2016 HEALTH FACILITY ASSESSMENT FOR REPRODUCTIVE HEALTH COMMODITIES AND SERVICES

2016 Health Facility Assessment For Reproductive Health Commodities and Services

Department of Medical Research (Pyin Oo Lwin Branch)
Department of Public Health
Department of Medical Services and
UNFPA

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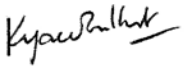
Foreword

Access to family planning is a fundamental human right and is crucial to empowering women and girls to realize their full potential. It is also one of the most cost-effective investments a country can make towards sustainable development. Although Myanmar has given priority to maternal and child health services and considerable investments have been made to improve these services, inadequate health resources at different levels of the health system and the heavy workload of staff are still creating challenges to achieve targets. Limited availability of skilled service providers, essential commodities and logistics management are major concerns in Myanmar. In addition, the weakness of the Logistic Management Information System (LMIS) in terms of its geographic coverage and functioning has led to frequent shortages of essential and life-saving reproductive health (RH) medicines and commodities resulting in an unmet need for potential clients. Since RH services must be of a high quality in all respects, a regular supply of medicines for emergency obstetric care (EmOC) and contraceptives to meet the needs of facilities is crucial.

The Ministry of Health and Sports is making efforts to achieve the Sustainable Development Goals (SDGs), especially in reducing maternal mortality and child mortality by providing quality services covering the whole country. In the area of reproductive health, progress has been made in maternal and newborn health and birth spacing with a reduction in maternal mortality and an increase in the contraceptive prevalence rate. To build on accomplishments to date, health systems need to be strengthened and targeted programmes implemented for the most vulnerable populations. In line with the National Health Plan, the Ministry of Health and Sports has been planning and implementing interventions to improve the health status of mothers, newborns and children. Therefore, a Nationwide Health Facility Assessment for RH Commodities and Services was implemented with strong support from the Department of Medical Research (Pyin Oo Lwin Branch) in collaboration with the Maternal and Reproductive Health Division, the Department of Public Health and the Department of Medical Services. Well organized and trained teams actively participated in data collection across the country during May and September 2016. As the assessment is a continuation of the 2014 and 2015 assessment activities, this report is a result of a successful third mission.

We aim to provide the information and understanding needed to improve the country's Reproductive Health Security. These consecutive assessments over the past three years will make programme managers, donors and policymakers more able to closely monitor the effectiveness, weaknesses, and lessons learnt from past interventions and make reliable projections for future implementations. The current situation on the availability of birth spacing services; life-saving reproductive health medicines; stock-outs; the logistic management system; the availability of skilled staff for reproductive health care services; information and communication facilities; cold chain facilities; and clients' satisfaction are provided in this report. Comparisons of some important parameters over the three years are also included. In contrast to previous reports, information from private sector health facilities is included in this report.

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



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Acknowledgements

The 2016 Health Facility Assessment for Reproductive Health Commodities and Services is the third survey of its kind over the last three years in Myanmar, covering both public and private health facilities across the entire country. This was an immense task that took several months and was undertaken as a collaborative endeavour together with the Department of Medical Research, the Department of Medical Services and the Department of Public Health with technical support from UNFPA Myanmar Country Office. This assessment was made possible thanks to funding from the UNFPA Supplies Programme, formerly known as GPRHCS.

This assessment aims to pinpoint areas to strengthen the health system including the supply chain system in which the Logistics Management Information System has been established to improve family planning/reproductive health commodity security in Myanmar. In order to strategically improve family planning programmes, and to promote resource allocation and enhance programme efficiency to reduce unmet needs for modern methods of contraception, it is essential to ensure that facilities have high quality and equitable family planning and reproductive health commodities, services and the contraceptive choices that women need. The survey also underlines key challenges to strengthen the health system especially in ensuring access to all, irrespective of the level of facility and its location. The survey findings were validated through a dissemination workshop held on 21 December, 2016 and contributed to the Family Planning 2020 core indicators at the consensus review meeting on 19 May 2017.

UNFPA expresses special gratitude to Dr. Kyaw Oo, formerly the Director of the Department of Medical Research (Upper Myanmar), now the Deputy Director General of the Department of Human Resources for Health, for his valuable support and technical guidance to undertake this survey. UNFPA acknowledges the support of health authorities from each state/region, the Department of Medical Services, the Department of Public Health, and the Maternal and Reproductive Health Division of the Department of Public Health. Our grateful thanks also go to the Department of Medical Research for their leadership, technical support, and managerial and supervisory role in field data collection activities, without which this facility assessment would not have been completed within a very limited time frame. The assistance and support of field enumerators and technical supervisors recruited from the Department of Medical Research (Pyin Oo Lwin Branch) was invaluable. Special thanks are also due to health staff in hard-to-reach areas for their kind arrangements in facilitating local transport to help the survey team complete the survey in a timely manner.

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List of Acronyms

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

Executive summary

Introduction

A nationwide survey of a representative sample of health facilities across public health services in all states and regions of Myanmar has been undertaken since 2014 to track Reproductive Health Commodity Security (RHCS) indicators, such as the availability of reproductive health (RH) commodities; the supply chain (including cold chain systems); staff training and supervision; availability of guidelines and protocols; information and communication technologies; methods of waste disposal; and user fees. The surveys have also obtained the views of clients about the quality and cost of services through exit interviews. This is the third report for Myanmar, which is an assessment of the situation in 2016.

Method

A cross-sectional descriptive design with a representative sample size and sampling methods was used covering all states/regions. The standardized questionnaire was adapted and translated. The Department of Medical Research (Pyin Oo Lwin Branch) primarily carried out data collection activities with the assistance of the Department of Public Health and the Department of Medical Services. A total of 378 health facilities were surveyed including 172 at the primary level; 160 at the secondary level; 23 at the tertiary level; and 23 private hospitals. Out of the 358 facilities surveyed; 155 were located in urban areas and 223 were in rural areas.

Facilities offering modern contraceptives

Survey findings revealed that at primary service delivery points/health facilities (HFs), 81.4 per cent offered at least three modern contraceptive methods. For secondary and tertiary level HFs and private hospitals, 49.5 per cent offered at least five modern contraceptives. The difference in the proportion of HFs that provided five modern methods in government and private sector facilities (45.9 per cent vs. 78.3 per cent) was statistically significant. (P=0.006).

Availability of Maternal and RH (MRH) medicines

Overall 52.9 per cent of HFs had (at the time of the survey) all seven MRH medicines available, including the two essential life-saving maternal and RH drugs. Urban/rural differences were significant (65.2 per cent vs. 44.4 per cent, P<0.001). The availability of life-saving MRH medicine was higher in HFs in the government sector compared to the private sector (52.1 per cent vs. 65.2 per cent, P=0.139). With the exception of oral misoprostol and injectable benzyl penicillin, all other RH medicine stock-out situations had decreased in 2016 compared to the previous two assessments.

Incidence of no stock-out of modern contraceptive methods

“No stock-out of a modern contraceptive” was defined in this study if a HF had a stock of all modern contraceptive methods (excluding male sterilization which a HF is not legally authorized to provide for contraceptive purposes). If a HF had experienced a stock-out or was not able to provide any one modern method of contraception (such as male/female condoms, OCPs, injectables, ECPs, IUDs, implants, female sterilization) in the last six months, it was defined as a ‘stock-out’. The findings show that 25.7 per cent of HFs covered in this study were able to provide at least one modern contraceptive method during the last six months. There was no obvious differential among different level of HFs.

The stock situation on the day of the assessment showed that OCPs, male condoms, injectables and ECPs were available in all states/regions. Stock-outs of implants and female condoms were highest (on the day of the assessment). Except for stocks of implants, ECPs, IUDs and female sterilization which were higher in urban than rural HFs, no other differences were found with other methods.

The rate for "stock-out of at least one method" was higher for primary level HFs and the total of all HFs in 2016 compared to 2015 and 2014. A comparison of the specific methods between the two previous assessments found that there was a reduction in the stock-outs of implants, male condoms, female condoms and injectable methods. No difference for OCPs was noted. Stock-outs for female sterilization had increased.

Supply chain including cold chain

"Pharmacists", "Assigned MOS" and "MS" were the main persons responsible for drug indents. Supplies for the majority of primary and secondary level HFs were quantified by the medical depot only (63.8 per cent and 75 per cent respectively). Tertiary level HFs quantified stocks in various ways, i.e. sometimes by themselves and sometimes by the medical depot.

The main source of supplies for HFs at all levels were township and state/region Health Departments, 59 per cent and 18.8 per cent respectively. However, supplies for the majority of tertiary level HFs were from the CMSD and state/region Health Departments (43.5 per cent and 39 per cent respectively). The main sources of supplies for private sector HFs were private pharmacies and companies. Major suppliers for HFs in urban areas were state/region Health Departments (HDs) and township HDs (37.4 per cent and 29.7 per cent respectively). The major supplier for HFs in rural areas were township Health Departments (79.4 per cent).

Most HFs (>50 per cent) at all levels made their own arrangements for transportation of supplies to their HFs. Transportation of supplies by government to tertiary and secondary level HFs were only 26.1 per cent and 13.1 per cent respectively.

The majority of HFs, especially at the primary and secondary level, stated that the interval between the order and receipt of supplies was irregular (42.5 per cent and 41.3 per cent respectively). 34.8 per cent of HFs at the tertiary level estimated that the interval was "less than two weeks". About one third of HFs at all levels stated that the interval was irregular. The percentage of HFs with "irregularity of interval" was significantly different between HFs in urban and rural areas (38.1 per cent in urban areas vs. 42.6 per cent in rural areas, $P<0.05$). The majority of private HFs (56.5 per cent) received drug supplies in a relatively short interval (less than two weeks). Thirty five per cent of HFs said that the interval between indents of supplies was "irregular". The irregularity was more pronounced in private HFs (73.9 per cent). The frequency of the irregularity of resupply in government sector HFs was similar at all levels (around 35 per cent). The frequency of the irregularity of resupply was more pronounced in private HFs (70.9 per cent vs. 32.7 per cent).

The availability of a cold chain (62.7 per cent) was higher in tertiary and secondary level HFs (95.7 per cent and 81.9 per cent respectively) and too a much lesser extent in primary level HFs (35.5 per cent). The difference was statistically significant ($P<0.05$). All private HFs had cold chain systems. The availability of a cold chain system was also markedly different between urban and rural areas (82.6 per cent vs. 48.9 per cent, $P<0.001$). While 60.3 per cent of government sector HFs had cold chain systems, in private sector HFs this figure was 100 per cent ($P<0.05$). Where HFs had a cold chain system, more than 80 per cent were electrical and less than 20 per cent were ice boxes.

Staff training and supervision

About 55 per cent of HFs had trained staff to advise clients on birth spacing, which was less than the figure in the 2015 assessment (66 per cent). HFs with trained staff to insert implants was still low (15.6 per cent), again less than last year (17 per cent). Private sector HFs also had low levels of trained staff both to advise clients on birth spacing and to insert implants (47.8 per cent and 52.2 per cent respectively).

