2018 Health Facility Assessment for Reproductive Health Commodities and Services

November 2019

2018 Health Facility Assessment for Reproductive Health Commodities and Services

Department of Medical Research

Department of Public Health

Deparment of Medical Services and

UNFPA

November 2019

INVESTIGATORS

Principal Investigator

Dr. Moe Kyaw Myint	Director	DMR(POLB)

Co-investigators

Dr. Kyaw Oo	Deputy Director General	DHRH
Dr. Hla Mya Thwe Einda	Director (Maternal & Reproductive Health Division)	DOPH
Dr. Kyaw Thu Soe	Research Officer (Health System Research)	DMR(POLB)

Technical coordinators

Dr. Yin Yin Htun Ngwe	Assistant Representative	UNFPA
Dr. Aung Thu Tun	Programme Analyst (RHCS)	UNFPA
Dr. Yadanar	Programme Analyst (RHCS)	UNFPA

ASSESSMENT TEAM

Field Technical Supervisors

1.	Dr. Moe Kyaw Myint	Director	DMR(POLB)
2.	Dr. Myintzu Tin Oung	Deputy Director (Medical Statistics)	DMR(POLB)
3.	Dr Kyaw Thu Hein	Research Officer (Epidemiology)	DMR(POLB)
4.	Dr. Kyaw Thu Soe	Research Officer (Health System Research)	DMR(POLB)
5.	Dr Kyaw Ko Ko Htet	Research Officer (Epidemiology)	DMR
6.	Dr. Yadanar Aung	Research Officer (Medical Statistics)	DMR(POLB)
7.	Dr Tin Maung Naing	Research Officer (Health System Research)	DMR(POLB)
8.	Daw Phyu Phyu Wynn	Research Scientists (Parasitology Division)	DMR(POLB)
9.	Dr Kyaw Thu	Research Officer (Health System Research)	DMR(POLB)
10.	Dr Ei Ei Swe	Research Officer (Medical Statistics)	DMR(POLB)
11.	Dr. Kyi Thar Min	Research Scientists (Medical Statistics)	DMR(POLB)

Field Local Supervisors

1.	Dr. Than Than Myint	Deputy Director General (Department of Medical services)	Mandalay Region
	Dr. Yu Yu Wai	Deputy director	Mandalay Region
	Daw Khin San Moe	HA-1 State Public Health Department	Mandalay Region
2.	Dr. Win Lwin	Regional Public Health Director	Sagaing Region
	Dr Chit Htun	Assistant Director, Regional Public Health Department	Sagaing Region
	Dr. Kyaw Moe Htun	Assistant Director, Regional Public Health Department	Sagaing Region
	U Phone Myint Kyaw	HA-1 State Public Health Department	Sagaing Region
3.	Dr Htun Aung Kyi	State Public Health Director	Mon State
	Dr.Wint Mone Min	THO- State Public Health Department	Mon State
	Daw Moh Moh Lwin	HA-1 State Public Health Department	Mon State
4.	Dr Htun Myint	Regional Public Health Director	Yangon Region
	Dr Kyaw Zin Htut	MO Regional Public Health Department	Yangon Region
5	Dr Khin Maung Yin	State Public Health Director	Kaya State
	Daw Nobel Lynn	Township Health Nurse	Kayah State
	Dr Yee Myint Aung	Medical Superintendent ,Loikaw Hospital	Kayah State
6.	Dr Myint Kyaw	Head / District Public Health Department	Lashio,Shan (N) State
	Dr Tin Maung Nyunt	Medical Superintendent ,Lashio Hospital	Shan(N) State
7.	Dr Zaw Lin	State Public Health Director	Shan(E) State

	Dr Zaw Lynn	State Medical Service Director	Shan(E) State
	Daw Maw Maw Win	State Public Health Department	Shan (E)
8.	Dr Kyi Lwin	State Public Health Director	Rakhine State
	Dr Khin Khin Zaw	Deputy State Public Health Director	Rakhine State
	Dr Thiri Thazin Khaing	TL- State Medical services Department	Rakhine State
9.	Dr Lwin Lwin Yi	Assistant Director Regional Public Health	Bago Region
	Dr Wai Wai Oo	Regional Medical Service Director	Bago Region
10.	Dr Htun Min	State Public Health Director	Kayin State
	Dr Kyaw Swar Myint	Deputy Director / State Public Health Department	Kayin State
	Daw San Thi	THA- State Public Health Department	Kayin State
11.	Dr Zaw Min Htun	Regional Public Health Director	Thaninthari Region
	Dr Aye Aung	Medical Superintendent ,Htarwei Hospital	Thaninthari Region
	Daw May May Aye	NO- Regional Public Health Department	Thaninthari Region
12.	Dr Aung Kyaw Htwe	Regional Public Health Director	Ayeyarwady Region
	Dr Thiha Aung	Deputy Director Regional Public Health Department	Ayeyarwady Region
	U Kyaw Tint	THA, Regional Public Health Department	Ayeyarwady Region
13.	Dr Myat Wana Soe	Deputy Director General (Department of Medical services)	Nay Pyi Taw Council
14.	Dr Mon Mon Myint	Deputy Director Regional Public Health Department	Magway Region
15.	Dr Sai Win Zaw Hlaing	Deputy Director State Public Health Department	Shan (South)
	Dr Khin Moe Hlaint	AD- Medical Service Department	Shan (South)
16.	Dr Zaw Myint Naing	MS-Teddin Hospital	Chin State
	Daw Oam Owe	AD State Public Health Department	Chin State
17.	Dr Kyaw Soe	State Medical Services/ Public Health Director	Kachin State
	Dr Phyo Nandar Swe	TMO-State Public Health Department	Kachin State

Field enumerators by assigned Regions/States

1.	Daw Malar Aung	Research Assistant , DMR (POLB)	Kachin State
2.	Daw Ei Ei Soe	Research Assistant , DMR (POLB)	Shan State (South)
3.	U Win Htay Hlaing	Research Assistant , DMR (POLB)	Shan State(North)
4.	Daw Khine Khine Lin	Research Assistant , DMR (POLB)	Mon State
5.	U Bo Lynn	Research Assistant , DMR (POLB)	Kayin State
6.	U Min Htut Kyaw	Research Assistant , DMR (POLB)	Chin State
7.	Daw Malar Aung	Research Assistant , DMR (POLB)	Thaninthari Region
8.	Daw Pyae Phyo Htwe	Research Assistant , DMR (POLB)	Nay Pyi Taw Council
9.	Daw Moe Thandar	Research Assistant , DMR (POLB)	Bago Region
10	U Lai Lyan Maung	Research Assistant , DMR (POLB)	Kayah State
11	Daw Nilar Moe Khaing	Research Assistant , DMR (POLB)	Shan State (East)
12	Daw Myint Myint Khin	Research Assistant , DMR (POLB)	Shan State (East)
13	U Min Htut Kyaw	Research Assistant , DMR (POLB)	Bago Region
14	Daw Thandar Myint	Research Assistant , DMR (POLB)	Ayeyarwady Region
15	U Phone Zin Myint	Research Assistant , DMR (POLB)	Magway Region
16	U Bo Lynn	Research Assistant , DMR (POLB)	Sagaing Region
17	U Hlaing Lian Moung	Research Assistant , DMR (POLB)	Sagaing Region
18	U Thura Ko Ko	Research Assistant , DMR (POLB)	Mandalay Region
19	U Thura Ko Ko	Research Assistant , DMR (POLB)	Rakhine State
20	U Zaw Ye Naing	Research Assistant , DMR (POLB)	Yangon Region

Field enumerators for client assessment by assigned Regions/States

21	U Soe Thu Aung	PHS-II	Mandalay
22	Daw Ngwe Ni Win	PHS-II	Mandalay

23	U Wai Phyo Thu	PHS-II	Sagaing
24	U Win Min Htun	PHS-II	Sagaing
25	Daw San Tint Yin	PHS-II	Mon
26	Daw Khin Khant Khant Khaing	PHS-II	Mon
27	U Phyo Min Thu	PHS-II	Yangon
28	U Moe Zaw	PHS-II	Yangon
29	Daw Su Myat Thin	PHS-II	Kayah
30	Daw Ae Ni	PHS-II	Kayah
31	Daw Ei Thae Phyu	PHS-II	Shan(N)
32	Daw Ei Phaw Mon	PHS-II	Shan(N)
33	Daw Aster	PHS-II	Shan (E)
34	U David	PHS-II	Shan (E)
35	Daw Myint Myint Maw	PHS-II	Rakhine
36	Daw Ohmar Yee	PHS-II	Rakhine
37	Daw Hnin Yu Aung	PHS-II	Bago
38	Daw May Myat Noe	PHS-II	Bago
39	Daw Kyu Kyu Khaing Win	PHS-II	Kayin
40	Daw Naw Yut Hla Wine	PHS-II	Kayin
41	U Hlaing Ko Aung	PHS-II	Thaninthari
42	Daw Moe Thuzar Win	PHS-II	Thaninthari
43	Daw Naw Ba Lu Lae Bawe	PHS-II	Ayeyarwady
44	Daw Su Htet Wai	PHS-II	Ayeyarwady
45	Daw Zu Zu Zin	PHS-II	Nay Pyi Taw
46	Daw Aye Aye Aung	PHS-II	Nay Pyi Taw
47	U Aung Si Thu	PHS-II	Magway
48	U Myo Thi Ha	PHS-II	Magway
49	Daw Myo Myo	PHS-II	Shan (South)
50	Daw Myat Mon Khaing	PHS-II	Shan (South)
51	Daw Zine Dwe Tee	PHS-II	Chin
52	Daw Tune Lae Htan	PHS-II	Chin
53	U Than Zaw Oo	PHS-II	Kachin
54	Daw Hnin Yu Htwe	PHS-II	Kachin

Foreword

More than 200 million women in developing regions who want to avoid pregnancy are not using safe and effective family planning methods, for reasons ranging from lack of access to information or services to lack of support from their partners or communities. Systematic supplies of contraceptives secure couples to plan their families; basic medications save lives of women from obstetric emergencies; and condoms protect people from HIV and sexually transmitted infections.

Maternal and reproductive health is one of priorities of National Health Plan in Myanmar. Safe and effective family planning and ending preventable maternal mortalities are strategic action plans for achieving the country's SDG goals. Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods is 75% in 2016. Proportion of the population with access to affordable medicines on a sustainable basis is 43% in 2015. Linking to this situation, the country's CPR would increase from 52 percent to 69 percent if all married women's contraceptive needs are met.

UNFPA has provided it's Programme of Assistance to Myanmar since 2012, to support for our efforts to increase access to contraceptives and maternal medicines and to translate UNFPA's global RHCS strategy into national action plans. To end unmet need for family planning in Myanmar in few years, we need the continuation of assistance of UNFPA for the next years.

This survey is conducted in Myanmar as one of 46 countries programmed for Global Supplies and to cover both the availability of RH commodities and salient aspects of health facilities that underpin good RH programmes. This is a fifth-year assessment as a continuation of 2014, 2015, 2016 and 2017. This assessment method based on standardized structured methodology of UNFPA. The report also provides 5-Years trend of RH Commodities and Services of the health facilities at a representative sample of urban and rural sites, States/Regions, government and private sectors across the country. Maternal and Reproductive Health Division from Department of Public Health closely collaborated with Department of Medical Research (Pyin Oo Lwin Branch) to conduct these assessments in technical as well as administrative aspects. The findings and recommendations from these year-wise assessments were being translated into the strategic plans and implementation plans for relevant sectors of MRH activities.

We appreciate UNFPA for close collaboration, funding and necessary inputs for the assessments along five consecutive years.

Professor Dr Zaw Than Htun
Director General
Department of Medical Research
Ministry of Health and Sports

Contents

List of Tables

List of Figures

Abbreviations

ARH	Adolescent Reproductive Health
AYFSH	Adolescent and Youth Friendly Sexual Health
BEmOC	Basic Emergency Obstetric Care
BS	Birth Spacing
CEmOC	Comprehensive Emergency Obstetric Care
CMSD	Central Medical Store Depot
COC	Combined Oral Contraceptive Pill
CIP	Costed Implementation Plan
CPR	Contraceptive Prevalence Rate
mCPR	Modern Contraceptive Prevalence Rate
DMO	District Medical Officer
DMR-POLB	Department of Medical Research (Pyin Oo Lwin Branch)
DoPH	Department of Public Health
DMS	Department of Medical Services
DPMA	Depo Medroxyprogesterone Acetate
DPMA-SC	Subcutaneous Depo Medroxyprogesterone Acetate
ECP	Emergency Contraceptive Pill
EmOC	Emergency Obstetric Care
EPHS	Essential Package of Health Services
EPI	Expanded Programme for Immunization
EPMM	End Preventable Maternal Mortality
FDA	Food and Drug Authority
FOC	Free-of-charge
FP	Family Planning
GIS	Geographical information system
GPRHCS	Global Programme to Enhance Reproductive Health Commodity Security
HA	Health Assistant
HF	Health Facility (Service Delivery Point)
HMIS	Health Information Management System
ICT	Information and Communication Technology
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IUD	Intrauterine Device
LHV	Lady Health Visitor
LMIS	Logistic Management Information System
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MDHS	Myanmar Demographic Health Survey
MIMU	Myanmar Information Management Unit
MMEIG	Maternal Mortality Estimation Inter-Agency Group
MMR	Maternal Mortality Ratio
MNCH	Maternal, Newborn and Child Health
MO	Medical Officer
MRH	Maternal and Reporductive Health
MS	Medical Superintendent
NO	Nursing Officer

ObGy	Obstetrics and Gynaecology
PATH	
PMTCT	Prevention of Mother to Child Transmission
RH	Reproductive Health
RHC	Rural Health Center
RHCS	Reproductive Health Commodity Security
RHC-LS	Reproductive Health Commodity Logistic System
SDP	Service Delivery Point (Health Facility)
SRHR	Sexual and Reproductive Health and Rights
THO	Township Health Officer
THN	Township Health Nurse
TMO	Township Medical Officer
UHC	Urban Health Center
VCT	Voluntary Counselling and Testing

Executive summary

This report is findings from a fifth consecutive assessment of RHCS in Myanar using standardized structured methodology of UNFPA, which cover both the availability of RH commodities and salient aspects of service delivery facilities that underpin good RH programmes. The report informs design of the Maternal and Reproductive Health programme for the planning, implementing and should also encourage some developments within the current one. Assessment activities and findings also reflect comparison among five consecutive years for the country.

A cross-sectional descriptive design covering all regions with a representative sample size and sampling methods was used. The standardized questionnaire which was adapted in translation and formatting was used. Department of Medical Research (Pyin Oo Lwin Branch) mainly carried out data collection activities with assistance of Department of Public Health and Department of Medical Services. A total of 380 health facilities were surveyed and this included 175 at primary level, 167 at secondary level, 19 at tertiary level and 19 at private hospitals. Out of the total number of health facilities surveyed; 148 were located at urban and 232 were at rural areas.

Modern contraceptives offered by health facilities: Out of total 175 primary level HFs, 94.3% were providing at least three modern contraceptives (compare to 81.4% at 2016 and 82.3% at 2017) and majority was fulfilling basically required services for family planning. Among secondary level HFs, 48.5% were available of at least "five" modern contraceptive methods. The comparison between government and private sectors showed 52% vs. 79% respectively.

Availability of Maternal and RH Medicines: Of total HFs, 55% were available of essential life saving MRH medicine. It was highest in tertiary level (78.9%) and lowest in primary level (48%). The urban rural gap (4%) was narrower in 2018 compare to 2017 (8.7%). Less than 40% of HFs in Chin, Rakhine, Bago and Ayeyarwady were available 7 essential MRH medicines like 2017 situation. Four most common RH life-saving medicines available in 2018 were "Inj Metronidazole" (86.6%), "Inj Na Lactate" (93.9%), "Oral Misoprostol" (70.5%) and "Inj Oxytocin" (88.7%). Injection TT was available at 58.4% of HFs of all levels.

Incidence of contraceptives "No Stock-Out": It was 62% at the day of assessment. Stock for "OCP" and "Injectable" methods were high in all levels (>75%). Implant stock were lower in secondary level HFs compare to tertiary level HFs (35% vs. 68.4%). Five common modern methods (OCP, Male condom, Injectable, IUD and ECP) were available over all regions. Comparison for specific methods between five years showed reduction of stock-out of implant while other methods stock-out rates were increasing. Contraceptive "no stock-out" at last three months was well observed only for OCP and injectable at all level HFs (>65%). Female condom was least frequent for "no stock-out" for all level HFs (<20%).

Supply chain, including cold chain: Main responsible person for drug indent were **"**MS", and "Assigned MO" at tertiary and secondary level HFs, while "HA/LHV/Sister" in primary level HFs. Supplies for majority of secondary and primary levels HFs were also quantified by calculation (63%). Main source of supplies for all levels HFs were respective Township Health Department and State/Region Health Department (68.4% and 15.7% respectively). Most of HFs (>70%) at all levels had their own arrangement for transportation of supplies to their HFs. About 40% of HFs at all levels were irregular in the interval. Availability of cold chain was 67.6% of HFs and was higher in tertiary and secondary level HFs (100% & 86.2%) and too much less in primary level HFs (42.9%).

Staff training and supervision: About 61.6% of HFs had trained staff for birth spacing and it becomes higher than last two year figures (50.4% at 2017 and 55% at 2016). Proportion of HFs which had trained staff for implant was increased to 31.3% from the last year data (i.e. 21.1%). Supervision for RH matter was received by 52.1% of HFs and it was higher in secondary level (57.5%) and highest in private hospitals (63.2%).

Availability of guidelines, check-lists and job aids: Availability of any guidelines was

(157/380=41.3%) of HFs. Most frequently available guidebook was "Job aid for antenatal care" (24.7%) and "Guidebook for antenatal care" (18.7%). "National guidebook for BS" was available at 7.1% of HFs only.

Use of Information Communication Technology (ICT): Almost all of HFs had at least one of ICT appliances and it was much higher than last year. Most frequently used ICT appliance were "Smart phone" (92%), and "computer" (39.1%). Use ICT for "Hospital record", and "patient register" were more prevalent in this year assessment.

Waste disposal: Burying and burning were still mostly used method for waste disposal. However, waste disposal of 52.6% of tertiary level and 100% of private HFs used municipal disposal system.

Charges for user fees: User fee charge was noted at (132/380=34.7%) of HFs. 33.4% of HFs charged user fees especially for "medicine". Private sector HFs had no FOC services. User fees for medication was more frequent at tertiary level and at urban HFs.

Recommendations:

- Linking to NHP which township level EPHS is core function, RHCS should also align to NHP centering it towards secondary level HFs because web-based databased software called "Logistimo" could be mostly functioning at township level.
- Standard operating procedures (SOP) for RHC-LS should be developed to support system implementation and management to optimize stock balance. The standardized LMIS forms and the inventory control system for each health facility could be used across townships and States/Regions by following SOP.
- Stock reallocation among different levels of health facilities across townships should be encouraged to keep adequate stock for RH and FP logistics. Innovated distribution method to HF should be found out for reaching in shorter interval between townships to health centers.
- The system management could be further strengthened with effective, efficient and consistant supervision, using a formal structure of checklist or logbook keeping at HFs at all levels. The standard supervision checklist logbook will help and guide supervisors/visitors reached to the HF at any time and any reasons.
- Continuous supportive supervision, including responsiveness on clients' need would improve service quality on the aspect of continuity of care and inter-personal communication. It needs to develop a formal mechanism for reporting side effects and adverse events related to contraceptive service provision for both short term and long term methods in all levels of health facilities.
- Providing more training for staff at secondary level HFs with further strengthening capacities to effectively forecast, procure, distribute and track the delivery of sexual and reproductive health commodities should be expanded, ensuring resilient supply chains and services. Incorporation of FP training updates into pre-services curriculum on how to offer comprehensive, quality, and voluntary rights-based family planning and SRHR counseling should be considered.
- Country capacities for quality assurance of procuring contraceptives and RH medicine should be facilitated by aligning national procurement policies and procedure with global intervention system to foster national ownership and multisectoral collaboration.
- Ways for task shifting of volunteers in some of FP services (such as providing SC-DMPA, counseling, information sharing, referring etc.) should be considered.
- The contraceptives waste disposal mechanism to be linked with other waste management systems. Distribution of the guidelines, SOP and system for monitoring & supervision of disposal practices should be assured to reach all target areas. There should be budget line with enough amount for establishment and maintenance of waste disposal systems at all level of HFs. Uniformity of implementing RH waste disposal at all level HFs should be monitored.

Part I: Introduction

Background of the report

Access to safe, voluntary family planning is a human right and central to achieving gender equality. This strengthens their economic security and well-being and that of their families. However, 214 million women in developing regions who want to avoid pregnancy are not using safe and effective family planning methods, for reasons ranging from lack of access to information or services to lack of support from their partners or communities.

Reproductive health supplies could be considered as a vital aspect of reproductive health system. Systematic supplies of contraceptives secure couples to plan their families; basic medications save lives of women from obstetric emergencies; and condoms protect people from HIV and sexually transmitted infections.

The United Nations Population Fund (UNFPA) aims to support for countries' efforts to increase access to these products and translate UNFPA's global RHCS strategy into national action plans[1]. UNFPA also provides global leadership in increasing access to family planning, by convening partners – including governments – to develop evidence and policies, and by offering programmatic, technical and financial assistance to developing countries. UNFPA works to support family planning by: ensuring a steady, reliable supply of quality contraceptives; strengthening national health systems; advocating for policies supportive of family planning; and gathering data to support this work.

UNFPA has provided it's Programme of Assistance to Myanmar since 2012 and UNFPA has used modify assistance to the government departments to implement the activities that contribute to the strategic priorities of promoting good governance and strengthening democratic institutions and rights under the United Nations Strategic Framework prepared by UN agencies and the Government. UNFPA's Fourth Country Programme Document (2018-2022) for Myanmar was approved September 2017. The Programme focuses on three key areas of intervention 1) sexual and reproductive health) 2) gender equality and women's empowerment and 3) population dynamics. RHCS ensures the effective management of UNFPA supported Reproductive Health Commodity Security related programmes, comprising of family planning commodities, maternal health life-saving medicines and emergency kits and supplies. UNFPA has partnerships with the government departments, UN agencies, INGOs and local NGOs, foundations and research institutions. UNFPA has a presence in a number of priority states/regions, integrating development, peace building and humanitarian.[2]

This report is findings from a fifth consecutive assessment of RHCS in Myanar using standardized structured methodology of UNFPA. The conclusions of this report will inform design of the Maternal and Reproductive Health programme for the planning, implementing and should also encourage some developments within the current one.

Country profile of Myanmar

Myanmar, located in South-East Asia with the land area occupied by Myanmar is approximately 676,600 square kilometres, extending about 2,050 kilometres (1,270 miles) from north to south and 930 kilometres (580 miles) from east to west. It is slightly larger than the country of Afghanistan, and slightly smaller than the U.S. state of Texas. Myanmar has approximately 1,930 km of coastline on the Bay of Bengal and Andaman Sea. Elsewhere it shares approximately 6,500 kilometres (4,000 miles) of land borders with five neighbouring countries: Bangladesh to the west; India to the north-west; China to the north and north-east; Lao PDR to the east; and Thailand to the east and south-east. Based on geographic variations in relief, soils, drainage patterns and climate, Myanmar can be divided into five distinct physiographic regions: the northern mountains, the western ranges, the eastern plateau, the

1 https://www.unfpa.org/fr/node/7282 (retreived at 25-6-2018)
2 UNFPA Country Office Myanmar

central basin and lowlands, and the coastal plains and deltas.

Myanmar was divided for administrative purposes into 15 States/Regions, 74 Districts, 330 Townships and 83 Sub-Townships, 3065 Wards, 13,619 Village Tracts and 64,134 Villages. As a large State, Shan State is divided into three parts, i.e. Northern, Eastern and Southern Shan States according to health administrative areas.). The main features of the country are the delta region (consist Ayeyawady and Yangon Regions) and the central plain surrounded by mountains which are mainly composed of Ethnic States.[3] The 2014 Myanmar Census estimated the total population of the country at 51,486,253. The population of Myanmar is most heavily concentrated in the central part of the country, along a corridor connecting the cities of Yangon, Nay Pyi Taw and Mandalay. Geographical information system (GIS) analysis shows that approximately 50 per cent of the total population lives within 100 kilometres of these three urban centres. The other half of the population is distributed relatively sparsely in largely rural areas to the north, south, east and west, though there are smaller urban concentrations in all of these areas.[4]

According to MDHS 2015-2016, 52 percent of currently married women use a method of family planning, with 51 percent using a modern method. This indicates that Myanmar is on track for meeting the commitment endorsed for Family Planning 2020, a global partnership for women on reproductive rights, stating that Myanmar aims to increase modern contraceptive use (mCPR) from 41 percent to 50 percent by 2015 and over 60 percent by 2020.[5]

Rationale

Unmet need for contraception remains high in many settings, and is highest among the most vulnerable in society: adolescents, the poor, those living in rural areas and urban slums, people living with HIV, and internally displaced people.[6].

In Myanmar, according to the estimates of the Maternal Mortality Estimation Inter-Agency Group (MMEIG), Myanmar's MMR stood at 520 per 100,000 live births in 1990 and has decreased to 200(120-330) per 100,000 live births in 2010. This estimate is consistent with the figure of 192 for 2011 MMR reported by the Health Management Information System (HMIS). WHO SEARO estimated that Maternal Mortality Ratio for Myanmar is 178 per 100000 live birth at 2015. Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods is 75% in 2016. Proportion of the population with access to affordable medicines and vaccines on a sustainable basis is 43% in 2015.[7]

MDHS 2015-2016 stated that 16 percent of currently married women have an unmet need for family planning services. With linking to 52% CPR, 69 percent of currently married women have a demand for family planning. At present, 76 percent of the potential demand for family planning is being met. Thus, if all married women who said they want to space or limit their children were to use family planning methods, the CPR would increase from 52 percent to 69 percent. The results indicate that Myanmar is slightly behind in its commitment to reduce the unmet need for family planning to less than 10 percent and to increase the percentage of demand satisfied to 80 percent by 2015 (Family Planning 2020, 2013).

Fully meeting the need for family planning could reduce maternal mortality by a quarter, and unintended pregnancies by three quarters. Ending unmet need for family planning is one of the three transformative results of the UNFPA Strategic Plan for the next four years, which will contribute to achieving Agenda 2030.[8]

3 Health in Myanmar, 2015
4 Department of Population. THE 2014 MYANMAR POPULATION AND HOUSING CENSUS
5 Myanmar Demographic Health Survey 2015-16
6 WHO. Ensuring human rights in the provision of contraceptive information and services: guidance and recommendations. 2014
7 www.searo.who.int/entity/health_situation_trends/countryprofile_mmr.pdf
8 UNFPA Supplies Annual Report 2017

Strong evidences on reproductive health commodity supply chain will help solving a number of problems in allocation of limited resources for contraceptives, inadequacy in forecasting capacity, prolonged procurement process and uncoordinated distribution system in LMIS.

This survey is conducted in Myanmar as one of 46 countries programmed for Global Supplies and to cover both the availability of RH commodities and salient aspects of service delivery facilities that underpin good RH programmes. This is a fifth year assessment as a continuation of 2014, 2015, 2016 and 2017. Assessment activities and findings also reflect comparison between five consecutive years for the country.

Objective

General objective

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

Specific objectives

1. To assess availability, utilization and supply chain management system for RH commodities at different level of health facilities

2. To assess quality of RH services emphasis on family planning in terms of training, supervision, use of guidelines and ICT

3. To determine clients' accessibility to RH services providing at different level of facilities

Methodology

Study design

As a standardized consistant methodology used at last years, the assessment used a cross-sectional descriptive study design covering all states and regions (administrative areas). 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 September of 2018.

Sampling procedure,

Health Facilities(HFs) that provide modern methods of contraceptives and maternal/RH services were stratified into three broad categories:

a) Primary Level HFs (Rural Health Centre, Urban Health Center and Maternal & Child Health Center)[9]
b) Secondary level HFs/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 taken from HMIS/DoPH was used as a frame for the selection of samples.[10] 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	Number of secondary	Number of primary level

9 In Myanmar, there were two levels in the primary HF (i.e. Rural Health Center and sub-RHC). Under the administration of one RHC, there was about 5-6 sub-RHCs in which one midwife for each is posted. Sub-RHCs are closely supervised by RHC for commodities and services to be in same fashion. Due to this clustering effect, situation of the RHC was representative to the situation of sub-RHCs under its administration. In every RHC, one sub-RHC was attached and providing services to the main villages covered by the RHC. Regarding to these reasons, sub-RHCs were not included in the sampling methodology as another level (4th Level sampling).

10 Annual Hospital Statistics Report 2013, DHP, MOH

	Hospitals	level HFs	HFs
Kachin	1	51	91
Kayar	2	15	34
Kayin	4	34	71
Chin	3	26	87
Sagaing	9	130	275
Tanintheri	3	37	59
Bago	4	104	227
Magwe	6	93	201
Mandalay	11	85	180
Mon	2	40	76
Rakhine	4	70	139
Yangon	11	58	112
Shan South	4	63	115
Shan North	6	62	130
Shan East	3	26	61
Ayeyawady	6	119	274
Nay Pyi Taw	4	17	36
Total	83	1030	2168

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
of ir
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].

	Tertiary level HFs	Secondary level HFs	Primary Level HFs	Total
Number of SDPs	83	1030	2168	3281
Relative Proportion	0.025297	0.313929	0.660774	

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 =0.07[11], Z=1.96

Confidence Interval and Confidence Limit	Minimal Sample Size of Service Delivery Point

11Due to reduction of total budget for 2015 activities, the number of health facilities for field survey (sample size requirement) was adjusted accordingly. Not to severely affected the representativeness of the sample size, the precision (D) in the calculation was adjusted from routine value (0.05) to (0.07). Due to this adjustment, the precision of every calculated proportion (percentages) are less précised than last year (2014) report.

	Tertiary level	Secondary level	Primary Level	Total
[95% confidence interval (Z = 1.96) and 10% confidence limit (d = 0.07)	19	167	176	362

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;

State/Region	Tertiary	Secondary	Primary	Private[12]	Total
Kachin	0	8	7	0	15
Kayah	0	2	3	0	5
Kayin	1	6	6	1	14
Chin	1	4	7	1	13
Sagaing	2	21	22	2	47
Tanintheri	1	6	5	1	13
Bago	1	17	18	1	37
Magway	1	15	16	1	33
Mandalay	3	14	15	3	35
Mon	0	6	8	0	14
Rakhine	1	11	11	1	24
Yangon	3	10	9	3	25
Shan (South)	1	10	9	1	21
Shan (North)	1	10	11	1	23
Shan (East)	1	4	4	1	10
Ayeyawady	1	20	22	1	44
Nay Pyi Taw	1	3	3	1	8
Total	19	167	176	19	381

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 security concern, some HFs in their areas were replaced with second HF from the list, after discussion and getting agreement of concerned UNFPA National Programme Officer. Replacement was less than 5% of total sample size and thus the representativeness was not severely affected.

Questionnaire

There is a generic standardized questionnaire for the survey version 2017 and it was translated and re-formatted for convenience and easy understanding of survey team of DMR-POLB. Some of the information given by interviewee was verified by interviewer using observation of relevant evidences and records available in the facility. To have a good comparison between successive years, same questionnaire to previous year assessment was used.

Fieldwork/data collection

DMR-POLB organized a one-day coordination meeting in March 2017 with health authorities from all state/regional health departments for advocating, sampling, formation of team and trip plan before survey. Face-to-face interview using structured questionnaire was used. Way to assure the quality was mainly focused in the meeting. It was confirmed that 19 tertiaries, 167 secondary, 176 primary level HFs, and 19 private hospitals totaling 381were covered.

Enumerator training was conducted in May 2018 for two days' duration. Research assistants from DMR-POLB were recruited. Fifty-two field enumerators, (14) technical supervisors (team leader) and (5) investigators attended the training sessions. Pilot testing on field activities was carried out at five HFs (including one district hospital, one station hospital, one MCH and two RHC covering three levels of HFs) in Pyin Oo Lwin Township. We conducted household visits with random sample clients from register list at most of regions. Interviews were done by quantitative approache.

The data collection started in May 2018 simultaneously in all state/regions under close supervision of local administrative supervisors and DMR-POLB technical supervisors. Data collection activities were completed in Sep 2018.

[12] Private HFs were included in this year assessment after discussion with stakeholders and permission from Deputy Minister of Health. Number of private HFs to be included was decided to be same with tertiary level HFs and sampling method is to be convenient sampling.

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. Disaggregates on Urban/rural, State/Region, levels of HFs and locations were mainly calculated. Tables and graphs were produced for presentations.

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 according to the guidelines of Department of Medical Research Ethics Review Committee. Report did not uncover individual facility's information. Permission for dissemination and printing of report from MOHS was taken properly. Sharing of information and dissemination of the report would be beneficial for service providers, programme manager, policy makers and donor agencies as the findings can be utilized for evidence based and informed decision making in provision of relevant implementation activities in the respective areas.

Part II. National protocols in 2017

A. Sexual and Reproductive Health and Rights (SRHR) Policy development[13]

Existing national-level policies on sexual and reproductive health are limited to the 2002. Reproductive Health Policy, which was not explicit in stating that sexual and reproductive health services and rights are for all people of all ages. Ministry of Health and Sports (MOHS) has reviewed and expanded on the 2002 Reproductive Health Policy to reprioritize areas of need based on emerging global normative guidance such as the World Health Organization's Global Strategy on Reproductive Health. The new National Sexual and Reproductive Health and Rights (SRHR) Policy aims to provide an inclusive policy framework for SRHR and SRH services for people of all ages.

MOHS conducted a literature review of lessons learned from other countries' experiences in SRHR policy development and implementation. Reflecting local needs, local experts are collaborated to conduct an analysis of current Myanmar legislation and relevant policies to provide context for the new policy. To ensure that the policy is rooted in the current needs of the Myanmar population, a reproductive health needs assessment of service provision is implemented to identify barriers, and areas to address and prioritize in the National SRHR Policy. Multi-stakeholder consultations with an inclusive network of stakeholders for policy development are carried out. The MOHS has established a core working group composed of MOHS staff, UN agencies, INGOs, and local NGOs, organized into advisory groups for six key areas—adolescents' SRHR, inclusivity and special groups, gender, maternal newborn and child health, family planning, and reproductive health-related morbidities. The National SRHR Policy is finalized and launched in 2018. It will establish an overarching policy framework that will guide the development of subsequent strategic plans, clinical guidelines, care pathways, service standards, and data collection that take a rights-based approach to SRH service delivery. By clearly outlining fundamental principles of SRHR in such a critical time in its democratic transition, Myanmar is making a bold commitment to improving the health of people of all ages and genders for generations to come.

B. Guideline for Safe disposal and Management of unused, unwanted contraceptives [14]

UNFPA encourages the use of good procurement practices and places emphasis on the quality of the contraceptive products that reach the end users. A key part in the procurement of reproductive health commodities is the management of the product throughout its life cycle. The management of waste from contraceptives or unusable contraceptives needs to be considered to ensure environmentally appropriate methods are used during disposal. Contraceptive waste has unique characteristics which require specialized guidelines. There are international guidelines that make recommendations for disposal of various types of medical waste. The purpose of this document are; 1) to provide guidance on the safe disposal of unusable contraceptives; 2) to guide countries in developing or updating country specific waste disposal policies and guidelines that include disposal of contraceptive wastes; and 3) to build awareness and capacity in managing of contraceptive waste.

This guideline provides general information and background on the disposal of contraceptives. This information is complemented by three sections that provide specific information on waste disposal in the below product categories: 1) Hormonal contraceptives. 2) Condoms – male and female and 3) Copper IUDs

13 https://path.azureedge.net/media/documents/Myanmar_SRHR_Policy_FactSheet_final_approved.pdf
14 MoHS, UNFPA. Safe disposal and Management of unused, unwanted contraceptives 2018

C. Four additional commitments for FP2020 by Myanmar[15]

Myanmar has pledged to the global partnership initiatve – Family Planning 2020 – in November 2013 and has made the commitments; to strengthen the policy of providing clinical contraceptive methods by skilled staff through better collaboration among multi-stakeholders; to implement people-centered policies to address regional disparity and inequity between urban and rural and rich and poor; to expand the forum of family planning under the umbrella of the Health Sector Coordinating Committee and to creat a working Group on Family Planning as a branch of the MNCH Technical Strategy Group[16]. In addition, four clear priorities for the coming years were set in-line with existing agreed focus areas, and 6 strategic areas in the Myanmar Costed Implementation Plan (CIP), and National RH Strategic Plan. These additional priorities are planned to implemented as following action.

1. Sustainable financing for commodities

While the government budget for health has increased, the allocation of government budget for specific RH programmes is minimal and not in accordance with proposed activities in the RH Strategic Plan. In addition, while the budget for commodities has increased, operational costs such as supervisory activities is deficient. There is often non-alignment between donor interest and available financial resource and priorities set by the national programme[17]. The commitment was planned to implement by; developing National resources mobilization plan to increase domestic funding and donor investments on family planning, ensuring access to contraceptives is part of basic EPHS, and implementing total market approach and facilitate registration of new contraceptive suppliers.

2. Reaching the hardest to reach.

By finalizing National Family Planning Guideline and adapting Family Planning Fact sheet for Myanmar context; DMPA-SC program will be expanded to increase access in hard to reach and vulnerable populations.

3. Empowering young people-initiation of Youth contraception

It will be established; by developing strategies to reach adolescent and youth with ASRH information and services in line with the National Youth Policy and Comprehensive Sexual Education; by adapting existing programs and activities to target increased access and utilization of contraception by young people; and by giving training BHS on adolescent and youth friendly health services using the ARH and AYFSH manual.

4. Strengthen LMIS-RH commodity security

LMIS-RH commodity security will be strengthened; by coordination meeting with partners for strengthening the national LMIS for all health commodities and expansion in to new regions, by implementing joint monitoring visit on strengthening of harmonized RH-LMIS and automated system, by building capacity of staff for LMIS and inventory management, analysis and utilization of data generated by automated LMIS system and health facility survey reports for quantification, by conducting quantification training workshop for sub-national levels, and by streamlining consumption data from EHOs and volunteers. It needs to find an appropriate mechanism for continuing RHCS Assessment

15 FP2020 Country Actions for Acceleration (*https://www.medbox.org/myanmar-actions-for-acceleration/download.pdf*)
16 Costed Implementation Plan to meet FP2020 Commitments Myanmar. MoHS
17 MRH, MoHS. Stargety to End Preventable Maternal Mortality (2017-2021)
18 Report on Children's Investment Fund Foundation (CIFF) FPRHCCI2. UNFPA Myanmar.

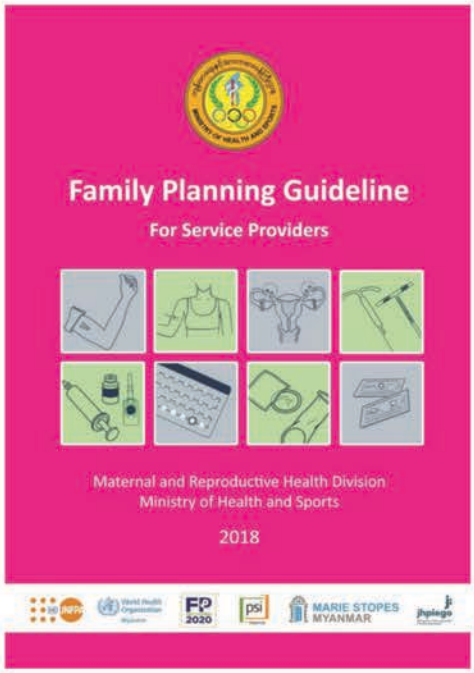
A. SayanaPress (SC-DMPA)[18]

SayanaPress is a combination of a long-acting, reversible contraceptive, and an all-in-one prefilled, single-use, non-reusable Uniject injection system, reducing the need to prepare a needle and syringe. Injectable contraception, including SC-DMPA, can make a big difference in the health and lives of women and adolescent girls but can only do so with political commitment, supportive policies, and adequate funding in place. Decision-makers, donors, implementing organizations, supply chain partners, the private sector, and advocates must work together to ensure injectables, as part of a broad method mix, are widely accessible.

UNFPA developed SC-DMPA roll out strategy as part of a community based family planning package through a conflict sensitivity approach. Since June 2017, Myanmar introduced SC-DMPA (SayanaPress) as a new method and initiated in 60 townships (Northern Shan, Southern Shan, Chin, Kayin States and Magway Region). In 2018, the additional 120 townships for scale up of SC-DMPA programme through different implementing partners where low CPR and high unmet need prevails SC-DMPA was designed and programmed targeting urban poor, young people and underserved population in and hard to reach areas especially ethnic groups. The additional new 120 project townships in 5 States and Regions (Shan East and Mon States, Bago, Ayeyawady and Yangon Regions) in 2018 were rolled out and with the support of CIFF Fund, UNFPA could scale up the SC-DMPA programme in 73 townships of Bago and Yangon Region. Procurement only 15,000 units of SC-DMPA was done in 2018.

B. National Family Planning Guideline

The 'Family Planning Guideline for Service Providers 2018' has been developed to reduce the unmet need for contraception by increasing knowledge and services provided by the health service providers in Myanmar. With increase service delivery points in the community, the ultimate goal is to reduce unintended pregnancies, maternal morbidity and mortality. This guideline will serve as a reference guide for health service providers at different levels of health system to provide quality and right-based family planning services to their clients. The guideline spells out the background of family planning in Myanmar and the details of processes and procedures relevant in directly delivering family planning services. These details are arranged in six chapters: human rights principles; counselling; quality of care; access to family planning services; and different contraceptive methods available in Myanmar; serving people with special needs, and job aids as annexes. This guideline was developed in line with country's policy and context adapting from evidence based global guidelines. Much of the information in this guideline have been adapted from WHO Family Planning: A Global Handbook for Providers 2018.



C. Reproductive Health Commodity Logistics System (RHC LS) Achievements of the Partnership Project Implemented by MRH/MOHS, UNFPA and JSI[19]

Since April 2013, the Ministry of Health and Sports (MOHS), with technical support from JSI and funding from UNFPA, has been working to improve the availability of 36 key reproductive and maternal health products by strengthening the management of these products through the design and implementation of the Reproductive Health Commodity Logistics System (RHC LS). During the September 2014 to February 2015 pilot of RHC LS in 12 Townships in four States/Regions (Ayeyawady, Mandalay, Southern Shan, and Yangon), a number of supply chain system strengthening activities were implemented, including: development of a comprehensive, MOHS-approved and validated standard operating procedures (SOP) manual and accompanying training curricula, and the development of an automated database called Logistimo at the Township level used to capture logistics information from health facilities.

RHC LS encompasses three interventions, when implemented as a whole, have proven to achieve the goal of making data accessible, increasing the use of that data and improving product availability. These interventions are:

1. Building the capacity of township staff and BHS to accurately record and report supply chain data using LMIS forms harmonized in line with national supply chain, and to use standard inventory management procedures which help guide local managers to appropriately resupply products to health facilities within established inventory parameters.
2. Making supply chain data accessible and visible through an automated logistics management information system (LMIS), Logistimo, which features web-based dashboards and reports used routinely by MOHS staff and partners to monitor stock levels and take action to ensure adequate stocks are continuously available to the program and at service facilities.
3. Establishing Quality Improvement Teams (QITs), which bring staff from different levels together monthly (RHC and Township) or bimonthly (State) to work in teams to review supply chain data from the RH LMIS, identify and prioritize problems, and take action to solve challenges (e.g. stock imbalance across facilities/townships) with the shared goal of improving product availability.

Over the period July 2016 through December 31, 2017, JSI, working with MOHS and with continued support from UNFPA and other partners, expanded implementation of RHC LS initially to all Townships in Southern Shan and Mandalay, and then in Northern Shan, Kayin, Mon, Kayah and Kachin States. More than 8,000 BHSs from 121 townships under nine States/Regions have been trained; they understand how to complete LMIS forms, to submit monthly reports to townships, to follow the procedures recommended by RHC LS, and to manage their own inventory to ensure continuous availability of RH/FP products.

In 2013, Myanmar committed to meet its FP2020 goals: increase the contraceptive prevalence rate for modern methods from 32.6% to 60% and reduce unmet need for contraceptives from 19% to below 10%. With two and a half years remaining to reach these targets, investing in the RHC LS is an effective way to empower MOHS central managers with the data they need to forecast commodity requirements and procure an uninterrupted supply of health products needed to meet these goals. To that end in the next few years, the following will be accomplished:

- Expansion of RHC LS in three additional States and Regions before the end of 2018.
- Expansion of RHC LS to remaining States and Regions in 2019, achieving national implementation.

With the expansion of RHC LS, MOHS will have access to national level data that can be used to

[19] MRH, DoPH, MoHS. Achievements of the Partnership Project Implemented by MRH/MOHS, UNFPA and JSI (April 2013 – August 2018)

improve supply chain performance, inform product procurement, reduce waste and ensure more efficient use of government resources. Experience with RHC LS will continue to inform MOHS' efforts to design and implement a national supply chain system inclusive of all health commodities through collaboration with the other SC partners. The RHC LS provides a backbone that a national LMIS system can be built upon in the future. The RHC LS has informed the design of logistics tools for the national system as well as processes, including automation, and will continue to share lessons learned, tools, and methodologies as the system is scaled up.

Part III: Findings on facility assessment

Sample health facilities

Table A. Sample health facilities

		Level of Health Facility				
		Tertiary level	Secondary level	Primary level	Private hospital	Total
State/Region	Kachin	1	8	7	1	17
	Kayah	1	2	3	1	7
	Kayin	1	6	6	1	14
	Chin	1	4	7	0	12
	Sagaing	1	19	23	1	44
	Tanintheri	1	6	5	1	13
	Bago	1	15	20	1	37
	Magway	1	16	15	1	33
	Mandalay	3	14	15	1	33
	Mon	1	7	6	1	15
	Rakhine	1	11	11	1	24
	Yangon	3	10	9	3	25
	Shan (South)	1	10	9	1	21
	Shan (North)	0	9	12	2	23
	Shan (East)	1	6	2	1	10
	Ayeyawady	1	20	22	1	44
	Nay Pyi Taw	0	4	3	1	8
	Total	19	167	175	19	380

Numbers of sample HFs were distributed proportionately to the level of facilities and administrative regions. A total of 380 health facilities including 19 private hospitals were assessed.

Table B. Urban rural distribution of HFs by region

		Urban/Rural		
		Urban	Rural	Total
State/Region	Kachin	7	10	17
	Kayah	5	2	7
	Kayin	4	10	14
	Chin	6	6	12
	Sagaing	9	35	44
	Tanintheri	8	5	13
	Bago	21	16	37
	Magway	10	23	33
	Mandalay	10	23	33
	Mon	8	7	15
	Rakhine	11	13	24
	Yangon	11	14	25
	Shan (South)	10	11	21
	Shan (North)	8	15	23
	Shan (East)	7	3	10
	Ayeyawady	9	35	44
	Nay Pyi Taw	4	4	8
	Total	148	232	380

Selected HFs in Yangon Regions included Urban Health Centers and MCH clinics as primary level HFs. Some of Station Hospitals and all private hospitals were also located at urban rather than rural context. Similarly, all selected secondary level HFs in Kayah, Bago, and Mon were mostly be township hospitals and located in urban setting. Thus, the proportion of HFs at urban was higher than that of

rural in those regions.

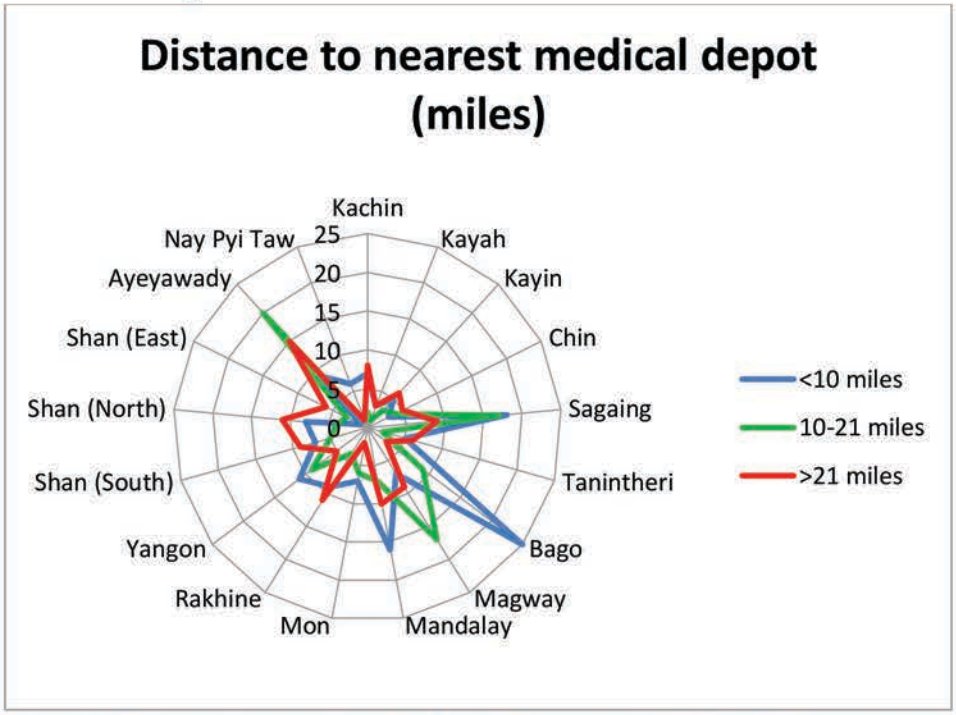


Figure 1. Distance to nearest medical depot from sample HFs by Regions

Figure 1 shows more HFs in Bago, and Mandalay were located at less than 10 miles away from nearest medical depot than other regions. Higher proportion of HFs at Ayeyarwady, Shan (north), and Rakhine were located at more than 21 miles away from the nearest medical depot.

Section A1. Modern contraceptives offered by primary facilities

Offering at least three modern contraceptive methods by primary health facilities

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

			Providing least number of modern contraceptives		
			No	Yes	Total
Level of Health Facility	Primary level	Freq	10	165	175
		%	5.7%	94.3%	100.0%
	Total	Freq	Freq	165	175
		%	%	94.3%	100.0%

Primary level HFs were considered as be essential to have "three" modern contraceptives rather "five" which was especially essential for secondary and tertiary level HFs. Out of total 175 primary level HFs, 94.3% (compare to 81.4% at 2016 and 82.3% at 2017) were providing at least three modern contraceptive and majority was fulfilling basically required services for birth spacing.

Offering at least three modern contraceptive methods at primary HFs by Administrative Unit (Region)

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

			Providing least number of modern contraceptives)		
			No	Yes	Total
State/Region	Kachin	Freq	1	6	7
		%	14.3%	85.7%	100.0%
	Kayah	Freq	0	3	3
		%	0.0%	100.0%	100.0%
	Kayin	Freq	0	6	6
		%	0.0%	100.0%	100.0%
	Chin	Freq	2	5	7
		%	28.6%	71.4%	100.0%
	Sagaing	Freq	2	21	23
		%	8.7%	91.3%	100.0%
	Tanintheri	Freq	0	5	5
		%	0.0%	100.0%	100.0%
	Bago	Freq	1	19	20
		%	5.0%	95.0%	100.0%
	Magway	Freq	1	14	15
		%	6.7%	93.3%	100.0%
	Mandalay	Freq	0	15	15
		%	0.0%	100.0%	100.0%
	Mon	Freq	0	6	6
		%	0.0%	100.0%	100.0%
	Rakhine	Freq	0	11	11
		%	0.0%	100.0%	100.0%
	Yangon	Freq	0	9	9
		%	0.0%	100.0%	100.0%
	Shan (South)	Freq	0	9	9
		%	0.0%	100.0%	100.0%
	Shan (North)	Freq	2	10	12
		%	16.7%	83.3%	100.0%

	Shan (East)	Freq	0	2	2
		%	0.0%	100.0%	100.0%
	Ayeyawady	Freq	1	21	22
		%	4.5%	95.5%	100.0%
	Nay Pyi Taw	Freq	0	3	3
		%	0.0%	100.0%	100.0%
	Total	Freq	10	165	175
		%	5.7%	94.3%	100.0%

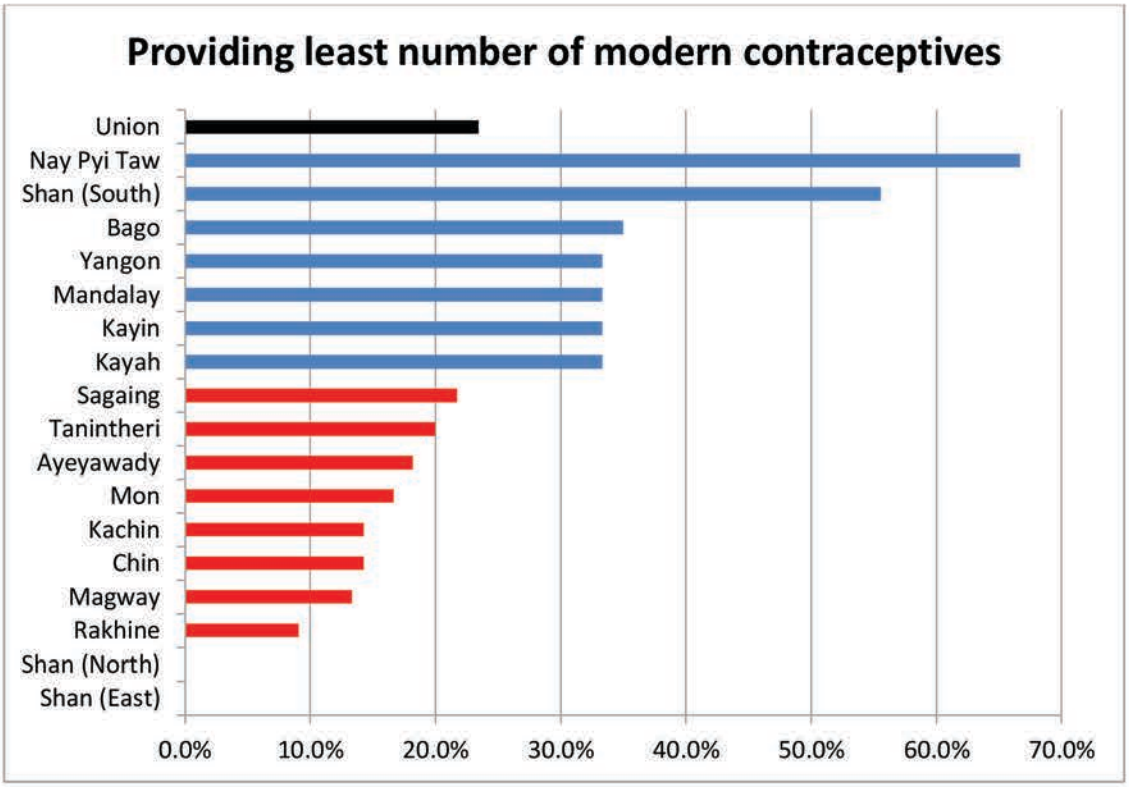


Figure 2. Percentage of primary HFs providing three modern contraceptives by regions

More than 90% of primary level HFs in 11 States/Regions were identified as could provide at least three modern contraceptive methods. Bago, Magway Sagaing, Kachin, Shan (North) and Chin were noted to have less than union level 94% of primary level HFs which could provide at least three modern contraceptive methods.

