	-	-	39	44
	%	2.3%	6.8%	_	2.3%	_	_	88.6%	100.0%
Total	Freq	59	30	22	25	26	10	236	408
	%	14.5%	7.4%	5.4%	6.1%	6.4%	2.5%	57.8%	100.0%

Having irregular interval was higher in Kayin and Ayeyarwaddy and lowest in Nay PyinTaw, Mon and Kayah.

Table 32. Estimated length of time between order and receipt of supplies by urban/rural residence

			Interval between indent and arrival							
			< 2 weeks	2 weeks - 1 month	1 - 2 months	2 - 4 months	4 - 6 months	> 6 months	no regular interval	Total
Unban/Rural	Urban	Freq	36	19	16	15	18	1	135	240
		%	15.0%	7.9%	6.7%	6.3%	7.5%	.4%	56.3%	100.0%
	Rural	Freq	23	11	6	10	8	9	101	168
		%	13.7%	6.5%	3.6%	6.0%	4.8%	5.4%	60.1%	100.0%
Total		Freq	59	30	22	25	26	10	236	408
		%	14.5%	7.4%	5.4%	6.1%	6.4%	2.5%	57.8%	100.0%

Having irregular interval was not different between urban and rural.

Frequency of supplies

Table 33. Frequency of resupply by type of HFs

			Interval between indents						
			every 2 weeks	once a month	every 3 months	every 6 months	once a year	irregular	Total
Level of health facility	Tertiary/District Hospital	Freq	3	6	3	16	4	30	62
		%	4.8%	9.7%	4.8%	25.8%	6.5%	48.4%	100.0%
	Township/Station Hospital	Freq	1	3	16	53	10	65	148
		%	.7%	2.0%	10.8%	35.8%	6.8%	43.9%	100.0%
	UHC/RHC/MCH	Freq	-	20	20	35	7	116	198
		%	-	10.1%	10.1%	17.7%	3.5%	58.6%	100.0%
Total		Freq	4	29	39	104	21	211	408
		%	1.0%	7.1%	9.6%	25.5%	5.1%	51.7%	100.0%

Similarly, more than half (52%) of HFs had irregular frequency of medicinal supply. Irregularity of frequency of supply was not much different among levels of HFs (48% in tertiary level, 44% in secondary level and 59% in primary level).

Table 34. Frequency of resupply by Administrative Unit (Region)

			Interval between indents						
			every 2 weeks	once a month	every 3 months	every 6 months	once a year	irregular	Total
Area	Kachin	Freq	-	1	2	5	-	14	22
		%	-	4.5%	9.1%	22.7%	-	63.6%	100.0%
	Kayah	Freq	-	2	2	4	-	-	8
		%	-	25.0%	25.0%	50.0%	-	-	100.0%
	Kayin	Freq	-	1	-	2	-	11	14
		%	-	7.1%	-	14.3%	-	78.6%	100.0%
	Chin	Freq	-	-	-	3	2	5	10
		%	-	-	-	30.0%	20.0%	50.0%	100.0%
	Sagaing	Freq	1	1	7	18	-	19	46
		%	2.2%	2.2%	15.2%	39.1%	-	41.3%	100.0%
	Tanintheri	Freq	1	3	2	1	-	9	16
		%	6.3%	18.8%	12.5%	6.3%	-	56.3%	100.0%
	Bago East	Freq	-	1	1	9	-	8	19
		%	-	5.3%	5.3%	47.4%	-	42.1%	100.0%
	Bago West	Freq	-	5	4	4	1	4	18
		%	-	27.8%	22.2%	22.2%	5.6%	22.2%	100.0%
	Magway	Freq	-	-	-	2	-	31	33
		%	-	-	-	6.1%	-	93.9%	100.0%
	Mandalay	Freq	-	1	2	10	3	12	28
		%	-	3.6%	7.1%	35.7%	10.7%	42.9%	100.0%
	Nay Pyi Taw	Freq	-	-	1	8	1	2	12
		%	-	-	8.3%	66.7%	8.3%	16.7%	100.0%
	Mon	Freq	-	1	5	3	-	6	15
		%	-	6.7%	33.3%	20.0%	-	40.0%	100.0%
	Rakkhine	Freq	-	-	2	7	1	15	25
		%	-	-	8.0%	28.0%	4.0%	60.0%	100.0%
	Yangon	Freq	-	3	3	10	6	12	34
		%	-	8.8%	8.8%	29.4%	17.6%	35.3%	100.0%
	Shan East	Freq	-	-	-	7	3	2	12
		%	-	-	-	58.3%	25.0%	16.7%	100.0%
	Shan North	Freq	2	5	1	2	2	14	26
		%	7.7%	19.2%	3.8%	7.7%	7.7%	53.8%	100.0%
	Shan South	Freq	-	4	4	8	2	8	26
		%	-	15.4%	15.4%	30.8%	7.7%	30.8%	100.0%
	Ayayarwaddy	Freq	-	1	3	1	-	39	44
		%	-	2.3%	6.8%	2.3%	-	88.6%	100.0%
Total		Freq	4	29	39	104	21	211	408
		%	1.0%	7.1%	9.6%	25.5%	5.1%	51.7%	100.0%

Table 35. Frequency of resupply by urban/rural residence

			Interval between indents						
			every 2 weeks	once a month	every 3 months	every 6 months	once a year	irregular	Total
Unban/Rural	Urban	Freq	4	11	22	71	16	116	240
		%	1.7%	4.6%	9.2%	29.6%	6.7%	48.3%	100.0%
	Rural	Freq	-	18	17	33	5	95	168
		%	-	10.7%	10.1%	19.6%	3.0%	56.5%	100.0%
Total		Freq	4	29	39	104	21	211	408
		%	1.0%	7.1%	9.6%	25.5%	5.1%	51.7%	100.0%

Irregularity of frequency of supply was not much different between HFs of urban and rural areas (48% vs. 56%).

Table 35a. Interval between indent and supply by type of main supplier

Interval between indent and arrival	Distributors of supplies[a]				Total
	Distributor (Government)	Distributor (State/Region Health Department)	Distributor (Own arrangement)	Distributor (Other)	
< 2 weeks	8	9	50	4	59
	8.2%	13.6%	15.2%	11.8%	
2 weeks - 1 month	11	4	23	3	30
	11.3%	6.1%	7.0%	8.8%	
1 - 2 months	3	0	19	4	22
	3.1%	0.0%	5.8%	11.8%	
2 - 4 months	8	2	17	2	25
	8.2%	3.0%	5.2%	5.9%	
4 - 6 months	11	3	21	4	26
	11.3%	4.5%	6.4%	11.8%	
> 6 months	1	1	9	1	10
	1.0%	1.5%	2.7%	2.9%	
no regular interval	55	47	190	16	236
	56.7%	71.2%	57.8%	47.1%	
Total	97	66	329	34	408

Table 35b. Re-supply interval by type of main supplier

Interval between indents	Distributors of supplies[a]				Total
	Distributor (Government)	Distributor (State/Region Health Department)	Distributor (Own arrangement)	Distributor (Other)	
every 2 weeks	0	1	3	0	4
	0.0%	1.5%	.9%	0.0%	
once a month	2	4	22	1	29
	2.1%	6.1%	6.7%	2.9%	
every 3 months	12	6	29	4	39
	12.4%	9.1%	8.8%	11.8%	
every 6 months	32	9	88	12	104
	33.0%	13.6%	26.7%	35.3%	
once a year	5	4	15	2	21
	5.2%	6.1%	4.6%	5.9%	
irregular	46	42	172	15	211
	47.4%	63.6%	52.3%	44.1%	
Total	97	66	329	34	408

Table 35a and 35b show there were no obvious differences between the intervals (i.e. interval between indent and supply and re-supply interval) and type of suppliers.

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Cold chain

Table 36. Availability of cold chain by type of SDP

		Have own cold chain system		
		have	not have	Total
Tertiary/District Hospital	Freq	52	10	62
	%	83.9%	16.1%	100.0%
Township/Station Hospital	Freq	138	10	148
	%	93.2%	6.8%	100.0%
UHC/RHC/MCH	Freq	48	150	198
	%	24.2%	75.8%	100.0%
Total	Freq	238	170	408
	%	58.3%	41.7%	100.0%

Cold chain system was least available in primary level (24%) compared to tertiary and secondary level HFs (84% and 93% respectively).

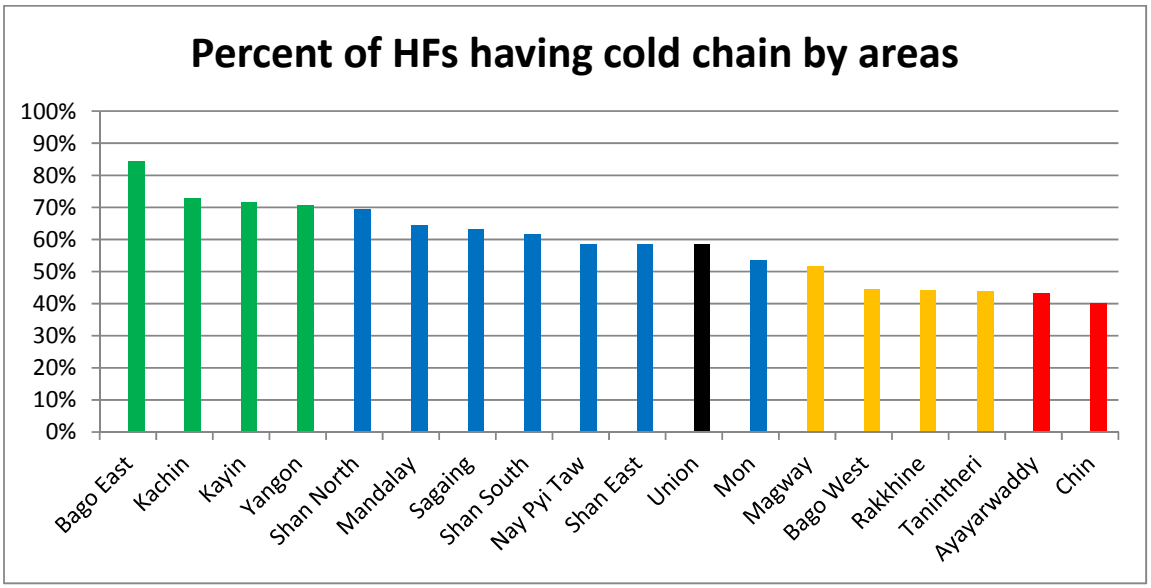

Figure 17. Percent of HFs having cold chain by areas

Cold chain system availability was highest in Bago (east), Kachin, Kayin and Yangon (>70%). It was least in Chin and Kayah States (>40%).

Table 37. Availability of cold chain by Administrative Unit (Region)

			Have own cold chain system		
			have	not have	Total
Area	Kachin	Freq	16	6	22
		%	72.7%	27.3%	100.0%
	Kayah	Freq	3	5	8
		%	37.5%	62.5%	100.0%
	Kayin	Freq	10	4	14
		%	71.4%	28.6%	100.0%
	Chin	Freq	4	6	10
		%	40.0%	60.0%	100.0%
	Sagaing	Freq	29	17	46
		%	63.0%	37.0%	100.0%
	Tanintheri	Freq	7	9	16
		%	43.8%	56.3%	100.0%
	Bago East	Freq	16	3	19
		%	84.2%	15.8%	100.0%
	Bago West	Freq	8	10	18
		%	44.4%	55.6%	100.0%
	Magway	Freq	17	16	33
		%	51.5%	48.5%	100.0%
	Mandalay	Freq	18	10	28
		%	64.3%	35.7%	100.0%
	Nay Pyi Taw	Freq	7	5	12
		%	58.3%	41.7%	100.0%
	Mon	Freq	8	7	15
		%	53.3%	46.7%	100.0%
	Rakkhine	Freq	11	14	25
		%	44.0%	56.0%	100.0%
	Yangon	Freq	24	10	34
		%	70.6%	29.4%	100.0%
	Shan East	Freq	7	5	12
		%	58.3%	41.7%	100.0%
	Shan North	Freq	18	8	26
		%	69.2%	30.8%	100.0%
	Shan South	Freq	16	10	26
		%	61.5%	38.5%	100.0%
	Ayayarwaddy	Freq	19	25	44
		%	43.2%	56.8%	100.0%
Total		Freq	238	170	408
		%	58.3%	41.7%	100.0%

Table 38. Availability of cold chain by urban/rural residence

			Have own cold chain system		
			have	not have	Total
Unban/Rural	Urban	Freq	190	50	240
		%	79.2%	20.8%	100.0%
	Rural	Freq	48	120	168
		%	28.6%	71.4%	100.0%
Total		Freq	238	170	408
		%	58.3%	41.7%	100.0%

Availability of cold chain was higher in urban area than in rural area (79% vs. 29%).

Source of power for fridge

Table 39. Type of cold chain system by type of SDP

			Level of health facility			
			Tertiary/ District Hospital	Township/ Station Hospital	UHC/RHC/ MCH	Total
Type of fridge	electric	Freq	46	111	21	178
		%	88.5%	80.4%	43.8%	
	refillable ice box	Freq	3	16	10	29
		%	5.8%	11.6%	20.8%	
	solar system	Freq	8	40	19	67
		%	15.4%	29.0%	39.6%	
	small hydro-power	Freq	-	1	-	1
		%	-	.7%	-	
	village power supply system	Freq	-	1	-	1
		%	-	.7%	-	
	other	Freq	-	-	2	2
		%	-	-	4.2%	
Total		Freq	52	138	48	238

Electricity was main type of power for cold chain system in tertiary level HFs (88%) and secondary level HFs (80%). Refillable ice box and solar power were used more frequently in primary level HFs (21% and 40%).

Table 40. Type of cold chain system by Administrative Unit (Region)

			Type of cold chain system						Total
			electric	refillable ice box	solar system	small hydro-power	village power supply system	other	
Area	Kachin	Freq	10	-	8	-	-	-	16
		%	62.5%	-	50.0%	-	-	-	
	Kayah	Freq	2	-	2	-	-	-	3
		%	66.7%	-	66.7%	-	-	-	
	Kayin	Freq	7	1	2	-	1	2	10
		%	70.0%	10.0%	20.0%	-	10.0%	20.0%	
	Chin	Freq	-	-	4	-	-	-	4
		%	-	-	100.0%	-	-	-	
	Sagaing	Freq	20	4	12	-	-	-	29
		%	69.0%	13.8%	41.4%	-	-	-	
	Tanintheri	Freq	4	1	5	-	-	-	7
		%	57.1%	14.3%	71.4%	-	-	-	
	Bago East	Freq	10	6	-	-	-	-	16
		%	62.5%	37.5%	-	-	-	-	
	Bago West	Freq	7	1	-	-	-	-	8
		%	87.5%	12.5%	-	-	-	-	
	Magway	Freq	16	6	1	-	-	-	17
		%	94.1%	35.3%	5.9%	-	-	-	
	Mandalay	Freq	16	4	2	-	-	-	18
		%	88.9%	22.2%	11.1%	-	-	-	
	Nay Pyi Taw	Freq	7	-	-	-	-	-	7
		%	100.0%	-	-	-	-	-	
	Mon	Freq	6	3	3	-	-	-	8
		%	75.0%	37.5%	37.5%	-	-	-	
	Rakkhine	Freq	2	-	10	-	-	-	11
		%	18.2%	-	90.9%	-	-	-	
	Yangon	Freq	24	-	-	-	-	-	24
		%	100.0%	-	-	-	-	-	
	Shan East	Freq	1	-	7	1	-	-	7
		%	14.3%	-	100.0%	14.3%	-	-	
	Shan North	Freq	16	2	1	-	-	-	18
		%	88.9%	11.1%	5.6%	-	-	-	
	Shan South	Freq	13	-	7	-	-	-	16
		%	81.3%	-	43.8%	-	-	-	
	Ayayarwaddy	Freq	17	1	3	-	-	-	19
		%	89.5%	5.3%	15.8%	-	-	-	
Total		Freq	178	29	67	1	1	2	238

Table 41. Source of power for Fridges used by urban/rural residence

			Unban/Rural		
			Urban	Rural	Total
Type of fridge[a]	electric	Freq	156	22	178
		%	82.1%	45.8%	
	refillable ice box	Freq	21	8	29
		%	11.1%	16.7%	
	solar system	Freq	47	20	67
		%	24.7%	41.7%	
	small hydro-power	Freq	1	-	1
		%	.5%	-	
	village power supply system	Freq	1	-	1
		%	.5%	-	
	other	Freq	-	2	2
		%	-	4.2%	
Total		Freq	190	48	238

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Staff training and supervision

Table 42. Percentage of SDPs with staff trained to provide FP services and for the insertion and removal of Implants

Birth Spacing		Frequency	Percent
	No trained staff	98	24.0
	1-3 staff	157	38.5
	4-6 staff	61	15.0
	>6 staff	92	22.5

Implant			
	No trained staff	272	66.7
	1-3 staff	113	27.7
	4-6 staff	12	2.9
	>6 staff	11	2.7
	Total	408	100.0

One-fourth (24%) and two-third (67%) of HFs had no trained staff on birth spacing and implant respectively.

Table 43. Percentage distribution of staff trained to provide FP services and for the insertion and removal of Implants by type of SDP

			Number of trained staff for BS				Total
			No trained staff	1-3 staff	4-6 staff	>6 staff	
Level of health facility	Tertiary/District Hospital	Freq	12	24	6	20	62
		%	19.4%	38.7%	9.7%	32.3%	100.0%
	Township/Station Hospital	Freq	33	69	9	37	148
		%	22.3%	46.6%	6.1%	25.0%	100.0%
	UHC/RHC/MCH	Freq	53	64	46	35	198
		%	26.8%	32.3%	23.2%	17.7%	100.0%
Total		Freq	98	157	61	92	408
		%	24.0%	38.5%	15.0%	22.5%	100.0%

			Number of trained staff for implant				Total
			No trained staff	1-3 staff	4-6 staff	>6 staff	
Level of health facility	Tertiary/District Hospital	Freq	19	27	7	9	62
		%	30.6%	43.5%	11.3%	14.5%	100.0%
	Township/Station Hospital	Freq	59	83	5	1	148
		%	39.9%	56.1%	3.4%	.7%	100.0%
	UHC/RHC/MCH	Freq	194	3	-	1	198
		%	98.0%	1.5%	-	.5%	100.0%
Total		Freq	272	113	12	11	408
		%	66.7%	27.7%	2.9%	2.7%	100.0%

Percent of HFs which had no trained staff for BS was higher in primary level HFs than in tertiary level HFs (27% vs. 19%). Almost all primary level HFs had no trained staff for implant. Among tertiary and secondary level HFs, about one-third had no trained staff for implant.

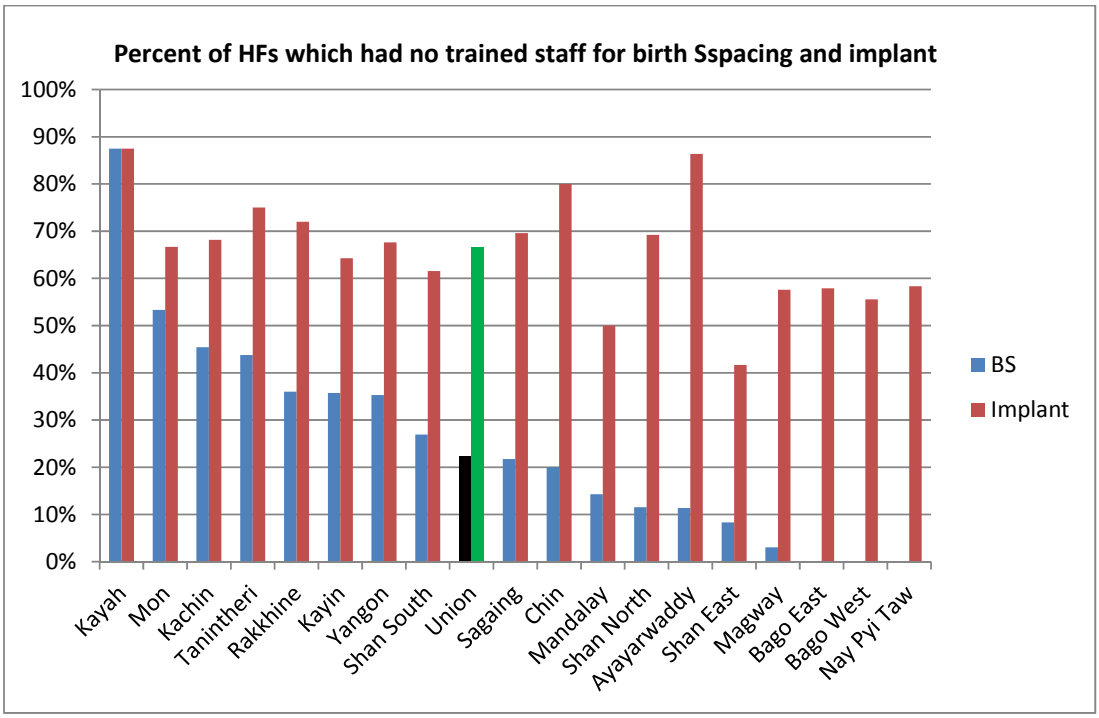

Figure 18. Percent of HFs which had no trained staff for BS and implant

HFs having no trained staff for BS and implant were highest in Kayah State (>80%). Ayeyarwaddy was the region with high percent of HFs with no trained staff for implant (>80%). In all areas, more than 40% of HFs had no trained staff for implant.

Table 44. Percentage distribution of staff trained to provide FP services and for the insertion and removal of Implants by Administrative Unit (Region)

			Number of trained staff for BS				
			No trained staff	1-3 staff	4-6 staff	>6 staff	Total
Area	Kachin	Freq	10	11	1	-	22
		%	45.5%	50.0%	4.5%	-	100.0%
	Kayah	Freq	7	1	-	-	8
		%	87.5%	12.5%	-	-	100.0%
	Kayin	Freq	5	7	1	1	14
		%	35.7%	50.0%	7.1%	7.1%	100.0%
	Chin	Freq	2	4	3	1	10
		%	20.0%	40.0%	30.0%	10.0%	100.0%
	Sagaing	Freq	11	19	5	11	46
		%	23.9%	41.3%	10.9%	23.9%	100.0%
	Tanintheri	Freq	7	4	4	1	16
		%	43.8%	25.0%	25.0%	6.3%	100.0%
	Bago East	Freq	1	3	4	11	19
		%	5.3%	15.8%	21.1%	57.9%	100.0%
	Bago West	Freq	-	7	3	8	18
		%	-	38.9%	16.7%	44.4%	100.0%
	Magway	Freq	2	9	11	11	33
		%	6.1%	27.3%	33.3%	33.3%	100.0%
	Mandalay	Freq	4	18	2	4	28
		%	14.3%	64.3%	7.1%	14.3%	100.0%
	Nay Pyi Taw	Freq	-	6	3	3	12
		%	-	50.0%	25.0%	25.0%	100.0%
	Mon	Freq	8	4	-	3	15
		%	53.3%	26.7%	-	20.0%	100.0%
	Rakkhine	Freq	9	8	5	3	25
		%	36.0%	32.0%	20.0%	12.0%	100.0%
	Yangon	Freq	14	9	6	5	34
		%	41.2%	26.5%	17.6%	14.7%	100.0%
	Shan East	Freq	1	8	-	3	12
		%	8.3%	66.7%	-	25.0%	100.0%
	Shan North	Freq	4	15	1	6	26
		%	15.4%	57.7%	3.8%	23.1%	100.0%
	Shan South	Freq	7	9	3	7	26
		%	26.9%	34.6%	11.5%	26.9%	100.0%
	Ayayarwaddy	Freq	6	15	9	14	44
		%	13.6%	34.1%	20.5%	31.8%	100.0%
Total		Freq	98	157	61	92	408
		%	24.0%	38.5%	15.0%	22.5%	100.0%

			Number of trained staff for implant				
			No trained staff	1-3 staff	4-6 staff	>6 staff	Total
Area	Kachin	Freq	15	6	1	-	22
		%	68.2%	27.3%	4.5%	-	100.0%
	Kayah	Freq	7	-	-	1	8
		%	87.5%	-	-	12.5%	100.0%
	Kayin	Freq	9	4	1	-	14
		%	64.3%	28.6%	7.1%	-	100.0%
	Chin	Freq	8	2	-	-	10
		%	80.0%	20.0%	-	-	100.0%
	Sagaing	Freq	32	11	3	-	46
		%	69.6%	23.9%	6.5%	-	100.0%
	Tanintheri	Freq	12	3	1	-	16
		%	75.0%	18.8%	6.3%	-	100.0%
	Bago East	Freq	11	8	-	-	19
		%	57.9%	42.1%	-	-	100.0%
	Bago West	Freq	10	8	-	-	18
		%	55.6%	44.4%	-	-	100.0%
	Magway	Freq	19	10	3	1	33
		%	57.6%	30.3%	9.1%	3.0%	100.0%
	Mandalay	Freq	14	11	-	3	28
		%	50.0%	39.3%	-	10.7%	100.0%
	Nay Pyi Taw	Freq	7	4	-	1	12
		%	58.3%	33.3%	-	8.3%	100.0%
	Mon	Freq	10	5	-	-	15
		%	66.7%	33.3%	-	-	100.0%
	Rakkhine	Freq	18	7	-	-	25
		%	72.0%	28.0%	-	-	100.0%
	Yangon	Freq	23	6	3	2	34
		%	67.6%	17.6%	8.8%	5.9%	100.0%
	Shan East	Freq	5	6	-	1	12
		%	41.7%	50.0%	-	8.3%	100.0%
	Shan North	Freq	18	7	-	1	26
		%	69.2%	26.9%	-	3.8%	100.0%
	Shan South	Freq	16	10	-	-	26
		%	61.5%	38.5%	-	-	100.0%
	Ayayarwaddy	Freq	38	5	-	1	44
		%	86.4%	11.4%	-	2.3%	100.0%
Total		Freq	272	113	12	11	408
		%	66.7%	27.7%	2.9%	2.7%	100.0%

Table 45. Percentage distribution of staff trained to provide FP services and for the insertion and removal of Implants by urban/rural residence

			Number of trained staff for BS				
			No trained staff	1-3 staff	4-6 staff	>6 staff	Total
Unban/Rural	Urban	Freq	46	103	26	65	240
		%	19.2%	42.9%	10.8%	27.1%	100.0%
	Rural	Freq	52	54	35	27	168
		%	31.0%	32.1%	20.8%	16.1%	100.0%
Total		Freq	98	157	61	92	408
		%	24.0%	38.5%	15.0%	22.5%	100.0%
			Number of trained staff for implant				
			No trained staff	1-3 staff	4-6 staff	>6 staff	Total
Unban/Rural	Urban	Freq	106	111	12	11	240
		%	44.2%	46.3%	5.0%	4.6%	100.0%
	Rural	Freq	166	2	-	-	168
		%	98.8%	1.2%	-	-	100.0%
Total		Freq	272	113	12	11	408
		%	66.7%	27.7%	2.9%	2.7%	100.0%

Urban rural difference was markedly apparent for having no trained staff for both BS and implant (31% vs. 19% for BS and 99% vs. 44% for implant).

Last time training

Table 46. Percentage distribution of the last time staff received training for FP including for provision of implants by type of HF

			Last time training				
			Last 2 months ago	2 - 6 months ago	6 - 12 months ago	> 1 year ago	Total
Level of health facility	Tertiary/District Hospital	Freq	5	1	26	20	52
		%	9.6%	1.9%	50.0%	38.5%	100.0%
	Township/Station Hospital	Freq	1	7	52	50	110
		%	.9%	6.4%	47.3%	45.5%	100.0%
	UHC/RHC/MCH	Freq	3	6	20	76	105
		%	2.9%	5.7%	19.0%	72.4%	100.0%
Total		Freq	9	14	98	146	267
		%	3.4%	5.2%	36.7%	54.7%	100.0%

Since there were frequent turn over and transfer of staff within the regions as well as across regions, the availability of trained providers could not be stable all the time. As shown in the table, small proportion of HFs with freshly trained providers were found in all levels of HFs. So training activities should be repeated in all HFs with appropriate interval.