HFs who had no supervision for RH issues was 32.8 per cent; it was highest in tertiary level HFs (60.9 per cent). The percentage had slightly decreased from last year (44 per cent). The percentages of HFs which had no supervision for RH issues did not differ between urban and rural areas. Private sector HFs had more frequent supervision compared to the government sector. The percentage of HFs which were more frequently visited was higher in rural HFs. One annual visit was higher in urban areas. Supervision for RH issues was more apparent and frequent in government sector HFs than private sector HFs. Supervision in specific areas was described. The most frequent supervision was identified in the area of 'logistics", followed by "staff training", "clinical management" and "reporting". Specific areas of supervision did not differ between levels of HFs. Supervision for following guidelines and instructions was also very notable in this year's assessment.

Availability of guidelines, checklists and job aids

The availability of any guidelines was not more than 44.2 per cent. Based on all 378 HFs assessed, the most frequently available guidelines were the "Job aid for antenatal care" (32.3 per cent) and the "Guidebook for antenatal care" (24.9 per cent). Regarding guidelines for birth spacing, 23.8 per cent of HFs had the "Checklist for Birth Spacing". "The National Guidebook for Birth Spacing" was only available at 15.3 per cent of HFs. "The Guide for Waste Disposal" was only available at 8.5 per cent of HFs.

Use of information and communication technology (ICT)

67.2 per cent of HFs had at least one ICT device. The three devices most frequently used were smart phones (84.4 per cent), mobile phones (53.2 per cent) and computers (31 per cent). It was noted that private sector HFs more frequently had all of the ICT equipment available. ICT devices were most frequently used for 'routine communication' (92 per cent), 'consultations' (34.1 per cent), 'medical indents' (52.5 per cent) and health education (34.3 per cent).

Waste disposal

Burying and burning were the methods mainly used for waste disposal. However, 56 per cent of HFs at the tertiary level and 82.6 per cent of private HFs used a municipal disposal system. This was more evident in urban HFs than rural HFs (35.5 per cent vs. 2.2 per cent).

User fees

User fees were reported for 31.4 per cent of HFs. Respondents from 23 per cent of HFs stated there were user fees especially for "medicines" (25.9 per cent) and "speciality services" (16.4 per cent). Only 7.7 per cent of HFs charged for consultation fees only. The comparatively higher number of HFs who charged fees was due to the inclusion of private sector HFs in the analysis. Private sector HFs had no free of charge services.

Client's perception of family planning service provision

Clients were generally satisfied with the quality of services from family planning providers. Favourable responses for the location of the clinic were high (>95 per cent). Most clients were satisfied about the cleanliness and privacy at their health centre. Long waiting times at health centres were reported by

less than 15 per cent of respondents. Long waiting times were reported more frequently by clients of tertiary level HFs (33.3 per cent vs. 18.4 per cent (secondary) and 15.8 per cent (primary)).

Client's appraisal of cost of family planning services

About one third (29.7 per cent) of clients responded they had to pay for services at HFs. The response was highest at the tertiary level (43.5 per cent) and lowest at the primary level (25.3 per cent). The urban/rural difference was significant (36.7 per cent vs. 25.3 per cent, $P<0.001$). Out of 330 clients who reported they had to pay to visit a clinic, the average amount for various items/services was not more than 600 kyats (i.e. about 0.50 USD). The highest costs incurred were to buy medicine from the clinic or outside of the clinic (512 kyats and 588 kyats). The amount was highest at the secondary level than at any other level (656 Kyats). The total time spent per clinic visit was about 42 minutes on average. This included 15 minutes travel time, and 27 minutes waiting time. Of those clients who visited the clinic during their working day (52.7 per cent), farm workers lost around 3,100 kyats in wages, while sales persons lost approximately 2,000 kyats. Payment to visit the clinic was made primarily by a spouse (66.4 per cent) or by the client themselves (31.6 per cent).

Recommendations

A. Commodities security

A1. Contraceptives

Secondary level HFs should focus on procuring sufficient contraceptive supplies to meet client demand and choice.

A2. RH Medicine

RH medicines with high stock-out rates included hydralazine and M-dopa. Health staff in primary level HFs should have their capacity strengthened so that they can use essential MRH medicines safely.

A3. Supply Chain

Due to continuous efforts, improvements in the supply chain management system were noted from the previous year. However, improvements are still needed at primary level HFs in management, especially in quantifying demand. Distribution systems also need to be reviewed so that they are systematic and effective at the country/state/region level. Distribution methods to primary level HFs should be reviewed so that there is a shorter interval in the delivery of supplies from townships to health centres. A supply of cold chain equipment for primary level HFs should be considered. A system to quantify RH commodity needs should be initiated across the country.

B. Contraceptive services

Increasing use of implants at secondary level HFs indicates the need for improving the method-mix of contraceptives and also providing more training for staff so that they have the skills to administer long-acting contraceptive methods, including implants.

C. Logistic and Supply Chain Management System

C1. Training

Training to improve skills in logistic management should continue and its coverage should be expanded based on programme needs in terms of geographical area and the level of HFs. The areas which have higher stock-outs should be prioritized for training sessions.

Effective training to administer implants should be a focus at secondary level HFs especially at Station Hospitals to narrow the urban/rural difference.

C2. Supply system

Strengthening the supply chain and logistics management should be more comprehensive and take into account the sustainability and self-reliance of state/region Health Departments. The needs of commodities and supplies should be quantified locally. Supply should be changed from a push system into a pull system. Regular quantification of RH commodities, ordering and distribution should be maintained.

To reduce stock-outs at all levels of HFs, there should be good channels of reporting and communicating of real-time stock status using modern ICT technology. The feasibility of using mobile phones for real-time reporting of RH logistics should be studied.

The role of pharmacists should be systematized in supply chain management at hospitals.

Recent efforts in the development of a nationwide LMIS system should be stepped up. Standard operating procedures (SOPs) for a national LMIS system should be developed. Guidelines for procurement, quantification, and distribution should reach all levels of HFs across the country.

Integration of supplies at NGOs, INGOs and in the private sector should be coordinated by the government sector to ensure that distribution is based on local needs.

D. Monitoring and evaluation

A central level monitoring system of RHCS status that reaches primary level HFs should be developed. Every supervision visit to lower level HFs should be made with a developed checklist system which includes topics on RH commodities and services. A reporting system should be developed so that every supervision visit is reported to higher level authorities.

Regional level and township level supervision visits should be scheduled in an annual planner.

RH medicine and contraceptive commodities tracking information should be combined into the existing HMIS system. In this regard, the need for information to develop linkages between HMIS and RHLMIS should be discussed among stakeholders.

Key tracer variables should be identified from existing data sources by more detailed analysis.

E. Waste disposal

There should be a budget line with sufficient funds for the establishment and maintenance of waste disposal systems at all level of HFs.

Waste disposal guidelines and SOPs should be developed and distributed to all HFs.

F. Methodology for assessments

Future assessments should include HFs at INGOs. Recent RH programmes of INGOs are providing contraceptives at the township level without hospitalization, these HFs should be considered as primary level HFs.

A qualitative approach, especially in-depth interviews with clients and key informants, should be included to gather more information from clients which can be triangulated with information from the questionnaire survey. The sample size and area selection should be considered based on the availability of field data collection teams.

The questionnaire should include a question to determine whether existing cold chains are being used for the storage of RH medicines.

Part I: Introduction

Background

This survey was conducted in Myanmar, which is one of the 46 countries that benefits from the UNFPA Supplies programme (formerly GPRHCS) which is dedicated to expanding access to family planning. The survey covers both the availability of RH commodities and salient aspects of service delivery facilities that underpin good RH programmes. The assessment includes the availability and stock-out of RH commodities; the supply chain (including the cold supply chain); staff training and supervision; the availability of guidelines and protocols; the availability of information and communication technology; methods of waste disposal; and clients' user fees. In addition, the views of clients about services at HFs were explored. This assessment is a continuation of the 2014 and 2015 assessment. Assessment findings reflect comparisons between the three consecutive assessments in the country. The report includes an activity plan for the conduct of the survey, and a standard format for the table of contents from the 2015 assessment to allow for comparison of findings with previous assessments.

UNFPA Supplies

Reproductive health supplies can save the lives of clients attending health centres and improve their quality of life. Quality contraceptives, for example, empower couples to plan their families; basic medicines prevent women from bleeding to death during childbirth; and condoms protect people from HIV and other sexually transmitted infections. However, effective and inexpensive reproductive health supplies do not always reach the people who need them. UNFPA aims to ensure that every person is able to obtain and use affordable and quality reproductive health commodities of their choice, no matter where they live. In 2007, UNFPA launched the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS), now renamed UNFPA supplies, a fund that supports countries' efforts to build stronger health systems and ensure access to a reliable supply of contraceptives, condoms, and medicines for family planning, HIV/STI prevention and maternal health services.[1]

Country profile of Myanmar

Myanmar, located in South-East Asia, borders Bangladesh, India, China, Laos and Thailand, and has 1,760 miles of coast line, bounded to the west by the Bay of Bengal and to the south by the Andaman Sea. The country is divided administratively, into Nay Pyi Taw Union Territory and 14 states and regions. (As a large state, Shan State is divided into three areas; northern, eastern and southern Shan State according to health administrative areas). Myanmar is comprised of 74 districts, 330 townships, 3,065 wards, 13,619 village tracts and 64,134 villages. The main features of the country are the delta region (consisting of Ayeyawady and Yangon Regions) and the central plain surrounded by mountains which are mainly composed of ethnic States.[2] The results of the 2014 Myanmar Population and Housing Census indicated that the population of Myanmar on the 29th March 2014 was 51,419,420 persons. The 2014 Census data show that the population density in Myanmar is 76 persons per square kilometre. About 30 per cent of the population reside in urban areas.[3]

Myanmar aspires to achieve Universal Health Coverage (UHC) as part of its Vision 2030 for a healthier and more productive population. To achieve the goal of strengthening the health system to provide equitable universal coverage, and recognizing the current critical challenges, one of the core strategies is to ensure the availability of quality, efficacious and low cost essential medicines, equipment

[1] http://www.unfpa.org/unfpa-supplies (Accessed on 19 November 2016).
[2] Health in Myanmar, 2015.
[3] The 2014 Myanmar Census The Union Report, Department of Population, 2015.

and technologies, including a supply chain management system and infrastructure at all levels. Basic health staff (BHS) down to the grassroots level are providing promotive, preventive, curative and rehabilitative services through a primary health care approach. Infrastructure for service delivery is based on sub-rural health centres and rural health centres where midwives, lady health visitors and health assistants are assigned to provide primary health care services to the rural community. Those who need special care are referred to Station Hospitals, Township Hospitals, District Hospitals and to Specialist Hospitals successively. At the state/region level, the state/region Health Department is responsible for planning; coordination; training and technical support; close supervision; and monitoring and evaluation of health services. The National Reproductive Health Policy was developed in 2002 supported by three consecutive Reproductive Health Strategic Plans. To improve the health status of mothers and children, including newborns, by reducing maternal, neonatal and child mortality and morbidity, the following core strategies were laid down.