Offering at least three modern contraceptive methods at primary HFs by urban/rural residence

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

			Providing least number of modern contraceptives)		
			No	Yes	Total
Urban/Rural	Urban	Freq	2	30	32
		%	6.3%	93.8%	100.0%
	Rural	Freq	8	135	143
		%	5.6%	94.4%	100.0%
	Total	Freq	10	165	175
		%	5.7%	94.3%	100.0%

About 94.4% of primary level HFs in rural area, was providing at least three modern contraceptive methods compare to those of urban (93.8%%). The differences between urban and rural was not significant (Chi2 test P>0.05). The difference was narrower in 2018.

Offering at least three modern contraceptive methods at primary HFs management of facility

Table 4a. Percentage distribution of primary service delivery points offering at least three modern contraceptive methods by management of facility

			Providing least number of modern contraceptives)		
			No	Yes	Total
Type of administration	Govt	Freq	10	165	175
		%	5.7%	94.3%	100.0%
	Total	Freq	10	165	175
		%	5.7%	94.3%	100.0%

Since all primary level HFs are under government administration, it was found 94.3% to be doing at least three modern contraceptives.

Offering at least three modern contraceptive methods at primary HFs by distance from nearest warehouse/source of supplies

Table 5a. Percentage distribution of primary service delivery points offering at least three modern contraceptive methods by distance from nearest warehouse/source of supplies

			Providing least number of modern contraceptives)		
			No	Yes	Total
Distance to nearest medical depot (mile) (group)	<10 miles	Freq	3	84	87
		%	3.4%	96.6%	100.0%
	10-21 miles	Freq	6	46	52
		%	11.5%	88.5%	100.0%
	>21 miles	Freq	1	35	36
		%	2.8%	97.2%	100.0%
Travel duration to nearest med depot	Within a day	Freq	10	164	174
		%	5.7%	94.3%	100.0%
	Within a week	Freq	0	1	1
		%	0.0%	100.0%	100.0%
Route to travel to nearest med depot	Road	Freq	9	160	169
		%	5.3%	94.7%	100.0%
	Water	Freq	1	5	6
		%	16.7%	83.3%	100.0%
	Total	Freq	10	165	175
		%	5.7%	94.3%	100.0%

Availability of at least three modern contraceptive methods in primary level HFs was not significantly associating with distance, travel duration and route to travel to nearest medical depot from the HF.

****

Section A2. Modern contraceptives offered by secondary and tertiary facilities

Offering at least five modern contraceptive methods at secondary and tertiary HFs by type of facility

Table 1b. Percentage distribution of secondary and tertiary service delivery points offering at least five modern contraceptive methods by type of facility

			Providing least number of modern contraceptives)		
			No	Yes	Total
Level of Health Facility	Tertiary level	Freq	3	16	19
		%	15.8%	84.2%	100.0%
	Secondary level	Freq	86	81	167
		%	51.5%	48.5%	100.0%
	Private hospital	Freq	4	15	19
		%	21.1%	78.9%	100.0%
	Total	Freq	93	112	205
		%	45.4%	54.6%	100.0%

48.5% availability of at least "five" modern contraceptive methods was found in secondary level HFs. Compare to tertiary level and private HFs (84.2% and. 78.9%), it was significantly low (P<0.001). The highest percentage was in Tertiary Level HFs but it was higher than 2017 data (77.3%).

Offering at least five modern contraceptive methods at secondary and tertiary HFs by Administrative Unit (Region)

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

			Providing least number of modern contraceptives)		
			No	Yes	Total
State/Region	Kachin	Freq	2	8	10
		%	20.0%	80.0%	100.0%
	Kayah	Freq	1	3	4
		%	25.0%	75.0%	100.0%
	Kayin	Freq	1	7	8
		%	12.5%	87.5%	100.0%
	Chin	Freq	3	2	5
		%	60.0%	40.0%	100.0%
	Sagaing	Freq	16	5	21
		%	76.2%	23.8%	100.0%
	Tanintheri	Freq	3	5	8
		%	37.5%	62.5%	100.0%
	Bago	Freq	12	5	17
		%	70.6%	29.4%	100.0%
	Magway	Freq	7	11	18
		%	38.9%	61.1%	100.0%
	Mandalay	Freq	6	12	18
		%	33.3%	66.7%	100.0%
	Mon	Freq	6	3	9
		%	66.7%	33.3%	100.0%
	Rakhine	Freq	7	6	13
		%	53.8%	46.2%	100.0%

	Yangon	Freq	2	14	16
		%	12.5%	87.5%	100.0%
	Shan (South)	Freq	0	12	12
		%	0.0%	100.0%	100.0%
	Shan (North)	Freq	5	6	11
		%	45.5%	54.5%	100.0%
	Shan (East)	Freq	3	5	8
		%	37.5%	62.5%	100.0%
	Ayeyawady	Freq	16	6	22
		%	72.7%	27.3%	100.0%
	Nay Pyi Taw	Freq	3	2	5
		%	60.0%	40.0%	100.0%
	Total	Freq	93	112	205
		%	45.4%	54.6%	100.0%

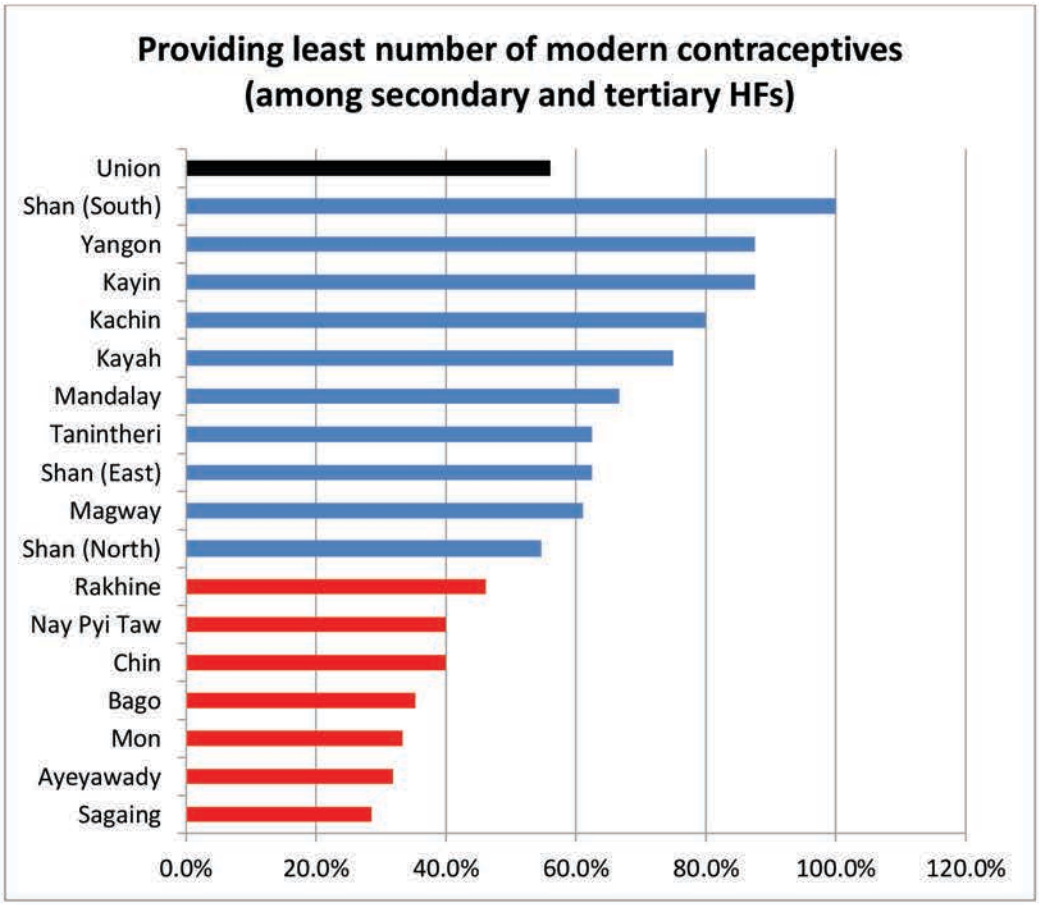


Figure 3. Percentage of tertiary & secondary HFs providing five modern contraceptives by regions

Eight out of 17 areas have noted that only less than 60% of tertiary/secondary and private HFs which could be doing five modern contraceptive services.

Offering at least five modern contraceptive methods at secondary and tertiary HFs by urban/rural residence

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

			Providing least number of modern contraceptives) No	Yes	Total
Urban/Rural	Urban	Freq	42	74	116
		%	36.2%	63.8%	100.0%
	Rural	Freq	51	38	89
		%	57.3%	42.7%	100.0%
	Total	Freq	93	112	205
		%	45.4%	54.6%	100.0%

Urban rural difference (63.8% vs. 42.7%) was still noted to be statistically significant (P<0.001). The difference was narrower than that of 2017 (52.5% vs. 25%).

Offering at least five modern contraceptive methods at secondary and tertiary HFs by management of facility

Table 4b. Percentage distribution of secondary and tertiary service delivery points offering at least five modern contraceptive methods by management of facility

			Providing least number of modern contraceptives) No	Yes	Total
Type of administration	Govt	Freq	89	97	186
		%	47.8%	52.2%	100.0%
	Private	Freq	4	15	19
		%	21.1%	78.9%	100.0%
	Total	Freq	93	112	205
		%	45.4%	54.6%	100.0%

The difference of proportion of HFs which could provide five modern methods between government and private sectors (i.e. 52% vs. 79%) was statistically significant. (P=0.045) Compare to 2017 difference (40.3% vs. 63.2%), there was still obvious difference.

Offering at least five modern contraceptive methods at secondary and tertiary HFs by distance from nearest warehouse/source of supplies

Table 5b. Percentage distribution of secondary and tertiary service delivery points offering at least five modern contraceptive methods by distance from nearest warehouse/source of supplies

			Providing least number of modern contraceptives)		
			No	Yes	Total
Distance to nearest medical depot (mile) (group)	<10 miles	Freq	28	32	60
		%	46.7%	53.3%	100.0%
	10-21 miles	Freq	35	27	62
		%	56.5%	43.5%	100.0%
	>21 miles	Freq	30	53	83
		%	36.1%	63.9%	100.0%
Travel duration to nearest med depot	Within a day	Freq	90	112	202
		%	44.6%	55.4%	100.0%
	Within a week	Freq	3	0	3
		%	100.0%	0.0%	100.0%
Route to travel to nearest med depot	Road	Freq	88	109	197
		%	44.7%	55.3%	100.0%
	Water	Freq	5	3	8
		%	62.5%	37.5%	100.0%
	Total	Freq	93	112	205
		%	45.4%	54.6%	100.0%

There was no obvious association between distance to medical depot and travel duration and availability of five modern contraceptive methods in secondary/tertiary level HFs. But, route to travel was associating. 55.3% of HFs which had travel route by road could provide five modern methods while 37.5% of HFs which had travel route by water way could provide. The sorter travel duration, the higher the level of provision.

****

Section B. Availability of Maternal and RH Medicines

Availability of seven (including 2 essential) life-saving maternal/reproductive health medicines at HFs by type of facility

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

			Available 7 life saving MR medicine including MgSO4 & oxytocin)		
			No	Yes	Total
Level of Health Facility	Tertiary level	Freq	4	15	19
		%	21.1%	78.9%	100.0%
	Secondary level	Freq	70	97	167
		%	41.9%	58.1%	100.0%
	Primary level	Freq	91	84	175
		%	52.0%	48.0%	100.0%
	Private hospital	Freq	6	13	19
		%	31.6%	68.4%	100.0%
	Total	Freq	171	209	380
		%	45.0%	55.0%	100.0%

Availability of essential life-saving maternal and reproductive health medicine was 55% in total and slight increase (49.9% at 2017) was noted. And there was a significant difference among different levels of HFs (Chi2 P<0.001). The availability was highest in tertiary level (78.9%) and lowest in primary level 48% (slight increase than 2017 i.e. 46.4% and 2016 39.5%).

Level of health facility	Could provide at least 7 types of life saving medication				
	2014	2015	2016	2017	2018
Tertiary level HF	88.7%	82.6%	65.2%	72.7%	78.9%
Secondary level HF	75.0%	58.4%	63.1%	50.3%	58.1%
Primary level HF	43.4%	34.9%	39.5%	46.4%	48.0%
Private HF	NA	NA	69.6%	52.6%	68.4%
Total	61.8%	48.6%	52.9%	49.9%	55.0%

Comparison for all levels between four years showed fluctuation of percentages for availability of seven essential RH medicine (62% vs. 49% vs. 53%, vs. 50% vs. 55%). The availability increases again at 2018. Obvious rising trend in last three years was noted in tertiary level and primary levels.

Availability of seven (including 2 essential) life-saving maternal/reproductive health medicines at HFs by Administrative Unit (Region)

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

			Available 7 life saving MR medicine including MgSO4 & oxytocin)		
			No	Yes	Total
State/Region	Kachin	Freq	8	9	17
		%	47.1%	52.9%	100.0%
	Kayah	Freq	1	6	7
		%	14.3%	85.7%	100.0%
	Kayin	Freq	5	9	14
		%	35.7%	64.3%	100.0%
	Chin	Freq	10	2	12

		%	83.3%	16.7%	100.0%
	Sagaing	Freq	15	29	44
		%	34.1%	65.9%	100.0%
	Tanintheri	Freq	3	10	13
		%	23.1%	76.9%	100.0%
	Bago	Freq	24	13	37
		%	64.9%	35.1%	100.0%
	Magway	Freq	13	20	33
		%	39.4%	60.6%	100.0%
	Mandalay	Freq	17	16	33
		%	51.5%	48.5%	100.0%
	Mon	Freq	6	9	15
		%	40.0%	60.0%	100.0%
	Rakhine	Freq	16	8	24
		%	66.7%	33.3%	100.0%
	Yangon	Freq	7	18	25
		%	28.0%	72.0%	100.0%
	Shan (South)	Freq	2	19	21
		%	9.5%	90.5%	100.0%
	Shan (North)	Freq	10	13	23
		%	43.5%	56.5%	100.0%
	Shan (East)	Freq	6	4	10
		%	60.0%	40.0%	100.0%
	Ayeyawady	Freq	27	17	44
		%	61.4%	38.6%	100.0%
	Nay Pyi Taw	Freq	1	7	8
		%	12.5%	87.5%	100.0%
	Total	Freq	171	209	380
		%	45.0%	55.0%	100.0%

Percentage of HFs which have seven life-saving MR medicine was 55% in total. Least percentage was found in Chin, Rakhine, Bago and Ayeyarwady (<40%) in consistent with 2017 situation. Highest percentage was found in Shan (south), Nay Pyi Taw and Kayah (>80%).

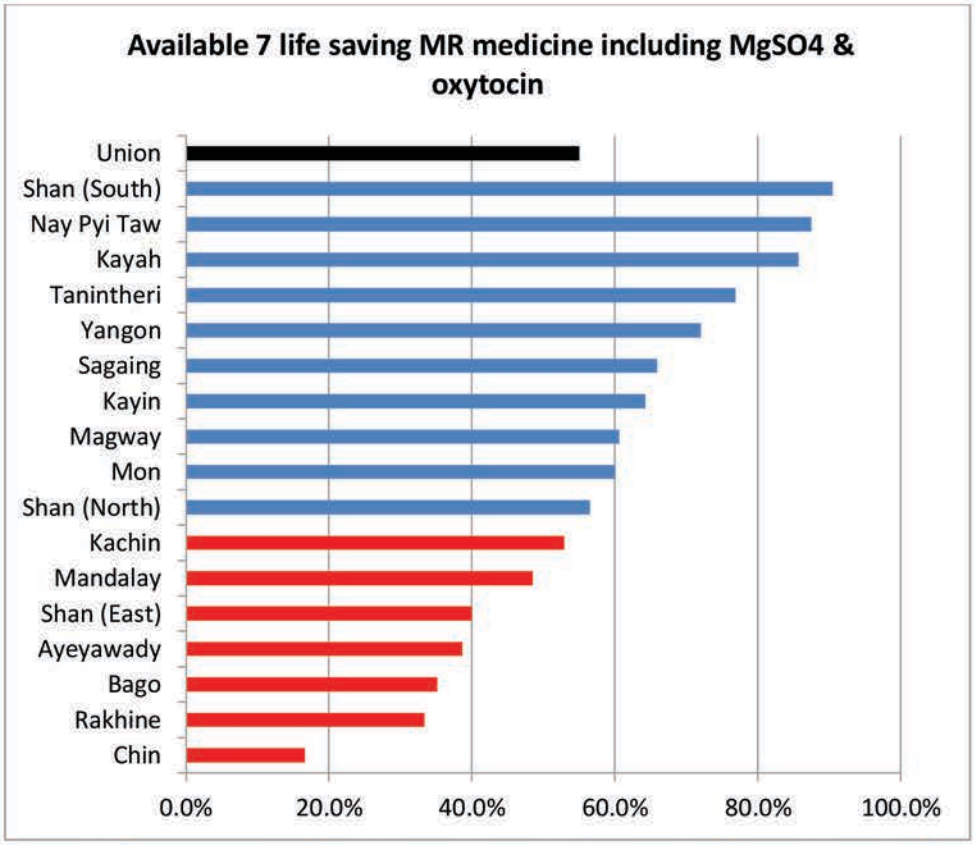


Figure 4. Percentage of HFs which could provide 7 lifesaving RH medicines by Regions

Availability of seven (including 2 essential) life-saving maternal/reproductive health medicines at HFs by urban/rural residence

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

			Available 7 life saving MR medicine including MgSO4 & oxytocin)		
			No	Yes	Total
Urban/Rural	Urban	Freq	63	85	148
		%	42.6%	57.4%	100.0%
	Rural	Freq	108	124	232
		%	46.6%	53.4%	100.0%
	Total	Freq	171	209	380
		%	45.0%	55.0%	100.0%

Availability of life-saving MRH medicine was higher but not significant in HFs at urban compare to that of rural (57.4% vs. 53.4%). The urban rural gap 4% was narrower in 2018 compare to 2017 (8.7%).

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

Table 9. Percentage distribution of service delivery points with seven (including 2 essential) life-saving maternal/reproductive health medicines available by management of facility

			Available 7 life saving MR medicine including MgSO4 & oxytocin)		
			No	Yes	Total
Type of administration	Govt	Freq	165	196	361
		%	45.7%	54.3%	100.0%
	Private	Freq	6	13	19
		%	31.6%	68.4%	100.0%
	Total	Freq	171	209	380
		%	45.0%	55.0%	100.0%

Availability of life-saving MRH medicine was higher in HFs at private sector compare to that of government sector (68.4% vs. 54.3%). The situation was reverse of 2017 (Govt 49.6% vs. Private 52.6%).

Availability of seven (including 2 essential) life-saving maternal/reproductive health medicines at HFs by distance from nearest warehouse/source of supplies

Table 10. 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

			Available 7 life saving MR medicine including MgSO4 & oxytocin)		
			No	Yes	Total
Distance to nearest medical depot (mile) (group)	<10 miles	Freq	69	78	147
		%	46.9%	53.1%	100.0%
	10-21 miles	Freq	58	56	114
		%	50.9%	49.1%	100.0%
	>21 miles	Freq	44	75	119
		%	37.0%	63.0%	100.0%
Travel duration to nearest med depot	Within a day	Freq	170	206	376
		%	45.2%	54.8%	100.0%
	Within a week	Freq	1	3	4
		%	25.0%	75.0%	100.0%
	Total	Freq	171	209	380
		%	45.0%	55.0%	100.0%
Route to travel to nearest med depot	Road	Freq	163	203	366
		%	44.5%	55.5%	100.0%
	Water	Freq	8	6	14
		%	57.1%	42.9%	100.0%
	Total	Freq	171	209	380
		%	45.0%	55.0%	100.0%

Availability of MRH medicine among HFs located at distances from medical depot were not significant. But it was noted as higher availability in HFs located at easier to travel duration and route to depot.

RH medicine	Percentage of HF with stock-out							
	2014	2015	2016 (Both Govt+ private sector)	2016 (govt sector only)	2017 (Both Govt+ private sector)	2017 (govt sector only)	2018 (Both Govt+ private sector)	2018 (govt sector only)
inj ampicillin	39.7%	39.7%	31.8%	32.1%	49.1%	50.8%	47.9%	50.1%
inj azithro	40.2%	49.6%	31.2%	32.4%	37.3%	39.3%	36.6%	38.2%
inj benz penicillin	38.0%	45.1%	46.8%	47.7%	49.6%	51.9%	55.5%	57.9%
inj dexa	31.1%	37.2%	30.6%	31.5%	38.4%	40.4%	38.2%	40.2%
inj cal gluconate	34.6%	49.6%	34.4%	35.7%	44.6%	46.7%	49.2%	51.5%
oral cefixime	32.8%	46.5%	35.0%	36.3%	46.2%	48.6%	39.7%	41.8%
inj gentamycin	31.4%	36.1%	21.1%	21.9%	32.6%	34.3%	24.5%	25.8%
oral hydralazine	57.4%	89.3%	64.7%	64.6%	78.1%	79.4%	82.1%	83.9%
inj MgSO4	28.2%	43.1%	27.7%	27.3%	21.7%	21.7%	27.4%	27.1%
oral M-Dopa	52.9%	80.8%	58.1%	59.2%	67.6%	69.5%	71.6%	74.5%
inj metro	5.9%	10.4%	4.0%	3.9%	13.3%	14.0%	13.2%	13.9%
oral misoprostol	31.1%	25.4%	25.4%	26.1%	27.4%	28.8%	28.2%	29.6%
oral nifedipine	30.6%	46.2%	28.6%	29.7%	29.0%	30.5%	23.7%	23.8%
inj oxytocin	24.5%	27.9%	23.7%	24.0%	13.3%	14.0%	19.2%	19.9%
inj Na Lactate	11.5%	22.3%	14.7%	15.0%	13.6%	14.3%	10.0%	10.5%
inj TT	35.3%	58.0%	39.3%	40.8%	32.9%	34.6%	5.0%	5.3%

RH medicines stock-out situation slightly increased at 2018 compare to 2017 for almost all kinds of medicine but the differences between 2017 and 2018 data were negligible (<2%) except inj. ampicillin (2.2%) and M-dopa (3.9%).

****

Section C. Incidence of "No Stock Out" of modern contraceptives in the last three months

Incidence of "no stock out" of a modern contraceptive method in the last three months by type of facility

According to information requirement of UNFPA (Myanmar) and Maternal and Reproductive Health Division (MRH), DoPH, "no-stock-outs" are defined in this report when modern methods of contraception are available for a period of three months. For primary level HFs, modern methods of contraceptives include: i) male condoms; ii) oral contraception; iii) injectables; iv) emergency contraception; and v) IUDs. For tertiary and secondary level HFs, modern methods include: i) male condoms; ii) oral contraception; iii) injectables; iv) emergency contraception; v) IUDs; vi) implants; and vii) female sterilization.

Table 11. Percentage distribution of service delivery points with "no stock out" of a modern contraceptive method in the last three months by type of facility

			At least one Modern contraceptive stock-out within last 3 months (MRH and UNFPA defined)		
			No	Yes	Total
Level of Health Facility	Tertiary level	Freq	11	8	19
		%	57.9%	42.1%	100.0%
	Secondary level	Freq	59	108	167
		%	35.3%	64.7%	100.0%
	Primary level	Freq	78	97	175
		%	44.6%	55.4%	100.0%
	Private hospital	Freq	19	0	19
		%	100.0%	0.0%	100.0%
	Total	Freq	167	213	380
		%	43.9%	56.1%	100.0%

Pearson Chi-Square=30.797, P<0.001

According to the defined criteria, 56.1% of HFs in this study experienced stock-out of modern contraceptive at least one method in last three months. The lower the level of HFs, thie higher the percents of stock-out.

Incidence of "no stock out" of a modern contraceptive method in the last three months by Administrative Unit (Region)

Table 12. Percentage distribution of service delivery points with "no stock out" of a modern contraceptive method in the last three months by Administrative Unit (Region)

			At least one Modern contraceptive stock-out within last 3 months (MRH and UNFPA defined)		
			No	Yes	Total
State/Region	Kachin	Freq	11	6	17
		%	64.7%	35.3%	100.0%
	Kayah	Freq	3	4	7
		%	42.9%	57.1%	100.0%
	Kayin	Freq	11	3	14
		%	78.6%	21.4%	100.0%
	Chin	Freq	8	4	12
		%	66.7%	33.3%	100.0%
	Sagaing	Freq	17	27	44
		%	38.6%	61.4%	100.0%
	Tanintheri	Freq	4	9	13
		%	30.8%	69.2%	100.0%
	Bago	Freq	17	20	37
		%	45.9%	54.1%	100.0%
	Magway	Freq	4	29	33
		%	12.1%	87.9%	100.0%
	Mandalay	Freq	10	23	33
		%	30.3%	69.7%	100.0%
	Mon	Freq	9	6	15
		%	60.0%	40.0%	100.0%
	Rakhine	Freq	13	11	24
		%	54.2%	45.8%	100.0%
	Yangon	Freq	13	12	25
		%	52.0%	48.0%	100.0%
	Shan (South)	Freq	16	5	21
		%	76.2%	23.8%	100.0%
	Shan (North)	Freq	15	8	23
		%	65.2%	34.8%	100.0%
	Shan (East)	Freq	3	7	10
		%	30.0%	70.0%	100.0%
	Ayeyawady	Freq	10	34	44
		%	22.7%	77.3%	100.0%
	Nay Pyi Taw	Freq	3	5	8
		%	37.5%	62.5%	100.0%
	Total	Freq	167	213	380
		%	43.9%	56.1%	100.0%

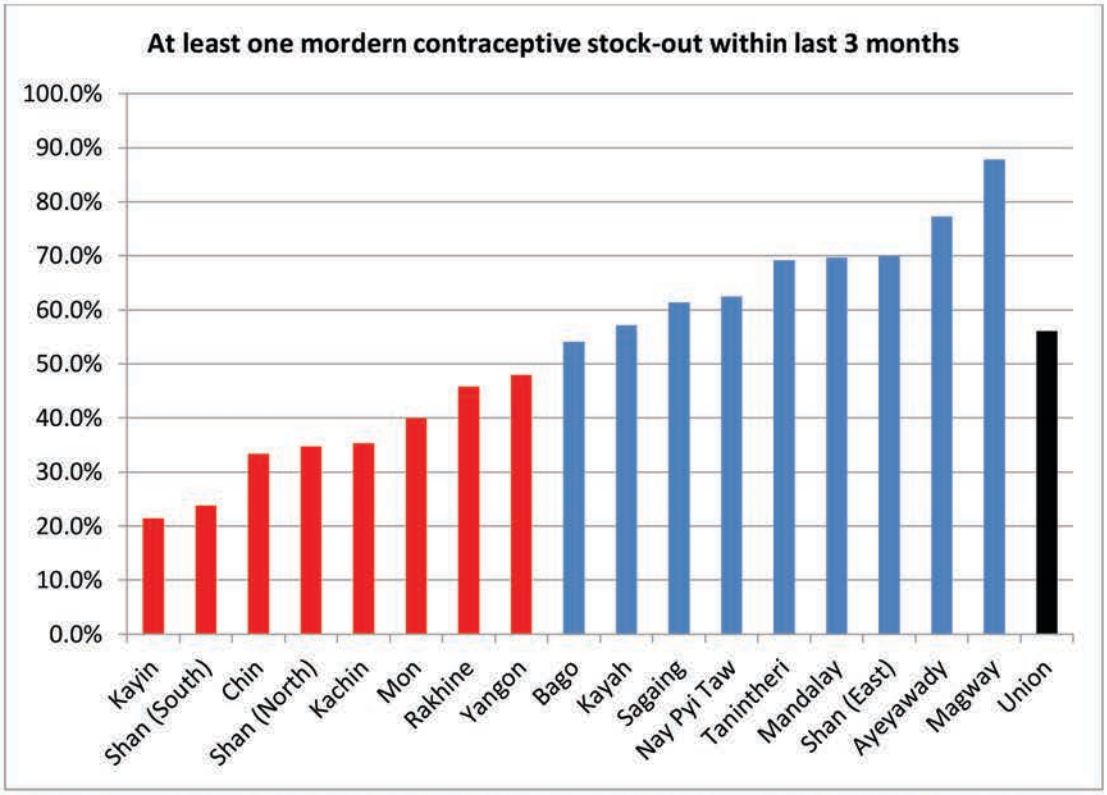


Figure 5. Percentage of HFs which have contraceptive no stock-out in last three months

Comparing different regions for the "stock-out", Kayin, and Shan (South) were lowest having less than 30%.

Incidence of "no stock out" of a modern contraceptive method in the last three months by urban/rural residence

Table 13. Percentage distribution of service delivery points with "no stock out" of a modern contraceptive method in the last three months by urban/rural residence

			At least one Modern contraceptive stock-out within last 3 months (MRH and UNFPA defined)		
			No	Yes	Total
Urban/Rural	Urban	Freq	79	69	148
		%	53.4%	46.6%	100.0%
	Rural	Freq	88	144	232
		%	37.9%	62.1%	100.0%
	Total	Freq	167	213	380
		%	43.9%	56.1%	100.0%

Pearson Chi-Square=8.753, P=0.003

Urban and rural, "stock-out at least modern contraceptive method" were 46.6% and 62.1% respectively. Urban rural difference was 15% and it was noted narrower in 2018 compare to 2017 data (50% and 70%)

Incidence of "no stock out" of a modern contraceptive method in the last three months by management of facility

Table 14. Percentage distribution of service delivery points with "no stock out" of a modern contraceptive method in the last three months by management of facility

			At least one Modern contraceptive stock-out within last 3 months (MRH and UNFPA defined)		
			No	Yes	Total
Type of administration	Govt	Freq	148	213	361
		%	41.0%	59.0%	100.0%
	Private	Freq	19	0	19
		%	100.0%	0.0%	100.0%
	Total	Freq	167	213	380
		%	43.9%	56.1%	100.0%

Pearson Chi-Square=25.509, P<0.001

In comparing between government and private sectors, stock-out status was much higher in government sector (59% vs. 0%)

Incidence of "no stock out" of a modern contraceptive method in the last three months by distance from nearest warehouse/source of supplies

Table 15. Percentage distribution of service delivery points with "no stock out" of a modern contraceptive method in the last three months by distance from nearest warehouse/source of supplies

			At least one Modern contraceptive stock-out within last 3 months (MRH and UNFPA defined)		
			No	Yes	Total
Distance to nearest medical depot (mile) (group)	<10 miles	Freq	75	72	147
		%	51.0%	49.0%	100.0%
	10-21 miles	Freq	43	71	114
		%	37.7%	62.3%	100.0%
	>21 miles	Freq	49	70	119
		%	41.2%	58.8%	100.0%
Travel duration to nearest med depot	Within a day	Freq	167	209	376
		%	44.4%	55.6%	100.0%
	Within a week	Freq	0	4	4
		%	0.0%	100.0%	100.0%
Route to travel to nearest med depot	Road	Freq	161	205	366
		%	44.0%	56.0%	100.0%
	Water	Freq	6	8	14
		%	42.9%	57.1%	100.0%
	Total	Freq	167	213	380
		%	43.9%	56.1%	100.0%

Pearson Chi-Square=.007, P0.933

The location of HFs regard to the nearest medical depot was not associated with percentage of “at least one modern contraceptive stock-out in last 3 months”.

MRH and UNFPA defined "no-stock-out a modern contraceptive in last three months"

Table 15a. No stock-out status in the last three months for each modern contraceptive method by level of HFs

			Level of Health Facility				
			Tertiary level	Secondary level	Primary level	Private hospital	Total
No stock-out of modern contraceptives in last 3 months[a]	Male condom	Freq	15	61	118	11	205
		%	78.9%	43.6%	73.8%	64.7%	
	Female condom	Freq	2	9	20	2	33
		%	10.5%	6.4%	12.5%	11.8%	
	OCP	Freq	13	92	134	17	256
		%	68.4%	65.7%	83.8%	100.0%	
	Injection	Freq	13	99	124	16	252
		%	68.4%	70.7%	77.5%	94.1%	
	ECP	Freq	5	44	93	12	154
		%	26.3%	31.4%	58.1%	70.6%	
	IUD	Freq	15	69	32	15	131
		%	78.9%	49.3%	20.0%	88.2%	
	Implant	Freq	12	59	0	16	91
		%	63.2%	42.1%	-	94.1%	
	Female sterilization	Freq	15	60	0	10	89
		%	78.9%	42.9%	-	58.8%	

Percentages and totals are based on respondents.
a. Dichotomy group tabulated at value 2.

Comparatively higher percentages of no stock-out situation across all levels of HFs were for “OCP” and “Injectable” (more than 65% for all levels). Similarly, the method which was lowest for all HFs were for “female condom” (about 10%) and it was improving compare to 2017 (6%). Implant availability was higher for tertiary and secondary level HFs. Implant method was available at 94.1% of private HFs.

Table 15b. No stock-out status in the last three months for each modern contraceptive method by Regions of HFs

			No stock-out of modern contraceptives in last 3 months[a]								
			Male condom	Female condom	OCP	Injection	ECP	IUD	Implant	Female sterilization	Total
State/Region	Kachin	Freq	10	4	13	13	11	4	1	3	15
		%	66.7%	26.7%	86.7%	86.7%	73.3%	26.7%	6.7%	20.0%	
	Kayah	Freq	5	0	6	4	5	4	4	3	7
		%	71.4%	0.0%	85.7%	57.1%	71.4%	57.1%	57.1%	42.9%	
	Kayin	Freq	11	2	13	13	10	8	8	4	14
		%	78.6%	14.3%	92.9%	92.9%	71.4%	57.1%	57.1%	28.6%	
	Chin	Freq	4	0	7	7	1	2	1	2	8
		%	50.0%	0.0%	87.5%	87.5%	12.5%	25.0%	12.5%	25.0%	
	Sagaing	Freq	20	1	27	24	12	13	1	7	39
		%	51.3%	2.6%	69.2%	61.5%	30.8%	33.3%	2.6%	17.9%	
	Tanintheri	Freq	9	4	10	11	5	6	1	6	13
		%	69.2%	30.8%	76.9%	84.6%	38.5%	46.2%	7.7%	46.2%	
	Bago	Freq	15	4	21	22	12	7	7	8	29
		%	51.7%	13.8%	72.4%	75.9%	41.4%	24.1%	24.1%	27.6%	
	Magway	Freq	17	1	22	20	4	8	9	12	30
		%	56.7%	3.3%	73.3%	66.7%	13.3%	26.7%	30.0%	40.0%	
	Mandalay	Freq	17	3	18	14	13	11	8	7	28
		%	60.7%	10.7%	64.3%	50.0%	46.4%	39.3%	28.6%	25.0%	
	Mon	Freq	9	0	10	11	7	3	1	0	12
		%	75.0%	0.0%	83.3%	91.7%	58.3%	25.0%	8.3%	0.0%	
	Rakhine	Freq	12	3	17	14	11	1	1	0	19
		%	63.2%	15.8%	89.5%	73.7%	57.9%	5.3%	5.3%	0.0%	
	Yangon	Freq	21	3	19	22	10	19	17	13	25
		%	84.0%	12.0%	76.0%	88.0%	40.0%	76.0%	68.0%	52.0%	
	Shan (South)	Freq	17	0	21	20	16	13	8	4	21
		%	81.0%	0.0%	100.0%	95.2%	76.2%	61.9%	38.1%	19.0%	
	Shan (North)	Freq	15	0	18	20	13	11	7	7	23
		%	65.2%	0.0%	78.3%	87.0%	56.5%	47.8%	30.4%	30.4%	
	Shan (East)	Freq	5	1	6	9	5	4	2	3	9
		%	55.6%	11.1%	66.7%	100.0%	55.6%	44.4%	22.2%	33.3%	
	Ayeyawady	Freq	14	7	26	24	17	14	11	8	38
		%	36.8%	18.4%	68.4%	63.2%	44.7%	36.8%	28.9%	21.1%	
	Nay Pyi Taw	Freq	4	0	2	4	2	3	4	2	6
		%	66.7%	0.0%	33.3%	66.7%	33.3%	50.0%	66.7%	33.3%	

Most common reasons for stock-out (at last 3 months) were "untimely supplies", "no users" and " no skill staff".

****

Section D. Incidence of "No Stock-Out" of modern contraceptives on the day of the survey

Incidence of "no stock out" of modern contraceptive method at the time of the survey by type of facility

Table 16. Percentage distribution of service delivery points with "no stock-out" of modern contraceptive methods at the time of the survey by type of facility

			Modern contraceptive no stock-out recently (MRH and UNFPA defined)		
			No	Yes	Total
Level of Health Facility	Tertiary level	Freq	12	7	19
		%	63.2%	36.8%	100.0%
	Secondary level	Freq	27	140	167
		%	16.2%	83.8%	100.0%
	Primary level	Freq	98	77	175
		%	56.0%	44.0%	100.0%
	Private hospital	Freq	0	19	19
		%	0.0%	100.0%	100.0%
	Total	Freq	137	243	380
		%	36.1%	63.9%	100.0%

"Recently no-stock-out of a modern contraceptive" was found only in 63.9% of all sample HFs. Tertiary level HFs were much lower in percentages (36.8%).

Incidence of "no stock out" of modern contraceptive method at the time of the survey by Administrative Unit (Region)

Table 17. Percentage distribution of service delivery points with "no stock-out" of modern contraceptive methods at the time of the survey by Administrative Unit (Region)

			Modern contraceptive no stock-out recently (MRH and UNFPA defined)		
			No	Yes	Total
State/Region	Kachin	Freq	6	11	17
		%	35.3%	64.7%	100.0%
	Kayah	Freq	2	5	7
		%	28.6%	71.4%	100.0%
	Kayin	Freq	10	4	14
		%	71.4%	28.6%	100.0%
	Chin	Freq	4	8	12
		%	33.3%	66.7%	100.0%
	Sagaing	Freq	13	31	44
		%	29.5%	70.5%	100.0%
	Tanintheri	Freq	7	6	13
		%	53.8%	46.2%	100.0%
	Bago	Freq	7	30	37
		%	18.9%	81.1%	100.0%
	Magway	Freq	12	21	33
		%	36.4%	63.6%	100.0%
	Mandalay	Freq	11	22	33
		%	33.3%	66.7%	100.0%
	Mon	Freq	6	9	15
		%	40.0%	60.0%	100.0%
	Rakhine	Freq	6	18	24
		%	25.0%	75.0%	100.0%

	Yangon	Freq	13	12	25
		%	52.0%	48.0%	100.0%
	Shan (South)	Freq	14	7	21
		%	66.7%	33.3%	100.0%
	Shan (North)	Freq	8	15	23
		%	34.8%	65.2%	100.0%
	Shan (East)	Freq	3	7	10
		%	30.0%	70.0%	100.0%
	Ayeyawady	Freq	12	32	44
		%	27.3%	72.7%	100.0%
	Nay Pyi Taw	Freq	3	5	8
		%	37.5%	62.5%	100.0%
	Total	Freq	137	243	380
		%	36.1%	63.9%	100.0%

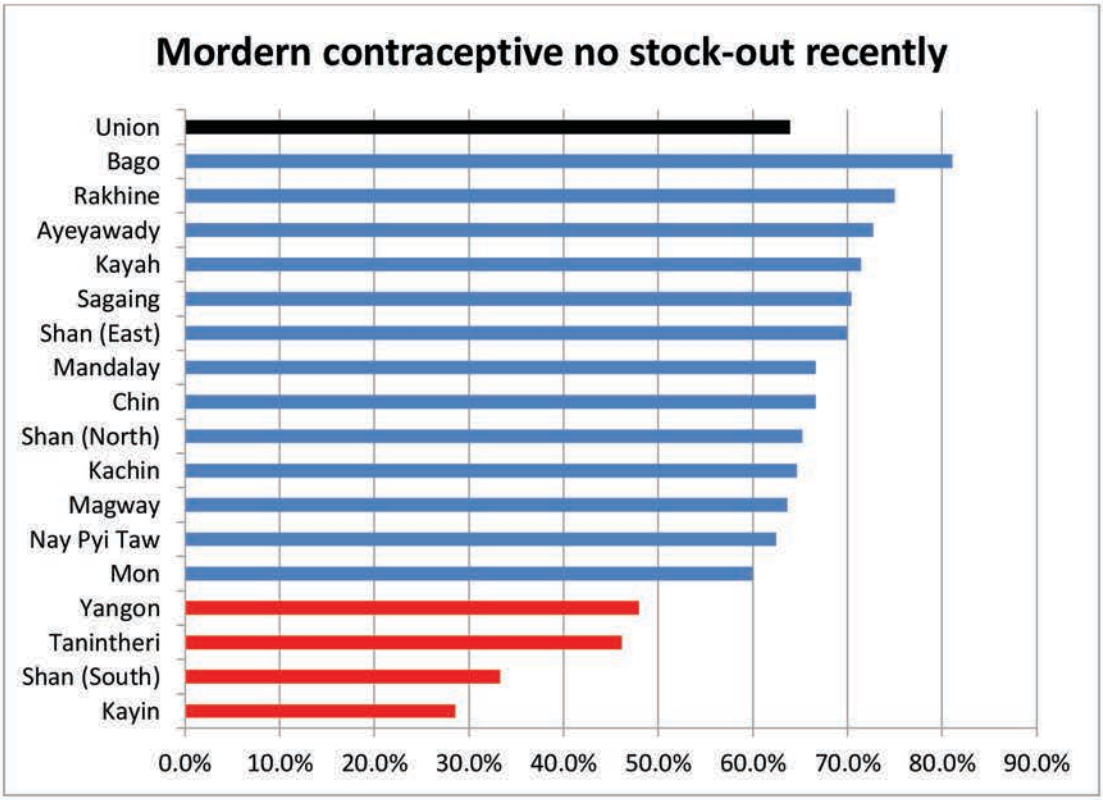


Figure 6. Percentage of HFs which have recently no-stock out a modern contraceptive by region

Union level recently no stock-out a modern method was 63.9%. Lowest level areas were Kayin, Shan (S), Tanintheri and Yangon having below 50%. The area of highest (i.e. Bago), the rate was >80%.

Incidence of "no stock out" of modern contraceptive method at the time of the survey by urban/rural residence

Table 18. Percentage distribution of service delivery points with "no stock-out" of modern contraceptive methods at the time of the survey by urban/rural residence

			Modern contraceptive no stock-out recently (MRH and UNFPA defined)		
			No	Yes	Total
Urban/Rural	Urban	Freq	47	101	148
		%	31.8%	68.2%	100.0%

Rural	Freq	90	142	232
	%	38.8%	61.2%	100.0%
Total	Freq	137	243	380
	%	36.1%	63.9%	100.0%

Urban HFs had higher percentage of recent no-stock-out a modern method compare to rural HFs (68.2% vs. 61.2%) with narrower gap compare to 2017 (54.8% vs. 47.9%).

Incidence of "no stock out" of modern contraceptive method at the time of the survey by management of facility

Table 19. Percentage distribution of service delivery points with "no stock-out" of modern contraceptive methods at the time of the survey by management of facility

			Modern contraceptive no stock-out recently (MRH and UNFPA defined)		
			No	Yes	Total
Type of administration	Govt	Freq	137	224	361
		%	38.0%	62.0%	100.0%
	Private	Freq	0	19	19
		%	0.0%	100.0%	100.0%
	Total	Freq	137	243	380
		%	36.1%	63.9%	100.0%

The difference between government sector and private sector HFs for recent "no stock-out" was significant (62% vs. 100%). Government sector recent "no stock-out" was increased at 2018 compare to 2017 (49%).

Incidence of "no stock out" of modern contraceptive method at the time of the survey by distance from nearest warehouse/source of supplies

Table 20. Percentage distribution of service delivery points with "no stock-out" of modern contraceptive methods at the time of the survey by Distance to nearest medical depot

			Modern contraceptive no stock-out recently (MRH and UNFPA defined)		
			No	Yes	Total
Distance to nearest medical depot (mile) (group)	<10 miles	Freq	58	89	147
		%	39.5%	60.5%	100.0%
	10-21 miles	Freq	37	77	114
		%	32.5%	67.5%	100.0%
	>21 miles	Freq	42	77	119
		%	35.3%	64.7%	100.0%
Travel duration to nearest med depot	Within a day	Freq	137	239	376
		%	36.4%	63.6%	100.0%
	Within a week	Freq	0	4	4
		%	0.0%	100.0%	100.0%
Route to travel to nearest med depot	Road	Freq	135	231	366
		%	36.9%	63.1%	100.0%
	Water	Freq	2	12	14
		%	14.3%	85.7%	100.0%
	Total	Freq	137	243	380
		%	36.1%	63.9%	100.0%

There was no association of recent "no stock-out" and location of HFs.

FP 2020 indicators for Maternal and Reproductive Health

Table 20a. Incidence of 'No stock-out' of each modern contraceptive by level of HFs

			Level of Health Facility				
			Tertiary level	Secondary level	Primary level	Private hospital	Total
Incidence of "no stock-out" of modern contraceptives on the day of the survey[a]	male condom	Freq	14	65	121	9	209
		%	73.7%	45.5%	73.8%	64.3%	
	female condom	Freq	2	12	19	2	35
		%	10.5%	8.4%	11.6%	14.3%	
	OC pill	Freq	15	91	143	14	263
		%	78.9%	63.6%	87.2%	100.0%	
	injectable contraceptives	Freq	13	110	140	14	277
		%	68.4%	76.9%	85.4%	100.0%	
	ECP	Freq	7	46	105	11	169
		%	36.8%	32.2%	64.0%	78.6%	
	IUD	Freq	15	66	41	12	134
		%	78.9%	46.2%	25.0%	85.7%	
	implant	Freq	13	50	8	13	84
		%	68.4%	35.0%	4.9%	92.9%	
	female sterilization	Freq	11	44	6	8	69
		%	57.9%	30.8%	3.7%	57.1%	
	Total	Freq	19	143	164	14	340

Percentages and totals are based on respondents.
a. Dichotomy group tabulated at value 1.

At the time of survey, percentages of HFs with stock for "OCP" and "Injectable" methods were found high in all levels (>75%). These two methods were no differences among levels of HFs. Female condom stock was lowest in all level HFs (<15%). Percentages for implant stock were lower in secondary level HFs compare to tertiary level HFs (35% vs. 68.4%). Implant stock rate in private sector was quite high (92.9%).

Table 20b. Incidence of 'No stock-out' of modern contraceptives by Administrative Regions of HFs

			Incidence of "No Stock Out" of modern contraceptives on the day of the survey[a]								
			Male condom	Female condom	OCP	Injection	ECP	IUD	Implant	Female sterilization	Total
State/Region	Kachin	Freq	10	3	13	14	11	7	1	4	16
		%	62.5%	18.8%	81.3%	87.5%	68.8%	43.8%	6.3%	25.0%	
	Kayah	Freq	5	0	5	4	5	5	4	3	7
		%	71.4%	0.0%	71.4%	57.1%	71.4%	71.4%	57.1%	42.9%	
	Kayin	Freq	10	2	14	14	11	8	6	5	14
		%	71.4%	14.3%	100.0%	100.0%	78.6%	57.1%	42.9%	35.7%	
	Chin	Freq	4	0	10	10	2	1	2	2	10
		%	40.0%	0.0%	100.0%	100.0%	20.0%	10.0%	20.0%	20.0%	
	Sagaing	Freq	20	1	31	28	15	12	0	0	39
		%	51.3%	2.6%	79.5%	71.8%	38.5%	30.8%	0.0%	0.0%	
	Tanintheri	Freq	9	4	8	10	7	5	0	2	12
		%	75.0%	33.3%	66.7%	83.3%	58.3%	41.7%	0.0%	16.7%	
	Bago	Freq	12	3	17	21	10	4	5	6	28
		%	42.9%	10.7%	60.7%	75.0%	35.7%	14.3%	17.9%	21.4%	
	Magway	Freq	20	1	25	25	6	8	6	11	30
		%	66.7%	3.3%	83.3%	83.3%	20.0%	26.7%	20.0%	36.7%	
	Mandalay	Freq	18	3	25	20	17	11	10	1	30
		%	60.0%	10.0%	83.3%	66.7%	56.7%	36.7%	33.3%	3.3%	
	Mon	Freq	8	1	9	9	6	3	2	0	11
		%	72.7%	9.1%	81.8%	81.8%	54.5%	27.3%	18.2%	0.0%	

Rakhine	Freq	14	3	16	18	10	3	1	0	22
	%	63.6%	13.6%	72.7%	81.8%	45.5%	13.6%	4.5%	0.0%	
Yangon	Freq	20	3	19	21	15	19	15	12	24
	%	83.3%	12.5%	79.2%	87.5%	62.5%	79.2%	62.5%	50.0%	
Shan (South)	Freq	17	1	19	20	17	16	9	7	21
	%	81.0%	4.8%	90.5%	95.2%	81.0%	76.2%	42.9%	33.3%	
Shan (North)	Freq	12	0	11	15	10	7	1	2	18
	%	66.7%	0.0%	61.1%	83.3%	55.6%	38.9%	5.6%	11.1%	
Shan (East)	Freq	6	2	7	7	5	3	1	3	8
	%	75.0%	25.0%	87.5%	87.5%	62.5%	37.5%	12.5%	37.5%	
Ayeyawady	Freq	19	7	30	35	18	17	14	5	43
	%	44.2%	16.3%	69.8%	81.4%	41.9%	39.5%	32.6%	11.6%	
Nay Pyi Taw	Freq	5	1	4	6	4	5	7	6	7
	%	71.4%	14.3%	57.1%	85.7%	57.1%	71.4%	100.0%	85.7%	

Percentages and totals are based on respondents.
a. Dichotomy group tabulated at value 1.

Three common modern methods (OCP, M condom, Injectable, IUD and ECP) were available across all regions. IUD availability was lower than other four methods. Implant and female sterilization were not available in many Regions.

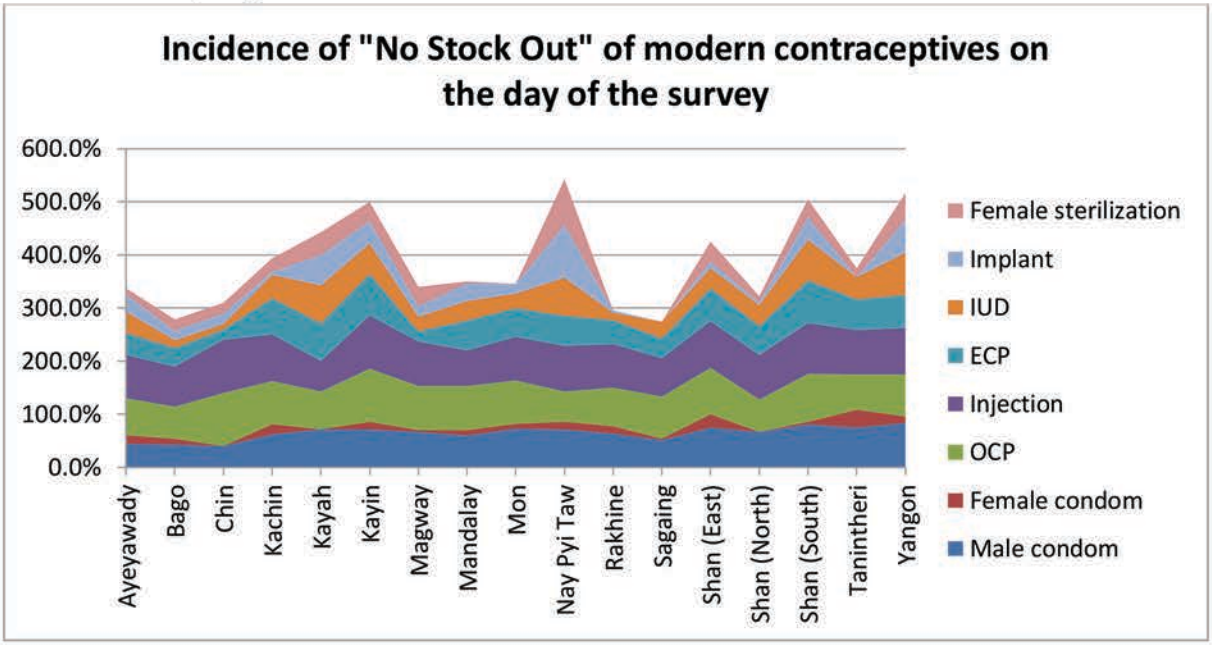


Figure 7. HFs which have recent no stock-out of each modern contraceptive across the regions

Table 20c. Incidence of 'No stock-out' of modern contraceptives by urban rural HFs

			Urban/Rural		
			Urban	Rural	Total
Incidence of "No Stock Out" of modern contraceptives on the day of the survey[a]	male condom	Freq	82	127	209
		%	65.1%	59.3%	
	female condom	Freq	16	19	35
		%	12.7%	8.9%	
	OC pill	Freq	96	167	263
		%	76.2%	78.0%	
	injectable contraceptives	Freq	107	170	277
		%	84.9%	79.4%	
	ECP	Freq	61	108	169

		%	48.4%	50.5%	
	IUD	Freq	70	64	134
		%	55.6%	29.9%	
	implant	Freq	52	32	84
		%	41.3%	15.0%	
	female sterilization	Freq	46	23	69
		%	36.5%	10.7%	

Percentages and totals are based on respondents.
a. Dichotomy group tabulated at value 1.

Except implant, IUD, implant, female condom and female sterilization which were higher in urban than rural HFs, other methods were found no obvious difference.

Table 20d. Incidence of 'No stock-out' of modern contraceptives by location of HFs

			Distance to nearest medical depot (mile) (group)			
			<10 miles	10-21 miles	>21 miles	Total
Incidence of "No Stock Out" of modern contraceptives on the day of the survey[a]	male condom	Freq	81	57	71	209
		%	64.3%	54.3%	65.1%	
	female condom	Freq	14	10	11	35
		%	11.1%	9.5%	10.1%	
	OC pill	Freq	104	79	80	263
		%	82.5%	75.2%	73.4%	
	injectable contraceptives	Freq	106	75	96	277
		%	84.1%	71.4%	88.1%	
	ECP	Freq	76	47	46	169
		%	60.3%	44.8%	42.2%	
	IUD	Freq	46	35	53	134
		%	36.5%	33.3%	48.6%	
	implant	Freq	31	20	33	84
		%	24.6%	19.0%	30.3%	
	female sterilization	Freq	24	15	30	69
		%	19.0%	14.3%	27.5%	

Table 20e. Incidence of 'No stock-out' of modern contraceptives by travel duration from HFs to nearest medical depot

			Travel duration to nearest med depot		
			Within a day	Within a week	Total
ncidence of "no stock-out" of modern contraceptives on the day of the survey[a]	male condom	Freq	209	0	209
		%	62.2%	0.0%	
	female condom	Freq	35	0	35
		%	10.4%	0.0%	
	OC pill	Freq	260	3	263
		%	77.4%	75.0%	
	injectable contraceptives	Freq	275	2	277
		%	81.8%	50.0%	
	ECP	Freq	168	1	169
		%	50.0%	25.0%	
	IUD	Freq	133	1	134
		%	39.6%	25.0%	
	implant	Freq	83	1	84
		%	24.7%	25.0%	
	female sterllizatlon	Freq	68	1	69
		%	20.2%	25.0%	

Table 20f. Incidence of 'No stock-out' of modern contraceptives by route of travel from HFs to nearest medical depot

			Route to travel to nearest med depot		
			Road	Water	Total
Incidence of "no stock-out" of modern contraceptives on the day of the survey[a]	male condom	Freq	202	7	209
		%	62.0%	50.0%	
	female condom	Freq	33	2	35
		%	10.1%	14.3%	
	OC pill	Freq	255	8	263
		%	78.2%	57.1%	
	injectable contraceptives	Freq	264	13	277
		%	81.0%	92.9%	
	ECP	Freq	163	6	169
		%	50.0%	42.9%	
	IUD	Freq	129	5	134
		%	39.6%	35.7%	
	implant	Freq	83	1	84
		%	25.5%	7.1%	
	female sterilization	Freq	68	1	69
		%	20.9%	7.1%	

Percentages and totals are based on respondents.
a. Dichotomy group tabulated at value 1.