Table 47. Percentage distribution of the last time staff received training for FP including for provision of implants by Administrative Unit (Region)

			Last time training				
			Last 2 months ago	2 - 6 months ago	6 - 12 months ago	> 1 year ago	Total
Area	Kachin	Freq	-	-	5	2	7
		%	-	-	71.4%	28.6%	100.0%
	Kayah	Freq	-	-	1	-	1
		%	-	-	100.0%	-	100.0%
	Kayin	Freq	3	-	1	5	9
		%	33.3%	-	11.1%	55.6%	100.0%
	Chin	Freq	-	1	5	2	8
		%	-	12.5%	62.5%	25.0%	100.0%
	Sagaing	Freq	-	4	11	19	34
		%	-	11.8%	32.4%	55.9%	100.0%
	Tanintheri	Freq	2	-	2	5	9
		%	22.2%	-	22.2%	55.6%	100.0%
	Bago East	Freq	-	1	7	11	19
		%	-	5.3%	36.8%	57.9%	100.0%
	Bago West	Freq	-	1	3	4	8
		%	-	12.5%	37.5%	50.0%	100.0%
	Magway	Freq	-	1	8	23	32
		%	-	3.1%	25.0%	71.9%	100.0%
	Mandalay	Freq	1	1	5	14	21
		%	4.8%	4.8%	23.8%	66.7%	100.0%
	Nay Pyi Taw	Freq	-	2	4	5	11
		%	-	18.2%	36.4%	45.5%	100.0%
	Mon	Freq	-	1	3	2	6
		%	-	16.7%	50.0%	33.3%	100.0%
	Rakkhine	Freq	-	1	7	7	15
		%	-	6.7%	46.7%	46.7%	100.0%
	Yangon	Freq	1	-	10	4	15
		%	6.7%	-	66.7%	26.7%	100.0%
	Shan East	Freq	-	-	5	2	7
		%	-	-	71.4%	28.6%	100.0%
	Shan North	Freq	1	-	4	4	9
		%	11.1%	-	44.4%	44.4%	100.0%
	Shan South	Freq	-	-	11	6	17
		%	-	-	64.7%	35.3%	100.0%
	Ayayarwaddy	Freq	1	1	6	31	39
		%	2.6%	2.6%	15.4%	79.5%	100.0%
Total		Freq	9	14	98	146	267
		%	3.4%	5.2%	36.7%	54.7%	100.0%

Table 48. Percentage distribution of the last time staff received training for FP including for provision of implants by urban/rural residence

			Last time training				
			Last 2 months ago	2 - 6 months ago	6 - 12 months ago	> 1 year ago	Total
Unban/Rural	Urban	Freq	7	9	81	86	183
		%	3.8%	4.9%	44.3%	47.0%	100.0%
	Rural	Freq	2	5	17	60	84
		%	2.4%	6.0%	20.2%	71.4%	100.0%
Total		Freq	9	14	98	146	267
		%	3.4%	5.2%	36.7%	54.7%	100.0%

Supervision

Table 49. Percentage distribution of the last time the facility was supervised in the past 12 months by type of HF

			Last reach of a supervision visit					
			< 1 month	1 - 3 month	3 - 6 month	6 - 12 months	never	Total
Level of health facility	Tertiary/District Hospital	Freq	4	3	1	11	43	62
		%	6.5%	4.8%	1.6%	17.7%	69.4%	100.0%
	Township/Station Hospital	Freq	9	7	8	36	88	148
		%	6.1%	4.7%	5.4%	24.3%	59.5%	100.0%
	UHC/RHC/MCH	Freq	29	30	16	48	75	198
		%	14.6%	15.2%	8.1%	24.2%	37.9%	100.0%
Total		Freq	42	40	25	95	206	408
		%	10.3%	9.8%	6.1%	23.3%	50.5%	100.0%

Fifty percent of HFs reported that there was no supervision related to RH within last 12 months. This proportion was higher among tertiary level HFs compared to primary level HFs (69% vs. 38%). 60% of secondary level HFs also had no such supervision.

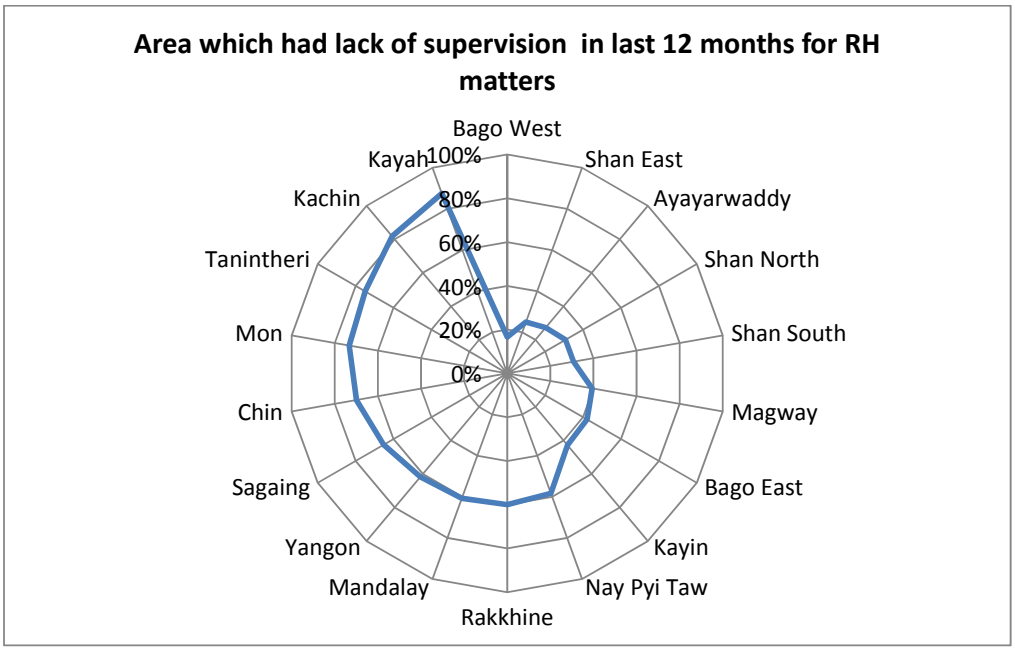

Figure 19. Area which had lack of supervision in last 12 months for RH matters

More than 60% of HFs which had lack of supervision for RH related activities were found in Kayah, Kachin, Tanintheri, Mon, Chin, Sagaing and Yangon.

Table 50. Percentage distribution of the last time the facility was supervised in the past 12 months by Administrative Unit (Region)

			Last reach of a supervision visit					
			< 1 month	1 - 3 month	3 - 6 month	6 - 12 months	never	Total
Area	Kachin	Freq	1	2	-	1	18	22
		%	4.5%	9.1%	-	4.5%	81.8%	100.0%
	Kayah	Freq	-	-	1	-	7	8
		%	-	-	12.5%	-	87.5%	100.0%
	Kayin	Freq	4	1	-	3	6	14
		%	28.6%	7.1%	-	21.4%	42.9%	100.0%
	Chin	Freq	1	1	-	1	7	10
		%	10.0%	10.0%	-	10.0%	70.0%	100.0%
	Sagaing	Freq	2	1	2	11	30	46
		%	4.3%	2.2%	4.3%	23.9%	65.2%	100.0%
	Tanintheri	Freq	1	2	-	1	12	16
		%	6.3%	12.5%	-	6.3%	75.0%	100.0%
	Bago East	Freq	3	-	2	6	8	19
		%	15.8%	-	10.5%	31.6%	42.1%	100.0%
	Bago West	Freq	1	2	4	8	3	18
		%	5.6%	11.1%	22.2%	44.4%	16.7%	100.0%
	Magway	Freq	3	4	3	10	13	33
		%	9.1%	12.1%	9.1%	30.3%	39.4%	100.0%
	Mandalay	Freq	-	1	1	9	17	28
		%	-	3.6%	3.6%	32.1%	60.7%	100.0%
	Nay Pyi Taw	Freq	1	-	-	4	7	12
		%	8.3%	-	-	33.3%	58.3%	100.0%
	Mon	Freq	-	1	1	2	11	15
		%	-	6.7%	6.7%	13.3%	73.3%	100.0%
	Rakkhine	Freq	1	4	1	4	15	25
		%	4.0%	16.0%	4.0%	16.0%	60.0%	100.0%
	Yangon	Freq	1	-	2	10	21	34
		%	2.9%	-	5.9%	29.4%	61.8%	100.0%
	Shan East	Freq	4	3	2	-	3	12
		%	33.3%	25.0%	16.7%	-	25.0%	100.0%
	Shan North	Freq	5	5	-	8	8	26
		%	19.2%	19.2%	-	30.8%	30.8%	100.0%
	Shan South	Freq	5	8	1	4	8	26
		%	19.2%	30.8%	3.8%	15.4%	30.8%	100.0%
	Ayayarwaddy	Freq	9	5	5	13	12	44
		%	20.5%	11.4%	11.4%	29.5%	27.3%	100.0%
Total		Freq	42	40	25	95	206	408
		%	10.3%	9.8%	6.1%	23.3%	50.5%	100.0%

Table 51. Percentage distribution of the last time the facility was supervised in the past 12 months by urban/rural residence

			Last reach of a supervision visit					
			< 1 month	1 - 3 month	3 - 6 month	6 - 12 months	never	Total
Unban/Rural	Urban	Freq	20	18	10	52	140	240
		%	8.3%	7.5%	4.2%	21.7%	58.3%	100.0%
	Rural	Freq	22	22	15	43	66	168
		%	13.1%	13.1%	8.9%	25.6%	39.3%	100.0%
Total		Freq	42	40	25	95	206	408
		%	10.3%	9.8%	6.1%	23.3%	50.5%	100.0%

Regarding to supervision, HFs in urban had more lack of supervision within last 12 months than rural (58% vs. 39%).

Table 52. Percentage distribution of the frequency of supervisory visits by type of HF

		Interval between supervision visits							
		weekly	monthly	every 3 months	every 6 months	once a year	never	not regularly	Total
Tertiary/District Hospital	Freq	1	-	3	3	5	13	19	44
	%	2.3%	-	6.8%	6.8%	11.4%	29.5%	43.2%	100.0%
Township/Station Hospital	Freq	1	5	7	8	16	16	53	106
	%	.9%	4.7%	6.6%	7.5%	15.1%	15.1%	50.0%	100.0%
UHC/RHC/MCH	Freq	4	12	21	21	16	24	72	170
	%	2.4%	7.1%	12.4%	12.4%	9.4%	14.1%	42.4%	100.0%
Total	Freq	6	17	31	32	37	53	144	320
	%	1.9%	5.3%	9.7%	10.0%	11.6%	16.6%	45.0%	100.0%

Table 53. Percentage distribution of the frequency of supervisory visits by Administrative Unit

		Interval between supervision visits							
		weekly	monthly	every 3 months	every 6 months	once a year	never	not regularly	Total
Kachin	Freq	-	-	-	-	1	-	3	4
	%	-	-	-	-	25.0%	-	75.0%	100.0%
Kayah	Freq	-	2	2	-	-	4	-	8
	%	-	25.0%	25.0%	-	-	50.0%	-	100.0%
Kayin	Freq	1	-	1	2	-	3	7	14
	%	7.1%	-	7.1%	14.3%	-	21.4%	50.0%	100.0%
Chin	Freq	-	-	-	-	2	3	5	10
	%	-	-	-	-	20.0%	30.0%	50.0%	100.0%
Sagaing	Freq	1	-	2	4	1	11	23	42
	%	2.4%	-	4.8%	9.5%	2.4%	26.2%	54.8%	100.0%
Tanintheri	Freq	-	-	1	2	-	2	6	11
	%	-	-	9.1%	18.2%	-	18.2%	54.5%	100.0%
Bago East	Freq	-	1	-	2	3	-	6	12
	%	-	8.3%	-	16.7%	25.0%	-	50.0%	100.0%
Bago West	Freq	-	-	6	3	5	-	1	15
	%	-	-	40.0%	20.0%	33.3%	-	6.7%	100.0%
Magway	Freq	-	-	3	1	1	1	27	33
	%	-	-	9.1%	3.0%	3.0%	3.0%	81.8%	100.0%
Mandalay	Freq	-	-	-	2	4	8	13	27
	%	-	-	-	7.4%	14.8%	29.6%	48.1%	100.0%
Nay Pyi Taw	Freq	-	-	-	3	2	6	-	11
	%	-	-	-	27.3%	18.2%	54.5%	-	100.0%
Mon	Freq	-	1	-	1	-	-	2	4
	%	-	25.0%	-	25.0%	-	-	50.0%	100.0%
Rakkhine	Freq	-	-	-	-	1	10	14	25
	%	-	-	-	-	4.0%	40.0%	56.0%	100.0%
Yangon	Freq	-	-	-	1	7	1	6	15
	%	-	-	-	6.7%	46.7%	6.7%	40.0%	100.0%
Shan East	Freq	-	3	3	-	-	-	4	10
	%	-	30.0%	30.0%	-	-	-	40.0%	100.0%
Shan North	Freq	1	2	-	-	4	-	11	18
	%	5.6%	11.1%	-	-	22.2%	-	61.1%	100.0%
Shan South	Freq	1	3	8	2	1	-	6	21
	%	4.8%	14.3%	38.1%	9.5%	4.8%	-	28.6%	100.0%
Ayayarwaddy	Freq	2	5	5	9	5	4	10	40
	%	5.0%	12.5%	12.5%	22.5%	12.5%	10.0%	25.0%	100.0%
Total	Freq	6	17	31	32	37	53	144	320
	%	1.9%	5.3%	9.7%	10.0%	11.6%	16.6%	45.0%	100.0%

Table 54. Percentage distribution of the frequency of supervisory visits by urban/rural residence

			Interval between supervision visits							
			weekly	monthly	every 3 months	every 6 months	once a year	never	not regularly	Total
	Urban	Freq	5	13	12	13	24	33	77	177
		%	2.8%	7.3%	6.8%	7.3%	13.6%	18.6%	43.5%	100.0%
	Rural	Freq	1	4	19	19	13	20	67	143
		%	.7%	2.8%	13.3%	13.3%	9.1%	14.0%	46.9%	100.0%
Total		Freq	6	17	31	32	37	53	144	320
		%	1.9%	5.3%	9.7%	10.0%	11.6%	16.6%	45.0%	100.0%

Type of supervision

Table 55. Percentage of HFs with issues included in supervisory visits by type of HF

		Level of health facility			
Type of supervision		Tertiary/ District Hospital	Township/ Station Hospital	UHC/RHC/ MCH	Total
treatment	Freq	11	35	55	101
	%	40.7%	44.3%	40.4%	
logistics	Freq	15	59	91	165
	%	55.6%	74.7%	66.9%	
staffing and training	Freq	12	40	51	103
	%	44.4%	50.6%	37.5%	
reporting	Freq	19	54	112	185
	%	70.4%	68.4%	82.4%	
abiding guideline and instruction	Freq	17	46	80	143
	%	63.0%	58.2%	58.8%	
Other	Freq	4	6	9	19
	%	14.8%	7.6%	6.6%	
Total	Freq	27	79	136	242

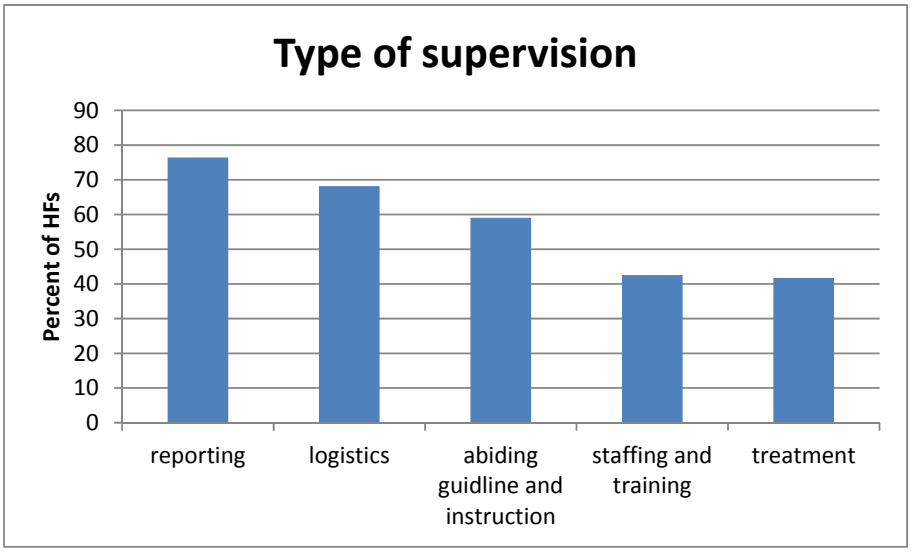

Figure 20. Type of supervision

More than 50% of supervision were related to reporting, logistics and guideline/instruction matters. Supervision for treatment and training were found in only about 40% of supervision.

Table 56. Percentage of HFs with issues included in supervisory visits by Administrative Unit (Region)

			Type of supervision						
			treatment	logistics	staffing and training	reporting	abiding guideline and instruction	other	Total
	Kachin	Freq	-	1	-	3	1	-	3
		%	-	33.3%	-	100.0%	33.3%	-	
	Kayah	Freq	-	4	-	3	-	1	4
		%	-	100.0%	-	75.0%	-	25.0%	
	Kayin	Freq	6	5	6	8	4	4	13
		%	46.2%	38.5%	46.2%	61.5%	30.8%	30.8%	
	Chin	Freq	4	2	2	5	2	-	5
		%	80.0%	40.0%	40.0%	100.0%	40.0%	-	
	Sagaing	Freq	12	19	10	21	15	5	26
		%	46.2%	73.1%	38.5%	80.8%	57.7%	19.2%	
	Tanintheri	Freq	1	2	2	3	2	1	4
		%	25.0%	50.0%	50.0%	75.0%	50.0%	25.0%	
	Bago East	Freq	5	6	4	7	11	-	12
		%	41.7%	50.0%	33.3%	58.3%	91.7%	-	
	Bago West	Freq	3	7	3	11	9	-	15
		%	20.0%	46.7%	20.0%	73.3%	60.0%	-	
	Magway	Freq	17	28	15	24	24	2	29
		%	58.6%	96.6%	51.7%	82.8%	82.8%	6.9%	
	Mandalay	Freq	8	15	12	17	16	2	20
		%	40.0%	75.0%	60.0%	85.0%	80.0%	10.0%	
	Nay Pyi Taw	Freq	4	5	5	4	5	-	5
		%	80.0%	100.0%	100.0%	80.0%	100.0%	-	
	Mon	Freq	2	5	3	3	2	-	5
		%	40.0%	100.0%	60.0%	60.0%	40.0%	-	
	Rakkhine	Freq	2	5	1	8	2	1	9
		%	22.2%	55.6%	11.1%	88.9%	22.2%	11.1%	
	Yangon	Freq	4	9	2	7	9	1	14
		%	28.6%	64.3%	14.3%	50.0%	64.3%	7.1%	
	Shan East	Freq	4	9	9	7	1	-	9
		%	44.4%	100.0%	100.0%	77.8%	11.1%	-	
	Shan North	Freq	5	12	6	15	11	2	18
		%	27.8%	66.7%	33.3%	83.3%	61.1%	11.1%	
	Shan South	Freq	7	13	6	13	6	-	19
		%	36.8%	68.4%	31.6%	68.4%	31.6%	-	
	Ayayarwaddy	Freq	17	18	17	26	23	-	32
		%	53.1%	56.3%	53.1%	81.3%	71.9%	-	
Total		Freq	101	165	103	185	143	19	242

Table 57. Percentage of HFs with issues included in supervisory visits by urban/rural residence

Type of supervision		Unban/Rural		Total
		Urban	Rural	
Supervised for treatment	Freq	56	45	101
	%	43.4%	39.8%	
Supervised for logistics	Freq	88	77	165
	%	68.2%	68.1%	
Supervised for staffing and training	Freq	63	40	103
	%	48.8%	35.4%	
Supervised for reporting	Freq	92	93	185
	%	71.3%	82.3%	
Supervised for abiding guideline and instruction	Freq	81	62	143
	%	62.8%	54.9%	
Supervised for other	Freq	10	9	19
	%	7.8%	8.0%	
Total	Freq	129	113	242

Regarding type of supervision, there was no obvious difference between urban and rural.

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Availability of guidelines, check-lists and job aids

Table 58a. Percentage of HFs with guidelines, check-lists and job aids by urban/rural

Have guide book and materials		Unban/Rural		
		Urban	Rural	Total
National birth spacing	Freq	114	85	199
	%	57.3%	58.2%	
Birth spacing	Freq	124	88	212
	%	62.3%	60.3%	
AN care	Freq	166	119	285
	%	83.4%	81.5%	
PN care	Freq	159	134	293
	%	79.9%	91.8%	
Waste disposal	Freq	52	22	74
	%	26.1%	15.1%	
Total	Freq	199	146	345

Least frequently available guide material was “guide book for waste disposal both in urban and rural HFs (26% and 15% respectively. Availability for Guide books for AN and PN were most frequent (above 80% of HFs in both urban and rural areas).

Table 58b. Percentage of HFs with guidelines, check-lists and job aids by type of HF

Have guide book and materials		Level of health facility			
		Tertiary/District Hospital	Township/Station Hospital	UHC/RHC/MCH	Total
National birth spacing	Freq	26	72	101	199
	%	59.1%	55.8%	58.7%	
Birth spacing	Freq	30	76	106	212
	%	68.2%	58.9%	61.6%	
AN care	Freq	31	109	145	285
	%	70.5%	84.5%	84.3%	
PN care	Freq	34	109	150	293
	%	77.3%	84.5%	87.2%	
waste disposal	Freq	16	34	24	74
	%	36.4%	26.4%	14.0%	
Total	Freq	44	129	172	345

Availability of various guide books was not different among HFs of different levels as well as different areas.

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Use of Information Communication Technology (ICT)

Table 59a. Percentage of HFs using Information Communication Technology available by level of HFs

Level of health facility			Use of IT and communication tools			
			Use (observed)	Use (not observe)	Not use	Total
	Tertiary/District Hospital	Freq	53	3	6	62
		%	85.5%	4.8%	9.7%	100.0%
	Township/Station Hospital	Freq	137	8	3	148
		%	92.6%	5.4%	2.0%	100.0%
	UHC/RHC/MCH	Freq	156	26	16	198
		%	78.8%	13.1%	8.1%	100.0%
Total		Freq	346	37	25	408
		%	84.8%	9.1%	6.1%	100.0%

Majority of HFs (85%) were observed using some kind of information technology. Observed utilization rate was highest in secondary level (93%) and least frequent in primary level (79%). The difference of utilization rate was not much significant.

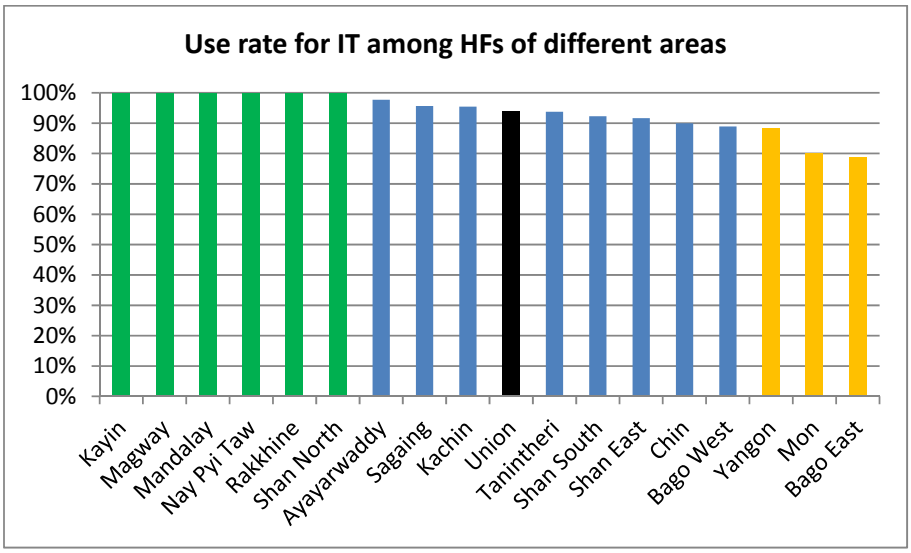

Figure 21. Use rate for IT among HFs of different areas

Use rate was reported as 100% in Kayin, Magway, Mandalay, Nay Pyi Taw, Rakkhine and Shan (North) and least in Mon, Bago (east) and Kayah.

Table 59b. Percentage of HFs using Information Communication Technology available by urban/rural

Unban/Rural			Use of IT and communication tools			
			Use (observed)	Use (not observe)	Not use	Total
	Urban	Freq	210	17	13	240
		%	87.5%	7.1%	5.4%	100.0%
	Rural	Freq	136	20	12	168
		%	81.0%	11.9%	7.1%	100.0%
Total		Freq	346	37	25	408
		%	84.8%	9.1%	6.1%	100.0%

IT use rate was not different between HFs in urban and rural areas.

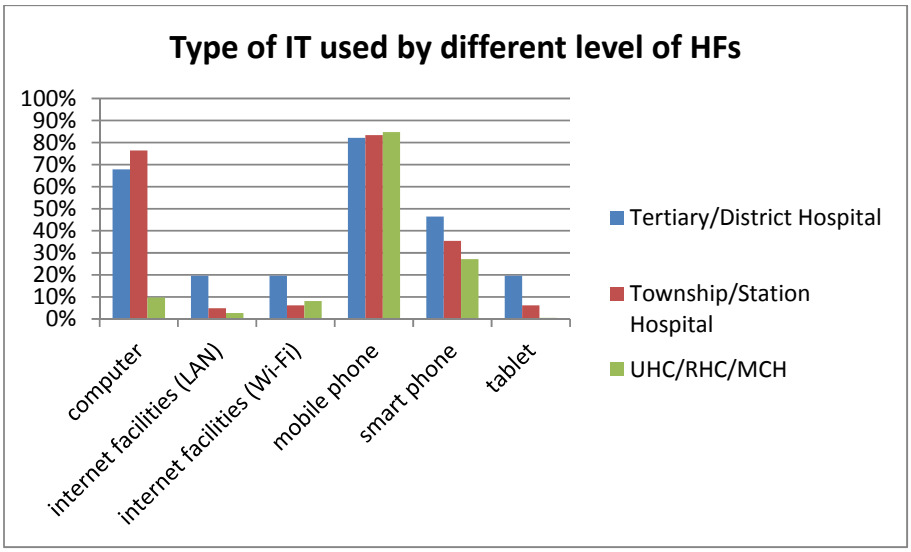

Figure 22. Type of IT used by different level of HFs

Percentage of SDPs with types of Information Communication Technology available by level of HFs

Among different types of IT, mobile phones and computers were more frequently used. Use rate of computer was lowest in primary level HFs. Use of mobile phone was not different between levels of HFs. Internet facility was the least used IT among other types and it was highest in tertiary level. Other IT like smart phones and tablets were used more in tertiary level HFs.