- Create an enabling environment
- Improve the information base for decision-making
- Strengthen health systems and the capacity for delivery of reproductive health services
- Improve community and family practices.

Rationale

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 per 100,000 live births reported by the Health Management Information System (HMIS) in 2011.

Post-partum haemorrhage (31 per cent), eclampsia (11.2 per cent) and abortion-related mortality (9.9 per cent) remain the major causes of maternal deaths in Myanmar.[4] Three quarters of all maternal deaths occur during delivery and the immediate post-partum period. In addition to these direct causes of maternal mortality, a number of household and community level factors as well as social factors, such as the nutrition of girls and women, and women's educational levels underpin the high levels of maternal mortality. Further contributing to maternal mortality are weak infrastructure, poor reach of health services and limited access to information.

On 25 September 2015, the 193 member states of the United Nations unanimously adopted the Sustainable Development Goals (SDGs), a set of 17 goals that aim to transform the world over the next 15 years. These goals are designed to eliminate poverty, discrimination, abuse and preventable deaths, address environmental destruction, and usher in an era of development for all people, everywhere.
The SDGs are ambitious, and it will require enormous efforts across countries, continents, industries and disciplines - but they are achievable. UNFPA is working with governments, partners and other United Nations agencies to directly tackle many of these goals – in particular Goal 3 on health, Goal 4 on education and Goal 5 on gender equality – and contributes in a variety of ways to achieving many of the others.

SDG 3 aims to ensure healthy lives and promote well-being for all at all ages, and this goal calls for achieving universal access to sexual and reproductive health care; reducing global maternal death rates; and ending the AIDS epidemic by 2030. Reproductive health issues are a leading cause of ill health and death for women and girls of childbearing age in less developed countries. Impoverished women suffer disproportionately from unintended pregnancies, unsafe abortions, maternal death and disability, and sexually transmitted infections (STIs). Young people are also extremely vulnerable, facing

[4] Nationwide cause specific maternal mortality survey (2004-2005), UNICEF and Department of Health.

disproportionately high HIV rates as well as barriers to reproductive health information and care.

UNFPA is the lead UN agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA is the lead agency promoting sexual and reproductive health, including family planning, comprehensive sexuality education and maternal health services in Myanmar.

UNFPA works with partners to strengthen health systems, including establishing a logistics management information system (LMIS) to ensure reproductive health commodity security in Myanmar and to reduce the unmet needs for family planning that Myanmar committed to as a signatory of Family Planning 2020.

Objective of assessment

General objective

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

Specific objectives

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

Research methodology

Study design

A cross-sectional descriptive study design was used. All states and regions (administrative areas) were covered. Three levels of health facilities which provide reproductive health services including family planning, maternal care and the treatment of reproductive tract infections were included. The clients of the respective facilities were also interviewed. Data collection activities were carried out in May and September 2016.

Sampling procedure

The survey considered the following broad categories of service delivery points (health facilities) that provide modern methods of contraceptives and maternal/RH services:

(a) Primary Level Facilities (Rural Health Centres, Urban Health Centres and Maternal and Child Health Centres).[5]
(b) Secondary level Facilities/Hospitals (Station or Township Hospitals without ObGy Specialists).
(c) Tertiary level Hospitals (District/State/Region Hospitals and Hospitals with ObGy Specialists).

[5] In Myanmar, there are two levels in primary HFs (Rural Health Centres (RHCs) and sub-RHCs). Under the administration of one RHC, there are about five to six sub-RHCs in which one midwife is posted. Sub-RHCs are closely supervised by the RHC so that commodities and services are provided to a high standard. Due to this clustering effect, the situation of RHCs is representative of the situation of sub-RHCs under their administration. In every RHC, one sub-RHC is attached and provides services to the main villages covered by the RHC. Due to these reasons, sub-RHCs were not included in the sampling methodology as another level (4th level sampling).

A list of all service delivery points (providing family planning and maternal health services) in each of the administrative units of the country was provided by the MRH/DoPH. This list served as a frame for the selection of samples.[6] Then, health facilities (HFs) that provided modern contraceptives were summarized by area and level. This was used to determine the sample size (number of HFs by administrative region).

State/Region	Number of tertiary hospitals	Number of secondary level HFs	Number of primary level HFs
Kachin	4	47	87
Kayah	2	14	34
Kayin	4	29	69
Chin	3	21	68
Sagaing	9	97	239
Thaninthari	3	29	58
Bago	4	96	187
Magway	6	70	204
Mandalay	11	67	154
Mon	2	29	85
Rakhine	3	49	132
Yangon	11	54	154
Shan South	3	54	104
Shan North	5	56	92
Shan East	4	23	39
Ayeyawady	6	95	266
Nay Pyi Taw	1	16	21
Total	**81**	**860**	**2003**

All HFs were listed and a unique number was assigned and this list was used as the sampling frame. The following formula was used so that the total sample contained a minimum number of health facilities at each level to support a good estimation of the parameters of the population.

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

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

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

[6] Annual Hospital Statistics Report 2013, DHP, MOH.

Step 1: Calculate the relative proportion of the types of service delivery points (SDPs).
The relative proportion for tertiary level SDPs is calculated as follows:
[Total number of tertiary SPDs] ÷ [Total number of SDPs in the sample frame].

	Tertiary level HFs	Secondary level HFs	Primary Level HFs	Total
Number of SDPs	81	860	2003	2944
Relative Proportion	0.027514	0.29212	0.680367	

Step 2: Apply the formula above to obtain the minimal sample size for each type of HF.
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[7], Z = 1.96

Confidence Interval and Confidence Limit	Minimal sample size of service delivery point			
	Tertiary level	Secondary level	Primary Level	Total
95% confidence interval (Z = 1.96) and 10% confidence limit (d = 0.07)	23	160	172	355

Step 3: Correction for abnormal oversize samples
There was no abnormal sample size larger than the actual existing total number in each category. Thus, the calculated numbers were set as minimum requirements.

Step 4: Distribution of sample size for administrative units
To distribute the total sample size for each category of HF among the administrative units, the relative proportions for each domain were made from the calculation where the state/region-wide and level-wide total of HFs was divided mathematically by the level-wide total number of HFs. Then these proportions were multiplied by the required number of total HFs at each level. *(see table on the next page)*

[7] Due 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.

Required numbers of HFs

State/Region	Tertiary	Secondary	Primary	Private[8]	Total
Kachin	1	9	7	1	18
Kayah	1	3	3	1	8
Kayin	1	6	6	1	14
Chin	1	4	6	1	12
Sagaing	2	18	20	2	42
Thaninthari	1	5	5	1	12
Bago	1	18	16	1	36
Magway	2	13	17	2	34
Mandalay	3	13	13	3	32
Mon	1	6	8	1	16
Rakhine	1	9	11	1	22
Yangon	3	10	13	3	29
Shan (South)	1	10	9	1	21
Shan (North)	1	11	8	1	21
Shan (East)	1	4	4	1	10
Ayeyawady	2	18	23	2	45
Nay Pyi Taw	0	3	3	0	6
Total	**23**	**160**	**172**	**23**	**378**

Finally, a systematic sampling method was used to select the HFs based on the list (sampling frame). The list of sample HFs was discussed in a coordination meeting with local regional health authorities for security assurance. In the case of security concerns, some HFs in certain areas were replaced with a second HF from the list, after discussion and getting the agreement of the UNFPA National Programme Officer. Replacement was less than 5 per cent of the total sample size and thus the representativeness was not severely affected.

Questionnaire

There was a generic standardized questionnaire from the 2015 assessment which was translated and reformatted to make it more user-friendly for the survey team of the DMR-POLB. The questionnaire had two parts. Some of the information given by the interviewees was verified by the interviewer by observing relevant evidence and records available at the facility. See Annex 1 and 2.

Fieldwork/data collection

Face-to-face interviews using a structured questionnaire were used to collect data. The DMR-POLB organized a one-day coordination meeting at the DMR-POLB in March 2016 with health authorities from state/regional health departments as the survey covered all states and regions. The objectives of the meeting were to encourage local health authorities to support the survey; to discuss the recruitment of local field supervisors; to draw up a field data collection schedule; and to determine the roles and responsibilities of local authorities in the supervision process. Emphasis was placed on the quality of the survey and participants actively discussed the level and number of supervisors to be assigned at the state/region level; service delivery points to be surveyed; financial issues; and a timeline for field work and supervision. It was concluded that 23 tertiary, 160 secondary, and 172 primary level HFs, totalling 355, would be covered.

A two day training was conducted for enumerators in May 2016. Since the survey was nationwide, research assistants recruited from DMR-POLB attended the training. Fifty three field enumerators, fourteen technical supervisors (team leaders) and four investigators attended the training session. Pilot testing of field activities was carried out at five HFs (including one district hospital, one station hospital,

[8] Private HFs were included in this year's assessment after discussions with stakeholders and permission from the Deputy Minister of Health. It was decided that the number of private HFs to be included should be the same as the number of tertiary level HFs as the sampling method is convenient sampling.

one MCH and two RHCs clinics covering the three levels of HFs) in Pyin Oo Lwin Township. DMR staff acted as survey enumerators, as it was easier to train and supervise them closely. All recruited persons from states/regions were assigned a field supervisor to ensure that the arrangement of field travel was efficient, and to coordinate with service providers from selected health facilities. This made the data collection activities smoother and ensured that they were completed within the allocated time period. Client interviews could not be carried out during exit interviews due to the fact that the date of trips and clinic opening days were not compatible.

However, household visits with random sample clients from a register list were conducted in most states/regions. Interviews were carried out by newly recruited Public Health Supervisors (PHS2), as assigned by state/region authorities, who were trained by DMR-POLB specifically for client interviews. Since the budget was limited, the client interview team could not travel to all selected townships accompanying the HF assessment teams of the DMR staff. Instead, one township for tertiary hospitals, two townships for secondary level HFs and four rural areas for primary level HFs were visited in most states/regions.

Data collection started simultaneously in May 2016 in all states/regions under the close supervision of the local administrative supervisors and the DMR-POLB technical supervisors. Data collection activities for some areas (Sagaing, Mandalay, Shan East, Rakhine and Kayah were delayed due to poor weather conditions), these were completed in September 2016.

In most health facilities, an informant on all aspects of commodities (who was assigned by an authorized person), completed the interview. However, if some information needed to be verified or if the person could not answer a question clearly, another informant was invited to the interview and requested to respond. So, there were more than one respondent in each interview at most HFs.

Data analysis

Data entry was made using EpiData software. Data analysis was undertaken in SPSS after a transfer of the EpiData record file into SPSS format. Descriptive analysis was mainly used. Frequency tables were primarily described in accordance with the list of dummy tables outlined in the guidelines document. Proportions and percentages were described in combination with graphical displays as appropriate.

Ethical considerations

Prior permission from central authorities was obtained because the report would disclose the country's weaknesses in health service provision. Informed consent from the local authorities of the facility was obtained according to the guidelines of the Department of Medical Research Ethics Review Committee. The report did not disclose information from individual facilities. Permission for dissemination and printing of the report was obtained through the correct channels from the MOHS. The sharing of information and dissemination of the report will be beneficial for service providers, programme manager, policymakers and donor agencies as the findings can be utilized for evidence-based and informed decision-making to implement relevant activities in respective areas.