There were no significant associations between geographical distances of HFs to nearest medical depot and recent stock status for each modern contraceptive.

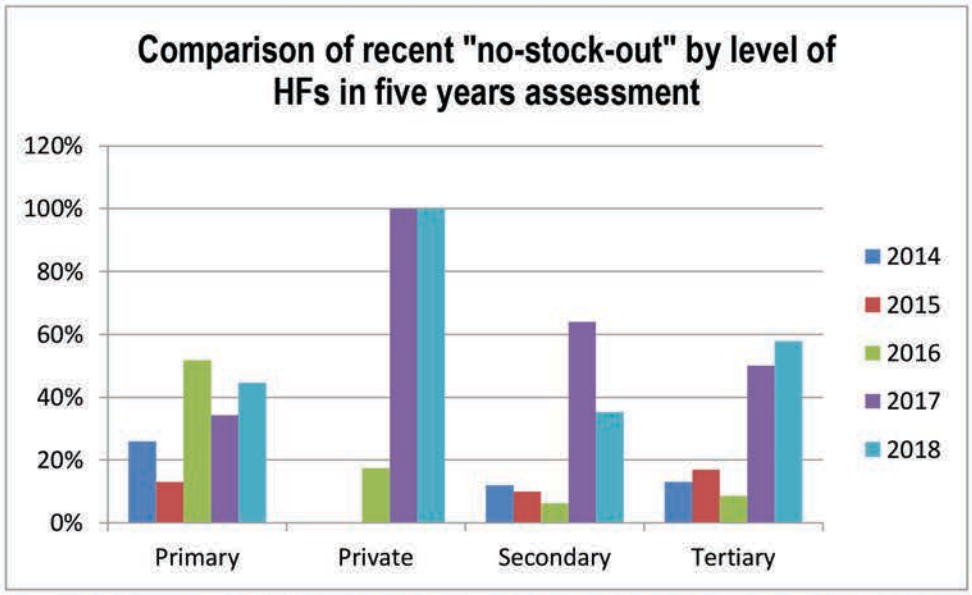


Figure 8. Comparison of recent "no-stock-out" by level of HFs in five-years assessment

Private, tertiary level and primary level HFs were increasing in "no stock-out" rates. Comparison for secondary levels showed the percentages were decreased in the year 2018.

2018 RHCS Report

Table 20g. HF Level-wise comparison of recent stock-out for at least one method between 2014, 2015, 2016, 2017 and 2018

Health facility level		2014			2015			2016			2017			2018		
		Not at all	Stock-out at least one	Total	No stock-out at all	Stock-out at least one	Total	No stock-out at all	Stock-out at least one	Total	No stock-out at all	Stock-out at least one	Total	No stock-out at all	Stock-out at least one	Total
Tertiary	Freq	8	54	62	4	19	23	2	21	23	11	11	22	11	8	11
	%	13%	87%	100.00%	17%	83%	100.0%	8.7%	91.3%	100.0%	50.0%	50.0%	100.0%	57.9%	42.1%	57.9%
Secondary	Freq	18	130	148	16	145	161	10	150	160	103	58	161	59	108	59
	%	12%	88%	100.00%	10%	90%	100.0%	6.3%	93.8%	100.0%	64.0%	36.0%	100.0%	35.3%	64.7%	35.3%
Primary	Freq	52	146	198	22	150	172	89	83	172	62	119	181	78	97	78
	%	26%	74%	100.00%	13%	87%	100.0%	51.7%	48.3%	100.0%	34.3%	65.7%	100.0%	44.6%	55.4%	44.6%
Private	Freq	-	-	-	-	-	-	4	19	23	19	0	19	19	0	19
	%	-	-	-	-	-	-	17.4%	82.6%	100.0%	100.0%	.0%	100.0%	100.0%	0.0%	100.0%
Total	Freq	78	330	408	42	314	356	105	273	378	195	188	383	11	8	11
	%	19%	81%	100.00%	12%	88%	100.0%	27.8%	72.2%	100.0%	50.9%	49.1%	100.0%	57.9%	42.1%	57.9%

2018 RHCS Report

Table 20h. Comparison of method specific stock-out at the time of assessment between 2014, 2015, 2016, 2017and 2018

Method	HFs in 2014		HFs in 2015		HFs in 2016		HFs in 2017		HFs in 2018	
	with recent stock-out	% stock-out (N=408)	with recent stock-out	% stock-out (N=356)	with recent stock-out	% stock-out (N=378)	with recent stock-out	% stock-out (N=383)	with recent stock-out	% stock-out (N=380)
Long-acting and permanent methods										
implant*	232	57%	124	67%	109	28.8%	124	67.8%	90	23.7%
IUD	252	62%	171	48%	215	56.9%	129	33.7%	142	37.4%
male sterilization	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
female sterilization*	29	14%	26	14%	90	49.2%	15	8.2%	29	7.6%
Short-term method										
male condom	183	45%	155	44%	153	40.5%	123	32.1%	137	36.1%
female condom	387	95%	174	49%	147	38.90%	149	38.9%	197	51.8%
prescribing injectable	122	30%	69	19%	59	15.6%	45	11.7%	79	20.8%
OC pill	116	28%	50	14%	53	14.0%	35	9.1%	87	22.9%
ECP	399	98%	188	53%	164	43.4%	136	35.5%	162	42.6%

**Calculation was made only for tertiary and secondary levels.*

Comparison for specific methods between four years showed reduction of stock-out of implant was noted. Stock-out for other methods were increasing.

Section E. Supply chain, including cold chain

Responsible persons for ordering medical supplies by type of SDPs

Table 21. Percentage distribution of SDPs with persons responsible for ordering medical supplies by type of SDPs

			Main responsible person for drug indent							
			MS/Head	Specialist/ Assigned MO	HA/LHV/ Sister	Other	Pharmacist	DMO	TMO	Total
Level of Health Facility	Tertiary level	Freq	10	6	1	0	0	2	0	19
		%	52.6%	31.6%	5.3%	0.0%	0.0%	10.5%	0.0%	100.0%
	Secondary level	Freq	29	97	13	8	4	0	16	167
		%	17.4%	58.1%	7.8%	4.8%	2.4%	0.0%	9.6%	100.0%
	Primary level	Freq	0	5	156	2	11	0	1	175
		%	0.0%	2.9%	89.1%	1.1%	6.3%	0.0%	0.6%	100.0%
	Private hospital	Freq	5	2	5	2	5	0	0	19
		%	26.3%	10.5%	26.3%	10.5%	26.3%	0.0%	0.0%	100.0%
	Total	Freq	44	110	175	12	20	2	17	380
		%	11.6%	28.9%	46.1%	3.2%	5.3%	0.5%	4.5%	100.0%

Overall condition shows, "MS", and "Assigned MO" were main responsible person for drug indent at tertiary and secondary level HFs while "HA/LHV/Sister" were in primary level HFs.

Responsible persons for ordering medical supplies by Administrative Unit (Region)

Table 22. Percentage distribution of SDPs with persons responsible for ordering medical supplies by Administrative Unit (Region)

			Main responsible person for drug indent							
			MS/Head	Specialist/Assigned MO	HA/LHV/Sister	Other	Pharmacist	DMO	TMO	Total
State/Region	Kachin	Freq	2	7	4	3	0	0	1	17
		%	11.8%	41.2%	23.5%	17.6%	0.0%	0.0%	5.9%	100.0%
	Kayah	Freq	0	3	4	0	0	0	0	7
		%	0.0%	42.9%	57.1%	0.0%	0.0%	0.0%	0.0%	100.0%
	Kayin	Freq	2	5	7	0	0	0	0	14
		%	14.3%	35.7%	50.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Chin	Freq	1	0	10	1	0	0	0	12
		%	8.3%	0.0%	83.3%	8.3%	0.0%	0.0%	0.0%	100.0%
	Sagaing	Freq	6	10	25	1	2	0	0	44
		%	13.6%	22.7%	56.8%	2.3%	4.5%	0.0%	0.0%	100.0%
	Tanintheri	Freq	0	6	5	0	1	0	1	13
		%	0.0%	46.2%	38.5%	0.0%	7.7%	0.0%	7.7%	100.0%
	Bago	Freq	3	13	20	0	1	0	0	37
		%	8.1%	35.1%	54.1%	0.0%	2.7%	0.0%	0.0%	100.0%
	Magway	Freq	5	6	15	1	3	0	3	33
		%	15.2%	18.2%	45.5%	3.0%	9.1%	0.0%	9.1%	100.0%
	Mandalay	Freq	1	10	16	1	0	1	4	33
		%	3.0%	30.3%	48.5%	3.0%	0.0%	3.0%	12.1%	100.0%
	Mon	Freq	0	7	6	2	0	0	0	15
		%	0.0%	46.7%	40.0%	13.3%	0.0%	0.0%	0.0%	100.0%
	Rakhine	Freq	6	6	11	0	1	0	0	24
		%	25.0%	25.0%	45.8%	0.0%	4.2%	0.0%	0.0%	100.0%
	Yangon	Freq	4	6	8	0	3	0	4	25

	%	16.0%	24.0%	32.0%	0.0%	12.0%	0.0%	16.0%	100.0%
Shan (South)	Freq	2	8	8	0	2	0	1	21
	%	9.5%	38.1%	38.1%	0.0%	9.5%	0.0%	4.8%	100.0%
Shan (North)	Freq	1	5	12	1	3	0	1	23
	%	4.3%	21.7%	52.2%	4.3%	13.0%	0.0%	4.3%	100.0%
Shan (East)	Freq	2	0	2	2	1	1	2	10
	%	20.0%	0.0%	20.0%	20.0%	10.0%	10.0%	20.0%	100.0%
Ayeyawady	Freq	6	15	20	0	3	0	0	44
	%	13.6%	34.1%	45.5%	0.0%	6.8%	0.0%	0.0%	100.0%
Nay Pyi Taw	Freq	3	3	2	0	0	0	0	8
	%	37.5%	37.5%	25.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Total	Freq	44	110	175	12	20	2	17	380
	%	11.6%	28.9%	46.1%	3.2%	5.3%	0.5%	4.5%	100.0%

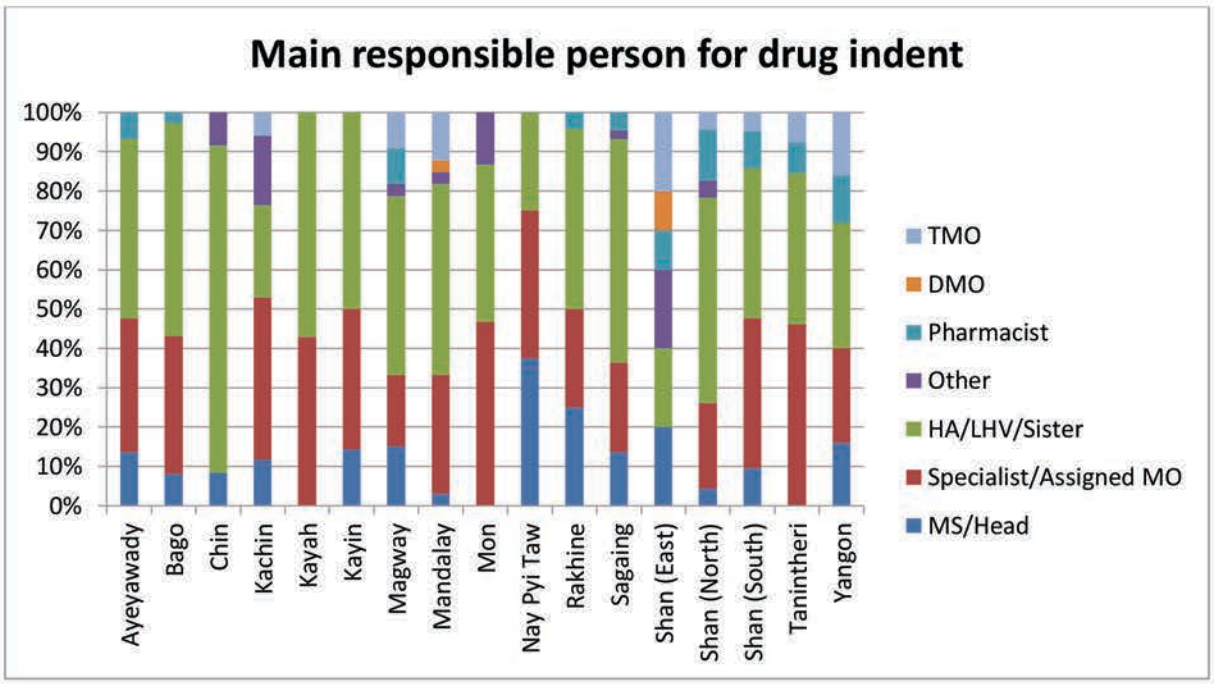


Figure 9. Percentage distribution of HFs with four major categories responsible for ordering medical supplies by regions

Persons assigned for drug indent were not much varying across regions. HA/LHV/Sister was most frequently assigned in all regions except Kachin, Shan (east) and Nay Pyi Taw.

Responsible persons for ordering medical supplies by urban/rural residence

Table 23. Percentage distribution of SDPs with persons responsible for ordering medical supplies by urban/rural residence

			Main responsible person for drug indent							
			MS/Head	Specialist/Assigned MO	HA/LHV/Sister	Other	Pharmacist	DMO	TMO	Total
Urban/Rural	Urban	Freq	31	45	36	5	13	2	16	148
		%	20.9%	30.4%	24.3%	3.4%	8.8%	1.4%	10.8%	100.0%
	Rural	Freq	13	65	139	7	7	0	1	232
		%	5.6%	28.0%	59.9%	3.0%	3.0%	0.0%	0.4%	100.0%
	Total	Freq	44	110	175	12	20	2	17	380
		%	11.6%	28.9%	46.1%	3.2%	5.3%	0.5%	4.5%	100.0%

In urban HFs, MS/Head, Assigned MO and HA/LHV/Sister were taking responsibility for ordering medical supplies more while in rural HFs HA/LHV/Sister, and assigned MO were taking responsibility more. The pattern did not change from that of 2017.

Responsible persons for ordering medical supplies by management of facility

Table 24. Percentage distribution of SDPs with persons responsible for ordering medical supplies by management of facility

			Main responsible person for drug indent							
			MS/Head	Specialist/Assigned MO	HA/LHV/Sister	Other	Pharmacist	DMO	TMO	Total
Type of administration	Govt	Freq	39	108	170	10	15	2	17	361
		%	10.8%	29.9%	47.1%	2.8%	4.2%	0.6%	4.7%	100.0%
	Private	Freq	5	2	5	2	5	0	0	19
		%	26.3%	10.5%	26.3%	10.5%	26.3%	0.0%	0.0%	100.0%
	Total	Freq	44	110	175	12	20	2	17	380
		%	11.6%	28.9%	46.1%	3.2%	5.3%	0.5%	4.5%	100.0%

Private HFs assigned more frequently to nurses, pharmacists and head of the HF.

****

E2. Quantifying re-supplies

Quantifying re-supplies by type of SDPs

Table 25. How re-supply is quantified by type of SDPs

			How resupply is quantified?[a]			
			(by calculation and indent)	(by supply depot)	(by other way)*	Total
Level of Health Facility	Tertiary level	Freq	14	7	0	19
		%	73.7%	36.8%	0.0%	
	Secondary level	Freq	104	86	8	165
		%	63.0%	52.1%	4.8%	
	Primary level	Freq	99	104	3	175
		%	56.6%	59.4%	1.7%	
	Private hospital	Freq	11	0	7	18
		%	61.1%	0.0%	38.9%	
	Total	Freq	228	197	18	377

Percentages and totals are based on respondents. Three cases is "No response".
a. Dichotomy group tabulated at value 1.

Supplies for majority secondary and primary levels HFs were also quantified by calculation (63%) and medical depot only (52.1%, 65.7% and 59.4%, 56.6% respectively). Tertiary level HFs quantified more by calculation (73.7%).

Quantifying re-supplies by Administrative Unit (Region)

Table 26. How re-supply is quantified by Administrative Unit (Region)

			How resupply is quantified?[a]			
			(by calculation and indent)	(by supply depot)	(by other way)*	Total
State/Region	Kachin	Freq	7	14	1	17
		%	41.2%	82.4%	5.9%	
	Kayah	Freq	4	3	0	7
		%	57.1%	42.9%	0.0%	
	Kayin	Freq	8	6	0	14
		%	57.1%	42.9%	0.0%	
	Chin	Freq	10	5	1	12
		%	83.3%	41.7%	8.3%	
	Sagaing	Freq	17	34	2	43
		%	39.5%	79.1%	4.7%	
	Tanintheri	Freq	8	10	0	13
		%	61.5%	76.9%	0.0%	
	Bago	Freq	33	11	1	37
		%	89.2%	29.7%	2.7%	
	Magway	Freq	19	21	0	33
		%	57.6%	63.6%	0.0%	
	Mandalay	Freq	22	19	0	33
		%	66.7%	57.6%	0.0%	
	Mon	Freq	13	10	0	15
		%	86.7%	66.7%	0.0%	
	Rakhine	Freq	3	19	2	24
		%	12.5%	79.2%	8.3%	
	Yangon	Freq	11	6	7	24
		%	45.8%	25.0%	29.2%	
	Shan (South)	Freq	20	1	2	21
		%	95.2%	4.8%	9.5%	

	Shan (North)	Freq	13	9	0	22
		%	59.1%	40.9%	0.0%	
	Shan (East)	Freq	7	3	0	10
		%	70.0%	30.0%	0.0%	
	Ayeyawady	Freq	26	24	1	44
		%	59.1%	54.5%	2.3%	
	Nay Pyi Taw	Freq	7	2	1	8
		%	87.5%	25.0%	12.5%	
	Total	Freq	228	197	18	377

Percentages and totals are based on respondents.
a. Dichotomy group tabulated at value 1.

Quantifying re-supplies by urban/rural residence

Table 27. How re-supply is quantified by urban/rural residence

			How resupply is quantified?[a]			
			(by calculation and indent)	(by supply depot)	(by other way)*	Total
Urban/Rural	Urban	Freq	95	62	10	146
		%	65.1%	42.5%	6.8%	
	Rural	Freq	133	135	8	231
		%	57.6%	58.4%	3.5%	
	Total	Freq	228	197	18	377

Percentages and totals are based on respondents.
a. Dichotomy group tabulated at value 1.

Majority of HFs both in urban areas (65% and 58%) quantified their supply needs by themselves while rural HFs by depot. “Other” means “use of facility stock report or form that created by higher level HF”.

Quantifying re-supplies by management of facility

Table 28. How re-supply is quantified by management of facility

			How resupply is quantified?[a]			
			(by calculation and indent)	(by supply depot)	(by other way)*	Total
Type of administration	Govt	Freq	217	197	11	359
		%	60.4%	54.9%	3.1%	
	Private	Freq	11	0	7	18
		%	61.1%	0.0%	38.9%	
	Total	Freq	228	197	18	377

Percentages and totals are based on respondents.
a. Dichotomy group tabulated at value 1.

Private sector HFs mainly quantified drug needed by calculation (61.1%).

Table 28a. How re-supply is quantified by distance to depot from facility

			How resupply is quantified?[a]			
			(by calculation and indent)	(by supply depot)	(by other way)*	Total
Distance to nearest medical depot (mile) (group)	<10 miles	Freq	98	67	11	146
		%	67.1%	45.9%	7.5%	
	10-21 miles	Freq	66	66	5	113
		%	58.4%	58.4%	4.4%	
	>21 miles	Freq	64	64	2	118
		%	54.2%	54.2%	1.7%	
Travel duration to nearest med depot	Within a day	Freq	225	196	18	373
		%	60.3%	52.5%	4.8%	
	Within a week	Freq	3	1	0	4
		%	75.0%	25.0%	0.0%	
	Total	Freq	228	197	18	377
Route to travel to nearest med depot	Road	Freq	222	189	18	363
		%	61.2%	52.1%	5.0%	
	Water	Freq	6	8	0	14
		%	42.9%	57.1%	0.0%	
	Total	Freq	228	197	18	377

*For the Tables 25, 26, 27, 28 and 28a *(Other ways) are buy, by self, company, company direct, computer and stock, Device, drug company, estimate request, intenet and allotted need, Support from township.*

Table 28b. Use of standard form for indent

			Use of standard form for indent			
			Yes (have form)	Yes (not have form)	No	Total
Level of Health Facility	Tertiary level	Freq	10	2	6	18
		%	55.6%	11.1%	33.3%	100.0%
	Secondary level	Freq	90	26	42	158
		%	57.0%	16.5%	26.6%	100.0%
	Primary level	Freq	104	15	47	166
		%	62.7%	9.0%	28.3%	100.0%
	Private hospital	Freq	3	2	9	14
		%	21.4%	14.3%	64.3%	100.0%
State/Region	Kachin	Freq	8	4	3	15
		%	53.3%	26.7%	20.0%	100.0%
	Kayah	Freq	5	0	1	6
		%	83.3%	0.0%	16.7%	100.0%
	Kayin	Freq	2	9	3	14
		%	14.3%	64.3%	21.4%	100.0%
	Chin	Freq	7	2	3	12
		%	58.3%	16.7%	25.0%	100.0%
	Sagaing	Freq	19	4	21	44
		%	43.2%	9.1%	47.7%	100.0%
	Tanintheri	Freq	4	2	7	13
		%	30.8%	15.4%	53.8%	100.0%
	Bago	Freq	32	1	4	37
		%	86.5%	2.7%	10.8%	100.0%
	Magway	Freq	20	6	7	33
		%	60.6%	18.2%	21.2%	100.0%
	Mandalay	Freq	26	1	4	31
		%	83.9%	3.2%	12.9%	100.0%
	Mon	Freq	8	1	5	14
		%	57.1%	7.1%	35.7%	100.0%
	Rakhine	Freq	1	1	9	11
		%	9.1%	9.1%	81.8%	100.0%
	Yangon	Freq	10	2	9	21
		%	47.6%	9.5%	42.9%	100.0%
	Shan (South)	Freq	20	0	0	20
		%	100.0%	0.0%	0.0%	100.0%
	Shan (North)	Freq	13	2	8	23
		%	56.5%	8.7%	34.8%	100.0%
	Shan (East)	Freq	4	2	4	10
		%	40.0%	20.0%	40.0%	100.0%
	Ayeyawady	Freq	24	5	15	44
		%	54.5%	11.4%	34.1%	100.0%
	Nay Pyi Taw	Freq	4	3	1	8
		%	50.0%	37.5%	12.5%	100.0%
Urban/Rural	Urban	Freq	74	21	40	135
		%	54.8%	15.6%	29.6%	100.0%
	Rural	Freq	133	24	64	221
		%	60.2%	10.9%	29.0%	100.0%
	Total	Freq	207	45	104	356
		%	58.1%	12.6%	29.2%	100.0%

****

E3. Source of supplies

Main source of supplies type of SDPs

Table 29. Main source of supplies type of SDPs

			Main source of supplier						
			CMSD	State/Region Health Department	District Health Department	Township Health Department	NGO	Private Pharmacy/ Company	Total
Level of Health Facility	Tertiary level	Freq	6	12	1	0	0	0	19
		%	31.6%	63.2%	5.3%	0.0%	0.0%	0.0%	100.0%
	Secondary level	Freq	8	46	15	96	1	0	166
		%	4.8%	27.7%	9.0%	57.8%	0.6%	0.0%	100.0%
	Primary level	Freq	0	1	11	161	0	0	173
		%	0.0%	0.6%	6.4%	93.1%	0.0%	0.0%	100.0%
	Private hospital	Freq	0	0	0	0	0	18	18
		%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
	Total	Freq	14	59	27	257	1	18	376
		%	3.7%	15.7%	7.2%	68.4%	0.3%	4.8%	100.0%

4 cases=No response

Main source of supplies for all levels HFs was Township and State/Region 68.4% and 15.7% respectively). However, supplies for majority of tertiary level HFs were State/Region HD and CMSD (63.2% and 31.6% respectively). This pattern was reversed from 2017 (CMSD 18.2% and State/Region HD 36.4% respectively)

Main source of supplies by Administrative Unit (Region)

Table 30. Main source of supplies by Administrative Unit (Region)

			Main source of supplier						
			CMSD	State/Region Health Department	District Health Department	Township Health Department	NGO	Private Pharmacy/Company	Total
State/Region	Kachin	Freq	2	2	5	7	0	1	17
		%	11.8%	11.8%	29.4%	41.2%	0.0%	5.9%	100.0%
	Kayah	Freq	0	3	0	3	0	1	7
		%	0.0%	42.9%	0.0%	42.9%	0.0%	14.3%	100.0%
	Kayin	Freq	1	1	1	10	0	1	14
		%	7.1%	7.1%	7.1%	71.4%	0.0%	7.1%	100.0%
	Chin	Freq	2	1	2	7	0	0	12
		%	16.7%	8.3%	16.7%	58.3%	0.0%	0.0%	100.0%
	Sagaing	Freq	1	2	4	35	0	1	43
		%	2.3%	4.7%	9.3%	81.4%	0.0%	2.3%	100.0%
	Tanintheri	Freq	0	3	0	9	0	1	13
		%	0.0%	23.1%	0.0%	69.2%	0.0%	7.7%	100.0%
	Bago	Freq	2	4	0	30	0	1	37
		%	5.4%	10.8%	0.0%	81.1%	0.0%	2.7%	100.0%
	Magway	Freq	0	4	1	26	0	1	32
		%	0.0%	12.5%	3.1%	81.3%	0.0%	3.1%	100.0%
	Mandalay	Freq	0	7	5	20	0	1	33
		%	0.0%	21.2%	15.2%	60.6%	0.0%	3.0%	100.0%
	Mon	Freq	1	1	0	12	0	1	15
		%	6.7%	6.7%	0.0%	80.0%	0.0%	6.7%	100.0%
	Rakhine	Freq	0	5	1	16	1	1	24
		%	0.0%	20.8%	4.2%	66.7%	4.2%	4.2%	100.0%
	Yangon	Freq	3	7	0	11	0	2	23

		%	13.0%	30.4%	0.0%	47.8%	0.0%	8.7%	100.0%
	Shan (South)	Freq	2	2	1	15	0	1	21
		%	9.5%	9.5%	4.8%	71.4%	0.0%	4.8%	100.0%
	Shan (North)	Freq	0	2	4	15	0	2	23
		%	0.0%	8.7%	17.4%	65.2%	0.0%	8.7%	100.0%
	Shan (East)	Freq	0	7	0	2	0	1	10
		%	0.0%	70.0%	0.0%	20.0%	0.0%	10.0%	100.0%
	Ayeyawady	Freq	0	5	3	35	0	1	44
		%	0.0%	11.4%	6.8%	79.5%	0.0%	2.3%	100.0%
	Nay Pyi Taw	Freq	0	3	0	4	0	1	8
		%	0.0%	37.5%	0.0%	50.0%	0.0%	12.5%	100.0%
	Total	Freq	14	59	27	257	1	18	376
		%	3.7%	15.7%	7.2%	68.4%	0.3%	4.8%	100.0%

Main source of supplies by management of facility

Table 31. Main source of supplies by management of facility

			Main source of supplier						
			CMSD	State/Region Health Department	District Health Department	Township Health Department	NGO	Private Pharmacy/Company	Total
Type of administration	Govt	Freq	14	59	27	257	1	0	358
		%	3.9%	16.5%	7.5%	71.8%	0.3%	0.0%	100.0%
	Private	Freq	0	0	0	0	0	18	18
		%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
	Total	Freq	14	59	27	257	1	18	376
		%	3.7%	15.7%	7.2%	68.4%	0.3%	4.8%	100.0%

Main source of drug supply for private sector HF was private pharmacy and companies.

Main source of supplies by urban/rural residence

Table 32. Main source of supplies by urban/rural residence

			Main source of supplier						
			CMSD	State/Region Health Department	District Health Department	Township Health Department	NGO	Private Pharmacy/Company	Total
Urban/Rural	Urban	Freq	12	50	11	55	1	18	147
		%	8.2%	34.0%	7.5%	37.4%	0.7%	12.2%	100.0%
	Rural	Freq	2	9	16	202	0	0	229
		%	0.9%	3.9%	7.0%	88.2%	0.0%	0.0%	100.0%
	Total	Freq	14	59	27	257	1	18	376
		%	3.7%	15.7%	7.2%	68.4%	0.3%	4.8%	100.0%

Major suppliers for HFs at urban area were Township HD and State/Region Health Department (37.4% and 34.0% respectively). Major supplier for HFs from rural area was Township Health Department (88.2%) like 2017.

****

E4. Transportation of supplies

Responsibility for transportation of supplies by type of SDPs

Table 33. Responsibility for transportation of supplies by type of SDPs

			Responsibility for transportation of supplies[a]				
			(Government)	(State/Region Health Department)	(Own arrangement)	(Other)*	Total
Level of Health Facility	Tertiary level	Freq	3	4	14	1	19
		%	15.8%	21.1%	73.7%	5.3%	
	Secondary level	Freq	21	14	144	4	167
		%	12.6%	8.4%	86.2%	2.4%	
	Primary level	Freq	13	1	161	4	175
		%	7.4%	0.6%	92.0%	2.3%	
	Private hospital	Freq	0	0	6	14	19
		%	0.0%	0.0%	31.6%	73.7%	
	Total	Freq	37	19	325	23	380

Percentages and totals are based on respondents.
a. Dichotomy group tabulated at value 1.

Most of HFs (>70%) at all levels had their own arrangement for transportation of supplies to their HFs. Government arrangement for the transportation for tertiary and secondary level HFs were only 15.8% and 12.6% respectively.

Responsibility for transportation of supplies by Administrative Unit (Region)

Table 34. Responsibility for transportation of supplies by Administrative Unit (Region)

			Responsibility for transportation of supplies[a]				
			(Government)	(State/Region Health Department)	(Own arrangement)	(Other)*	Total
State/Region	Kachin	Freq	4	1	14	1	17
		%	23.5%	5.9%	82.4%	5.9%	
	Kayah	Freq	4	2	1	0	7
		%	57.1%	28.6%	14.3%	0.0%	
	Kayin	Freq	3	0	10	1	14
		%	21.4%	0.0%	71.4%	7.1%	
	Chin	Freq	2	0	10	0	12
		%	16.7%	0.0%	83.3%	0.0%	
	Sagaing	Freq	2	1	42	1	44
		%	4.5%	2.3%	95.5%	2.3%	
	Tanintheri	Freq	0	3	13	1	13
		%	0.0%	23.1%	100.0%	7.7%	
	Bago	Freq	1	1	34	1	37
		%	2.7%	2.7%	91.9%	2.7%	
	Magway	Freq	1	0	32	1	33
		%	3.0%	0.0%	97.0%	3.0%	
	Mandalay	Freq	4	2	30	1	33
		%	12.1%	6.1%	90.9%	3.0%	
	Mon	Freq	0	0	14	1	15
		%	0.0%	0.0%	93.3%	6.7%	
	Rakhine	Freq	0	1	21	2	24
		%	0.0%	4.2%	87.5%	8.3%	
	Yangon	Freq	7	3	14	1	25

		%	28.0%	12.0%	56.0%	4.0%	
	Shan (South)	Freq	0	0	20	1	21
		%	0.0%	0.0%	95.2%	4.8%	
	Shan (North)	Freq	0	3	20	2	23
		%	0.0%	13.0%	87.0%	8.7%	
	Shan (East)	Freq	3	0	9	1	10
		%	30.0%	0.0%	90.0%	10.0%	
	Ayeyawady	Freq	3	2	35	7	44
		%	6.8%	4.5%	79.5%	15.9%	
	Nay Pyi Taw	Freq	3	0	6	1	8
		%	37.5%	0.0%	75.0%	12.5%	
	Total	Freq	37	19	325	23	380

Percentages and totals are based on respondents.
a. Dichotomy group tabulated at value 1.

The Table 34 shows most of HFs were arranging the transportation for supplies themselves in all areas. Government arrangement was identified in some HFs at Kayah, Kachin, Kayin, Shan (esst), Yangon and Nay Pyi Taw.

Responsibility for transportation of supplies by urban/rural residence

Table 35. Responsibility for transportation of supplies by urban/rural residence

			Responsibility for transportation of supplies[a]				
			(Government)	(State/Region Health Department)	(Own arrangement)	(Other)*	Total
Urban/Rural	Urban	Freq	20	13	111	17	148
		%	13.5%	8.8%	75.0%	11.5%	
	Rural	Freq	17	6	214	6	232
		%	7.3%	2.6%	92.2%	2.6%	
	Total	Freq	37	19	325	23	380

Percentages and totals are based on respondents.
a. Dichotomy group tabulated at value 1.
a. Dichotomy group tabulated at value 1.

Urban rural difference for transportation by own arrangement was noted (75% vs. 92.2%, P<0.05). However, 13.5% of HFs in urban and 7.3% at rural had government arrangement (P<0.05).

Responsibility for transportation of supplies by management of facility

Table 36. Responsibility for transportation of supplies by management of facility

			Responsibility for transportation of supplies[a]				
			(Government)	(State/Region Health Department)	(Own arrangement)	(Other)*	Total
Type of administration	Govt	Freq	37	19	319	9	361
		%	10.2%	5.3%	88.4%	2.5%	
	Private	Freq	0	0	6	14	19
		%	0.0%	0.0%	31.6%	73.7%	
	Total	Freq	37	19	325	23	380

Percentages and totals are based on respondents.
a. Dichotomy group tabulated at value 1.

*For Tables 33-36 *Others= Company supply, door to door, Post parcel, Tender, World Bank.*

E5. Length of time between order and receiving of supplies

Length of time between order and receiving of supplies by type of SDPs

Table 37. Estimated length of time between order and receiving of supplies by type of SDPs (N=298)

			Interval between indent and arrivall							
			< 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 level	Freq	3	4	4	1	0	1	4	17
		%	17.6%	23.5%	23.5%	5.9%	0.0%	5.9%	23.5%	100.0%
	Secondary level	Freq	16	10	13	13	11	12	57	132
		%	12.1%	7.6%	9.8%	9.8%	8.3%	9.1%	43.2%	100.0%
	Primary level	Freq	31	18	15	5	5	4	55	133
		%	23.3%	13.5%	11.3%	3.8%	3.8%	3.0%	41.4%	100.0%
	Private hospital	Freq	8	1	0	0	0	0	7	16
		%	50.0%	6.3%	0.0%	0.0%	0.0%	0.0%	43.8%	100.0%
	Total	Freq	58	33	32	19	16	17	123	298
		%	19.5%	11.1%	10.7%	6.4%	5.4%	5.7%	41.3%	100.0%

Majority of HFs especially secondary and primary levels stated that the interval between order and receipt was irregular (43.2% and 41.4% respectively). 17.6% HFs at tertiary level was estimated the interval as "<2weeks". About 40% of HFs at all levels were irregular in the interval.

Length of time between order and receiving of supplies by Administrative Unit (Region)

Table 38. Estimated length of time between order and receiving 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
State/Region	Kachin	Freq	0	1	1	1	3	3	5	14
		%	0.0%	7.1%	7.1%	7.1%	21.4%	21.4%	35.7%	100.0%
	Kayah	Freq	1	3	2	0	1	0	0	7
		%	14.3%	42.9%	28.6%	0.0%	14.3%	0.0%	0.0%	100.0%
	Kayin	Freq	0	3	2	0	3	2	3	13
		%	0.0%	23.1%	15.4%	0.0%	23.1%	15.4%	23.1%	100.0%
	Chin	Freq	3	0	2	0	1	1	5	12
		%	25.0%	0.0%	16.7%	0.0%	8.3%	8.3%	41.7%	100.0%
	Sagaing	Freq	6	1	0	2	1	2	9	21
		%	28.6%	4.8%	0.0%	9.5%	4.8%	9.5%	42.9%	100.0%
	Tanintheri	Freq	0	0	1	2	0	0	4	7
		%	0.0%	0.0%	14.3%	28.6%	0.0%	0.0%	57.1%	100.0%
	Bago	Freq	2	5	3	3	2	3	18	36
		%	5.6%	13.9%	8.3%	8.3%	5.6%	8.3%	50.0%	100.0%
	Magway	Freq	4	3	4	2	2	2	16	33
		%	12.1%	9.1%	12.1%	6.1%	6.1%	6.1%	48.5%	100.0%
	Mandalay	Freq	9	1	5	3	1	1	3	23
		%	39.1%	4.3%	21.7%	13.0%	4.3%	4.3%	13.0%	100.0%
	Mon	Freq	2	0	1	1	0	1	7	12
		%	16.7%	0.0%	8.3%	8.3%	0.0%	8.3%	58.3%	100.0%
	Rakhine	Freq	0	0	0	0	0	0	3	3
		%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
	Yangon	Freq	3	4	3	3	2	0	10	25
		%	12.0%	16.0%	12.0%	12.0%	8.0%	0.0%	40.0%	100.0%
	Shan (South)	Freq	19	1	0	0	0	0	0	20

		%	95.0%	5.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Shan (North)	Freq	6	5	2	1	0	0	9	23
		%	26.1%	21.7%	8.7%	4.3%	0.0%	0.0%	39.1%	100.0%
	Shan (East)	Freq	1	3	2	1	0	0	3	10
		%	10.0%	30.0%	20.0%	10.0%	0.0%	0.0%	30.0%	100.0%
	Ayeyawady	Freq	2	1	2	0	0	2	24	31
		%	6.5%	3.2%	6.5%	0.0%	0.0%	6.5%	77.4%	100.0%
	Nay Pyi Taw	Freq	0	2	2	0	0	0	4	8
		%	0.0%	25.0%	25.0%	0.0%	0.0%	0.0%	50.0%	100.0%
	Total	Freq	58	33	32	19	16	17	123	298
		%	19.5%	11.1%	10.7%	6.4%	5.4%	5.7%	41.3%	100.0%

Length of time between order and receiving of supplies by urban/rural residence

Table 39. Estimated length of time between order and receiving 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
Urban/Rural	Urban	Freq	23	15	12	8	7	6	47	118
		%	19.5%	12.7%	10.2%	6.8%	5.9%	5.1%	39.8%	100.0%
	Rural	Freq	35	18	20	11	9	11	76	180
		%	19.4%	10.0%	11.1%	6.1%	5.0%	6.1%	42.2%	100.0%
	Total	Freq	58	33	32	19	16	17	123	298
		%	19.5%	11.1%	10.7%	6.4%	5.4%	5.7%	41.3%	100.0%

Percentages of HFs with "irregularity of the interval" was significantly different between HFs of urban and rural areas (39.8% in urban vs. 42.2% in rural).

Length of time between order and receiving of supplies by management of facility

Table 40. Estimated length of time between order and receiving of supplies by management of facility

			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
Type of administration	Govt	Freq	50	32	32	19	16	17	116	282
		%	17.7%	11.3%	11.3%	6.7%	5.7%	6.0%	41.1%	100.0%
	Private	Freq	8	1	0	0	0	0	7	16
		%	50.0%	6.3%	0.0%	0.0%	0.0%	0.0%	43.8%	100.0%
	Total	Freq	58	33	32	19	16	17	123	298
		%	19.5%	11.1%	10.7%	6.4%	5.4%	5.7%	41.3%	100.0%

Majority of Private HFs (50%) received drug supplies in relatively short interval (<2 weeks).

****

E6. Frequency of resupply

Frequency of resupply by type of SDPs

Table 41. Frequency of resupply by type of SDPs

			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 level	Freq	0	7	1	5	0	6	19
		%	0.0%	36.8%	5.3%	26.3%	0.0%	31.6%	100.0%
	Secondary level	Freq	0	19	22	69	5	51	166
		%	0.0%	11.4%	13.3%	41.6%	3.0%	30.7%	100.0%
	Primary level	Freq	0	38	22	45	13	56	174
		%	0.0%	21.8%	12.6%	25.9%	7.5%	32.2%	100.0%
	Private hospital	Freq	6	2	0	0	0	10	18
		%	33.3%	11.1%	0.0%	0.0%	0.0%	55.6%	100.0%
	Total	Freq	6	66	45	119	18	123	377
		%	1.6%	17.5%	11.9%	31.6%	4.8%	32.6%	100.0%

3 cases=No response

Thirty-two percent of HFs described the interval of between-indents of supplies was “irregular”. The irregularity was more pronounced in private HFs (55.6%).

Frequency of resupply by Administrative Unit (Region)

Table 42. 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
State/Region	Kachin	Freq	0	2	2	7	0	6	17
		%	0.0%	11.8%	11.8%	41.2%	0.0%	35.3%	100.0%
	Kayah	Freq	0	6	1	0	0	0	7
		%	0.0%	85.7%	14.3%	0.0%	0.0%	0.0%	100.0%
	Kayin	Freq	0	4	2	3	0	5	14
		%	0.0%	28.6%	14.3%	21.4%	0.0%	35.7%	100.0%
	Chin	Freq	0	2	0	4	2	4	12
		%	0.0%	16.7%	0.0%	33.3%	16.7%	33.3%	100.0%
	Sagaing	Freq	0	2	4	19	4	14	43
		%	0.0%	4.7%	9.3%	44.2%	9.3%	32.6%	100.0%
	Tanintheri	Freq	1	0	1	5	2	4	13
		%	7.7%	0.0%	7.7%	38.5%	15.4%	30.8%	100.0%
	Bago	Freq	1	2	9	13	1	10	36
		%	2.8%	5.6%	25.0%	36.1%	2.8%	27.8%	100.0%
	Magway	Freq	1	3	4	8	0	17	33
		%	3.0%	9.1%	12.1%	24.2%	0.0%	51.5%	100.0%
	Mandalay	Freq	0	5	1	13	3	10	32
		%	0.0%	15.6%	3.1%	40.6%	9.4%	31.3%	100.0%
	Mon	Freq	0	0	4	6	0	5	15
		%	0.0%	0.0%	26.7%	40.0%	0.0%	33.3%	100.0%
	Rakhine	Freq	0	2	1	13	2	6	24
		%	0.0%	8.3%	4.2%	54.2%	8.3%	25.0%	100.0%
	Yangon	Freq	1	3	4	7	1	9	25
		%	4.0%	12.0%	16.0%	28.0%	4.0%	36.0%	100.0%
	Shan	Freq	0	17	1	1	0	2	21

	(South)	%	0.0%	81.0%	4.8%	4.8%	0.0%	9.5%	100.0%
	Shan	Freq	2	5	3	7	1	5	23
	(North)	%	8.7%	21.7%	13.0%	30.4%	4.3%	21.7%	100.0%
	Shan	Freq	0	3	1	3	0	3	10
	(East)	%	0.0%	30.0%	10.0%	30.0%	0.0%	30.0%	100.0%
	Ayeyawad	Freq	0	8	7	9	2	18	44
	y	%	0.0%	18.2%	15.9%	20.5%	4.5%	40.9%	100.0%
	Nay Pyi	Freq	0	2	0	1	0	5	8
	Taw	%	0.0%	25.0%	0.0%	12.5%	0.0%	62.5%	100.0%
	Total	Freq	6	66	45	119	18	123	377
		%	1.6%	17.5%	11.9%	31.6%	4.8%	32.6%	100.0%

Frequency of resupply by urban/rural residence

Table 43. 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
Urban/Rural	Urban	Freq	6	24	14	46	3	53	146
		%	4.1%	16.4%	9.6%	31.5%	2.1%	36.3%	100.0%
	Rural	Freq	0	42	31	73	15	70	231
		%	0.0%	18.2%	13.4%	31.6%	6.5%	30.3%	100.0%
	Total	Freq	6	66	45	119	18	123	377
		%	1.6%	17.5%	11.9%	31.6%	4.8%	32.6%	100.0%

Irregularity of interval between indents was similarly stated in HFs at urban and rural (36% vs.30%). There was no obvious difference.

Frequency of resupply by management of facility

Table 44. Frequency of resupply by management of facility

			Interval between indents						
			every 2 weeks	once a month	every 3 months	every 6 months	once a year	irregular	Total
Type of administration	Govt	Freq	0	64	45	119	18	113	359
		%	0.0%	17.8%	12.5%	33.1%	5.0%	31.5%	100.0%
	Private	Freq	6	2	0	0	0	10	18
		%	33.3%	11.1%	0.0%	0.0%	0.0%	55.6%	100.0%
	Total	Freq	6	66	45	119	18	123	377
		%	1.6%	17.5%	11.9%	31.6%	4.8%	32.6%	100.0%

Irregularity of frequency of resupply was more pronounced in private HFs (52.6% vs. 41.7%).

****

E7. Availability of cold chain

Availability of cold chain by type of SDP

Table 45. Availability of cold chain by type of SDP

			Have own cold chain system		
			Yes	No	Total
Level of Health Facility	Tertiary level	Freq	19	0	19
		%	100.0%	0.0%	100.0%
	Secondary level	Freq	144	23	167
		%	86.2%	13.8%	100.0%
	Primary level	Freq	75	100	175
		%	42.9%	57.1%	100.0%
	Private hospital	Freq	19	0	19
		%	100.0%	0.0%	100.0%
	Total	Freq	257	123	380
		%	67.6%	32.4%	100.0%

Availability of cold chain (67.6%) was higher in tertiary and secondary level HFs (100% & 86.2%) and too much less in primary level HFs (42.9%). The difference was statistically significant (P<0.05). All private HFs had cold chain system.

Availability of cold chain by Administrative Unit (Region)

Table 46. Availability of cold chain by Administrative Unit (Region)

			Have own cold chain system		
			Yes	No	Total
State/Region	Kachin	Freq	11	6	17
		%	64.7%	35.3%	100.0%
	Kayah	Freq	4	3	7
		%	57.1%	42.9%	100.0%
	Kayin	Freq	11	3	14
		%	78.6%	21.4%	100.0%
	Chin	Freq	6	6	12
		%	50.0%	50.0%	100.0%
	Sagaing	Freq	31	13	44
		%	70.5%	29.5%	100.0%
	Tanintheri	Freq	9	4	13
		%	69.2%	30.8%	100.0%
	Bago	Freq	19	18	37
		%	51.4%	48.6%	100.0%
	Magway	Freq	20	13	33
		%	60.6%	39.4%	100.0%
	Mandalay	Freq	24	9	33
		%	72.7%	27.3%	100.0%
	Mon	Freq	13	2	15
		%	86.7%	13.3%	100.0%
	Rakhine	Freq	16	8	24
		%	66.7%	33.3%	100.0%
	Yangon	Freq	19	6	25
		%	76.0%	24.0%	100.0%
	Shan (South)	Freq	16	5	21
		%	76.2%	23.8%	100.0%
	Shan (North)	Freq	13	10	23

		%	56.5%	43.5%	100.0%
	Shan (East)	Freq	10	0	10
		%	100.0%	0.0%	100.0%
	Ayeyawady	Freq	29	15	44
		%	65.9%	34.1%	100.0%
	Nay Pyi Taw	Freq	6	2	8
		%	75.0%	25.0%	100.0%
	Total	Freq	257	123	380
		%	67.6%	32.4%	100.0%

Overall percent of availability of cold chain system was about 67.6% and much variations among the regions was observed. Kayah, Shan (N), Bago, and Chin were (<less than 60%). The highest availability was noted in Shan (E) and Mon having more than 80%. (Fig 10)

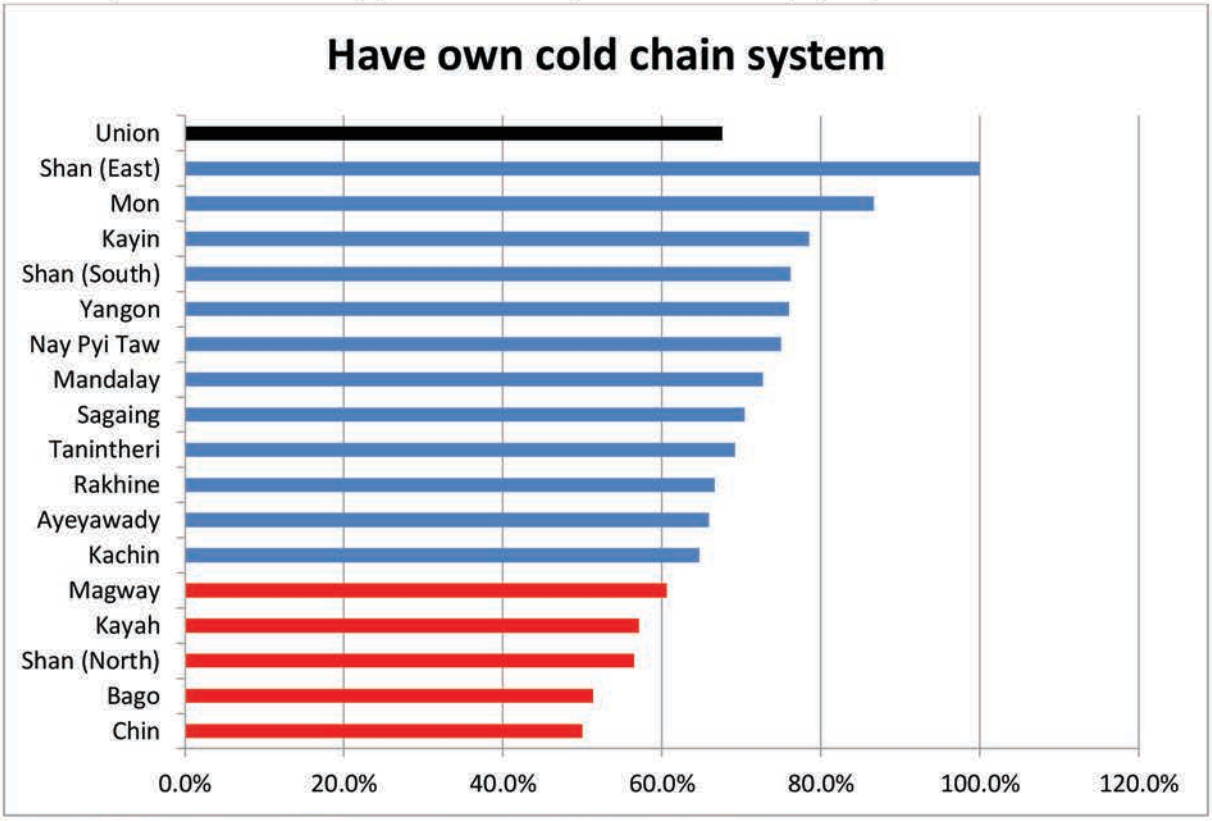


Figure 10. Percentage of HFs which have cold chain system by regions

Availability of cold chain by urban/rural residence

Table 47. Availability of cold chain by urban/rural residence

			Have own cold chain system		
			Yes	No	Total
Urban/Rural	Urban	Freq	117	31	148
		%	79.1%	20.9%	100.0%
	Rural	Freq	140	92	232
		%	60.3%	39.7%	100.0%
	Total	Freq	257	123	380
		%	67.6%	32.4%	100.0%

Urban rural difference of the availability of cold chain system was also markedly obvious (79.1% vs. 60.3%, P<0.001).

Availability of cold chain by management of facility

Table 48. Availability of cold chain by management of facility

			Have own cold chain system		
			Yes	No	Total
Type of administration	Govt	Freq	238	123	361
		%	65.9%	34.1%	100.0%
	Private	Freq	19	0	19
		%	100.0%	0.0%	100.0%
	Total	Freq	257	123	380
		%	67.6%	32.4%	100.0%

When government sector HFs had cold chain systems in 65.9%, private sector HFs had 100% (P<0.05).

Table 48a. Type of cold chain

			Type of cold chain[a]			
			Cold chain (electric)	Cold chain (refillable ice box)	Cold chain (other)	Total
Level of Health Facility	Tertiary level	Freq	19	0	1	19
		%	100.0%	0.0%	5.3%	
	Secondary level	Freq	141	5	3	144
		%	97.9%	3.5%	2.1%	
	Primary level	Freq	64	7	3	74
		%	86.5%	9.5%	4.1%	
	Private hospital	Freq	17	0	0	17
		%	100.0%	0.0%	0.0%	
	Total	Freq	241	12	7	254
State/Region	Kachin	Freq	11	0	1	11
		%	100.0%	0.0%	9.1%	
	Kayah	Freq	3	0	0	3
		%	100.0%	0.0%	0.0%	
	Kayin	Freq	10	1	0	11
		%	90.9%	9.1%	0.0%	
	Chin	Freq	6	0	0	6
		%	100.0%	0.0%	0.0%	
	Sagaing	Freq	30	1	0	30
		%	100.0%	3.3%	0.0%	
	Tanintheri	Freq	8	0	0	8
		%	100.0%	0.0%	0.0%	
	Bago	Freq	17	3	0	19
		%	89.5%	15.8%	0.0%	
	Magway	Freq	19	0	1	20
		%	95.0%	0.0%	5.0%	
	Mandalay	Freq	21	3	1	24
		%	87.5%	12.5%	4.2%	
	Mon	Freq	11	2	0	13
		%	84.6%	15.4%	0.0%	
	Rakhine	Freq	14	0	3	16
		%	87.5%	0.0%	18.8%	
	Yangon	Freq	19	0	0	19
		%	100.0%	0.0%	0.0%	
	Shan (South)	Freq	16	1	0	16
		%	100.0%	6.3%	0.0%	

	Shan (North)	Freq	13	0	0	13
		%	100.0%	0.0%	0.0%	
	Shan (East)	Freq	10	0	0	10
		%	100.0%	0.0%	0.0%	
	Ayeyawady	Freq	28	1	0	29
		%	96.6%	3.4%	0.0%	
	Nay Pyi Taw	Freq	5	0	1	6
		%	83.3%	0.0%	16.7%	
Urban/Rural	Urban	Freq	112	3	4	115
		%	97.4%	2.6%	3.5%	
	Rural	Freq	129	9	3	139
		%	92.8%	6.5%	2.2%	
Type of administration	Govt	Freq	224	12	7	237
		%	94.5%	5.1%	3.0%	
	Private	Freq	17	0	0	17
		%	100.0%	0.0%	0.0%	
	Total	Freq	241	12	7	254

Of those HFs which had cold chain system, more than 90% was electric system and less than 7% was ice box. The difference among percentages of being electric system between primary and other two levels was not much significant. There was no obvious urban rural difference of percentages of electric type cold chain (97% vs. 93%).