Table 59c. Percentage of SDPs with types of Information Communication Technology available by level of HFs

		Type of IT used						
		computer	mobile phone	smart phone	Tablet	internet facilities (LAN)	internet facilities (Wi-Fi)	Total
Kachin	Freq	11	21	9	1	-	-	21
	%	52.4%	100.0%	42.9%	4.8%	-	-	
Kayah	Freq	4	3	-	-	-	-	5
	%	80.0%	60.0%	-	-	-	-	
Kayin	Freq	6	14	-	-	-	-	14
	%	42.9%	100.0%	-	-	-	-	
Chin	Freq	2	7	1	-	-	1	8
	%	25.0%	87.5%	12.5%	-	-	12.5%	
Sagaing	Freq	15	39	13	1	1	1	44
	%	34.1%	88.6%	29.5%	2.3%	2.3%	2.3%	
Tanintheri	Freq	5	15	9	5	2	1	15
	%	33.3%	100.0%	60.0%	33.3%	13.3%	6.7%	
Bago East	Freq	6	12	3	1	4	-	15
	%	40.0%	80.0%	20.0%	6.7%	26.7%	-	
Bago West	Freq	6	16	2	2	1	1	16
	%	37.5%	100.0%	12.5%	12.5%	6.3%	6.3%	
Magway	Freq	16	28	3	-	-	5	33
	%	48.5%	84.8%	9.1%	-	-	15.2%	
Mandalay	Freq	18	21	20	2	3	3	28
	%	64.3%	75.0%	71.4%	7.1%	10.7%	10.7%	
Nay Pyi Taw	Freq	6	12	1	1	-	1	12
	%	50.0%	100.0%	8.3%	8.3%	-	8.3%	
Mon	Freq	4	10	6	-	-	-	14
	%	28.6%	71.4%	42.9%	-	-	-	
Rakkhine	Freq	6	21	8	-	1	1	25
	%	24.0%	84.0%	32.0%	-	4.0%	4.0%	
Yangon	Freq	17	26	13	2	2	2	30
	%	56.7%	86.7%	43.3%	6.7%	6.7%	6.7%	
Shan East	Freq	7	5	9	2	5	3	11
	%	63.6%	45.5%	81.8%	18.2%	45.5%	27.3%	
Shan North	Freq	6	21	6	1	1	1	26
	%	23.1%	80.8%	23.1%	3.8%	3.8%	3.8%	
Shan South	Freq	17	22	7	1	2	1	24
	%	70.8%	91.7%	29.2%	4.2%	8.3%	4.2%	
Ayayarwaddy	Freq	14	29	17	2	1	14	43
	%	32.6%	67.4%	39.5%	4.7%	2.3%	32.6%	
Total	Freq	166	322	127	21	23	35	384

Table 59d. Percentage of HFs with types of Information Communication Technology available by urban/rural

Type of IT used		Unban/Rural		
		Urban	Rural	Total
Computer	Freq	149	17	166
	%	65.9%	10.8%	
mobile phone	Freq	187	135	322
	%	82.7%	85.4%	
smart phone	Freq	84	43	127
	%	37.2%	27.2%	
Tablet	Freq	20	1	21
	%	8.8%	.6%	
internet facilities (LAN)	Freq	20	3	23
	%	8.8%	1.9%	
internet facilities (Wi-Fi)	Freq	26	9	35
	%	11.5%	5.7%	
Total	Freq	226	158	384

Urban rural difference was observed in the use of computer, tablet and internet facilities. The use of these facilities was significantly higher in urban compared to rural areas.

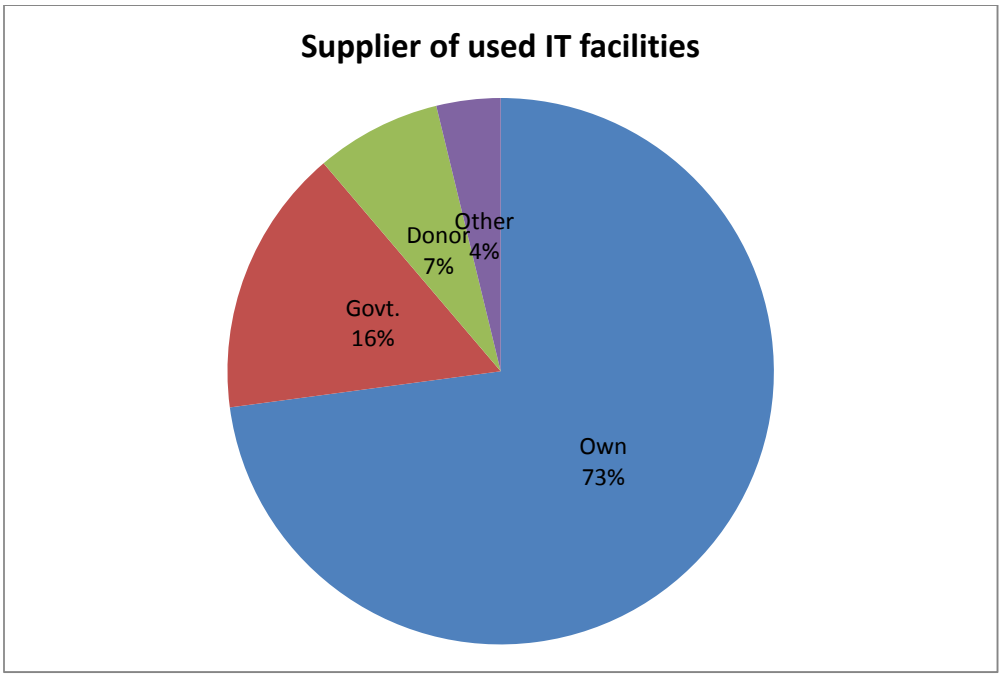

Figure 23. Supplier of IT facilities

Most of IT facilities (73% probably mobile phone and smart phone) was owned by staff. Government owned facilities contributed 16% and it might be computer and internet facilities.

Reason for use of IT

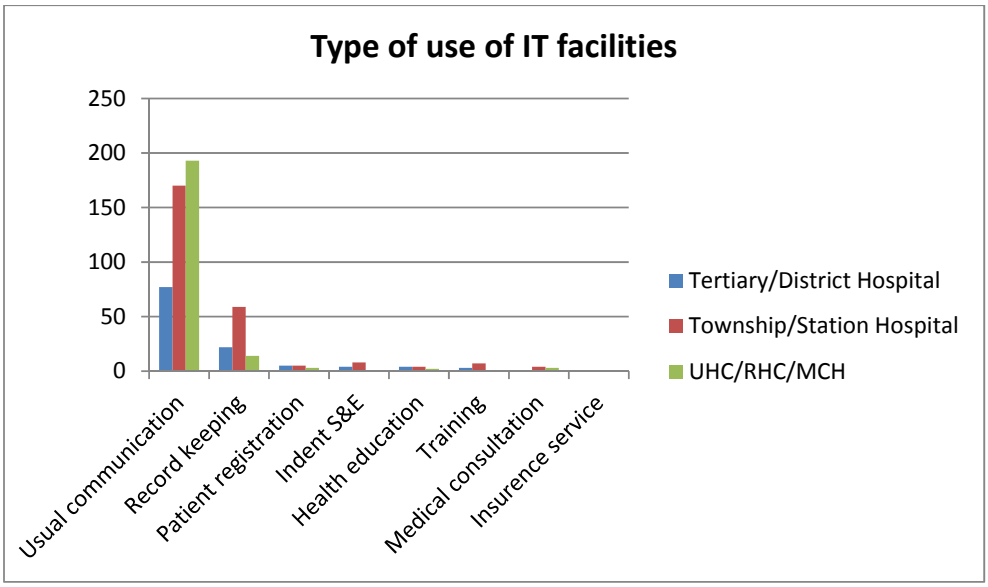

Figure 24. Type of use of IT facilities

Routine day to day communication was the most frequently stated reasons for use. Record keeping was the second most frequent reason for use but it was found to be very low compared to other reasons.

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Waste disposal

Table 60. Percentage distribution of HFs by how health wastes are disposed

Waste disposal			Level of health facility			
			Tertiary/District Hospital	Township/Station Hospital	UHC/RHC/MCH	Total
	burning	Freq	20	77	113	210
		%	32.3%	52.0%	57.1%	
	burying	Freq	35	102	144	281
		%	56.5%	68.9%	72.7%	
	incineration	Freq	26	32	8	66
		%	41.9%	21.6%	4.0%	
	municipal system	Freq	28	20	9	57
		%	45.2%	13.5%	4.5%	
	waste bans	Freq	22	23	18	63
		%	35.5%	15.5%	9.1%	
Total		Freq	62	148	198	408

Waste disposal system was found mostly by burying and burning in all levels of HFs. However, tertiary level HFs used burying (56%), municipal system (45%) and incineration (42%) were more frequently.

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Charges for user fees

Table 61. Percentage distribution of SDPs by issues for which user fee is charged for consultation, medication and specialty services

Charge for fee		Level of health facility			
		Tertiary/District Hospital	Township/Station Hospital	UHC/RHC/MCH	Total
Charging for consultation	Freq	-	2	2	4
	%	-	9.5%	5.6%	
Charging for medication	Freq	3	15	23	41
	%	75.0%	71.4%	63.9%	
Charging for specialty services	Freq	2	9	19	30
	%	50.0%	42.9%	52.8%	
Total	Freq	4	21	36	61

Only 61 out of 408 HFs responded that they charged clients. Charges were especially for medication and specialist services.

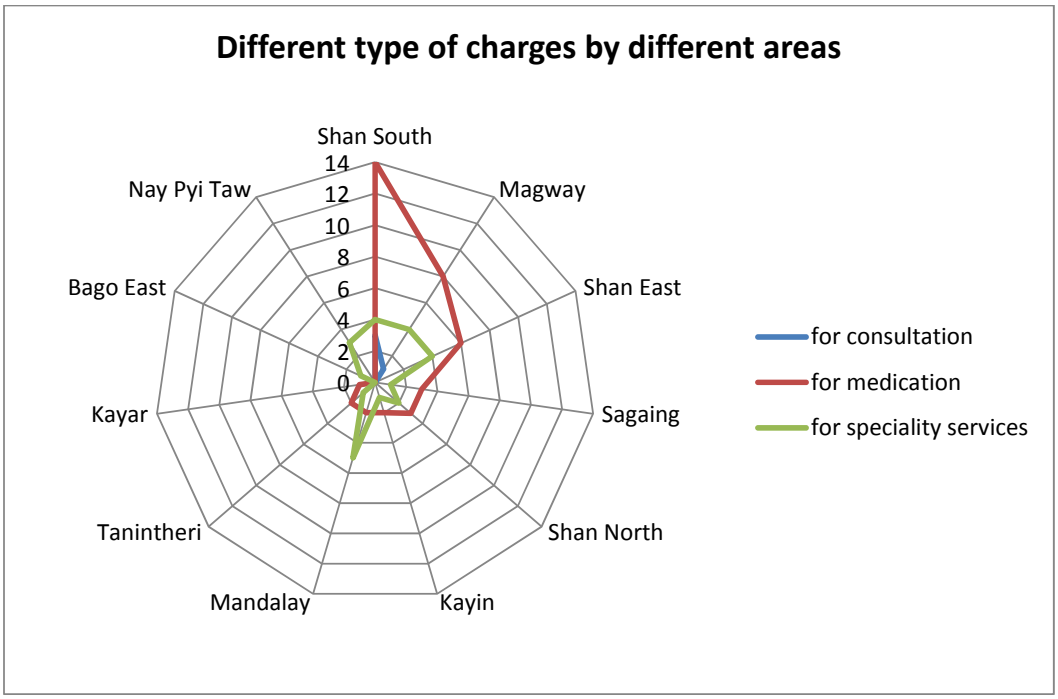

Figure 25. Different type of charges by different areas

Charge for medication was found especially in Shan (South), Magway and Shan (East). Charge for specialty services was not much frequent and observed mostly in Mandalay, Shan (South, Magway and Shan (East). Urban rural difference was not apparent.

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Free of charge for services

Four HFs charged for consultation fee, but they provided RH services free of charge. 37 out of 41 HFs (90%) which charged for medication, provided RH services free of charge. The medication for RH services was free of charge in all level HFs among 41 HFs. (Table was not included.)

Table 62. FOC for medication by level of HFs

FOC for medication		Level of health facility: Tertiary/District Hospital	Township/Station Hospital	UHC/RHC/MCH	Total
birth spacing medication	Freq	3	8	21	32
	%	75.0%	66.7%	100.0%	
ANC medication	Freq	3	11	19	33
	%	75.0%	91.7%	90.5%	
child care medication	Freq	3	11	19	33
	%	75.0%	91.7%	90.5%	
Total	Freq	4	12	21	37

Out of 37 HFs, more than 90% of HFs among secondary and primary level HFs provided medication for ANC and child care with free of charge. 100% of primary level HF among these 37 HFs provided birth spacing medication with free of charge.

Specialist services were found to be FOC at 23 out of 30 (77%) while all tertiary level HFs provided specialist services free of charge among these HFs. Six out of 9 secondary levels and 15 out of 19 primary level HFs provided RH special services free of charge.

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Summary of the findings

Availability of RH services and contraceptives

Among the total of sampled 408 health facilities, urban rural ratio was 59:41. More than 90% of HFs provided at least one of three types of RH services. Most available contraceptives were injectables, OC pills and male condoms. Female condoms and hormonal implants were least provided. Male sterilization is not legal to provide in Myanmar. Female sterilization is allowed only with legal restrictions and in some HFs with enough facilities and skilled health personnel. Some of reasons for not providing contraceptives were related to supply-chain system (especially calculation of need, regularity of indent, regularity and timely distribution and supervision of systematic use), low clients' demands and human resource (in terms of number of trained persons).

Offering at least five modern contraceptive methods

Fifty eight percent of HFs could provide at least five modern contraceptive methods. However, in primary level it was only 38%. More than 80% of HFs in Bago and Nay Pyi Taw Regions could provide at least five modern contraceptives while it was below 40% in Chin, Mon, Kachin, Rakkhine and Kayah. Urban rural difference for offering five modern contraceptives was significant (73% vs. 38%). Not like regions and urban/rural, distance between HF and nearest medical depot was not associated with offering services.

Availability of Reproductive Health medicine and modern contraceptives

One-third of health facilities were lacking all items of RH medicines. Hydralazine and M-dopa were especially lacking in two-thirds of health facilities. Provision of Tetanus Toxoid vaccination was integrated in EPI and thus TT was not regularly stored in HFs except on immunization days. Availability of at least 7 life-saving RH medicines was 43% in primary level while it was 89% in tertiary level HFs. In most States/Regions, it was below 80% and least in Ayeyarwaddy, Mon and Shan (South) (below 41%). Urban rural difference was also found (74% vs. 44%) but it was not due to distance between HFs and the nearest medical depot. Unavailability of medicines was mainly due to delay in supply (58%). Majority of HFs at all levels were found to have experienced stock-out for at least one contraceptive method within last 6 months in all States/Regions and both urban and rural. More than 70% of HFs were lacking at least one modern contraceptive at the time of survey in both urban and rural. Proportion of HFs with recent stock-out of one method was least in Tanintheri Region. The situation of recent stock-out and within six months was not associated with distance between HFs and the nearest medical depot.

Supply Chain, including cold chain

Different persons were ordering medical supplies at different levels of HFs; medical superintendent or assigned medical officer or specialist at tertiary level, TMOs at secondary level HFs, and HA/LHV (in some HC by TMO) at primary level. Calculation of the need was done in not more than 50% of HFs at all levels (45% in tertiary level 20% in primary

level). It was lowest in Shan (South) and highest in Shan (East) and Tanintheri Regions. Primary level HFs were mainly supplied by District/Township Health Departments. Secondary and tertiary levels HFs were mainly supplied by CMSD and State/Region Health Departments. Transportation varied and had more than one way. Majority (329/408) of transportation for medicine was by their own arrangement. Ninety two percent of HFs in rural areas and 73% of HFs in urban areas used their own arrangements. More than half of HFs had neither regular interval nor frequency of medicinal supplies. Less than two weeks interval in supplies was only at 15% of HFs. There were no obvious associations between intervals and type of suppliers.Having irregular interval was higher in Kayin and Ayeyarwaddy and lowest in Nay PyinTaw, Mon and Kayah.

Cold chain system was least available in primary level (24%) compared to tertiary and secondary level HFs (84% and 93% respectively). Cold chain system availability was highest in Bago (East), Kachin, Kayin and Yangon (>70%). It was least in Chin and Kayah States (40% and 37.5% respectively). Electric cold chain was mainly used in tertiary level HFs (88%) and secondary level HFs (80%). Refillable ice box and solar power were used more frequently in primary level HFs (21% and 40%).

Staff training and supervision

One-fourth (24%) and two-third (67%) of HFs had no trained staff for birth spacing and implant respectively. Almost all primary level HFs had no trained staff for implant. It was highest in Kayah State and Ayeyarwaddy Region. There was also urban rural difference. Fifty percent of HFs reported that there was no supervision related to RH within last 12 months. This proportion was higher among tertiary level HFs compared to primary level HFs (69% vs. 38%). 60% of secondary level HFs also had no such supervision. More than 50% of supervision was related to reporting, logistics and guideline/instruction matters. Supervision for treatment and training were found in only about 40% of supervision.

Availability of guidelines, check-lists and job aids

The least available guide material was “guide book for waste disposal both in urban and rural HFs (26% and 15% respectively). Availability for Guide books for Antenatal Care and Postnatal Care were most common (above 80% of HFs in both urban and rural areas).

Use of Information Communication Technology (ICT)

Majority of HFs (85%) were using modern information technology especially mobile phones and computer. Utilization rate was highest in secondary level (93%) and least frequent in primary level (79%). Use rate was reported as 100% in Kayin, Magway, Mandalay, Nay Pyi Taw, Rakkhine and Shan (North) and least in Mon, Bago (East) and Kayah. Mobile phones and computers were more commonly used. Utilization rate of computer was lowest in primary level HFs. Internet facility was least used at all level HFs. Tertiary level HFs used internet, smart phones and tablets more than secondary and primary level HFs. Most of IT facilities (73% probably mobile phone and smart phone) were owned by staff used for usual communication. Government owned facilities contributed 16% and it might be computers and internet facilities and mainly used for record keeping.

Waste disposal

Wastes were disposed mostly by burying and burning. However, 45% of tertiary level HFs used municipal system and 42% used incineration.

Charges for user fees

Only 61 out of 408 HFs responded that they charged clients. Charges were especially for medication especially in Shan (South), Magway and Shan (East). However, almost all HFs which had charged provided RH services free of charge. All tertiary level HF provided services free of charge.

Part IV: The results and discussion of the exit interview

Background characteristics of Clients

Table 63. Clients' background characteristics

Characteristics	Frequency	Percent (N=1225)
Level of HF		
Tertiary/District	186	15.2
Township/Station	428	34.9
RHC/MCH	611	49.9
Urban/Rural		
Urban	655	53.5
Rural	570	46.5
Area		
Kachin	66	5.4
Kayah	24	2.0
Kayin	42	3.4
Chin	30	2.4
Sagaing	143	11.7
Tanintheri	49	4.0
Bago East	57	4.7
Bago West	54	4.4
Magway	96	7.8
Mandalay	84	6.9
Nay Pyi Taw	35	2.9
Mon	45	3.7
Rakkhine	75	6.1
Yangon	99	8.1
Shan East	36	2.9
Shan North	78	6.4
Shan South	78	6.4
Ayayarwaddy	134	10.9
Sex		
Male	6	.5
Female	1219	99.5

Total number of clients who completed the interview at all levels of health facilities was 1225. Most of them were female (99.5%). Since the study recruited three clients at each facility regardless of level, the majority of clients (50%) were from RHC/MCH. Clients from tertiary/district level hospitals accounted for 15%. Urban rural ratio was 54:46. In accordance with size of areas, number of clients from Sagaing, Ayeyarwaddy Yangon and Mandalay were higher.

Table 64. Age distribution of clients

Level of health facility		Age group (year) 15 – 19	20 - 24	25 – 29	30 – 34	35 - 39	40 - 44	45+	Total
Tertiary/ District	Freq	3	26	38	60	41	13	5	186
	%	1.6%	14.0 %	20.4 %	32.3 %	22.0 %	7.0%	2.7%	100.0 %
Township/ Station	Freq	7	66	99	101	93	50	12	428
	%	1.6%	15.4 %	23.1 %	23.6 %	21.7 %	11.7 %	2.8%	100.0 %
RHC/MCH	Freq	16	95	129	169	116	63	23	611
	%	2.6%	15.5 %	21.1 %	27.7 %	19.0 %	10.3 %	3.8%	100.0 %
Total	Freq	26	187	266	330	250	126	40	1225
	%	2.1%	15.3 %	21.7 %	26.9 %	20.4 %	10.3 %	3.3%	100.0 %

Pearson Chi-Square=11.066, df=12, p=0.523

Rural/Urban		Age group (year) 15 – 19	20 - 24	25 – 29	30 – 34	35 - 39	40 - 44	45+	Total
Urban	Freq	15	96	144	173	146	62	19	655
	%	2.3%	14.7 %	22.0 %	26.4 %	22.3 %	9.5%	2.9%	100.0 %
Rural	Freq	11	91	122	157	104	64	21	570
	%	1.9%	16.0 %	21.4 %	27.5 %	18.2 %	11.2 %	3.7%	100.0 %
Total	Freq	26	187	266	330	250	126	40	1225
	%	2.1%	15.3 %	21.7 %	26.9 %	20.4 %	10.3 %	3.3%	100.0 %

Pearson Chi-Square=4.657, df=6, p=0.589

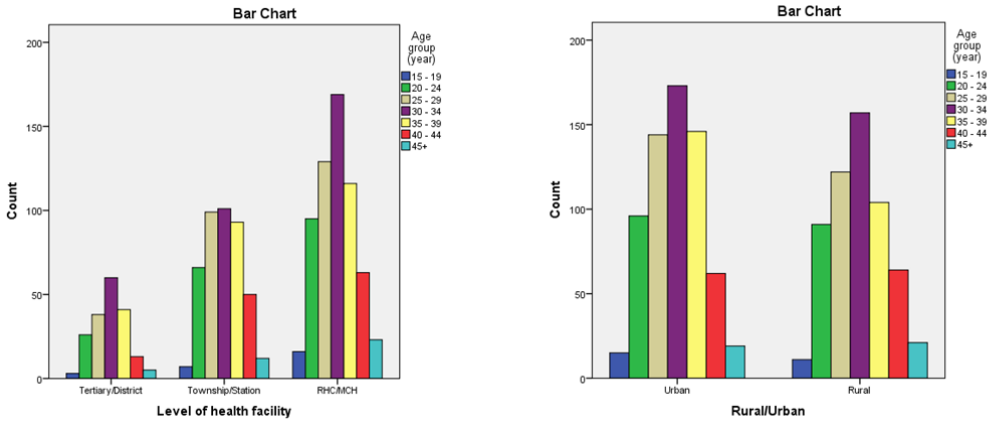


Figure 26. Age distribution of clients by level of HFs and urban/rural

Under 20 year-old clients accounted for only 2%. Majority was between 30-34 years (27%). 70% of total clients were between 25 and 39. Age distribution was not different across levels of health facilities and urban/rural. Average age (SD) of clients was 31.6 (6.7) years. Clients from Rakkhine and Shan South were younger than average (<30 years) and clients from Yangon and Bago East were oldest (>33 years).

Table 65. Marital status of clients

			Marital status Unmarried/live together	Married/live together	Divorce/ separated/widow	Total
Level of health facility	Tertiary/District	Freq	-	186	-	186
		%	-	100.0%	-	100.0%
	Township/Station	Freq	2	424	2	428
		%	.5%	99.1%	.5%	100.0%
	RHC/MCH	Freq	3	607	1	611
		%	.5%	99.3%	.2%	100.0%
Total		Freq	5	1217	3	1225
		%	.4%	99.3%	.2%	100.0%
Rural/ Urban	Urban	Freq	5	649	1	655
		%	.8%	99.1%	.2%	100.0%
	Rural	Freq	-	568	2	570
		%	-	99.6%	.4%	100.0%
Total		Freq	5	1217	3	1225
		%	.4%	99.3%	.2%	100.0%

99% of clients were married or living together with spouses. Marital status was not different across levels, urban/rural and areas.

Table 66. Percentage distribution of clients by education level

			Education level			
			No schooling	Primary	Above primary	Total
Level of health facility	Tertiary/District	Freq	8	42	136	186
		%	4.3%	22.6%	73.1%	100.0%
	Township/Station	Freq	24	117	285	426
		%	5.6%	27.5%	66.9%	100.0%
	RHC/MCH	Freq	36	212	363	611
		%	5.9%	34.7%	59.4%	100.0%
Rural/Urban	Urban	Freq	30	177	446	653
		%	4.6%	27.1%	68.3%	100.0%
	Rural	Freq	38	194	338	570
		%	6.7%	34.0%	59.3%	100.0%
Total		Freq	68	371	784	1223
		%	5.6%	30.3%	64.1%	100.0%

Two- third of clients were at above primary level education. Above primary education level client proportion was higher in tertiary level HFs than lower level HFs (73% vs. 67%&59%) and in urban area than rural (68% vs. 59%).

Table 67. Percentage distribution of clients by frequency of visit to the SDP for FP services

			Frequency of ever visit to birth spcaing clinic				
			monthly	two-monthly	three-monthly	irregular	Total
Level of health facility	Tertiary/District	Freq	29	2	103	50	184
		%	15.8%	1.1%	56.0%	27.2%	100.0%
	Township/Station	Freq	92	8	237	86	423
		%	21.7%	1.9%	56.0%	20.3%	100.0%
	RHC/MCH	Freq	170	9	396	33	608
		%	28.0%	1.5%	65.1%	5.4%	100.0%
Rural/Urban	Urban	Freq	133	13	371	131	648
		%	20.5%	2.0%	57.3%	20.2%	100.0%
	Rural	Freq	158	6	365	38	567
		%	27.9%	1.1%	64.4%	6.7%	100.0%
Total		Freq	291	19	736	169	1215
		%	24.0%	1.6%	60.6%	13.9%	100.0%

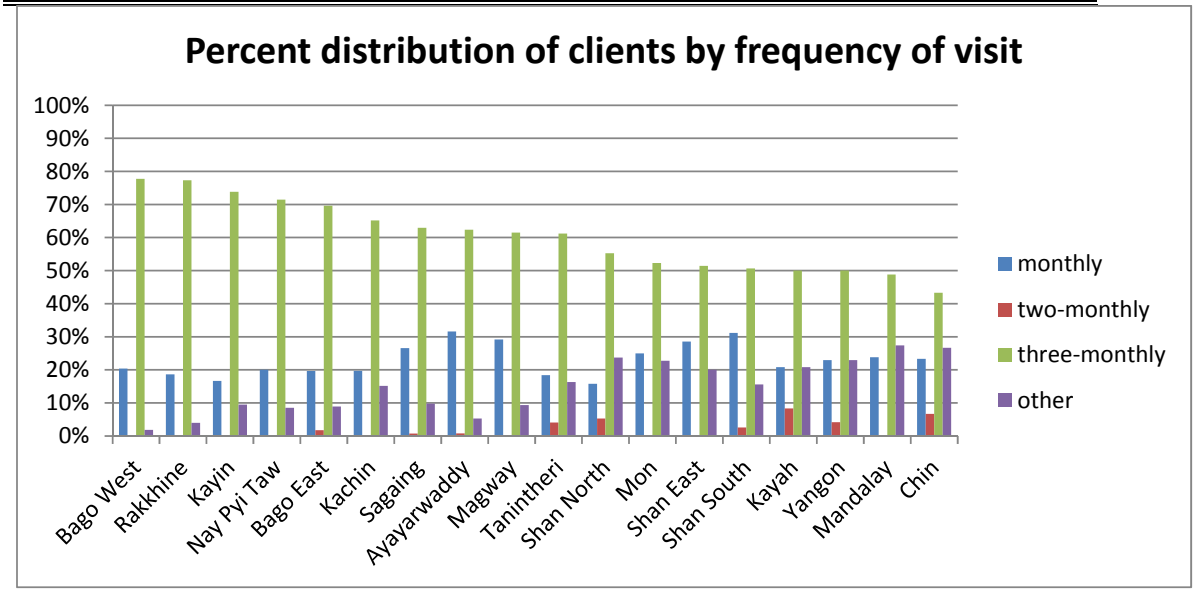


Figure 27. Percent distribution of clients by frequency of clinic visit

Regarding frequency of visit to HFs, clients who were visiting three-monthly were the highest proportion (60%). Monthly visitors were found to be second most frequent (60% and 24%). This pattern was obvious in all level of HFs and both in urban and rural areas.