Successes and challenges of the study

According to the experience of the 2015 assessment, it was expected that data collection would extend across two quarters (Quarter 2 and Quarter 3). However, as there was more time to prepare for the assessment, there were less administrative constraints.

Field work in Rakhine State and Upper Sagaing Region was carried out under difficult circumstances due to heavy rain, floods and storm alerts. Travel plans were rearranged in some areas with the permission

of the DMR supervisor and local supervisors, resulting in increased travel time to destinations. A similar situation also occurred in Ayeyawady Region due to the heavy floods which created challenges to travel through affected areas to reach target health facilities. Although the trip plan was changed, the team did not alter the sample HFs. For the clients' interviews, there was a weakness in selection due to limitations of time. Selection bias caused the results to show "much satisfaction" for existing service providers. Local interviewers were used to having more time to carry out their work and to be able to visit homes for the interviews.

Part II: Summary of the national protocols

Maternal and reproductive health in Myanmar

The Ministry of Health and Sports has been planning and implementing interventions to improve the health status of mothers, newborns and children by reducing maternal, neonatal and child mortality and morbidity. Core strategies include: 1) creating an enabling environment; 2) improving the information base for decision-making; 3) strengthening health systems and capacity for the delivery of reproductive health services; and 4) improving community and family practices.

In spite of these interventions, MoHS recognizes that there is more that needs to be done to achieve targets in MNCH. Strengthening the following areas was determined necessary to achieve Sustainable Development Goal 3 on health including maternal, newborn and child health.

- Providing appropriate antenatal care
- Promoting skilled and institutional delivery and postnatal care
- Expanding post abortion care and quality family planning services
- Ensuring the availability of emergency obstetric care
- Providing essential newborn care
- Strengthening adolescent reproductive health services
- Promoting male involvement in reproductive health
- Focusing on cervical cancer screening, early diagnosis and treatment
- Promoting referral systems and engaging community volunteers

The standard frequency of antenatal care for all pregnant mothers should be at least four visits with quality care provided by skilled birth attendants; targeted antenatal care interventions need to be strengthened. Standard skills for quality antenatal, intra-natal and postnatal care should be mandatory in both facility-based and primary health care settings. To prevent unsafe abortions, quality family planning services play an important role and these need to be expanded in all townships. Emergency obstetric care facilities and activities, including comprehensive and basic emergency obstetrics care (CEmOC and BEmOC), need to be strengthened. The Ministry of Health and Sports aims to assign one midwife to each village.12 But, there is a scarcity of resources and DoH train auxiliary midwives and assign them to villages without a midwife. Maternal and child health care can be improved by providing trainings and refresher trainings; the provision of supplies; and the monitoring and supervision of health volunteers under the guidance and coordination of Township Medical Officers. The limited access of people to Maternal and Child Health (MCH) services and information, especially in rural remote areas, is a real challenge. The delay in the referral of mothers and newborns needs to be overcome by community-based or innovative interventions. Volunteers namely “Maternal and Child Health Promoters” (MCHPs) have been introduced at the community level to enhance community initiatives for maternal and child health promotion, defining their roles as “Bridging mothers to health care providers”.[9]

In 2007, delivery by skilled birth attendants was estimated at 67 per cent with regional disparities. It increased to 71 per cent in 2010. The content and quality of service provision assessed in national or local surveys indicates that there is 73 per cent antenatal care coverage; 86 per cent measles immunization coverage; and 66 per cent of demand for family planning is satisfied.[10] Although training of service providers, mainly midwives, has taken place extensively, other components that contribute to quality service delivery need strengthening including supplies and logistics; equipment and infrastructure; monitoring and supervision; and incentives to retain health staff in underserved areas. On the demand

[9] Health in Myanmar 2015. The Ministry of Health and Sports, Myanmar.
[10] Myanmar Country Profile 2015.

side, the knowledge of clients and families and access to affordable good quality services needs to be addressed.

The Ministry of Health and Sports has to focus on improving quality within the health sector as an explicit area of their work. This will build upon the work that has already been undertaken. Such work includes: 1) financing to improve the quality of midwifery services; 2) strengthening of township health department supervision and monitoring of services across areas where 3MDG is providing financing support; 3) on-the-job training and capacity building of basic health staff; and 4) strengthening linkages between skilled midwives and auxiliary midwives to enhance quality and strengthen the continuum of care.[11]

National Health Plan for Maternal and Reproductive Health

The National Health Plan (2011-2016) aims to reduce morbidity, disability and mortality, including for mothers, neonates and children and to improve the overall health status of the population by providing services, improving coverage and accessibility, integrating services and community participation. Since the NHP prioritized maternal health by strengthening the quality of services, most of the targeted activities have been trainings for basic health staff in townships with regular year-by-year expansion of training sessions to additional townships. Trainings include obstetric care including emergency care, neonatal care, IUD insertion and removal and post-abortion care. Regarding birth spacing, IUD insertion training was targeted for less than 15 townships. Documented formal training for other contraceptives, especially implants and logistics management, was not found.[12]

Strategic Plan for Reproductive Health[13]

The Strategic Plan for Reproductive Health was based on the National Population Policy (1992), the National Health Policy (1993), which was then followed by the formulation of the Myanmar Reproductive Health Policy (2002). The National Comprehensive Development Plan – Health Sector (2010-2011 to 2030-2031) and the National Health Plan (2011-2016) are the overarching frameworks for the Strategic Plan on Reproductive Health (RH). The policy and strategic plan of the Ministry of Health are national responses to the ICPD PoA and the United Nations SDGs Building on the momentum, the 2014-2018 strategic plans also respond to the United Nations Secretary General's Global Strategy for Women and Children's Health (2010).

The essential package of RH interventions provides continuous care across the life cycle at all levels of health facilities from home to hospital. On-going activities have been expanded and additional services have been introduced into the basic health services of the public sector. The strategies and key activities for effective implementation are as follows: 1) strengthening health systems to enhance the provision of an essential package of RH interventions; 2) increasing access to quality, integrated RH services at all levels of care; 3) engaging the community in the promotion and delivery of RH; 4) incorporating gender perspectives in the RH Strategic Plan; and 5) integrating RH in humanitarian settings. With a broad multi-sectoral approach, the RH programme is collaborating with other departments and divisions under the MoHS and partnering with other ministries, professional associations, academia, United Nations Agencies, bilateral donors and civil society organizations, including NGOs.

[11] http://www.3mdg.org/what-we-do/maternal-newborn-and-child-health/programme-areas/item/673-service-quality-improvement-for-mnch (Accessed on 20th November 2016).
[12] National Health Plan (2011-2016). Ministry of Health, Myanmar.
[13] Five-Year Strategic Plan for Reproductive Health (2014-2018). Department of Public Health, Ministry of Health and Sports, Myanmar.

Guidelines and laws which underline the provision of contraceptive and maternal/ RH commodities

Policy guidelines for health service provision and development have been provided in the constitutions of different administrative periods. Under Article 18 of the National Strategic Plan for Newborn and Child Health Development (2015-2018), it states that the Union shall enact the necessary laws to enable national people to participate in matters of their education and health. Under Article 32, it states that the Union shall care for mothers and children.

As part of fulfilling the responsibility to improve and protect the health of the citizens of Myanmar, the government has enacted some health laws. The majority of current health laws are related to the Public Health Law promulgated in 1972. Existing health laws may be categorized as: health laws for promoting or protecting the health of the people; health laws concerned with standards, quality and safety of care; and laws relating to social organizations.

The National Health Committee (NHC) which was formed on 28 December 1989 as part of the policy reforms, is a high level inter-ministerial and policymaking body for health matters. The NHC takes the lead role and gives guidance in implementing health programmes systematically and efficiently. The high level policymaking body is instrumental in providing the mechanisms for inter-sectoral collaboration and coordination, guidance and direction for all health activities. The National Health Policy was developed with the initiation and guidance of the NHC in 1993 and it has placed the *Health for All* goal as a prime objective using a primary health care approach.

Considering the rapid changes in demographic, epidemiological and economic trends both nationally and globally, a long-term 30 year health development plan has been drawn up to meet future health challenges. Since 1991, the Government of Myanmar has adopted a policy of making contraceptives available in the public sector. By early 1996, family planning services were available in 33 townships, providing the combined oral contraceptive pill, DPMA and condoms at primary level HFs. IUD insertions were undertaken at township hospitals, maternal and child health centres and some rural health centres. Previously, contraceptive users paid a fee as part of a cost recovery scheme.

Family planning services expanded with intensive trainings and refresher trainings among service providers; the implementation of a family planning management information system; collaboration with partner organizations; and the development of IEC materials. Female sterilization was provided in most township hospitals only if prior official approval had been obtained. Male sterilization was legally available only to those whose wives could not undergo female sterilization because of possible adverse health consequences. Injectable contraceptives could be purchased at most drug stores by health staff as well as clients without a prescription.[14]

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

Part III. Findings

Sample health facilities

State/Region	Level of Health Facility				Total
	Tertiary	Secondary	Primary	Private	
Kachin	1	9	7	1	18
Kayah	1	3	3	1	8
Kayin	1	6	6	1	14
Chin	1	4	6	1	12
Sagaing	2	18	20	2	42
Thaninthari	1	5	5	1	12
Bago	1	18	16	1	36
Magway	2	13	17	2	34
Mandalay	3	13	13	3	32
Mon	1	6	8	1	16
Rakhine	1	9	11	1	22
Yangon	3	10	13	3	29
Shan (South)	1	10	9	1	21
Shan (North)	1	11	8	1	21
Shan (East)	1	4	4	1	10
Ayeyawady	2	18	23	2	45
Nay Pyi Taw	0	3	3	0	6
Total	**23**	**160**	**172**	**23**	**378**

The number of sample HFs were distributed proportionately to the level of facilities and states/regions. A total of 378 health facilities including 23 private hospitals were assessed. The number of private hospitals was the same as the number of tertiary level hospitals.

State/Region	Urban/Rural		Total
	Urban	Rural	
Kachin	10	8	18
Kayah	4	4	8
Kayin	4	10	14
Chin	5	7	12
Sagaing	13	29	42
Thaninthari	5	7	12
Bago	16	20	36
Magway	11	23	34
Mandalay	9	23	32
Mon	6	10	16
Rakhine	11	11	22
Yangon	22	7	29
Shan (South)	13	8	21
Shan (North)	9	12	21
Shan (East)	4	6	10
Ayeyawady	11	34b	45
Nay Pyi Taw	2	4	6
Total	**155**	**223**	**378**

Selected HFs in Yangon Region included urban health centres and MCH clinics as well as primary level HFs. Some Station Hospitals were also located in urban rather than rural areas. Similarly, all selected secondary level HFs in Shan (South) were mostly township hospitals and located in urban areas. Thus, the proportion of HFs at the urban level was higher than at the rural level in these two regions.