Table 48b. Other specified Cold chainby Level of Health Facility

				Other Cold chain (specified)				
				cold change	EPI Cold chain	ILR	solar refrigerator	Total
Level of Health Facility	Tertiary level	Freq	18	0	1	0	0	19
		%	94.7%	0.0%	5.3%	0.0%	0.0%	100.0%
	Secondary level	Freq	164	1	0	2	0	167
		%	98.2%	0.6%	0.0%	1.2%	0.0%	100.0%
	Primary level	Freq	172	0	0	2	1	175
		%	98.3%	0.0%	0.0%	1.1%	0.6%	100.0%
	Private hospital	Freq	19	0	0	0	0	19
		%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Total	Freq	373	1	1	4	1	380
		%	98.2%	0.3%	0.3%	1.1%	0.3%	100.0%

Table 48c. Other specified Cold chainby State/Region

				Other Cold chain (specified)				
				cold change	EPI Cold chain	ILR	solar refrigerator	Total
State/Region	Kachin	Freq	16	0	1	0	0	17
		%	94.1%	0.0%	5.9%	0.0%	0.0%	100.0%
	Kayah	Freq	7	0	0	0	0	7
		%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Kayin	Freq	14	0	0	0	0	14
		%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Chin	Freq	12	0	0	0	0	12
		%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Sagaing	Freq	44	0	0	0	0	44

		%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Tanintheri	Freq	13	0	0	0	0	13
		%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Bago	Freq	37	0	0	0	0	37
		%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Magway	Freq	32	0	0	1	0	33
		%	97.0%	0.0%	0.0%	3.0%	0.0%	100.0%
	Mandalay	Freq	32	0	0	1	0	33
		%	97.0%	0.0%	0.0%	3.0%	0.0%	100.0%
	Mon	Freq	15	0	0	0	0	15
		%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Rakhine	Freq	21	0	0	2	1	24
		%	87.5%	0.0%	0.0%	8.3%	4.2%	100.0%
	Yangon	Freq	25	0	0	0	0	25
		%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Shan (South)	Freq	21	0	0	0	0	21
		%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Shan (North)	Freq	23	0	0	0	0	23
		%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Shan (East)	Freq	10	0	0	0	0	10
		%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Ayeyawady	Freq	44	0	0	0	0	44
		%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Nay Pyi Taw	Freq	7	1	0	0	0	8
		%	87.5%	12.5%	0.0%	0.0%	0.0%	100.0%
	Total	Freq	373	1	1	4	1	380
		%	98.2%	0.3%	0.3%	1.1%	0.3%	100.0%

Table 48d. Other specified Cold chainby Urban/Rural

				Other Cold chain (specified)				
				cold change	EPI Cokd chain	ILR	solar refrigerator	Total
Urban/Rural	Urban	Freq	144	1	1	2	0	148
		%	97.3%	0.7%	0.7%	1.4%	0.0%	100.0%
	Rural	Freq	229	0	0	2	1	232
		%	98.7%	0.0%	0.0%	0.9%	0.4%	100.0%
	Total	Freq	373	1	1	4	1	380
		%	98.2%	0.3%	0.3%	1.1%	0.3%	100.0%

Table 48e. Other specified Cold chainby Distance to nearest medical depot

				Other Cold chain (specified)				
				cold change	EPI Cold chain	ILR	solar refrigerator	Total
Distance to nearest medical depot (mile) (group)	<10 miles	Freq	143	0	1	2	1	147
		%	97.3%	0.0%	0.7%	1.4%	0.7%	100.0%
	10-21 miles	Freq	113	0	0	1	0	114
		%	99.1%	0.0%	0.0%	0.9%	0.0%	100.0%
	>21 miles	Freq	117	1	0	1	0	119
		%	98.3%	0.8%	0.0%	0.8%	0.0%	100.0%
	Total	Freq	373	1	1	4	1	380
		%	98.2%	0.3%	0.3%	1.1%	0.3%	100.0%

Table 48f. Other specified Cold chainby Travel duration to nearest med depot

				Other Cold chain (specified)				
				cold change	EPI Cold chain	ILR	solar refrigerator	Total
Travel duration to nearest med depot	Within a day	Freq	369	1	1	4	1	376
		%	98.1%	0.3%	0.3%	1.1%	0.3%	100.0%
	Within a week	Freq	4	0	0	0	0	4
		%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Total	Freq	373	1	1	4	1	380
		%	98.2%	0.3%	0.3%	1.1%	0.3%	100.0%

Table 48g. Other specified Cold chainby Route to travel to nearest med depot

				Other Cold chain (specified)				
				cold change	EPI Cold chain	ILR	solar refrigerator	Total
Route to travel to nearest med depot	Road	Freq	361	1	1	2	1	366
		%	98.6%	0.3%	0.3%	0.5%	0.3%	100.0%
	Water	Freq	12	0	0	2	0	14
		%	85.7%	0.0%	0.0%	14.3%	0.0%	100.0%
	Total	Freq	373	1	1	4	1	380
		%	98.2%	0.3%	0.3%	1.1%	0.3%	100.0%

Source of power for Fridges used for cold chain by type of SDP

Table 49. Source of power for Fridges used for cold chain bytype of SDP

			Source of power for Fridges[a]						
			from grid	from own generator	from mobile generator	from solar system	from own hydro-power generator	from village common generator	Total
Level of Health Facility	Tertiary level	Freq	18	6	0	2	0	0	19
		%	94.7%	31.6%	0.0%	10.5%	0.0%	0.0%	
	Secondary level	Freq	90	43	7	47	2	1	143
		%	62.9%	30.1%	4.9%	32.9%	1.4%	0.7%	
	Primary level	Freq	35	1	1	35	1	0	70
		%	50.0%	1.4%	1.4%	50.0%	1.4%	0.0%	
	Private hospital	Freq	13	11	3	0	0	0	17
		%	76.5%	64.7%	17.6%	0.0%	0.0%	0.0%	
	Total	Freq	156	61	11	84	3	1	249

Percentages and totals are based on respondents.
a. Dichotomy group tabulated at value 1.

Power supply for majority of cold chain system was "regular supply system". Many tertiary level secondary level and private HFs had their own generators (31.6%, 30.16% and 50% respectively).

About 32.9% of secondary level and 50% of primary level HFs also used solar power. Use rate of solar was higher than 2017 (26% and 39% respectively).

Source of power for Fridges used for cold chain by Administrative Unit (Region)

Table 50. Source of power for Fridges used for cold chain by Administrative Unit (Region)

			Source of power for Fridges[a]						
			from grid	from own generator	from mobile generator	from solar system	from own hydro-power generator	from village common generator	Total
State/Region	Kachin	Freq	8	6	0	3	0	0	11
		%	72.7%	54.5%	0.0%	27.3%	0.0%	0.0%	
	Kayah	Freq	3	0	0	0	0	0	3
		%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
	Kayin	Freq	3	1	2	6	1	0	11
		%	27.3%	9.1%	18.2%	54.5%	9.1%	0.0%	
	Chin	Freq	2	0	0	4	0	0	6
		%	33.3%	0.0%	0.0%	66.7%	0.0%	0.0%	
	Sagaing	Freq	21	3	0	8	0	0	31
		%	67.7%	9.7%	0.0%	25.8%	0.0%	0.0%	
	Tanintheri	Freq	3	3	0	4	1	0	8
		%	37.5%	37.5%	0.0%	50.0%	12.5%	0.0%	
	Bago	Freq	16	0	0	2	0	0	18
		%	88.9%	0.0%	0.0%	11.1%	0.0%	0.0%	
	Magway	Freq	11	7	1	7	0	0	20
		%	55.0%	35.0%	5.0%	35.0%	0.0%	0.0%	
	Mandalay	Freq	17	8	0	5	0	0	22
		%	77.3%	36.4%	0.0%	22.7%	0.0%	0.0%	
	Mon	Freq	7	6	2	4	0	0	12
		%	58.3%	50.0%	16.7%	33.3%	0.0%	0.0%	
	Rakhine	Freq	4	0	0	13	0	0	16
		%	25.0%	0.0%	0.0%	81.3%	0.0%	0.0%	
	Yangon	Freq	16	6	1	2	0	0	19
		%	84.2%	31.6%	5.3%	10.5%	0.0%	0.0%	
	Shan (South)	Freq	11	5	1	4	1	0	15
		%	73.3%	33.3%	6.7%	26.7%	6.7%	0.0%	
	Shan (North)	Freq	12	8	2	4	0	0	13
		%	92.3%	61.5%	15.4%	30.8%	0.0%	0.0%	
	Shan (East)	Freq	3	1	0	8	0	0	10
		%	30.0%	10.0%	0.0%	80.0%	0.0%	0.0%	
	Ayeyawady	Freq	14	6	1	10	0	1	28
		%	50.0%	21.4%	3.6%	35.7%	0.0%	3.6%	
	Nay Pyi Taw	Freq	5	1	1	0	0	0	6
		%	83.3%	16.7%	16.7%	0.0%	0.0%	0.0%	
	Total	Freq	156	61	11	84	3	1	249

Percentages and totals are based on respondents.
a. Dichotomy group tabulated at value 1.

Source of power for Fridges used for cold chain by urban/rural residence

Table 51. Source of power for Fridges used for cold chain by urban/rural residence

			Source of power for Fridges[a]						Total
			from grid	from own generator	from mobile generator	from solar system	from own hydro-power generator	from village common generator	
Urban/Rural	Urban	Freq	86	34	6	26	1	0	113
		%	76.1%	30.1%	5.3%	23.0%	0.9%	0.0%	
	Rural	Freq	70	27	5	58	2	1	136
		%	51.5%	19.9%	3.7%	42.6%	1.5%	0.7%	
	Total	Freq	156	61	11	84	3	1	249

Percentages and totals are based on respondents.
a. Dichotomy group tabulated at value 1.

Urban rural difference on use of national grid as power supply was also markedly significant (76.1% in urban vs. 51.5% in rural, P<0.001). Similarly, use of solar power was much higher in rural compare to urban (42.6% in rural vs. 23.0% in urban, P<0.001).

Source of power for Fridges used for cold chain by management of facility

Table 52. Source of power for Fridges used for cold chain by management of facility

			Source of power for Fridges[a]						
			from grid	from own generator	from mobile generator	from solar system	from own hydro-power generator	from village common generator	Total
Type of administration	Govt	Freq	143	50	8	84	3	1	232
		%	61.6%	21.6%	3.4%	36.2%	1.3%	0.4%	
	Private	Freq	13	11	3	0	0	0	17
		%	76.5%	64.7%	17.6%	0.0%	0.0%	0.0%	
	Total	Freq	156	61	11	84	3	1	249

Percentages and totals are based on respondents.
a. Dichotomy group tabulated at value 1.

Use of generator among private and government HFs becomes much different (64.7% vs. 21.6%).

****

Section F. Staff training and supervision

Trained staff to provide FP services and for the insertion and removal of Implants

Table 53. Percentage of SDPs with staff trained to provide FP services and for the insertion and removal of Implants

		Frequency	Percent
BS	Have	234	61.6
	Not have	146	38.4
Implant	Have	119	31.3
	Not have	261	68.7
	Total	380	100.0

About 61.6% of HFs had trained staff for birth spacing and it becomes higher than last year figures (50.4% at 2017 and 55% at 2016). Similarly, HFs which had trained staff for implant was increased to 31.3% and be more than last year(i.e.21.1%).

Trained staff to provide FP services and for the insertion and removal of Implants by type of SDP

Table 54a. Percentage distribution of staff trained to provide BS services by type of SDP

			Have staff trained for birth spacing services		
			Have	Not have	Total
Level of Health Facility	Tertiary level	Freq	13	6	19
		%	68.4%	31.6%	100.0%
	Secondary level	Freq	99	68	167
		%	59.3%	40.7%	100.0%
	Primary level	Freq	111	64	175
		%	63.4%	36.6%	100.0%
	Private hospital	Freq	11	8	19
		%	57.9%	42.1%	100.0%
	Total	Freq	234	146	380
		%	61.6%	38.4%	100.0%

Table 54b. Percentage distribution of staff trained to provide the insertion and removal of Implants by type of SDP

			Have staff trained for implant		
			Have	Not have	Total
Level of Health Facility	Tertiary level	Freq	11	8	19
		%	57.9%	42.1%	100.0%
	Secondary level	Freq	74	93	167
		%	44.3%	55.7%	100.0%
	Primary level	Freq	23	152	175
		%	13.1%	86.9%	100.0%
	Private hospital	Freq	11	8	19
		%	57.9%	42.1%	100.0%
	Total	Freq	119	261	380
		%	31.3%	68.7%	100.0%

Percentages of having trained staff for BS was lowest in secondary level (59.3%) compare to tertiary and primary levels (68.4% and 63.4% respectively). The difference was statistically not significant. In all level of HFs, the percentages were instantly higher than that of the last two years.

57.9% of tertiary level HF had trained staff for implant and it was highest among government HFs and same with private hospital. 13.1% of primary level of HF had trained staff for implant and it was higher than the last year (7.7%).

Trained staff to provide FP services and for the insertion and removal of Implants by Administrative Unit (Region)

Table 55a. Percentage distribution of staff trained to provide FP services by Administrative Unit (Region)

			Have staff trained for birth spacing services		
			Have	Not have	Total
State/Region	Kachin	Freq	5	12	17
		%	29.4%	70.6%	100.0%
	Kayah	Freq	6	1	7
		%	85.7%	14.3%	100.0%
	Kayin	Freq	6	8	14
		%	42.9%	57.1%	100.0%
	Chin	Freq	8	4	12
		%	66.7%	33.3%	100.0%
	Sagaing	Freq	20	24	44
		%	45.5%	54.5%	100.0%
	Tanintheri	Freq	3	10	13
		%	23.1%	76.9%	100.0%
	Bago	Freq	28	9	37
		%	75.7%	24.3%	100.0%
	Magway	Freq	19	14	33
		%	57.6%	42.4%	100.0%
	Mandalay	Freq	28	5	33
		%	84.8%	15.2%	100.0%
	Mon	Freq	10	5	15
		%	66.7%	33.3%	100.0%
	Rakhine	Freq	16	8	24
		%	66.7%	33.3%	100.0%
	Yangon	Freq	17	8	25
		%	68.0%	32.0%	100.0%
	Shan (South)	Freq	19	2	21
		%	90.5%	9.5%	100.0%
	Shan (North)	Freq	9	14	23
		%	39.1%	60.9%	100.0%
	Shan (East)	Freq	6	4	10
		%	60.0%	40.0%	100.0%
	Ayeyawady	Freq	32	12	44
		%	72.7%	27.3%	100.0%
	Nay Pyi Taw	Freq	2	6	8
		%	25.0%	75.0%	100.0%
	Total	Freq	234	146	380
		%	61.6%	38.4%	100.0%

Table 55b. Percentage distribution of staff trained to provide the insertion and removal of Implants by Administrative Unit (Region)

			Have staff trained for implant		
			Have	Not have	Total
State/Region	Kachin	Freq	0	17	17
		%	0.0%	100.0%	100.0%
	Kayah	Freq	5	2	7
		%	71.4%	28.6%	100.0%
	Kayin	Freq	6	8	14
		%	42.9%	57.1%	100.0%
	Chin	Freq	5	7	12
		%	41.7%	58.3%	100.0%
	Sagaing	Freq	5	39	44
		%	11.4%	88.6%	100.0%
	Tanintheri	Freq	1	12	13
		%	7.7%	92.3%	100.0%
	Bago	Freq	12	25	37
		%	32.4%	67.6%	100.0%
	Magway	Freq	8	25	33
		%	24.2%	75.8%	100.0%
	Mandalay	Freq	16	17	33
		%	48.5%	51.5%	100.0%
	Mon	Freq	4	11	15
		%	26.7%	73.3%	100.0%
	Rakhine	Freq	11	13	24
		%	45.8%	54.2%	100.0%
	Yangon	Freq	10	15	25
		%	40.0%	60.0%	100.0%
	Shan (South)	Freq	7	14	21
		%	33.3%	66.7%	100.0%
	Shan (North)	Freq	9	14	23
		%	39.1%	60.9%	100.0%
	Shan (East)	Freq	3	7	10
		%	30.0%	70.0%	100.0%
	Ayeyawady	Freq	15	29	44
		%	34.1%	65.9%	100.0%
	Nay Pyi Taw	Freq	2	6	8
		%	25.0%	75.0%	100.0%
	Total	Freq	119	261	380
		%	31.3%	68.7%	100.0%

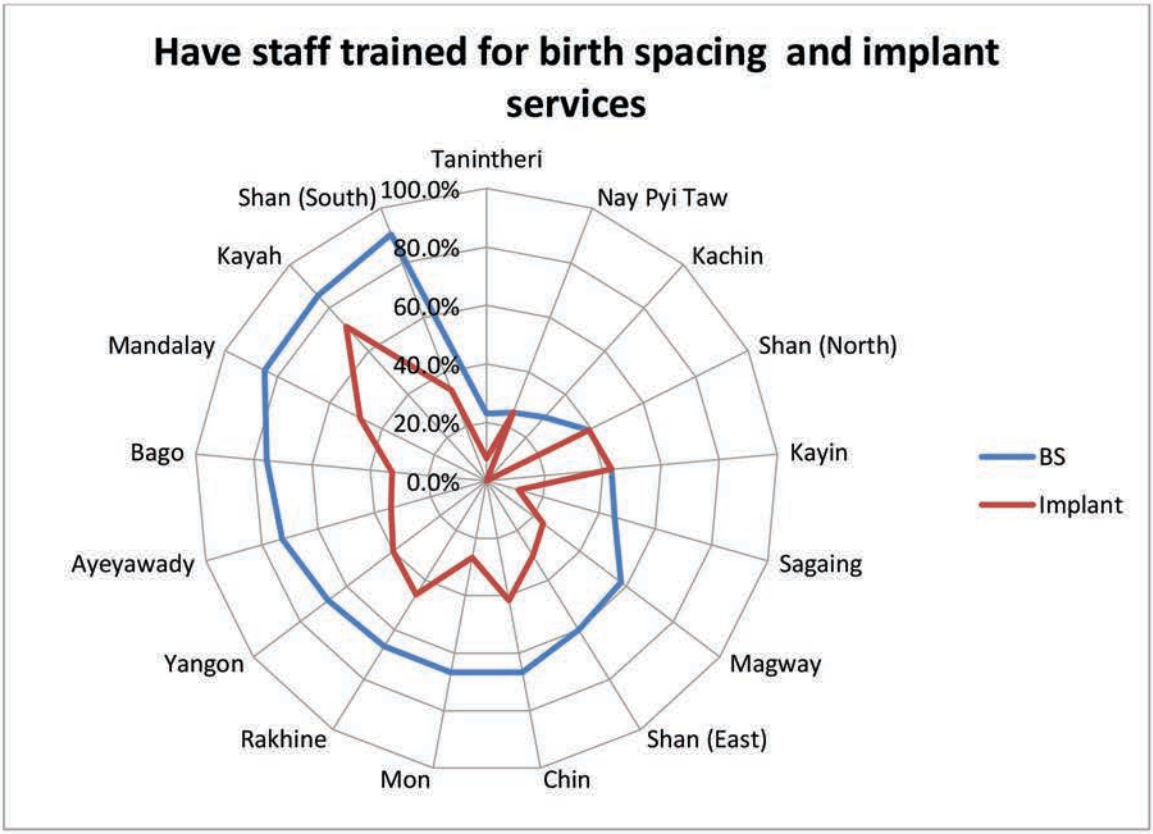


Figure 11. Percentage of HFs which have trained staff for birth spacing and implant

The graph shows that majority States and Regions except Kayah, Mandalay, Yangon, Rakhine, Chin, Kayin and Shan (N) have less than 20% of HFs with trained staff for implant. Shan (N), Kayah and Mandalay were higher level of HFs (>80%) which had trained staff for BS.

Trained staff to provide FP services and for the insertion and removal of Implants by urban/rural residence

Table 56a. Percentage distribution of staff trained to provide FP services by urban/rural residence

			Have staff trained for birth spacing services		
			Have	Not have	Total
Urban/Rural	Urban	Freq	96	52	148
		%	64.9%	35.1%	100.0%
	Rural	Freq	138	94	232
		%	59.5%	40.5%	100.0%
	Total	Freq	234	146	380
		%	61.6%	38.4%	100.0%

Table 56b. Percentage distribution of staff trained to provide the insertion and removal of Implants by urban/rural residence

			Have staff trained for implant		
			Have	Not have	Total
Urban/Rural	Urban	Freq	68	80	148
		%	45.9%	54.1%	100.0%
	Rural	Freq	51	181	232
		%	22.0%	78.0%	100.0%
	Total	Freq	119	261	380
		%	31.3%	68.7%	100.0%

Urban rural difference of having trained staff for BS became obvious (64.9% and 59.5% respectively). The difference was more obvious for having trained staff for implant (45.9% for urban and 22% for rural, P<0.001). This urban rural difference was more pronounced in this year compare to the last year 2017 figure (i.e. 31% vs. 14%).

Trained staff to provide FP services and for the insertion and removal of Implants by management of facility

Table 57a. Percentage distribution of staff trained to provide FP services by management of facility

			Have staff trained for birth spacing services		
			Have	Not have	Total
Type of administration	Govt	Freq	223	138	361
		%	61.8%	38.2%	100.0%
	Private	Freq	11	8	19
		%	57.9%	42.1%	100.0%
	Total	Freq	234	146	380
		%	61.6%	38.4%	100.0%

Table 57b. Percentage distribution of staff trained to provide the insertion and removal of Implants by management of facility

			Have staff trained for implant		
			Have	Not have	Total
Type of administration	Govt	Freq	108	253	361
		%	29.9%	70.1%	100.0%
	Private	Freq	11	8	19
		%	57.9%	42.1%	100.0%
	Total	Freq	119	261	380
		%	31.3%	68.7%	100.0%

Private sector had more HFs with trained staff for implant than government sector (57.9% vs. 29.9%, P<0.001)

Last time staff received training for FP including for provision of implants by type of SDP

Table 58a. Percentage distribution of the last time staff received training for FP (BS) by type of SDP

			Last time training for BS				
			Last 2 months ago	2 - 6 months ago	3 - 12 months ago	> 1 year ago	Total
Level of Health Facility	Tertiary level	Freq	3	0	3	7	13
		%	23.1%	0.0%	23.1%	53.8%	100.0%
	Secondary level	Freq	8	9	20	53	90
		%	8.9%	10.0%	22.2%	58.9%	100.0%
	Primary level	Freq	4	6	8	78	96
		%	4.2%	6.3%	8.3%	81.3%	100.0%
	Private hospital	Freq	2	0	3	3	8
		%	25.0%	0.0%	37.5%	37.5%	100.0%
	Total	Freq	17	15	34	141	207
		%	8.2%	7.2%	16.4%	68.1%	100.0%

Table 58b. Percentage distribution of the last time staff received training for provision of implants by type of SDP

			Last time training for implant				
			Last 2 months ago	2 - 6 months ago	6 - 12 months ago	> 1 year ago	Total
Level of Health Facility	Tertiary level	Freq	3	0	2	6	11
		%	27.3%	0.0%	18.2%	54.5%	100.0%
	Secondary level	Freq	4	9	20	41	74
		%	5.4%	12.2%	27.0%	55.4%	100.0%
	Primary level	Freq	1	3	1	18	23
		%	4.3%	13.0%	4.3%	78.3%	100.0%
	Private hospital	Freq	2	0	3	4	9
		%	22.2%	0.0%	33.3%	44.4%	100.0%
	Total	Freq	10	12	26	69	117
		%	8.5%	10.3%	22.2%	59.0%	100.0%

Among trained staff for BS, 68.1% got the training more than one year ago. This longer duration was more marked at government HFs compare to private hospital (>50%% vs. 37.5%). Most recently trained staff for implant was more prevalent in tertiary and private hospitals (27.3% vs. 22.2%).

Last time staff received training for FP including for provision of implants by Administrative Unit (Region)

Table 59a. Percentage distribution of the last time staff received training for FP (BS) by Administrative Unit (Region)

			Last time training for BS				
			Last 2 months ago	2 - 6 months ago	6 - 12 months ago	> 1 year ago	Total
State/Region	Kachin	Freq	0	1	1	1	3
		%	0.0%	33.3%	33.3%	33.3%	100.0%
	Kayah	Freq	1	3	2	0	6
		%	16.7%	50.0%	33.3%	0.0%	100.0%
	Kayin	Freq	1	0	2	3	6
		%	16.7%	0.0%	33.3%	50.0%	100.0%
	Chin	Freq	0	1	0	7	8
		%	0.0%	12.5%	0.0%	87.5%	100.0%
	Sagaing	Freq	1	1	1	16	19
		%	5.3%	5.3%	5.3%	84.2%	100.0%
	Tanintheri	Freq	0	0	0	2	2
		%	0.0%	0.0%	0.0%	100.0%	100.0%
	Bago	Freq	1	0	4	23	28
		%	3.6%	0.0%	14.3%	82.1%	100.0%
	Magway	Freq	0	2	1	16	19
		%	0.0%	10.5%	5.3%	84.2%	100.0%
	Mandalay	Freq	1	0	2	18	21
		%	4.8%	0.0%	9.5%	85.7%	100.0%
	Mon	Freq	3	0	0	2	5
		%	60.0%	0.0%	0.0%	40.0%	100.0%
	Rakhine	Freq	1	0	0	15	16
		%	6.3%	0.0%	0.0%	93.8%	100.0%

	Yangon	Freq	1	0	5	4	10
		%	10.0%	0.0%	50.0%	40.0%	100.0%
	Shan (South)	Freq	1	1	5	8	15
		%	6.7%	6.7%	33.3%	53.3%	100.0%
	Shan (North)	Freq	0	3	4	2	9
		%	0.0%	33.3%	44.4%	22.2%	100.0%
	Shan (East)	Freq	5	0	0	1	6
		%	83.3%	0.0%	0.0%	16.7%	100.0%
	Ayeyawady	Freq	1	3	6	22	32
		%	3.1%	9.4%	18.8%	68.8%	100.0%
	Nay Pyi Taw	Freq	0	0	1	1	2
		%	0.0%	0.0%	50.0%	50.0%	100.0%
	Total	Freq	17	15	34	141	207
		%	8.2%	7.2%	16.4%	68.1%	100.0%

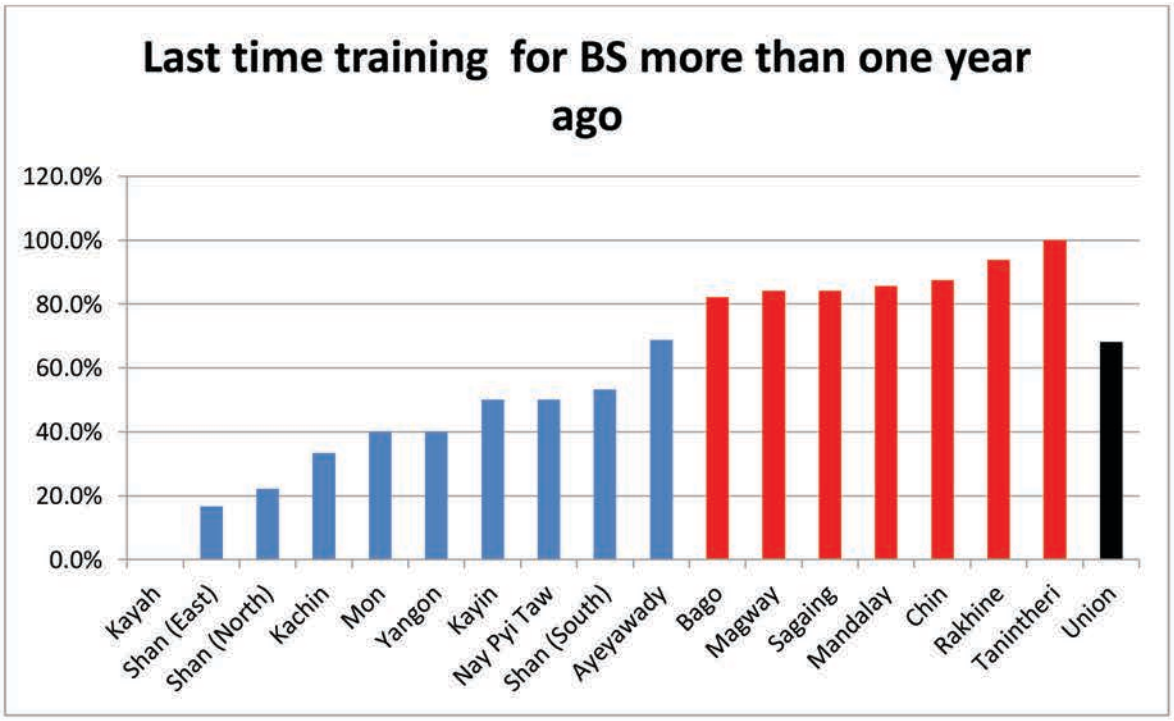


Figure 12. Percentage of HFs which have staff trained for birth spacing at more than one year ago

Table 59b. Percentage distribution of the last time staff received training for provision of implants by Administrative Unit (Region)

			Last time training for implant				
			Last 2 months ago	2 - 6 months ago	6 - 12 months ago	> 1 year ago	Total
State/Region	Kayah	Freq	1	3	1	0	5
		%	20.0%	60.0%	20.0%	0.0%	100.0%
	Kayin	Freq	1	0	2	3	6
		%	16.7%	0.0%	33.3%	50.0%	100.0%
	Chin	Freq	0	1	0	4	5
		%	0.0%	20.0%	0.0%	80.0%	100.0%
	Sagaing	Freq	0	0	0	5	5
		%	0.0%	0.0%	0.0%	100.0%	100.0%
	Bago	Freq	0	0	3	9	12
		%	0.0%	0.0%	25.0%	75.0%	100.0%

	Magway	Freq	0	1	0	7	8
		%	0.0%	12.5%	0.0%	87.5%	100.0%
	Mandalay	Freq	1	0	2	13	16
		%	6.3%	0.0%	12.5%	81.3%	100.0%
	Mon	Freq	3	0	0	1	4
		%	75.0%	0.0%	0.0%	25.0%	100.0%
	Rakhine	Freq	1	0	0	10	11
		%	9.1%	0.0%	0.0%	90.9%	100.0%
	Yangon	Freq	1	0	4	4	9
		%	11.1%	0.0%	44.4%	44.4%	100.0%
	Shan (South)	Freq	0	0	4	3	7
		%	0.0%	0.0%	57.1%	42.9%	100.0%
	Shan (North)	Freq	0	5	3	1	9
		%	0.0%	55.6%	33.3%	11.1%	100.0%
	Shan (East)	Freq	2	0	0	1	3
		%	66.7%	0.0%	0.0%	33.3%	100.0%
	Ayeyawady	Freq	0	2	6	7	15
		%	0.0%	13.3%	40.0%	46.7%	100.0%
	Nay Pyi Taw	Freq	0	0	1	1	2
		%	0.0%	0.0%	50.0%	50.0%	100.0%
	Total	Freq	10	12	26	69	117
		%	8.5%	10.3%	22.2%	59.0%	100.0%

Percentage of HFs with staff trained for BS including "implant" service received more than one year ago was high in Tanintheri, Rakhine, Chin and Mandalay compare to other regions.

Last time staff received training for FP including for provision of implants by urban/rural residence

Table 60a. Percentage distribution of the last time staff received training for FP (BS) including by urban/rural residence

			Last time training				
			Last 2 months ago	2 - 6 months ago	6 - 12 months ago	> 1 year ago	Total
Urban/Rural	Urban	Freq	12	5	16	53	86
		%	14.0%	5.8%	18.6%	61.6%	100.0%
	Rural	Freq	5	10	18	88	121
		%	4.1%	8.3%	14.9%	72.7%	100.0%
	Total	Freq	17	15	34	141	207
		%	8.2%	7.2%	16.4%	68.1%	100.0%

Table 60b. Percentage distribution of the last time staff received training 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
Urban/Rural	Urban	Freq	8	5	14	39	66
		%	12.1%	7.6%	21.2%	59.1%	100.0%
	Rural	Freq	2	7	12	30	51
		%	3.9%	13.7%	23.5%	58.8%	100.0%
	Total	Freq	10	12	26	69	117
		%	8.5%	10.3%	22.2%	59.0%	100.0%

The difference between urban and rural on percentage for staff trained at more than one year ago was not much (59.1% and 58.8%).

Last time staff received training for FP including for provision of implants by management of facility

Table 61a. Percentage distribution of the last time staff received training for FP (BS) including for provision of implants by management of facility

			Last time training				
			Last 2 months ago	2 - 6 months ago	6 - 12 months ago	> 1 year ago	Total
Type of administration	Govt	Freq	15	15	31	138	199
		%	7.5%	7.5%	15.6%	69.3%	100.0%
	Private	Freq	2	0	3	3	8
		%	25.0%	0.0%	37.5%	37.5%	100.0%
	Total	Freq	17	15	34	141	207
		%	8.2%	7.2%	16.4%	68.1%	100.0%

Table 61b. Percentage distribution of the last time staff received training for FP (Implant) including for provision of implants by management of facility

			Last time training				
			Last 2 months ago	2 - 6 months ago	6 - 12 months ago	> 1 year ago	Total
Type of administration	Govt	Freq	8	12	23	65	108
		%	7.4%	11.1%	21.3%	60.2%	100.0%
	Private	Freq	2	0	3	4	9
		%	22.2%	0.0%	33.3%	44.4%	100.0%
	Total	Freq	10	12	26	69	117
		%	8.5%	10.3%	22.2%	59.0%	100.0%

Last time of supervision for RH in the past 12 months by type of SDP

Table 62. Percentage distribution of the last time the facility was supervised in the past 12 months by type of SDP

			Last reach of a supervision visit					
			< 1 month	1 - 3 month	3 - 6 month	6 - 12 months	never	Total
Level of Health Facility	Tertiary level	Freq	1	3	3	4	8	19
		%	5.3%	15.8%	15.8%	21.1%	42.1%	100.0%
	Secondary level	Freq	12	23	15	21	96	167
		%	7.2%	13.8%	9.0%	12.6%	57.5%	100.0%
	Primary level	Freq	16	37	13	27	82	175
		%	9.1%	21.1%	7.4%	15.4%	46.9%	100.0%
	Private hospital	Freq	3	3	0	1	12	19
		%	15.8%	15.8%	0.0%	5.3%	63.2%	100.0%
	Total	Freq	32	66	31	53	198	380
		%	8.4%	17.4%	8.2%	13.9%	52.1%	100.0%

HFs which had not received supervision for RH matter was 52.1% and it was higher in secondary level (57.5%) and highest in private hospitals (63.2%). The percentages were increasing compare to 2017.

Last time of supervision for RH in the past 12 months by Administrative Unit (Region)

Table 63. 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
State/Region	Kachin	Freq	7	4	2	2	2	17
		%	41.2%	23.5%	11.8%	11.8%	11.8%	100.0%
	Kayah	Freq	1	3	2	1	0	7
		%	14.3%	42.9%	28.6%	14.3%	0.0%	100.0%
	Kayin	Freq	1	1	1	3	8	14
		%	7.1%	7.1%	7.1%	21.4%	57.1%	100.0%
	Chin	Freq	0	0	0	2	10	12
		%	0.0%	0.0%	0.0%	16.7%	83.3%	100.0%
	Sagaing	Freq	0	3	3	6	32	44
		%	0.0%	6.8%	6.8%	13.6%	72.7%	100.0%
	Tanintheri	Freq	0	3	2	0	8	13
		%	0.0%	23.1%	15.4%	0.0%	61.5%	100.0%
	Bago	Freq	0	4	0	6	27	37
		%	0.0%	10.8%	0.0%	16.2%	73.0%	100.0%
	Magway	Freq	3	11	0	4	15	33
		%	9.1%	33.3%	0.0%	12.1%	45.5%	100.0%
	Mandalay	Freq	0	2	2	3	26	33
		%	0.0%	6.1%	6.1%	9.1%	78.8%	100.0%
	Mon	Freq	0	11	1	3	0	15
		%	0.0%	73.3%	6.7%	20.0%	0.0%	100.0%
	Rakhine	Freq	2	3	2	0	17	24
		%	8.3%	12.5%	8.3%	0.0%	70.8%	100.0%
	Yangon	Freq	2	3	6	5	9	25
		%	8.0%	12.0%	24.0%	20.0%	36.0%	100.0%
	Shan (South)	Freq	0	3	2	2	14	21
		%	0.0%	14.3%	9.5%	9.5%	66.7%	100.0%
	Shan (North)	Freq	9	7	1	4	2	23
		%	39.1%	30.4%	4.3%	17.4%	8.7%	100.0%
	Shan (East)	Freq	3	2	4	1	0	10
		%	30.0%	20.0%	40.0%	10.0%	0.0%	100.0%
	Ayeyawady	Freq	0	5	2	10	27	44
		%	0.0%	11.4%	4.5%	22.7%	61.4%	100.0%
	Nay Pyi Taw	Freq	4	1	1	1	1	8
		%	50.0%	12.5%	12.5%	12.5%	12.5%	100.0%
	Total	Freq	32	66	31	53	198	380
		%	8.4%	17.4%	8.2%	13.9%	52.1%	100.0%

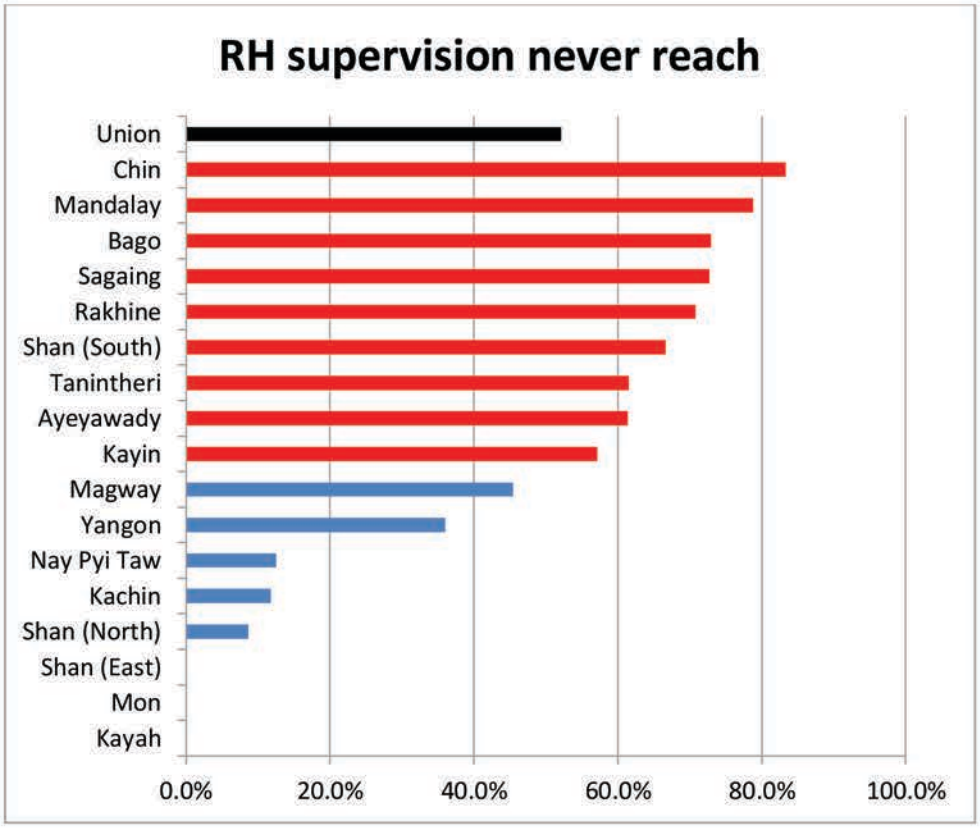


Figure 13. Percent of HFs which had supervision for RH matter never reached

It was obvious that Chin, Mandalay, Bago and Sagaing, had highest proportion of HFs (>65%) which had not received RH supervision. Shan (E), Mon, and Kayah were no HFs which had not been supervised for RH.

Last time of supervision for RH in the past 12 months by urban/rural residence

Table 64. 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
Urban/Rural	Urban	Freq	16	22	13	18	79	148
		%	10.8%	14.9%	8.8%	12.2%	53.4%	100.0%
	Rural	Freq	16	44	18	35	119	232
		%	6.9%	19.0%	7.8%	15.1%	51.3%	100.0%
	Total	Freq	32	66	31	53	198	380
		%	8.4%	17.4%	8.2%	13.9%	52.1%	100.0%

The percentages of HFs which had no RH supervision were not much different between urban and rural (53.4% vs. 51.3%).

Last time of supervision for RH in the past 12 months by management of facility

Table 65. Percentage distribution of the last time the facility was supervised in the past 12 months by management of facility

			Last reach of a supervision visit					
			< 1 month	1 - 3 month	3 - 6 month	6 - 12 months	never	Total
Type of administration	Govt	Freq	29	63	31	52	186	361
		%	8.0%	17.5%	8.6%	14.4%	51.5%	100.0%
	Private	Freq	3	3	0	1	12	19
		%	15.8%	15.8%	0.0%	5.3%	63.2%	100.0%
	Total	Freq	32	66	31	53	198	380
		%	8.4%	17.4%	8.2%	13.9%	52.1%	100.0%

Private government sector HFs had not much difference about the supervision for RH.

Frequency of supervisory visits by type of SDP

Table 66. Percentage distribution of the frequency of supervisory visits by type of SDP

			Interval between supervision visits						
			weekly	monthly	every 3 months	every 6 months	once a year	not regularly	Total
Level of Health Facility	Tertiary level	Freq	0	1	0	4	1	4	10
		%	0.0%	10.0%	0.0%	40.0%	10.0%	40.0%	100.0%
	Secondary level	Freq	1	7	17	13	10	21	69
		%	1.4%	10.1%	24.6%	18.8%	14.5%	30.4%	100.0%
	Primary level	Freq	0	10	26	24	12	18	91
		%	0.0%	11.0%	28.6%	26.4%	13.2%	19.8%	100.0%
	Private hospital	Freq	2	2	1	0	0	2	7
		%	28.6%	28.6%	14.3%	0.0%	0.0%	28.6%	100.0%
	Total	Freq	3	20	44	41	23	45	177
		%	1.7%	11.3%	24.9%	23.2%	13.0%	25.4%	100.0%

Most of supervision was in irregular interval (25.4%) and the lowest in primary (19.8%) and highest in tertiary level HFs (40%).

Frequency of supervisory visits by Administrative Unit (Region)

Table 67. Percentage distribution of the frequency of supervisory visits by Administrative Unit (Region)

			Interval between supervision visits							
			weekly	monthly	every 3 months	every 6 months	once a year	never	not regularly	Total
State/Region	Kachin	Freq	0	6	3	2	0	0	4	15
		%	0.0%	40.0%	20.0%	13.3%	0.0%	0.0%	26.7%	100.0%
	Kayah	Freq	0	2	2	1	1	0	1	7
		%	0.0%	28.6%	28.6%	14.3%	14.3%	0.0%	14.3%	100.0%
	Kayin	Freq	0	1	2	0	0	0	2	5
		%	0.0%	20.0%	40.0%	0.0%	0.0%	0.0%	40.0%	100.0%
	Chin	Freq	0	0	0	1	0	0	0	1
		%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%
	Sagaing	Freq	0	0	1	7	2	0	0	10
		%	0.0%	0.0%	10.0%	70.0%	20.0%	0.0%	0.0%	100.0%
	Tanintheri	Freq	0	0	1	2	1	0	1	5
		%	0.0%	0.0%	20.0%	40.0%	20.0%	0.0%	20.0%	100.0%
	Bago	Freq	0	0	2	2	4	0	2	10
		%	0.0%	0.0%	20.0%	20.0%	40.0%	0.0%	20.0%	100.0%
	Magway	Freq	0	0	6	2	1	0	9	18
		%	0.0%	0.0%	33.3%	11.1%	5.6%	0.0%	50.0%	100.0%

Mandalay	Freq	0	0	0	0	3	0	4	7
	%	0.0%	0.0%	0.0%	0.0%	42.9%	0.0%	57.1%	100.0%
Mon	Freq	0	0	3	6	1	0	5	15
	%	0.0%	0.0%	20.0%	40.0%	6.7%	0.0%	33.3%	100.0%
Rakhine	Freq	0	1	2	0	1	0	2	6
	%	0.0%	16.7%	33.3%	0.0%	16.7%	0.0%	33.3%	100.0%
Yangon	Freq	0	2	4	6	1	0	3	16
	%	0.0%	12.5%	25.0%	37.5%	6.3%	0.0%	18.8%	100.0%
Shan (South)	Freq	0	0	2	0	2	0	3	7
	%	0.0%	0.0%	28.6%	0.0%	28.6%	0.0%	42.9%	100.0%
Shan (North)	Freq	2	2	10	3	1	1	1	20
	%	10.0%	10.0%	50.0%	15.0%	5.0%	5.0%	5.0%	100.0%
Shan (East)	Freq	0	3	3	4	0	0	0	10
	%	0.0%	30.0%	30.0%	40.0%	0.0%	0.0%	0.0%	100.0%
Ayeyawady	Freq	1	0	1	5	5	0	6	18
	%	5.6%	0.0%	5.6%	27.8%	27.8%	0.0%	33.3%	100.0%
Nay Pyi Taw	Freq	0	3	2	0	0	0	2	7
	%	0.0%	42.9%	28.6%	0.0%	0.0%	0.0%	28.6%	100.0%
Total	Freq	3	20	44	41	23	1	45	177
	%	1.7%	11.3%	24.9%	23.2%	13.0%	0.6%	25.4%	100.0%

Frequency of supervisory visits by urban/rural residence

Table 68. 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/Rural	Urban	Freq	2	13	12	16	9	0	16	68
		%	2.9%	19.1%	17.6%	23.5%	13.2%	0.0%	23.5%	100.0%
	Rural	Freq	1	7	32	25	14	1	29	109
		%	0.9%	6.4%	29.4%	22.9%	12.8%	0.9%	26.6%	100.0%
	Total	Freq	3	20	44	41	23	1	45	177
		%	1.7%	11.3%	24.9%	23.2%	13.0%	0.6%	25.4%	100.0%

Percentage of HFs which had been more frequently visited was higher in urban HFs. Quarterly visit was higher in rural.

Frequency of supervisory visits by management of facility

Table 69. Percentage distribution of the frequency of supervisory visits by management of facility

			Interval between supervision visits							
			weekly	monthly	every 3 months	every 6 months	once a year	never	not regularly	Total
Type of administration	Govt	Freq	1	18	43	41	23	1	43	170
		%	0.6%	10.6%	25.3%	24.1%	13.5%	0.6%	25.3%	100.0%
	Private	Freq	2	2	1	0	0	0	2	7
		%	28.6%	28.6%	14.3%	0.0%	0.0%	0.0%	28.6%	100.0%
	Total	Freq	3	20	44	41	23	1	45	177
		%	1.7%	11.3%	24.9%	23.2%	13.0%	0.6%	25.4%	100.0%

As in the last year 2016 and 2017, supervision for RH was more apparent and frequent in government sectors than private sector.

****

Issues included in supervisory visits by type of SDP

Table 70. Percentage of SDPs with issues included in supervisory visits by type of SDP

			Issues included in supervisory visits[a]						
			Treatment	logistics	staffing and training	Supervised for reporting	abiding guideline and instruction	other	Total
Level of Health Facility	Tertiary level	Freq	5	6	4	6	4	0	10
		%	50.0%	60.0%	40.0%	60.0%	40.0%	0.0%	
	Secondary level	Freq	39	53	33	42	24	4	69
		%	56.5%	76.8%	47.8%	60.9%	34.8%	5.8%	
	Primary level	Freq	41	63	31	60	36	7	90
		%	45.6%	70.0%	34.4%	66.7%	40.0%	7.8%	
	Private hospital	Freq	6	4	4	4	4	1	7
		%	85.7%	57.1%	57.1%	57.1%	57.1%	14.3%	
	Total	Freq	91	126	72	112	68	12	176

Percentages and totals are based on respondents.
a. Dichotomy group tabulated at value 1.

Issues encountered in the supervisions were described. Most frequent issue was identified as 'logistic". Second most-frequent issues was "reporting". The occurrences of issues were not different between levels of HFs. Supervision for abiding guideline and instruction was also well apparent in this year assessment.

Issues included in supervisory visits by Administrative Unit (Region)

Table 71. Percentage of SDPs with issues included in supervisory visits by Administrative Unit (Region)

			Issues included in supervisory visits[a]						
			treatment	logistics	staffing and training	Supervised for reporting	abiding guideline and instruction	other	Total
State/Region	Kachin	Freq	9	8	6	5	4	2	13
		%	69.2%	61.5%	46.2%	38.5%	30.8%	15.4%	
	Kayah	Freq	4	4	2	2	5	0	7
		%	57.1%	57.1%	28.6%	28.6%	71.4%	0.0%	
	Kayin	Freq	1	4	1	3	5	0	5
		%	20.0%	80.0%	20.0%	60.0%	100.0%	0.0%	
	Chin	Freq	0	0	0	1	1	0	1
		%	0.0%	0.0%	0.0%	100.0%	100.0%	0.0%	
	Sagaing	Freq	3	9	6	10	2	0	10
		%	30.0%	90.0%	60.0%	100.0%	20.0%	0.0%	
	Tanintheri	Freq	0	5	3	4	0	0	5
		%	0.0%	100.0%	60.0%	80.0%	0.0%	0.0%	

Bago	Freq	3	6	1	5	6	0	10
	%	30.0%	60.0%	10.0%	50.0%	60.0%	0.0%	
Magway	Freq	7	14	4	10	6	6	18
	%	38.9%	77.8%	22.2%	55.6%	33.3%	33.3%	
Mandalay	Freq	3	6	4	6	3	0	7
	%	42.9%	85.7%	57.1%	85.7%	42.9%	0.0%	
Mon	Freq	8	15	13	14	9	0	15
	%	53.3%	100.0%	86.7%	93.3%	60.0%	0.0%	
Rakhine	Freq	4	4	3	7	1	0	7
	%	57.1%	57.1%	42.9%	100.0%	14.3%	0.0%	
Yangon	Freq	9	11	4	5	3	1	16
	%	56.3%	68.8%	25.0%	31.3%	18.8%	6.3%	
Shan (South)	Freq	2	5	0	5	4	0	7
	%	28.6%	71.4%	0.0%	71.4%	57.1%	0.0%	
Shan (North)	Freq	16	14	7	14	3	1	21
	%	76.2%	66.7%	33.3%	66.7%	14.3%	4.8%	
Shan (East)	Freq	10	6	8	4	3	0	10
	%	100.0%	60.0%	80.0%	40.0%	30.0%	0.0%	
Ayeyawady	Freq	6	10	5	12	9	1	17
	%	35.3%	58.8%	29.4%	70.6%	52.9%	5.9%	
Nay Pyi Taw	Freq	6	5	5	5	4	1	7
	%	85.7%	71.4%	71.4%	71.4%	57.1%	14.3%	
Total	Freq	91	126	72	112	68	12	176

Percentages and totals are based on respondents.

In overall, supervision for logistics, tsaff training and guideline problems were observed in all areas although less pronounced in Chin than other areas. The highest peaks were observed in Mon and Nay Pyi Taw.

a. Dichotomy group tabulated at value 1.

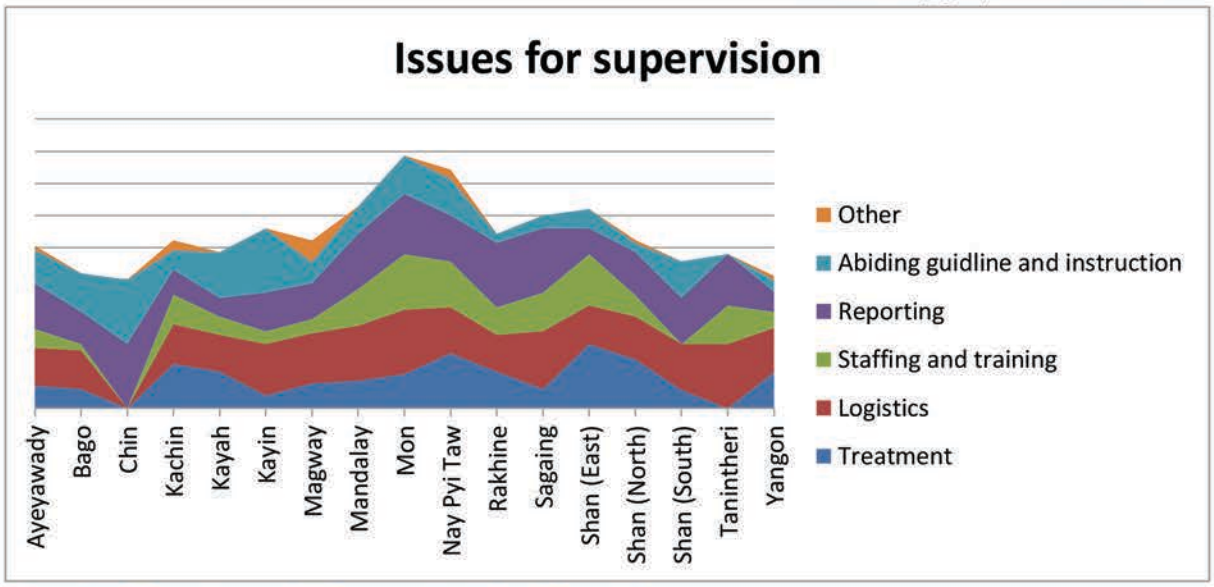


Figure 14. Percentage of HFs supervised for different issues

Issues included in supervisory visits by urban/rural residence

Table 72. Percentage of SDPs with issues included in supervisory visits by urban/rural residence

			Issues included in supervisory visits[a]						
			treatment	logistics	staffing and training	Supervised for reporting	abiding guideline and instruction	other	Total
Urban/Rural	Urban	Freq	40	48	35	37	25	4	67
		%	59.7%	71.6%	52.2%	55.2%	37.3%	6.0%	
	Rural	Freq	51	78	37	75	43	8	109
		%	46.8%	71.6%	33.9%	68.8%	39.4%	7.3%	
	Total	Freq	91	126	72	112	68	12	176

Percentages and totals are based on respondents.
a. Dichotomy group tabulated at value 1.

Urban rural differences of issues were not apparent for all kinds of supervision.

Issues included in supervisory visits by management of facility

Table 73. Percentage of issues included in supervisory visits by management of facility

			Issues included in supervisory visits[a]						
			treatment	logistics	staffing and training	Supervised for reporting	abiding guideline and instruction	other	Total
Type of administration	Govt	Freq	85	122	68	108	64	11	169
		%	50.3%	72.2%	40.2%	63.9%	37.9%	6.5%	
	Private	Freq	6	4	4	4	4	1	7
		%	85.7%	57.1%	57.1%	57.1%	57.1%	14.3%	
	Total	Freq	91	126	72	112	68	12	176

Percentages and totals are based on respondents.
a. Dichotomy group tabulated at value 1.

Others=cleaners hospital, environmental sanitation, EPI, FDA, FOR EPI, immunization program, Infrastructure, observation construction, PMCT, AN, PNC, Project progress, Routine supervision

Supervision for reporting, staff training and logistics at private sector HFs were less than government sector HFs.

****

Section G. Availability of guidelines, check-lists and job aids

Availability guidelines, check-lists and job aids

Table 74. Percentage of SDPs with guidelines, check-lists and job-aids

		Responses	Percent of responding cases (N=157)	Percent of total cases (N=380)
Use of guidelines, check list and jobaid[a]	Have guidebook for national birth spacing	27	17.2%	7.1%
	Have checklist for birth spacing	67	42.7%	17.6%
	ANC Guideline (National/WHO)	71	45.2%	18.7%
	Have checklist/job aid for AN care	94	59.9%	24.7%
	Have guidebook for waste disposal	59	37.6%	15.5%

Availability of any guidelines was(157/380=41.3%) of HFs. Based on all 380 HFs assessed, most frequently available guidebook was "Job aid for antenatal care" (24.7%) and "Guidebook for antenatal care" (18.7%). Regarding the guide for BS, 17.6% of HFs had "Checklist for BS". "National guidebook for BS" was available at 7.1% of HFs only. "Guide for waste disposal" was least available at only 15.5% of HFs. Availability of all items were higher than that of the last year 2017 especially "Guide for waste disposal" (15.5% vs. 5%). Distribution of availabilities for each specific guidebooks among different types of HFs were described in details by Table 74a, 74b, 74c, 74d, 74e and 74f.