Clients' perception of family planning service provision

Table 68. Percentage distribution of clients perspective of FP service provider's adherence to technical issues

Level of health facility (n=1218, 99%)	Technical issue							Total
	Got the BS method that you chose	The method you got is that you like	Staff informed you how to use the method	Staff informed you side effects of the method	Staff informed you how to manage side effects of the method	Staff informed you side effects of the method that need to follow up	Staff informed next appointment	
Tertiary/District	179	159	157	143	145	149	155	182
	98.4%	87.4%	86.3%	78.6%	79.7%	81.9%	85.2%	
Township/Station	419	353	365	362	356	361	379	426
	98.4%	82.9%	85.7%	85.0%	83.6%	84.7%	89.0%	
RHC/MCH	599	525	535	496	489	510	578	610
	98.2%	86.1%	87.7%	81.3%	80.2%	83.6%	94.8%	
Total	1197	1037	1057	1001	990	1020	1112	1218

	Technical issue							Total
	Got the BS method that you chose	The method you got is that you like	Staff informed you how to use the method	Staff informed you side effects of the method	Staff informed you how to manage side effects of the method	Staff informed you side effects of the method that need to follow up	Staff informed next appointment	
Urban	638	546	559	540	536	544	581	650
	98.2%	84.0%	86.0%	83.1%	82.5%	83.7%	89.4%	
Rural	559	491	498	461	454	476	531	568
	98.4%	86.4%	87.7%	81.2%	79.9%	83.8%	93.5%	
	1197	1037	1057	1001	990	1020	1112	1218

Area (n=1218, 99%)		Technical issue							Total
		Got the BS method that you chose	The method you got is that you like	Staff informed you how to use the method	Staff informed you side effects of the method	Staff informed you how to manage side effects of the method	Staff informed you side effects of the method that need to follow up	Staff informed next appointment	
	Kachin	63	50	55	56	55	56	62	66
		95.5%	75.8%	83.3%	84.8%	83.3%	84.8%	93.9%	
	Kayar	22	23	23	17	19	21	23	24
		91.7%	95.8%	95.8%	70.8%	79.2%	87.5%	95.8%	
	Kayin	38	35	39	37	35	35	39	41
		92.7%	85.4%	95.1%	90.2%	85.4%	85.4%	95.1%	
	Chin	30	27	29	19	25	27	27	30
		100.0%	90.0%	96.7%	63.3%	83.3%	90.0%	90.0%	
	Sagaing	143	126	132	128	124	126	133	143
		100.0%	88.1%	92.3%	89.5%	86.7%	88.1%	93.0%	
	Tanintheri	48	38	32	19	24	29	43	49
		98.0%	77.6%	65.3%	38.8%	49.0%	59.2%	87.8%	
	Bago East	55	43	46	44	41	45	50	57
		96.5%	75.4%	80.7%	77.2%	71.9%	78.9%	87.7%	
	Bago West	54	44	51	44	43	48	54	54
		100.0%	81.5%	94.4%	81.5%	79.6%	88.9%	100.0%	
	Magway	96	82	86	86	82	86	90	96
		100.0%	85.4%	89.6%	89.6%	85.4%	89.6%	93.8%	
	Mandalay	81	73	72	60	60	55	66	84
		96.4%	86.9%	85.7%	71.4%	71.4%	65.5%	78.6%	
	Nay Pyi Taw	35	21	28	27	28	29	30	35
		100.0%	60.0%	80.0%	77.1%	80.0%	82.9%	85.7%	
	Mon	45	44	38	36	36	38	42	45
		100.0%	97.8%	84.4%	80.0%	80.0%	84.4%	93.3%	
	Rakkhine	74	69	70	61	62	60	71	75
		98.7%	92.0%	93.3%	81.3%	82.7%	80.0%	94.7%	
	Yangon	99	72	78	76	73	78	92	99
		100.0%	72.7%	78.8%	76.8%	73.7%	78.8%	92.9%	
	Shan East	35	35	23	31	33	33	32	35
		100.0%	100.0%	65.7%	88.6%	94.3%	94.3%	91.4%	
	Shan North	72	55	50	56	47	50	61	75
		96.0%	73.3%	66.7%	74.7%	62.7%	66.7%	81.3%	
	Shan South	73	72	72	72	70	71	66	76
		96.1%	94.7%	94.7%	94.7%	92.1%	93.4%	86.8%	
	Ayayarwaddy	134	128	133	132	133	133	131	134
		100.0%	95.5%	99.3%	98.5%	99.3%	99.3%	97.8%	
Total		1197	1037	1057	1001	990	1020	1112	1218

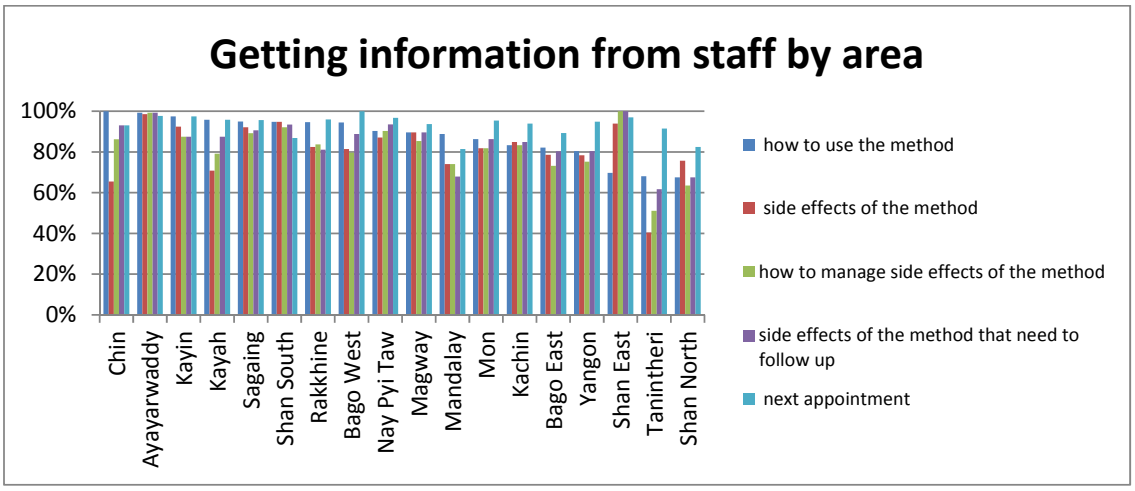


Figure 28. Getting information from health staff

Overall impression on staff about giving necessary information in the HFs was good since more than 85% of clients in all levels of HFs and both urban and rural responded that they received information. Among States/Regions, proportions of clients who had expressed their experience on information/communication received from their providers at HFs, were found higher in Ayeyarwaddy and Shan (East) than other regions. Tanintheri Region was found the least frequent.

Table 69. Percentage distribution of clients' perspective of FP service organizational aspects

			Time issue (N=1220)				
			Waiting time before consultation was too long	Satisfy the cleanliness of HC	Satisfy privacy status of HC	Took enough time for consultation	Total
Level of health facility	Tertiary/District	Freq	35	182	184	180	186
		%	18.8%	97.8%	98.9%	96.8%	
	Township/Station	Freq	45	422	404	421	426
		%	10.6%	99.1%	94.8%	98.8%	
	RHC/MCH	Freq	39	585	581	595	608
		%	6.4%	96.2%	95.6%	97.9%	
Rural/Urban	Urban	Freq	80	642	630	641	653
		%	12.3%	98.3%	96.5%	98.2%	
	Rural	Freq	39	547	539	555	567
		%	6.9%	96.5%	95.1%	97.9%	
Total		Freq	119	1189	1169	1196	1220

Level of satisfaction on status of HFs in terms of waiting time, cleanliness, privacy and consultation time were good with more than 95% of clients responding favouably. This satisfaction was homogenous in all levels of HFs, all regions and both urban and rural areas.

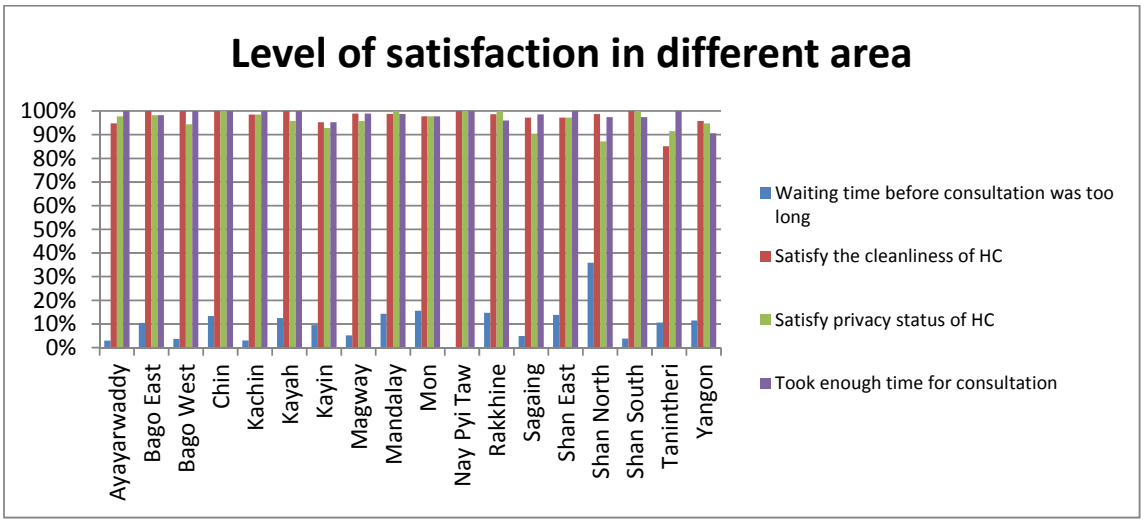


Figure 29. Level of satisfaction in different area

Table 70. Percentage distribution of clients' perspective of FP service inter-personal aspects

			Regards (N=1221)			
			Gave regards and warm welcome	Insisted/urged to accept the method you got	Satisfy the attitude of staff on you	Total
Level of health facility	Tertiary/District	Freq	184	10	181	186
		%	98.9%	5.4%	97.3%	
	Township/Station	Freq	424	29	424	427
		%	99.3%	6.8%	99.3%	
	RHC/MCH	Freq	607	37	599	608
		%	99.8%	6.1%	98.5%	
Rural/Urban	Urban	Freq	650	41	644	654
		%	99.4%	6.3%	98.5%	
	Rural	Freq	565	35	560	567
		%	99.6%	6.2%	98.8%	
Total		Freq	1215	76	1204	1221

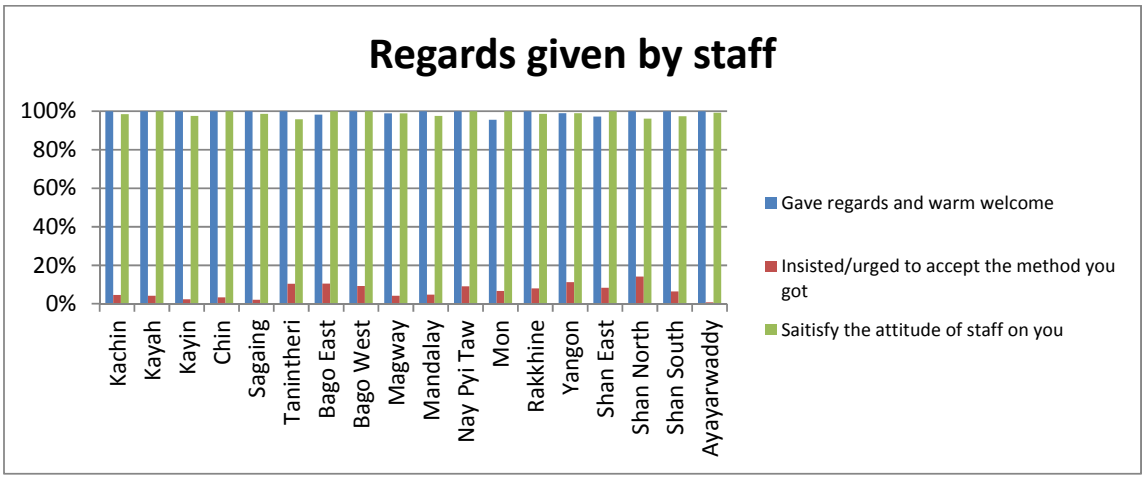


Figure 30. Regard of staff

Staffs' personal communication skills regarding contraceptive services and regards for clients were also found to be satisfactory by most clients (>90%) in all levels of HFs, in both urban and rural and in all regions.

Table 71. Percentage distribution of clients' perspective of FP service outcome aspects

			Outcome aspect (N=1222)			
			Satisfy the service/treatment you received	Have idea to visit the HC in future	Have idea to encourage friends/relatives to use this HC	Total
Level of health facility	Tertiary/District	Freq	185	176	174	186
		%	99.5%	94.6%	93.5%	
	Township/Station	Freq	427	404	402	427
		%	100.0%	94.6%	94.1%	
	RHC/MCH	Freq	602	593	587	609
		%	98.9%	97.4%	96.4%	
Rural/Urban	Urban	Freq	653	624	618	654
		%	99.8%	95.4%	94.5%	
	Rural	Freq	561	549	545	568
		%	98.8%	96.7%	96.0%	
Total		Freq	1214	1173	1163	1222

With regard to outcome aspect of services, most clients were satisfied (>95%). The satisfaction on outcome aspects was homogenous in all levels of HFs, urban/rural and States/Regions.

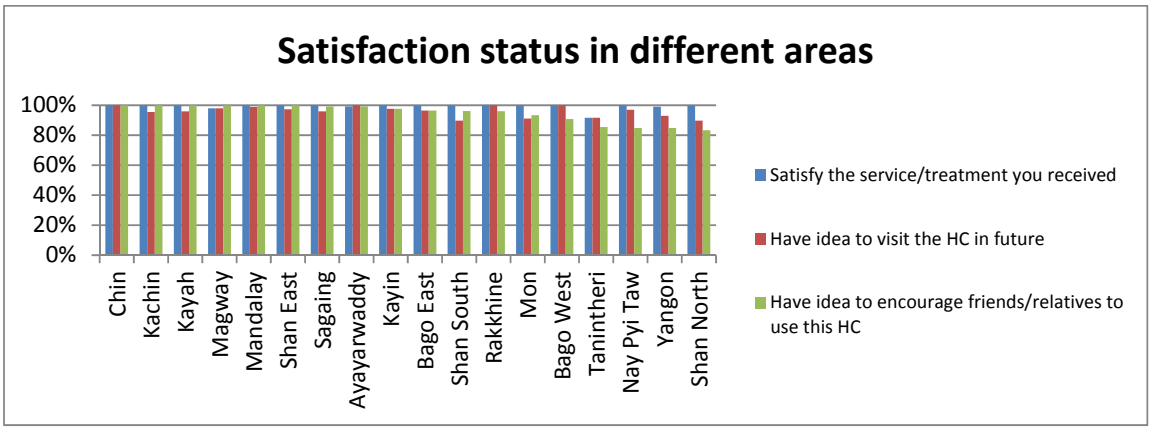


Figure 31. Satisfaction status in HFs at different area

Clients' appraisal of cost of family planning services

Table 72. Percentage of clients reporting paying for service and average amount paid by type of SDP and urban/rural residence

			Need to pay for the last visit for BS services		
			yes	no	Total
Level of health facility	Tertiary/District	Freq	80	106	186
		%	43.0%	57.0%	100.0%
	Township/Station	Freq	121	304	425
		%	28.5%	71.5%	100.0%
	RHC/MCH	Freq	172	437	609
		%	28.2%	71.8%	100.0%
Rural/Urban	Urban	Freq	215	437	652
		%	33.0%	67.0%	100.0%
	Rural	Freq	158	410	568
		%	27.8%	72.2%	100.0%
Total		Freq	373	847	1220
		%	30.6%	69.4%	100.0%

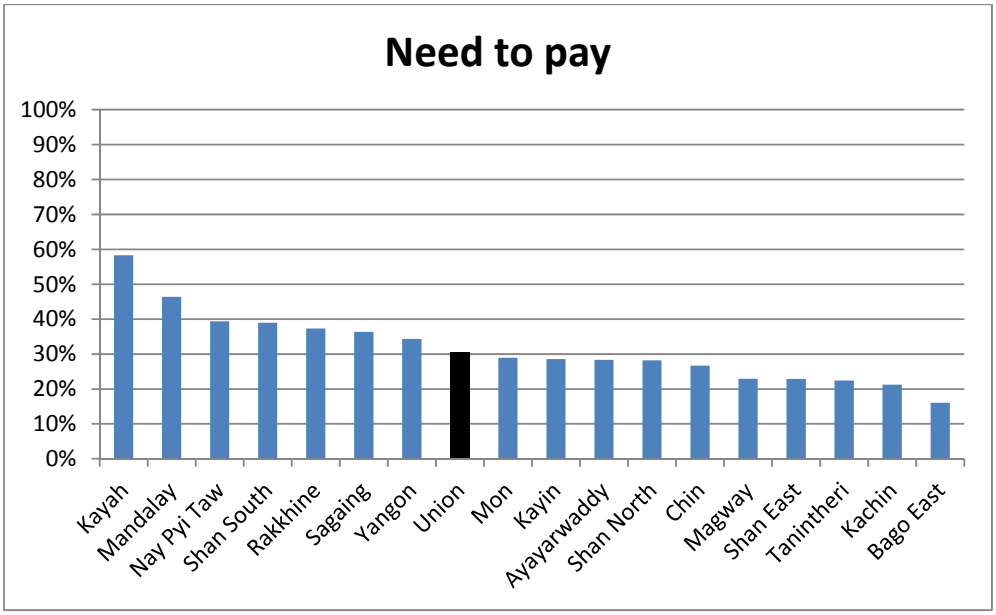
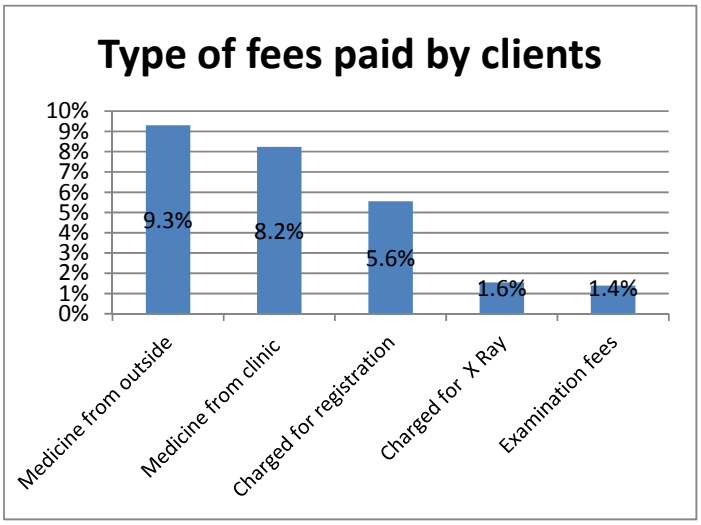


Figure 32. Percentage of clients reporting paying for service by Administrative Unit (Region)

Thirty percent of clients stated that they needed to pay for their contraceptive services. Proportion of clients who needed to pay was higher in tertiary level HFs compared to secondary and primary levels (43% vs. 28%) and more in urban compared to rural (33% vs. 28%). Among regions, Kayah State and Mandalay Region were highest (about 50%) and Bago Region was lowest (about 10%).



Most fees were related to buying medicine from pharmacy outside or inside hospital costing about 1000 kyats. Other fees for registration and consultation were equal or less than 500 kyats.

Figure 33. Type of users' fees at HFs

Table 73. Average amount charged for various items

Level of health facility		Charged for registration	Charged for X Ray	Medicine from clinic	Medicine from outside	Consultation fees
Tertiary/District	Mean	382	1638	888	4577	2160
	SD	485	1842	1195	14132	2707
	Median	250	1050	750	1000	800
Township/Station	Mean	560	2500	4854	3066	917
	SD	959	3987	17079	6179	2010
	Median	200	0	1000	1000	0
RHC/MCH	Mean	448	780	2011	2779	2792
	SD	368	1248	6529	8510	3604
	Median	500	300	1000	1000	975
Urban	Mean	463	2392	3841	3979	2171
	SD	923	2840	13660	11028	2962
	Median	200	1100	1000	1000	650
Rural	Mean	499	150	1103	1842	1400
	SD	435	164	994	5166	2584
	Median	500	150	1000	1000	500
Total	Mean	482	1684	2621	3379	1944
	SD	695	2556	10244	9769	2799
	Median	300	300	1000	1000	500

Table 74. Percentage distribution of clients by mode of transportation, distance travelled and cost of transportation

			Main route to reach the clinic						
			On-foot	Bicycle	Motorbike	Bus/Taxi	Own vehicle	Other	Total
Level of health facility	Tertiary/District	Freq	88	8	54	26	2	8	186
		%	47.3%	4.3%	29.0%	14.0%	1.1%	4.3%	100.0%
	Township/Station	Freq	227	32	123	13	7	21	423
		%	53.7%	7.6%	29.1%	3.1%	1.7%	5.0%	100.0%
	RHC/MCH	Freq	455	28	100	8	3	16	610
		%	74.6%	4.6%	16.4%	1.3%	.5%	2.6%	100.0%
Rural/Urban	Urban	Freq	340	44	180	43	9	36	652
		%	52.1%	6.7%	27.6%	6.6%	1.4%	5.5%	100.0%
	Rural	Freq	430	24	97	4	3	9	567
		%	75.9%	4.2%	17.1%	.7%	.5%	1.6%	100.0%
Total		Freq	768	68	277	47	12	45	1219
		%	63.0%	5.6%	22.7%	3.9%	1.0%	3.7%	100.0%

Two third of HFs (63%) were located close to the residence of clients which could be reached on-foot. Second most frequent mean of transportation was motorbike (23%). Travel on-foot was highest in primary level HFs compared to secondary and tertiary levels (75% vs. 47% and 54%). It was also more common in rural than in urban (76% vs. 52%). On average, HFs were located one mile away from clients' residence and the cost was about 500 kyats for traveling.

Table 75. Average distance to HFs from home and cost for travel

Level of health facility		Distance to clinic from home	Cost of travel to reach the clinic
Tertiary/District	Mean	4	1571
	Std. Deviation	11	4665
	Median	1	200
Township/Station	Mean	1	336
	Std. Deviation	5	943
	Median	1	0
RHC/MCH	Mean	1	159
	Std. Deviation	2	539
	Median	0	0
Urban	Mean	2	669
	Std. Deviation	7	2525
	Median	1	0
Rural	Mean	1	191
	Std. Deviation	2	1220
	Median	0	0
Total	Mean	1	441
	Std. Deviation	5	2025
	Median	0	0

Table 76. Average time spent by client for FP services

Level of health facility		Duration for travel to clinic (total minute)	Duration for waiting at clinic (total minute)	Duration for return to home (total minute)
Tertiary/District	Mean	35	18	34
	Std. Deviation	117	27	117
	Median	15	10	15
Township/Station	Mean	17	11	16
	Std. Deviation	43	14	43
	Median	10	10	10
RHC/MCH	Mean	12	14	12
	Std. Deviation	13	96	13
	Median	10	5	10
Urban	Mean	23	14	22
	Std. Deviation	75	20	75
	Median	10	10	10
Rural	Mean	12	14	12
	Std. Deviation	13	99	13
	Median	10	5	10
Total	Mean	17	14	17
	Std. Deviation	55	69	55
	Median	10	5	10

Respondents stated average time to spend in clinic visit were 30- 60 minutes in total including traveling and waiting time.

Table 77. Percentage distribution of clients by activities they would have engaged in during the time spent receiving FP services

Sex	Average Time Spent (Mean and SD)															
	Household chores		Farm works		Selling		Manual labour		Skilled labourer		Professional		Other		Total	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Male	23	11	15	0									5		16	9
Female	43	94	49	46	48	133	49	40	36	31	35	35	135	470	48	138
15 – 19	26	19	12		30	29	15								25	18
20 – 24	62	203	35	19	19	8	56	62	28	25	15		33	18	56	182
25 – 29	43	55	48	61	110	299	44	21	23	18	35	31	35	20	50	114
30 – 34	41	41	55	45	32	29	52	34	48	18	39	48	428	1041	54	198
35 – 39	35	30	53	50	42	63	44	32	67	46	23	11	111	109	42	49
40 – 44	41	54	37	29	39	40	39	38	11	6	50	17	38	22	39	45
45+	31	28	80		15		150		20				20		36	36
Unmarried/ live together	26	3													26	3
Married/live together	43	94	47	46	49	134	49	40	36	31	35	35	132	464	48	138
Divorce/separated/widow	90				15	0									40	43
Total	43	94	47	46	48	133	49	40	36	31	35	35	132	464	48	138

Table 78. Percentage distribution of clients by persons indicated to have performed activities on their behalf while they were away receiving FP Services and the estimated average payment

		To whom assigned the task left at home				
		Family member	Working partner	Nobody	Other	Total
Sex	Male	2	1	3	0	6
		33%	17%	50%	0%	100%
	Female	652	55	466	36	1209
		54%	5%	39%	3%	100%
Age group (year)	15 – 19	18	0	8	0	26
		69%	0%	31%	0%	100%
	20 – 24	100	6	73	6	185
		54%	3%	39%	3%	100%
	25 - 29	126	14	112	12	264
		48%	5%	42%	5%	100%
	30 - 34	182	19	117	8	326
		56%	6%	36%	2%	100%
	35 - 39	137	12	93	7	249
		55%	5%	37%	3%	100%
	40 - 44	69	2	51	3	125
		55%	2%	41%	2%	100%
	45+	22	3	15	0	40
		55%	8%	38%	0%	100%
Marital status	Unmarried/live together	4	0	1	0	5
		80%	0%	20%	0%	100%
	Married/live together	649	56	467	36	1208
		54%	5%	39%	3%	100%
	Divorce/separated/widow	1	0	1	0	2
		50%	0%	50%	0%	100%
Total		654	56	469	36	1215
		54%	5%	39%	3%	100%

Table 79. Average amount paid to persons who performed activities on behalf of clients by activities performed while client was away receiving FP services

Main task at home left during the clinic visit	Average amount paid (Mean and SD)									
	Family member		Working partner		Nobody		Other		Total	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Household chores	1000	408	-	-	-	-	20500	16454	9357	14106
Farm works	500		1500	1000	-	-	-	-	1250	957
Selling	1833	1041	1000		-	-	1000	-	1500	866
Manual labour	500		-	-	-	-	-	-	500	
Skilled labourer	2100	2687	-	-	-	-	-	-	2100	2687
Professional	-	-	-	-	6	-	-	-	6	
Other	3000	-	2250	1061	500	-	2000	-	2000	1061
Total	1475	1213	1667	931	253	349	12900	15614	3708	7977

Tabel 80. Percentage distribution of clients by source of funds used to pay for FP services

		source of funds used to pay for FP services				
		Self	Spouse	Family members	Other	Total
Sex	Male	1	1	0	0	2
		50%	50%	0%	0%	100%
	Female	202	383	9	56	650
		31%	59%	1%	9%	100%
Age group (year)	15 - 19	3	11	0	2	16
		19%	69%	0%	13%	100%
	20 - 24	20	72	3	8	103
		19%	70%	3%	8%	100%
	25 - 29	45	91	2	10	148
		30%	61%	1%	7%	100%
	30 - 34	63	99	2	15	179
		35%	55%	1%	8%	100%
	35 - 39	39	71	0	13	123
		32%	58%	0%	11%	100%
	40 - 44	26	31	2	5	64
		41%	48%	3%	8%	100%
	45+	7	9	0	3	19
		37%	47%	0%	16%	100%
Marital status	Unmarried/live together	1	4	0	0	5
		20%	80%	0%	0%	100%
	Married/live together	202	380	8	56	646
		31%	59%	1%	9%	100%
	Divorce/separated/widow	0	0	1	0	1
		0%	0%	100%	0%	100%
Total		203	384	9	56	652
		31%	59%	1%	9%	100%

Table 81. Average amount paid from each source by background characteristics of clients

		Average Cost incurred							
		by yourself		by spouse		by family members		by others	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD
Sex	Male	400	-	3000	-	-	-	-	-
	Female	2365	6971	3497	12951	6288	5470	7523	15938
Age	15 – 19	300	283	1450	1322	-	-	4	-
	20 – 24	1559	1304	1448	1397	8567	9416	6250	6010
	25 – 29	3160	6779	5802	22772	5200	1697	17000	28583
	30 – 34	1766	2779	2227	3131	4600	1980	16668	28866
	35 – 39	1781	2562	2521	4725	-	-	1558	3737
	40 – 44	4315	16521	9493	20851	5000	-	5500	7778
	45+	950	663	843	583	-	-	-	-
Marital status	Unmarried/live together	500	-	2000	2000	-	-	-	-
	Married/live together	2365	6972	3513	13006	6614	5823	7523	15938
	Divorce/separated/widow	-	-	-	-	4000	-	-	-
	Total	2355	6954	3496	12932	6288	5470	7523	15938

Summary of the findings from clients exit interview

Background characteristics: Out of 1225 total clients who completed the interview at all levels of health facilities most of them were female (99.5%) and 50% were from RHC/MCH which is primary level HFs. Clients from tertiary/district level hospitals accounted for 15%. Urban rural ratio was 54:46. Seventy percent of total clients were between 25 to 39 years with average age (SD) 31.6 (6.7) years. Almost all of clients were married or living together with spouse. Two- third of clients were at above primary level education. It was higher in tertiary level HFs than lower level HFs (73% vs. 67%&59%) and in urban area than rural (68% vs. 59%). Highest proportion (60%) of clients visted the clinics on a three-monthly basis across all levels of HFs and both in urban and rural areas.