Figure 1. Distance to nearest medical depot from HF by state/region

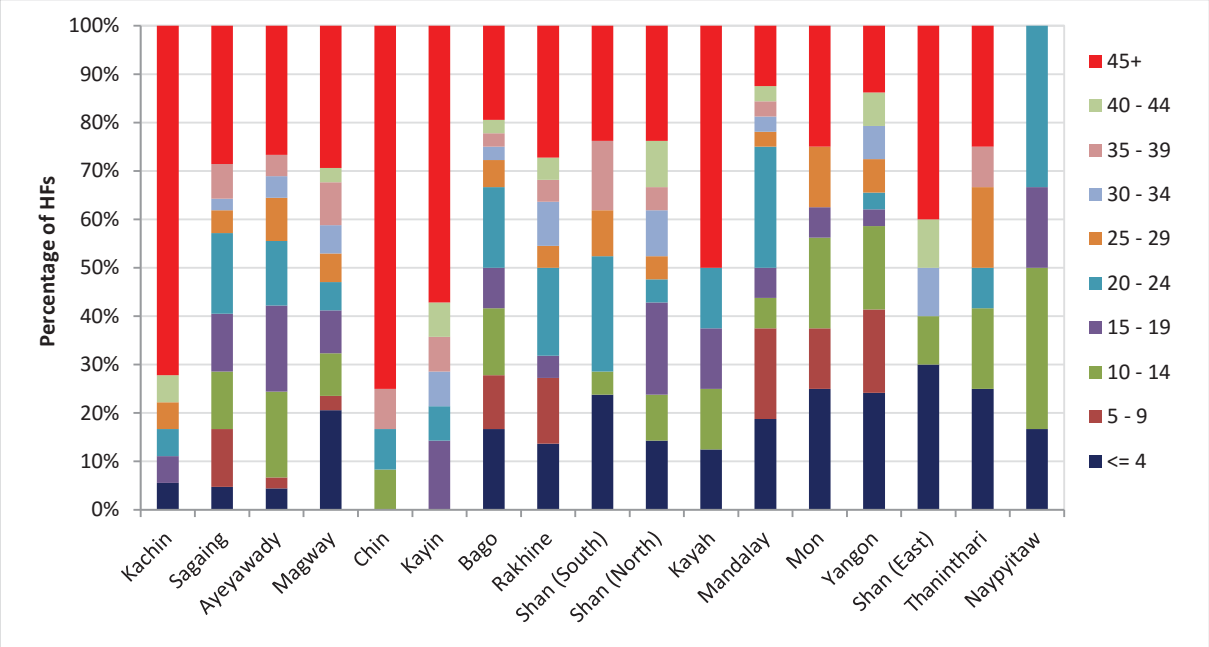


Figure 1 shows that more than 50 per cent of HFs in Yangon, Mon, and Nay Pyi Taw were located less than 14kms away from the nearest medical depot. More than 50 per cent of HFs in Kachin, Chin, Kayin, and Kayah were located more than 45kms away from the nearest medical depot.

Section A1. Modern contraceptives offered by primary facilities

Table 1a. Percentage distribution of primary level HFs providing at least three modern contraceptive methods by type of facility

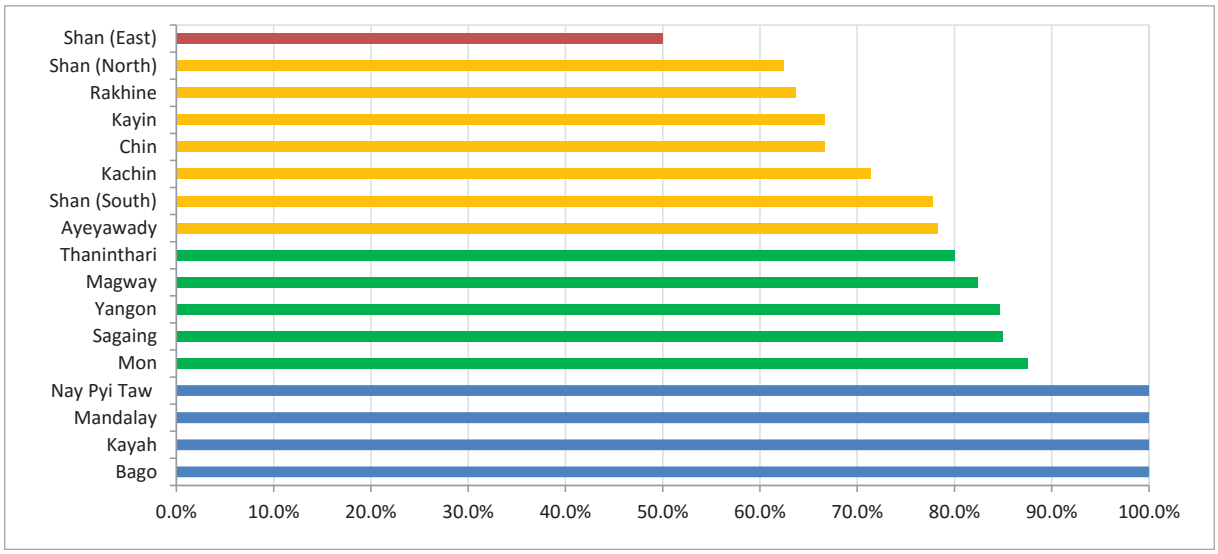
Level of Health Facility		Providing minimum FP services		Total
		Not providing	Providing	
Primary	Frequency	32	140	172
	%	18.6%	81.4%	100.0%

It was considered essential for primary level HFs to be providing three modern contraceptives rather than five, which was essential for secondary and tertiary level HFs. Out of a total of 172 primary level HFs, 81.4 per cent were providing at least three modern contraceptives and the majority were fulfilling basic required services for family planning.

Table 1b. Percentage distribution of primary level HFs providing at least three modern contraceptive methods by state/region

State/Region		Providing minimum FP services		Total
		Not providing	Providing	
Kachin	Freq	2	5	7
	%	28.6%	71.4%	100.0%
Kayah	Freq	0	3	3
	%	0.0%	100.0%	100.0%
Kayin	Freq	2	4	6
	%	33.3%	66.7%	100.0%
Chin	Freq	2	4	6
	%	33.3%	66.7%	100.0%
Sagaing	Freq	3	17	20
	%	15.0%	85.0%	100.0%
Thaninthari	Freq	1	4	5
	%	20.0%	80.0%	100.0%
Bago	Freq	0	16	16
	%	0.0%	100.0%	100.0%
Magway	Freq	3	14	17
	%	17.6%	82.4%	100.0%
Mandalay	Freq	0	13	13
	%	0.0%	100.0%	100.0%
Mon	Freq	1	7	8
	%	12.5%	87.5%	100.0%
Rakhine	Freq	4	7	11
	%	36.4%	63.6%	100.0%
Yangon	Freq	2	11	13
	%	15.4%	84.6%	100.0%
Shan (South)	Freq	2	7	9
	%	22.2%	77.8%	100.0%
Shan (North)	Freq	3	5	8
	%	37.5%	62.5%	100.0%
Shan (East)	Freq	2	2	4
	%	50.0%	50.0%	100.0%
Ayeyawady	Freq	5	18	23
	%	21.7%	78.3%	100.0%
Nay Pyi Taw	Freq	0	3	3
	%	0.0%	100.0%	100.0%
Total	**Freq**	**32**	**140**	**172**
	%	**18.6%**	**81.4%**	**100.0%**

Figure 2. Primary level HFs providing three modern contraceptives



All sampled primary level HFs in Bago, Nay Pyi Taw, Mandalay and Kayah states/regions were identified as providing at least three modern contraceptive methods. Nine out of 17 states/regions had more than 80 per cent of primary level HFs providing at least three modern contraceptive methods.

Table 1c. Percentage distribution of primary level HFs providing at least three modern contraceptive methods by urban/rural area

Urban/Rural		Providing minimum FP services		Total
		Not providing	Providing	
Urban	Freq	9	27	36
	%	25.0%	75.0%	100.0%
Rural	Freq	23	113	136
	%	16.9%	83.1%	100.0%
Total	Freq	32	140	172
	%	18.6%	81.4%	100.0%

More than 80 per cent of primary level HFs in rural areas were providing at least three modern contraceptive methods compared to those in urban areas (75 per cent). The difference between rural and urban areas (83.1 per cent vs. 75 per cent) was not statistically significant (Chi2 test P=0.267).

Table 1d. Percentage distribution of primary level HFs providing at least three modern contraceptive methods by management off facility

Type of administration		Providing minimum FP services		Total
		Not providing	Providing	
Govt	Freq	32	140	172
	%	18.6%	81.4%	100.0%
Total	Freq	32	140	172
	%	18.6%	81.4%	100.0%

Since all primary level HFs are under government administration, 81.4 per cent were providing at least three modern contraceptives.

Table 1e. Percentage distribution of primary level HFs providing at least three modern contraceptive methods by distance from nearest warehouse/source of supply

			Providing minimum FP services		Total
			Not providing	Providing	
Distance to nearest medical depot (km)	<= 4	Freq	8	21	29
		%	27.6%	72.4%	100.0%
	5 - 9	Freq	3	17	20
		%	15.0%	85.0%	100.0%
	10 - 14	Freq	5	24	29
		%	17.2%	82.8%	100.0%
	15 - 19	Freq	4	17	21
		%	19.0%	81.0%	100.0%
	20 - 24	Freq	3	20	23
		%	13.0%	87.0%	100.0%
	25 - 29	Freq	2	7	9
		%	22.2%	77.8%	100.0%
	30 - 34	Freq	1	6	7
		%	14.3%	85.7%	100.0%
	35 - 39	Freq	0	10	10
		%	0.0%	100.0%	100.0%
	40 - 44	Freq	0	4	4
		%	0.0%	100.0%	100.0%
	45+	Freq	6	14	20
		%	30.0%	70.0%	100.0%
Travel duration to nearest medical depot	Within a day	Freq	31	139	170
		%	18.2%	81.8%	100.0%
	Within a week	Freq	1	1	2
		%	50.0%	50.0%	100.0%
Means of travel to nearest medical depot	Road	Freq	30	136	166
		%	18.1%	81.9%	100.0%
	Water	Freq	2	4	6
		%	33.3%	66.7%	100.0%
Total		Freq	32	140	172
		%	18.6%	81.4%	100.0%

The availability of at least three modern contraceptive methods at primary level HFs was not significantly associated with distance, travel duration and the means of travel to the nearest medical depot from the HF.

Section A2. Modern contraceptives offered by secondary and tertiary facilities

Table 2a. Percentage distribution of secondary and tertiary level HFs providing at least five modern contraceptive methods by type off facility

Level of Health Facility		Providing minimum FP services		Total
		Not providing	Providing	
Tertiary	Freq	2	21	23
	%	8.7%	91.3%	100.0%
Secondary	Freq	97	63	160
	%	60.6%	39.4%	100.0%
Private	Freq	5	18	23
	%	21.7%	78.3%	100.0%
Total	Freq	104	102	206
	%	50.5%	49.5%	100.0%

Compared to primary level HFs, a lower percentage (49.5 per cent) of HFs at the secondary, tertiary level and private HFs (39.4 per cent vs. 91.3 per cent vs. 78.3 per cent, P<0.001) had at least five modern contraceptive methods available. When these two levels of HFs were stratified, the lowest percentage was found at secondary level HFs (39.4 per cent). The highest percentage was at tertiary level HFs (91.3 per cent).