Table 74a. Have Guidelines, check-lists and job aids (could show)

			Guidelines, check-lists and job aids (could show)[a]					
			Have guidebook for national birth spacing	Have checklist for birth spacing	ANC Guideline (National/WHO)	Have checklist/job aid for AN care	Have guidebook for waste disposal	Total
Level of Health Facility	Tertiary level	Freq	1	2	1	2	8	10
		%	10.0%	20.0%	10.0%	20.0%	80.0%	
	Secondary level	Freq	9	21	19	22	33	55
		%	16.4%	38.2%	34.5%	40.0%	60.0%	
	Primary level	Freq	17	42	49	70	15	89
		%	19.1%	47.2%	55.1%	78.7%	16.9%	
	Private hospital	Freq	0	2	2	0	3	3
		%	0.0%	66.7%	66.7%	0.0%	100.0%	
State/Region	Kachin	Freq	0	0	0	0	3	3
		%	0.0%	0.0%	0.0%	0.0%	100.0%	
	Kayah	Freq	1	1	1	3	2	5
		%	20.0%	20.0%	20.0%	60.0%	40.0%	
	Kayin	Freq	0	2	1	2	1	3
		%	0.0%	66.7%	33.3%	66.7%	33.3%	
	Chin	Freq	2	3	2	5	1	7
		%	28.6%	42.9%	28.6%	71.4%	14.3%	
	Sagaing	Freq	1	6	2	8	1	12
		%	8.3%	50.0%	16.7%	66.7%	8.3%	
	Tanintheri	Freq	0	1	2	2	0	3
		%	0.0%	33.3%	66.7%	66.7%	0.0%	
	Bago	Freq	5	10	12	17	20	31
		%	16.1%	32.3%	38.7%	54.8%	64.5%	
	Magway	Freq	1	2	6	8	3	9
		%	11.1%	22.2%	66.7%	88.9%	33.3%	

	Mandalay	Freq	2	12	11	14	11	23
		%	8.7%	52.2%	47.8%	60.9%	47.8%	
	Mon	Freq	3	3	4	4	3	7
		%	42.9%	42.9%	57.1%	57.1%	42.9%	
	Rakhine	Freq	1	2	1	1	1	2
		%	50.0%	100.0%	50.0%	50.0%	50.0%	
	Yangon	Freq	5	3	3	3	2	8
		%	62.5%	37.5%	37.5%	37.5%	25.0%	
	Shan (South)	Freq	3	8	4	6	3	10
		%	30.0%	80.0%	40.0%	60.0%	30.0%	
	Shan (North)	Freq	1	3	7	3	2	8
		%	12.5%	37.5%	87.5%	37.5%	25.0%	
	Shan (East)	Freq	0	0	4	1	2	5
		%	0.0%	0.0%	80.0%	20.0%	40.0%	
	Ayeyawady	Freq	2	11	11	16	4	20
		%	10.0%	55.0%	55.0%	80.0%	20.0%	
	Nay Pyi Taw	Freq	0	0	0	1	0	1
		%	0.0%	0.0%	0.0%	100.0%	0.0%	
Urban/Rural	Urban	Freq	13	22	24	28	34	62
		%	21.0%	35.5%	38.7%	45.2%	54.8%	
	Rural	Freq	14	45	47	66	25	95
		%	14.7%	47.4%	49.5%	69.5%	26.3%	
Type of administration	Govt	Freq	27	65	69	94	56	154
		%	17.5%	42.2%	44.8%	61.0%	36.4%	
	Private	Freq	0	2	2	0	3	3
		%	0.0%	66.7%	66.7%	0.0%	100.0%	
	Total	Freq	27	67	71	94	59	157

Percentages and totals are based on respondents.
a. Dichotomy group tabulated at value 1.

Table 74b. Have guidebook for national birth spacing observed

			Have guidebook for national birth spacing			
			Have (shown)	Have (no shown)	Not have	Total
Level of Health Facility	Tertiary level	Freq	1	1	17	19
		%	5.3%	5.3%	89.5%	100.0%
	Secondary level	Freq	9	9	149	167
		%	5.4%	5.4%	89.2%	100.0%
	Primary level	Freq	17	20	138	175
		%	9.7%	11.4%	78.9%	100.0%
	Private hospital	Freq	0	3	16	19
		%	0.0%	15.8%	84.2%	100.0%
State/Region	Kachin	Freq	0	1	16	17
		%	0.0%	5.9%	94.1%	100.0%
	Kayah	Freq	1	0	6	7
		%	14.3%	0.0%	85.7%	100.0%
	Kayin	Freq	0	1	13	14
		%	0.0%	7.1%	92.9%	100.0%
	Chin	Freq	2	1	9	12
		%	16.7%	8.3%	75.0%	100.0%
	Sagaing	Freq	1	4	39	44
		%	2.3%	9.1%	88.6%	100.0%
	Tanintheri	Freq	0	0	13	13
		%	0.0%	0.0%	100.0%	100.0%
	Bago	Freq	5	1	31	37
		%	13.5%	2.7%	83.8%	100.0%
	Magway	Freq	1	7	25	33
		%	3.0%	21.2%	75.8%	100.0%
	Mandalay	Freq	2	1	30	33
		%	6.1%	3.0%	90.9%	100.0%
	Mon	Freq	3	1	11	15
		%	20.0%	6.7%	73.3%	100.0%
	Rakhine	Freq	1	3	20	24
		%	4.2%	12.5%	83.3%	100.0%
	Yangon	Freq	5	2	18	25
		%	20.0%	8.0%	72.0%	100.0%
	Shan (South)	Freq	3	3	15	21
		%	14.3%	14.3%	71.4%	100.0%
	Shan (North)	Freq	1	2	20	23
		%	4.3%	8.7%	87.0%	100.0%
	Shan (East)	Freq	0	1	9	10
		%	0.0%	10.0%	90.0%	100.0%
	Ayeyawady	Freq	2	3	39	44
		%	4.5%	6.8%	88.6%	100.0%
	Nay Pyi Taw	Freq	0	2	6	8
		%	0.0%	25.0%	75.0%	100.0%
Urban/Rural	Urban	Freq	13	16	119	148
		%	8.8%	10.8%	80.4%	100.0%
	Rural	Freq	14	17	201	232
		%	6.0%	7.3%	86.6%	100.0%
Type of administration	Govt	Freq	27	30	304	361
		%	7.5%	8.3%	84.2%	100.0%
	Private	Freq	0	3	16	19
		%	0.0%	15.8%	84.2%	100.0%
	Total	Freq	27	33	320	380
		%	7.1%	8.7%	84.2%	100.0%

Table 74c.Have checklist for birth spacing observed

			Have checklist for birth spacing			
			Have (shown)	Have (no shown)	Not have	Total
Level of Health Facility	Tertiary level	Freq	2	3	14	19
		%	10.5%	15.8%	73.7%	100.0%
	Secondary level	Freq	21	12	134	167
		%	12.6%	7.2%	80.2%	100.0%
	Primary level	Freq	42	30	103	175
		%	24.0%	17.1%	58.9%	100.0%
	Private hospital	Freq	2	0	17	19
		%	10.5%	0.0%	89.5%	100.0%
State/Region	Kachin	Freq	0	1	16	17
		%	0.0%	5.9%	94.1%	100.0%
	Kayah	Freq	1	0	6	7
		%	14.3%	0.0%	85.7%	100.0%
	Kayin	Freq	2	0	12	14
		%	14.3%	0.0%	85.7%	100.0%
	Chin	Freq	3	2	7	12
		%	25.0%	16.7%	58.3%	100.0%
	Sagaing	Freq	6	5	33	44
		%	13.6%	11.4%	75.0%	100.0%
	Tanintheri	Freq	1	3	9	13
		%	7.7%	23.1%	69.2%	100.0%
	Bago	Freq	10	1	26	37
		%	27.0%	2.7%	70.3%	100.0%
	Magway	Freq	2	7	24	33
		%	6.1%	21.2%	72.7%	100.0%
	Mandalay	Freq	12	6	15	33
		%	36.4%	18.2%	45.5%	100.0%
	Mon	Freq	3	3	9	15
		%	20.0%	20.0%	60.0%	100.0%
	Rakhine	Freq	2	1	21	24
		%	8.3%	4.2%	87.5%	100.0%
	Yangon	Freq	3	3	19	25
		%	12.0%	12.0%	76.0%	100.0%
	Shan (South)	Freq	8	3	10	21
		%	38.1%	14.3%	47.6%	100.0%
	Shan (North)	Freq	3	1	19	23
		%	13.0%	4.3%	82.6%	100.0%
	Shan (East)	Freq	0	0	10	10
		%	0.0%	0.0%	100.0%	100.0%
	Ayeyawady	Freq	11	8	25	44
		%	25.0%	18.2%	56.8%	100.0%
	Nay Pyi Taw	Freq	0	1	7	8
		%	0.0%	12.5%	87.5%	100.0%
Urban/Rural	Urban	Freq	22	15	111	148
		%	14.9%	10.1%	75.0%	100.0%
	Rural	Freq	45	30	157	232
		%	19.4%	12.9%	67.7%	100.0%
Type of administration	Govt	Freq	65	45	251	361
		%	18.0%	12.5%	69.5%	100.0%
	Private	Freq	2	0	17	19
		%	10.5%	0.0%	89.5%	100.0%
	Total	Freq	67	45	268	380
		%	17.6%	11.8%	70.5%	100.0%

Table 74d. Have ANC guidelines (National/WHO) observed

			ANC Guideline (National/WHO)			
			Have (shown)	Have (no shown)	Not have	Total
Level of Health Facility	Tertiary level	Freq	1	4	14	19
		%	5.3%	21.1%	73.7%	100.0%
	Secondary level	Freq	19	17	131	167
		%	11.4%	10.2%	78.4%	100.0%
	Primary level	Freq	49	52	74	175
		%	28.0%	29.7%	42.3%	100.0%
	Private hospital	Freq	2	1	16	19
		%	10.5%	5.3%	84.2%	100.0%
State/Region	Kachin	Freq	0	2	15	17
		%	0.0%	11.8%	88.2%	100.0%
	Kayah	Freq	1	1	5	7
		%	14.3%	14.3%	71.4%	100.0%
	Kayin	Freq	1	1	12	14
		%	7.1%	7.1%	85.7%	100.0%
	Chin	Freq	2	3	7	12
		%	16.7%	25.0%	58.3%	100.0%
	Sagaing	Freq	2	13	29	44
		%	4.5%	29.5%	65.9%	100.0%
	Tanintheri	Freq	2	2	9	13
		%	15.4%	15.4%	69.2%	100.0%
	Bago	Freq	12	1	24	37
		%	32.4%	2.7%	64.9%	100.0%
	Magway	Freq	6	14	13	33
		%	18.2%	42.4%	39.4%	100.0%
	Mandalay	Freq	11	3	19	33
		%	33.3%	9.1%	57.6%	100.0%
	Mon	Freq	4	2	9	15
		%	26.7%	13.3%	60.0%	100.0%
	Rakhine	Freq	1	9	14	24
		%	4.2%	37.5%	58.3%	100.0%
	Yangon	Freq	3	3	19	25
		%	12.0%	12.0%	76.0%	100.0%
	Shan (South)	Freq	4	4	13	21
		%	19.0%	19.0%	61.9%	100.0%
	Shan (North)	Freq	7	4	12	23
		%	30.4%	17.4%	52.2%	100.0%
	Shan (East)	Freq	4	3	3	10
		%	40.0%	30.0%	30.0%	100.0%
	Ayeyawady	Freq	11	7	26	44
		%	25.0%	15.9%	59.1%	100.0%
	Nay Pyi Taw	Freq	0	2	6	8
		%	0.0%	25.0%	75.0%	100.0%
Urban/Rural	Urban	Freq	24	27	97	148
		%	16.2%	18.2%	65.5%	100.0%
	Rural	Freq	47	47	138	232
		%	20.3%	20.3%	59.5%	100.0%
Type of administration	Govt	Freq	69	73	219	361
		%	19.1%	20.2%	60.7%	100.0%
	Private	Freq	2	1	16	19
		%	10.5%	5.3%	84.2%	100.0%
	Total	Freq	71	74	235	380
		%	18.7%	19.5%	61.8%	100.0%

Table 74e. Have checklist/job aid for AN care observed

			Have checklist/job aid for AN care			
			Have (shown)	Have (no shown)	Not have	Total
Level of Health Facility	Tertiary level	Freq	2	5	12	19
		%	10.5%	26.3%	63.2%	100.0%
	Secondary level	Freq	22	14	131	167
		%	13.2%	8.4%	78.4%	100.0%
	Primary level	Freq	70	46	59	175
		%	40.0%	26.3%	33.7%	100.0%
	Private hospital	Freq	0	3	16	19
		%	0.0%	15.8%	84.2%	100.0%
State/Region	Kachin	Freq	0	3	14	17
		%	0.0%	17.6%	82.4%	100.0%
	Kayah	Freq	3	0	4	7
		%	42.9%	0.0%	57.1%	100.0%
	Kayin	Freq	2	0	12	14
		%	14.3%	0.0%	85.7%	100.0%
	Chin	Freq	5	2	5	12
		%	41.7%	16.7%	41.7%	100.0%
	Sagaing	Freq	8	11	25	44
		%	18.2%	25.0%	56.8%	100.0%
	Tanintheri	Freq	2	3	8	13
		%	15.4%	23.1%	61.5%	100.0%
	Bago	Freq	17	0	20	37
		%	45.9%	0.0%	54.1%	100.0%
	Magway	Freq	8	9	16	33
		%	24.2%	27.3%	48.5%	100.0%
	Mandalay	Freq	14	3	16	33
		%	42.4%	9.1%	48.5%	100.0%
	Mon	Freq	4	3	8	15
		%	26.7%	20.0%	53.3%	100.0%
	Rakhine	Freq	1	8	15	24
		%	4.2%	33.3%	62.5%	100.0%
	Yangon	Freq	3	5	17	25
		%	12.0%	20.0%	68.0%	100.0%
	Shan (South)	Freq	6	3	12	21
		%	28.6%	14.3%	57.1%	100.0%
	Shan (North)	Freq	3	8	12	23
		%	13.0%	34.8%	52.2%	100.0%
	Shan (East)	Freq	1	2	7	10
		%	10.0%	20.0%	70.0%	100.0%
	Ayeyawady	Freq	16	6	22	44
		%	36.4%	13.6%	50.0%	100.0%
	Nay Pyi Taw	Freq	1	2	5	8
		%	12.5%	25.0%	62.5%	100.0%
Urban/Rural	Urban	Freq	28	21	99	148
		%	18.9%	14.2%	66.9%	100.0%
	Rural	Freq	66	47	119	232
		%	28.4%	20.3%	51.3%	100.0%
Type of administration	Govt	Freq	94	65	202	361
		%	26.0%	18.0%	56.0%	100.0%
	Private	Freq	0	3	16	19
		%	0.0%	15.8%	84.2%	100.0%
	Total	Freq	94	68	218	380
		%	24.7%	17.9%	57.4%	100.0%

Table 74f. Have guidebook for waste disposal observed

			Have guidebook for waste disposal			
			Have (shown)	Have (no shown)	Not have	Total
Level of Health Facility	Tertiary level	Freq	8	2	8	18
		%	44.4%	11.1%	44.4%	100.0%
	Secondary level	Freq	33	23	105	161
		%	20.5%	14.3%	65.2%	100.0%
	Primary level	Freq	15	25	133	173
		%	8.7%	14.5%	76.9%	100.0%
	Private hospital	Freq	3	1	15	19
		%	15.8%	5.3%	78.9%	100.0%
State/Region	Kachin	Freq	3	0	13	16
		%	18.8%	0.0%	81.3%	100.0%
	Kayah	Freq	2	1	4	7
		%	28.6%	14.3%	57.1%	100.0%
	Kayin	Freq	1	0	13	14
		%	7.1%	0.0%	92.9%	100.0%
	Chin	Freq	1	0	11	12
		%	8.3%	0.0%	91.7%	100.0%
	Sagaing	Freq	1	7	36	44
		%	2.3%	15.9%	81.8%	100.0%
	Tanintheri	Freq	0	3	10	13
		%	0.0%	23.1%	76.9%	100.0%
	Bago	Freq	20	5	12	37
		%	54.1%	13.5%	32.4%	100.0%
	Magway	Freq	3	7	23	33
		%	9.1%	21.2%	69.7%	100.0%
	Mandalay	Freq	11	3	18	32
		%	34.4%	9.4%	56.3%	100.0%
	Mon	Freq	3	0	12	15
		%	20.0%	0.0%	80.0%	100.0%
	Rakhine	Freq	1	6	11	18
		%	5.6%	33.3%	61.1%	100.0%
	Yangon	Freq	2	2	21	25
		%	8.0%	8.0%	84.0%	100.0%
	Shan (South)	Freq	3	2	16	21
		%	14.3%	9.5%	76.2%	100.0%
	Shan (North)	Freq	2	6	15	23
		%	8.7%	26.1%	65.2%	100.0%
	Shan (East)	Freq	2	1	6	9
		%	22.2%	11.1%	66.7%	100.0%
	Ayeyawady	Freq	4	5	35	44
		%	9.1%	11.4%	79.5%	100.0%
	Nay Pyi Taw	Freq	0	3	5	8
		%	0.0%	37.5%	62.5%	100.0%
Urban/Rural	Urban	Freq	34	21	86	141
		%	24.1%	14.9%	61.0%	100.0%
	Rural	Freq	25	30	175	230
		%	10.9%	13.0%	76.1%	100.0%
Type of administration	Govt	Freq	56	50	246	352
		%	15.9%	14.2%	69.9%	100.0%
	Private	Freq	3	1	15	19
		%	15.8%	5.3%	78.9%	100.0%
	Total	Freq	59	51	261	371
		%	15.9%	13.7%	70.4%	100.0%

****

Section H. Use of Information Communication Technology (ICT)

Availability of Information Communication Technology

Table 75. Percentage of SDPs with Types of Information Communication Technology available

		N	Responses Percent	Percent of Cases (N=373)
Types of Information Communication Technology available[a]	Use of computer	146	20.1%	39.1%
	Use of mobile phone	109	15.0%	29.2%
	Use of smart phone	344	47.4%	92.2%
	Use of tablet	34	4.7%	9.1%
	Use of internet facilities (LAN)	37	5.1%	9.9%
	Use of internet facilities (Wi-Fi)	26	3.6%	7.0%
	Use of other ICT (Wi-Fi)	29	4.0%	7.8%

a. Dichotomy group tabulated at value 1.

Almost all of HFs had any one of ICT appliances and it was much higher than last year. Three most frequently used ICT appliance were "Smart phone" (92%), "mobile phone" (29.2%) and "computer" (39.1%).

Table 75a. Types of Information Communication Technology available

			Types of Information Communication Technology available[a]							
			Use of computer	Use of mobile phone	Use of smart phone	Use of tablet	Use of internet facilities (LAN)	Use of internet facilities (Wi-Fi)	Use of other ICT (Wi-Fi)	Total
Level of Health Facility	Tertiary level	Freq	11	12	19	2	3	1	3	19
		%	57.9%	63.2%	100.0%	10.5%	15.8%	5.3%	15.8%	
	Secondary level	Freq	85	59	153	20	17	16	13	167
		%	50.9%	35.3%	91.6%	12.0%	10.2%	9.6%	7.8%	
	Primary level	Freq	35	29	160	8	14	3	12	171
		%	20.5%	17.0%	93.6%	4.7%	8.2%	1.8%	7.0%	
	Private hospital	Freq	15	9	12	4	3	6	1	16
		%	93.8%	56.3%	75.0%	25.0%	18.8%	37.5%	6.3%	
State/Region	Kachin	Freq	10	15	10	7	2	2	5	17
		%	58.8%	88.2%	58.8%	41.2%	11.8%	11.8%	29.4%	
	Kayah	Freq	2	3	5	4	2	1	4	5
		%	40.0%	60.0%	100.0%	80.0%	40.0%	20.0%	80.0%	
	Kayin	Freq	4	1	13	0	0	0	0	13
		%	30.8%	7.7%	100.0%	0.0%	0.0%	0.0%	0.0%	
	Chin	Freq	7	5	8	0	0	3	0	11
		%	63.6%	45.5%	72.7%	0.0%	0.0%	27.3%	0.0%	
	Sagaing	Freq	15	13	42	2	2	1	0	44
		%	34.1%	29.5%	95.5%	4.5%	4.5%	2.3%	0.0%	
	Tanintheri	Freq	9	0	13	1	3	0	0	13
		%	69.2%	0.0%	100.0%	7.7%	23.1%	0.0%	0.0%	

	Bago	Freq	9	13	35	2	0	0	0	37
		%	24.3%	35.1%	94.6%	5.4%	0.0%	0.0%	0.0%	
	Magway	Freq	10	8	32	3	2	1	0	33
		%	30.3%	24.2%	97.0%	9.1%	6.1%	3.0%	0.0%	
	Mandalay	Freq	17	10	33	3	14	1	0	33
		%	51.5%	30.3%	100.0%	9.1%	42.4%	3.0%	0.0%	
	Mon	Freq	8	15	14	0	1	1	0	15
		%	53.3%	100.0%	93.3%	0.0%	6.7%	6.7%	0.0%	
	Rakhine	Freq	14	1	23	1	2	4	8	24
		%	58.3%	4.2%	95.8%	4.2%	8.3%	16.7%	33.3%	
	Yangon	Freq	6	6	21	1	1	2	7	24
		%	25.0%	25.0%	87.5%	4.2%	4.2%	8.3%	29.2%	
	Shan (South)	Freq	14	1	20	2	3	3	1	21
		%	66.7%	4.8%	95.2%	9.5%	14.3%	14.3%	4.8%	
	Shan (North)	Freq	4	0	21	0	0	0	1	23
		%	17.4%	0.0%	91.3%	0.0%	0.0%	0.0%	4.3%	
	Shan (East)	Freq	4	4	8	0	2	3	3	10
		%	40.0%	40.0%	80.0%	0.0%	20.0%	30.0%	30.0%	
	Ayeyawady	Freq	9	10	42	4	2	2	0	43
		%	20.9%	23.3%	97.7%	9.3%	4.7%	4.7%	0.0%	
	Nay Pyi Taw	Freq	4	4	4	4	1	2	0	7
		%	57.1%	57.1%	57.1%	57.1%	14.3%	28.6%	0.0%	
Urban/Rural	Urban	Freq	82	57	129	22	18	18	15	144
		%	56.9%	39.6%	89.6%	15.3%	12.5%	12.5%	10.4%	
	Rural	Freq	64	52	215	12	19	8	14	229
		%	27.9%	22.7%	93.9%	5.2%	8.3%	3.5%	6.1%	
Type of administration	Govt	Freq	131	100	332	30	34	20	28	357
		%	36.7%	28.0%	93.0%	8.4%	9.5%	5.6%	7.8%	
	Private	Freq	15	9	12	4	3	6	1	16
		%	93.8%	56.3%	75.0%	25.0%	18.8%	37.5%	6.3%	
	Total	Freq	146	109	344	34	37	26	29	373

For all type of ICT equipment, percentage of availability was lowest in primary level HFs. Urban rural difference was also apparent for all types. Private sector HFs was noted as more frequently available for all ICT equipment. The pattern did not change from last year.

Source of ICT acquired

Table 81. Percentage of SDPs by how ICT was acquired

		Percent
Supplier of ICT[a]	Own	73.2%
	Govt.	20.4%
	Owner of HC.	1.0%
	Donor	3.5%
	Other	1.8%

Most frequent response for "source of the ICTs at HFs" was “own” (73.2%). Secondly, it was “government” (20.4%). Government supply for ICT at HFs was least in primary level compare to tertiary and secondary levels.

Table 81a. Percentage of SDPs by how ICT was acquired by HF's background (N=370)

			Supplier of ICT[a]					
			Own	Govt.	Owner of HC.	Donor	Other	Total
Level of Health Facility	Tertiary level	Freq	27	22	0	1	1	18
		%	150.0%	122.2%	0.0%	5.6%	5.6%	
	Secondary level	Freq	226	110	0	14	8	165
		%	137.0%	66.7%	0.0%	8.5%	4.8%	
	Primary level	Freq	213	30	0	9	9	171
		%	124.6%	17.5%	0.0%	5.3%	5.3%	
	Private hospital	Freq	39	0	8	0	1	16
		%	243.8%	0.0%	50.0%	0.0%	6.3%	
State/Region	Kachin	Freq	25	17	2	0	7	17
		%	147.1%	100.0%	11.8%	0.0%	41.2%	
	Kayah	Freq	9	9	0	0	3	5
		%	180.0%	180.0%	0.0%	0.0%	60.0%	
	Kayin	Freq	13	2	0	0	3	13
		%	100.0%	15.4%	0.0%	0.0%	23.1%	
	Chin	Freq	11	7	0	5	0	11
		%	100.0%	63.6%	0.0%	45.5%	0.0%	
	Sagaing	Freq	59	11	0	2	3	44
		%	134.1%	25.0%	0.0%	4.5%	6.8%	
	Tanintheri	Freq	18	7	0	0	0	13
		%	138.5%	53.8%	0.0%	0.0%	0.0%	
	Bago	Freq	43	14	0	2	0	37
		%	116.2%	37.8%	0.0%	5.4%	0.0%	
	Magway	Freq	41	10	0	5	0	33
		%	124.2%	30.3%	0.0%	15.2%	0.0%	
	Mandalay	Freq	61	10	4	3	0	33
		%	184.8%	30.3%	12.1%	9.1%	0.0%	
	Mon	Freq	32	7	0	0	0	15
		%	213.3%	46.7%	0.0%	0.0%	0.0%	
	Rakhine	Freq	33	20	0	0	0	24
		%	137.5%	83.3%	0.0%	0.0%	0.0%	
	Yangon	Freq	29	10	0	0	0	21
		%	138.1%	47.6%	0.0%	0.0%	0.0%	
	Shan (South)	Freq	28	12	2	2	0	21
		%	133.3%	57.1%	9.5%	9.5%	0.0%	
	Shan (North)	Freq	28	0	0	0	0	23
		%	121.7%	0.0%	0.0%	0.0%	0.0%	
	Shan (East)	Freq	13	7	0	0	1	10
		%	130.0%	70.0%	0.0%	0.0%	10.0%	
	Ayeyawady	Freq	52	10	0	5	2	43
		%	120.9%	23.3%	0.0%	11.6%	4.7%	
	Nay Pyi Taw	Freq	10	9	0	0	0	7
		%	142.9%	128.6%	0.0%	0.0%	0.0%	
Urban/Rural	Urban	Freq	213	103	8	7	7	143
		%	149.0%	72.0%	5.6%	4.9%	4.9%	
	Rural	Freq	292	59	0	17	12	227
		%	128.6%	26.0%	0.0%	7.5%	5.3%	
Type of administration	Govt	Freq	466	162	0	24	18	354
		%	131.6%	45.8%	0.0%	6.8%	5.1%	
	Private	Freq	39	0	8	0	1	16
		%	243.8%	0.0%	50.0%	0.0%	6.3%	
	Total	Freq	505	162	8	24	19	370

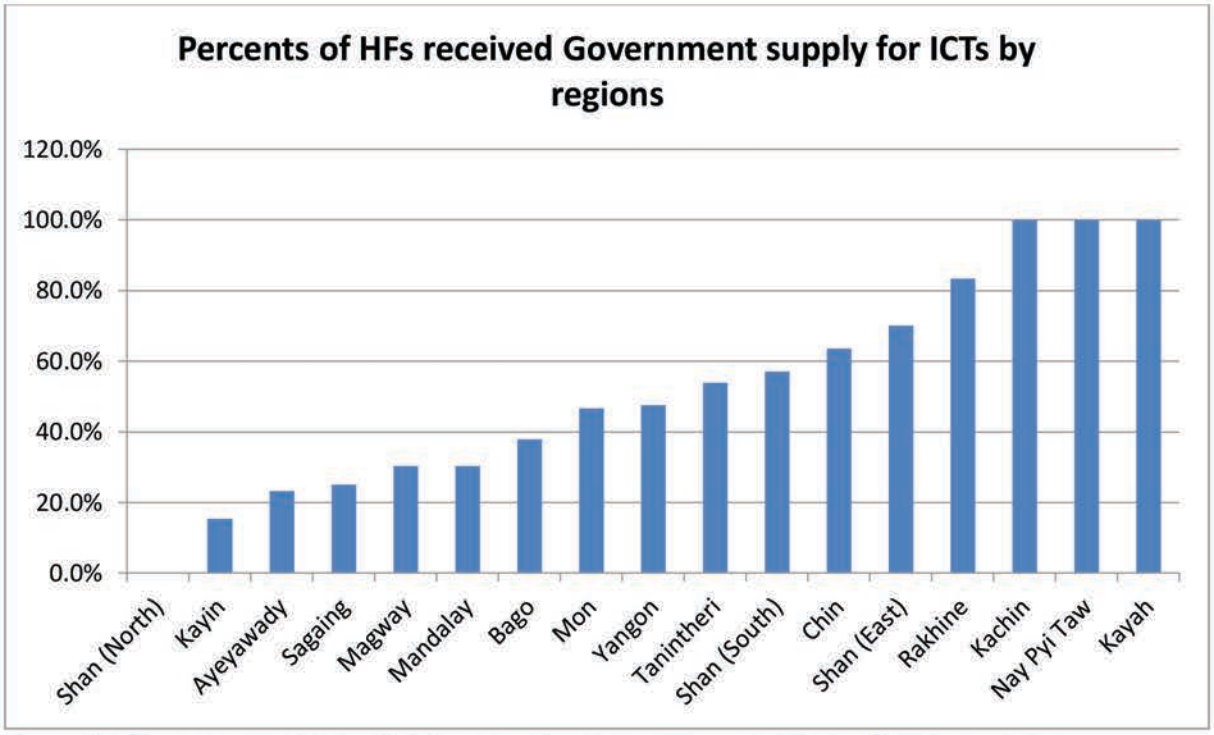


Figure 15. Percentage of HFs which have received government supply for ICTs by regions

Governments supplies for ICTs at HFs mostly observed at Kayah, Nay Pyi Taw, and Kachin compare to other regions.

Main purpose for which ICT is used

Table 82. Percentage of SDPs by main purpose for which ICT is used

			Use of IT[a]									
			patient register	Hospital record	Patient record	insurance	Phone billing	Communi cation	HE	indent	training	Total
Level of Health Facility	Tertiary level	Freq	5	7	3	0	2	2	4	0	2	11
		%	45.5%	63.6%	27.3%	0.0%	18.2%	18.2%	36.4%	0.0%	18.2%	
	Secondary level	Freq	23	46	9	4	16	20	19	3	30	80
		%	28.8%	57.5%	11.3%	5.0%	20.0%	25.0%	23.8%	3.8%	37.5%	
	Primary level	Freq	2	16	1	0	4	6	8	0	14	34
		%	5.9%	47.1%	2.9%	0.0%	11.8%	17.6%	23.5%	0.0%	41.2%	
	Private hospital	Freq	11	11	7	3	3	9	5	2	3	15
		%	73.3%	73.3%	46.7%	20.0%	20.0%	60.0%	33.3%	13.3%	20.0%	
State/Region	Kachin	Freq	4	4	4	1	4	4	3	1	2	9
		%	44.4%	44.4%	44.4%	11.1%	44.4%	44.4%	33.3%	11.1%	22.2%	
	Kayah	Freq	1	2	0	0	0	0	0	0	0	2
		%	50.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
	Kayin	Freq	2	3	0	1	0	0	0	0	0	3
		%	66.7%	100.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	
	Chin	Freq	0	4	0	0	1	1	0	0	3	7
		%	0.0%	57.1%	0.0%	0.0%	14.3%	14.3%	0.0%	0.0%	42.9%	
	Sagaing	Freq	3	10	2	1	3	2	5	0	4	15
		%	20.0%	66.7%	13.3%	6.7%	20.0%	13.3%	33.3%	0.0%	26.7%	
	Tanintheri	Freq	1	6	1	0	0	5	3	0	3	9
		%	11.1%	66.7%	11.1%	0.0%	0.0%	55.6%	33.3%	0.0%	33.3%	
	Bago	Freq	2	4	3	0	0	2	0	0	4	9
		%	22.2%	44.4%	33.3%	0.0%	0.0%	22.2%	0.0%	0.0%	44.4%	
	Magway	Freq	2	3	2	0	2	5	6	0	5	10
		%	20.0%	30.0%	20.0%	0.0%	20.0%	50.0%	60.0%	0.0%	50.0%	
	Mandalay	Freq	3	13	1	0	6	5	8	1	1	16
		%	18.8%	81.3%	6.3%	0.0%	37.5%	31.3%	50.0%	6.3%	6.3%	
	Mon	Freq	3	4	2	0	0	1	1	0	1	5
		%	60.0%	80.0%	40.0%	0.0%	0.0%	20.0%	20.0%	0.0%	20.0%	
	Rakhine	Freq	5	12	1	0	5	0	2	0	3	14
		%	35.7%	85.7%	7.1%	0.0%	35.7%	0.0%	14.3%	0.0%	21.4%	

2018 RHCS Report

	Yangon	Freq	3	2	0	1	0	0	0	0	0	6
		%	50.0%	33.3%	0.0%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	
	Shan (South)	Freq	3	5	1	1	2	6	4	1	12	14
		%	21.4%	35.7%	7.1%	7.1%	14.3%	42.9%	28.6%	7.1%	85.7%	
	Shan (North)	Freq	3	4	2	2	2	2	2	2	0	4
		%	75.0%	100.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	0.0%	
	Shan (East)	Freq	3	0	0	0	0	0	0	0	2	4
		%	75.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	
	Ayeyawady	Freq	3	3	1	0	0	2	1	0	7	9
		%	33.3%	33.3%	11.1%	0.0%	0.0%	22.2%	11.1%	0.0%	77.8%	
	Nay Pyi Taw	Freq	0	1	0	0	0	2	1	0	2	4
		%	0.0%	25.0%	0.0%	0.0%	0.0%	50.0%	25.0%	0.0%	50.0%	
Urban/Rural	Urban	Freq	32	53	17	4	16	27	23	4	25	80
		%	40.0%	66.3%	21.3%	5.0%	20.0%	33.8%	28.8%	5.0%	31.3%	
	Rural	Freq	9	27	3	3	9	10	13	1	24	60
		%	15.0%	45.0%	5.0%	5.0%	15.0%	16.7%	21.7%	1.7%	40.0%	
Type of administration	Govt	Freq	30	69	13	4	22	28	31	3	46	125
		%	24.0%	55.2%	10.4%	3.2%	17.6%	22.4%	24.8%	2.4%	36.8%	
	Private	Freq	11	11	7	3	3	9	5	2	3	15
		%	73.3%	73.3%	46.7%	20.0%	20.0%	60.0%	33.3%	13.3%	20.0%	
	Total	Freq	41	80	20	7	25	37	36	5	49	140

Most frequent uses of ICT were "hospital record", 'patient register", "HE" and “routine communication". "Hospital record", and "patient register" were more assisted by ICT in this year assessment.

****

Section I. Waste disposal

Health wastes disposal

Table 83. Percentage distribution of SDPs

			Method of waste disposal[a]					
			burning	burying	incineration	municipal system	waste bans	Total
Level of Health Facility	Tertiary level	Freq	6	7	5	10	0	19
		%	31.6%	36.8%	26.3%	52.6%	0.0%	
	Secondary level	Freq	113	112	21	25	6	167
		%	67.7%	67.1%	12.6%	15.0%	3.6%	
	Primary level	Freq	136	100	15	8	8	175
		%	77.7%	57.1%	8.6%	4.6%	4.6%	
	Private hospital	Freq	3	3	2	16	1	16
		%	18.8%	18.8%	12.5%	100.0%	6.3%	
State/Region	Kachin	Freq	9	12	1	4	5	17
		%	52.9%	70.6%	5.9%	23.5%	29.4%	
	Kayah	Freq	7	7	0	1	0	7
		%	100.0%	100.0%	0.0%	14.3%	0.0%	
	Kayin	Freq	6	8	3	3	0	13
		%	46.2%	61.5%	23.1%	23.1%	0.0%	
	Chin	Freq	10	2	2	0	0	12
		%	83.3%	16.7%	16.7%	0.0%	0.0%	
	Sagaing	Freq	37	21	1	5	0	44
		%	84.1%	47.7%	2.3%	11.4%	0.0%	
	Tanintheri	Freq	7	7	3	3	0	13
		%	53.8%	53.8%	23.1%	23.1%	0.0%	
	Bago	Freq	31	26	0	4	0	37
		%	83.8%	70.3%	0.0%	10.8%	0.0%	
	Magway	Freq	28	21	0	5	1	33
		%	84.8%	63.6%	0.0%	15.2%	3.0%	
	Mandalay	Freq	25	17	4	5	0	33
		%	75.8%	51.5%	12.1%	15.2%	0.0%	
	Mon	Freq	10	12	2	3	0	15
		%	66.7%	80.0%	13.3%	20.0%	0.0%	
	Rakhine	Freq	20	5	2	1	1	24
		%	83.3%	20.8%	8.3%	4.2%	4.2%	
	Yangon	Freq	12	14	3	12	0	24
		%	50.0%	58.3%	12.5%	50.0%	0.0%	
	Shan (South)	Freq	17	8	2	5	0	21
		%	81.0%	38.1%	9.5%	23.8%	0.0%	
	Shan (North)	Freq	5	12	12	2	0	23
		%	21.7%	52.2%	52.2%	8.7%	0.0%	
	Shan (East)	Freq	4	10	3	2	1	10
		%	40.0%	100.0%	30.0%	20.0%	10.0%	
	Ayeyawady	Freq	25	36	3	2	4	43
		%	58.1%	83.7%	7.0%	4.7%	9.3%	
	Nay Pyi Taw	Freq	5	4	2	2	3	8
		%	62.5%	50.0%	25.0%	25.0%	37.5%	
Urban/Rural	Urban	Freq	90	80	22	47	7	145
		%	62.1%	55.2%	15.2%	32.4%	4.8%	
	Rural	Freq	168	142	21	12	8	232
		%	72.4%	61.2%	9.1%	5.2%	3.4%	
Type of	Govt	Freq	255	219	41	43	14	361

administration			%	70.6%	60.7%	11.4%	11.9%	3.9%	
	Private		Freq	3	3	2	16	1	16
			%	18.8%	18.8%	12.5%	100.0%	6.3%	
	Total		Freq	258	222	43	59	15	377

Burying and burning were still mostly used method for waste disposal. However, waste disposal of 52.6% of tertiary level and 100% of private HFs used municipal disposal system.

****

2018 RHCS Report

Section J. Charges for user fees

Charged for consultation

Total 19 HFs stated charging users' fee for consultation. Detail distribution of those HFs were described in Table 84.

Table 84. Percentage distribution of SDPs by issues for which user fee is charged for consultation (N=19)

			User fee for consultation[a]							
			for birth spacing	for ANC	for delivery service	for perinatal care service	for neonatal care services	for under-five child care service	for HIV (ART) service	for other services
Level of Health Facility	Secondary level	Freq	0	0	1	0	0	0	0	1
		%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Primary level	Freq	0	0	0	2	2	0	0	1
		%	0.0%	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%	50.0%
	Private hospital	Freq	1	2	2	2	2	2	14	16
		%	6.3%	12.5%	12.5%	12.5%	12.5%	12.5%	87.5%	100.0%
State/Region	Kachin	Freq	0	0	0	1	1	0	0	1
		%	0.0%	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%	100.0%
	Kayah	Freq	0	0	0	0	0	0	1	1
		%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
	Kayin	Freq	0	0	0	0	0	0	1	1
		%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
	Sagaing	Freq	0	0	0	1	1	0	1	1
		%	0.0%	0.0%	0.0%	50.0%	50.0%	0.0%	50.0%	50.0%
	Tanintheri	Freq	0	0	0	0	0	0	1	1
		%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
	Bago	Freq	0	0	0	0	0	0	1	1
		%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
	Magway	Freq	0	0	1	0	0	0	1	2
		%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	50.0%	100.0%
	Mandalay	Freq	0	1	1	1	1	1	1	1
		%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Mon	Freq	0	0	0	0	0	0	0	1
		%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Rakhine	Freq	0	0	0	0	0	0	1	1
		%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%

2018 RHCS Report

	Yangon	Freq	0	0	0	0	0	0	3	3
		%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
	Shan (South)	Freq	0	0	0	0	0	0	1	1
		%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
	Shan (East)	Freq	1	1	1	1	1	1	0	1
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%
	Ayeyawady	Freq	0	0	0	0	0	0	1	1
		%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
	Nay Pyi Taw	Freq	0	0	0	0	0	0	1	1
		%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Urban/Rural	Urban	Freq	1	2	2	2	2	2	14	16
		%	6.3%	12.5%	12.5%	12.5%	12.5%	12.5%	87.5%	100.0%
	Rural	Freq	0	0	1	2	2	0	0	2
		%	0.0%	0.0%	33.3%	66.7%	66.7%	0.0%	0.0%	66.7%
Type of administration	Govt	Freq	0	0	1	2	2	0	0	2
		%	0.0%	0.0%	33.3%	66.7%	66.7%	0.0%	0.0%	66.7%
	Private	Freq	1	2	2	2	2	2	14	16
		%	6.3%	12.5%	12.5%	12.5%	12.5%	12.5%	87.5%	100.0%
	Total	Freq	1	2	3	4	4	2	14	18

Table 84a. Types of users' charge

		Responses	Percent of Cases (N=132)	Percent of all HFs (N=380)
For which user fee is charged[a]	Charging for consultation	20	15.2%	5.3%
	Charging for medication	127	96.2%	33.4%
	Charging for specialty services	48	36.4%	12.6%

User charge was noted at (132/380=34.7%) of HFs. Respondents from 33.4% of HFs stated there were user fees especially for "medicine" and "specialty services" (12.6%). HFs which charged for consultation fees was only 5.3%. Comparatively higher number was due to inclusiveness of private sector HFs in the analysis. Private sector HFs had no FOC services.

Charged for medication

Table 85. Percentage distribution of SDPs by issues for which user fee ischargedformedication (N=110)

			User fee for medication				
			birth spacing medication	for ANC medication	for child care medication	for other medication	Total
Level of Health Facility	Tertiary level	Freq	1	2	2	9	9
		%	11.1%	22.2%	22.2%	100.0%	
	Secondary level	Freq	18	22	28	53	62
		%	29.0%	35.5%	45.2%	85.5%	
	Primary level	Freq	9	11	18	31	35
		%	25.7%	31.4%	51.4%	88.6%	
	Private hospital	Freq	1	2	2	3	4
		%	25.0%	50.0%	50.0%	75.0%	
State/Region	Kachin	Freq	6	8	8	11	12
		%	50.0%	66.7%	66.7%	91.7%	
	Kayah	Freq	1	1	3	4	4
		%	25.0%	25.0%	75.0%	100.0%	
	Kayin	Freq	0	0	1	1	1
		%	0.0%	0.0%	100.0%	100.0%	
	Chin	Freq	1	1	1	0	1
		%	100.0%	100.0%	100.0%	0.0%	
	Sagaing	Freq	4	2	5	9	10
		%	40.0%	20.0%	50.0%	90.0%	
	Tanintheri	Freq	1	1	1	4	5
		%	20.0%	20.0%	20.0%	80.0%	
	Bago	Freq	0	0	0	1	1
		%	0.0%	0.0%	0.0%	100.0%	
	Magway	Freq	2	3	4	16	16
		%	12.5%	18.8%	25.0%	100.0%	
	Mandalay	Freq	0	1	0	2	2
		%	0.0%	50.0%	0.0%	100.0%	
	Mon	Freq	1	2	1	3	3
		%	33.3%	66.7%	33.3%	100.0%	
	Rakhine	Freq	2	4	7	11	13
		%	15.4%	30.8%	53.8%	84.6%	
	Yangon	Freq	1	0	1	2	2
		%	50.0%	0.0%	50.0%	100.0%	
	Shan (South)	Freq	1	1	3	8	9
		%	11.1%	11.1%	33.3%	88.9%	

	Shan (North)	Freq	1	1	3	8	9
		%	11.1%	11.1%	33.3%	88.9%	
	Shan (East)	Freq	1	3	3	4	5
		%	20.0%	60.0%	60.0%	80.0%	
	Ayeyawady	Freq	7	8	8	11	16
		%	43.8%	50.0%	50.0%	68.8%	
	Nay Pyi Taw	Freq	0	1	1	1	1
		%	0.0%	100.0%	100.0%	100.0%	
Urban/Rural	Urban	Freq	11	13	16	37	41
		%	26.8%	31.7%	39.0%	90.2%	
	Rural	Freq	18	24	34	59	69
		%	26.1%	34.8%	49.3%	85.5%	
	Total	Freq	29	37	50	96	110

Regarding to user fees for medication, more frequent HFs were at tertiary level and also more apparent in urban HFs.

Charged for services provided by a qualified health care provider

Table 86. Percentage distribution of SDPs by issues for which user fee is charged for services provided by aqualifiedhealthcare provider (N=47)

			User fee for specialty services[a]							
			for birth spacing	for ANC	for delivery	for postnatal care	for newborn care	for under-five child care	for HIV (ART)	for other service
Level of Health Facility	Tertiary level	Freq	0	0	2	1	2	2	1	3
		%	0.0%	0.0%	66.7%	33.3%	66.7%	66.7%	33.3%	100.0%
	Secondary level	Freq	2	2	5	5	6	6	7	18
		%	11.1%	11.1%	27.8%	27.8%	33.3%	33.3%	38.9%	100.0%
	Primary level	Freq	2	2	2	6	6	4	2	9
		%	22.2%	22.2%	22.2%	66.7%	66.7%	44.4%	22.2%	100.0%
	Private hospital	Freq	0	2	2	2	2	2	3	17
		%	0.0%	11.8%	11.8%	11.8%	11.8%	11.8%	17.6%	100.0%
State/ Region	Kachin	Freq	1	1	1	5	4	1	2	5
		%	20.0%	20.0%	20.0%	100.0%	80.0%	20.0%	40.0%	100.0%
	Kayah	Freq	0	0	2	3	3	3	0	4
		%	0.0%	0.0%	50.0%	75.0%	75.0%	75.0%	0.0%	100.0%
	Kayin	Freq	0	0	0	0	0	0	0	1
		%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Sagaing	Freq	0	0	0	0	1	1	1	2
		%	0.0%	0.0%	0.0%	0.0%	50.0%	50.0%	50.0%	100.0%
	Tanintheri	Freq	0	0	0	0	0	0	0	1
		%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Bago	Freq	0	0	0	0	0	0	1	1
		%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
	Magway	Freq	0	0	1	0	1	1	0	2
		%	0.0%	0.0%	50.0%	0.0%	50.0%	50.0%	0.0%	100.0%
	Mandalay	Freq	0	0	0	0	0	0	0	1
		%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Mon	Freq	0	1	1	1	1	1	1	2
		%	0.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	100.0%
	Rakhine	Freq	0	0	0	0	0	0	0	1
		%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Yangon	Freq	1	1	1	0	1	1	1	4

		%	25.0%	25.0%	25.0%	0.0%	25.0%	25.0%	25.0%	100.0%
	Shan (South)	Freq	0	0	0	0	0	0	0	9
		%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Shan (North)	Freq	0	2	3	3	3	3	4	4
		%	0.0%	50.0%	75.0%	75.0%	75.0%	75.0%	100.0%	100.0%
	Shan (East)	Freq	0	0	0	0	0	0	1	3
		%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	100.0%
	Ayeyawady	Freq	2	1	2	2	2	3	2	6
		%	33.3%	16.7%	33.3%	33.3%	33.3%	50.0%	33.3%	100.0%
	Nay Pyi Taw	Freq	0	0	0	0	0	0	0	1
		%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Urban/ Rural	Urban	Freq	0	3	6	6	6	6	6	30
		%	0.0%	10.0%	20.0%	20.0%	20.0%	20.0%	20.0%	100.0%
	Rural	Freq	4	3	5	8	10	8	7	17
		%	23.5%	17.6%	29.4%	47.1%	58.8%	47.1%	41.2%	100.0%
Type of administration	Govt	Freq	4	4	9	12	14	12	10	30
		%	13.3%	13.3%	30.0%	40.0%	46.7%	40.0%	33.3%	100.0%
	Private	Freq	0	2	2	2	2	2	3	17
		%	0.0%	11.8%	11.8%	11.8%	11.8%	11.8%	17.6%	100.0%
	Total	Freq	4	6	11	14	16	14	13	47

****

Offering modern contraceptive methods

Table 107. Percentage distribution of service delivery points offering modern contraceptive method (N=377)

			offering modern contraceptive methoda							
			for male condom distribution	for female condom distribution	for OC pill prescribing	for prescribing injectable	for ECP pill prescribing	for prescribing IUD	for prescribing implant	for female sterilization
Level of Health Facility	Tertiary level	Freq	15	2	16	18	9	18	15	19
		%	78.9%	10.5%	84.2%	94.7%	47.4%	94.7%	78.9%	100.0%
	Secondary level	Freq	88	14	133	149	73	97	79	88
		%	55.0%	8.8%	83.1%	93.1%	45.6%	60.6%	49.4%	55.0%
	Primary level	Freq	154	21	171	169	134	34	4	2
		%	89.0%	12.1%	98.8%	97.7%	77.5%	19.7%	2.3%	1.2%
	Private hospital	Freq	13	1	19	18	14	17	18	14
		%	68.4%	5.3%	100.0%	94.7%	73.7%	89.5%	94.7%	73.7%
State/Region	Kachin	Freq	14	3	17	16	15	5	2	6
		%	82.4%	17.6%	100.0%	94.1%	88.2%	29.4%	11.8%	35.3%
	Kayah	Freq	6	0	6	6	6	4	4	3
		%	85.7%	0.0%	85.7%	85.7%	85.7%	57.1%	57.1%	42.9%
	Kayin	Freq	13	4	14	14	13	8	8	3
		%	92.9%	28.6%	100.0%	100.0%	92.9%	57.1%	57.1%	21.4%
	Chin	Freq	7	0	10	10	5	4	2	2
		%	70.0%	0.0%	100.0%	100.0%	50.0%	40.0%	20.0%	20.0%
	Sagaing	Freq	26	3	42	41	26	16	5	10
		%	60.5%	7.0%	97.7%	95.3%	60.5%	37.2%	11.6%	23.3%
	Tanintheri	Freq	12	3	12	13	9	5	2	5
		%	92.3%	23.1%	92.3%	100.0%	69.2%	38.5%	15.4%	38.5%
	Bago	Freq	21	6	28	32	20	13	10	8
		%	60.0%	17.1%	80.0%	91.4%	57.1%	37.1%	28.6%	22.9%
	Magway	Freq	23	2	29	31	13	15	9	12
		%	69.7%	6.1%	87.9%	93.9%	39.4%	45.5%	27.3%	36.4%
	Mandalay	Freq	27	2	30	30	23	17	13	13
		%	84.4%	6.3%	93.8%	93.8%	71.9%	53.1%	40.6%	40.6%
	Mon	Freq	12	1	13	13	8	5	3	4
		%	85.7%	7.1%	92.9%	92.9%	57.1%	35.7%	21.4%	28.6%
	Rakhine	Freq	15	4	22	24	15	5	3	7
		%	62.5%	16.7%	91.7%	100.0%	62.5%	20.8%	12.5%	29.2%

2018 RHCS Report

	Yangon	Freq	22	1	23	25	15	19	17	12
		%	88.0%	4.0%	92.0%	100.0%	60.0%	76.0%	68.0%	48.0%
	Shan (South)	Freq	20	0	21	21	21	17	10	9
		%	95.2%	0.0%	100.0%	100.0%	100.0%	81.0%	47.6%	42.9%
	Shan (North)	Freq	15	0	20	22	12	5	8	10
		%	68.2%	0.0%	90.9%	100.0%	54.5%	22.7%	36.4%	45.5%
	Shan (East)	Freq	8	0	10	10	4	7	2	4
		%	80.0%	0.0%	100.0%	100.0%	40.0%	70.0%	20.0%	40.0%
	Ayeyawady	Freq	23	7	36	38	20	15	12	13
		%	53.5%	16.3%	83.7%	88.4%	46.5%	34.9%	27.9%	30.2%
	Nay Pyi Taw	Freq	6	2	6	8	5	6	6	2
		%	75.0%	25.0%	75.0%	100.0%	62.5%	75.0%	75.0%	25.0%
Urban/Rural	Urban	Freq	99	13	129	136	89	96	76	83
		%	68.3%	9.0%	89.0%	93.8%	61.4%	66.2%	52.4%	57.2%
	Rural	Freq	171	25	210	218	141	70	40	40
		%	75.7%	11.1%	92.9%	96.5%	62.4%	31.0%	17.7%	17.7%
Type of administration	Govt	Freq	257	37	320	336	216	149	98	109
		%	73.0%	10.5%	90.9%	95.5%	61.4%	42.3%	27.8%	31.0%
	Private	Freq	13	1	19	18	14	17	18	14
		%	68.4%	5.3%	100.0%	94.7%	73.7%	89.5%	94.7%	73.7%
	Total	Freq	270	38	339	354	230	166	116	123

OCP and injectable contraceptives were most commonly provided BS methods at all level HFs. ECP and male condom were second most common use contraceptives. Majority of tertiary level HFs could provide injectable, IUD, OCP, implant, male condom, and female sterilization method. Commonly available BS methods at primary level HFs were OCP, injectable, male condom and ECP. Female condom, ECP, IUD and implants methods were not much available at all levels of HFs. Urban rural difference was obvious for IUD, implant and female sterilization methods. The pattern was similar to the last year 2016 and 2017.