Clients' perception: 85% of clients in all levels of HFs and both urban and rural responded that they received necessary information and were satisfied with the staff's response. 95% of clients in all levels of HFs, all regions and both urban and rural areas were satisfied with waiting time, cleanliness, privacy and consultation time. Staffs' personal communication skill regarding contraceptive services and regards for clients were also found to be satisfactory by most clients (>90%) in all levels of HFs, in both urban and rural and in all regions. With regard to outcome aspect of services, most clients at all levels of HFs, urban/rural and States/Regions were satisfied.

Thirty percent of clients needed to pay for contraceptive services. Paying for contraceptive services was higher in tertiary level HFs compared to secondary and primary levels (43% vs. 28%) and more in urban compared to rural (33% vs. 28%). Most fees were related to buying medicine from pharmacy outside or inside hospital costing about 1000 kyats. Other fees (for registration, consultation) were about 500 kyats.

Two third of HFs (63%) were located close to the residence of clients and could be reached on-foot. Second most frequent means of transportation was motorbike (23%). Travel on-foot was highest in primary level HFs compared to secondary and tertiary levels (75% vs. 47% and 54%), and the same was true for rural areas compared to urban (76% vs. 52%). On average, HFs were located one mile away from clients' residence and it costed about 500 kyats for traveling. Respondents stated that average time spent for clinic visit was 30- 60 minutes in total including traveling and waiting time.

Part V: Conclusion

The use of modern contraceptive methods has increased rapidly overall in the past 30 years, especially in countries with strong family planning programmes. However, progress has stalled in many low-income countries.[11] In Myanmar, current use of contraception was reported by 46 per cent of ever-married women and there are significant disparities between population with different education and economic levels as well as regions.[12] Given this situation, there was a need to know the availability of RH commodities including contraceptives at facilities across the country and this need was fulfilled by the Health Facility Assessment Survey conducted by the Department of Medical Research-Upper Myanmar with UNFPA GPRHCS support. The study informed that more than 90% of HFs offered at least one of the three RH services and provided three modern contraceptives including the most preferred method. However, only 58% were offering five modern contraceptives and the rate was 38% in primary level HFs. Urban rural disparities of availability was also much pronounced. The reasons behind might be efficient supply chain mechanism, availability of skilled providers, and supervision. Exact reasons should be explored by further research. OC pill, injectables and male condom were available in most HFs and this is the reason for high rate of three-method availability. However, IUD, ECP and implants were not available in most of HFs especially in primary level (most frequently due to delay supply and less utilization) and unavailability of IUD and implants could be a barrier to promoting long-term methods.

Recent stock-out situation would affect contraceptive security. Thus, low utilization of contraception might be due to unavailability of preferred methods in HFs. As globally accepted, HFs should have five methods to meet the need of clients in majority of cases. However, only three methods were available in HFs especially at primary level. It is not feasible for primary level HFs to make five-methods available. To increase number of methods from three to five at resource limited HFs, it must be considered which methods should be introduced appropriately with recent setting (i.e. limited budget, skilled providers, supply chain mechanism and preference of users). ECP doesn't need special training for prescribing but services for IUD and implants will need intensive training, equipment and staff manpower. There were a few studies for preference of implants in central regions and northern Shan State and the studies showed that there were many couples who preferred to use implants. ECP was culturally sensitive since it is associated with pre-marital sex. Female condom was not much popular among users as well as providers. It was not available in most of HFs at all three levels. IUD is a method having technical restriction in low level HFs. Thus it is better to supply female condom and ECP more at HFs for getting better BS commodity security and for providing more options for clients. It is expected that the level of contraceptive use will improve and HFs can fulfill the need of the community after the provision of assistance by the Global Programme and its partners. In particular, progress would be seen when governments work closely with development partners to reach isolated and vulnerable populations.

[11] UNFPA. The Global Programme to Enhance Reproductive Health Commodity Security. 2010
[12] MICS, 2009-2010

The effectiveness of reproductive health interventions depend largely on a secure, reliable stream of medicinal supplies. The basic items must reach the places where and whenever they are needed. In this regard, it is essential to improve supply chain system which can cause delay at different levels leading to stock-outs. In Myanmar, there was obviously no effective supply chain management system in all levels of HFs and all regions. Identifying required items, forecasting the amount, indent, determining frequency of indent, interval of supply, storage and distribution: all steps were weak as was found in this assessment. Unavailability of 7 life-saving RH medicines was higher in primary level of HFs especially in most states rather than regions, and in rural rather than urban areas. This situation is critical since most maternal and newborn mortality and morbidity were at those areas lacking the supplies. Most of essential medicine lacking in about one-third of HFs were antihypertensives and antibiotics. Among antihypertensives, nifedipine was not much frequently found as available RH medicine in HFs. Hydralazine and M-dopa were not popularly used. Among antibiotics, gentamycin was not much available than azithromycin, ampicillin and benzyl penicillin.. Oxytocin is a medicine which requires cold chain storage. However, the cold chain storage for this medicine was not ensured in all levels of HFs. This is also true in the market and importing line into the country apart from UNFPA and the government Central Medical Store Department (CMSD). Thus, the effectiveness of oxytocin could not be granted in management of PPH even in the tertiary level HFs due to uncertainty of cold chain.

A good RH service provision requires regular supervision and monitoring of RH commodities as well as staff. Although there were frequent supervision visits at primary level HFs, these visits focused more on administrative/logistics matters rather than on patient's care and staff training. Since tertiary level HFs has specialists and higher authorities, the supervisions from higher level were not much emphasized. However, the situation should be improved by a special monitoring or reporting system instead of supervision.

In Myanmar, Ministry of Health has made efforts and given inputs to reach Millennium Development Goal especially reducing maternal mortality and child mortality and getting positive indicators in reduction of morbidity and mortality. However, reproductive health security still has challenges and there is a need to overcome the limitations, inadequate supplies and systems for equitable provision of services. Addressing adequate, timely and need-based distribution of commodities and services to reach targeted population is important for Myanmar, it needs a comprehensive supply system to ascertain health care services and community for the reproductive health security.

The Ministry of Health is taking major responsibility for managing human resource, providing comprehensive health care and managing infrastructure and systems as a whole. However, many key players are taking more action providing services in hard-to-reach area and vulnerable population and sharing responsibility for resource flow in equitable manner.

The move towards RHCS concepts and practices is a step in the right directions: strengthening enabling environment, improving information base for decision making, strengthening health systems and capacity and improving community and family practices. RHCS concept should be included as a core strategy of RH Strategic Plan. Finding from this study could provide information about the country's need in terms of commodities and

services for securing RH needs of community. Information obtained could help secure equitable resource mobilization for RH services. It could also help advocate policy makers on the strategic importance of RHCS. This endeavor would make the RH services close-to-client and better accessible by the vast majority poor rural people.

Part VI. Recommendations

Following recommendations are made.

- It is essential to improve supply chain system in order to avoid delay of RH commodity supply at different levels and consequent stock-outs. The system should be built with several components including, forecasting of amounts and items, reporting & indent on regular basis, equitable & timely distribution, monitoring & supervision for logistics. Calculation and indent should be based on the need of HF. There should be a focal person in each HF for consistency of management. Forecasting, indent, monitoring and tracking the need should be done on regular basis rather than on ad-hoc basis.
- Supply chain management course should be included in the curriculum of every training sites for medical and public health professions. Details about irregularities and needs should be considered. Logistic management information system is urgently needed to be developed and implemented in all levels of HFs.
- Trained staffs are also required for service availability. Training programme should cover not only programme townships but also non-programme townships. Refresher training should be carried out to replace lack of trained staff resulting from attrition and transfer.
- There should be an efficient system for responding to the needs of HF in terms of commodity security and human resource gaps.
- Waste disposal guideline should be developed in line with the country context for environmental friendly purpose. There should be monitoring and supervision system for waste disposal.
- Cold chain for RH medicine especially oxytocin should be secured in all levels of HFs including tertiary levels. SOP for keeping specified medicine in cold chain should be developed and followed up by monitoring and supervision. Cold chain at procurement and distribution line should be granted also.

Annex 1. GPRHCS 2013 Survey Questionnaire ENGLISH

SURVEY QUESTIONNAIRE

2013 FACILITY ASSESSMENT FOR REPRODUCTIVE HEALTH COMMODITIES AND SERVICES

INFORMATION ABOUT THE INTERVIEW
Country ……. Date of the Survey (year and month) ……
Name of Interviewer ……Date of Interview…… Time Interview Started…… Time Interview Ended……
Questionnaire checked and attested to be properly completed Name of Supervisor…… Signature …… Date) ……

The questionnaire is in two parts; Module 1 (sections 1 to 13) is for the health facility/SDP; and, module 2 (sections 14 and 15) is for exit interview of clients visiting the SDP.

To administer Module 1, the interviewer should find the person in charge of the facility or the most senior worker who is present at the facility on that day. It is recommended that the interviewer should greet the interviewee; introduce himself herself; and, explain the purpose of the visit.

To ensure informed consent to the interview it is necessary to read the following statement to the interviewee:

- Your facility was selected to participate in this study. We will be asking you questions about aspects of RH commodities and services in your facility including family planning. The information obtained from your facility and from other facilities will be used by the MOH and other partners to understand the situation and for better planning to improve on service provision.
- The survey is in two parts: The first part will be answered by you the service provider and the second part will be answered by the clients who are visiting the facility for family planning services. We will require your permission to carry on with the exit at the appropriate time.
- You are assured that your name or that of any other health worker who will be designated to respond to this questions or the name of any client WILL NOT be mentioned or included in the dataset or in any report of this survey.
- You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer the questions, which will be of benefit to strengthening national efforts to provide RH services including family planning.
- If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate if you introduce us to that person to help us collect that information.
- At this point, do you have any questions about the study? Do I have your agreement to proceed?

The interviewer can proceed with the interview once the consent of the interviewee has been obtained. At the end of the interview for the SDP [Sections 1 to 13]; please thank the interviewee for his/her time and the information provided; and, obtain his/her permission or the permission of the relevant authorities before carrying on with the Exit Interview of Family planning clients [Sections 14 and 15]

Commodity Security Branch, Technical Division, UNFPA
Global Programme to Enhance Reproductive Health Commodity Security

MODULE 1:

AVAILABILITY OF COMMODITIES AND SERVICES

(Rev – August 2013)

Commodity Security Branch, Technical Division, UNFPA
Global Programme to Enhance Reproductive Health Commodity Security

SECTION 1: FACILITY IDENTIFICATION (Name, Location and Distance)	
SN^{o}	**ITEMS**
001	Name of Service Delivery Point……
002	A) Location (Name of Settlement)…… B) Location (Name of Administrative Unit)……
003	Indicate geographic coordinates of the SDP if any system Global Positioning System (GPS) is used; /_____/_____/
004	SDP is located in an urban area or a rural settlement (as per your country's classification; 1 Urban☐ 2 ☐Rural
005	A) What is the distance between the location of the health facility and the nearest warehouse or store or facility which this SDP receives its regular supplies? /__/___/ B) Please indicate distance is in; 1 Kilometers ☐ 2 Mile ☐

SECTION 2: SDP TYPE AND SERVICES PROVIDED	
006	Level of Service Delivery Point(**Tick the option that is applicable to your country)** Primary Level Care SDPs/facilities (or equivalent to country context) 1 ☐ Secondary level care SDPs/facilities/hospitals (or equivalent) 2 ☐ Tertiary level care SDPs/facilities/hospitals (or equivalent) 3 ☐
007	Management of Service Delivery Point: 1 Government ☐ 2 Private ☐ 3 NGO ☐ 4 Others (please specify……) ☐
008	Does this facility provide family planning services? 1 Yes ☐ 2 No ☐ (If No, then items in Section 3 and 5 (that is 009 to 012 and 017 to 022) should NOT be administered)
009	Does this facility provide maternal health including delivery services (e. g. with a maternity unit or section for delivery)? 1 Yes ☐ 2 No ☐ (If No, then items in Section D (that is 0013 to 016) should NOT be administered)
010	Does this facility provide any HIV/AIDS services (e.g. VCT, PMTCT, ART, etc.)? 1 Yes ☐ 2 No ☐

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SECTION 3: MODERN CONTRACEPTIVE METHODS OFFERED AT SDP

Please note that for the SDP to respond to items in this section, it should have indicated in Item 008 above that 'Yes' it provides family planning services

Item	(1) Male condoms	(2) Female Condoms	(3) Oral Contraception	(4) Injectables	(5) IUDs	(6) Implants	(7) Sterilisation for Females	(8) Sterilisation for Male	(9) Emergency contraception
011 With respect to each of the contraceptive methods, <u>please state whether the SDP is supposed/ expected to offer it</u>, **in line with the current national protocols, guidelines and/or laws specific for this level* of service delivery**. Please discuss with the respondent and then record your conclusion before proceeding. *(* Please recall SDP level as recorded in item 006 above)*	**1 Yes,** this SDP is expected /supposed to provide this method ☐ **2 No,** this SDP is NOT expected/ supposed to provide this method ☐ *(Tick only one option)*	**Yes,** this SDP is expected /supposed to provide this method ☐ **2 No,** this SDP is NOT expected/ supposed to provide this method ☐ *(Tick only one option)*	**Yes,** this SDP is expected /supposed to provide this method ☐ **2 No,** this SDP is NOT expected/ supposed to provide this method ☐ *(Tick only one option)*	**Yes,** this SDP is expected /supposed to provide this method ☐ **2 No,** this SDP is NOT expected/ supposed to provide this method ☐ *(Tick only one option)*	**Yes,** this SDP is expected /supposed to provide this method ☐ **2 No,** this SDP is NOT expected/ supposed to provide this method ☐ *(Tick only one option)*	**Yes,** this SDP is expected /supposed to provide this method ☐ **2 No,** this SDP is NOT expected/ supposed to provide this method ☐ *(Tick only one option)*	**Yes,** this SDP is expected /supposed to provide this method ☐ **2 No,** this SDP is NOT expected/ supposed to provide this method ☐ *(Tick only one option)*	**Yes,** this SDP is expected /supposed to provide this method ☐ **2 No,** this SDP is NOT expected/ supposed to provide this method ☐ *(Tick only one option)*	**Yes,** this SDP is expected /supposed to provide this method ☐ **2 No,** this SDP is NOT expected/ supposed to provide this method ☐ *(Tick only one option)*
012 **<u>If 'Yes' in item 011</u>** (i.e., this SDP is supposed/ expected to offer this method), please state whether the SDP actually **<u>offer it to clients</u>** on a regular basis	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 011) ☐ *(Tick only one option)*	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 011) ☐ *(Tick only one option)*	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 01) ☐ *(Tick only one option)*	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 01) ☐ *(Tick only one option)*	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 01) ☐ *(Tick only one option)*	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 01) ☐ *(Tick only one option)*	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 01) ☐ *(Tick only one option)*	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 01) ☐ *(Tick only one option)*	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 01) ☐ *(Tick only one option)*
	NOTE, FOR EACH OF THE METHODS - If this SDP is **actually supposed/expected to <u>OFFERS</u>** the contraceptive method but it is currently out of stock or not available at the time of the survey, please record as "Yes" (i.e.; the method is actually offered, although it is not currently in stock or available)								

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Item	(1) Male condoms	(2) Female Condoms	(3) Oral Contraception	(4) Injectables	(5) Emergency contraception	(6) IUDs	(7) Implants	(8) Sterilisation for Females	(9) Sterilisation for Male
013 If this SDP is supposed/expected to offer this method to clients (in line with current national guidelines, etc.) but the response to 010 is "No", please indicate the main reason *(Tick only one option [as the main reason] for each contraceptive)*	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify)……. ……………………………	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify)……. ……………………………	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify)……. ……………………………	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify)……. ……………………………	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify)……. ……………………………	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ **5** No train staff to provide this contraceptive at the SDP ☐ **6.** Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify)……. ……………………………	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ **5** No train staff to provide this contraceptive at the SDP ☐ **6.** Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify)……. ……………………………	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ **5** No train staff to provide this contraceptive at the SDP ☐ **6.** Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify)……. ……………………………	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ **5** No train staff to provide this contraceptive at the SDP ☐ **6.** Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify)……. ……………………………
014 From responses provided to Item 012, discuss with the respondent and record the conclusion by ticking one of the following statements	**IF THIS IS A PRIMARY SDPS (AS NOTED IN ITEMS 06)** 1 This SDP **offers** up to two modern contraceptive methods ☐ 2 This SDP **offers** three and more (at least three) modern contraceptive methods ☐				**IF THIS IS A SECONDARY OR TERTIARY SDPS (AS NOTED IN ITEM 06)** 3 This SDP **offers** up to four modern contraceptive methods ☐ 4 This SDP **offers** FIVE and more (at least three) modern contraceptive methods ☐				

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SECTION 4: AVAILABILITY OF MATERNAL/RH MEDICINES									
Items	**Maternal/RH Medicines** Please note that for the SDP to respond to items in this section, it should have indicated in Item 009 above that 'Yes' it provides maternal health including delivery services								
	(1) Ampicillin	**(2) Azithromycin**	**(3) Benzathine benzylpenicillin**	**(4) *Either* Betamethasone *Or* Dexamethasone *Or Both of these medicines***	**(5) Calcium gluconate**	**(6) Cefixime**	**(7) Gentamicin**	**(8) Hydralazine**	**(9) Magnesium sulfate**
015 With respect to each of the maternal/ RH Medicines, please state whether the SDP is supposed have it available; **in line with the current national protocols, guidelines and/or laws specific for this level[*] of service delivery.** Please discuss with the respondent and then record your conclusion before proceeding *(* Please recall SDP level as recorded in item 006 above)*	**1 Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2 No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1 Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2 No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1 Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2 No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1 Yes,** this SDP is expected /supposed to have available any or both of these Maternal /RH Medicines ☐ **2 No,** this SDP is NOT expected/ supposed to have available any or both of these Maternal /RH Medicine ☐ *(Tick only one option)*	**1 Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2 No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1 Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2 No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1 Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2 No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1 Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2 No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1 Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2 No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*
016 **If 'Yes' in item 015** (i.e., this SDP is expected/ supposed to have available the maternal /RH medicine) please state whether the medicine is currently available at the SDP	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 015) ☐ *(Tick only one option)*	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 015) ☐ *(Tick only one option)*	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 015) ☐ *(Tick only one option)*	**1 Yes (for any or both)** ☐ **2 No (for any or both)** ☐ **3 Not Applicable** (because "No" to item 015) ☐ *(Tick only one option)*	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 015) ☐ *(Tick only one option)*	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 015) ☐ *(Tick only one option)*	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 015) ☐ *(Tick only one option)*	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 015) ☐ *(Tick only one option)*	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 015) ☐ *(Tick only one option)*
017 If this SDP is supposed/ expected to have available this medicine (in line with current national guidelines, etc.) but the response to 015	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐

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SECTION 4: AVAILABILITY OF MATERNAL/RH MEDICINES									
Items	**Maternal/RH Medicines** **Please note that for the SDP to respond to items in this section, it should have indicated in Item 009 above that 'Yes' it provides maternal health including delivery services**								
	(1) **Ampicillin**	**(2)** **Azithromycin**	**(3)** **Benzathine benzylpenicillin**	**(4)** ***Either*** **Betamethasone** ***Or*** **Dexamethasone** ***Or Both of these medicines***	**(5)** **Calcium gluconate**	**(6)** **Cefixime**	**(7)** **Gentamicin**	**(8)** **Hydralazine**	**(9)** **Magnesium sulfate**
is "No", please indicate the main reason *(Tick only one option [as the main reason] for each medicine)*	**2** Delays by this SDP to request for supply of the medicine ☐	**2** Delays by this SDP to request for supply of the medicine ☐	**2** Delays by this SDP to request for supply of the medicine ☐	**2** Delays by this SDP to request for supply of the medicine ☐	**2** Delays by this SDP to request for supply of the medicine ☐	**2** Delays by this SDP to request for supply of the medicine ☐	**2** Delays by this SDP to request for supply of the medicine ☐	**2** Delays by this SDP to request for supply of the medicine ☐	**2** Delays by this SDP to request for supply of the medicine ☐
	3 The medicine is not available in the market for the SDP to procure ☐	**3** The medicine is not available in the market for the SDP to procure ☐	**3** The medicine is not available in the market for the SDP to procure ☐	**3** The medicine is not available in the market for the SDP to procure ☐	**3** The medicine is not available in the market for the SDP to procure ☐	**3** The medicine is not available in the market for the SDP to procure ☐	**3** The medicine is not available in the market for the SDP to procure ☐	**3** The medicine is not available in the market for the SDP to procure ☐	**3** The medicine is not available in the market for the SDP to procure ☐
	4 Low or no demand/need for the medicine at this SDP ☐	**4** Low or no demand/need for the medicine at this SDP ☐	**4** Low or no demand/need for the medicine at this SDP ☐	**4** Low or no demand/need for the medicine at this SDP ☐	**4** Low or no demand/need for the medicine at this SDP ☐	**4** Low or no demand/need for the medicine at this SDP ☐	**4** Low or no demand/need for the medicine at this SDP ☐	**4** Low or no demand/need for the medicine at this SDP ☐	**4** Low or no demand/need for the medicine at this SDP ☐
	5 No train staff to provide this medicine at the SDP ☐	**5 No** train staff to provide this medicine at the SDP ☐	**5 No** train staff to provide this medicine at the SDP ☐	**5 No** train staff to provide this medicine at the SDP ☐	**5 No** train staff to provide this medicine at the SDP ☐	**5 No** train staff to provide this medicine at the SDP ☐	**5 No** train staff to provide this medicine at the SDP ☐	**5 No** train staff to provide this medicine at the SDP ☐	**5 No** train staff to provide this medicine at the SDP ☐
	7. Any other Reason (please specify)…… ……	7. Any other Reason (please specify)…… ……	7. Any other Reason (please specify)…… ……	7. Any other Reason (please specify)…… ……	7. Any other Reason (please specify)…… ……	7. Any other Reason (please specify)…… ……	7. Any other Reason (please specify)…… ……	7. Any other Reason (please specify)…… ……	7. Any other Reason (please specify)…… ……

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INTERVIEWER VERIFICATION for ITEM 016									
Medicines	**(1)** **Ampicillin**	**(2)** **Azithromycin**	**(3)** **Benzathine benzylpenicillin**	**(4)** ***Either*** **Betamethasone** *Or* **Dexamethasone** ***Or Both of these medicines***	**(5)** **Calcium gluconate**	**(6)** **Cefixime**	**(7)** **Gentamicin**	**(8)** **Hydralazine**	**(9)** **Magnesium sulfate**
For each response provided for **item 016**, the interviewer should validate the response by a physical Inventory and note the appropriate finding	☐ Inventory taken, Medicine is in stock ☐ Inventory taken, Medicine is NOT in stock	☐ Inventory taken, Medicine is in stock ☐ Inventory taken, Medicine is NOT in stock	☐ Inventory taken, Medicine is in stock ☐ Inventory taken, Medicine is NOT in stock	☐ Inventory taken, any or both of the medicine(s) is/are in stock ☐ Inventory taken, any or both of the medicine(s) is/are NOT in stock	☐ Inventory taken, Medicine is in stock ☐ Inventory taken, Medicine is NOT in stock	☐ Inventory taken, Medicine is in stock ☐ Inventory taken, Medicine is NOT in stock	☐ Inventory taken, Medicine is in stock ☐ Inventory taken, Medicine is NOT in stock	☐ Inventory taken, Medicine is in stock ☐ Inventory taken, Medicine is NOT in stock	☐ Inventory taken, Medicine is in stock ☐ Inventory taken, Medicine is NOT in stock

SECTION 4 continues on the next page

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SECTION 4 - continues: AVAILABILITY OF MATERNAL/RH MEDICINES								
Items	**Maternal/RH Medicines** **Please note that for the SDP to respond to items in this section, it should have indicated in Item 007 above that 'Yes' it provides delivery services**							
	(10) **Methyldopa**	**(11)** **Metronidazole**	**(12)** **Mifepristone**	**(13)** **Misoprostol**	**(14)** **Nifedipine**	**(15)** **Oxytocin**	**(16)** ***Either*** **Sodium lactate compound solution** ***Or*** **Sodium chloride** ***Or Both of these medicines***	**(17)** **Tetanus toxoid**
015-*continues* With respect to each of the maternal/ RH Medicines, please state whether the SDP is supposed have it available; **in line with the current national protocols, guidelines and/or laws specific for this level[*] of service delivery.** Please discuss with the respondent and then record your conclusion before proceeding *(* Please recall SDP level as recorded in in item 006 above)*	**1 Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2 No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1 Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2 No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1 Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2 No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1 Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2 No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1 Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2 No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1 Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2 No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1 Yes,** this SDP is expected /supposed to have available any or both of these Maternal /RH Medicines ☐ **2 No,** this SDP is NOT expected/ supposed to have available any or both of these Maternal /RH Medicine ☐ *(Tick only one option)*	**1 Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2 No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*
016-*continues* **If 'Yes' in item 015** (i.e., this SDP is expected/ supposed to have available the maternal /RH medicine) please state whether each medicine is currently available at the SDP	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 016) ☐ *(Tick only one option)*	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 016) ☐ *(Tick only one option)*	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 016) ☐ *(Tick only one option)*	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 016) ☐ *(Tick only one option)*	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 016) ☐ *(Tick only one option)*	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 016) ☐ *(Tick only one option)*	**1 Yes (for any or both)** ☐ **2 No (for any or both)** ☐ **3 Not Applicable** (because "No" to item 016) ☐ *(Tick only one option)*	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 016) ☐ *(Tick only one option)*
017-*continues* If this SDP is supposed/ expected to have available this medicine (in line with current national guidelines,	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐

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SECTION 4 - continues: AVAILABILITY OF MATERNAL/RH MEDICINES								
Items	**Maternal/RH Medicines** **Please note that for the SDP to respond to items in this section, it should have indicated in Item 007 above that 'Yes' it provides delivery services**							
	(10) **Methyldopa**	**(11)** **Metronidazole**	**(12)** **Mifepristone**	**(13)** **Misoprostol**	**(14)** **Nifedipine**	**(15)** **Oxytocin**	**(16)** ***Either*** **Sodium lactate compound solution** *Or* **Sodium chloride** ***Or Both of these medicines***	**(17)** **Tetanus toxoid**
etc.) but the response to 013 is "No", please indicate the main reason *(Tick only one option [as the main reason] for each medicine)*	**2** Delays by this SDP to request for supply of the medicine ☐ **3** The medicine is not available in the market for the SDP to procure ☐ **4** Low or no demand/need for the medicine at this SDP ☐ **5 No** train staff to provide this medicine at the SDP ☐ 7. Any other Reason (please specify)……. …………………………….	**2** Delays by this SDP to request for supply of the medicine ☐ **3** The medicine is not available in the market for the SDP to procure ☐ **4** Low or no demand/need for the medicine at this SDP ☐ **5 No** train staff to provide this medicine at the SDP ☐ 7. Any other Reason (please specify)……. …………………………….	**2** Delays by this SDP to request for supply of the medicine ☐ **3** The medicine is not available in the market for the SDP to procure ☐ **4** Low or no demand/need for the medicine at this SDP ☐ **5 No** train staff to provide this medicine at the SDP ☐ 7. Any other Reason (please specify)……. …………………………….	**2** Delays by this SDP to request for supply of the medicine ☐ **3** The medicine is not available in the market for the SDP to procure ☐ **4** Low or no demand/need for the medicine at this SDP ☐ **5 No** train staff to provide this medicine at the SDP ☐ 7. Any other Reason (please specify)……. …………………………….	**2** Delays by this SDP to request for supply of the medicine ☐ **3** The medicine is not available in the market for the SDP to procure ☐ **4** Low or no demand/need for the medicine at this SDP ☐ **5 No** train staff to provide this medicine at the SDP ☐ 7. Any other Reason (please specify)……. …………………………….	**2** Delays by this SDP to request for supply of the medicine ☐ **3** The medicine is not available in the market for the SDP to procure ☐ **4** Low or no demand/need for the medicine at this SDP ☐ **5 No** train staff to provide this medicine at the SDP ☐ **6** The SDP does not have a cold chain to store the medicine ☐ 7. Any other Reason (please specify)……. …………………………….	**2** Delays by this SDP to request for supply of the medicine ☐ **3** The medicine is not available in the market for the SDP to procure ☐ **4** Low or no demand/need for the medicine at this SDP ☐ **5 No** train staff to provide this medicine at the SDP ☐ 7. Any other Reason (please specify)……. …………………………….	**2** Delays by this SDP to request for supply of the medicine ☐ **3** The medicine is not available in the market for the SDP to procure ☐ **4** Low or no demand/need for the medicine at this SDP ☐ **5 No** train staff to provide this medicine at the SDP ☐ 7. Any other Reason (please specify)……. …………………………….
018 From responses provided to Item 016 above, please discuss with respondent and record the conclusion by ticking one of the following statements		**1 Yes** - this SDP has available the seven (7) lifesaving maternal/RH medicines *(which included the two mandatory medicines [Magnesium Sulfate and Oxytocin] and any other five of the remaining medicines on the list - bearing in mind that; a) Sodium chloride and Sodium lactate compound solution are alternate; and b) Dexamethasone is an alternate to Betamethasone* ☐				**2 No-** this SDP does not have available the seven (7) lifesaving maternal/RH medicines *(which included the two mandatory medicines [Magnesium Sulfate and Oxytocin) and any other five of the remaining medicines on the list - bearing in mind that; a) Sodium chloride and Sodium lactate compound solution are alternate; and b) Dexamethasone is an alternate to Betamethasone* ☐		