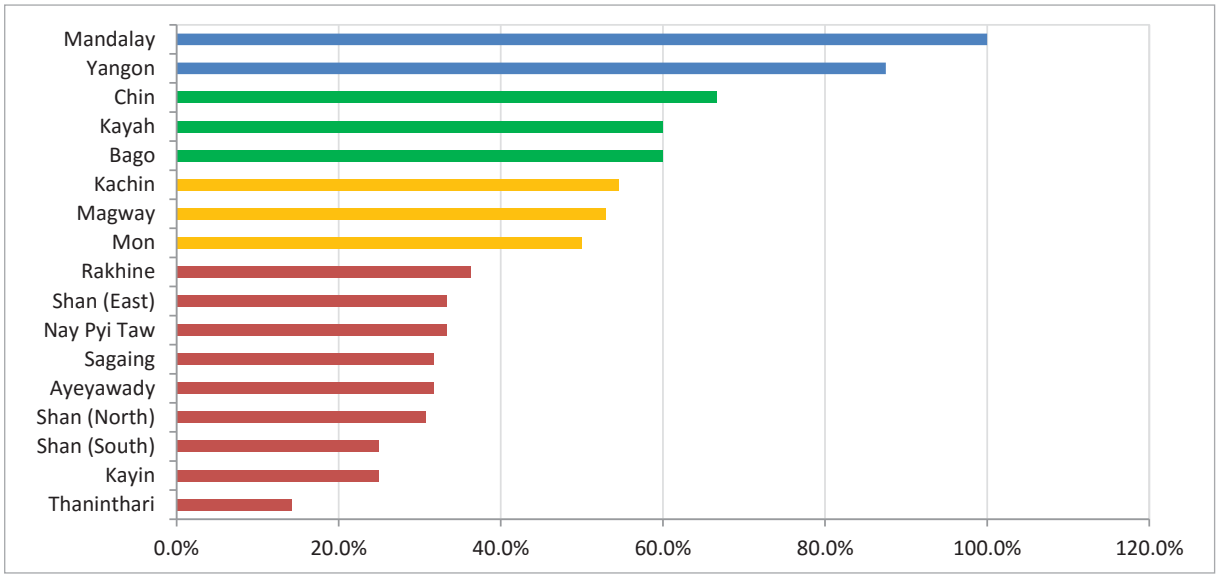
Table 2b. Percentage distribution of secondary and tertiary level HFs providing at least five modern contraceptive methods by state/region

State/Region		Providing minimum FP services		Total
		Not providing	Providing	
Kachin	Freq	5	6	11
	%	45.5%	54.5%	100.0%
Kayah	Freq	2	3	5
	%	40.0%	60.0%	100.0%
Kayin	Freq	6	2	8
	%	75.0%	25.0%	100.0%
Chin	Freq	2	4	6
	%	33.3%	66.7%	100.0%
Sagaing	Freq	15	7	22
	%	68.2%	31.8%	100.0%
Thaninthari	Freq	6	1	7
	%	85.7%	14.3%	100.0%
Bago	Freq	8	12	20
	%	40.0%	60.0%	100.0%
Magway	Freq	8	9	17
	%	47.1%	52.9%	100.0%
Mandalay	Freq	0	19	19
	%	0.0%	100.0%	100.0%
Mon	Freq	4	4	8
	%	50.0%	50.0%	100.0%

Table 2b. (continued) Percentage distribution of secondary and tertiary level HFs providing at least five modern contraceptive methods by state/region

State/Region		Providing minimum FP services		Total
		Not providing	Providing	
Rakhine	Freq	7	4	11
	%	63.6%	36.4%	100.0%
Yangon	Freq	2	14	16
	%	12.5%	87.5%	100.0%
Shan (South)	Freq	9	3	12
	%	75.0%	25.0%	100.0%
Shan (North)	Freq	9	4	13
	%	69.2%	30.8%	100.0%
Shan (East)	Freq	4	2	6
	%	66.7%	33.3%	100.0%
Ayeyawady	Freq	15	7	22
	%	68.2%	31.8%	100.0%
Nay Pyi Taw	Freq	2	1	3
	%	66.7%	33.3%	100.0%
Total	Freq	104	102	206
	%	50.5%	49.5%	100.0%

Figure 3. Percentage of HFs providing five modern contraceptive methods by level of HF



Twelve out of 17 states/regions reported that less than 60 per cent of tertiary/secondary and private HFs were providing five modern contraceptive methods.

Table 2c. Percentage distribution of secondary and tertiary level HFs providing at least five modern contraceptive methods by urban/rural area

Urban/Rural		Providing minimum FP services		Total
		Not providing	Providing	
Urban	Freq	46	73	119
	%	38.7%	61.3%	100.0%
Rural	Freq	58	29	87
	%	66.7%	33.3%	100.0%
Total	Freq	104	102	206
	%	50.5%	49.5%	100.0%

The urban/rural difference (61.3 per cent vs. 33.3 per cent) was noted to be statistically significant (P<0.001).

Table 2d. Percentage distribution of secondary and tertiary level HFs providing at least five modern contraceptive methods by management of facility

Type of administration		Providing minimum FP services		Total
		Not providing	Providing	
Govt	Freq	99	85	183
	%	54.1%	45.9%	100.0%
Private	Freq	5	17	23
	%	21.7%	78.3%	100.0%
Total	Freq	104	102	206
	%	50.5%	49.5%	100.0%

The difference in the proportion of HFs which were providing five modern methods of contraception between government and private sectors (45.9 per cent vs. 78.3 per cent) was statistically significant. (P=0.006).

Table 2e. Percentage distribution of secondary and tertiary level HFs providing at least five modern contraceptive methods by distance from nearest warehouse/source of supply

			Providing minimum FP services		Total
			Not providing	Providing	
Distance to nearest medical depot (km)	<= 4	Freq	4	21	25
		%	16.0%	84.0%	100.0%
	5 - 9	Freq	1	6	7
		%	14.3%	85.7%	100.0%
	10 - 14	Freq	6	6	12
		%	50.0%	50.0%	100.0%
	15 - 19	Freq	8	4	12
		%	66.7%	33.3%	100.0%
	20 - 24	Freq	14	10	24
		%	58.3%	41.7%	100.0%
	25 - 29	Freq	9	4	13
		%	69.2%	30.8%	100.0%
	30 - 34	Freq	5	3	8
		%	62.5%	37.5%	100.0%
	35 - 39	Freq	6	2	8
		%	75.0%	25.0%	100.0%
	40 - 44	Freq	3	4	7
		%	42.9%	57.1%	100.0%
	45+	Freq	48	42	90
		%	53.3%	46.7%	100.0%
Travel duration to nearest medical depot	Within a day	Freq	100	98	198
		%	50.5%	49.5%	100.0%
	Within a week	Freq	4	4	8
		%	50.0%	50.0%	100.0%
Means of travel to nearest medical depot	Road	Freq	95	100	195
		%	48.7%	51.3%	100.0%
	Water	Freq	9	2	11
		%	81.8%	18.2%	100.0%
Total		Freq	104	102	206
		%	50.5%	49.5%	100.0%

There was no significant association between the distance to medical depots and travel duration and the availability of five modern contraceptive methods at secondary/tertiary level HFs. The means of travel was associated with HFs' providing the least number of modern contraceptives. 51.3 per cent of HFs which collected supplies by road could provide five modern methods of contraceptives while this figure was 18.2 per cent for HFs who had to travel by water (P=0.033).

Section B. Availability of Maternal and RH Medicines

Table 3. Percentage distribution of HFs with seven (including two essential) life-saving maternal/ reproductive health medicines available by type of facility

Level of Health Facility		Could provide at least 7 types of life-saving medications		Total
		Could provide	Could not provide	
Tertiary	Freq	15	8	23
	%	65.2%	34.8%	100.0%
Secondary	Freq	101	59	160
	%	63.1%	36.9%	100.0%
Primary	Freq	68	104	172
	%	39.5%	60.5%	100.0%
Private	Freq	16	7	23
	%	69.6%	30.4%	100.0%
Total	Freq	200	178	378
	%	52.9%	47.1%	100.0%

The availability of essential life-saving maternal and reproductive health medicines was 52.9 per cent in total. There was a significant difference between different levels of HFs (Chi2 P<0.001). Availability was highest at the tertiary level (65.2 per cent) and lowest at the primary level (39.5 per cent).

Level of health facility	Could provide at least 7 types of life-saving medication		
	2014	2015	2016
Tertiary level HF	88.7%	82.6%	65.2%
Secondary level HF	75.0%	58.4%	63.1%
Primary level HF	43.4%	34.9%	39.5%
Private HF	NA	NA	69.6%
Total	61.8%	48.6%	52.9%

A comparison at all levels between the assessments in the previous two years showed a significant reduction in the percentage of availability of seven essential RH medicines (62 per cent vs. 49 per cent vs. 53 per cent, P<0.05). Availability increased again in 2016. An obvious reduction was noted at tertiary levels HFs.

Table 4. Percentage distribution of HFs with seven (including two essential) life-saving maternal/ reproductive health medicines available by state/region

State/Region		Could provide at least 7 types of life-saving medication		Total
		Could provide	Could not provide	
Kachin	Freq	12	6	18
	%	66.7%	33.3%	100.0%
Kayah	Freq	3	5	8
	%	37.5%	62.5%	100.0%
Kayin	Freq	12	2	14
	%	85.7%	14.3%	100.0%
Chin	Freq	4	8	12
	%	33.3%	66.7%	100.0%
Sagaing	Freq	24	18	42
	%	57.1%	42.9%	100.0%
Thaninthari	Freq	7	5	12
	%	58.3%	41.7%	100.0%
Bago	Freq	20	16	36
	%	55.6%	44.4%	100.0%
Magway	Freq	11	23	34
	%	32.4%	67.6%	100.0%
Mandalay	Freq	10	22	32
	%	31.3%	68.8%	100.0%
Mon	Freq	7	9	16
	%	43.8%	56.3%	100.0%
Rakhine	Freq	6	16	22
	%	27.3%	72.7%	100.0%
Yangon	Freq	14	15	29
	%	48.3%	51.7%	100.0%
Shan (South)	Freq	15	6	21
	%	71.4%	28.6%	100.0%
Shan (North)	Freq	10	11	21
	%	47.6%	52.4%	100.0%
Shan (East)	Freq	6	4	10
	%	60.0%	40.0%	100.0%
Ayeyawady	Freq	37	8	45
	%	82.2%	17.8%	100.0%
Nay Pyi Taw	Freq	2	4	6
	%	33.3%	66.7%	100.0%
Total	Freq	200	178	378
	%	52.9%	47.1%	100.0%

The percentage of HFs which had seven life-saving maternal and reproductive health medicines was less than 50 per cent in total. The lowest percentages were found in Kayah, Nay Pyi Taw, Chin, Magway, Mandalay and Rakhine (<40 per cent). The highest percentages were found in Ayeyawady and Shan (south) (>70 per cent).