Availability of any Maternal/RH Medicine

Table 108. Percentage distribution of service delivery points with any Maternal/ RH Medicine Available

			Available MRH Medicine[a]																
			ampicillin	azithromycin	benzithine/benzyl penicillin	betamethasone/ dexamethasone	calcium gluconate	cefixime	gentamycin	hydralazine	MgSO4	M-Dopa	metronidazole	misoprostol	mifepristone	nifedipine	oxytocin	Na Lactate	Recently available TT	Total
Level of Health Facility	Tertiary level	Freq	6	12	10	15	14	17	18	11	18	8	19	15	1	17	17	19	17	19
		%	31.6%	63.2%	52.6%	78.9%	73.7%	89.5%	94.7%	57.9%	94.7%	42.1%	100.0%	78.9%	5.3%	89.5%	89.5%	100.0%	89.5%	
	Secondary level	Freq	108	118	113	132	115	124	149	33	115	59	149	104	10	138	150	155	127	167
		%	64.7%	70.7%	67.7%	79.0%	68.9%	74.3%	89.2%	19.8%	68.9%	35.3%	89.2%	62.3%	6.0%	82.6%	89.8%	92.8%	76.0%	
	Primary level	Freq	66	92	28	69	46	69	101	8	130	20	143	131	5	126	152	165	61	175
		%	37.7%	52.6%	16.0%	39.4%	26.3%	39.4%	57.7%	4.6%	74.3%	11.4%	81.7%	74.9%	2.9%	72.0%	86.9%	94.3%	34.9%	
	Private hospital	Freq	18	18	16	18	17	18	18	9	12	15	18	18	4	17	18	18	17	19
		%	94.7%	94.7%	84.2%	94.7%	89.5%	94.7%	94.7%	47.4%	63.2%	78.9%	94.7%	94.7%	21.1%	89.5%	94.7%	94.7%	89.5%	
State/Region	Kachin	Freq	8	5	6	15	9	15	12	0	13	5	17	11	2	12	15	16	14	17
		%	47.1%	29.4%	35.3%	88.2%	52.9%	88.2%	70.6%	0.0%	76.5%	29.4%	100.0%	64.7%	11.8%	70.6%	88.2%	94.1%	82.4%	
	Kayah	Freq	2	2	1	4	3	4	7	2	6	3	6	7	0	6	7	7	3	7
		%	28.6%	28.6%	14.3%	57.1%	42.9%	57.1%	100.0%	28.6%	85.7%	42.9%	85.7%	100.0%	0.0%	85.7%	100.0%	100.0%	42.9%	
	Kayin	Freq	4	2	7	9	6	7	11	4	11	2	12	11	1	7	13	14	11	14
		%	28.6%	14.3%	50.0%	64.3%	42.9%	50.0%	78.6%	28.6%	78.6%	14.3%	85.7%	78.6%	7.1%	50.0%	92.9%	100.0%	78.6%	
	Chin	Freq	5	5	6	4	3	7	10	2	3	2	9	5	0	4	7	11	8	12
		%	41.7%	41.7%	50.0%	33.3%	25.0%	58.3%	83.3%	16.7%	25.0%	16.7%	75.0%	41.7%	0.0%	33.3%	58.3%	91.7%	66.7%	
	Sagaing	Freq	32	41	20	35	31	33	36	9	32	18	39	30	2	39	40	43	22	44
		%	72.7%	93.2%	45.5%	79.5%	70.5%	75.0%	81.8%	20.5%	72.7%	40.9%	88.6%	68.2%	4.5%	88.6%	90.9%	97.7%	50.0%	
	Tanintheri	Freq	6	12	6	7	7	4	12	3	11	3	12	13	1	13	11	13	4	13
		%	46.2%	92.3%	46.2%	53.8%	53.8%	30.8%	92.3%	23.1%	84.6%	23.1%	92.3%	100.0%	7.7%	100.0%	84.6%	100.0%	30.8%	
	Bago	Freq	8	17	13	11	12	17	16	2	20	3	27	13	2	24	31	33	11	37
		%	21.6%	45.9%	35.1%	29.7%	32.4%	45.9%	43.2%	5.4%	54.1%	8.1%	73.0%	35.1%	5.4%	64.9%	83.8%	89.2%	29.7%	

2018 RHCS Report

	Magway	Freq	17	32	10	10	10	12	28	1	29	5	32	16	1	29	29	32	18	33
		%	51.5%	97.0%	30.3%	30.3%	30.3%	36.4%	84.8%	3.0%	87.9%	15.2%	97.0%	48.5%	3.0%	87.9%	87.9%	97.0%	54.5%	
	Mandalay	Freq	18	18	13	20	16	19	22	2	29	7	25	30	0	24	32	29	18	33
		%	54.5%	54.5%	39.4%	60.6%	48.5%	57.6%	66.7%	6.1%	87.9%	21.2%	75.8%	90.9%	0.0%	72.7%	97.0%	87.9%	54.5%	
	Mon	Freq	11	12	11	15	11	8	14	3	11	6	14	13	1	11	13	14	10	15
		%	73.3%	80.0%	73.3%	100.0%	73.3%	53.3%	93.3%	20.0%	73.3%	40.0%	93.3%	86.7%	6.7%	73.3%	86.7%	93.3%	66.7%	
	Rakhine	Freq	13	11	6	13	13	19	15	5	12	6	23	11	0	17	20	21	13	24
		%	54.2%	45.8%	25.0%	54.2%	54.2%	79.2%	62.5%	20.8%	50.0%	25.0%	95.8%	45.8%	0.0%	70.8%	83.3%	87.5%	54.2%	
	Yangon	Freq	14	17	12	17	17	17	19	4	19	8	21	20	5	18	22	22	22	25
		%	56.0%	68.0%	48.0%	68.0%	68.0%	68.0%	76.0%	16.0%	76.0%	32.0%	84.0%	80.0%	20.0%	72.0%	88.0%	88.0%	88.0%	
	Shan (South)	Freq	12	12	9	18	14	9	20	4	21	2	20	20	0	21	21	21	13	21
		%	57.1%	57.1%	42.9%	85.7%	66.7%	42.9%	95.2%	19.0%	100.0%	9.5%	95.2%	95.2%	0.0%	100.0%	100.0%	100.0%	61.9%	
	Shan (North)	Freq	20	21	13	14	10	15	21	3	12	9	21	16	2	19	21	23	14	23
		%	87.0%	91.3%	56.5%	60.9%	43.5%	65.2%	91.3%	13.0%	52.2%	39.1%	91.3%	69.6%	8.7%	82.6%	91.3%	100.0%	60.9%	
	Shan (East)	Freq	4	7	7	8	5	7	9	2	6	3	10	6	0	8	8	9	9	10
		%	40.0%	70.0%	70.0%	80.0%	50.0%	70.0%	90.0%	20.0%	60.0%	30.0%	100.0%	60.0%	0.0%	80.0%	80.0%	90.0%	90.0%	
	Ayeyawady	Freq	22	20	22	28	21	29	26	13	33	19	33	40	3	39	40	41	26	44
		%	50.0%	45.5%	50.0%	63.6%	47.7%	65.9%	59.1%	29.5%	75.0%	43.2%	75.0%	90.9%	6.8%	88.6%	90.9%	93.2%	59.1%	
	Nay Pyi Taw	Freq	2	6	5	6	4	6	8	2	7	1	8	6	0	7	7	8	6	8
		%	25.0%	75.0%	62.5%	75.0%	50.0%	75.0%	100.0%	25.0%	87.5%	12.5%	100.0%	75.0%	0.0%	87.5%	87.5%	100.0%	75.0%	
Urban/Rural	Urban	Freq	88	109	85	107	94	106	128	34	101	48	134	105	11	118	129	137	103	148
		%	59.5%	73.6%	57.4%	72.3%	63.5%	71.6%	86.5%	23.0%	68.2%	32.4%	90.5%	70.9%	7.4%	79.7%	87.2%	92.6%	69.6%	
	Rural	Freq	110	131	82	127	98	122	158	27	174	54	195	163	9	180	208	220	119	232
		%	47.4%	56.5%	35.3%	54.7%	42.2%	52.6%	68.1%	11.6%	75.0%	23.3%	84.1%	70.3%	3.9%	77.6%	89.7%	94.8%	51.3%	
Type of administration	Govt	Freq	180	222	151	216	175	210	268	52	263	87	311	250	16	281	319	339	205	361
		%	49.9%	61.5%	41.8%	59.8%	48.5%	58.2%	74.2%	14.4%	72.9%	24.1%	86.1%	69.3%	4.4%	77.8%	88.4%	93.9%	56.8%	
	Private	Freq	18	18	16	18	17	18	18	9	12	15	18	18	4	17	18	18	17	19
		%	94.7%	94.7%	84.2%	94.7%	89.5%	94.7%	94.7%	47.4%	63.2%	78.9%	94.7%	94.7%	21.1%	89.5%	94.7%	94.7%	89.5%	
	Total	Freq	198	240	167	234	192	228	286	61	275	102	329	268	20	298	337	357	222	380

Any modern contraceptive method in stock (NO STOCK OUT) in the last three months

Table 109. Percentage distribution of service delivery points with any modern contraceptive method in-stock (NO STOCK-OUT) in the last three months (N=336)

			male condom	female condom	OCpill	injectable	ECP	IUD	implant	female sterilization
Level of Health Facility	Tertiary level	Freq	15	2	13	13	5	15	12	15
		%	78.9%	10.5%	68.4%	68.4%	26.3%	78.9%	63.2%	78.9%
	Secondary level	Freq	61	9	92	99	44	69	59	60
		%	43.6%	6.4%	65.7%	70.7%	31.4%	49.3%	42.1%	42.9%
	Primary level	Freq	118	20	134	124	93	32	4	4
		%	73.8%	12.5%	83.8%	77.5%	58.1%	20.0%	2.5%	2.5%
	Private hospital	Freq	11	2	17	16	12	15	16	10
		%	64.7%	11.8%	100.0%	94.1%	70.6%	88.2%	94.1%	58.8%
State/Region	Kachin	Freq	10	4	13	13	11	4	1	3
		%	66.7%	26.7%	86.7%	86.7%	73.3%	26.7%	6.7%	20.0%
	Kayah	Freq	5	0	6	4	5	4	4	3
		%	71.4%	0.0%	85.7%	57.1%	71.4%	57.1%	57.1%	42.9%
	Kayin	Freq	11	2	13	13	10	8	8	4
		%	78.6%	14.3%	92.9%	92.9%	71.4%	57.1%	57.1%	28.6%
	Chin	Freq	4	0	7	7	1	2	1	2
		%	50.0%	0.0%	87.5%	87.5%	12.5%	25.0%	12.5%	25.0%
	Sagaing	Freq	20	1	27	24	12	13	1	7
		%	51.3%	2.6%	69.2%	61.5%	30.8%	33.3%	2.6%	17.9%
	Tanintheri	Freq	9	4	10	11	5	6	1	6
		%	69.2%	30.8%	76.9%	84.6%	38.5%	46.2%	7.7%	46.2%
	Bago	Freq	15	4	21	22	12	7	7	8
		%	51.7%	13.8%	72.4%	75.9%	41.4%	24.1%	24.1%	27.6%
	Magway	Freq	17	1	22	20	4	8	9	12
		%	56.7%	3.3%	73.3%	66.7%	13.3%	26.7%	30.0%	40.0%
	Mandalay	Freq	17	3	18	14	13	11	8	7
		%	60.7%	10.7%	64.3%	50.0%	46.4%	39.3%	28.6%	25.0%
	Mon	Freq	9	0	10	11	7	3	1	0
		%	75.0%	0.0%	83.3%	91.7%	58.3%	25.0%	8.3%	0.0%
	Rakhine	Freq	12	3	17	14	11	1	1	0
		%	63.2%	15.8%	89.5%	73.7%	57.9%	5.3%	5.3%	0.0%
	Yangon	Freq	21	3	19	22	10	19	17	13
		%	84.0%	12.0%	76.0%	88.0%	40.0%	76.0%	68.0%	52.0%
	Shan (South)	Freq	17	0	21	20	16	13	8	4
		%	81.0%	0.0%	100.0%	95.2%	76.2%	61.9%	38.1%	19.0%
	Shan (North)	Freq	15	0	18	20	13	11	7	7
		%	65.2%	0.0%	78.3%	87.0%	56.5%	47.8%	30.4%	30.4%
	Shan (East)	Freq	5	1	6	9	5	4	2	3
		%	55.6%	11.1%	66.7%	100.0%	55.6%	44.4%	22.2%	33.3%
	Ayeyawady	Freq	14	7	26	24	17	14	11	8
		%	36.8%	18.4%	68.4%	63.2%	44.7%	36.8%	28.9%	21.1%
	Nay Pyi Taw	Freq	4	0	2	4	2	3	4	2
		%	66.7%	0.0%	33.3%	66.7%	33.3%	50.0%	66.7%	33.3%
Urban/Rural	Urban	Freq	84	12	100	100	60	75	60	62
		%	65.6%	9.4%	78.1%	78.1%	46.9%	58.6%	46.9%	48.4%
	Rural	Freq	121	21	156	152	94	56	31	27
		%	58.2%	10.1%	75.0%	73.1%	45.2%	26.9%	14.9%	13.0%
	Total	Freq	205	33	256	252	154	131	91	89

Contraceptive method "no stock-out" at last three months was well observed only for OCP, and injectable at all level HFs (>65%). Female condom was least frequent for "no stock-out" for all level HFs (<20%). Implant 'no stock-out' (19%) was not much improved than last year for all level government

sector HFs. Contraceptives except female condom were in-stock at most of private hospital.

Any modern contraceptive method in stock (NO STOCK-OUT) at the time of the survey

Table 110. Percentage distribution of service delivery points with a modern contraceptive method in-stock (NO STOCK-OUT) at the time of the survey

			Contraceptive no stock-out recent[a]							
			male condom	female condom	OC pill	injectable contraceptives	ECP	IUD	implant	female sterilization
Level of Health Facility	Tertiary level	Freq	14	2	15	13	7	15	13	11
		%	73.7%	10.5%	78.9%	68.4%	36.8%	78.9%	68.4%	57.9%
	Secondary level	Freq	65	12	91	110	46	66	50	44
		%	45.5%	8.4%	63.6%	76.9%	32.2%	46.2%	35.0%	30.8%
	Primary level	Freq	121	19	143	140	105	41	8	6
		%	73.8%	11.6%	87.2%	85.4%	64.0%	25.0%	4.9%	3.7%
	Private hospital	Freq	9	2	14	14	11	12	13	8
		%	64.3%	14.3%	100.0%	100.0%	78.6%	85.7%	92.9%	57.1%
State/Region	Kachin	Freq	10	3	13	14	11	7	1	4
		%	62.5%	18.8%	81.3%	87.5%	68.8%	43.8%	6.3%	25.0%
	Kayah	Freq	5	0	5	4	5	5	4	3
		%	71.4%	0.0%	71.4%	57.1%	71.4%	71.4%	57.1%	42.9%
	Kayin	Freq	10	2	14	14	11	8	6	5
		%	71.4%	14.3%	100.0%	100.0%	78.6%	57.1%	42.9%	35.7%
	Chin	Freq	4	0	10	10	2	1	2	2
		%	40.0%	0.0%	100.0%	100.0%	20.0%	10.0%	20.0%	20.0%
	Sagaing	Freq	20	1	31	28	15	12	0	0
		%	51.3%	2.6%	79.5%	71.8%	38.5%	30.8%	0.0%	0.0%
	Tanintheri	Freq	9	4	8	10	7	5	0	2
		%	75.0%	33.3%	66.7%	83.3%	58.3%	41.7%	0.0%	16.7%
	Bago	Freq	12	3	17	21	10	4	5	6
		%	42.9%	10.7%	60.7%	75.0%	35.7%	14.3%	17.9%	21.4%
	Magway	Freq	20	1	25	25	6	8	6	11
		%	66.7%	3.3%	83.3%	83.3%	20.0%	26.7%	20.0%	36.7%
	Mandalay	Freq	18	3	25	20	17	11	10	1
		%	60.0%	10.0%	83.3%	66.7%	56.7%	36.7%	33.3%	3.3%
	Mon	Freq	8	1	9	9	6	3	2	0
		%	72.7%	9.1%	81.8%	81.8%	54.5%	27.3%	18.2%	0.0%
	Rakhine	Freq	14	3	16	18	10	3	1	0
		%	63.6%	13.6%	72.7%	81.8%	45.5%	13.6%	4.5%	0.0%
	Yangon	Freq	20	3	19	21	15	19	15	12
		%	83.3%	12.5%	79.2%	87.5%	62.5%	79.2%	62.5%	50.0%
	Shan (South)	Freq	17	1	19	20	17	16	9	7
		%	81.0%	4.8%	90.5%	95.2%	81.0%	76.2%	42.9%	33.3%
	Shan (North)	Freq	12	0	11	15	10	7	1	2
		%	66.7%	0.0%	61.1%	83.3%	55.6%	38.9%	5.6%	11.1%

	Shan (East)	Freq	6	2	7	7	5	3	1	3
		%	75.0%	25.0%	87.5%	87.5%	62.5%	37.5%	12.5%	37.5%
	Ayeyawady	Freq	19	7	30	35	18	17	14	5
		%	44.2%	16.3%	69.8%	81.4%	41.9%	39.5%	32.6%	11.6%
	Nay Pyi Taw	Freq	5	1	4	6	4	5	7	6
		%	71.4%	14.3%	57.1%	85.7%	57.1%	71.4%	100.0%	85.7%
Urban/Rural	Urban	Freq	82	16	96	107	61	70	52	46
		%	65.1%	12.7%	76.2%	84.9%	48.4%	55.6%	41.3%	36.5%
	Rural	Freq	127	19	167	170	108	64	32	23
		%	59.3%	8.9%	78.0%	79.4%	50.5%	29.9%	15.0%	10.7%
	Total	Freq	209	35	263	277	169	134	84	69

Recent "no stock-out" was very low for female condom for all level HFs (<10%). Highest "no stock-out" rate at all level HFs was observed for OCP and injectable methods (>65%). No stock-out for other BS methods were found moderately apparent (20-50%). Significant urban rural discrepancy was noted for IUD, implant and female sterilization.

Table 110b. Availability of life-saving MRH Medicine comparison in four years

RH Medicine	2015	2016	2017	2018
(inj metro)	89.6%	96.3%	86.0%	86.6%
(inj Na Lactate)	77.8%	86.5%	85.7%	93.9%
(oral misoprostol)	74.7%	75.9%	71.2%	70.5%
(inj oxytocin)	72.2%	78.3%	86.0%	88.7%
(inj gentamycin)	64.0%	79.9%	65.7%	75.3%
(inj dexa)	62.9%	70.9%	59.6%	61.6%
(inj ampicillin)	60.4%	70.6%	49.2%	52.1%
(inj MgSO4)	57.0%	74.6%	78.3%	72.4%
(inj benz penicillin)	55.1%	55.6%	48.1%	43.9%
(oral nifedipine)	53.9%	73.8%	69.5%	78.4%
(oral cefixime)	53.7%	66.4%	51.4%	60.0%
(inj azithro)	50.6%	71.2%	60.7%	63.2%
(inj cal gluconate)	50.6%	63.8%	53.3%	50.5%
(inj TT)	42.1%	63.2%	65.4%	58.4%
(oral M-Dopa)	19.4%	41.0%	30.5%	26.8%
(oral hydralazine)	11.0%	23.0%	20.6%	16.1%

Four most common RH life-saving medicines in 2017 were "Inj Metronidazole" (86.6%), "Na Lactate" (93.9%), "Oral misoprostol" (70.5%) and "Inj Oxytocin" (88.7%). "Inj Gentamycin" was available at 75.3% of all HFs. Least frequently available medicine were 'M-dopa" (26.8%) and "Hydralazine" (16.1%). 58.4% of HFs of all levels had injection TT. Primary-level HFs were not relevant in this availability because most of those HFs had no continuous cold chain to keep TT injection all the time in their facility. Availability of some kinds of RH medicine (misoprostol, MgSO4, penicillin, calcium were less in this year assessment compare to last year report.

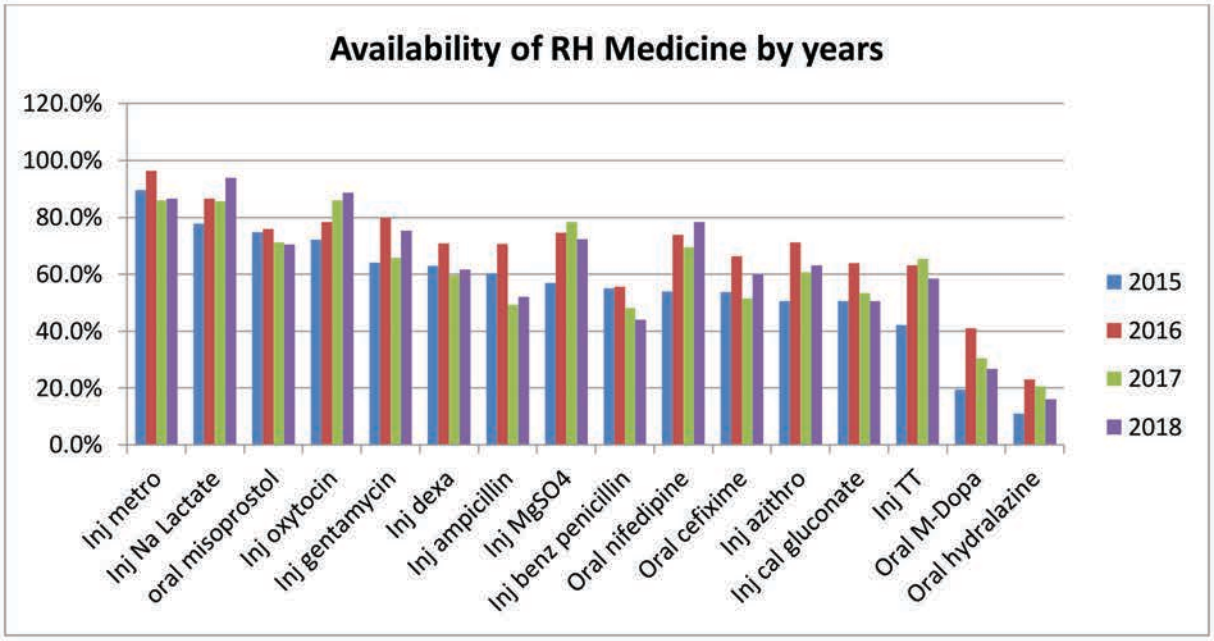


Figure 16. Two years comparison of recent availability of RH Medicine

Stock-out situation and reasons for stock-out by specific contraceptive methods (For FP2020 indicators)

Table 110c. Contraceptive stock-out in last 3 months

		N	Responses Percent	Percent of Cases (N=373)
Contraceptive stock-out in last 3 mth[a]	Male condom	153	14.4%	47.2%
	Female condom	201	18.9%	62.0%
	OCP	111	10.4%	34.3%
	Injection	120	11.3%	37.0%
	ECP	194	18.2%	59.9%
	IUD	156	14.6%	48.1%
	Implant	90	8.5%	27.8%
	Female sterilization	34	3.2%	10.5%

a. Dichotomy group tabulated at value 1.

Table 110d. Contraceptive stock-out at time of survey

		N	Responses Percent	Percent of Cases
Contraceptive stock-out recent[a]	Male condom	171	7.9%	45.0%
	Female condom	345	15.9%	90.8%
	OCP	117	5.4%	30.8%
	Injection	103	4.7%	27.1%
	ECP	211	9.7%	55.5%
	IUD	246	11.3%	64.7%
	Implant	296	13.6%	77.9%
	Female sterilization	311	14.3%	81.8%

a. Dichotomy group tabulated at value 2.

Table 110e. Reasons for stock-out recently

		Frequency
male condom	Supplies could not received timely	66
	Supplies could not indent timely	8
	Stock-out at market	1
	No users	26
	No supply	35
female condom	Supplies could not received timely	41
	Supplies could not indent timely	1
	Stock-out at market	1
	No users	61
	No supply	90
OC pill	Supplies could not received timely	56
	Supplies could not indent timely	14
	Stock-out at market	1
	No users	7
	No supply	12
injectable	Supplies could not received timely	56
	Supplies could not indend timely	10
	No users	4
	No supply	11
ECP	Supplies could not received timely	75
	Supplies could not indend timely	15
	Stock-out at market	2
	No users	35
	No skilled staff	1
	No supply	42
IUD	Supplies could not received timely	61
	Supplies could not indend timely	10
	Stock-out at market	1
	No users	21
	No skilled staff	18
	No equipment	1
	No supply	35
implant	Supplies could not received timely	32
	Supplies could not indend timely	7
	Stock-out at market	2
	No users	6
	No skilled staff	18
	No equipment	2
	No supply	24
female sterilization	Supplies could not received timely	3
	No users	8
	No skilled staff	18
	No equipment	2
	Operation Theatre not functioning	2

**********(1411-2018)

PART IV. Findings from clients interview

Background characteristics of Clients

	Characteristics	Frequency	Percent
State/ Region	Kachin	66	5.9
	Kayah	66	5.9
	Kayin	64	5.8
	Chin	65	5.8
	Sagaing	65	5.8
	Tanintheri	65	5.8
	Bago	64	5.8
	Magway	65	5.8
	Mandalay	70	6.3
	Mon	65	5.8
	Rakhine	66	5.9
	Yangon	65	5.8
	Shan (South)	67	6.0
	Shan (North)	64	5.8
	Shan (East)	65	5.8
	Ayeyawady	65	5.8
	Nay Pyi Taw	66	5.9
Level of Health Facility	Tertiary level	88	7.9
	Secondary level	359	32.3
	Primary level	666	59.8
Urban/Rural	Urban	497	44.7
	Rural	616	55.3
	Total	1113	100.0

Distribution of clients who had responded to the client exit interview by region, level of HFs and urban/rural residence were described in the table above. Similar to the last year, this year assessment the sample clients with equal number in all regions were recruited. In each region, 5 from one tertiary HF, 20 from two secondary HFs and 40 from four primary HFs were sampled from selected HFs' client register. No clients from private sector HFs were recruited. Most of clients were interviewed at their home rather than inviting to the clinic by specifically recruited and trained enumerators from States/Regional Public Health Departments. Client recruitment was also proportionately in accordance with level of facility and urban/rural status. Proportion of clients in rural was nearly twice of urban.

		Urban/Rural		
		Urban	Rural	Total
Level of Health Facility	Tertiary level	72	16	88
	Secondary level	211	148	359
	Primary level	214	452	666
	Total	497	616	1113

Sex distribution of clients

Table 87. Sex distribution of clients

			Sex		
			Male	Female	Total
Level of Health Facility	Tertiary level	Freq	1	87	88
		%	1.1%	98.9%	100.0%
	Secondary level	Freq	1	358	359
		%	0.3%	99.7%	100.0%
	Primary level	Freq	0	666	666
		%	0.0%	100.0%	100.0%
	Total	Freq	2	1111	1113
		%	0.2%	99.8%	100.0%

2018 RHCS Report

Age distribution of clients

Table 88. Age distribution of clients

Clients' Characteristics			Age (year) (group)									
			15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55+	Total
Level of Health Facility	Tertiary level	Freq	4	11	24	20	18	8	2	1	0	88
		%	4.5%	12.5%	27.3%	22.7%	20.5%	9.1%	2.3%	1.1%	0.0%	100.0%
	Secondary level	Freq	4	77	73	89	57	35	23	1	0	359
		%	1.1%	21.4%	20.3%	24.8%	15.9%	9.7%	6.4%	0.3%	0.0%	100.0%
	Primary level	Freq	28	118	137	135	135	81	28	3	1	666
		%	4.2%	17.7%	20.6%	20.3%	20.3%	12.2%	4.2%	0.5%	0.2%	100.0%
State/Region	Kachin	Freq	1	15	12	15	8	9	6	0	0	66
		%	1.5%	22.7%	18.2%	22.7%	12.1%	13.6%	9.1%	0.0%	0.0%	100.0%
	Kayah	Freq	1	9	20	19	10	5	2	0	0	66
		%	1.5%	13.6%	30.3%	28.8%	15.2%	7.6%	3.0%	0.0%	0.0%	100.0%
	Kayin	Freq	2	8	11	17	14	9	2	1	0	64
		%	3.1%	12.5%	17.2%	26.6%	21.9%	14.1%	3.1%	1.6%	0.0%	100.0%
	Chin	Freq	1	11	23	12	7	8	3	0	0	65
		%	1.5%	16.9%	35.4%	18.5%	10.8%	12.3%	4.6%	0.0%	0.0%	100.0%
	Sagaing	Freq	2	11	16	15	12	8	1	0	0	65
		%	3.1%	16.9%	24.6%	23.1%	18.5%	12.3%	1.5%	0.0%	0.0%	100.0%
	Tanintheri	Freq	1	13	12	8	22	5	3	1	0	65
		%	1.5%	20.0%	18.5%	12.3%	33.8%	7.7%	4.6%	1.5%	0.0%	100.0%
	Bago	Freq	3	10	12	13	12	5	8	0	1	64
		%	4.7%	15.6%	18.8%	20.3%	18.8%	7.8%	12.5%	0.0%	1.6%	100.0%
	Magway	Freq	2	9	15	13	12	6	8	0	0	65
		%	3.1%	13.8%	23.1%	20.0%	18.5%	9.2%	12.3%	0.0%	0.0%	100.0%
	Mandalay	Freq	3	7	9	17	21	10	3	0	0	70
		%	4.3%	10.0%	12.9%	24.3%	30.0%	14.3%	4.3%	0.0%	0.0%	100.0%
	Mon	Freq	4	7	12	17	14	8	3	0	0	65
		%	6.2%	10.8%	18.5%	26.2%	21.5%	12.3%	4.6%	0.0%	0.0%	100.0%
	Rakhine	Freq	0	17	17	16	11	4	1	0	0	66
		%	0.0%	25.8%	25.8%	24.2%	16.7%	6.1%	1.5%	0.0%	0.0%	100.0%
	Yangon	Freq	4	19	7	10	12	8	5	0	0	65
		%	6.2%	29.2%	10.8%	15.4%	18.5%	12.3%	7.7%	0.0%	0.0%	100.0%
	Shan (South)	Freq	5	17	12	11	14	6	2	0	0	67
		%	7.5%	25.4%	17.9%	16.4%	20.9%	9.0%	3.0%	0.0%	0.0%	100.0%

2018 RHCS Report

	Shan (North)	Freq	2	18	12	18	7	5	2	0	0	64
		%	3.1%	28.1%	18.8%	28.1%	10.9%	7.8%	3.1%	0.0%	0.0%	100.0%
	Shan (East)	Freq	2	14	19	12	7	9	1	1	0	65
		%	3.1%	21.5%	29.2%	18.5%	10.8%	13.8%	1.5%	1.5%	0.0%	100.0%
	Ayeyawady	Freq	2	14	11	15	10	11	0	2	0	65
		%	3.1%	21.5%	16.9%	23.1%	15.4%	16.9%	0.0%	3.1%	0.0%	100.0%
	Nay Pyi Taw	Freq	1	7	14	16	17	8	3	0	0	66
		%	1.5%	10.6%	21.2%	24.2%	25.8%	12.1%	4.5%	0.0%	0.0%	100.0%
Urban/Rural	Urban	Freq	14	110	108	111	82	51	19	2	0	497
		%	2.8%	22.1%	21.7%	22.3%	16.5%	10.3%	3.8%	0.4%	0.0%	100.0%
	Rural	Freq	22	96	126	133	128	73	34	3	1	616
		%	3.6%	15.6%	20.5%	21.6%	20.8%	11.9%	5.5%	0.5%	0.2%	100.0%
	Total	Freq	36	206	234	244	210	124	53	5	1	1113
		%	3.2%	18.5%	21.0%	21.9%	18.9%	11.1%	4.8%	0.4%	0.1%	100.0%

More than 90% of clients were aged between 20-49 years.

Marital status of clients

Table 89. Marital status of clients

Clients' Characteristics			Marital status: Unmarried /live together	Married/ live together	Divorce /separated/ widow	Total
Level of Health Facility	Tertiary level	Freq	0	86	2	88
		%	0.0%	97.7%	2.3%	100.0%
	Secondary level	Freq	1	354	4	359
		%	0.3%	98.6%	1.1%	100.0%
	Primary level	Freq	9	652	5	666
		%	1.4%	97.9%	0.8%	100.0%
State/Region	Kachin	Freq	5	61	0	66
		%	7.6%	92.4%	0.0%	100.0%
	Kayah	Freq	0	66	0	66
		%	0.0%	100.0%	0.0%	100.0%
	Kayin	Freq	0	61	3	64
		%	0.0%	95.3%	4.7%	100.0%
	Chin	Freq	0	63	2	65
		%	0.0%	96.9%	3.1%	100.0%
	Sagaing	Freq	0	65	0	65
		%	0.0%	100.0%	0.0%	100.0%
	Tanintheri	Freq	0	65	0	65
		%	0.0%	100.0%	0.0%	100.0%
	Bago	Freq	1	62	1	64
		%	1.6%	96.9%	1.6%	100.0%
	Magway	Freq	0	65	0	65
		%	0.0%	100.0%	0.0%	100.0%
	Mandalay	Freq	0	70	0	70
		%	0.0%	100.0%	0.0%	100.0%
	Mon	Freq	0	64	1	65
		%	0.0%	98.5%	1.5%	100.0%
	Rakhine	Freq	0	65	1	66
		%	0.0%	98.5%	1.5%	100.0%
	Yangon	Freq	0	64	1	65
		%	0.0%	98.5%	1.5%	100.0%
	Shan (South)	Freq	1	65	1	67
		%	1.5%	97.0%	1.5%	100.0%
	Shan (North)	Freq	0	64	0	64
		%	0.0%	100.0%	0.0%	100.0%
	Shan (East)	Freq	0	65	0	65
		%	0.0%	100.0%	0.0%	100.0%
	Ayeyawady	Freq	3	62	0	65
		%	4.6%	95.4%	0.0%	100.0%
	Nay Pyi Taw	Freq	0	65	1	66
		%	0.0%	98.5%	1.5%	100.0%
Urban/Rural	Urban	Freq	2	487	8	497
		%	0.4%	98.0%	1.6%	100.0%
	Rural	Freq	8	605	3	616
		%	1.3%	98.2%	0.5%	100.0%
	Total	Freq	10	1092	11	1113
		%	0.9%	98.1%	1.0%	100.0%

Majority of clients was married (98.1%). There was no differential between levels of HFs, regions and urban rural.

Education level

Table 90. Percentage distribution of clients by education level

Clients' Characteristics			Education level: No schooling	Primary	Above primary	Total
Level of Health Facility	Tertiary level	Freq	7	22	59	88
		%	8.0%	25.0%	67.0%	100.0%
	Secondary level	Freq	23	99	237	359
		%	6.4%	27.6%	66.0%	100.0%
	Primary level	Freq	55	220	391	666
		%	8.3%	33.0%	58.7%	100.0%
State/Region	Kachin	Freq	0	16	50	66
		%	0.0%	24.2%	75.8%	100.0%
	Kayah	Freq	4	15	47	66
		%	6.1%	22.7%	71.2%	100.0%
	Kayin	Freq	2	27	35	64
		%	3.1%	42.2%	54.7%	100.0%
	Chin	Freq	7	19	39	65
		%	10.8%	29.2%	60.0%	100.0%
	Sagaing	Freq	2	21	42	65
		%	3.1%	32.3%	64.6%	100.0%
	Tanintheri	Freq	3	25	37	65
		%	4.6%	38.5%	56.9%	100.0%
	Bago	Freq	2	27	35	64
		%	3.1%	42.2%	54.7%	100.0%
	Magway	Freq	8	26	31	65
		%	12.3%	40.0%	47.7%	100.0%
	Mandalay	Freq	5	19	46	70
		%	7.1%	27.1%	65.7%	100.0%
	Mon	Freq	3	18	44	65
		%	4.6%	27.7%	67.7%	100.0%
	Rakhine	Freq	2	14	50	66
		%	3.0%	21.2%	75.8%	100.0%
	Yangon	Freq	6	23	36	65
		%	9.2%	35.4%	55.4%	100.0%
	Shan (South)	Freq	9	15	43	67
		%	13.4%	22.4%	64.2%	100.0%
	Shan (North)	Freq	6	15	43	64
		%	9.4%	23.4%	67.2%	100.0%
	Shan (East)	Freq	14	15	36	65
		%	21.5%	23.1%	55.4%	100.0%
	Ayeyawady	Freq	3	21	41	65
		%	4.6%	32.3%	63.1%	100.0%
	Nay Pyi Taw	Freq	9	25	32	66
		%	13.6%	37.9%	48.5%	100.0%
Urban/Rural	Urban	Freq	43	133	321	497
		%	8.7%	26.8%	64.6%	100.0%
	Rural	Freq	42	208	366	616
		%	6.8%	33.8%	59.4%	100.0%
	Total	Freq	85	341	687	1113
		%	7.6%	30.6%	61.7%	100.0%

More than 90% of clients was above primary level education. One-third of clients was at primary level education. There was slight higher level education in urban (64.6% vs. 59.4%) HFs. Respondents from Kacinh, Kayah, and Rakhine were noted as relatively higher level of education.

Clients' perception of family planning service provision

Clients' frequency of visit to the SDP for FP services

Table 91. Percentage distribution of clients by frequency of visit to the SDP for FP services

Clients' Characteristics			Frequency of ever visit to birth spcaing clinic					
			monthly	two-monthly	three-monthly	Irregularly	Just once (for implant)	Total
Level of Health Facility	Tertiary level	Freq	14	1	44	29	0	88
		%	15.9%	1.1%	50.0%	33.0%	0.0%	100.0%
	Secondary level	Freq	78	3	216	62	0	359
		%	21.7%	0.8%	60.2%	17.3%	0.0%	100.0%
	Primary level	Freq	149	10	454	52	1	666
		%	22.4%	1.5%	68.2%	7.8%	0.2%	100.0%
State/Region	Kachin	Freq	21	1	36	8	0	66
		%	31.8%	1.5%	54.5%	12.1%	0.0%	100.0%
	Kayah	Freq	11	1	36	18	0	66
		%	16.7%	1.5%	54.5%	27.3%	0.0%	100.0%
	Kayin	Freq	17	0	33	13	1	64
		%	26.6%	0.0%	51.6%	20.3%	1.6%	100.0%
	Chin	Freq	8	0	35	22	0	65
		%	12.3%	0.0%	53.8%	33.8%	0.0%	100.0%
	Sagaing	Freq	13	1	44	7	0	65
		%	20.0%	1.5%	67.7%	10.8%	0.0%	100.0%
	Tanintheri	Freq	8	0	53	4	0	65
		%	12.3%	0.0%	81.5%	6.2%	0.0%	100.0%
	Bago	Freq	18	2	43	1	0	64
		%	28.1%	3.1%	67.2%	1.6%	0.0%	100.0%
	Magway	Freq	16	1	46	2	0	65
		%	24.6%	1.5%	70.8%	3.1%	0.0%	100.0%
	Mandalay	Freq	18	0	44	8	0	70
		%	25.7%	0.0%	62.9%	11.4%	0.0%	100.0%
	Mon	Freq	15	1	46	3	0	65
		%	23.1%	1.5%	70.8%	4.6%	0.0%	100.0%
	Rakhine	Freq	10	0	56	0	0	66
		%	15.2%	0.0%	84.8%	0.0%	0.0%	100.0%
	Yangon	Freq	13	1	44	7	0	65
		%	20.0%	1.5%	67.7%	10.8%	0.0%	100.0%
	Shan (South)	Freq	13	1	40	13	0	67
		%	19.4%	1.5%	59.7%	19.4%	0.0%	100.0%
	Shan (North)	Freq	11	3	46	4	0	64
		%	17.2%	4.7%	71.9%	6.3%	0.0%	100.0%
	Shan (East)	Freq	22	0	35	8	0	65
		%	33.8%	0.0%	53.8%	12.3%	0.0%	100.0%
	Ayeyawady	Freq	15	0	41	9	0	65
		%	23.1%	0.0%	63.1%	13.8%	0.0%	100.0%
	Nay Pyi Taw	Freq	12	2	36	16	0	66
		%	18.2%	3.0%	54.5%	24.2%	0.0%	100.0%
Urban/Rural	Urban	Freq	107	6	311	72	1	497
		%	21.5%	1.2%	62.6%	14.5%	0.2%	100.0%
	Rural	Freq	134	8	403	71	0	616
		%	21.8%	1.3%	65.4%	11.5%	0.0%	100.0%
	Total	Freq	241	14	714	143	1	1113
		%	21.7%	1.3%	64.2%	12.8%	0.1%	100.0%

About 86% of clients in the interview were monthly or three-monthly visitors. Of them, three-monthly visitors were accounted as two-thirds of total (64.2%). 12.8% of clients were irregular visitors. Irregularity was more apparent in tertiary level HFs, Chin, Kayah and Kayin States with slightly higher at urban areas. Three-monthly visits were more frequent in lower level HFs.

Clients' perspective of FP service provider's adherence to technical issues

Table 92. Percentage distribution of clients' perspective of FP service provider's adherence to technical issues

	Clients' Characteristics		Clients perspective of FP service provider's adherence to technical issues[a]						
			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	Total
Level of Health Facility	Tertiary level	Freq	86	68	65	68	69	80	88
		%	97.7%	77.3%	73.9%	77.3%	78.4%	90.9%	
	Secondary level	Freq	330	310	274	271	284	318	355
		%	93.0%	87.3%	77.2%	76.3%	80.0%	89.6%	
	Primary level	Freq	595	594	539	526	546	592	659
		%	90.3%	90.1%	81.8%	79.8%	82.9%	89.8%	
State/Region	Kachin	Freq	65	61	49	45	42	49	65
		%	100.0%	93.8%	75.4%	69.2%	64.6%	75.4%	
	Kayah	Freq	64	61	53	45	52	59	66
		%	97.0%	92.4%	80.3%	68.2%	78.8%	89.4%	
	Kayin	Freq	59	63	41	39	37	58	64
		%	92.2%	98.4%	64.1%	60.9%	57.8%	90.6%	
	Chin	Freq	54	52	34	32	41	55	63
		%	85.7%	82.5%	54.0%	50.8%	65.1%	87.3%	
	Sagaing	Freq	56	51	47	47	52	54	64
		%	87.5%	79.7%	73.4%	73.4%	81.3%	84.4%	
	Tanintheri	Freq	65	62	57	59	59	63	65
		%	100.0%	95.4%	87.7%	90.8%	90.8%	96.9%	
	Bago	Freq	64	54	54	52	51	55	64
		%	100.0%	84.4%	84.4%	81.3%	79.7%	85.9%	
	Magway	Freq	63	58	57	55	57	58	65
		%	96.9%	89.2%	87.7%	84.6%	87.7%	89.2%	
	Mandalay	Freq	61	68	65	67	68	64	69
		%	88.4%	98.6%	94.2%	97.1%	98.6%	92.8%	
	Mon	Freq	63	62	57	56	56	62	65

2018 RHCS Report

		%	96.9%	95.4%	87.7%	86.2%	86.2%	95.4%	
	Rakhine	Freq	53	60	52	53	55	63	66
		%	80.3%	90.9%	78.8%	80.3%	83.3%	95.5%	
	Yangon	Freq	59	59	48	53	54	56	64
		%	92.2%	92.2%	75.0%	82.8%	84.4%	87.5%	
	Shan (South)	Freq	57	53	54	57	58	62	65
		%	87.7%	81.5%	83.1%	87.7%	89.2%	95.4%	
	Shan (North)	Freq	64	61	55	56	56	60	64
		%	100.0%	95.3%	85.9%	87.5%	87.5%	93.8%	
	Shan (East)	Freq	42	44	47	49	53	56	62
		%	67.7%	71.0%	75.8%	79.0%	85.5%	90.3%	
	Ayeyawady	Freq	56	51	56	50	52	59	65
		%	86.2%	78.5%	86.2%	76.9%	80.0%	90.8%	
	Nay Pyi Taw	Freq	66	52	52	50	56	57	66
		%	100.0%	78.8%	78.8%	75.8%	84.8%	86.4%	
Urban/Rural	Urban	Freq	458	437	380	383	396	452	494
		%	92.7%	88.5%	76.9%	77.5%	80.2%	91.5%	
	Rural	Freq	553	535	498	482	503	538	608
		%	91.0%	88.0%	81.9%	79.3%	82.7%	88.5%	
	Total	Freq	1011	972	878	865	899	990	1102

Most of people (>90%) got the BS method they preferred. Information they received from providers which relatively less was “about side-effects” (about 70%), about how to manage side effects of the contraceptives” (about 70%), and “about need to follow up for side-effects” (about 80%) especially at tertiary level HFs.

Regarding to clients’ response about receiving their preferred method was apparently low in Shan (E) (67.7%) in comparing to other areas having more than 80%. However, the rates were found improved than the last year data (77%). Relative less informed about side effect was noted at Chin (54%) and Kayin (64.1%). Urban rural difference for the information receiving was not noted.

Clients' perspective on organizational aspects of FP service

Table 93. Percentage distribution of Clients' perspective of FP service organizational aspects

Clients' Characteristics			Clients' perspective on service organizational aspects[a]			Total
			Waiting time before consultation was too long	Satisfy the cleanliness of HC	Satisfy privacy status of HC	
Level of Health Facility	Tertiary level	Freq	21	85	84	87
		%	24.1%	97.7%	96.6%	
	Secondary level	Freq	34	350	348	358
		%	9.5%	97.8%	97.2%	
	Primary level	Freq	60	648	638	658
		%	9.1%	98.5%	97.0%	
State/Region	Kachin	Freq	4	66	63	66
		%	6.1%	100.0%	95.5%	
	Kayah	Freq	13	63	59	65
		%	20.0%	96.9%	90.8%	
	Kayin	Freq	1	63	58	64
		%	1.6%	98.4%	90.6%	
	Chin	Freq	22	60	61	63
		%	34.9%	95.2%	96.8%	
	Sagaing	Freq	10	65	63	65
		%	15.4%	100.0%	96.9%	
	Tanintheri	Freq	7	63	63	65
		%	10.8%	96.9%	96.9%	
	Bago	Freq	4	62	61	64
		%	6.3%	96.9%	95.3%	
	Magway	Freq	7	63	65	65
		%	10.8%	96.9%	100.0%	
	Mandalay	Freq	4	69	68	69
		%	5.8%	100.0%	98.6%	
	Mon	Freq	4	65	65	65
		%	6.2%	100.0%	100.0%	
	Rakhine	Freq	4	61	64	64
		%	6.3%	95.3%	100.0%	
	Yangon	Freq	7	62	63	64
		%	10.9%	96.9%	98.4%	
	Shan (South)	Freq	3	67	66	67
		%	4.5%	100.0%	98.5%	
	Shan (North)	Freq	1	62	62	64
		%	1.6%	96.9%	96.9%	
	Shan (East)	Freq	6	62	61	62
		%	9.7%	100.0%	98.4%	
	Ayeyawady	Freq	10	64	63	65
		%	15.4%	98.5%	96.9%	
	Nay Pyi Taw	Freq	8	66	65	66
		%	12.1%	100.0%	98.5%	
Urban/Rural	Urban	Freq	62	481	477	493
		%	12.6%	97.6%	96.8%	
	Rural	Freq	53	602	593	610
		%	8.7%	98.7%	97.2%	
	Total	Freq	115	1083	1070	1103

More than 95% gave favourable response for situation of clinic. Most of clients satisfied about cleanliness and privacy at the health center. Long waiting time at the health center was complained only by 8.7% of respondents (less than 2017 data >15%). Long waiting time was complained more

frequently by clients of tertiary level HFs (24.1%) and it was slight higher than 2017 (17%). Significantly high percent for responding long waiting time was observed at Chin State. Urban rural difference for responding long waiting time was apparent (12.6% vs. 8.7%).

Clients' perspective on inter-personal aspects of FP service

Table 94. Percentage distribution of clients' perspective of FP service inter-personal aspects

Clients' Characteristics			Clients' perspective on inter-personal aspects[a]			
			Took enough time for consultation	Gave regards and warm welcome	Insisted/urged to accept the method you got	Total
Level of Health Facility	Tertiary level	Freq	86	87	7	88
		%	97.7%	98.9%	8.0%	
	Secondary level	Freq	346	356	26	358
		%	96.6%	99.4%	7.3%	
	Primary level	Freq	649	659	43	661
		%	98.2%	99.7%	6.5%	
State/Region	Kachin	Freq	64	66	9	66
		%	97.0%	100.0%	13.6%	
	Kayah	Freq	65	66	4	66
		%	98.5%	100.0%	6.1%	
	Kayin	Freq	62	63	1	64
		%	96.9%	98.4%	1.6%	
	Chin	Freq	60	64	0	65
		%	92.3%	98.5%	0.0%	
	Sagaing	Freq	65	65	7	65
		%	100.0%	100.0%	10.8%	
	Tanintheri	Freq	64	65	5	65
		%	98.5%	100.0%	7.7%	
	Bago	Freq	63	62	2	64
		%	98.4%	96.9%	3.1%	
	Magway	Freq	64	65	4	65
		%	98.5%	100.0%	6.2%	
	Mandalay	Freq	67	69	0	69
		%	97.1%	100.0%	0.0%	
	Mon	Freq	65	65	3	65
		%	100.0%	100.0%	4.6%	
	Rakhine	Freq	65	66	2	66
		%	98.5%	100.0%	3.0%	
	Yangon	Freq	63	64	9	64
		%	98.4%	100.0%	14.1%	
	Shan (South)	Freq	67	67	5	67
		%	100.0%	100.0%	7.5%	
	Shan (North)	Freq	64	63	3	64
		%	100.0%	98.4%	4.7%	
	Shan (East)	Freq	61	61	7	61
		%	100.0%	100.0%	11.5%	
	Ayeyawady	Freq	56	65	13	65
		%	86.2%	100.0%	20.0%	
	Nay Pyi Taw	Freq	66	66	2	66
		%	100.0%	100.0%	3.0%	
Urban/Rural	Urban	Freq	491	493	35	496
		%	99.0%	99.4%	7.1%	
	Rural	Freq	590	609	41	611

		%	96.6%	99.7%	6.7%	
	Total	Freq	1081	1102	76	1107

Regarding the inter-personal relationship with service providers during the clinic visit, almost all of respondents gave favorable response. Only <7% of respondents stated they have been insisted to accept the BS method that they have from the HF. Responding insist on the method choice was more frequently observed at Ayeyarwady, Yangon and Kachin.

Clients' perspective on outcome aspects of FP service

Table 95. Percentage distribution of clients' perspective of FP service outcome aspects

			Clients' perspective on outcome aspects[a]				
	Clients' Characteristics		Satisfy the attitude of staff on you	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 level	Freq	87	88	79	82	88
		%	98.9%	100.0%	89.8%	93.2%	
	Secondary level	Freq	354	354	348	342	357
		%	99.2%	99.2%	97.5%	95.8%	
	Primary level	Freq	652	657	644	617	660
		%	98.8%	99.5%	97.6%	93.5%	
State/Region	Kachin	Freq	66	66	63	65	66
		%	100.0%	100.0%	95.5%	98.5%	
	Kayah	Freq	65	64	65	60	66
		%	98.5%	97.0%	98.5%	90.9%	
	Kayin	Freq	63	64	64	64	64
		%	98.4%	100.0%	100.0%	100.0%	
	Chin	Freq	62	63	59	45	64
		%	96.9%	98.4%	92.2%	70.3%	
	Sagaing	Freq	64	65	61	62	65
		%	98.5%	100.0%	93.8%	95.4%	
	Tanintheri	Freq	65	65	64	65	65
		%	100.0%	100.0%	98.5%	100.0%	
	Bago	Freq	63	63	58	53	64
		%	98.4%	98.4%	90.6%	82.8%	
	Magway	Freq	63	64	64	58	65
		%	96.9%	98.5%	98.5%	89.2%	
	Mandalay	Freq	69	69	69	69	69
		%	100.0%	100.0%	100.0%	100.0%	
	Mon	Freq	65	65	64	65	65
		%	100.0%	100.0%	98.5%	100.0%	
	Rakhine	Freq	65	65	64	62	66
		%	98.5%	98.5%	97.0%	93.9%	
	Yangon	Freq	64	64	63	59	64
		%	100.0%	100.0%	98.4%	92.2%	
	Shan (South)	Freq	67	67	66	65	67
		%	100.0%	100.0%	98.5%	97.0%	
	Shan (North)	Freq	62	64	64	64	64
		%	96.9%	100.0%	100.0%	100.0%	
	Shan (East)	Freq	59	60	59	60	60
		%	98.3%	100.0%	98.3%	100.0%	
	Ayeyawady	Freq	65	65	59	64	65
		%	100.0%	100.0%	90.8%	98.5%	

	Nay Pyi Taw	Freq	66	66	65	61	66
		%	100.0%	100.0%	98.5%	92.4%	
Urban/Rural	Urban	Freq	490	490	478	457	495
		%	99.0%	99.0%	96.6%	92.3%	
	Rural	Freq	603	609	593	584	610
		%	98.9%	99.8%	97.2%	95.7%	
	Total	Freq	1093	1099	1071	1041	1105

On the outcome aspect, almost all statements pointed clients satisfied the result of the clinic visit.

Clients' appraisal of cost of family planning services

Clients' appraisal on paying for service and average amount paid by type of SDP

Table 96a. Percentage of clients reporting paying for service and average amount paid by type of SDP

Clients' Characteristics			Need to pay for the last visit for BS services: yes	no	Total
Level of Health Facility	Tertiary level	Freq	23	65	88
		%	26.1%	73.9%	100.0%
	Secondary level	Freq	88	268	356
		%	24.7%	75.3%	100.0%
	Primary level	Freq	133	530	663
		%	20.1%	79.9%	100.0%
	Total	Freq	244	863	1107
		%	22.0%	78.0%	100.0%

Table 96b. Clients reporting average amount paid by type of SDP

Level of Health Facility		Charged for registration	Charged for Lab/X Ray procedure	Medicine from clinic	Medicine from outside pahrmacy	Examination fees
Tertiary level	N	11	8	14	13	9
	Median	0	0	1000	100	0
	Mean	473	0	1314	10869	278
	Std. Deviation	899	0	1270	28003	833
Secondary level	N	39	32	56	49	35
	Median	0	0	1000	0	0
	Mean	244	94	1858	1041	200
	Std. Deviation	485	530	4318	1801	597
Primary level	N	50	41	87	53	49
	Median	150	0	1000	0	0
	Mean	516	2244	4366	4083	769
	Std. Deviation	862	14051	16165	15691	3573
Total	N	100	81	157	115	93
	Median	0	0	1000	0	0
	Mean	405	1173	3199	3554	508
	Std. Deviation	746	10001	12349	14323	2633

About 22% of clients responded they had to pay for services at HFs. The response was highest at tertiary level (26%) and lowest at primary level (20%). Kachin, Shan (E), Ayayarwady, Yangon and Rakhine were high rate of response of pay for service. Urban rural difference was not significant (21.5% vs. 22.5%).

Table 97a. Percentage of clients reporting paying for service by Administrative Unit (Region)

			Need to pay for the last visit for BS services		
			yes	no	Total
State/Region	Kachin	Freq	28	38	66
		%	42.4%	57.6%	100.0%
	Kayah	Freq	12	54	66
		%	18.2%	81.8%	100.0%
	Kayin	Freq	12	52	64
		%	18.8%	81.3%	100.0%
	Chin	Freq	8	57	65
		%	12.3%	87.7%	100.0%
	Sagaing	Freq	11	54	65
		%	16.9%	83.1%	100.0%
	Tanintheri	Freq	14	51	65
		%	21.5%	78.5%	100.0%
	Bago	Freq	11	53	64
		%	17.2%	82.8%	100.0%
	Magway	Freq	34	31	65
		%	52.3%	47.7%	100.0%
	Mandalay	Freq	16	53	69
		%	23.2%	76.8%	100.0%
	Mon	Freq	6	59	65
		%	9.2%	90.8%	100.0%
	Rakhine	Freq	18	48	66
		%	27.3%	72.7%	100.0%
	Yangon	Freq	18	45	63
		%	28.6%	71.4%	100.0%
	Shan (South)	Freq	4	63	67
		%	6.0%	94.0%	100.0%
	Shan (North)	Freq	1	63	64
		%	1.6%	98.4%	100.0%
	Shan (East)	Freq	20	42	62
		%	32.3%	67.7%	100.0%
	Ayeyawady	Freq	23	42	65
		%	35.4%	64.6%	100.0%
	Nay Pyi Taw	Freq	8	58	66
		%	12.1%	87.9%	100.0%
	Total	Freq	244	863	1107
		%	22.0%	78.0%	100.0%

Table 97b. Clients reporting average amount paid by Administrative Unit (Region)

	State/Region	for registration	for Lab/X Ray procedure	Medicine from clinic	Medicine from outside pharmacy	Examination fees
Kachin	N		2	26	3	1
	Median		2500	1250	1000	2500
	Mean		2500	6635	867	2500
	Std. Deviation		707	15087	231	.
Kayin	N	2		8	1	
	Median	1250		1000	6000	
	Mean	1250		1188	6000	
	Std. Deviation	354		753	.	
Chin	N	3	1	5	1	2
	Median	1000	0	1500	0	500
	Mean	667	0	4200	0	500
	Std. Deviation	577	.	6048	.	707
Sagaing	N	4	1	2	6	1
	Median	400	0	500	3750	200

	Mean	325	0	500	3833	200
	Std. Deviation	236	.	707	3559	.
Tanintheri	N	14	13	13	13	13
	Median	1000	0	0	0	0
	Mean	893	0	192	10000	0
	Std. Deviation	626	0	693	28284	0
Bago	N			4	4	2
	Median			1250	800	2000
	Mean			1125	775	2000
	Std. Deviation			479	206	1414
Magway	N	9		10	9	9
	Median	500		1000	1000	1500
	Mean	478		1105	933	1278
	Std. Deviation	67		550	591	363
Mandalay	N	2		7	3	1
	Median	500		1000	2000	1500
	Mean	500		1143	2833	1500
	Std. Deviation	0		378	1893	.
Mon	N	1		5		
	Median	200		1000		
	Mean	200		1000		
	Std. Deviation	.		500		
Rakhine	N			10	8	
	Median			1250	1500	
	Mean			1550	1563	
	Std. Deviation			926	678	
Yangon	N	18	18	18	18	18
	Median	0	0	1500	0	0
	Mean	0	0	1728	0	0
	Std. Deviation	0	0	1315	0	0
Shan (South)	N			3		
	Median			3000		
	Mean			2667		
	Std. Deviation			1528		
Shan (North)	N	1	1	1	1	1
	Median	0	0	0	0	1000
	Mean	0	0	0	0	1000
	Std. Deviation	.	.	.	.	.
Shan (East)	N	18	18	18	18	18
	Median	0	0	0	0	0
	Mean	222	0	5733	6306	0
	Std. Deviation	392	0	23528	16872	0
Ayeyawady	N	23	23	23	23	23
	Median	0	0	500	0	0
	Mean	174	0	737	304	22
	Std. Deviation	650	0	615	926	104
Nay Pyi Taw	N	5	4	4	7	4
	Median	1000	0	1250	600	0
	Mean	1740	22500	23125	13443	6250
	Std. Deviation	2130	45000	44588	33770	12500
Total	N	100	81	157	115	93
	Median	0	0	1000	0	0
	Mean	405	1173	3199	3554	508
	Std. Deviation	746	10001	12349	14323	2633

There was high variation of different variety of costing among respondents for their visit to HFs to get BS service.