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INTERVIEWER VERIFICATION for ITEM 016								
Medicines	**(10)** **Methyldopa**	**(11)** **Metronidazole**	**(12)** **Mifepristone**	**(13)** **Misoprostol**	**(14)** **Nifedipine**	**(15)** **Oxytocin**	**(16)** ***Either*** **Sodium chloride** *Or* **Sodium lactate compound solution**	**(17** **Tetanus toxoid**
For each response provided for **item 016**, the interviewer should validate the response by a physical Inventory and note the appropriate finding	☐ Inventory taken, Medicine is in stock ☐ Inventory taken, Medicine is NOT in stock	☐ Inventory taken, Medicine is in stock ☐ Inventory taken, Medicine is NOT in stock	☐ Inventory taken, Medicine is in stock ☐ Inventory taken, Medicine is NOT in stock	☐ Inventory taken, Medicine is in stock ☐ Inventory taken, Medicine is NOT in stock	☐ Inventory taken, Medicine is in stock ☐ Inventory taken, Medicine is NOT in stock	☐ Inventory taken, Medicine is in stock ☐ Inventory taken, Medicine is NOT in stock	☐ Inventory taken, any or both of the medicine(s) is/are in stock ☐ Inventory taken, any or both of the medicine(s) is/are NOT in stock	☐ Inventory taken, Medicine is in stock ☐ Inventory taken, Medicine is NOT in stock

SECTION 5: NO STOCK OUT OF MODERN CONTRACEPTIVE METHODS AT SDP Please note that for the SDP to respond to items in this section, it should have indicated in Item 008 above that 'Yes' it provides family planning services									
Item	**(1)** **Male condoms**	**(2)** **Female Condoms**	**(3)** **Oral Contraception**	**(4)** **Injectables**	**(5)** **Emergency contraception**	**(6)** **IUDs**	**(7)** **Implants**	**(8)** **Sterilisation for Females**	**(9)** **Sterilisation for Male**
(i): NO STOCK-OUT IN THE LAST SIX MONTHS BEFORE THE SURVEY									
019 With respect to each of the contraceptive methods that the SDP is supposed/expected to provide **in line with the current national protocols, guidelines and/or laws specific for this level*** **of service delivery** (as indicated in Item 011 above); please indicate whether it has been **out of stock at this SDP on any given day, within the last six months preceding the survey, and therefore the contraceptive method was not**	**1 Yes;** this method has been out-of-stock (STOCK-OUT) on a given day at this SDP in the last **six** months ☐ **2 No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **six** months ☐	**1 Yes;** this method has been out-of-stock (STOCK-OUT) on a given day at this SDP in the last **six** months ☐ **2 No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **six** months ☐	**1 Yes;** this method has been out-of-stock (STOCK-OUT) on a given day at this SDP in the last **six** months ☐ **2 No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **six** months ☐	**1 Yes;** this method has been out-of-stock (STOCK-OUT) on a given day at this SDP in the last **six** months ☐ **2 No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **six** months ☐	**1 Yes;** this method has been out-of-stock (STOCK-OUT) on a given day at this SDP in the last **six** months ☐ **2 No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **six** months ☐	**1 Yes;** this method has been out-of-stock (STOCK-OUT) on a given day at this SDP in the last **six** months ☐ **2 No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **six** months ☐	**1 Yes;** this method has been out-of-stock (STOCK-OUT) on a given day at this SDP in the last **six** months ☐ **2 No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **six** months ☐	**1 Yes;** this method has been out-of-stock (STOCK-OUT) on a given day at this SDP in the last **six** months ☐ **2 No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **six** months ☐	**1 Yes;** this method has been out-of-stock (STOCK-OUT) on a given day at this SDP in the last **six** months ☐ **2 No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **six** months ☐

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available to give/provide to clients at this SDP *(* Please recall SDP level as recorded in in item 006 above)*	*(Tick only one option)*	*(Tick only one option)*	*(Tick only one option)*	*(Tick only one option)*	*(Tick only one option)*	*(Tick only one option)*	*(Tick only one option)*	*(Tick only one option)*	*(Tick only one option)*
020 From responses provided to Item 019 above, please discuss with respondent and record the conclusion by ticking one of the following statements			One or more of the contraceptive methods offered by this SDP has been out-of- stock on a given day in the last six months preceding the survey. Therefore, **this <u>SDP experienced stock out in the last six months [STOCK-OUT WITHIN THE LAST SIX MONTHS]</u>** ☐			All contraceptive method offered by this SDP has been available/ in-stock on all days in the last six months preceding the survey. Therefore, t**his <u>SDP did not experience stock out in the last six months [NO-STOCK-OUT WITHIN THE LAST SIX MONTHS]</u>** ☐			
021 If "Yes" to Item 019 (that this method has been out of stock **<u>(STOCK OUT)</u>** at this SDP on any given day within **<u>the last six</u>** months (in line with current national guidelines, etc.) please **indicate the main reason**	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify)……. …………………………….	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify)……. …………………………….	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify)……. …………………………….	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify)……. …………………………….	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify)……. …………………………….	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ **5** No train staff to provide this contraceptive at the SDP ☐ **6.** Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify)……. …………………………….	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ **5** No train staff to provide this contraceptive at the SDP ☐ **6.** Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify)……. …………………………….	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ **5** No train staff to provide this contraceptive at the SDP ☐ **6.** Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify)……. …………………………….	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ **5** No train staff to provide this contraceptive at the SDP ☐ **6.** Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify)……. …………………………….

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(ii): NO STOCK-OUT AT THE TIME OF THE SURVEY									
022 With respect to each of the contraceptive methods that the SDP is supposed/expected to **provide in line with the current national protocols, guidelines and/or laws specific for this level* of service delivery (as indicated in Item 011 above)**; please indicate whether it is currently **out of stock at this SDP and therefore the contraceptive method was not available to give/provide to clients at this SDP** *(* Please recall SDP level as recorded in in item 006 above)*	**1 Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2 No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ *(Tick only one option)*	**1 Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2 No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ *(Tick only one option)*	**1 Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2 No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ *(Tick only one option)*	**1 Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2 No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ *(Tick only one option)*	**1 Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2 No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ *(Tick only one option)*	**1 Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2 No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ *(Tick only one option)*	**1 Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2 No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ *(Tick only one option)*	**1 Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2 No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ *(Tick only one option)*	**1 Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2 No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ *(Tick only one option)*
023 From responses provided to Item 019 above, please discuss with respondent and record the conclusion by ticking one of the following statements			One or more of the contraceptive methods offered by this SDP is currently out-of- stock at this SDP. Therefore, **this SDP is experiencing stock out on the day the survey [STOCK-OUT ON DAY OF SYRVEY]** ☐			ALL contraceptive method offered by this SDP are currently in-stock/available at this SDP. Therefore, t**his SDP did not experiencing stock out on the day of the survey [NO-STOCK-OUT ON DAY OF SYRVEY]** ☐			
024 If "Yes" to Item 22 (that this method is out-of-stock**(STOCK OUT)** at this SDP (in line with current national guidelines, etc.) please **indicate the main reason** *(Tick only one option [as the main reason] for each contraceptive)*	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ **5** No train staff to	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ **5** No train staff to	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ **5** No train staff to	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ **2** Delays by this SDP to request for supply of the contraceptive ☐ **3** The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ **5** No train staff to

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						provide this contraceptive at the SDP ☐ **6.** Lack of equipment for the provision of this contraceptive ☐	provide this contraceptive at the SDP ☐ **6.** Lack of equipment for the provision of this contraceptive ☐	provide this contraceptive at the SDP ☐ **6.** Lack of equipment for the provision of this contraceptive ☐	provide this contraceptive at the SDP ☐ **6.** Lack of equipment for the provision of this contraceptive ☐
	7. Any other Reason (please specify)……. …………………………….	7. Any other Reason (please specify)……. …………………………….	7. Any other Reason (please specify)……. …………………………….	7. Any other Reason (please specify)……. …………………………….	7. Any other Reason (please specify)……. …………………………….	7. Any other Reason (please specify)……. …………………………….	7. Any other Reason (please specify)……. …………………………….	7. Any other Reason (please specify)……. …………………………….	7. Any other Reason (please specify)……. …………………………….

INTERVIEWER VERIFICATION for ITEM 022

Contraceptive	**(1) Male condoms**	**(2) Oral Contraception**	**(3) IUDs**	**(4) Implants**	**(5) Injectables**	**(6) Female Condoms**	**(7) Sterilisation for Male**	**(8) Sterilisation for Females**	**(9) Emergency contraception**
For each response provided for **item 022**, the interviewer should validate the response by a physical Inventory and note the appropriate finding	☐ Inventory taken, contraceptive is in stock ☐ Inventory taken, contraceptive is NOT in stock	☐ Inventory taken, contraceptive is in stock ☐ Inventory taken, contraceptive is NOT in stock	☐ Inventory taken, contraceptive is in stock ☐ Inventory taken, contraceptive is NOT in stock	☐ Inventory taken, contraceptive is in stock ☐ Inventory taken, contraceptive is NOT in stock	☐ Inventory taken, contraceptive is in stock ☐ Inventory taken, contraceptive is NOT in stock	☐ Inventory taken, contraceptive is in stock ☐ Inventory taken, contraceptive is NOT in stock	☐ Inventory taken, contraceptive is in stock ☐ Inventory taken, contraceptive is NOT in stock	☐ Inventory taken, contraceptive is in stock ☐ Inventory taken, contraceptive is NOT in stock	☐ Inventory taken, contraceptive is in stock ☐ Inventory taken, contraceptive is NOT in stock

SECTION 6: SUPPLY CHAIN ***[To be responded to by all SDPs]***	
025 Who is the main person responsible for ordering medical supplies at this facility? *(Tick only one option)*	Medical Doctor 1☐ Clinical Officer 2☐ Pharmacist 3☐ Nurse 4☐ Other (specify) ____________________ 5 ☐
026 How are the resupplies for contraceptives for this facility determined? *(Tick only one option)*	Staff member(s) of this facility makes request based on calculation of quantity needed using a formula1☐ Quantity is determined by the institution/warehouse responsible for supplying this SDP 2☐ Any other method used (please specify) ……………………………………………………………………………………………………3☐
027 Does this SDP use any logistics forms for reporting and ordering supplies? *(Tick only one option)*	Yes *(enumerator verifies the availability of forms)* 1☐ Yes *(but availability not observed by enumerator)* 2☐ No; there are no logistics forms in use 3☐
028 What is the **main source** of your routine medicines and supplies? *(Tick only one option)*	Central Medical Stores 1☐ Regional/district Warehouse or institution 2☐ Local medical store on the same site 3☐ NGO 4☐ Donors 5 ☐ Private Sources 6 ☐

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029 Who is responsible for transporting products to your facility? *(Tick only one option)*	National/central government 2☐ Local/District administration 1 ☐ This Facility Collects 3☐ Other(Specify) _____4 ☐
030 On average, approximately how long does it take between ordering and receiving products? *(Tick only one option)*	Less than two weeks 1 ☐ More than two weeks but not up to one month 2 ☐ More than one month but not up to two months 3 ☐ More than two months but not up to four months 4 ☐ More than four months but not up to six months 5 ☐ More than six months 6 ☐
031 On average, how frequently is the facility resupplied? *(Tick only one option)*	Once every two weeks 1 ☐ Once every month 2 ☐ Once every three months 3 ☐ Once every six months 4 ☐ Once a year 5 ☐

SECTION 7: EXISTENCE OF COLD CHAIN AT SDP *[To be responded to by all SDPs]*	
032 Does this SDP have its own cold chain to store medicines or items? *(Tick only one option)*	Yes 1☐ No 2☐ Not Applicable (no to 032 above) 3☐
033 If yes to 032, please give a list of the reproductive/ maternal health medicines or items that this SDP stores in cold chain?	_____ _____
034 If yes to 032; what type of cold chain does the SDP have? *(Tick only one option)*	Electric Fridge 1☐ Ice box (SDP have to regularly replenish ice supply 2☐ Other (specify) _____ 3 ☐ Not Applicable (no to 032 above) 4☐
035 If the type of cold chain (in 034) is a fridge please indicate the source of power for this *(Tick only one option)*	Electricity from national grid 1☐ Generator plant at the SDP 2☐ Portable generator at the SDP 3☐ Kerosene/paraffin fuel 1☐ Any Other (specify) _____ 3 ☐ Not Applicable (no to 030 above) 4☐
036 If the SDP does not have its own cold chain, how does it preserve items that are supposed to be in cold chain?	_____ _____

SECTION 8: STAFF TRAINING FAMILY PLANNING *[To be responded to by all SDPs]*	
037 Are there staff working at this SDP who are trained to provide family planning services? *(Tick only one option)*	Yes 1☐ No 2☐
038 If yes; please indicate how many staff members are trained in provision of family planning services	[……]
039 Is any staff member trained for the insertion and removal of implant contraceptive, specifically? *(Tick only one option)*	Yes 1☐ No 2☐
040 If yes; please indicate how many staff members are trained for the insertion and removal of implant contraceptive	[……]

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041 Are the trained staff actually providing FP services *(Tick only one option)*	Yes 1☐ No 2☐
042 If no to item 041 please indicate the reason why the staff is NOT actually providing FP services *(Tick only one option)*	Yes 1☐ No 2☐
043 When last did any staff at this SDP receive training in provision of family planning services *(Tick only one option)*	In the last two months 1☐ Between two and six months ago 2☐ Between six month and one year ago 3☐ More than one year ago 4☐
044 Did the training exercise include the insertion and removal of implant contraceptive *(Tick only one option)*	Yes 1☐ No 2☐

SECTION 9: STAFF SUPERVISION FOR REPRODUCTIVE HEALTH INCLUDING FAMILY PLANNING ***[To be responded to by all SDPs]***	
045 When was the last time this facility was visited by a supervisory authority in the past 12 months? *(Tick only one option)*	In less than one Month 1☐ between one and three Months ago2☐ Between three and six months ago 3☐ Between six month and one year ago 4☐ Not supervised in the past 12 month 5☐
046 How frequently does this facility receive visits from supervisory authorities? *(Tick only one option)*	Weekly 1☐ Monthly 2☐ Every three months3☐ Every six months 4☐ Once a year 5☐ Never 6☐
047 Which of the following were included in the supervision *(Tick only one option)*	Staff clinical practices 1 ☐ Drug stock out and expiry 2 ☐ Staff availability and training 3 ☐ Data completeness, quality, and timely reporting 4☐ Review use of specific guideline or job aid for reproductive health 5☐ Any other please specify..... 6☐

SECTION 10: AVAILABILITY OF GUIDELINES, check-lists and Job aid ***[To be responded to by all SDPs]***	
048 This facility has available any <u>family planning guidelines</u> (national or WHO)? *(Tick only one option)*	Yes (enumerator verifies the availability of guidelines 1☐ Yes availability of guideline not verified 2☐ Not available 3☐
049 This facility has available any <u>family planning check-lists and/or job-aids</u>**?** *(Tick only one option)*	Yes (enumerator verifies the availability of guidelines 1☐ Yes availability of guideline not verified 2☐ Not available 3☐
050 This facility has available any <u>ANC guidelines</u> (national or WHO)? *(Tick only one option)*	Yes (enumerator verifies the availability of guidelines 1☐ Yes availability of guideline not verified 2☐ Not available 3☐

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051 This facility has available any ANC check-lists and/or job-aids**?** *(Tick only one option)*	Yes (enumerator verifies the availability of guidelines 1☐ Yes availability of guideline not verified 2☐ Not available 3☐
052 This facility has available any Waste disposal guideline**?** *(Tick only one option)*	Yes (enumerator verifies the availability of guidelines 1☐ Yes availability of guideline not verified 2☐ Not available 3☐

SECTION 11: AVAILABILITY AND USE OF INFORMATION COMMUNICATION TECHNOLOGY (ICT) ***[To be responded to by all SDPs]***	
053 Does this facility use any form of Information Communication Technologies (ICT) System *(see list in 054 below) - (Tick only one option*	Yes (enumerator verifies availability) 1☐ Yes (availability not verified) 2☐ No ICT is not used 3☐
054 If Yes; which of the following types ICTs are used in the SDP *(Tick ALL the options that apply)*	Computer 1☐ Mobile phones - basic handsets 2☐ Mobile phones - smart phones 3☐ Tablets 4☐ Internet facilities – LAN 5☐ Internet facilities - Wi-Fi 6☐ Other…….(specify) 7☐
055 How did the SDP acquire the ICT? *(Tick ALL the options that apply)*	Staff members personal item 1☐ Provided by government 2☐ Provided by proprietor of SDP 3☐ Received as Donation 4☐ Other…….(specify5☐
056 What is the main purpose for which the SDP uses the? *(Tick ALL the options that apply)*	Patient registration 1☐ Facility record keeping 2☐ Individual patient records/Electronic Medical Record 3☐ Health Insurance Claims and Reimbursement System 4☐ Mobile money cash transfers and payments 5☐ Routine communication 6☐ Awareness and demand creation activities 8☐ Supply chain management/stock control 9☐ Health worker training 10☐ Clinical consultation (long distance communication with experts) 7☐ Other (specify**)…… 11**☐

SECTION 12: WASTE DISPOSAL ***[To be responded to by all SDPs]***	
057 How does the SDP dispose of health waste? *(Tick only one option)*	Burning on the grounds of the SDP 1☐ Bury in special dump pits on the grounds of the SDP 2☐ Use of Incinerators 3☐ Centrally collected by specific agency for disposal away from the SDP 4☐ Disposed with regular garbage 5☐

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SECTION 13: CHARGING FOR USER FEE *[To be responded to by all SDPs]*			
058 Does this facility charge patients for consultation *(Tick only one option)*	Yes 1☐	No 2 ☐	
059 If Yes; are there exemptions for any of the following services *(Tick ALL the options that apply)*	Family planning services 1☐ Delivery services 3☐ Newborn care services 5☐ HIV care (e.g. HTC and ART) 7☐	Antenatal care services 2☐ Post natal care services 4☐ Care of sick children under 5 years 6☐ Other (specify)**…… 8**☐	
060 Does this facility charge patients for any medication *(Tick only one option)*	Yes 1☐	No 2 ☐	
061 If Yes; are there exemptions for any of the following services *(Tick ALL the options that apply)*	Family planning commodities 1☐ Child health medicines 3☐	Maternal Health medicines 2☐ Other (specify)…… 4☐	
062 Does this facility charge patients for any service provided by a qualified health care provider *(Tick only one option)*	Yes 1☐	No 2 ☐	
063 If Yes; are there exemptions for the following services *(Tick ALL the options that apply)*	Family planning services 1☐ Post natal care services 4☐ HIV care 7☐	Antenatal care services 2☐ Newborn care services 5☐ Caesarean Section 8☐	Delivery services 3☐ Care of sick children under 5 years 6☐ Other (specify)…… 9☐

NOTE:

At this stage;

1) **Thank the interviewer for his/her time and for the information provided**
2) **Inform him/her that for the next part of the survey, as you informed him/her earlier, you would interview family planning clients who are visiting the SDP**
3) **Assure him/her that the responses of the clients will not be used against anybody or the SDP but will be used for a general understanding of the views of clients and for better service provision**
4) **Specifically ask for permission from the relevant authority of the SDP for you to carry on with the exit interview**

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MODULE 2:

EXIT INTERVIEW - CLIENTS' PERCEPTION AND APPRAISAL OF COST FOR FP SERVICES

NOTE
Please inform the respondent that;

- **You are not a staff member of the SDP but here to talk to ask their opinion about the services they have just received**
- **Although the staff of the SDP have been informed about, and have given permission for the exercise; they will not be told anything that the respondent says**
- **The questions are not personal and his/her name or particulars will not be recorded**
- **His/her response will not be used against anybody**
- **He/she may refuse to answer any question or choose to stop the interview at any time. However, you hope he/she will answer the questions, which will be useful to improve on the services that are provided.**
- **If he/she has any questions about the study he/she can ask at this stage**

The interviewer can then ask client, if he/she agrees to proceed with the interview. Once the consent of the interviewee has been obtained, then the interviewer can proceed with the interview.

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SECTION 14: EXIT INTERVIEW - CLIENTS' PERCEPTION ***[To be administered to clients at SDPs offering FP services (indicating 'Yes' to Item 008 above)]***		
14.1 Respondents Background		
064 Age	/__/___/	
065 Sex *(Tick only one option)*	Male 1 ☐ Female 2 ☐	
066 Marital status *(Tick only one option)*	Never Married or in union 1☐ Currently Married or in Union 2 ☐ Formerly Married (Divorced/separated/widowed) 3 ☐	
067 Level of Education *(Tick only one option)*	No Education 1 ☐ Primary 2 ☐ Secondary and higher level 3☐	
068 How often do you visit this SDP for FP services? *(Tick only one option)*	Once a month 1☐ Once every 2 months 2☐ Once every 3 months 3☐ Others (please specify) 4☐ ……	
14.2 Provider adherence to technical aspects		
069 Were you provided with the family planning method of your choice at this SDP? *(Tick only one option)*	Yes 1☐	No 2 ☐
070 Did the family service provider take your preference and wishes into consideration in deciding on the family planning method you received? *(Tick only one option)*	Yes 1☐	No 2 ☐
071 Did the health worker teach you how to use the family planning method? *(Tick only one option)*	Yes 1☐	No 2 ☐
072 Were you told about the common side effects of the family planning method? *(Tick only one option)*	Yes 1☐	No 2 ☐
073 Did the health worker inform you about what you can do regarding the side effects of the family planning method should they occur? *(Tick only one option)*	Yes 1☐	No 2 ☐
074 Did the health worker inform you about any serious complications that can occur, as a result of using the family planning method, for which you should come back to the SDP should such occur? *(Tick only one option)*	Yes 1☐	No 2 ☐
075 Were you given any date when you should come back for check-up and/or additional supplies? *(Tick only one option)*	Yes 1☐	No 2 ☐
14.3 Organizational aspect		
076 In your opinion did you wait too long for the service to be provided to you? *(Tick only one option)*	Yes 1☐	No 2 ☐
077 Are you satisfied with the cleanliness of the health facility? *(Tick only one option)*	Yes 1☐	No 2 ☐
078 Are you satisfied with the privacy at the exam room? *(Tick only one option)*	Yes 1☐	No 2 ☐
079 Are you satisfied with the time that was allotted to your case by the health care provider? *(Tick only one option)*	Yes 1☐	No 2 ☐
14.4 Interpersonal aspect		
080 Did staff at the health facility treat you with courtesy and respect *(Tick only one option)*	Yes 1☐	No 2 ☐

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081 Did any of the health service providers force you to accept or insisted that you should accept the family planning method that you received today? *(Tick only one option)*	Yes 1☐	No 2 ☐
082 Are you satisfied with the attitude of the health provider towards you generally? *(Tick only one option)*	Yes 1☐	No 2 ☐
14.5 Outcome aspect		
083 Are you satisfied with the service you received? *(Tick only one option)*	Yes 1☐	No 2 ☐
084 Will you continue visiting this SDP in future? *(Tick only one option)*	Yes 1☐	No 2 ☐
085 Would you recommend your relatives or friends to come to this clinic *(Tick only one option)*	Yes 1☐	No 2 ☐

SECTION 15: EXIT INTERVIEW – CLIENTS' APPRAISAL OF COST FOR FP SERVICES
[To be administered to clients at SDPs offering FP services (indicating 'Yes' to Item 008 above)]

15.1 Family Planning service payment

086 For today's visit did you pay to receive any family planning service? *(Tick only one option) - (If yes then continue with 087, but if no please skip to 088)* Yes 1☐ No 2 ☐

087 If you paid for anything today please how much did you pay for the following method (amount in local currency)? *(Indicate for ALL that apply)*

Card 1☐ /_____/	Laboratory test/x-ray 2☐ /_____/	Contraceptive received from service provider 3☐ /_____/
Contraceptive purchased from pharmacy 4☐ /_____/	Consultation fee 5☐ /_____/	Others (please specify) 6☐..... /_____/

15.2 Travel cost

088 What was the main mode of transportation for you to travel from your place of residence to this SDP *(Tick only one option)*

Walked 1☐ *(if this is selected then skip to 091)*	Bicycle 2☐	Motorcycle 3☐
Bus/taxi 4 ☐	Private vehicle 5☐	Others (please specify) 6☐..... /_____/

089 What distance did you travel from your place of residence to this SDP /_____/ 1 Kilometers ☐ 2 Mile ☐ *(Tick only one option)*

090 How much did it cost you to travel from your residence to this SDP /_____/ (amount in local currency)

091 How much will it cost you to travel from your this SDP back to your residence /_____/(amount in local currency)

15.3 Family Planning time spent and cost

092 How long did it take for you to travel from your place of residence to this SDP today /_____/ Hours ; /_____/ Minutes

093 How long did it take for you to get the service at this SDP (time it took between your arrival at this SDP and the time you got the service today) /_____/ Hours ; /_____/ Minutes

094 How long will it take you to travel back to your place of residence /_____/ Hours ; /_____/ Minutes

095 What is the main thing you would have been doing during the time you have been here receiving FP services at this SDP today *(Tick only one option)*

Household chores 1☐	Working on household farm 2☐	Selling in the market/trading 3☐	Employed as unskilled labourer 4☐
Employed as killed labourer 5☐	Clerical or professional work 6☐	Others (please specify) 7☐.....	