Figure 4. Percentage of HFs which could provide seven life-saving RH medicines by state/region

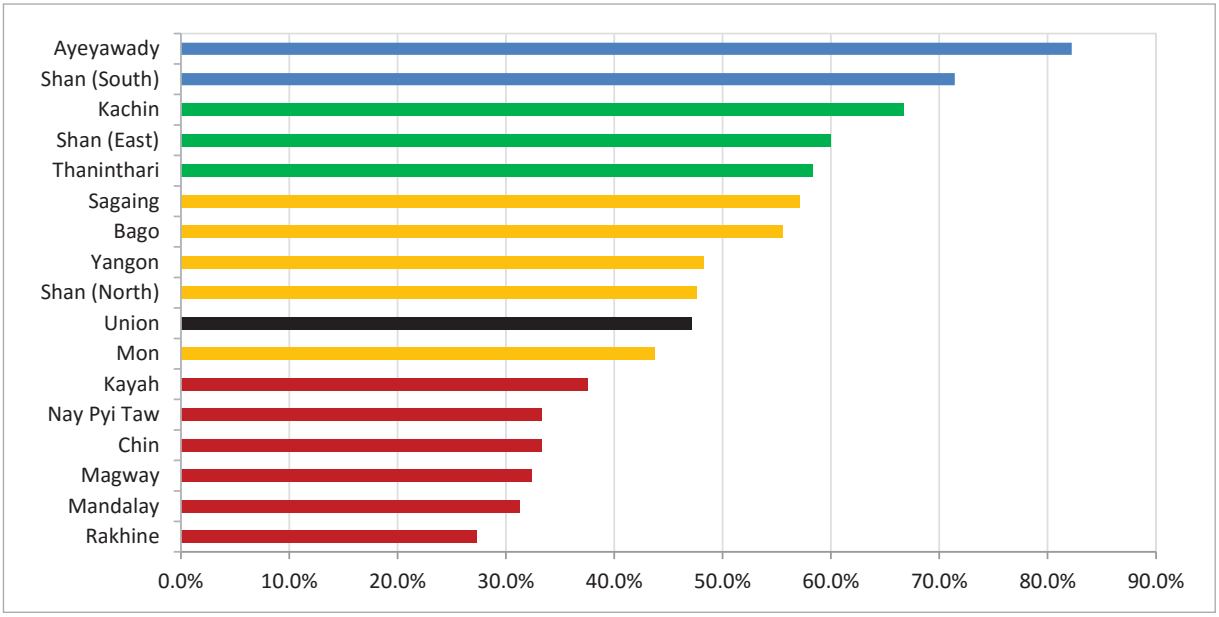


Table 5. Percentage distribution of HFs with seven (including two essential) life-saving maternal/ reproductive health medicines available by urban/rural area

Urban/Rural		Could provide at least 7 types of life-saving medications		Total
		Could provide	Could not provide	
Urban	Freq	101	54	155
	%	65.2%	34.8%	100.0%
Rural	Freq	99	124	223
	%	44.4%	55.6%	100.0%
Total	Freq	200	178	378
	%	52.9%	47.1%	100.0%

The availability of life-saving MRH medicine was higher in HFs in urban compared to rural areas (65.2 per cent vs. 44.4 per cent, P<0.001).

Table 6. Percentage distribution of HFs with seven (including two essential) life-saving maternal/ reproductive health medicines available by management of facility

Type of administration		Could provide at least 7 types of life-saving medication		Total
		Could provide	Could not provide	
Govt	Freq	185	171	355
	%	52.1%	47.9%	100.0%
Private	Freq	15	7	23
	%	65.2%	34.8%	100.0%
Total	Freq	200	178	378
	%	52.9%	47.1%	100.0%

The availability of life-saving MRH medicine was higher in government sector HFs compared to those in the private sector (52.1 per cent vs. 65.2 per cent, P=0.139).

Table 7. Percentage distribution of HFs with seven (including two essential) life-saving maternal/ reproductive health medicines available by distance from nearest warehouse/source of supply

			Could provide at least 7 types of life-saving medications		Total
			Could provide	Could not provide	
Distance to nearest medical depot (km)	<=4	Freq	28	26	54
		%	51.9%	48.1%	100.0%
	5-9	Freq	8	19	27
		%	29.6%	70.4%	100.0%
	10-14	Freq	23	18	41
		%	56.1%	43.9%	100.0%
	15-19	Freq	16	17	33
		%	48.5%	51.5%	100.0%
	20-24	Freq	22	25	47
		%	46.8%	53.2%	100.0%
	25-29	Freq	13	9	22
		%	59.1%	40.9%	100.0%
	30-34	Freq	5	10	15
		%	33.3%	66.7%	100.0%
	35-39	Freq	9	9	18
		%	50.0%	50.0%	100.0%
	40-44	Freq	3	8	11
		%	27.3%	72.7%	100.0%
	45+	Freq	73	37	110
		%	66.4%	33.6%	100.0%
Travel duration to nearest medical depot	Within a day	Freq	197	171	368
		%	53.5%	46.5%	100.0%
	Within a week	Freq	3	7	10
		%	30.0%	70.0%	100.0%
Means of travel to nearest medical depot	Road	Freq	192	169	361
		%	53.2%	46.8%	100.0%
	Water	Freq	8	9	17
		%	47.1%	52.9%	100.0%
Total		Freq	200	178	378
		%	52.9%	47.1%	100.0%

The availability of MRH medicine among HFs located at different distances/travel duration and using different means of travel to the medical depot was not statistically significant.

RH medicine	Percentage of HF with stock-out			
	2014	2015	2016 (Both Govt+ private sector)	2016 (Govt sector only)
Inj. ampicillin	39.7%	39.7%	31.8%	32.1%
Inj. azithro	40.2%	49.6%	31.2%	32.4%
Inj. benz penicillin	38.0%	45.1%	46.8%	47.7%
Inj. dexa	31.1%	37.2%	30.6%	31.5%
Inj. cal gluconate	34.6%	49.6%	34.4%	35.7%
Oral cefixime	32.8%	46.5%	35.0%	36.3%
Inj. gentamycin	31.4%	36.1%	21.1%	21.9%
Oral hydralazine	57.4%	89.3%	64.7%	64.6%
Inj. MgSO4	28.2%	43.1%	27.7%	27.3%
Oral M-Dopa	52.9%	80.8%	58.1%	59.2%
Inj. metro	5.9%	10.4%	4.0%	3.9%
Oral misoprostol	31.1%	25.4%	25.4%	26.1%
Oral nifedipine	30.6%	46.2%	28.6%	29.7%
Inj. oxytocin	24.5%	27.9%	23.7%	24.0%
Inj. Na Lactate	11.5%	22.3%	14.7%	15.0%
Inj. TT	35.3%	58.0%	39.3%	40.8%

With the exception of oral misoprostol and injectable benzyl penicillin, the stock-out of all other RH medicines had decreased in 2016.

Section C. Incidence of 'no stock-outs[15] of modern contraceptives in the last six months

Table 8. Percentage distribution of HFs with 'no stock-outs' of a modern contraceptive method in the last six months by type of facility

Level of Health Facility		At least one modern contraceptive stock-out within last 6 months		Total
		No stock-out	Stock-out	
Tertiary	Freq	4	19	23
	%	17.4%	82.6%	100.0%
Secondary	Freq	35	125	160
	%	21.9%	78.1%	100.0%
Primary	Freq	48	124	172
	%	27.9%	72.1%	100.0%
Private	Freq	10	13	23
	%	43.5%	56.5%	100.0%
Total	Freq	97	281	378
	%	25.7%	74.3%	100.0%

PearsonChi-Square= 6.309[a] P=0.098

[15] MRH and UNFPA defined "no-stock-out of a modern contraceptive in the last six months" for primary HFs as including: a) male condoms; (b) oral contraception; (c) injectables; (d) emergency contraception; and (e) IUDs. For secondary and tertiary HFs it included: a) male condoms; b) oral contraception; c) injectables; d) emergency contraception; e) IUDs; f) implants; and g) female sterilization.

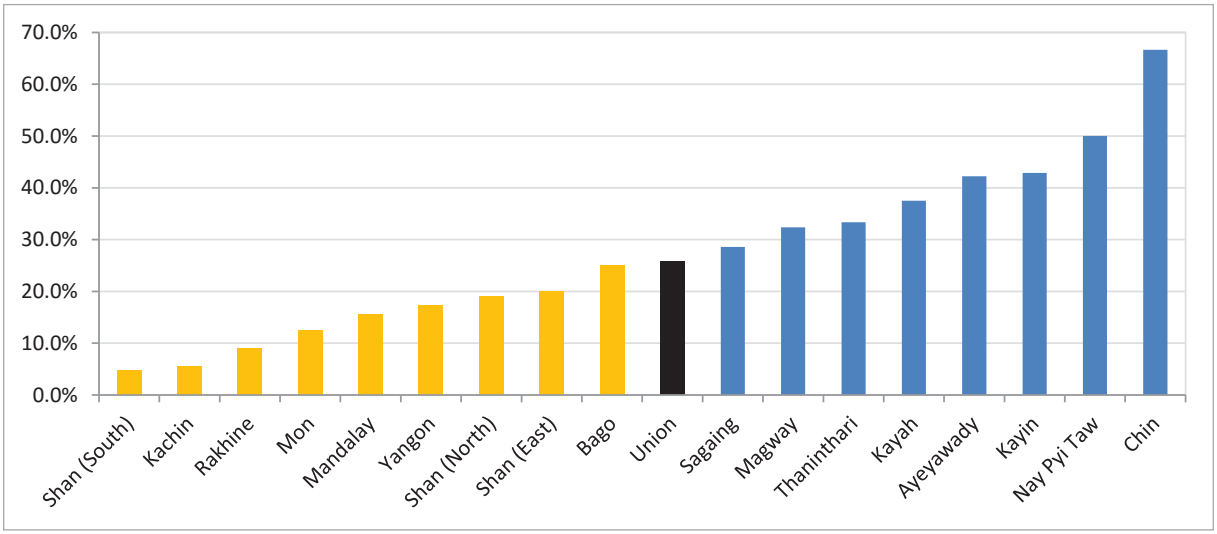
According to the defined criteria, 25.7 per cent of HFs covered in this assessment were able to provide at least one modern contraceptive method in the last six months. There was no obvious differential among different levels of HFs. Of all tertiary level HFs, 17.4 per cent reported no stock-outs of a modern contraceptive method in the last six months.