Table 98a. Percentage of clients reporting paying for serviceby urban/rural

			Need to pay for the last visit for BS services		
			yes	no	Total
Urban/Rural	Urban	Freq	106	388	494
		%	21.5%	78.5%	100.0%
	Rural	Freq	138	475	613
		%	22.5%	77.5%	100.0%
	Total	Freq	244	863	1107
		%	22.0%	78.0%	100.0%

Table 98b. Clients reporting average amount paid visitsby urban/rural

	Urban/Rural	Charged for registration	Charged for Lab/X Ray procedure	Medicine from clinic	Medicine from outside pharmacy	Examination fees
Urban	N	40	34	67	49	37
	Median	0	0	1000	0	0
	Mean	393	59	3045	3218	216
	Std. Deviation	682	343	9249	14766	683
Rural	N	60	47	90	66	56
	Median	0	0	1000	0	0
	Mean	413	1979	3314	3803	700
	Std. Deviation	792	13126	14277	14095	3346
Total	N	100	81	157	115	93
	Median	0	0	1000	0	0
	Mean	405	1173	3199	3554	508
	Std. Deviation	746	10001	12349	14323	2633

Urban rural difference for the amount of pay for medicine was not apparent."Table 99. Percentage of clients reporting paying for service and average amount paid visits by management of facility" could not be described due to exclusiveness of private sector clients in the recruitment.

Clients' mode of transportation, distance travelled and cost of transportation

Table 100. Percentage distribution of clients by mode of transportation, distance travelled and cost of transportation

	Transportation	Frequency	Percent
Main route to reach the clinic	On-foot	673	60.7
	Bicycle	42	3.8
	Motorbike	317	28.6
	Bus/Taxi	34	3.1
	Own vehicle	18	1.6
	Other	24	2.2
Distance to clinic from home (mile)	<= .0	183	18.3
	.1 - 1.0	670	66.9
	1.1+	149	14.9

Cost of clinic visit	<= .00	274	42.5
	1.00 - 1000.00	319	49.5
	1001.00 - 2000.00	26	4.0
	2001.00 - 3000.00	10	1.6
	3001.00 - 4000.00	2	0.3
	4001.00+	13	2.0

Motorbike and "on-foot" were found as most frequent mode of transportation (28.6% and 60.7% respectively). Majority of clients (85%) stayed at less than 1 mile away from their nearest HF. Most of them (92%) needed to spend no more than 1000 kyats (nearly one USD) for clinic visit. The finding was consistent with 2016 and 2017 situation.

Table 100a.Percentage distribution of clients by mode of transportation

			Main route to reach the clinic						
	Clients' Characteristics		On-foot	Bicycle	Motorbike	Bus/Taxi	Own vehicle	Other	Total
Level of Health Facility	Tertiary level	Freq	30	3	37	11	2	4	87
		%	34.5%	3.4%	42.5%	12.6%	2.3%	4.6%	100.0%
	Secondary level	Freq	208	13	119	6	7	5	358
		%	58.1%	3.6%	33.2%	1.7%	2.0%	1.4%	100.0%
	Primary level	Freq	435	26	161	17	9	15	663
		%	65.6%	3.9%	24.3%	2.6%	1.4%	2.3%	100.0%
State/Region	Kachin	Freq	32	2	29	1	1	1	66
		%	48.5%	3.0%	43.9%	1.5%	1.5%	1.5%	100.0%
	Kayah	Freq	34	2	28	1	0	1	66
		%	51.5%	3.0%	42.4%	1.5%	0.0%	1.5%	100.0%
	Kayin	Freq	33	0	21	4	6	0	64
		%	51.6%	0.0%	32.8%	6.3%	9.4%	0.0%	100.0%
	Chin	Freq	56	0	9	0	0	0	65
		%	86.2%	0.0%	13.8%	0.0%	0.0%	0.0%	100.0%
	Sagaing	Freq	37	1	23	0	0	4	65
		%	56.9%	1.5%	35.4%	0.0%	0.0%	6.2%	100.0%
	Tanintheri	Freq	34	1	17	9	4	0	65
		%	52.3%	1.5%	26.2%	13.8%	6.2%	0.0%	100.0%
	Bago	Freq	33	13	14	0	1	3	64
		%	51.6%	20.3%	21.9%	0.0%	1.6%	4.7%	100.0%
	Magway	Freq	48	0	15	0	0	2	65
		%	73.8%	0.0%	23.1%	0.0%	0.0%	3.1%	100.0%
	Mandalay	Freq	38	1	26	2	1	0	68
		%	55.9%	1.5%	38.2%	2.9%	1.5%	0.0%	100.0%
	Mon	Freq	28	8	19	10	0	0	65
		%	43.1%	12.3%	29.2%	15.4%	0.0%	0.0%	100.0%
	Rakhine	Freq	45	0	15	1	0	5	66
		%	68.2%	0.0%	22.7%	1.5%	0.0%	7.6%	100.0%
	Yangon	Freq	43	3	10	4	0	4	64
		%	67.2%	4.7%	15.6%	6.3%	0.0%	6.3%	100.0%
	Shan (South)	Freq	39	2	24	1	1	0	67
		%	58.2%	3.0%	35.8%	1.5%	1.5%	0.0%	100.0%
	Shan (North)	Freq	32	1	31	0	0	0	64
		%	50.0%	1.6%	48.4%	0.0%	0.0%	0.0%	100.0%
	Shan (East)	Freq	36	7	17	1	2	0	63
		%	57.1%	11.1%	27.0%	1.6%	3.2%	0.0%	100.0%
	Ayeyawady	Freq	61	0	2	0	0	2	65
		%	93.8%	0.0%	3.1%	0.0%	0.0%	3.1%	100.0%
	Nay Pyi Taw	Freq	44	1	17	0	2	2	66
		%	66.7%	1.5%	25.8%	0.0%	3.0%	3.0%	100.0%
Urban/Rural	Urban	Freq	273	22	160	18	6	16	495

		%	55.2%	4.4%	32.3%	3.6%	1.2%	3.2%	100.0%
	Rural	Freq	400	20	157	16	12	8	613
		%	65.3%	3.3%	25.6%	2.6%	2.0%	1.3%	100.0%
	Total	Freq	673	42	317	34	18	24	1108
		%	60.7%	3.8%	28.6%	3.1%	1.6%	2.2%	100.0%

Table 100b. Percentage distribution of clients by mode of distance travelled

			Distance to clinic from home (mile) (Binned)			
Clients' Characteristics			<= .0	.1 - 1.0	1.1+	Total
Level of Health Facility	Tertiary level	Freq	11	40	35	86
		%	12.8%	46.5%	40.7%	100.0%
	Secondary level	Freq	68	214	49	331
		%	20.5%	64.7%	14.8%	100.0%
	Primary level	Freq	104	416	65	585
		%	17.8%	71.1%	11.1%	100.0%
State/Region	Kachin	Freq	2	55	8	65
		%	3.1%	84.6%	12.3%	100.0%
	Kayah	Freq	0	53	13	66
		%	0.0%	80.3%	19.7%	100.0%
	Kayin	Freq	0	46	14	60
		%	0.0%	76.7%	23.3%	100.0%
	Chin	Freq	0	58	7	65
		%	0.0%	89.2%	10.8%	100.0%
	Sagaing	Freq	25	38	1	64
		%	39.1%	59.4%	1.6%	100.0%
	Tanintheri	Freq	1	55	8	64
		%	1.6%	85.9%	12.5%	100.0%
	Bago	Freq	35	18	11	64
		%	54.7%	28.1%	17.2%	100.0%
	Magway	Freq	0	51	13	64
		%	0.0%	79.7%	20.3%	100.0%
	Mandalay	Freq	0	29	10	39
		%	0.0%	74.4%	25.6%	100.0%
	Mon	Freq	0	62	3	65
		%	0.0%	95.4%	4.6%	100.0%
	Rakhine	Freq	0	47	16	63
		%	0.0%	74.6%	25.4%	100.0%
	Yangon	Freq	16	25	8	49
		%	32.7%	51.0%	16.3%	100.0%
	Shan (South)	Freq	12	49	5	66
		%	18.2%	74.2%	7.6%	100.0%
	Shan (North)	Freq	22	32	7	61
		%	36.1%	52.5%	11.5%	100.0%
	Shan (East)	Freq	41	5	10	56
		%	73.2%	8.9%	17.9%	100.0%
	Ayeyawady	Freq	21	4	0	25
		%	84.0%	16.0%	0.0%	100.0%
	Nay Pyi Taw	Freq	8	43	15	66
		%	12.1%	65.2%	22.7%	100.0%
Urban/Rural	Urban	Freq	78	314	75	467
		%	16.7%	67.2%	16.1%	100.0%
	Rural	Freq	105	356	74	535
		%	19.6%	66.5%	13.8%	100.0%
	Total	Freq	183	670	149	1002
		%	18.3%	66.9%	14.9%	100.0%

Table 100c. Percentage distribution of clients by cost of transportation

Clients' Characteristics			Cost of clinic visit						
			<= .00	1.00 - 1000.00	1001.00 - 2000.00	2001.00 - 3000.00	3001.00 - 4000.00	4001.00+	Total
Level of Health Facility	Tertiary level	Freq	10	36	8	2	2	6	64
		%	15.6%	56.3%	12.5%	3.1%	3.1%	9.4%	100.0%
	Secondary level	Freq	90	127	9	7	0	3	236
		%	38.1%	53.8%	3.8%	3.0%	0.0%	1.3%	100.0%
	Primary level	Freq	174	156	9	1	0	4	344
		%	50.6%	45.3%	2.6%	0.3%	0.0%	1.2%	100.0%
State/Region	Kachin	Freq	0	23	5	1	0	2	31
		%	0.0%	74.2%	16.1%	3.2%	0.0%	6.5%	100.0%
	Kayah	Freq	0	19	1	0	1	1	22
		%	0.0%	86.4%	4.5%	0.0%	4.5%	4.5%	100.0%
	Kayin	Freq	0	26	5	1	0	3	35
		%	0.0%	74.3%	14.3%	2.9%	0.0%	8.6%	100.0%
	Chin	Freq	1	6	3	0	0	0	10
		%	10.0%	60.0%	30.0%	0.0%	0.0%	0.0%	100.0%
	Sagaing	Freq	36	24	0	0	0	0	60
		%	60.0%	40.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Tanintheri	Freq	36	24	4	0	0	0	64
		%	56.3%	37.5%	6.3%	0.0%	0.0%	0.0%	100.0%
	Bago	Freq	0	14	1	2	0	0	17
		%	0.0%	82.4%	5.9%	11.8%	0.0%	0.0%	100.0%
	Magway	Freq	0	16	0	0	0	0	16
		%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Mandalay	Freq	0	24	1	0	1	1	27
		%	0.0%	88.9%	3.7%	0.0%	3.7%	3.7%	100.0%
	Mon	Freq	0	27	1	2	0	0	30
		%	0.0%	90.0%	3.3%	6.7%	0.0%	0.0%	100.0%
	Rakhine	Freq	1	22	0	0	0	0	23
		%	4.3%	95.7%	0.0%	0.0%	0.0%	0.0%	100.0%
	Yangon	Freq	24	24	1	2	0	1	52
		%	46.2%	46.2%	1.9%	3.8%	0.0%	1.9%	100.0%
	Shan (South)	Freq	0	18	1	2	0	2	23
		%	0.0%	78.3%	4.3%	8.7%	0.0%	8.7%	100.0%
	Shan (North)	Freq	32	28	0	0	0	0	60
		%	53.3%	46.7%	0.0%	0.0%	0.0%	0.0%	100.0%
	Shan (East)	Freq	34	6	3	0	0	1	44
		%	77.3%	13.6%	6.8%	0.0%	0.0%	2.3%	100.0%
	Ayeyawady	Freq	60	4	0	0	0	0	64
		%	93.8%	6.3%	0.0%	0.0%	0.0%	0.0%	100.0%
	Nay Pyi Taw	Freq	50	14	0	0	0	2	66
		%	75.8%	21.2%	0.0%	0.0%	0.0%	3.0%	100.0%
Urban/Rural	Urban	Freq	85	154	16	8	2	9	274
		%	31.0%	56.2%	5.8%	2.9%	0.7%	3.3%	100.0%
	Rural	Freq	189	165	10	2	0	4	370
		%	51.1%	44.6%	2.7%	0.5%	0.0%	1.1%	100.0%
	Total	Freq	274	319	26	10	2	13	644
		%	42.5%	49.5%	4.0%	1.6%	0.3%	2.0%	100.0%

Table 100d. Average cost spent to travel clinic by client

Cost of travel to reach the clinic

Health Facility	N	Median	Mean	Std. Deviation
Level				
Tertiary level	64	500	1927	5376
Secondary level	236	250	591	1988
Primary level	344	0	493	3197
State/Region				
Kachin	31	500	3110	10522
Kayah	22	500	932	1211
Kayin	35	500	1437	2030
Chin	10	550	810	570
Sagaing	60	0	138	218
Tanintheri	64	0	242	418
Bago	17	500	806	796
Magway	16	400	425	261
Mandalay	27	500	2022	7619
Mon	30	500	732	708
Rakhine	23	500	467	227
Yangon	52	225	473	854
Shan (South)	23	500	1989	5110
Shan (North)	60	0	142	173
Shan (East)	44	0	281	870
Ayeyawady	64	0	35	153
Nay Pyi Taw	66	0	483	2133
Urban/Rural				
Urban	274	500	1094	4635
Rural	370	0	358	1064
Total	644	250	671	3147

Time spent by client for FP services

Table 100e. Average time spent to travel clinic by client

Health Facility	Duration for travel to clinic (total minute)	Duration for waiting at clinic (total minute)	Duration for return to home (total minute)
Tertiary level	18	21	18
Secondary level	13	8	13
Primary level	11	7	11
Kachin	12	5	12
Kayah	15	14	15
Kayin	12	10	12
Sagaing	8	4	8
Tanintheri	13	10	13
Bago	15	4	15
Magway	16	10	16
Mandalay	11	11	10
Mon	16	17	16
Rakhine	12	10	12
Shan (South)	11	4	11
Ayeyawady	8	8	8
Nay Pyi Taw	11	6	11
Urban	14	11	14
Rural	11	7	11
Total	12	9	12

Total time spent for clinic visit for BS was about 31 minutes on average. These were 12 minutes each for travel go and back, 9 minutes for waiting time.

Clients' activities they would have engaged in during the time spent receiving FP services

Table 102. Percentage distribution of clients by activities they would have engaged in during the time spent receiving FP services

Clients' Characteristics			Activities they would have engaged in during the time spent receiving FP services[a] (Regular housechores)	(Farm works)	(Selling)	(Manual labour)	(Skill labour)	(Professional job)	(Others)	Total
Sex	Male	Freq	2	0	0	0	0	0	0	2
		%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
	Female	Freq	748	135	111	41	33	18	38	1106
		%	67.6%	12.2%	10.0%	3.7%	3.0%	1.6%	3.4%	
Age (year) (Binned)	15 - 19	Freq	30	3	0	1	1	0	1	36
		%	83.3%	8.3%	0.0%	2.8%	2.8%	0.0%	2.8%	
	20 - 24	Freq	145	22	16	9	7	2	6	204
		%	71.1%	10.8%	7.8%	4.4%	3.4%	1.0%	2.9%	
	25 - 29	Freq	167	15	18	8	10	6	10	234
		%	71.4%	6.4%	7.7%	3.4%	4.3%	2.6%	4.3%	
	30 - 34	Freq	156	41	31	10	4	4	4	244
		%	63.9%	16.8%	12.7%	4.1%	1.6%	1.6%	1.6%	
	35 - 39	Freq	138	24	23	9	8	3	9	209
		%	66.0%	11.5%	11.0%	4.3%	3.8%	1.4%	4.3%	
	40 - 44	Freq	80	18	14	3	3	2	5	123
		%	65.0%	14.6%	11.4%	2.4%	2.4%	1.6%	4.1%	
	45 - 49	Freq	29	12	7	1	0	1	3	52
		%	55.8%	23.1%	13.5%	1.9%	0.0%	1.9%	5.8%	
	50 - 54	Freq	4	0	2	0	0	0	0	5
		%	80.0%	0.0%	40.0%	0.0%	0.0%	0.0%	0.0%	
	55+	Freq	1	0	0	0	0	0	0	1
		%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Marital status	Unmarried/live together	Freq	9	1	0	0	0	0	0	10
		%	90.0%	10.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
	Married/live together	Freq	735	134	110	39	33	17	38	1088
		%	67.6%	12.3%	10.1%	3.6%	3.0%	1.6%	3.5%	
	Divorce/separated/widow	Freq	6	0	1	2	0	1	0	10
		%	60.0%	0.0%	10.0%	20.0%	0.0%	10.0%	0.0%	
Education level	No schooling	Freq	59	14	6	3	2	0	3	84
		%	70.2%	16.7%	7.1%	3.6%	2.4%	0.0%	3.6%	
	Primary	Freq	227	41	28	19	12	2	17	339

2018 RHCS Report

	%	67.0%	12.1%	8.3%	5.6%	3.5%	0.6%	5.0%	
Above primary	Freq	464	80	77	19	19	16	18	685
	%	67.7%	11.7%	11.2%	2.8%	2.8%	2.3%	2.6%	
Total	Freq	750	135	111	41	33	18	38	1108

About two-third of clients they spared the time for household works during the clinic visit. About 21% stated they spared time for earning farm works or selling. No obvious differential of tasks between clients with different background characteristics was observed. Unmarried women had higher percent of engagement in household chore than married.

****

Persons indicated to have performed activities on clients' behalf while they were away receiving FP Services

Table 103. Percentage distribution of clients by persons indicated to have performed activities on their behalf while they were away

Clients' Characteristics			To whom assigned the task left at home				
			Family member	Working partner	Nobody	Other	Total
Sex	Male	Freq	1	0	1	0	2
		%	50.0%	0.0%	50.0%	0.0%	100.0%
	Female	Freq	463	14	605	11	1093
		%	42.4%	1.3%	55.4%	1.0%	100.0%
Age (year) (Binned)	15 - 19	Freq	18	0	17	0	35
		%	51.4%	0.0%	48.6%	0.0%	100.0%
	20 - 24	Freq	81	2	116	2	201
		%	40.3%	1.0%	57.7%	1.0%	100.0%
	25 - 29	Freq	88	3	139	2	232
		%	37.9%	1.3%	59.9%	0.9%	100.0%
	30 - 34	Freq	111	5	124	3	243
		%	45.7%	2.1%	51.0%	1.2%	100.0%
	35 - 39	Freq	85	3	114	2	204
		%	41.7%	1.5%	55.9%	1.0%	100.0%
	40 - 44	Freq	53	1	66	2	122
		%	43.4%	0.8%	54.1%	1.6%	100.0%
	45 - 49	Freq	26	0	26	0	52
		%	50.0%	0.0%	50.0%	0.0%	100.0%
	50 - 54	Freq	2	0	3	0	5
		%	40.0%	0.0%	60.0%	0.0%	100.0%
	55+	Freq	0	0	1	0	1
		%	0.0%	0.0%	100.0%	0.0%	100.0%
Marital status	Unmarried/ live together	Freq	4	0	6	0	10
		%	40.0%	0.0%	60.0%	0.0%	100.0%
	Married/live together	Freq	458	14	592	11	1075
		%	42.6%	1.3%	55.1%	1.0%	100.0%
	Divorce/ separated /widow	Freq	2	0	8	0	10
		%	20.0%	0.0%	80.0%	0.0%	100.0%
Education level	No schooling	Freq	39	1	43	1	84
		%	46.4%	1.2%	51.2%	1.2%	100.0%
	Primary	Freq	131	4	195	3	333
		%	39.3%	1.2%	58.6%	0.9%	100.0%
	Above primary	Freq	294	9	368	7	678
		%	43.4%	1.3%	54.3%	1.0%	100.0%
	Total	Freq	464	14	606	11	1095
		%	42.4%	1.3%	55.3%	1.0%	100.0%

About 55.3% of clients did not delegate the duties to others for absence of works during the clinic visit. 42.4% of clients stated they delegated their duties to their family members during their visit to clinic. Differentials of duty delegation to family members was not obvious among different background.

Amount paid to persons who performed activities on behalf of clients while client was away receiving FP services

Table 104. Average amount paid to persons who performed activities on behalf of clients by activities performed while client was away receiving FP services

Client	Delegated person	N	Mean	Std. Deviation
Regular HH works				
	Family member	94	500	235
	Nobody	118	-	-
	Other	3	1500	289
	Total	215	1000	160
Farmer				
	Family member	20	350	1565
	Working partner	1	6000	
	Nobody	10	-	-
	Total	31	500	1628
Selling works				
	Family member	18	500	118
	Nobody	8	-	-
	Other	2	500	707
	Total	28	500	208
Manual laborer				
	Family member	1	-	-
	Nobody	8	-	-
	Total	9	-	-
Skilled laborer				
	Family member	1	-	-
	Working partner	2	2000	2828
	Nobody	4	-	-
	Total	7	600	1512
Profession works				
	Family member	1	-	-
	Nobody	3	-	-
	Total	4	-	-
Other works				
	Family member	3	-	-
	Working partner	1	-	-
	Nobody	6	-	-
	Other	1	500	
	Total	11	500	151

Of those clients who had assigned for their work during the clinic visit had to spend about 1000 kyats for regular house-works and 500 kyats for farm-works.

Source of money paid for FP services

Table 105. Percentage distribution of clients by source of funds used to pay for FP services

Clients' Characteristics			Clients by source of funds used to pay for FP services[a] (by myself)	(by spouse)	(by family members)	(by others)	Total
Sex	Male	Freq	0	1	0	0	1
		%	0.0%	100.0%	0.0%	0.0%	
	Female	Freq	282	276	6	1	563
		%	50.1%	49.0%	1.1%	0.2%	
Age (year) (Binned)	15 - 19	Freq	2	14	0	1	17
		%	11.8%	82.4%	0.0%	5.9%	
	20 - 24	Freq	49	57	3	0	108
		%	45.4%	52.8%	2.8%	0.0%	
	25 - 29	Freq	58	60	2	0	119
		%	48.7%	50.4%	1.7%	0.0%	
	30 - 34	Freq	64	60	1	0	125
		%	51.2%	48.0%	0.8%	0.0%	
	35 - 39	Freq	59	47	0	0	106
		%	55.7%	44.3%	0.0%	0.0%	
	40 - 44	Freq	31	27	0	0	58
		%	53.4%	46.6%	0.0%	0.0%	
	45 - 49	Freq	17	12	0	0	29
		%	58.6%	41.4%	0.0%	0.0%	
	50 - 54	Freq	1	0	0	0	1
		%	100.0%	0.0%	0.0%	0.0%	
	55+	Freq	1	0	0	0	1
		%	100.0%	0.0%	0.0%	0.0%	
Marital status	Unmarried/live together	Freq	3	6	0	0	9
		%	33.3%	66.7%	0.0%	0.0%	
	Married/live together	Freq	278	268	6	1	551
		%	50.5%	48.6%	1.1%	0.2%	
	Divorce/separated/widow	Freq	1	3	0	0	4
		%	25.0%	75.0%	0.0%	0.0%	
Education level	No schooling	Freq	26	15	0	0	41
		%	63.4%	36.6%	0.0%	0.0%	
	Primary	Freq	82	71	1	0	153
		%	53.6%	46.4%	0.7%	0.0%	
	Above primary	Freq	174	191	5	1	370
		%	47.0%	51.6%	1.4%	0.3%	
	Total	Freq	282	277	6	1	564

The payment was made mostly by their spouse (49%) and by themselves (50%).

Amount paid from each source by background characteristics of clients

Table 106. Average amount paid from each source by background characteristics of clients

Clients' Characteristics	Amount of cost solved by myself	Amount of cost solved by spouse	Amount of cost solved by family members	Amount of cost solved by others
Sex				
Male	-	1200	-	-
Female	1971	3828	2583	2000
Age (year) (Binned)				
15 - 19	500	1407		2000
20 - 24	1576	2132	2167	
25 - 29	2020	2394	2750	
30 - 34	1357	1861	3500	
35 - 39	3279	10997		
40 - 44	1257	2984		
45 - 49	2259	5492		
50 - 54	500			
55+	3000			
Marital status				
Unmarried/live together	2333	917		
Married/live together	1971	3897	2583	2000
Divorce/separated/widow	1000	2800		
Education level				
No schooling	1000	2557		
Primary	3047	2900	3500	
Above primary	1589	4253	2400	2000
Total	1971	3818	2583	2000

Average amount paid from each source during the clinic visit was around 2500 kyats.

Part V: Summary of findings

Summary findings of Health Facility assessment

Sample HFs

A total of 380 health facilities including 19 private hospitals were assessed. Selected HFs in Yangon Regions included Urban Health Centers and MCH clinics as primary level HFs. Some of Station Hospitals and all private hospitals were also located at urban rather than rural context. Higher proportion of sample HFs at Ayeyarwady, Shan (north), and Rakhine were located at more than 21 miles away from the nearest medical depot.

A. Modern contraceptives offered by health facilities

Primary level HFs: Out of total 175 primary level HFs, 94.3% (compare to 81.4% at 2016 and 82.3% at 2017) were providing at least three modern contraceptive and majority was fulfilling basically required services for birth spacing. In 11 States/Regions (out of 17), more than 90% of HFs could provide at least three modern contraceptive methods. Bago, Magway Sagaing, Kachin, Shan (North) and Chin were noted to have less than union level 94%.

Secondary, tertiary and private HFs: 48.5% of secondary level HFs were available of at least "five" modern contraceptive methods and it was much lower than tertiary level and private HFs (84.2% and. 78.9%). The 2018 percentage at Tertiary Level HFs was higher than 2017 data (77.3%). Eight out of 17 areas have noted that only less than 60%. Urban rural difference (63.8% vs. 42.7%) was still obvious, but the gap was narrower than that of 2017 (52.5% vs. 25%). The difference between government and private sectors (i.e. 52% vs. 79%) was statistically significant as 2017.

B. Availability of Maternal and RH Medicines

55% of total HFs were available of essential life saving MRH medicine and slight increase (49.9% at 2017) was noted. It was highest in tertiary level (78.9%) and lowest in primary level 48%. Four years' trend for all level HFs showed fluctuation, but obvious rising trend in last three years was noted in tertiary level and primary levels. Less than 40% of HFs in Chin, Rakhine, Bago and Ayeyarwady were available 7 seesential MRH medicines like 2017 situation. Highest percentage was found in Shan (south), Nay Pyi Taw and Kayah (>80%). The urban rural gap 4% was narrower in 2018 compare to 2017 (8.7%). Availability was higher in private sector than government sector (68.4% vs. 54.3%). The situation was reverse of 2017 (Govt 49.6% vs. Private 52.6%). Higher availability was noted in HFs located at easier to travel duration and route to depot. RH medicines stock-out situation slightly increased at 2018 compare to 2017 for almost all kinds of medicine.

C. Incidence of "No Stock Out" of modern contraceptives in the last three months

56.1% of HFs experienced stock-out of at least one modern contraceptive in last three months. The lower the level of HFs, thie higher the percents of stock-out. Kayin, and Shan (South) were lowest having less than 30%. Urban and rural, "stock-out rates" were 46.6% and 62.1% respectively. Urban rural difference 15% was narrower in 2018 compare to 2017 data (20%). Stock-out status was only in government sector. No stock-out situation for "OCP" and "Injectable" were more than 65% across all levels of HFs. The lowest no stock-out rate for all HFs was for "female condom" (about 10%). Implant availability was higher for tertiary and secondary level HFs. Implant method was available at 94.1% of private HFs. Most common reasons for stock-out (at last 3 months) were "untimely supplies", "no users" and " no skill staff".

D. Incidence of "No Stock-Out" of modern contraceptives on the day of the survey

Urban HFs had higher percentage of recent no-stock-out a modern method compare to rural HFs (68.2% vs. 61.2%) with narrower gap compare to 2017 (54.8% vs. 47.9%). The difference between government sector and private sector HFs for recent "no stock-out" was significant (62% vs. 100%). Government sector recent "no stock-out" was increased at 2018 compare to 2017 (49%). Stock for "OCP" and "Injectable" methods were high in all levels (>75%). Female condom stock was lowest in all level HFs (<15%). Implant stock were lower in secondary level HFs compare to tertiary level HFs (35% vs. 68.4%). Implant stock rate in private sector was quite high (92.9%). Five common modern methods (OCP, M condom, Injectable, IUD and ECP) were available over all regions. IUD availability was lower than other four methods. Implant and female sterilization were not available in many Regions. Implant, IUD, implant, female condom and female sterilization which were higher in urban than rural HFs. Comparison for specific methods between four years showed reduction of stock-out of implant was noted while other methods stock out rates were increasing.

FP 2020 Indicators

Provision of contraceptives: OCP and injectable contraceptives were most commonly provided BS methods at all level HFs. ECP and male condom were second most commonly used contraceptives. Female condom, IUD and implants methods were not much available at all levels of HFs. Majority of tertiary level HFs could provide injectables, IUD, OCP, implant, male condom, and female sterilization method, while most primary level HFs could provide OCP, injectable, male condom and ECP. Urban rural difference was obvious for IUD, implant and female sterilization methods. The pattern was similar to the last years 2016 and 2017.

No stock-out during last three months: Contraceptive method "no stock-out" at last three months was well observed only for OCP, and injectable at all level HFs (>65%). Female condom was least frequent for "no stock-out" for all level HFs (<20%). Implant 'no stock-out' (19%) was not much improved than last year for all level government sector HFs. Contraceptives except female condom were in-stock at most of private hospital.

Recent "no stock-out" was very low for female condom for all level HFs (<10%). Highest "no stock-out" rate at all level HFs was observed for OCP and injectable methods (>65%). No stock-out for other BS methods were found moderately apparent (20-50%). Significant urban rural discrepancy was noted for IUD, implant and female sterilization.

RH life-saving medicines: Four most common RH life-saving medicines available in 2018 were "Inj Metronidazole" (86.6%), "Na Lactate" (93.9%), "Oral Misoprostol" (70.5%) and "Inj Oxytocin" (88.7%). "Inj Gentamycin" was available at 75.3% of all HFs. Least frequently available medicine was 'M-dopa" (26.8%) and "Hydralazine" (16.1%). 58.4% of HFs of all levels had injection TT. Primary-level HFs were not relevant in this availability because most of those HFs had no continuous cold chain to keep TT injection all the time in their facility. Availability of some kinds of RH medicine (Misoprostol, MgSO4, Penicillin, Calcium gluconate were less in this year assessment compare to last year report.

E. Supply chain, including cold chain

"MS", and "Assigned MO" were main responsible person for drug indent at tertiary and secondary level HFs while "HA/LHV/Sister" were in primary level HFs. HA/LHV/Sister was most frequently assigned in all regions except Kachin, Shan (east) and Nay Pyi Taw. Similarly, to 2017, in urban HFs, MS/Head, Assigned MO and HA/LHV/Sister were more while in rural HFs HA/LHV/Sister, and assigned MO were taking responsibility more. Private HFs assigned more frequently to nurses, pharmacists and head of the hospital.

Quantifying: Supplies for majority secondary and primary levels HFs were also quantified by calculation (63%) and medical depot only (52.1%, 65.7% and 59.4%, 56.6% respectively). Tertiary level HFs

quantified more by calculation (73.7%). Majority of tertiary and secondary HFs in urban areas (65% and 58%) quantified their supply needs by themselves while rural HFs by depot. "Other" means "use of facility stock report or form that created by higher level HF". Private sector HFs mainly quantified drug needed by calculation (61.1%).

Main source of supplies for all levels HFs were respective Township HD and State/Region HD (68.4% and 15.7% respectively). However, supplies for majority of tertiary level HFs were State/Region HD and CMSD (63.2% and 31.6% respectively). Main source of drug supply for private sector HF was private pharmacy and companies.

Transportation: Most of HFs (>70%) at all levels had their own arrangement for transportation of supplies to their HFs. Most of HFs were arranging the transportation for supplies themselves in all areas. Government arrangement for the transportation for tertiary and secondary level HFs were only 15.8% and 12.6% respectively. Government arrangement was identified in some HFs at Kayah, Kachin, Kayin, Shan (E), Yangon and Nay Pyi Taw. Transportation by own arrangement was more obvious in rural HFs than urban HFs (92.2% vs.75%).

Frequency: About 40% of HFs at all levels were irregular in the interval. Majority of HFs especially secondary and primary levels stated that the interval between order and receipt was irregular (43.2% and 41.4% respectively). Majority of Private HFs (50%) received drug supplies in relatively short interval (<2 weeks). Similarly, 32% of HFs described the interval of between-indents was "irregular". The irregularity was more pronounced in private HFs (55.6%). Irregularity of frequency of resupply was more pronounced in private HFs (52.6% vs. 41.7%).

Availability of cold chain was 67.6% of HFs and was higher in tertiary and secondary level HFs (100% & 86.2%) and too much less in primary level HFs (42.9%). All private HFs had cold chain system. Variations among the regions was observed. Kayah, Shan (N), Bago, and Chin were (<less than 60%). The highest availability was noted in Shan (E) and Mon having more than 80%. Urban rural difference was also obvious (79.1% vs. 60.3%). The private sector HFs had 100% availability. Of available cold chains, more than 90% was electric system and less than 7% was ice box. There were no variations among levels and urban/rural HFs for having the electric type cold chain.

Majority of cold chain system had "regular supply system". However, many tertiary level secondary level and private HFs had their own generators (31.6%, 30.16% and 50% respectively). About 32.9% of secondary level and 50% of primary level HFs also used solar power. Use rate of solar was higher than 2017 (39% in 2018 and 26% in 2017). While the use of national grid power supply was marked in urban HFs, use of solar power was much higher in rural (42.6% in rural vs. 23.0% in urban). Use of generator was more frequent in private HFs (64.7%).

F. Staff training and supervision

Trained staff for birth Spacing: About 61.6% of HFs had trained staff for birth spacing and it becomes higher than last two year figures (50.4% at 2017 and 55% at 2016). Percentages of having trained staff for BS was lowest in secondary level (59.3%) compare to tertiary and primary levels (68.4% and 63.4% respectively). More than 80 HFs in Shan (N), Kayah and Mandalay had trained staff for BS. Urban rural difference became obvious (64.9% and 59.5% respectively).

Trained staff for implant: HFs which had trained staff for implant was increased to 31.3% and became more than last year data (i.e. 21.1%). Tertiary level HF had 57.9% and it was highest among levels of HFs. At primary levels HFs, it was higher than the last year (13.1% vs. 7.7%). Majority States and Regions have less than 20%. The urban rural difference (45.9% and 22%) was obvious and more pronounced in this year (i.e. 31% vs. 14% in 2017). Private sector had more than government sector (57.9% vs. 29.9%)

Training: 68.1% got the training for BS more than one year ago. This trained for longer duration was more marked at government HFs compare to private hospital (>50%% vs. 37.5%). It was high in

Tanintheri, Rakhine, Chin and Mandalay compare to other regions. The difference between urban and rural was not much (59.1% and 58.8%). Most recently trained staff for implant was more prevalent in tertiary and private hospitals (27.3% vs. 22.2%).

Supervision for RH matter was received by 52.1% of HFs and it was higher in secondary level (57.5%) and highest in private hospitals (63.2%). The percentages were increasing compare to 2017. All HFs in Shan (E), Mon, and Kayah received the supervision.

HFs which had not received RH supervision was obvious that Chin, Mandalay, Bago and Sagaing, had highest proportion of HFs (>65%). There was not much different between urban and rural (53.4% vs. 51.3%). More frequently visited HFs was higher in urban. Quarterly visit was higher among rural HFs.

As in the last year 2016 and 2017, supervision for RH was more apparent and frequent in government sectors than private sector. The occurrences of issues were not different between levels of HFs. Most frequent issue for supervision was "logistic". Second most-frequent issues was "reporting". Supervision for abiding guideline and instruction was also well apparent in this year assessment.

G. Availability of guidelines, check-lists and job aids

Availability of any guidelines was (157/380=41.3%) of HFs. Most frequently available guidebook was "Job aid for antenatal care" (24.7%) and "Guidebook for antenatal care" (18.7%). Regarding the guide for BS, 17.6% of HFs had "Checklist for BS". "National guidebook for BS" was available at 7.1% of HFs only. "Guide for waste disposal" was least available at only 15.5% of HFs. Availability of all items were higher than that of the last year 2017 especially "Guide for waste disposal" (15.5% vs. 5%).

H. Use of Information Communication Technology (ICT)

Almost all of HFs had any one of ICT appliances and it was much higher than last year. Most frequently used ICT appliance were "Smart phone" (92%), and "computer" (39.1%). Availability for all type of ICT equipment was more frequent at private HFs and lowest in primary level HFs. Urban rural difference was also apparent like 2017. Most ICT suppliers were "own" (73.2%) and "government" (20.4%). Government supply was least in primary level. Governments supplies were mostly at Kayah, Nay Pyi Taw, and Kachin compare to other regions. Most frequent uses of ICT were for "hospital record", 'patient register", "HE" and "routine communication". Use for "Hospital record", and "patient register" were more prevalent in this year assessment.

I. Waste disposal

Burying and burning were still mostly used method for waste disposal. However, waste disposal of 52.6% of tertiary level and 100% of private HFs used municipal disposal system.

J. Charges for user fees

User fee charge was noted at (132/380=34.7%) of HFs. 33.4% of HFs charged user fees especially for "medicine" and 12.6% was for "specialty services". HFs which charged for consultation fees was only 5.3%. Comparatively higher number was due to inclusiveness of private sector HFs in the analysis. Private sector HFs had no FOC services. User fees for medication was more frequent at tertiary level and at urban HFs.

Summary findings of clients' interview

Clients' characteristics

More than 90% of clients were aged between 20-49 years, married, and above primary level education with no differential between different types of of HFs. There was slight higher level education in urban (64.6% vs. 59.4%) HFs. Respondents from Kacinh, Kayah, and Rakhine were noted as relatively higher level of education.

Clients' perception of family planning service provision

Most of people (>90%) got the BS method they preferred. Information they received from providers which relatively less was "about side-effects" (about 70%), "about how to manage side effects of the contraceptives" (about 70%), and "about need to follow up for side-effects" (about 80%) especially at tertiary level HFs. Regarding to clients' response about receiving their preferred method was apparently low in Shan (E) (67.7%) in comparing to other areas having more than 80%. Clients from Chin (54%) and Kayin (64.1%) were relatively less informed about side effect.

Clients perspective of FP service organizational aspects

Clients expressed good inter-personal relationship of service providers during the clinic visit. Only <7% of respondents stated they have been insisted to accept the BS method that they have from the HF. Responses of "insist on the method choice" were more frequently observed at Ayeyarwady, Yangon and Kachin.

Clients' appraisal of cost of family planning services

About 22% of clients had to pay for services at HFs, which was highest at tertiary level (26%) and lowest at primary level (20%) with no urban rural difference. Kachin, Shan (E), Ayayarwady, Yangon and Rakhine were higher rate of response of pay for service. There was high variation of costing for different variety of services. Urban rural difference for the amount of pay for medicine was not apparent.

Clients by mode of transportation, distance travelled and cost of transportation

Motorbike and "on-foot" were most frequent mode of transportation (28.6% and 60.7% respectively). Majority of clients (85%) stayed at less than 1 mile away from their nearest HF. Most of them (92%) needed to spend no more than 1000 kyats (nearly one USD) for clinic visit like 2016 and 2017 situation. About two-third of clients they spared the time for household works during the clinic visit. About 21% stated they spared time for earning farm works or selling.

Pay for task delegation during clinic visit

About 44.7% of clients delegated the duties to others for absence of works during the clinic visit. 42.4% of clients delegated their duties to their family members during their visit to clinic. Differentials of duty delegation to family members was not obvious among different background. Of those clients who had assigned for their work during the clinic visit had to spend about 1000 kyats for regular house-works and 500 kyats for farm-works. The payment was made mostly by their spouse (49%) and by themselves (50%). Average amount of expense for delegation of work during the clinic visit was 2500 kyats.

Part VI: Discussion and conclusion

Challenges of RHC-LS program

Secondary Level HFs in Magway, Bago, Nay Pyi Taw, Sagaing, Kayah and Ayeyawady were below national level in doing minimum FP services at 2017. MRH focused to have enough contraceptive supplies for the best choice for the clients' demand at those areas by giving instruction to distribute contraception to hospital side over whole country. In 2018, overall national level increased and many of the regions such as Kayah, Shan (E), and Magway were found improving their "providing minimum FP services" above the national level.

To reduce stock-out situations at all levels of HFs, RHC LS system is introducing to provide good channeling of reporting and communication of real time stock status using modern ICT technology. Guides for procurement, quantification and distribution are reaching to all levels of HFs over the country. It covered 172 townships in 10 States/Region at 2018 counting 59% of total townships. Trainign and guidelines included capacity building, warehousing, quality Improvement, team approach, quantification/forecasting. National Supply Chain Task Force meeting was also carried out in 2017-18.

In 2017, implants stock rate, which relate to presence of trained staff, was very low at secondary level HFs indicates the needs for improving method-mix by not only supplies of variety of contraceptives but also providing more training for staff at secondary level HFs. MRH is planning for continuous expansion of implant training of staff to cover nationwide after conducting at Sagaing and Tanintharyi in 2019.

There was much variations in taking responsibility for drug indent mostly at tertiary and secondary level of HFs. Tertiary and secondary level HFs had more options to assign the duty. The situation was not much changed during the past years. Supplies for 63% of secondary and primary levels HFs were also quantified by calculation. PULL system could not cover majority of HFs. Currently, supply chain management looks like semi-PULL mechanism. It must be transformed into full-PULL in future. Most of HFs in all areas were arranging the transportation for supplies themselves. Government arrangement for the transportation for tertiary and secondary level HFs were only 15.8% and 12.6% respectively. Majority of HFs especially secondary and primary levels stated that the interval between order and receipt was irregular (43.2% and 41.4% respectively). It also reflects human resource insufficiency and lack of strict policy for duty assignment on drug indent system. Three types of challenges are noted as regarding to; staff, management and policy.

Challenges on staffing: Some of the basic health staff are not able to handle simple calculation work or computerized data entry. Staff turnover has a negative impact on providing the training. Some of the trained staff are no more available (or transferred out) in local areas, while newly appointed are not skillful in RHC LS because of no training obtained yet. Some are reluctant to practice instead of getting the training. Specifically assigned staff for stock management could have more responsibility on stock balance. Incorporation of FP training into pre-services curriculum on how to offer comprehensive, quality, and voluntary rights-based family planning and SRHR counseling should be considered.

Challenges on management: A few TMO still enter data in 'Stock', 'Sub stock' which make them more workloads unnecessarily. Supply chain management could not be implemented without efficient networking and information sharing among key stakeholders. Sharing of RH-LMIS with other relevant Logistic Management key stakeholders would result better cooperation and collaboration in LMIS and improve supply chain system.

Challenges on policy matters: No proper and sustainable human resource policy for RHC LS in different level of the Ministry was noticed. Existing situation, challenges and knowledge gaps should be briefed to policy makers with strong evidences resulted from systematic studies in Myanmar. RHCS assessment studies were conducted in five consecutive years and the results should be reviewed and analysed to develop fact sheet, policy brief and data review report on RHCS assessments five years' trend in picture.

Stock out situation

MRH Medicine stock-out rate was found slight increase in from 49.9% at 2017 to 55% at 2018. States/Regions requests could not be fully provided by CMSD. It was resulted from high stocks of MRH medicine and contraception especially ECP at CMSD. There were gaps between stock, indent and distribution system. All kinds and all amount are not bought by MRH. There are States/Regions and Tertiary Hospitals' own arrangement also. States/Regions should indent more frequently and more quantification than current status. If not, it will happen in future more stock out at peripherals and high drug expiration rate. There should be coordinated action for supplies and distribution of MRH medicine between separate sectors. [20]

Community engagement for demand creation

Accessible to fair, inclusive, responsive health service is an aim of UHC. Overall, 52 percent of currently married women use a method of family planning, with 51 percent using a modern method and 1 percent using a traditional method. This indicates that Myanmar is on track for meeting the commitment endorsed for Family Planning 2020, a global partnership for women on reproductive rights, stating that Myanmar aims to increase modern contraceptive use (mCPR) from 41 percent to over 60 percent by 2020 (Family Planning 2020, 2013).[21]

Recent report showed that most of clients got their preferred method of FP with good inter-personal relationship with the providers. However, there was need of communication and information about side effects and ways to manage side effects of FP methods they received. About one-fifth of clients needed to spend their money directly or indirectly to get FP services. Believing that certain contraceptives cause side effects, contributed to fear of use. This lack of knowledge and fear, even with the desire to space and limit births, affected motivation to use FP services.

To improve service utilization, effective communication strategies are important to empower and engage families and community to take an active part in improving their reproductive health outcomes. Increase awareness on RH matters related to family planning and maternal health issues among individuals, families and communities through equipping these groups with knowledge and capacities to promote health outcomes. Linking to this, demand generation from community for FP services and keeping continuum of services from provider sides must be harmonized in action. Links between community, AMWs and BHS should be strengthened. Male involvement in family planning is also need to strengthened. To reduce irrational practices among informal providers, task shifting of volunteers in FP services by givinf training and allow them to perform interventions in some FP services that might have been performed by MWs. Vulnerable clients (HIV, Disabled, Migrants, etc) are also included in accessing FP services like other community groups. FP services need to creat environment for friendliness to those groups.

Assuring quality of care

It is important to practice client-centered services with built-in supervision & monitoring system. In this assessment, most of clients received effective communication with respect, confidentiality from the providers. They received organized and responsive service setting. Clients also expressed good inter-personal relationship of service providers during the clinic visit. Client can choose FP services with options, sufficient understanding and autonomy. Only <7% of respondents stated they have been insisted to accept the FP method that they have from the HF. On the provider side, 52.1% of total HFs 57.5% of secondary level HFs and 63.2% of primary level HFs received supervision related to RH matters. The percentages were found increasing compare to 2017. Most frequent issue for supervision

20 http://progress.familyplanning2020.org/content/measurement#anchor-sub_chapters-172
21 MDHS 2014

was "logistic". Second most-frequent issue was "reporting". Supervision for abiding guideline and instruction was also well apparent in this year assessment. Continuous supportive supervision, including responsiveness on clients' need would improve service quality on the aspect of continuity of care and inter-personal communication. Moreover, due to less frequent in communication and information sharing about side effect of FP methods provided by health staff to clients, it needs to develop a formal mechanism for reporting side effects and adverse events related to contraceptive service provision for both short term and long term methods in all levels of health facilities.

Supervision mechanism and checklist logbook

Supervision for RH matter was received by 52.1% of HFs and it was higher in secondary level (57.5%). Most frequent issue for supervision was "logistic". Second most-frequent issues were "reporting". Supervision for abiding guideline and instruction was also well apparent in this year assessment. Availability of any guidelines was (157/380=41.3%) of HFs. Availability of all items were higher than that of the last year 2017 especially "Guide for waste disposal" (15.5% vs. 5%). In principal, supervision and monitoring must be consistent, complete and recorded for the sake of effectiveness. In this regard, it will be much helpful to develop a system or checklist for concrete, compact and common supervision.

Supportive supervision is one of the key functions of Myanmar health system which currently has weakness. NHP aims to promote alignment of supportive supervision to all levels of HFs. Township Health Nurses who supervise midwives have to assess midwives on medical/technical/stock aspects of contraceptives, communication skills (e.g. using open-ended questions, reflective listening, etc) and the midwife, in turn, will assess the community volunteers. Community volunteers need support from supervisors to receive reliable answers to problems and questions. To be more effective, efficient and consistant in supervision, there should be a formal structure of checklist or logbook for HFs at all levels to help and guide any visitors reached to the HF at any time.

Aligning in NHP Strategy

The SDGs and NHP highlight a multi-sectoral approach: interventions across core sectors to address health determinants. RHLMIS will be improved by collaboration with other relevant departments (like HMIS, Procurement, CMSD) and by complementing to other related startegies such as Costed Implementation Plan to meet FP2020 and EPMM (2017-2021). In this regards, MRH will ensure community to access to the RH services free, safe and choices at the point of care, at least in public facilities by reduction of incidences of stock-out in all level of HFs. However, priorities in intervention should go to the poor, migrants and vulnerable who need most. Priority should also give to the expansion of service delivery in the townships with the greatest needs. Goal of the NHP 2017-2021 is to extend access to the Basic EPHS to the entire population while increasing financial protection. Basic EPHS: critical role of primary health care and the delivery of essential services and interventions at township level and below. It is important that RH essential medicines list is aligned with the EPHS for NHP implementation. Township level management is the core function for EPHS. RHCS should also align to NHP centering RHCS towards secondary level HFs.

Reallocation procedure for supplies

About 40% of HFs at all levels were irregular in the interval. Majority of HFs especially secondary and primary levels stated that the interval between order and receipt was irregular (43.2% and 41.4% respectively). Majority of Private HFs (50%) received drug supplies in relatively short interval (<2 weeks). Similarly, 32% of HFs described the interval of between-indents was "irregular". The irregularity was more pronounced in private HFs (55.6%). Irregularity of frequency of resupply was more pronounced in private

Reproductive Health Commodity Logistics System (RHCLS) standardizes storage, distribution, quantification and procurement practices at township, State/Region, and central levels while strengthening management and coordination structures.[22] Data and information are provided by the system via web-based database software called "Logistimo". Health officials at different levels can review these data and information for appropriate decision making. The system is aligned with MoHS's National Health Supply Chain Strategy for medicines and medical supplies (2015-2020) and supports NHP in the area of the development of capacity to gradually move to a PULL system as per local needs. It could help among different levels of HFs within region to prevent imbalcing stocks and irregularity.

Waste disposal guideline for HFsFs

Burying and burning were still mostly used method for waste disposal. However, waste disposal of 52.6% of tertiary level and 100% of private HFs used municipal disposal system. "Guide for waste disposal" was least available at only 15.5% of HFs. Guideline for safe disposal and management of unused, unwanted contraceptives is important for environmental safety. The guideline is needed to provide information; to provide guidance on the safe disposal of unusable contraceptives, to guide countries in developing or updating country-specific waste disposal policies and guidelines that include disposal of contraceptive wastes, and to build awareness and capacity in managing of contraceptive waste.

National level guideline for contraceptive waste and other health care waste disposal has been launched in 2018. The guideline focuses mainly on expired, damaged and unqualified contraceptive materials and various methods of discarding and procedure detail in Myanmar language. It is important to share instruction and dissemination of waste management mechanism to all level of HFs. In this regard, the distribution of guidebooks should be reached towards all levels of HFs. The compliance of guideline should also be checked by supervision and monitoring. The disposal mechanism could be linked with other health care waste management systems.

Conclusion

This report provides 5-Years trend of RH Commodity and Services of the health facilities at a representative sample of urban and rural sites, States/Regions, government and private sectors across the country. The goal of RHCLS is to secure HFs regarding suppliesof RH medicine and family planning meterials. The implementation must be harmonizing among various sectors in health systems. Decisions on keeping continuum of supplies have to be evidence-based, need-based and right-based approaches. The focus on security of commodities and services will be intensified by programmatic practices aligned to related local as well as international stragies and standards.

[22] Myanmar receives support from UNFPA Global Programme of RH Commodity Security.

Recommendations

Aligning RHC-LS into NHP: In line with National Health Plan, township level management is the core function for Essential Package of Health Services (EPHS). RH essential medicines are enlisted to be aligned with the EPHS. Linking to this, RHCS should also align to NHP centering RHCS towards secondary level HFs because web-based databased software called "Logistimo" could be mostly functioning at township level. "Logistimo" at health officials at different levels can review these data and information for appropriate informed decision making in forecasting and quantification for RH/FP products. Expansion of RHC-LS at States and Regions will help the supply chain system moving from PUSH to PULL gradually.

Standard operating procedures (SOP) for RHC-LS: Standard operating procedures (SOP) for RHC-LS should be developed to support system implementation and management. The standardized LMIS forms and the inventory control system for each health facility could be used across townships and States/Regions by following SOP. Data on the quantity of health products will be available at small health facilities and townships in this way. Providing visible logistic data of RH/FP products at different levels is envisioned that this system can be expanded to other commodity categories. Stock reallocation among different levels of health facilities across townships should be encouraged to keep adequate stock for RH and FP logistics. Innovated distribution method to HF should be found out for reaching in shorter interval between townships to health centers.

Effective, efficient and consistant supervision: The system management could be further strengthened with effective, efficient and consistant supervision, using a formal structure of checklist or logbook at HFs at all levels. The standard supervision checklist logbook will help and guide supervisors/visitors reached to the HF at any time and any reasons.

Communication and information sharing about side effect of FP methods: Continuous supportive supervision, including responsiveness on clients' need would improve service quality on the aspect of continuity of care and inter-personal communication. Moreover, due to less frequent in communication and information sharing about side effect of FP methods provided by health staff to clients, it needs to develop a formal mechanism for reporting side effects and adverse events related to contraceptive service provision for both short term and long term methods in all levels of health facilities.

Training for staff: Implants stock rate, which might relate to presence of trained staff, was very low at secondary level HFs indicates the needs for improving method-mix by not only supplies of variety of contraceptives but also providing more training for staff at secondary level HFs. It should be further strengthened capacities to effectively forecast, procure, distribute and track the delivery of sexual and reproductive health commodities, ensuring resilient supply chains. Incorporation of FP training into pre-services curriculum on how to offer comprehensive, quality, and voluntary rights-based family planning and SRHR counseling should be considered. It will remove problems of attrition of trained staff due to transfer-out to other areas.