0096

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From the activity you referred to in 095, who took over this activity? *(Tick only one option)*			
Family member 1☐	Co-worker 2☐	Nobody 3☐	Other (please specify) 4☐……
097 Did you have to pay the person who took over the activity on your behalf *(Tick only one option)*			Yes 1☐ No 2☐
098 If yes please indicate or estimate the monetary value of the payment *(Tick only one option)*			/_____/ (amount in local currency)
15.4 Financing for FP			
099 Please indicate the where you obtain the resources to pay for the cost of FP services you have received today? *(Tick ALL the options that apply) - Please refer only to payments mentioned under 087 -(service payment)*			
Paid for by myself 1	Spouse (husband or wife) 2☐	Family Members other than spouse (husband or wife) 3☐	Others (please specify) 4☐……
0100 Please indicate the amount for each of the sources mentioned in 099 for payment for the cost of FP services you have received today? *(Indicate for ALL the options that apply) – Indicate with reference to payments mentione under 087 - service payment*			
Paid for by myself 1☐ /_____/(amount in local currency)	Spouse (husband or wife) 2☐ /_____/(amount in local currency)	Family Members other than spouse (husband or wife) 3☐ /_____/(amount in local currency)	Others (please specify) 4☐…… /_____/(amount in local currency)

NOTE:
At this stage;

1) **Inform him/her that the interview has ended, and**
2) **Thank the interviewer for his/her time and for the information provided**

Annex 2. GPRHCS 2013 Survey Questionnaire
MYANMAR

၂၀၁၃ခုနှစ်အတွင်းကျန်းမာရေးဌာနများ၏မျိုးပွားကျန်းမာရေးဆိုင်ရာထောက်ပံ့ပစ္စည်းနှင့် ကျန်းမာရေးစောင့်ရောက်မှုလုပ်ငန်းများဆန်းစစ်လေ့လာခြင်းသုတေသန

သဘောတူညီချက်ပုံစံ

၁။ရှင်းလင်းပြောကြားချက်

ကျွန်တော်/ကျွန်မသည် ဆေးသုတေသနဦးစီးဌာန(အထက်မြန်မာပြည်)မှ ခန့်အပ် တာဝန်ပေးထားသော ယခုသုတေသနအတွက်ဝန်ထမ်းတစ်ဦးဖြစ်ပါသည်။ ယခုသုတေသနလုပ်ငန်းသည် ကျွန်ုပ်တို့ဌာနနှင့် ကျန်းမာရေးဦးစီးဌာန(မိခင်ကလေးစောင့်ရှောက်ရေးဌာနစိတ်)တို့ ပူးပေါင်းလျှက် မြန်မာနိုင်ငံတွင်းရှိ ကျန်းမာရေးဌာန အလွှာအသီးသီး၏ မိသားစုစီမံကိန်းလုပ်ငန်းနှင့် မျိုးပွားကျန်းမာရေးဝန်ဆောင်မှုများ ဆောင်ရွက်နေမှုအပေါ်တွင် ဆေးဝါးပစ္စည်းနှင့်ဝန်ဆောင်မှု အရည်အသွေးစံနှုန်းများကို လေ့လာဆန်းစစ်ရန် ဖြစ်ပါသည်။ ရရှိသော အချက်အလက်များအရ လက်ရှိလုပ်ငန်းများအနေဖြင့် အနာဂါတ်တွင် ဆက်လက်ဆောင်ရွက်ရန် လိုအပ်ချက်များနှင့် ထောက်ပံ့ပစ္စည်းများကို တိကျစွာ ဖော်ထုတ်သိရှိရမည်ဖြစ်ပြီး ဝန်ဆောင်မှုလုပ်ငန်းများ အဆက်မပြတ်ရေးနှင့် တိုးတက်ဖွံ့ဖြိုးရေးအတွက် အထောက်အပံ့ဖြစ်စေမည် ဖြစ်ပါသည်။ ယခုသုတေသနလုပ်ငန်းတွင် ပါဝင်ရန်သင်၏ခွင့်ပြုချက်ကို ကျွန်ုပ်တို့ရလိုပါသည်။

ကျွန်ုပ်တို့၏ အလွှာအလိုက် ကျဘန်းရွေးချယ်မှုစနစ်အရ ဤဆေးခန်းကိုရွေးချယ်ရခြင်းဖြစ်ပါသည်။ သင့်ကိုမျိုးပွားကျန်းမာရေးနှင့် ပစ္စည်းများအကြောင်း၊ ဝန်ဆောင်မှုများအကြောင်း မေးမြန်း မည်ဖြစ်ပါသည်။ မေးမြန်းရရှိသော အချက်များကို ကျန်းမာရေးဝန်ကြီးဌာနနှင့် အခြားဆက်စပ်အဖွဲ့အစည်းများအတွက် စီမံခန့်ခွဲမှုနှင့် ဝန်ဆောင်မှုများ ပိုမိုတိုးတက် ကောင်းမွန်စေရေးအတွက် အသုံးပြုပါမည်။

ဤသုတေသနတွင်အပိုင်း၂ပိုင်းပါရှိပါသည်။ ပထမပိုင်းတွင် ဝန်ထမ်းများကဖြေဆိုရန်ဖြစ်ပြီး ဒုတိယပိုင်းကိုမူ ဆေးခန်းသို့ မိသားစုစီမံကိန်းအတွက် လာရောက်ပြသသောသူတစ်ဦးက ဖြေဆိုရန်ဖြစ်ပါသည်။ ယင်းအတွက်လည်း သင်၏ခွင့်ပြုချက်ကို ကျွန်ုပ်တို့ရလိုပါသည်။

သင်၏အမည်သော်ငင်း သင်ကတာဝန်ပေးဖြေဆိုခိုင်းသူအမည်သော်ငင်း ဆေးခန်းပြသူအမည်သော်ငင်း ကျွန်ုပ်တို့၏ အချက်အလက်သိမ်းဆည်းမှုစနစ်နှင့် အစီရင်ခံစာတွင် လုံးဝဖော်ပြမည်မဟုတ်ပါ။

သင့်အနေဖြင့်မည်သည့်မေးခွန်းကိုမဆို မဖြေဆိုလိုကငြင်းဆိုနိုင်ခွင့်ရှိပါသည်။ မေးနေစဉ် မည်သည့် အချိန်တွင်မဆို မဖြေဆိုလိုတော့ပါက ရပ်ဆိုင်းနိုင်သည်။ သို့သော်သင်၏ဖြေဆိုချက်များကနိုင်ငံ၏ မျိုးပွားကျန်းမားရေးစောင့်ရှောက်မှုလုပ်ငန်းဖွံ့ဖြိုးလာစေရန် အထောက်အပံ့ဖြစ်စေနိုင်သဖြင့် ပြည့်စုံစွာ ဖြေဆိုလိမ့်မည်ဟုမျှော်လင့်ပါသည်။ တချို့မေးခွန်းများကို သင့်ထက်ပိုမိုပြည့်စုံမှန်ကန်စွာ ဖြေဆိုနိုင်မည်သူ ရှိသည်ဆိုလျှင် ထိုသူနှင့်ကျွန်ုပ်တို့အားမိတ်ဆက်ပေးလိုပါသည်။

ကျွန်ုပ်ယခုပြောပြသမျှအပေါ်တွင်မရှင်းလင်းသည်များရှိပါသလား။ ရှိပါလျှင် ယခုပြန်လည် မေးမြန်းနိုင်ပါသည်။ နောင်အချိန်မှ မေးမြန်းလိုပါကလည်း ဒေါက်တာကျော်ဦး ညွှန်ကြားရေးမှူး (လူမှုဆေးသုတေသန) ဖုန်း၀၈၅-၅၀၂၅၀သို့ ဖုန်းဖြင့်ဖြစ်စေ လူကိုယ်တိုင်လာရောက်၍ဖြစ်စေ ဆက်သွယ်မေးမြန်းနိုင်ပါသည်။ ယခုကျွန်ုပ်တို့ဆက်လက်ဆောင်ရွက်ရန် သင့်၏ခွင့်ပြုချက်ကိုရရှိလိုပါသည်။

၂။သဘောတူညီခွင့်ပြုချက်ပုံစံ

ကျွန်တော်/ကျွန်မသည် ယခုသုတေသနလုပ်ငန်းသည် ကျန်းမာရေးဌာန အလွှာအသီးသီး၏ မိသားစုစီမံကိန်းလုပ်ငန်းနှင့် မျိုးပွားကျန်းမာရေးဝန်ဆောင်မှုများ ဆောင်ရွက်နေမှုအပေါ်တွင် ဆေးဝါးပစ္စည်းနှင့် ဝန်ဆောင်မှုအရည်အသွေးစံနှုန်းများကို လေ့လာဆန်းစစ်ရန်ဖြစ်ပြီး ရရှိသော အချက်အလက်များဖြင့် ဝန်ဆောင်မှုလုပ်ငန်းများ အဆက်မပြတ်ရေးနှင့် တိုးတက်ဖွံ့ဖြိုးရေးအတွက် အထောက်အပံ့ဖြစ်စေမည် ဖြစ်ကြောင်းသိရှိပါသည်။ ကျဘန်းရွေးချယ်မှုစနစ်အရ ဤဆေးခန်းကို ရွေးချယ်ရခြင်း ဖြစ်ကြောင်း သိရှိပါသည်။ ပထမပိုင်းတွင် ဝန်ထမ်းများကဖြေဆိုရန်ဖြစ်ပြီး ဒုတိယပိုင်းကိုမူ ဆေးခန်းသို့ မိသားစုစီမံကိန်းအတွက် လာရောက်ပြသသော သူတစ်ဦးကဖြေဆိုရန် ဖြစ်ကြောင်းသိရှိပါသည်။ မည်သည့်မေးခွန်းကိုမဆို မဖြေဆိုလိုကငြင်းဆိုနိုင်ခွင့်ရှိကြောင်း သိရှိပါသည်။ မရှင်းလင်းသည်များရှိပါလျှင် ယခုပြန်လည် မေးမြန်းနိုင်ကြောင်းနှင့် ကျေနပ်သည်အထိ ပြန်လည်ဖြေကြားပေးမည်ကို သိရှိပါသည်။ ကျွန်ုပ်က ယခုသုတေသနလုပ်ငန်းတွင် ပါဝင်ရန်နှင့် ဆေးခန်းလာလူနာတစ်ဦးကို ဆွေးနွေးမေးမြန်းရန် ကိစ္စအား သဘောတူ ခွင့်ပြုပါသည်။

လက်မှတ်_____ မေးမြန်းသူလက်မှတ်_____

အမည်_____ အမည်_____

ရက်စွဲ_____ ရက်စွဲ_____

၃။ဆေးခန်းလာလူနာ၏သဘောတူညီခွင့်ပြုချက်ပုံစံ

ကျွန်တော်/ကျွန်မသည် ယခုသုတေသနလုပ်ငန်းသည် ကျန်းမာရေးဌာန အလွှာအသီးသီး၏ မိသားစုစီမံကိန်းလုပ်ငန်းနှင့် မျိုးပွားကျန်းမာရေးဝန်ဆောင်မှုများ ဆောင်ရွက်နေမှုအပေါ်တွင် ဆေးဝါးပစ္စည်းနှင့် ဝန်ဆောင်မှုအရည်အသွေးစံနှုန်းများကို လေ့လာဆန်းစစ်ရန်ဖြစ်ပြီး ရရှိသော အချက်အလက်များဖြင့် ဝန်ဆောင်မှုလုပ်ငန်းများ အဆက်မပြတ်ရေးနှင့် တိုးတက်ဖွံ့ဖြိုးရေးအတွက် အထောက်အပံ့ဖြစ်စေမည် ဖြစ်ကြောင်းသိရှိပါသည်။ ကျဘန်းရွေးချယ်မှုစနစ်အရ ဤဆေးခန်းကို ရွေးချယ်ရခြင်း ဖြစ်ကြောင်းနှင့် ကျွန်တော်/ကျွန်မသည် ဤဆေးခန်းသို့ မိသားစုစီမံကိန်းအတွက် လာရောက်ပြသသော သူတစ်ဦးလူနာတစ်ဦးဖြစ်၍ ဆွေးနွေးမေးမြန်းရန် ရွေးချယ်ရခြင်းဖြစ်ကြောင်း သိရှိပါသည်။ မည်သည့်မေးခွန်းကိုမဆို မဖြေဆိုလိုကငြင်းဆိုနိုင်ခွင့်ရှိကြောင်း သိရှိပါသည်။ မရှင်းလင်းသည်များရှိပါလျှင် ယခုပြန်လည် မေးမြန်းနိုင်ကြောင်းနှင့် ကျေနပ်သည်အထိ ပြန်လည်ဖြေကြားပေးမည်ကို သိရှိပါသည်။ ကျွန်ုပ်က ယခုသုတေသနလုပ်ငန်းတွင် ပါဝင်ရန်နှင့် ဆွေးနွေးမေးမြန်းရန်ကိစ္စအား သဘောတူ ခွင့်ပြုပါသည်။

လက်မှတ်_____ မေးမြန်းသူလက်မှတ်_____

အမည်_____ အမည်_____

ရက်စွဲ_____ ရက်စွဲ_____

၂၀၁၃ခုနှစ်အတွင်းကျန်းမာရေးဌာနများ၏မျိုးပွားကျန်းမာရေးဆိုင်ရာထောက်ပံ့ပစ္စည်းနှင့်

ကျန်းမာရေးစောင့်ရောက်မှုလုပ်ငန်းများဆန်းစစ်လေ့လာခြင်း

သုတေသနမေးခွန်းလွှာ

မေးမြန်းမှုမှတ်တမ်း

စဉ်	အကြောင်အရာ	မှတ်တမ်း
၁။	မေးခွန်းလွှာမှတ်ပုံတင်အမှတ်	|__|__|__|__|
၂။	မေးမြန်းသောရက်စွဲ	|__|__| |__|__| |__|__|__|__|
၃။	မေးမြန်းသူအမည်	_____
၄။	မေးမြန်းမှုစတင်ချိန်	|__|__|း |__|__| နာရီ
၅။	မေးမြန်းမှုပြီးဆုံချိန်	|__|__|း |__|__| နာရီ
၆။	မေးခွန်းလွှာမှတ်တမ်းများစစ်ဆေးပြီးခြင်းသက်သေခံချက်ကြီးကြပ်သူအမည် လက်မှတ် ရက်စွဲ (ရက်/လ/နှစ်)	_____ _____ |__|__|/|__|__|/|__|__|__|__|

အခန်း ၁။ ကျန်းမာရေးဌာန၏အကြောင်းအချက်များ

စဉ်	အကြောင်းအချက်	ဖြေဆိုချက်
၁။	ကျန်းမာရေးဌာန၏အမည်	
၂။	တည်နေရာ (က)ပြည်နယ်/တိုင်း (ခ)မြို့နယ် (ဂ)ကျေးလက်ကျန်းမာရေးဌာန	 _____ _____ _____
၃။	GPSစနစ်အသုံးပြုသောနေရာဖြစ်လျှင် ကိုညြှိနိုတ်	|_____|_____|
၄။	မြို့ပေါ်/ကျေးလက်	၁။မြို့ပေါ် ၂။ကျေးလက်
၅။	ကျန်းမာရေးဌာနနှင့်ယင်းဌာနအတွက် လိုအပ်သောဆေးဝါးပစ္စည်း များထုတ်ယူရာ အနီးဆုံးဆေးသိုလောင်ဌာနအကွာအဝေး	|___|___| မိုင်/ကီလို

အခန်း ၂။ ကျန်းမာရေးဌာနအမျိုးအစားနှင့်ကျန်းမာရေးစောင့်ရှောက်မှုအမျိုးအစား

၆	ကျန်းမာရေးဌာနအမျိုးအစား	၁။ကျေးလက်ကျန်းမာရေးဌာနခွဲ(sub-RHC) ၂။ကျေးလက်ကျန်းမာရေးဌာန(RHC) ၃။တိုက်နယ်ဆေးရုံ(Station Hospital) ၄။မြို့နယ်ဆေးရုံ(ကုတင် ၂၅ဆန့်) ၅။မြို့နယ်ဆေးရုံ(ကုတင်၅၀ဆန့်) ၆။မြို့နယ်ဆေးရုံ(ကုတင်၁၀၀ဆန့်) ၇။ခရိုင်ဆေးရုံ ၈။ပြည်နယ်/တိုင်း အဆင့်ဆေးရုံ ၉။ဗဟိုအဆင့်ဆေးရုံကြီး
၇	ကျန်းမာရေးဌာနစီမံခန့်ခွဲမှုအမျိုးအစား	၁။အစိုးရဆေးရုံ ၂။ပုဂ္ဂလိကဆေးရုံ ၃။အဖွဲ့အစည်း(NGO) ၄။အခြား(ဖေါ်ပြပါ_____)
၈	မိသားစုစီမံကိန်းလုပ်ငန်းများဆောင်ရွက်ခြင်းရှိမရှိ	၁။ရှိ ၂။မရှိ (အခန်း၃. မေးခွန်း၁၁မှ ၁၂ထိနှင့် အခန်း၅.မေးခွန်း၁၇မှ ၂၂အထိကိုကျော်ရန်)
၉	ကလေးမွေးဖွားခြင်းအပါအဝင်မိခင်စောင့်ရှောက်ရေးလုပ်ငန်းများဆောင်ရွက်ခြင်း	၁။ရှိ ၂။မရှိ (အခန်း၄.မေးခွန်း၁၃မှ၁၆ထိကိုကျော်ရန်)
၁၀	HIV/AIDS ဆိုင်ရာကျန်းမာရေးစောင့်ရှောက်မှုလုပ်ငန်းများဆောင်ရွက်ခြင့်(VCT,PMTCT,ARTစသည်)	၁။ရှိ ၂။မရှိ

အခန်း၃။ ခေတ်ပေါ်ပဋိသန္ဓေတား နည်းလမ်းများဆောင်ရွက်ပေးမှု

စဉ်	အကြောင်းအရာ	ဆောင်ရွက်ပေးနိုင်မှုအခြေအနေ	
၁၁	လက်ရှိဌာန၏ဖွဲ့စည်းပုံနှင့်လုပ်ငန်းတာဝန်ပေးအပ်မှုစီမံချက်လုပ်ငန်းပြဋ္ဌန်းဆောင်ရွက်မှုအခြေအနေများအရအောက်ဖေါ်ပြပါနည်းလမ်းများကိုဆောင်ရွက်ပေးရန်သတ်မှတ်ထားပါသလား	သတ်မှတ်ထားမှု ၁။သတ်မှတ် ၂။မသတ်မှတ်	ဆောင်ရွက်ပေးနေမှု ၁။ဆောင်ရွက်နေ ၂။မဆောင်ရွက် ၃။အကျိုးမဝင် (မသတ်မှတ်ဟု ရွေ့အကွက်တွင် ဖြည့်ထားလျှင်)
	(က)အမျိုးသားသုံးကွန်ဒုံး	__	__
	(ခ)အမျိုးသမီးသုံးကွန်ဒုံး	__	__
	(ဂ)တားဆေးကဒ်(တနေ့တလုံးသောက်ရန်)	__	__
	(ဃ)သားတားထိုးဆေး	__	__
	(င)သားအမ်တွင်းထည့်ပစ္စည်း(IUD)	__	__
	(စ)ငါးနှစ်ခံသန္ဓေတားဆေး	__	__
	(ဆ)အမျိုးသမီးသားကြောဖြတ်ခြင်း	__	__
	(ဇ)အမျိုးသား သားကြောဖြတ်ခြင်း	__	__
	(ဈ)အရေးပေါ်သန္ဓေတားဆေး	__	__

မှတ်ချက်။သန္ဓေတားနည်းလမ်းတစ်ခုခြင်းစီအတွက် ဤဌာနဌဆောင်ရွက်ပေးရန် သတ်မှတ်ထားပြီး ပုံမှန်ဆောင်ရွက်ပေးနေသော်လည်း မေးမြန်းကာလအတွင်း ပစ္စည်းပြတ်လတ်မှုကြောင့် လတ်တလော ဆောင်ရွက်နိုင်ခြင်း မရှိပါလျှင် ဒုတိယကော်လံတွင် "**ဆောင်ရွက်နေ**"ဟုသာဖြည့်သွင်းပါ။

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၁၃	မေးခွန်းနံပါတ်၁၁ တွင် **မဆောင်ရွက်နိုင်**ဟုဆိုပါလျှင် မည်သည့်အတွက်ကြောင့်ဆိုသည်ကိုဖေါ်ပြပါ	၁။ထောက်ပံ့ပစ္စည်းများအချိန်မီမရောက်သဖြင့် ၂။ထောက်ပံ့ပစ္စည်းအချိန်မီမတောင်းခံနိုင်သဖြင့် ၃။ဈေးကွက်ပစ္စည်းပျက်လက်မှုကြောင့် ၄။သုံးစွဲမည့်သူမရှိ၍(သို့)အလွန်နည်း၍ ၅။ဤနည်းလမ်းကိုဆောင်ရွက်ပေးနိုင်မည့်ဝန်ထမ်းမရှိ၍ ၆။ဤနည်းလမ်းကိုဆောင်ရွက်ပေးနိုင်မည်ပစ္စည်းကိရိယာမရှိ၍
	(က)အမျိုးသားကွန်ဒုံး	__ _____
	(ခ)အမျိုးသမီးကွန်ဒုံး	__ _____
	(ဂ)တားဆေးကဒ်	__ _____
	(ဃ)သန္ဓေတားထိုးဆေး	__ _____
	(င)အရေးပေါ်သားတားဆေး	__ _____
	(စ)သားအိမ်တွင်းထည့်ပစ္စည်း(IUD)	__ _____
	(ဆ)ငါးနှစ်ခံသားတားဆေး	__ _____
	(ဇ)အမျိုးသမီးသားကြောဖြတ်ခြင်း	__ _____
	(ဈ)အမျိုးသား သားကြောဖြတ်ခြင်း	__ _____
၁၄	မေးခွန်းနံပါတ်၁၂၏အဖြေကိုမူတည်၍ဤကျန်းမာရေးဌာနတွင်နောက်ပေါ်သန္ဓေတားနည်းလမ်းများဆောင်ရွက်ပေးနိုင်မှုအခြေအနေကိုသုံးသပ်ပါ	နည်းလမ်း__ ခုဆောင်ရွက်ပေးနိုင်သည်

အခန်း၄။ မိခင်စောင့်ရှောက်ရေးနှင့်မျိုးပွားကျန်းမာရေးဆေးဝါးများအခြေအနေ

(မေးခွန်းအမှတ်၉ ၌ **ရှိ** ဟုဖြေထားမှသာဤ အခန်း၄နှင့် အကျုံးဝင်သည်)

ဆေးအမည်	မေးခွန်းအမှတ် ၁၅	မေးခွန် အမှတ်၁၆	မေးခွန်း အမှတ်၁၇	*မေးခွန်း၁၆တွင်ဖြေဆိုချက်နှင့်ပတ်သက်၍ မေးမြန်းသူကဆေးလက်ကျန်စာရင်းစာအုပ်နှင့် တိုက်ဆိုင်စစ်ဆေးချက်
	ဖွဲ့စည်းပုံ/တာဝန်ခံမှု/ စီမံချက်များအရအဆိုပါ ဆေးဝါးများရရှိရန် အကြုံးဝင်ပါ သလား ၁။အကြုံးဝင် ၂။အကြုံးမဝင်	မေးခွန်း၁၅၌အကြုံးဝင်ဟုဖြေလျှင်အဆိုပါဆေးဝါးများလက်ရှိတွင် ဤဌာနသို့ရရှိနိုင်ပါသလား ၁။ရရှိနိုင် ၂။မရရှိနိုင် ၃။အကြုံးမဝင် (မေးခွန်း၁၅ တွင်အကြုံးမဝင်ဖြစ်၍)	မေးခွန်း၁၅တွင်၁ဖြစ်၍ မေးခွန်း၁၆တွင်၂ဖြစ်လျှင် မည်သည့်အတွက်ကြောင့် ဆိုသည်ကို ဖြေပေးပါ။ ၁။ထောက်ပံဆေးဝါးများရရှိရန်ကြံ့ကြာနေသဖြင့် ၂။ဆေးဝါးများတောင်းခံရန်ကြံ့ကြာနေသဖြင့် ၃။ဈေးကွက်၌ဆေးဝါးများပြတ်လတ်နေသဖြင့် ၄။အသုံးလုံးဝမရှိ၍(သို့)သုံးစွဲမှုအလွန်နည်းပါး၍ ၅။ဆေးဝါးသုံးစွဲပေးနိုင်မည့်ကျွမ်းကျင်ဝန်ထမ်းမရှိ၍ ၆။ ၇။အခြား (ဖေါ်ပြပါ_____)	၁။ဆေးလက်ကျန်စာရင်းကြည့်ရာတွင်လက်ကျန်ရှိ ၂။ဆေးလက်ကျန်စာရင်းကြည့်ရာတွင်လက်ကျန်မရှိ
(က)Ampicillir	|__|	|__|	|__|	|__|
(ခ)Azithromycir	|__|	|__|	|__|	|__|
(ဂ)Benzithine Benzyl Penicillin	|__|	|__|	|__|	|__|
(ဃ)Betamethasone(သို့)Dexamethasone(သို့)နှစ်မျိုးလုံး	|__|	|__|	|__|	|__|
(c)Calcium gluconate	|__|	|__|	|__|	|__|
(စ)Cefixime	|__|	|__|	|__|	|__|
(ဆ)Gentamycin	|__|	|__|	|__|	|__|
(ဇ)Hydralazine	|__|	|__|	|__|	|__|
(ဈ)Megnesium Sulphate	|__|	|__|	|__|	|__|
(ည)Methyldopa	|__|	|__|	|__|	|__|
(ဋ)Metronidazol	|__|	|__|	|__|	|__|
(ဌ)Mifepristone	|__|	|__|	|__|	|__|
(ဍ)Nifedipine	|__|	|__|	|__|	|__|
(ဎ)Oxytocin	|__|	|__|	|__|	|__|
(ဏ)Sodium lactate or Sodium chloride or both	|__|	|__|	|__|	|__|
(တ)Tetanus toxoid	|__|	|__|	|__|	|__|
၁၈။မေးခွန်း(၁၆)၏ဖြေဆိုချက်အပေါ် မူတည်၍ ဖြေဆိုသူနှင့်ဆွေးနွေး၍မှတ်ချက်ပြုပါ	၁။Magnesium sulphateနှင့်Oxytocinအပါအဝင်စုစုပေါင်းမွေးဖွားမိခင်စောင့်ရှောက်ရေးနှင့်မျိုးပွားကျန်းမာရေး ဆိုင်ရာ အသက်ကယ်ဆေးအမည် စုစုပေါင်း(၇)မျိုးခန့်ရရှိ နိုင်သည်		၂။အထက်ပါကဲ့သို့ဆေးအမည်၇.မျိုးခန့်မထောက်ပံ့နိုင်ပါ မှတ်ချက်။ sodium chloride နှင့် sodiuf lactate compound, Dexamethazone နှင့် Betamethazonတို့ကိုအတူတူကဲ့သို့မှတ်ယူပါ

အခန်း၅။ သန္ဓေတားဆေးများပြတ်လပ်မှု

အကြောင်းအရာ	မေးခွန်းနံပါတ် (၁၉)	မေးခွန်းနံပါတ် (၂၁)
မေးခွန်းနံပါတ် (၆)အရသတ်မှတ်အဆင့်ရှိ ဆေးရုံ/ဆေးခန်းအနေဖြင့်ပြဋ္ဌာန်းချက်တာဝန်ပေးချက်(သို့)စီမံချက်တစ်ခုခုအရအောက်ပါသန္ဓေတားဆေးနှင့်ပစ္စည်းများရှိသင့်ပါလျှက်လွန်ခဲ့သော (၆)လအတွင်းပြတ်လပ်ခြင်းကြောင့်သန္ဓေတားရန်ဆောင်ရွက်ပေးနိုင်ခဲခြင်းမရှိသည်မျိုးဖြစ်ခဲ့ပါသလား	၁။ပြတ်လပ်ခဲ့ဘူး ၂။မပြတ်လပ်ခဲ့ဘူး	အဘယ့်ကြောင့်ပြတ်လပ်ခဲ့ကြောင်း အဓိကအချက်ကိုဖော်ပြပါ ၁။ထောက်ပံ့မှုကြန့်ကြာ၍ ၂။တောင်းခံမှုနှောင့်နှေး၍ ၃။ဈေးကွက်၌ပစ္စည်းပြတ်လပ်၍ ၄။အသုံးမရှိ၍(သို့)အသုံးအလွန်နည်း၍ ၅။ကျွမ်းကျင်ဝန်ထမ်းမရှိ၍ ၆။ပစ္စည်းကရိယာမစုံလင်၍ ၇။အခြား(ဖော်ပြပါ____)
(က)အမျိုးသားကွန်ဒုံး	__	__ _____
(ခ)အမျိုးသမီးကွန်ဒုံး	__	__ _____
(ဂ)တားဆေးကဒ်	__	__ _____
(ဃ)သန္ဓေတားထိုးဆေး	__	__ _____
(င)အရေးပေါ်သားတားဆေး	__	__ _____
(စ)သားအိမ်တွင်းထည့်ပစ္စည်း(IUD)	__	__ _____
(ဆ)ငါးနှစ်ခံသားတားဆေး	__	__ _____
(ဇ)အမျိုးသမီးသားကြောဖြတ်ခြင်း	__	__ _____
(ဈ)အမျိုးသား သားကြောဖြတ်ခြင်း	__	__ _____
၂၀ မေးခွန်း၁၉၏အဖြေကိုမူတည်၍တဘက်ပါအချက်တစ်ခုခုဖြင့်မှတ်ချက်ပြုပါ	၁။တစ်မျိုးနှင့်အထက်လွန်ခဲသော(၆)လအတွင်းအနည်းဆုံးတစ်ကြိမ်ပြတ်လပ်ခဲ့ဘူးသည်	၂။ဆေးအမည် အားလုံး တခါမျှ ပြတ်လပ်ခဲ့ဘူးခြင်း မရှိ