Improving capacities for quality assurance of contraceptives and RH medicine: Country capacities for quality assurance of procuring contraceptives and RH medicine should be facilitated by aligning national procurement policies and procedure with global intervention system. It will save costs by fostering procurement of contraceptives that are generic products and to ensure that procurement requests for humanitarian commodities are fulfilled within lead time. It will also foster national ownership and multisectoral collaboration that will support the achievement. It will strengthen country capacities for evidence-based supply management with a view to ensuring equitable access to sexual and reproductive health.

Task shifting of volunteers in FP services: To reduce irrational practices among informal providers and to creat environment for friendliness to vulnerable clients (HIV, Disabled, Migrants, etc), ways for task shifting of volunteers in some of FP services (such as providing SC-DMPA, counseling, information sharing, referring etc.) should be considered.

The contraceptives waste disposal: The contraceptives waste disposal mechanism to be linked with other health care waste management systems. Distributionof the guidelines, SOP and system for monitoring & supervision of disposal practices should be assured to reach all target areas. There should be budget line with enough amount for establishment and maintenance of waste disposal systems at all level of HFs. Uniformity of implementing RH waste disposal at all level HFs should be monitored.

Annex 1.

GPRHCS Survey Questionnaire ENGLISH

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

SURVEY QUESTIONNAIRE

2018 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]

(Rev – August 2014)

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

MODULE 1:

AVAILABILITY OF COMMODITIES

(Rev – August 2014)

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 011 to 014 and 019 to 024) 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 4 (that is 015 to 018) should NOT be administered)
010	Does this facility provide any HIV/AIDS services (e.g. VCT, PMTCT, ART, etc.)? 1 Yes ☐ 2 No ☐

(Rev – August 2014)

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

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)								

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

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 ☐				

(Rev – August 2014)

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

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) ☐	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 015) ☐	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 015) ☐	**1 Yes (for any or both)** ☐ **2 No (for any or both)** ☐ **3 Not Applicable** (because "No" to item 015) ☐	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 015) ☐	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 015) ☐	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 015) ☐	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 015) ☐	**1 Yes** ☐ **2 No** ☐ **3 Not Applicable** (because "No" to item 015) ☐

(Rev – August 2014)

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

	(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)*
017 If this SDP is supposed/ expected to have available this medicine (in line with current national guidelines, etc.) but the response to 015 is "No", please indicate the main reason *(Tick only one option [as the main reason] for each 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	**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 ☐
	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)....... ....

INTERVIEWER VERIFICATION for ITEM 016									
Medicines	**(1)** **Ampicillin**	**(2)** **Azithromycin**	**(3)** **Benzathine benzylpenicillin**	**(4)** ***Either*** **Betamethasone** ***Or*** **Dexamethasone**	**(5)** **Calcium gluconate**	**(6)** **Cefixime**	**(7)** **Gentamicin**	**(8)** **Hydralazine**	**(9)** **Magnesium sulfate**

				Or Both of these medicines					
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, <u>any or both</u> of the medicine(s) is/are in stock ☐ Inventory taken, <u>any or both</u> 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

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, <u>please state whether the SDP is supposed have it available;</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 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 <u>any or both of these</u> Maternal /RH Medicines ☐ **2 No,** this SDP is NOT expected/ supposed to have available <u>any or both of these</u> 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)*

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

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 <u>(for any or both)</u>** ☐ **2 No <u>(for any or both)</u>** ☐ **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, etc.) but the response to 013 is “No”, please indicate the main reason *(Tick only one option [as the main reason] for each medicine)*	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this 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)……. ………………	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this 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)……. ………………	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this 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)……. ………………	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this 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)……. ………………	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this 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)……. ………………	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this 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 ☐ **6** The SDP does not have a cold chain to store the medicine ☐ 7. Any other Reason (please specify)……. ………………	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this 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)……. ………………	**1** Delays on the part of main source institution/warehouse to re-supply this SDP with this 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)……. ………………
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 - <u>bearing in mind that; a) Sodium chloride and Sodium lactate compound solution are alternate; and b) Dexamethasone is an alternate to Betamethasone</u>* ☐					**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 <u>- bearing in mind that; a) Sodium chloride and Sodium lactate compound solution are alternate; and b) Dexamethasone is an alternate to Betamethasone</u>* ☐		

(Rev – August 2014)

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

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									
	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 ☐ *(Tick only one option)*	**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 ☐ *(Tick only one option)*	**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 ☐ *(Tick only one option)*	**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 ☐ *(Tick only one option)*	**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 ☐ *(Tick only one option)*	**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 ☐ *(Tick only one option)*	**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 ☐ *(Tick only one option)*	**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 ☐ *(Tick only one option)*	**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 ☐ *(Tick only one option)*

Commodity Security Branch, Technical Division, UNFPA

Global Programme to Enhance Reproductive Health Commodity Security

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 available to give/provide to clients at this SDP** (** Please recall SDP level as recorded in in item 006 above*)**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, **this <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)....... ....
(ii): <u>NO STOCK-OUT AT THE TIME OF THE SURVEY</u>									

Commodity Security Branch, Technical Division, UNFPA

Global Programme to Enhance Reproductive Health Commodity Security

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, **this 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 provide this contraceptive at the SDP ☐ **6.** Lack of	**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	**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	**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

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

	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)……. ……………………………	equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify)……. ……………………………	equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify)……. ……………………………	equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify)……. ……………………………	equipment for the provision of this contraceptive ☐ 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

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

MODULE 2:

FACILITY RESOURCES

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

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☐
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?	_____

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

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	[……..]
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☐

(Rev – August 2014)

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

SECTION 10: AVAILABILITY OF GUIDELINES, check-lists and Job aid *[To be responded to by all SDPs]*	
048 This facility has available any family planning guidelines (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 family planning 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☐
050 This facility has available any ANC guidelines (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☐
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☐ Tablets 4☐ Other.....(specify) 7☐	Mobile phones - basic handsets 2☐ Internet facilities – LAN 5☐	Mobile phones - smart phones 3☐ Internet facilities - Wi-Fi 6☐
055 How did the SDP acquire the ICT? *(Tick ALL the options that apply)*	Staff members personal item 1☐ Received as Donation 4☐	Provided by government 2☐ Other.....(specify5☐	Provided by proprietor of SDP 3☐
056 What is the main purpose for which the SDP uses the? *(Tick ALL the options that apply)*	Patient registration 1☐ Individual patient records/Electronic Medical Record 3☐ Mobile money cash transfers and payments 5☐ Awareness and demand creation activities 8☐ Health worker training 10☐ Other (specify)..... **11**☐	Facility record keeping 2☐ Health Insurance Claims and Reimbursement System 4☐ Routine communication 6☐ Supply chain management/stock control 9☐ Clinical consultation (long distance communication with experts) 7☐	

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

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☐

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**

(Rev – August 2014)

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

MODULE 3:

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.

(Rev – August 2014)

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

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 ☐
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	Yes 1☐	No 2 ☐

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

today? *(Tick only one option)*		
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
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)

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

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 Survey Questionnaire MYANMAR

၂၀၁၈ ခုနှစ်အတွင်းကျန်းမာရေးဌာနများ၏မျိုးဆက်ပွားကျန်းမာရေးဆိုင်ရာဆေးပစ္စည်းနှင့်
ကျန်းမာရေးစောင့်ရှောက်မှုလုပ်ငန်းများဆန်းစစ်လေ့လာခြင်း
သုတေသနမေးခွန်းလွှာ

မေးမြန်းမှုမှတ်တမ်း

စဉ်	အကြောင်းအရာ	မှတ်တမ်း
၁။	မေးခွန်းလွှာမှတ်ပုံတင်အမှတ်	|__|__|__|__|
၂။	မေးမြန်းသောရက်စွဲ	|__|__|/|__|__|/|__|__|__|__|
၃။	မေးမြန်းသူအမည်	_____
၄။	မေးမြန်းမှုစတင်ချိန်	|__|__|း|__|__|နာရီ
၅။	မေးမြန်းမှုပြီးဆုံးချိန်	|__|__|း|__|__|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။	GPS စနစ်အသုံးပြုသောနေရာဖြစ်လျှင်ကိုဩဒိနိတ်	N---------- E----------
၄။	မြို့ပေါ်/ကျေးလက်	၁။မြို့ပေါ် ၂။ကျေးလက်
၅။(၅.၁)	ကျန်းမာရေးဌာနနှင့်ယင်းဌာနအတွက်လိုအပ်သောဆေးဝါးပစ္စည်းများထုတ်ယူရာအနီးဆုံးဆေးသိုလှောင်ဌာနအကွာအဝေး	|__|__| မိုင်
(၅.၂)	ယင်းဌာနသို့ သွားရောက်ရန် ကြာမြင့်သောအချိန်	|__|ရက် |__|__|နာရီ|__|__|မိနစ်
(၅.၃)	ယင်းဌာနသို့ သွားရောက်ရန် အသုံးပြုသောလမ်းကြောင်း	၁။ ကုန်းလမ်း ၂။ ရေလမ်း

အခန်း ၂။ ကျန်းမာရေးဌာနအမျိုးအစားနှင့်ကျန်းမာရေးစောင့်ရှောက်မှုအမျိုးအစား

၆။(၆.၁)	ကျန်းမာရေးဌာနအမျိုးအစား	၁။ကျန်းမာရေးဌာန(RHC/UHC/MCH) ၂။တိုက်နယ်ဆေးရုံ(Station Hospital) ၃။မြို့နယ်ဆေးရုံ(ကုတင် ----------) ၄။ခရိုင်ဆေးရုံ (ကုတင် ----------) ၅။ပြည်နယ်/တိုင်း အဆင့်ဆေးရုံ (ကုတင်-------) ၆။ဗဟိုအဆင့်ဆေးရုံကြီး ၇။ အခြားဝန်ကြီးဌာန
(၆.၂)	ယခု ကျန်းမာရေးဌာနရှိရာမြို့နယ်သည် မျိုးဆက်ပွား ကျန်းမာရေး စီမံချက်တွင် ပါဝင်သော မြို့နယ် ဟုတ်ပါသလား	၁။ဟုတ် ၂။မဟုတ်
၇။	ကျန်းမာရေးဌာနစီမံခန့်ခွဲမှုအမျိုးအစား	၁။အစိုးရဆေးရုံ ၂။ပုဂ္ဂလိကဆေးရုံ ၃။အဖွဲ့အစည်း(NGO) ၄။အခြား(ဖေါ်ပြပါ_____)
၈။	သားဆက်ခြားလုပ်ငန်းများဆောင်ရွက်ခြင်းရှိ/မရှိ	၁။ရှိ ၂။မရှိ
၉။	ကလေးမွေးဖွားခြင်းအပါအဝင်မိခင်စောင့်ရှောက် ရေးလုပ်ငန်းများဆောင်ရွက်ခြင်း	၁။ရှိ ၂။မရှိ
၁၀။	HIV/AIDS ဆိုင်ရာကျန်းမာရေးစောင့်ရှောက်မှု လုပ်ငန်းများဆောင်ရွက်ခြင်း(VCT,PMTCT,ARTစသည်)	၁။ရှိ ၂။မရှိ

အခန်း၃။ ခေတ်မီ သားဆက်ခြားနည်းလမ်းများဆောင်ရွက်ပေးမှု

(မေးခွန်းအမှတ်**၈** ၌ **ရှိ** ဟုဖြေထားမှသာဤအခန်း **၃** နှင့် အကျုံးဝင်သည်)

စဉ်	အကြောင်းအရာ	ဆောင်ရွက်ပေးနိုင်မှုအခြေအနေ	
	လက်ရှိဌာန၏ဖွဲ့စည်းပုံနှင့်လုပ်ငန်းတာဝန်ပေးအပ် မှုစီမံချက်လုပ်ငန်းပြဌာန်းဆောင်ရွက်မှုအခြေအနေ များအရအောက်ဖေါ်ပြပါနည်းလမ်းများကို ဆောင်ရွက်ပေးရန်သတ်မှတ်ထားပါသလား။	**၁၁။**သတ်မှတ်ထားမှု ၁။သတ်မှတ် ၂။မသတ်မှတ်	**၁၂။**ဆောင်ရွက်ပေးနေမှု ၁။ဆောင်ရွက်နေ ၂။မဆောင်ရွက် ၃။အကျုံးမဝင် (မသတ်မှတ်ဟု ရွေ့အကွက်တွင် ဖြည့်ထားလျှင်)
	(က)အမျိုးသားသုံးကွန်ဒုံး	__	__
	(ခ)အမျိုးသမီးသုံးကွန်ဒုံး	__	__
	(ဂ)တားဆေးကဒ်(တစ်နေ့တစ်လုံးသောက်ရန်)	__	__
	(ဃ) သန္ဓေတားထိုးဆေး	__	__
	(င)အရေးပေါ်သန္ဓေတားဆေး	__	__
	(စ)သားအိမ်တွင်းထည့်ပစ္စည်း(IUD)	__	__
	(ဆ)အရေပြားအောက်သန္ဓေတားဆေး(Implant)	__	__
	(ဇ)အမျိုးသမီး သားကြောဖြတ်ခြင်း	__	__
	(ဈ)အမျိုးသား သားကြောဖြတ်ခြင်း	__	__

မှတ်ချက်။ သားဆက်ခြားနည်းလမ်းတစ်ခုချင်းစီအတွက် ဤဌာနရှိ ဆောင်ရွက်ပေးရန် သတ်မှတ်ထားပြီး ပုံမှန်ဆောင်ရွက်ပေး နေသော်လည်း မေးမြန်းကာလအတွင်း ပစ္စည်းပြတ်လပ်မှုကြောင့် လတ်တလောဆောင်ရွက်နိုင်ခြင်းမရှိပါလျှင် ဒုတိယကော်လံတွင် **"ဆောင်ရွက်နေ"** ဟုသာဖြည့်သွင်းပါ။

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၁၃။	မေးခွန်းနံပါတ်(၁၂)တွင်**မဆောင်ရွက်နိုင်**ဟုဆိုပါလျှင် မည်သည့်အတွက်ကြောင့်ဆိုသည်ကိုဖေါ်ပြပါ။	၁။ထောက်ပံ့ပစ္စည်းများအချိန်မီမရောက်သဖြင့် ၂။ထောက်ပံ့ပစ္စည်းအချိန်မီမတောင်းခံနိုင်သဖြင့် ၃။ဈေးကွက်ပစ္စည်းပြတ်လပ်မှုကြောင့် ၄။သုံးစွဲမည့်သူမရှိ၍(သို့)အလွန်နည်း၍ **မှတ်ချက်။ ။ အောက်ပါနံပါတ်(၅)နှင့်(၆) သည် (စ)မှ (ဈ)ကို ဖြေဆိုလျှင် ကိုးကားရန်** ၅။ဤနည်းလမ်းကိုဆောင်ရွက်ပေးနိုင်မည့် ဝန်ထမ်းမရှိ၍ ၆။ဤနည်းလမ်းကိုဆောင်ရွက်ပေးနိုင်မည့် ပစ္စည်းကိရိယာမရှိ၍ ၇။အခြား(ဖော်ပြပါ____)
	(က)အမျိုးသားကွန်ဒုံး	__| _____
	(ခ)အမျိုးသမီးကွန်ဒုံး	__| _____
	(ဂ)တားဆေးကဒ် (တစ်နေ့တစ်လုံးသောက်ရန်)	__| _____
	(ဃ)သန္ဓေတားထိုးဆေး	__| _____
	(င) အရေးပေါ်သန္ဓေတားဆေး	__| _____
	(စ)သားအိမ်တွင်းထည့်ပစ္စည်း(IUD)	__| _____
	(ဆ)အရေပြားအောက်ထည့်ပစ္စည်း (Implant)	__| _____
	(ဇ)အမျိုးသမီး သားကြောဖြတ်ခြင်း	__| _____
	(ဈ)အမျိုးသား သားကြောဖြတ်ခြင်း	__| _____
၁၄။	မေးခွန်းနံပါတ် (၁၂)၏အဖြေကိုမူတည်၍ဤကျန်းမာရေးဌာနတွင်သားဆက်ခြားနည်းလမ်းများဆောင်ရွက်ပေးနိုင်မှုအခြေအနေကိုသုံးသပ်ပါ။	*မေးခွန်းနံပါတ် (၆) အရ ကျန်းမာရေးဌာန (RHC/ UHC/ MCH) ဖြစ်ပါက ၁။ ယခုကျန်းမာရေးဌာနသည် **ခေတ်မီ** သားဆက်ခြားနည်းလမ်း(၂) ခုအထိ ဆောင်ရွက်ပေးနိုင်သည်။ ☐ ၂။ ယခုကျန်းမာရေးဌာနသည် **ခေတ်မီ** သားဆက်ခြားနည်းလမ်း အနည်းဆုံး (၃) ခုနှင့်အထက်ဆောင်ရွက် ပေးနိုင်သည်။ ☐ *မေးခွန်းနံပါတ် (၆) အရ (တိုက်နယ်ဆေးရုံ နှင့်အထက်) ဖြစ်လျှင် ၁။ ယခုကျန်းမာရေးဌာနသည် **ခေတ်မီ** သားဆက်ခြားနည်းလမ်း(၄) ခုအထိ ဆောင်ရွက်ပေးနိုင်သည်။ ☐ ၂။ ယခုကျန်းမာရေးဌာနသည် **ခေတ်မီ** သားဆက်ခြားနည်းလမ်းအနည်းဆုံး(၅) ခုနှင့်အထက် ဆောင်ရွက် ပေးနိုင်သည်။ ☐

အခန်း၄။ သန္ဓေတားဆေးများပြတ်လပ်မှု

(မေးခွန်းအမှတ် ၈ ၌ ရှိ ဟုဖြေထားမှသာဤအခန်း ၄ နှင့် အကျုံးဝင်သည်)

အကြောင်းအရာ	မေးခွန်းနံပါတ် (၁၉)	မေးခွန်းနံပါတ် (၂၁)
မေးခွန်းနံပါတ် (၆)အရသတ်မှတ်အဆင့်ရှိ ဆေးရုံ/ဆေးခန်းအနေဖြင့်ပြဋ္ဌာန်းချက်တာဝန်ပေးချက်(သို့)စီမံချက်တစ်ခုခုအရအောက်ပါသန္ဓေတားဆေးနှင့်ပစ္စည်းများရှိသင့်ပါလျှက်လွန်ခဲ့သော (၃)လအတွင်းပြတ်လပ်ခြင်းကြောင့်သန္ဓေတားရန်ဆောင်ရွက်ပေးနိုင်ခဲ့ခြင်းမရှိသည်မျိုးဖြစ်ခဲ့ပါသလား။	၁။ပြတ်လပ်ခဲ့ဘူး ၂။မပြတ်လပ်ခဲ့ဘူး	အဘယ့်ကြောင့်ပြတ်လပ်ခဲ့ကြောင်းအဓိကအချက်ကိုဖော်ပြပါ ၁။ထောက်ပံ့မှုကြန့်ကြာ၍ ၂။တောင်းခံမှုနှောင့်နှေး၍ ၃။ဈေးကွက်၌ပစ္စည်းပြတ်လပ်၍ ၄။အသုံးမရှိ၍(သို့)အသုံးအလွန်နည်း၍ **မှတ်ချက်။ ။ အောက်ပါနံပါတ်(၅)နှင့်(၆)သည် (စ)မှ (ဈ)ကို ဖြေဆိုလျှင် ကိုးကားရန်** ၅။ကျွမ်းကျင်ဝန်ထမ်းမရှိ၍ ၆။ပစ္စည်းကိရိယာမစုံလင်၍ ၇။အခြား(ဖော်ပြပါ____)
(က)အမျိုးသားကွန်ဒုံး	__	__ _____
(ခ)အမျိုးသမီးကွန်ဒုံး	__	__ _____
(ဂ)တားဆေးကဒ် (တစ်နေ့တစ်လုံးသောက်ရန်)	__	__ _____
(ဃ)သန္ဓေတားထိုးဆေး	__	__ _____
(င) အရေးပေါ်သန္ဓေတားဆေး	__	__ _____
(စ)သားအိမ်တွင်းထည့်ပစ္စည်း(IUD)	__	__ _____
(ဆ)အရေပြားအောက်ထည့်ပစ္စည်း (Implant)	__	__ _____
(ဇ)အမျိုးသမီးသားကြောဖြတ်ခြင်း	__	__ _____
(ဈ)အမျိုးသား သားကြောဖြတ်ခြင်း	__	__ _____
၂၀။မေးခွန်း (၁၉) ၏အဖြေကိုမူတည်၍တဘက်ပါအချက်တစ်ခုခုဖြင့်မှတ်ချက်ပြုပါ။	၁။တစ်မျိုးနှင့်အထက်လွန်ခဲ့သော(၃)လအတွင်းအနည်းဆုံးတစ်ကြိမ်ပြတ်လပ်ခဲ့ဘူးသည်။	၂။ဆေးအမည်အားလုံးတစ်ခါမျှပြတ်လပ်ခဲ့ဘူးခြင်းမရှိ။

အကြောင်းအရာ	မေးခွန်းနံပါတ် (၂၂)	မေးခွန်းနံပါတ် (၂၄)	ဆေးလက်ကျန်စာရင်းနှင့်တိုက်ဆိုင်စစ်ဆေးပါ
မေးခွန်းနံပါတ် (၆)အရ သတ်မှတ် အဆင့်ရှိ ဆေးရုံ/ဆေးခန်းအနေဖြင့် ပြဋ္ဌာန်းချက်တာဝန်ပေးချက်(သို့)စီမံချက်တစ်ခုခုအရအောက်ပါ သန္ဓေတားဆေးနှင့်ပစ္စည်းများရှိသင့်ပါလျှက်ယခုလက်ရှိအချိန်တွင် ဆေးပြတ်လပ်နေသဖြင့်သန္ဓေတားရန် ဆောင်ရွက်ပေးနိုင်မှု ရှိနေပါသလား။	၁။ယခုပြတ်လပ်နေသည် ၂။ယခုမပြတ်လပ်နေပါ	အဘယ့်ကြောင့်ပြတ်လပ်ခဲ့ကြောင်းအဓိကအချက်ကိုဖော်ပြပါ ၁။ထောက်ပံ့မှုကြန့်ကြာ၍ ၂။တောင်းခံမှုနှောင့်နှေး၍ ၃။ဈေးကွက်၌ပစ္စည်းပြတ်လပ်၍ ၄။အသုံးမရှိ၍(သို့)အသုံးအလွန်နည်း၍ **မှတ်ချက်။ ။ အောက်ပါနံပါတ်(၅)နှင့် (၆) သည် (စ)မှ (ဈ)ကို ဖြေဆိုလျှင် ကိုးကားရန်** ၅။ကျွမ်းကျင်ဝန်ထမ်းမရှိ၍ ၆။ပစ္စည်းကိရိယာမစုံလင်၍ ၇။အခြား(ဖော်ပြပါ____)	၁။လက်ကျန်ရှိ ၂။လက်ကျန်မရှိ
(က)အမျိုးသားကွန်ဒုံး	__	__ _____	__
(ခ)အမျိုးသမီးကွန်ဒုံး	__	__ _____	__
(ဂ)တားဆေးကဒ်(တစ်နေ့တစ်လုံးသောက်ရန်)	__	__ _____	__
(ဃ)သန္ဓေတားထိုးဆေး	__	__ _____	__
(င) အရေးပေါ်သန္ဓေတားဆေး	__	__ _____	__
(စ)သားအိမ်တွင်းထည့်ပစ္စည်း(IUD)	__	__ _____	__
(ဆ)အရေပြားအောက်ထည့်သားဆက်ခြားပစ္စည်း (Implant)	__	__ _____	__
(ဇ)အမျိုးသမီး သားကြောဖြတ်ခြင်း	__	__ _____	__
(ဈ)အမျိုးသား သားကြောဖြတ်ခြင်း	__	__ _____	__
၂၃။ မေးခွန်း (၂၂) ပေါ်မူတည်၍ တဘက်ပါအချက်အလက်တစ်ခုခုကို မှတ်ချက်ပြုပါ။	**၁။**တစ်မျိုးနှင့်အထက်ယခုလက်ရှိအချိန်တွင်ပြတ်လပ်နေသည်။	**၂။** ဆေးအမည်အားလုံးလက်ရှိအချိန်တွင်မပြတ်လပ်ပါ။	

အခန်း၅။ မိခင်စောင့်ရှောက်ရေးနှင့်မျိုးဆက်ပွားကျန်းမာရေးဆေးဝါးများအခြေအနေ

(မေးခွန်းအမှတ် ၉ ၌ ရှိ ဟုဖြေထားမှသာဤအခန်း ၅ နှင့်အကျုံးဝင်သည်)

ဆေးအမည်	မေးခွန်းအမှတ် (၁၅)	မေးခွန် အမှတ် (၁၆)	မေးခွန်း အမှတ် (၁၇)	*မေးခွန်း(၁၆)တွင် ဖြေဆိုချက်နှင့်ပတ်သက်၍မေးမြန်းသူက ဆေးလက်ကျန်စာရင်း စာအုပ်နှင့်တိုက်ဆိုင်စစ်ဆေးချက်
	ဖွဲ့စည်းပုံ/တာဝန်ခံမှု/ စီမံချက်များအရ အောက်ပါဆေးဝါးများသုံးစွဲခွင့် ရှိပါသလား။ ၁။သုံးစွဲခွင့်ရှိ ၂။သုံးစွဲခွင့်မရှိ	မေးခွန်း (၁၅) ၌သုံးစွဲခွင့်ရှိဟုဖြေဆိုလျှင်အဆိုပါ ဆေးဝါးများလက်ရှိတွင်ဤဌာနခွဲရရှိနိုင်ပါ သလား။ ၁။ရရှိနိုင် ၂။မရရှိနိုင် ၃။အကြုံးမဝင် (မေးခွန်း (၁၅) တွင်သုံးစွဲခွင့်မရှိဖြစ်၍)	မေးခွန်း (၁၅) တွင် (၁) ဖြစ်၍ မေးခွန်း (၁၆) တွင် (၂) ဖြစ်လျှင်မည်သည့် အတွက်ကြောင့် ဆိုသည်ကိုဖြေပေးပါ။ ၁။ထောက်ပံ့ဆေးဝါးများ ရရှိရန်ကြန့်ကြာနေ သဖြင့် ၂။ဆေးဝါးများတောင်းခံရန် ကြန့်ကြာနေသဖြင့် ၃။ဈေးကွက်၌ဆေးဝါး များပြတ်လပ်နေသဖြင့် ၄။အသုံးလုံးဝမရှိ၍(သို့)သုံးစွဲမှုအလွန်နည်းပါး၍ ၅။ဆေးဝါးသုံးစွဲပေးနိုင်မည့်ကျွမ်းကျင်ဝန်ထမ်းမရှိ၍ ၆။ Oxytocin ဆေးအတွက် အအေးလမ်းကြောင်းမရှိ၍ ၇။အခြား (ဖေါ်ပြပါ_____)	၁။ဆေးလက်ကျန်စာရင်းကြည့်ရာတွင် လက်ကျန်ရှိ ၂။ဆေးလက်ကျန်စာရင်းကြည့်ရာတွင်လက်ကျန်မရှိ
(က)Ampicillin	__	__	__	__
(ခ)Azithromycin	__	__	__	__
(ဂ)Benzithine BenzylPenicillin	__	__	__	__
(ဃ)Betamethasone(သို့)Dexamethasone(သို့)နှစ်မျိုးလုံး	__	__	__	__
(c)Calcium gluconate	__	__	__	__
(စ)Cefixime	__	__	__	__
(ဆ)Gentamycin	__	__	__	__
(ဇ)Hydralazine	__	__	__	__
(ဈ)Megnesium Sulphate	__	__	__	__
(ည)Methyldopa	__	__	__	__
(ဋ)Metronidazol	__	__	__	__
(ဌ)Misoprostol	__	__	__	__
(ဍ) Mifepristone	__	__	__	__
(ဎ)Nifedipine	__	__	__	__
(ဏ) Oxytocin	__	__	__	__
(တ) Sodium lactate or Sodium chloride or both	__	__	__	__
(ထ) Tetanus toxoid	__	__	__	__
၁၈။မေးခွန်း(၁၆)၏ဖြေဆိုချက်အရေါ်မူတည်၍ ဖြေဆိုသူနှင့် ဆွေးနွေး၍မှတ်ချက်ပြုပါ	၁။Magnesium sulphateနှင့် Oxytocin အပါအဝင်စုစုပေါင်းမွေးဖွား မိခင်စောင့်ရှောက်ရေးနှင့် မျိုးဆက်ပွားကျန်းမာရေးဆိုင်ရာ အသက်ကယ်ဆေးအမည်စုစုပေါင်း(၇)မျိုးခန့်ရရှိနိုင်သည်။		၂။အထက်ပါကဲ့သို့ဆေးအမည်(၇).မျိုးခန့်မထောက်ပံ့နိုင်ပါ။ မှတ်ချက်။ က) sodium chloride နှင့် sodium lactate compound တို့ကိုအတူတူကဲ့သို့မှတ်ယူပါ။ ခ) Dexamethazone နှင့် Betamethazonတို့ကိုအတူတူကဲ့သို့မှတ်ယူပါ။	

အခန်း(၆)။ ပစ္စည်းထောက်ပံ့ရေးလမ်းကြောင်း(ကျန်းမာရေးဌာနအမျိုးအစားအားလုံးအားမေးရန်)

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၂၅။	ဤဌာန၏ဆေးနှင့်ဆေးပစ္စည်းများမှာယူရန်အဓိကတာဝန်ခံသူ	၁။ဆေးရုံအုပ်ကြီး/ဆေးရုံအုပ် ၂။အထူးကုဆရာဝန်/ဆေးရုံတာဝန်ခံဆရာဝန် ၃။ဆေးဝါးကျွမ်းကျင်/HA/LHV ၄။သူနာပြု ၅။အခြား(ဖော်ပြပါ_____) ၆။ခရိုင်ဆရာဝန်ကြီး ၇။မြို့နယ်ဆရာဝန်ကြီး
၂၆။	ဤဌာနအတွက်သန္ဓေတားဆေးပြန်လည်ဖြည့်တင်းရေးကိုမည်သို့လုပ်ဆောင်ပါသလဲ။ *(တစ်ခုမကဖြေဆိုနိုင်သည်။)*	၁။ဌာနဝန်ထမ်းကသတ်မှတ်ဖော်မြူလာကိုသုံး၍လိုအပ်သောပမာဏကိုတွက်ချက်တောင်းခံသည် ၂။ထောက်ပံ့ရေးဌာနကတွက်ချက်ဆုံးဖြတ်သည် ၃။အခြားနည်းလမ်းသုံးသည်(ဖော်ပြပါ_____)
၂၇။	အစီအရင်ခံခြင်းနှင့်မှာယူခြင်းအတွက်သတ်မှတ်သောပုံစံကိုအသုံးပြုပါသလား။	၁။သုံးသည်(ပုံစံကိုပြနိုင်သည်) ၂။သုံးသည်(ပုံစံကိုမပြနိုင်) ၃။မသုံးပါ
၂၈။	ဆေးနှင့်ဆေးပစ္စည်းများ**အဓိက**ထောက်ပံ့ရာကိုဖော်ပြပါ။	၁။ဗဟိုဆေးသိုလှောင်ရေးဌာန ၂။ပြည်နယ်/တိုင်းကျန်းမာရေးဌာန ၃။ခရိုင်ကျန်းမာရေးဌာန ၄။မြို့နယ်ကျန်းမာရေးဌာန ၅။ကျေးလက်ကျန်းမာရေးဌာန ၆။NGO ၇။အလှူရှင် ၈။ပြင်ပဆေးဆိုင်/ကုမ္ပဏီ
၂၉။	ဆေးနှင့်ဆေးပစ္စည်းသယ်ဆောင်ပေးသူ *(တစ်ခုမကဖြေဆိုနိုင်သည်။)*	၁။အစိုးရ ၂။ပြည်နယ်တိုင်း/ခရိုင်ကျန်းမာရေးဦးစီးဌာန ၃။မိမိအစီအစဉ် ၄။အခြား(ဖော်ပြပါ_____)
၃၀။	(မှာယူရလျှင်)မှာယူချိန်နှင့်ရောက်ရှိချိန်ကြားကာလမည်မျှရှိသလဲ။ မေးခွန်းနံပါတ်(၂၆) ကို (၁)ဟုဖြေဆိုလျှင်	၁။နှစ်ပတ်အောက် ၂။၂ပတ်မှ၁လအထိ ၃။၁လမှ၂လအထိ ၄။၂လမှ၄လအထိ ၅။၄လမှ၆လအထိ ၆။၆လကျော်ကြာ ၇။ပုံမှန်မရှိ
၃၁။	ဆေးဝါးအထောက်အပံ့ရရှိမှုတစ်ကြိမ်နှင့်တစ်ကြိမ် မည်မျှခြားသလဲ။	၁။၂ပတ်တစ်ခါ ၂။တစ်လတစ်ခါ ၃။၃လတစ်ခါ ၄။၆လတစ်ခါ ၅။၁နှစ်တစ်ခါ ၆။ပုံမှန်မရှိ

အခန်း(၇)အအေးလမ်းကြောင်း(ကျန်းမာရေးဌာနအမျိုးအစားအားလုံးမေးရန်)

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၃၂။	ကိုယ်ပိုင်အအေးလမ်းကြောင်းစနစ်ရှိ/မရှိ။ (စဉ်ဆက်မပျက် အအေးခံသိမ်းဆည်းနိုင်သောစနစ်)	၁။ရှိ ၂။မရှိ (နံပါတ် ၃၆ သို့)
၃၃။	ရှိခဲ့လျှင်အအေးခံစနစ်ဖြင့် ထားရှိသော မိခင်စောင့်ရှောက်ရေးနှင့် မျိုးဆက်ပွားကျန်းမာရေးဆေး အမည်စာရင်း ပေးပါ။	_____ _____ _____ _____ _____
၃၄။	ရှိခဲ့လျှင်အအေးခံစနစ်အမျိုးအစားဖော်ပြပါ။ *(တစ်ခုမကဖြေဆိုနိုင်သည်။)*	၁။ရေခဲသေတ္တာ ၂။ရေခဲဗူး(ရေခဲပြန်လည်ဖြည့်တင်းရသော) ၃။အခြား (ဖော်ပြပါ----------)
၃၅။	ရေခဲသေတ္တာဖြစ်လျှင်လျှပ်စစ်ဓါတ်အားရရှိသောနေရာ။ *(တစ်ခုမကဖြေဆိုနိုင်သည်။)*	၁။၂၄နာရီဓါတ်အားပို့လွှတ်စနစ် ၂။ကိုယ်ပိုင်မီးစက်(အထိုင်) ၃။ကိုယ်ပိုင်မီးစက်(ရွှေ့ပြောင်းနိုင်) ၄။ရေနံဆီသုံးစနစ် ၅။ဆိုလာစနစ် ၆။တပိုင်တနိုင်ရေအားလျှပ်စစ်စနစ် ၇။ကျေးရွာသုံးဘုံဓါတ်အားပေးစနစ်
၃၆။	အအေးခံစနစ်မရှိလျှင်အအေးခံစနစ်ဖြင့်ထားရန်လိုသောဆေးများကိုမည်သို့ထားရှိသလဲ။	_____ _____ _____

အခန်း(၈) ။ သားဆက်ခြားစီမံကိန်းသင်တန်းတက်ရောက်ပြီးစီးမှု(ဌာနအမျိုးအစားအားလုံးမေးရန်)
Example: Quality RH, IUD, Implant etc

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၃၇။	သားဆက်ခြားလုပ်ငန်းဆောင်ရွက်ရန်သင်တန်းတက်ရောက်ပြီးသောဝန်ထမ်းရှိ/မရှိ။	၁။ ရှိ ၂။မရှိ (နံပါတ် ၄၅ သို့)
၃၈။	ရှိခဲ့လျှင်လက်ရှိကျန်းမာရေးဌာနတွင် တာဝန်ထမ်းဆောင်ဆဲအရေအတွက်	_____ဦး
၃၉။	အရေပြားအောက်ထည့်သားဆက်ခြားပစ္စည်းထည့်သွင်းရန်/ပြန်ထုတ်ရန်လေ့ကျင့်ပေးပြီးသောဝန်ထမ်းရှိ/မရှိ။	၁။ရှိ ၂။မရှိ
၄၀။	ရှိခဲ့လျှင်အရေအတွက်	_____ဦး
၄၁။	သင်တန်းတက်ရောက်ပြီးဝန်ထမ်းသည်အမှန်တကယ်ဝန်ဆောင်မှုပေးနေပါသလား။	၁။ပေး ၂။မပေး
၄၂။	မပေးနေလျှင်အဘယ်ကြောင့်နည်း။	_____
၄၃။	နောက်ဆုံးသင်တန်းတက်ရောက်ပြီးစီးသောကာလ	၁။လွန်ခဲ့သော ၂လ ၂။ ၂လနှင့်၆လကြား ၃။၆လနှင့်၁နှစ်ကြား ၄။တနှစ်ကျော်ကာလ
၄၄။	အရေပြားအောက်ထည့်သားဆက်ခြားပစ္စည်း ထည့်သွင်းခြင်း၊ ပြန်ထုတ်ခြင်းကို သင်တန်းတွင် လေ့ကျင့်သင်ကြားပေးမှုရှိပါသလား	၁။ရှိပါသည် ၂။မရှိပါ

အခန်း(၉) သားဆက်ခြားဝန်ဆောင်မှု အပါအဝင် မျိုးဆက်ပွားကျန်းမာရေး စောင့်ရှောက်မှုအတွက် ကြီးကြပ်ခြင်း(ဌာနအမျိုးအစားအားလုံးမေးရန်)

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၄၅။	လွန်ခဲ့သောတစ်နှစ်အတွင်းကြီးကြပ်သူတစ်ဦးဦး ရောက်ရှိခဲ့သောနောက်ဆုံးကာလ (သားဆက်ခြား ကျန်းမာရေးစောင့်ရှောက်မှု ပါဝင်သော ကြီးကြပ်မှု)	၁။၁လမရှိသေး ၂။၁လမှ၃လအတွင်း ၃။၃လမှ၆လအတွင်း ၄။၆လမှတစ်နှစ်အတွင်း ၅။လုံးဝမလာရောက်ခဲ့ဘူး
၄၆။	(အထက်ပါ) ကြီးကြပ်မှုတစ်ကြိမ်နှင့်တစ်ကြိမ်မည်မျှကြာပါသလဲ။	၁။အပတ်စဉ် ၂။လစဉ် ၃။၃လတစ်ခါ ၄။၆လတစ်ခါ ၅။တစ်နှစ်တခါ ၆။လုံးဝမရှိ ၇။ပုံမှန်မရှိ
၄၇။	(အထက်ပါ)ကြီးကြပ်မှုတွင်ဘာတွေလုပ်လေ့ရှိသလဲ။ *(တစ်ခုမကဖြေဆိုနိုင်သည်။)*	၁။ကုသမှုလုပ်ငန်းစဉ် ၂။ဆေးပြတ်လပ်မှုနှင့်သက်တမ်းလွန်မှုစီစစ် ၃။ဝန်ထမ်းအင်အားနှင့်သင်တန်းတက်ရောက်ပြီးမှုစီစစ် ၄။အချက်အလက်ပြည့်စုံမှု၊မှန်ကန်မှုနှင့်အချိန်မီအစီအရင်ခံနိုင်မှုစီစစ် ၅။မျိုးဆက်ပွားကျန်းမာရေးစောင့်ရှောက်မှုလုပ်ငန်းလမ်းညွှန်များအတိုင်းလိုက်နာဆောင်ရွက်မှုစီစစ် ၆။အခြား(ဖော်ပြပါ_____)

အခန်း(၁၀)။ လုပ်ငန်းလမ်းညွှန်များရရှိမှု(ဌာနအမျိုးအစားအားလုံးမေးရန်)

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၄၈။	သားဆက်ခြားလုပ်ငန်းလမ်းညွှန် (Family planning guidelines (National/WHO)	၁။ရရှိ(ထုတ်ပြနိုင်) ၂။ရရှိ(ထုတ်မပြနိုင်) ၃။မရရှိ
၄၉။	သားဆက်ခြား(ပညာပေး)အထောက်အကူပြုပစ္စည်း (Family planning checklist and or job-aids)	၁။ရရှိ(ထုတ်ပြနိုင်) ၂။ရရှိ(ထုတ်မပြနိုင်) ၃။မရရှိ
၅၀။	ကိုယ်ဝန်စောင့်ရှောက်မှုလုပ်ငန်းလမ်းညွှန် ANC guidelines (National/WHO)	၁။ရရှိ(ထုတ်ပြနိုင်) ၂။ရရှိ(ထုတ်မပြနိုင်) ၃။မရရှိ
၅၁။	ကိုယ်ဝန်စောင့်ရှောက်မှုလုပ်ငန်းအထောက်အကူပြု ပစ္စည်း (AN checklist and or job-aids)	၁။ရရှိ(ထုတ်ပြနိုင်) ၂။ရရှိ(ထုတ်မပြနိုင်) ၃။မရရှိ
၅၂။	စွန့်ပစ်ပစ္စည်းများသိမ်းဆည်းစွန့်ပစ်ရေးလုပ်ငန်းလမ်းညွှန် (Waste disposal guideline (National/WHO)	၁။ရရှိ(ထုတ်ပြနိုင်) ၂။ရရှိ(ထုတ်မပြနိုင်) ၃။မရရှိ

အခန်း(၁၁)။ သတင်းအချက်အလက်နှင့်ဆက်သွယ်ရေးနည်းပညာရရှိမှု(ဌာနအမျိုးအစားအားလုံးမေးရန်)

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၅၃။	သတင်းအချက်အလက်နှင့်ဆက်သွယ်ရေးနည်းပညာသုံးစွဲမှု	၁။သုံး(တွေ့ရသည်) ၂။သုံး(မတွေ့ရ) ၃။မသုံး

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၅၄။ ဆက်သွယ်ရေးနည်းစနစ် (အောက်ဖော်ပြပါအချက်များမှအဖြေမှန်များကို ဝိုင်းပေးရန်)	**၅၅။ ထောက်ပံ့သူ** ၁။ကိုယ်ပိုင် ၂။အစိုးရ ၃။ဆေးခန်းပိုင်ရှင် ၄။အလှူရှင် ၅။အခြား (ဖေါ်ပြပါ_____)	**၅၆။ အဓိကအသုံးပြုရခြင်းအကြောင်းရင်း** *(တစ်ခုမကဖြေဆိုနိုင်သည်။)* ၁။လူနာမှတ်ပုံတင်ခြင်း ၂။မှတ်တမ်းထိမ်းခြင်း ၃။လူနာတစ်ဦးခြင်းမှတ်တမ်းထိမ်းခြင်း ၄။ကျန်းမာရေးအာမခံ ၅။ဖုန်းဖြင့်ဘီလ်ဆောင်ခြင်း ၆။ပုံမှန်ဆက်သွယ်ပြောဆိုခြင်း ၇။ကျန်းမာရေးပညာပေး ၈။ဆေးနှင့်ဆေးပစ္စည်းများမှာယူခြင်း ၉။သင်တန်းပေးခြင်း ၁၀။လူနာပြုစုကုသမှုအကြံဉာဏ်တောင်းခံခြင်း ၁၁။အခြား(ဖေါ်ပြပါ_____)
၁။ကွန်ပျူတာ	၊__၊ _____	၊၁၊၊၂၊၊၃၊၊၄၊၊၅၊၊၆၊၊၇၊၊၈၊ ၊၉၊၊၁၀၊၊၁၁၊ _____
၂။မိုဘိုင်းဖုန်း(ရိုးရိုးဟန်းစက်)	၊__၊ _____	၊၁၊၊၂၊၊၃၊၊၄၊၊၅၊၊၆၊၊၇၊၊၈၊ ၊၉၊၊၁၀၊၊၁၁၊ _____
၃။မိုဘိုင်းဖုန်း(smart phone)	၊__၊ _____	၊၁၊၊၂၊၊၃၊၊၄၊၊၅၊၊၆၊၊၇၊၊၈၊ ၊၉၊၊၁၀၊၊၁၁၊ _____
၄။သင်ပုန်းကွန်ပျူတာ	၊__၊ _____	၊၁၊၊၂၊၊၃၊၊၄၊၊၅၊၊၆၊၊၇၊၊၈၊ ၊၉၊၊၁၀၊၊၁၁၊ _____
၅။အင်တာနက်(LAN)	၊__၊ _____	၊၁၊၊၂၊၊၃၊၊၄၊၊၅၊၊၆၊၊၇၊၊၈၊ ၊၉၊၊၁၀၊၊၁၁၊ _____
၆။အင်တာနက်(Wi-Fi)	၊__၊ _____	၊၁၊၊၂၊၊၃၊၊၄၊၊၅၊၊၆၊၊၇၊၊၈၊ ၊၉၊၊၁၀၊၊၁၁၊ _____
၇။အခြား(ဖေါ်ပြပါ_____)	၊__၊ _____	၊၁၊၊၂၊၊၃၊၊၄၊၊၅၊၊၆၊၊၇၊၊၈၊ ၊၉၊၊၁၀၊၊၁၁၊ _____

အခန်း(၁၂)။စွန့်ပစ်ပစ္စည်းများကို စီမံခန့်ခွဲမှု(waste disposal)

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၅၇။	ဆေးရုံဆေးခန်းစွန့်ပစ်ပစ္စည်းများကိုမည်သို့စီမံသလဲ။ *(အဖြေတစ်ခုမက ဖြေဆိုနိုင်ပါသည်)*	၁။မြေပေါ်ပုံ၍မီးရှို့ ၂။သတ်မှတ်နေရာတွင်ကျင်းတူး၍မြှုပ် ၃။မီးရှို့စက်သုံး၍ရှို့ ၄။စည်ပင်အမှိုက်သိမ်းစနစ်ဖြင့်ဆက်သွယ်ဆောင်ရွက် ၅။ပုံမှန်အမှိုက်ပုံးများဖြင့်စွန့်ပစ်

အခန်း(၁၃)ကုသမှုစရိတ်ကျခံခြင်း(ဌာနအမျိုးအစားအားလုံးကိုမေးရန်)

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၅၈။	ယခု ဆေးရုံဆေးခန်းတွင် ပုံမှန်အားဖြင့် စမ်းသပ်ခယူလေ့ရှိပါသလား။	၁။ယူ ၂။မယူ(နံပါတ် ၆၀ သို့)
၅၉။	စမ်းသပ်ခယူလျှင်တဘက်ပါအကြောင်းအရာတို့အတွက်ကင်းလွတ်ခွင့်ပြုပါသလား။	၁။သားဆက်ခြားခြင်း။ ၂။ကိုယ်ဝန်စောင့်ရှောက်မှု ၃။ကလေးမွေးဖွားမှု ၄။မီးတွင်းကာလစောင့်ရှောက်မှု ၅။မွေးကင်းစကလေးစောင့်ရှောက်မှု ၆။ၦနှစ်အောက်ကလေးစောင့်ရှောက်မှု ၇။HIV(ART နှင့် HTC)/PMCT ၈။အခြား(ဖော်ပြပါ_____)
၆၀။	ပုံမှန်အားဖြင့် ဆေးဖိုးကို လူနာများက ကျခံရပါသလား။	၁။ ကျခံရပါသည် ၂။ မကျခံရပါ (နံပါတ် ၆၂ သို့)
၆၁။	ကျခံရလျှင်တဘက်ပါဆေးများအတွက်ကင်းလွတ်ခွင့်ပြုပါသလား။	၁။သားဆက်ခြားခြင်း။ ၂။မိခင်ကျန်းမာရေးဆိုင်ရာဆေးများ ၃။ကလေးဆိုင်ရာဆေးများ ၄။အခြား(ဖော်ပြပါ_____)
၆၂။	ကျန်းမာရေး ဝန်ထမ်းဖြင့် ပြသမှုအတွက် လူနာကကုန်ကျစရိတ် ရှိပါသလား။	၁။ရှိ ၂။မရှိ (အပိုင်း ၁၄ သို့)
၆၃။	ရှိလျှင်တဘက်ပါတို့အတွက်ကင်းလွတ်ခွင့်ရှိပါသလား။ *(တစ်ခုမကဖြေဆိုနိုင်သည်)*	၁။သားဆက်ခြားခြင်း ၂။ကိုယ်ဝန်စောင့်ရှောက်မှု ၃။ကလေးမွေးဖွားမှု ၄။မီးတွင်းကာလစောင့်ရှောက်မှု ၅။မွေးကင်းစကလေးစောင့်ရှောက်မှု ၆။ၦနှစ်အောက်ကလေးစောင့်ရှောက်မှု ၇။HIV (ART နှင့် HTC) /PMCT ၈။အခြား(ဖော်ပြပါ_____)

၁။ကျေးဇူးတင်ကြောင်းပြောပါ။
၂။လူနာတစ်ဦးဦးကိုဆက်လက်မေးမြန်းမည့်အကြောင်းပြောပါ။
၃။လူနာ၏ဖြေဆိုချက်များကို ဤဆေးခန်းနှင့်ဆေးဝန်ထမ်းတစ်ဦးဦးကို အပြစ်ပေးအရေးယူရေးအတွက် သုံးမည်မဟုတ်ဘဲလုပ်ငန်းနှင့်ဝန်ဆောင်မှုများတိုးတက်မှုအတွက်သုံးမည်ဖြစ်ကြောင်းပြောပါ။
၄။တာဝန်ရှိသူတစ်ဦးဦးထံမှခွင့်ပြုချက်တောင်းပြီးမှဆက်မေးပါ။

ဆေးခန်းပြသူများ၏ထင်မြင်ယူဆချက်များနှင့်သားဆက်ခြားစီမံကိန်းလုပ်ငန်းများအတွက်ကုန်ကျစရိတ်

ခန့်မှန်းဖော်ထုတ်ခြင်း

	ကျန်းမာရေးဌာန၏အမည်	
	တည်နေရာ (က)ပြည်နယ်/တိုင်း (ခ)မြို့နယ် (ဂ)ကျေးလက်ကျန်းမာရေးဌာန	 _____ _____ _____

အပိုင်း(၁၄)။ ဆေးခန်းပြသူ၏ထင်မြင်ယူဆချက်များ

၁၄.၁ ဖြေဆိုသူ၏နောက်ခံအကြောင်းအချက်

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

၁၄.၂ ။ဝန်ထမ်း၏လိုက်နာဆောင်ရွက်မှု

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၆၉။	သင်ရွေးချယ်သောသားဆက်ခြားနည်းလမ်းကိုရရှိပါသလား။ ရလျှင် မည်သည့်သားဆက်ခြားနည်းလမ်းကို ရရှိပါသလဲ။	၁။ရ ---------- ၂။မရ
၇၀။	နည်းလမ်းရွေးချယ်ရာတွင် သင်နှစ်သက်သောဆန္ဒရှိသောနည်းလမ်းကို ထည့်သွင်းဆွေးနွေး ခဲ့ပါသလား။	၁။ဖြစ် ၂။မဖြစ်
၇၁။	မည်သို့သုံးစွဲရမည်ကိုကျန်းမာရေးဝန်ထမ်းကသင်ပေးပါသလား။	၁။သင် ၂။မသင်
၇၂။	ဘေးထွက်ဆိုးကျိုးများကိုရောပြောပြပါသလား။	၁။ပြော ၂။မပြော
၇၃	ဘေးထွက်ဆိုးကျိုးများဖြစ်လာလျှင်မည်သို့ဆောင်ရွက်ရမည်ကိုပြောပြပါသလား။	၁။ပြော ၂။မပြော
၇၄။	ဆေးခန်းသို့ပြန်လာပြရန်လိုအပ်သောနောက်ဆက်တွဲပြဿနာများအကြောင်းပြောပြပါသလား။	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။	သင့်ကိုစမ်းသပ်ကုသမှုပြုရာတွင်အချိန်လုံလောက်စွာပေးရဲ့လား။	၁။ပေး ၂။မပေး

၁၄.၄။ ပြောဆိုဆက်ဆံရေး

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၈၀။	သင့်အပေါ်လေးစားပြုဂုဏ်ပြုစွာဆက်ဆံရဲ့လား။	၁။ဆက်ဆံ ၂။မဆက်ဆံ
၈၁။	သင်ရခဲ့သောသားဆက်ခြားနည်းလမ်းအပေါ် လက်ခံအောင်အတင်းအကြပ် တိုက်တွန်းခဲ့သလား။	၁။တိုက်တွန်း ၂။မတိုက်တွန်း
၈၂။	ခြုံ၍ပြောရလျှင်ဝန်ထမ်းကသင့်အပေါ်ထားရှိသောစိတ်ဓါတ်ကိုနှစ်သက်ရဲ့လား။	၁။နှစ်သက် ၂။မနှစ်သက်

၁၄.၅။ ရလဒ်

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၈၃။	သင်ရရှိသောဝန်ဆောင်မှုအပေါ်စိတ်ကျေနပ်မှုရှိရဲ့လား။	၁။ကျေနပ် ၂။မကျေနပ်
၈၄။	နောက်တစ်ကြိမ်ထပ်လာဖို့စိတ်ကူးရှိရဲ့လား။	၁။ရှိ ၂။မရှိ
၈၅။	မိသားစုဆွေမျိုးမိတ်ဆွေများကိုဤဆေးခန်းသို့လာပြရန် လမ်းညွှန်ပေးမှာလား။	၁။ပေး ၂။မပေး

အခန်း(၁၅) ဝန်ဆောင်မှုကုန်ကျစရိတ်အပေါ်သုံးသပ်ချက်

(မေးခွန်းနံပါတ်၈၏ **(ဟုတ်)** ဟုဖြေထားသောဆေးခန်းအတွက်သာ)

၁၅.၁။ သားဆက်ခြားစီမံကိန်းဝန်ဆောင်မှုကုန်ကျစရိတ်

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၈၆။	ယခုပြသသည့်အခေါက်သားဆက်ခြားခြင်းအတွက်ကုန်ကျမှုရှိပါသလား။	၁။ကုန်ကျ ၂။မကုန်ကျ (နံပါတ် ၈၈ သို့)
၈၇။	ကုန်ကျမှုရှိသည်ဆိုလျှင်မည်မျှရှိပါသလဲ။	မှတ်ပုံတင်စာအုပ်ပြုလုပ်ရန် _____ ကျပ် ဓါတ်ခွဲ/ဓါတ်မှန် _____ ကျပ် ဆေးခန်းမှသားဆက်ခြားဆေး/ပစ္စည်း _____ ကျပ် ပြင်ပမှ သားဆက်ခြားဆေး/ ပစ္စည်း _____ 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	၊__၊__၊ 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။ဈေးရောင်းအလုပ် ၄။လက်ခစားအလုပ် ၅။ကျွမ်းကျင်လက်ခစားအလုပ် ၆။စာရေး(သို့)Professional အလုပ် ၇။အခြား(ဖော်ပြပါ_____)
၉၆။	ဤကျန်ခဲ့သောအလုပ်ကိုမည်သူကိုလွှဲခဲ့သလဲ။	၁။မိသားစု ၂။လုပ်ဖော်ကိုင်ဘက် ၃။ဘယ်သူမှမလွှဲခဲ့ရ ၄။အခြား(ဖော်ပြပါ____)
၉၇။	လွှဲခဲ့သည့်အတွက်အခကြေးငွေပေးခဲ့ရသလား။	၁။ပေး ၂။မပေး
၉၈။	ပေးခဲ့လျှင်မည်မျှနည်း။	၊__၊__၊__၊__၊ ကျပ်

၁၅.၄။ ငွေကြေးစီမံမှု

စဉ်	အကြောင်းအရာ	ဖြေဆိုချက်
၉၉။	ယနေ့ကုန်ကျစရိတ်အတွက်မည်သို့ဖြေရှင်းခဲ့ပါသလဲ။	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။