အကြောင်းအရာ	မေးခွန်းနံပါတ် (၂၂)	မေးခွန်းနံပါတ် (၂၄)	ဆေးလက်ကျန်စာရင်းနှင့်ကိုက်ဆိုင်စစ်ဆေးပါ
မေးခွန်းနံပါတ် (၆)အရ သတ်မှတ်အဆင့်ရှိ ဆေးရုံ/ဆေးခန်းအနေဖြင့်ပြဋ္ဌာန်းချက်တာဝန်ပေးချက်(သို့)စီမံချက်တစ်ခုခုအရ အောက်ပါသန္ဓေတားဆေးနှင့်ပစ္စည်းများရှိသင့်ပါလျှက်ယခုလက်ရှိအချိန်တွင်ဆေးပြတ်လပ်သဖြင့်သန္ဓေတားရန်ဆောင်ရွက်ဆေးနိုင်မရှိဖြစ်နေပါသလား	၁။ယခုပြတ်လပ်နေသည် ၂။ယခုမပြတ်လပ်နေပါ	အဘယ့်ကြောင့်ပြတ်လပ်ခဲ့ကြောင်းအဓိကအချက်ကိုဖော်ပြပါ ၁။ထောက်ပံ့မှုကြန့်ကြာ၍ ၂။တောင်းခံမှုနှောင့်နှေး၍ ၃။ဈေးကွက်၌ပစ္စည်းပြတ်လပ်၍ ၄။အသုံးမရှိ၍(သို့)အသုံးအလွန်နည်း၍ ၅။ကျွမ်းကျင်ဝန်ထမ်းမရှိ၍ ၆။ပစ္စည်းကရိယာမစုံလင်၍ ၇။အခြား(ဖော်ပြပါ____)	၁။လက်ကျန်ရှိ ၂။လက်ကျန်မရှိ
(က)အမျိုးသားကွန်ဒုံး	__	__ _____	__
(ခ)အမျိုးသမီးကွန်ဒုံး	__	__ _____	__
(ဂ)တားဆေးကဒ်	__	__ _____	__
(ဃ)သန္ဓေတားထိုးဆေး	__	__ _____	__
(င)အရေးပေါ်သားတားဆေး	__	__ _____	__
(စ)သားအိမ်တွင်းထည့်ပစ္စည်း (IUD)	__	__ _____	__
(ဆ)ငါးနှစ်ခံသားတားဆေး	__	__ _____	__
(ဇ)အမျိုးသမီးသားကြောဖြတ်ခြင်း	__	__ _____	__
(ဈ)အမျိုးသား သားကြောဖြတ်ခြင်း	__	__ _____	__
မေးခွန်း ၂၃။ မေးခွန်း ၂၂ပေါ်မူတည်၍တဘက်ပါအချက်အလက် တစ်ခုခုကိုမှတ်ချက်ပြုပါ	၁။တစ်မျိုးနှင့်အထက်ယခုလက်ရှိအချိန်တွင်ပြတ်လပ်နေသည်	၂။ဆေးအမည်အားလုံးလက်ရှိအချိန်တွင်မပြတ်လပ်ပါ	

အခန်း(၆)။ ပစ္စည်းထောက်ပံ့ရေးလမ်းကြောင်း(ကျန်းမာရေးဌာနအမျိုးအစားအားလုံးအားပေးရန်)

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၂၅	ဤဌာန၏ ဆေးနှင့်ဆေးပစ္စည်းများမှယူရန် အဓိက တာဝန်ခံသူ	၁။ဆေးရုံမှူး/ဆေးရုံအုပ် ၂။အထူးကု ဆရာဝန်/ ဆေးရုံတာဝန်ကျ ဆရာဝန် ၃။ဆေးဝါးကျွမ်းကျင် ၄။အခြား(ဖော်ပြပါ_____)
၂၆	ဤဌာနအတွက်သန္ဓေတားဆေးပြန်လည်ဖြည့်တင်းရေးကိုမည်သို့လုပ်ဆောင်ပါသလဲ	၁။ဌာနဝန်ထမ်းကသတ်မှတ်ဖော်မြူလာကိုသုံး၍လိုအပ်သောပမာဏကိုတွက်ချက်တောင်းခံသည် ၂။ထောက်ပံ့ရေးဌာနကတွက်ချက်ဆုံးဖြတ်သည် ၃။အခြားနည်းလမ်းသုံးသည် (ဖော်ပြပါ_____)
၂၇	အစီအရင်ခံခြင်းနှင့်မှာယူခြင်းအတွက်သတ်မှတ်သောပုံစံကိုအသုံးပြုပါသလား	၁။သုံးသည်(ပုံစံကိုပြနိုင်သည်) ၂။သုံးသည်(ပုံစံကိုမပြနိုင်) ၃။မသုံးပါ
၂၈	ဆေးနှင့်ဆေးပစ္စည်းများအဓိကထောက်ပံ့ရာကိုဖော်ပြပါ	၁။ဗဟိုဆေးသိုလှောင်ရေးဌာန ၂။ပြည်နယ်/တိုင်းကျန်းမာရေးဌာန ၃။ခရိုင်ကျန်းမာရေးဌာန ၄။မြို့နယ်ကျန်းမာရေးဌာန ၅။ကျေးလတ်ကျန်းမာရေးဌာန ၆။NGO ၇။အလှူရှင် ၈။ပြင်ပဆေးဆိုင်/ကုမ္ပဏီ
၂၉	ဆေးနှင့်ဆေးပစ္စည်းသယ်ဆောင်ပေးသူ	၁။အစိုးရ ၂။ပြည်နယ်တိုင်း/ခရိုင်ကျန်းမာရေးဦးစီးဌာန ၃။မိမိအစီစဉ် ၄။အခြား(ဖော်ပြပါ_____)
၃၀	မှာယူခြိန်နှင့်ရောက်ရှိခြိန်ကြားကာလမည်မျှရှိသလဲ	၁။နှစ်ပတ်အောက် ၂။၂ပတ်မှ၁လအထိ ၃။၁လမှ၂လအထိ ၄။၂လမှ၄လအထိ ၅။၄လမှ၆လအထိ ၆။၆လကျော်ကြာ
၃၁	မှာယူမှုတကြိမ်မည်မျှကြာသလဲ	၁။၂ပတ်တစ်ခါ ၂။တစ်လတစ်ခါ ၃။၃လတစ်ခါ ၄။၆လတစ်ခါ ၅။၁နှစ်တစ်ခါ

အခန်း(၇)အအေးလမ်းကြောင်း(ကျန်းမာရေးဌာနအမျိုးအစားအားလုံးမေးရန်)

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၃၂	ကိုယ်ပိုင်အအေးလမ်းကြောင်းစနစ်ရှိမရှိ	၁။ရှိ ၂။မရှိ
၃၃	ရှိခဲ့လျှင်အအေးခံစနစ်ဖြင့်ထားရှိသောမိခင်စောင့်ရှောက်ရေးနှင့်မျိုးပွားကျန်းမာရေးဆေးအမည်စာရင်းပေးပါ	_____ _____ _____ _____ _____
၃၄	ရှိခဲ့လျှင်အအေးခံစနစ်အမျိုးအစားဖော်ပြပါ	၁။လျှပ်စစ်သုံး ၂။ရေခဲဘူး(ရေခဲပြန်လည်ဖြည့်တင်း နိုင်သော) ၃။ဖြေရန်မလို
၃၅	လျှပ်စစ်သုံးအအေးခံစနစ်ဖြစ်လျှင်လျှပ်စစ်ဓါတ်အားရရှိသောနေရာ	၁။၂၄နာရီဓါတ်အားပို့လွတ်စနစ် ၂။ကိုယ်ပိုင်မီးစက်(အထိုင်) ၃။ကိုယ်ပိုင်မီးစက်(ရွှေ့ပြောင်းနိုင်) ၄။ရေနံဆီသုံးစနစ် ၅။ဖြေရန်မလိုအပ်
၃၆	အအေးခံစနစ်မရှိလျှင်အအေးခံစနစ်ဖြင့်ထားရန်လိုသောဆေးများကိုမည်သို့ထားရှိသလဲ	_____ _____ _____

အခန်း(၈) ။ မိသားစုစီမံကိန်းသန်တန်းတက်ရောက်ပြီးစီးမှု(ဌာနအမျိုးအစားအားလုံးမေးရန်)

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၃၇	မိသားစုစီမံကိန်းလုပ်ငန်းဆောင်ရွက်ရန်သင်တန်းတက်ရောက်ပြီးသောဝန်ထမ်းရှိမရှိ	၁။ရှိ ၂။မရှိ
၃၈	ရှိခဲ့လျှင်အရေအတွက်	_____ဦး
၃၉	၅နှစ်ခံတားဆေးထည့်သွင်းရန်ပြန်ထုပ်ရန်လေ့ကျင့်ပေးပြီးသောဝန်ထမ်းရှိမရှိ	၁။ရှိ ၂။မရှိ
၄၀	ရှိခဲ့လျှင်အရေအတွက်	_____ဦး
၄၁	သင်တန်းတက်ရောက်ပြီးဝန်ထမ်းသည်အမှန်တကယ်ဝန်ဆောင်မှုပေးနေပါသလား။	၁။ပေး ၂။မပေး
၄၂	မပေးနေလျှင်အဘယ်ကြောင့်နည်း။	_____
၄၃	နောက်ဆုံးသင်တန်းတက်ရောက်ပြီးစီးသောကာလ	၁။လွန်ခဲသော၂လ ၂။၂လနှင့်၆လကြား ၃။၆လနှင့်၁နှစ်ကြား ၄။တနှစ်ကျော်ကာလ
၄၄	သင်တန်းပေးလေ့ကျင့်မှုတွင်၅နှစ်သနွေတားဆေးထည့်သွင်းခြင်းပြန်ထုတ်ခြင်းပါရှိပါသလား။	၁။ရှိပါသည် ၂။မပါ

အခန်း(၉) ကြီးကြပ်ခြင်း(ဌာနအမျိုးအစားအားလုံးမေးရန်)

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၄၅	လွန်ခဲသောတစ်နှစ်အတွင်းကြီးကြပ်သူတစ်ဦး ရောက်ရှိခဲသောနောက်ဆုံးကာလ	၁။၁လမရှိသေး ၂။၁လမှ၃လအတွင်း ၃။၃လမှ၆လအတွင်း ၄။၆လမှတစ်နှစ်အတွင်း ၅။လုံးဝမလာရောက်ခဲဘူး
၄၆	ကြီးကြပ်မှုတစ်ကြိမ်နှင့်၁ကြိမ်မည်မျှကြာပါသလဲ	၁။အပတ်စဉ် ၂။လစဉ် ၃။၃လတစ်ခါ ၄။၆လတစ်ခါ ၅။တစ်နှစ်တခါ ၆။လုံးဝမရှိ
၄၇	ကြီးကြပ်မှုတွင်ဘာတွေလုပ်လေ့ရှိသလဲ	၁။ကုသမှုလုပ်ငန်းစဉ် ၂။ဆေးပြတ်လပ်မှုနှင့်သက်တန်းလွန်မှု ၃။ဝန်ထမ်းအင်အားနှင့်သင်တန်းတက်ရောက်ပြီးမှု ၄။အချက်အလက်ပြည့်စုံမှု၊မှန်ကန်မှုနှင့်အချိန်မီအစီအရင်ခံနိုင်မှု ၅။မျိုးပွားကျန်းမာရေးစောင့်ရှောက်မှုလုပ်ငန်းလမ်းညွှန်များအတိုင်းလိုက်နာဆောင်ရွက်မှု ၆။အခြား(ဖေါ်ပြပါ_____)

အခန်း(၁၀)။ လုပ်ငန်းလမ်းညွှန်များရရှိမှု(ဌာနအမျိုးအစားအားလုံးမေးရန်)

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၄၈	အမျိုးသား/WHOမိသားစုစီမံကိန်းလုပ်ငန်းလမ်းညွှန်	၁။ရရှိ(ထုတ်ပြန်ိင်) ၂။ရရှိ(ထုတ်မပြန်ိင်) ၃။မရရှိ
၄၉	မိသားစုစီမံကိန်း check list	၁။ရရှိ(ထုတ်ပြန်ိင်) ၂။ရရှိ(ထုတ်မပြန်ိင်) ၃။မရရှိ
၅၀	ကိုယ်ဝန်စောင့်ရှောက်မှုလုပ်ငန်းလမ်းညွှန်	၁။ရရှိ(ထုတ်ပြန်ိင်) ၂။ရရှိ(ထုတ်မပြန်ိင်) ၃။မရရှိ
၅၁	ကိုယ်ဝန်စောင့်ရှောက်မှုလုပ်ငန်းလမ်းညွှန်check list	၁။ရရှိ(ထုတ်ပြန်ိင်) ၂။ရရှိ(ထုတ်မပြန်ိင်) ၃။မရရှိ
၅၂	စွန့်ပစ်ပစ္စည်းများသိမ်းဆည်းစွန့်ပစ်ရေးလုပ်ငန်းလမ်းညွှန်	၁။ရရှိ(ထုတ်ပြန်ိင်) ၂။ရရှိ(ထုတ်မပြန်ိင်) ၃။မရရှိ

အခန်း(၁၁)။ သတင်းအချက်အလက်နှင့်ဆက်သွယ်ရေးနည်းပညာရရှိမှု(ဌာနအမျိုးအစားအားလုံးမေးရန်)

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၅၃	သတင်းအချက်အလက်နှင့်ဆက်သွယ်ရေးနည်းပညာသုံစွဲမှု	၁။သုံး(တွေ့ရသည်) ၂။သုံး(မတွေ့ရ) ၃။မသုံး
၅၄	မည်သည့်အရာများသုံးစွဲသလဲ	၁။ကွန်ပျူတာ ၂။မိုဘိုင်းဖုံး(ရိုးရိုးဟန်းစက်) ၃။မိုဘိုင်းဖုံး(smart phone) ၄။သင်ပုန်းကွန်ပျူတာ ၅။အင်တာနက်(LAN) ၆။အင်တာနက်(Wi-Fi) 7။အခြား(ဖေါ်ပြပါ_____)
၅၅	မည်သူကထောက်ပံ့သလဲ	၁။ကိုယ်ပိုင် ၂။အစိုးရ ၃။ဆေးခန်းပိုင်ရှင် ၄။အလှူရှင် ၅။အခြား(ဖေါ်ပြပါ_____)
၅၆	သုံးရသောအဓိကအကြောင်အရင်း	၁။လူနာမှတ်ပုံတင်ခြင်း ၂။မှတ်တမ်းထိမ်းခြင်း ၃။လူနာတစ်ဦးခြင်းမှတ်တမ်းထိမ်းခြင်း ၄။အာမခံထားခြင်းပြန်ထုတ်ပေးခြင်း ၅။ဖုန်းဖြင့်ဘီလ်ဆောင်ခြင်း ၆။ပုံမှန်ဆက်သွယ်ပြောဆိုခြင်း ၇။ကျန်းမာရေးပညာပေး ၈။ဆေးနှင့်ဆေးပစ္စည်းများမှာယူခြင်း ၉။သင်တန်းပေးခြင်း ၁၀။လူနာပြုစုကုသမှုအကြံဉာဏ်တောင်းခံခြင်း ၁၁။အခြား(ဖေါ်ပြပါ_____)
၅၇	စွန့်ပစ်ပစ္စည်းများကိုမည်သို့စီမံသလဲ	၁။မြေပေါ်ပုံ၍မီးရှို့ ၂။သတ်မှတ်နေရာတွင်ကျင်းတူး၍မြှုပ် ၃။မီးရှို့စက်သုံး၍ရှို့ ၄။စည်ပင်အမှိုက်သိမ်းစနစ်ဖြင့်ဆက်သွယ်ဆောင်ရွက် ၅။ပုံမှန်အမှိုက်ပုံးများဖြင့်စွန့်ပစ်

အခန်း(၁၃)ကုသမှုစရိတ်ကျခံခြင်း(ဌာနအမျိုးအစားအားလုံးမေးရန်)

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၅၈	စမ်းသပ်ခယူပါသလား	၁။ယူ ၂။မယူ
၅၉	စမ်းသပ်ခယူလျှင်တဘက်ပါအကြောင်းအရာတို့အတွက်ကင်းလွတ်ခွင့်ပြုပါသလား	၁။မိသားစုစီမံကိန်း ၂။ကိုယ်ဝန်စောင့်ရှောက်မှု ၃။ကလေးမွေးဖွားမှု ၄။မီးတွင်းကာလစောင့်ရှောက်မှု ၅။မွေးကင်းစကလေးစောင့်ရှောက်မှု ၆။၅နှစ်အောက်ကလေးစောင့်ရောက်မှု ၇။HIV(ART) ၈။အခြား(ဖော်ပြပါ_____)
၆၀	ဆေးဖိုးယူပါသလား	၁။ယူ ၂။မယူ
၆၁	ယူလျှင်တဘက်ပါတို့အတွက်ကင်းလွတ်ခွင့်ပြုပါသလား	၁။မိသားစုစီမံကိန်း ၂။မိခင်စောင့်ရှောက်ရေးဆေးများ ၃။ကလေးစောင့်ရှောက်ရေးဆေးများ ၄။အခြား(ဖော်ပြပါ_____)
၆၂	အထူးကု/အရည်အချင်းပြည့်ဝကျန်းမာရေးဝန်ထမ်းဖြင့်ပြသမှုအတွက်ကုန်ကျစရိတ်ရှိပါသလား	၁။ရှိ ၂။မရှိ
၆၃	ရှိလျှင်တဘက်ပါတို့အတွက်ကင်းလွတ်ခွင့်ရှိပါသလား	၁။မိသားစုစီမံကိန်း ၂။ကိုယ်ဝန်စောင့်ရှောက်မှု ၃။ကလေးမွေးဖွားမှု ၄။မီးတွင်းကာလစောင့်ရှောက်မှု ၅။မွေးကင်းစကလေးစောင့်ရှောက်မှု ၆။၅နှစ်အောက်ကလေးစောင့်ရောက်မှု ၇။HIV(ART) ၈။အခြား(ဖော်ပြပါ_____)

၁။ကျေးဇူးတင်ကြောင်းပြောပါ။
၂။လူနာတစ်ဦးဦးကိုဆက်လက်မေးမြန်းမည့်အကြောင်းပြောပါ။
၃။လူနာ၏ဖြေဆိုချက်များကိုဤဆေးခန်းနှင့်ဆေးဝန်ထမ်းတစ်ဦးဦးကိုအပြစ်ပေးအရေးယူရေးအတွက်သုံးမည်မဟုတ်ဘဲလုပ်ငန်းနှင့်ဝန်ဆောင်မှုများတိုးတက်မှုအတွက်သုံးမည်ဖြစ်ကြောင်းပြောပါ။
၄။တာဝန်ရှိသူတစ်ဦးဦးထံမှခွင့်ပြုချက်တောင်းပြီးမှဆက်မေးပါ။

ဆေးခန်ပြသူများ၏ထင်မြင်ယူဆချက်များနှင့်မိသားစုစီမံကိန်းလုပ်ငန်းများအတွက်ကုန်ကျစရိတ်

ခန့်မှန်းဖော်ထုတ်ခြင်း

အပိုင်း(၁၄)။ ဆေးခန်းပြသူ၏ထင်မြင်ယူဆချက်များ

၁၄.၁ ဖြေဆိုသူ၏နောက်ခံအကြောင်းအချက်

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၆၄	အသက်	|__|___| နှစ်
၆၅	ကျား/မ	၁။ကျား ၂။မ
၆၆	အိမ်ထောင်ရေး	၁။လက်မထပ်ရသေး/အတူနေ ၂။လက်ထပ်ထား/အတူနေ ၃။ကွာရှင်/ကွဲကွာ/မုဆိုးမ/မုဆိုးဖို
၆၇	ပညာရေး	၁။ကျောင်းမနေ ၂။မူလတန်း ၃။အလယ်တန်း/အထက်တန်းနှင့်အထက်
၆၈	မိသားစုစီမံကိန်းအတွက်ဆေးခန်း ဘယ်နှစ်ကြိမ်ပြဘူးသလဲ	၁။လစဉ် ၂။၂လတစ်ကြိမ် ၃။၃လတစ်ကြိမ် ၄။အခြား(ဖော်ပြပါ_____)

၁၄.၂ ။လိုက်နာဆောင်ရွက်မှု

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၆၉	သင်ရွေးချယ်သောသန္ဓေတားနည်းလမ်းကိုရရှိပါသလား	၁။ရ ၂။မရ
၇၀	ရရှိသောနည်းလမ်းသည် သင်နှစ်သက်သောဆန္ဒရှိသော နည်းလမ်းဖြစ်ပါသလား	၁။ဖြစ် ၂။မဖြစ်
၇၁	မည်သို့သုံးစွဲရမည်ကိုကျန်းမာရေးဝန်ထမ်းကသင်ပေးပါသလား	၁။သင် ၂။မသင်
၇၂	ဘေးထွက်ဆိုးကျိုးများကိုရောပြောပြပါသလား	၁။ပြော ၂။မပြော
၇၃	ဘေးထွက်ဆိုးကျိုးများဖြစ်လာလျှင်မည်သို့ဆောင်ရွက်ရမည်ကိုပြောပြပါသလား	၁။ပြော ၂။မပြော
၇၄	ဆေးခန်းသို့ပြန်လာပြရန်လိုအပ်သောနောက်ဆက်တွဲပြဿနာများအကြောင်း ပြောပြပါသလား	၁။ပြော ၂။မပြော
၇၅	ထပ်မံလာပြရန်(သို့)ဆေးထပ်ယူရန်ရက်ချိန်းပေးလိုက်သလား	၁။ပေး ၂။မပေး

၁၄.၃ ဆေးခန်းနှင့်ဆိုင်သောအကြောင်းအရာများ

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၇၆	ဆေးခန်းမပြသမီစောင့်ဆိုင်းရတာအတော်ကြာပါသလား	၁။ကြာ ၂။မကြာ
၇၇	ဆေးခန်းသန့်ရှင်းမှုအနေအထားကိုစိတ်ကျေနပ်ပါသလား	၁။ကျေနပ် ၂။မကျေနပ်
၇၈	စမ်းသပ်ခန်း၏လုံခြုံမှုအပေါ်စိတ်ကျေနပ်မှုရှိရဲ့လား	၁။ကျေနပ် ၂။မကျေနပ်
၇၉	သင်ကိုစမ်းသပ်ကုသမှုပြုရာတွင်အခြိန်လုံလောက်စွာပေးရဲ့လား	၁။ပေး ၂။မပေး

၁၄.၄။ ပြောဆိုဆက်ဆံရေး

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၈၀	သင့်အပေါ်လေးစားပြုငှာစွာဆက်ဆံရဲ့လား	၁။ဆက်ဆံ ၂။မဆက်ဆံ
၈၁	သင်ရခဲ့သောကုသမှုအပေါ်လက်ခံအောင်အတင်းအကြပ်တိုက်တွန်းခဲ့သလား	၁။တိုက်တွန်း ၂။မတိုက်တွန်း
၈၂	ခြုံ၍ပြောရလျှင်ဝန်ထမ်းကသင့်အပေါ်ထားရှိသောစိတ်ဓါတ်ကိုနှစ်သက်ရဲ့လား	၁။နှစ်သက် ၂။မနှစ်သက်

၁၄.၅။ ရလဒ်

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၈၃	သင်ရရှိသောကုသမှုအပေါ်စိတ်ကျေနပ်မှုရှိရဲ့လား	၁။ကြည် ၂။မကြည်
၈၄	နောက်တစ်ကြိမ်ထပ်လာဖို့စိတ်ကူးရှိရဲ့လား	၁။ရှိ ၂။မရှိ
၈၅	မိသားစုဆွေမျိုးမိတ်ဆွေများကိုဤဆေးခန်းသို့လာပြရန် လမ်းညွှန်ပေးမှာလား	၁။ပေး ၂။မပေး

အခန်း(၁၅) ဝန်ဆောင်မှုကုန်ကျစရိတ်အပေါ်သုံးသပ်ချက်

(မေးခွန်းနံပါတ်၈၆၊(ဟုတ်) ဟုဖြေထားသောဆေးခန်းအတွက်သာ)

၁၅.၁။ မိသားစုဝင်မိမိကိန်းဝန်ဆောင်မှုကုန်ကျစရိတ်

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၈၆	ယခုပြသမှုအခေါက်အတွက်သန္ဓေတားခြင်းကိစ္စတွင်ကုန်ကျမှုရှိပါသလား	၁။ကုန်ကျ ၂။မကုန်ကျ
၈၇	ကုန်ကျမှုရှိသည်ဆိုလျှင်မည်မျှရှိပါသလဲ	နည်းလမ်းအမှတ်စဉ်|__|အတွက် |__|__|__|__|ကျပ် ခါတ်ခွဲ/ခါတ်မှန်|__|__|__|__|ကျပ် ဆေးဝယ်၍|__|__|__|__|ကျပ် စမ်းသပ်ခ|__|__|__|__|ကျပ်

၁၅.၂ ။ခရီးစရိတ်

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၈၈	ဆေးခန်းသို့လာရန်ခရီးစသွားလာရသောအဓိကနည်းလမ်း	၁။လမ်းလျှောက် ၂။ဘိုင်စကယ် ၃။မော်တော်ဆိုင်ကယ် ၄။ဘတ်(စ်)/တက္ကစီ ၅။ကိုယ်ပိုင်ယာဉ်

		၆။အခြား(ဖော်ပြပါ_____)
၈၉	ဆေးခန်းနှင့်အိမ်အကွာအဝေး	__|__| ကီလို/မိုင်
၉၀	ဆေးခန်းသို့လာရန်စုစုပေါင်းကုန်ကျစရိတ်	__|__|__|__| ကျပ်
၉၁	အိမ်သို့ပြန်လာရန်ကုန်ကျစရိတ်	__|__|__|__| ကျပ်

၁၅.၃။ အချိန်ကုန်မှု

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၉၂	ဆေးခန်းသို့လာရန်အချိန်မည်မျှကုန်သလဲ	__|__| နာရီ__|__|မိနစ်
၉၃	ဆေးခန်း၌မပြသမီစောင့်ဆိုင်းနေရချိန်	__|__| နာရီ__|__|မိနစ်
၉၄	အိမ်သို့ပြန်ရန်အချိန်မည်မျှကုန်သလဲ	__|__| နာရီ__|__|မိနစ်
၉၅	ဆေးခန်းလာပြသည့်ကာလအတွင်းအိမ်တွင်အဓိကလုပ်စရာ ဘာတွေရှိသလဲ	၁။ပုံမှန်အိမ်အလုပ် ၂။စိုက်ခင်းအလုပ် ၃။ဈေရောင်းအလုပ် ၄။လက်ခစားအလုပ် ၅။ကျွမ်းကျင်လက်ခစားအလုပ် ၆။စာရေး(သို့)Professional အလုပ် ၇။အခြား(ဖော်ပြပါ_____)
၉၆	ဤကျန်ခဲ့သောအလုပ်ကိုမည်သူကိုလွှဲခဲသလဲ	၁။မိသားစု ၂။လုပ်ဖော်ကိုင်ဘက် ၃။ဘယ်သူမှမလွှဲခဲ့ရ ၄။အခြား(ဖော်ပြပါ____)
၉၇	လွှဲခဲ့သည့်အတွက်အခကြေးငွေပေးခဲ့ရသလား	၁။ပေး ၂။မပေး
၉၈	ပေးခဲလျှင်မည်မျှနည်း	__|__|__|__| ကျပ်

၁၅.၄။ ငွေကြေးစီမံမှု

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၉၉	ယနေ့ကုန်ကျစရိတ်အတွက်မည်သို့ဖြေရှင်းခဲပါသလဲ	၁။မိမိဘာသာ ၂။ခင်ပွန်း/ဇနီး ၃။အခြားမိသားစု ၄။အခြားနည်း(ဖော်ပြပါ_____)
၁၀၀	ယနေ့ကုန်ကျစရိတ်အတွက်မည်သူကမည်မျှကျခဲ့ပါသလဲ	၁။မိမိဘာသာ__|__|__|__| ကျပ် ၂။ခင်ပွန်း/ဇနီး__|__|__|__| ကျပ် ၃။အခြားမိသားစုဝင်__|__|__|__| ကျပ် ၄။အခြားနည်း(ဖော်ပြပါ_____)

ကျေးဇူးတင်ပါသည်။