Table 9. Percentage distribution of HFs with 'no stock-outs' of a modern contraceptive method in the last six months by state/region

State/Region		At least one modern contraceptive stock-out within last 6 months		Total
		No stock-out	Stock-out	
Kachin	Freq	1	17	18
	%	5.6%	94.4%	100.0%
Kayah	Freq	3	5	8
	%	37.5%	62.5%	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	12	30	42
	%	28.6%	71.4%	100.0%
Thaninthari	Freq	4	8	12
	%	33.3%	66.7%	100.0%
Bago	Freq	9	27	36
	%	25.0%	75.0%	100.0%
Magway	Freq	11	23	34
	%	32.4%	67.6%	100.0%
Mandalay	Freq	5	27	32
	%	15.6%	84.4%	100.0%
Mon	Freq	2	14	16
	%	12.5%	87.5%	100.0%
Rakhine	Freq	2	20	22
	%	9.1%	90.9%	100.0%
Yangon	Freq	5	24	29
	%	17.2%	82.8%	100.0%
Shan (South)	Freq	1	20	21
	%	4.8%	95.2%	100.0%
Shan (North)	Freq	4	17	21
	%	19.0%	81.0%	100.0%
Shan (East)	Freq	2	8	10
	%	20.0%	80.0%	100.0%
Ayeyawady	Freq	19	26	45
	%	42.2%	57.8%	100.0%
Nay Pyi Taw	Freq	3	3	6
	%	50.0%	50.0%	100.0%
Total	Freq	97	281	378
	%	25.7%	74.3%	100.0%

PearsonChi-Square= 39.690[a] P=0.001

Figure 5. Percentage of HFs with no contraceptive stock-outs in last six months by state/region



Comparing the "no stock-out" situation in different states/regions, Shan (S), Kayah, Kachin and Rakhine had the lowest percentages at less than 10 per cent.

Table 10. Percentage distribution of HFs with 'no stock-outs' of a modern contraceptive method in the last six months by urban/rural area

Urban/Rural		At least one modern contraceptive stock-out within last 6 months		Total
		No stock-out	Stock-out	
Urban	Freq	38	117	155
	%	24.5%	75.5%	100.0%
Rural	Freq	59	164	223
	%	26.5%	73.5%	100.0%
Total	Freq	97	281	378
	%	25.7%	74.3%	100.0%

PearsonChi-Square= 0.181[a] P=0.671

In both urban and rural areas, more than 70 per cent of HFs had experienced a stock-out of at least one modern contraceptive method. There was no notable difference between urban and rural areas. (Chi2 test, P=0.671)

Table 11. Percentage distribution of HFs with 'no stock-outs' of a modern contraceptive method in the last six months by management of facility

Type of administration		At least one modern contraceptive stock-out within last 6 months		Total
		No stock-out	Stock-out	
Govt	Freq	87	269	355
	%	24.5%	75.5%	100.0%
Private	Freq	10	12	23
	%	43.5%	56.5%	100.0%
Total	Freq	97	281	378
	%	25.7%	74.3%	100.0%

PearsonChi-Square= 4.821[a] P=0.090

Comparing government and private sector HFs, the private sector experienced much lower stock-outs (43.5 per cent vs. 24.5 per cent, P=0.09).

Table 12. Percentage distribution of HFs with 'no stock-outs' of a modern contraceptive method in the last six months by distance from nearest warehouse/source of supply

			At least one modern contraceptive stock-out within last 6 months		Total
			No stock-out	Stock-out	
Distance to nearest medical depot (km)	<= 4	Freq	16	38	54
		%	29.6%	70.4%	100.0%
	5 - 9	Freq	6	21	27
		%	22.2%	77.8%	100.0%
	10 - 14	Freq	12	29	41
		%	29.3%	70.7%	100.0%
	15 - 19	Freq	11	22	33
		%	33.3%	66.7%	100.0%
	20 - 24	Freq	10	37	47
		%	21.3%	78.7%	100.0%
	25 - 29	Freq	4	18	22
		%	18.2%	81.8%	100.0%
	30 - 34	Freq	4	11	15
		%	26.7%	73.3%	100.0%
	35 - 39	Freq	5	13	18
		%	27.8%	72.2%	100.0%
	40 - 44	Freq	1	10	11
		%	9.1%	90.9%	100.0%
	45+	Freq	28	82	110
		%	25.5%	74.5%	100.0%
Travel duration to nearest medical depot	Within a day	Freq	94	274	368
		%	25.5%	74.5%	100.0%
	Within a week	Freq	3	7	10
		%	30.0%	70.0%	100.0%
Means of travel to nearest medical depot	Road	Freq	92	269	361
		%	25.5%	74.5%	100.0%
	Water	Freq	5	12	17
		%	29.4%	70.6%	100.0%
Total		Freq	97	281	378
		%	25.7%	74.3%	100.0%

The location of HFs in regard to the nearest medical depot was not associated with the percentages of "no stock-outs".

Table 13a. No stock-out status in the last six months for each modern contraceptive method by level of HF

No stock-out of modern contraceptives in last 6 months*		Level of Health Facility				Total
		Tertiary	Secondary	Primary	Private	
Male condom distribution	Freq	8	62	108	7	185
	%	34.8%	38.8%	62.8%	30.4%	
Female condom distribution	Freq	0	7	6	0	13
	%	0.0%	4.4%	3.5%	0.0%	
OC pill prescribing	Freq	16	134	157	18	325
	%	69.6%	83.8%	91.3%	78.3%	
Injectable contraceptive	Freq	17	124	149	20	310
	%	73.9%	77.5%	86.6%	87.0%	
ECP prescribing	Freq	7	36	64	13	120
	%	30.4%	22.5%	37.2%	56.5%	
IUD insertion	Freq	11	52	53	19	135
	%	47.8%	32.5%	30.8%	82.6%	
Implant insertion	Freq	4	9	0	20	33
	%	17.4%	5.6%	0.0%	87.0%	
Female sterilization	Freq	11	56	0	11	78
	%	47.8%	35.0%	0%	47.8%	
Total	Freq	23	160	172	23	378

** Multiple response table*

A comparatively higher percentage of no stock-outs across all levels of HFs was recorded for OCPs and injectables (more than 70 per cent at all levels). Similarly, the method with the lowest stock-out was for female condoms (<5 per cent) and implants, approximately <20 per cent for tertiary and secondary level HFs. Implants were available at 87 per cent of private HFs.

Table 13b. No stock-out status in the last six months for modern contraceptive methods by HF by state/region

State/ Region		No stock-out of modern contraceptives in last 6 months*									Total
		Male condom distribution	Female condom distribution	OC pill prescribing	Injectable contraceptive	ECP prescribing	IUD insertion	Implant insertion	Female sterilization	Male sterilization	
Kachin	Freq	11	0	17	17	8	5	3	7	0	18
	%	61.1%	0.0%	94.4%	94.4%	44.4%	27.8%	16.7%	38.9%	0.0%	
Kayah	Freq	6	0	8	8	5	3	2	2	0	8
	%	75.0%	0.0%	100.0%	100.0%	62.5%	37.5%	25.0%	25.0%	0.0%	
Kayin	Freq	5	1	11	10	0	1	1	0	0	14
	%	35.7%	7.1%	78.6%	71.4%	0.0%	7.1%	7.1%	0.0%	0.0%	
Chin	Freq	7	0	11	10	2	4	1	0	0	12
	%	58.3%	0.0%	91.7%	83.3%	16.7%	33.3%	8.3%	0.0%	0.0%	
Sagaing	Freq	15	0	40	36	8	12	3	3	0	42
	%	35.7%	0.0%	95.2%	85.7%	19.0%	28.6%	7.1%	7.1%	0.0%	
Thaninthari	Freq	6	0	10	11	0	5	1	5	1	12
	%	50.0%	0.0%	83.3%	91.7%	0.0%	41.7%	8.3%	41.7%	8.3%	
Bago	Freq	19	0	34	27	15	20	1	10	1	36
	%	52.8%	0.0%	94.4%	75.0%	41.7%	55.6%	2.8%	27.8%	2.8%	
Magway	Freq	11	2	28	29	10	15	1	13	0	34
	%	32.4%	5.9%	82.4%	85.3%	29.4%	44.1%	2.9%	38.2%	0.0%	
Mandalay	Freq	14	0	25	22	14	18	5	10	0	32
	%	43.8%	0.0%	78.1%	68.8%	43.8%	56.3%	15.6%	31.3%	0.0%	
Mon	Freq	11	1	16	15	4	5	1	1	0	16
	%	68.8%	6.3%	100.0%	93.8%	25.0%	31.3%	6.3%	6.3%	0.0%	
Rakhine	Freq	12	0	16	16	6	6	2	4	0	22
	%	54.5%	0.0%	72.7%	72.7%	27.3%	27.3%	9.1%	18.2%	0.0%	
Yangon	Freq	16	3	23	27	14	16	4	7	0	29
	%	55.2%	10.3%	79.3%	93.1%	48.3%	55.2%	13.8%	24.1%	0.0%	
Shan (South)	Freq	9	0	20	18	11	2	1	7	0	21
	%	42.9%	0.0%	95.2%	85.7%	52.4%	9.5%	4.8%	33.3%	0.0%	
Shan (North)	Freq	7	0	19	18	6	6	3	7	0	21
	%	33.3%	0.0%	90.5%	85.7%	28.6%	28.6%	14.3%	33.3%	0.0%	
Shan (East)	Freq	7	0	8	8	1	3	1	3	0	10
	%	70.0%	0.0%	80.0%	80.0%	10.0%	30.0%	10.0%	30.0%	0.0%	
Ayeyawady	Freq	24	6	34	34	14	13	3	0	0	45
	%	53.3%	13.3%	75.6%	75.6%	31.1%	28.9%	6.7%	0.0%	0.0%	
Nay Pyi Taw	Freq	5	0	5	4	2	1	0	0	0	6
	%	83.3%	0.0%	83.3%	66.7%	33.3%	16.7%	0.0%	0.0%	0.0%	
Total	Freq	185	13	325	310	120	135	33	79	2	378

** Multiple response table*

Table 13c. Common reasons for contraceptive stock-outs in last six months

Reasons for stock-out in last six months*		Level of Health Facility				Total
		Tertiary	Secondary	Primary	Private	
Supplies not received on time	Freq	46	177	169	0	392
	%	11.7%	45.2%	43.1%	.0%	
Supplies not indented on time	Freq	0	14	9	0	23
	%	.0%	60.9%	39.1%	.0%	
Stock-out in market	Freq	0	11	8	3	22
	%	.0%	50.0%	36.4%	13.6%	
No users	Freq	17	73	69	17	176
	%	9.7%	41.5%	39.2%	9.7%	
No skilled staff	Freq	3	19	48	0	70
	%	4.3%	27.1%	68.6%	.0%	
No equipment	Freq	0	8	1	0	9
	%	.0%	88.9%	11.1%	.0%	
Other	Freq	1	13	9	5	28
	%	3.6%	46.4%	32.1%	17.9%	
Total	Count	18	104	117	13	252

** Multiple response table*

The most common reasons for stock-outs (in the last 6 months) were “supplies not received on time”, “no users” and “no skilled staff”.

Section D. Incidence of ‘no stock-outs’ of modern contraceptives on the day of the survey

Table 14. Percentage distribution of HFs with ‘no stock-outs’ of modern contraceptive methods at the time of the survey by type of facility

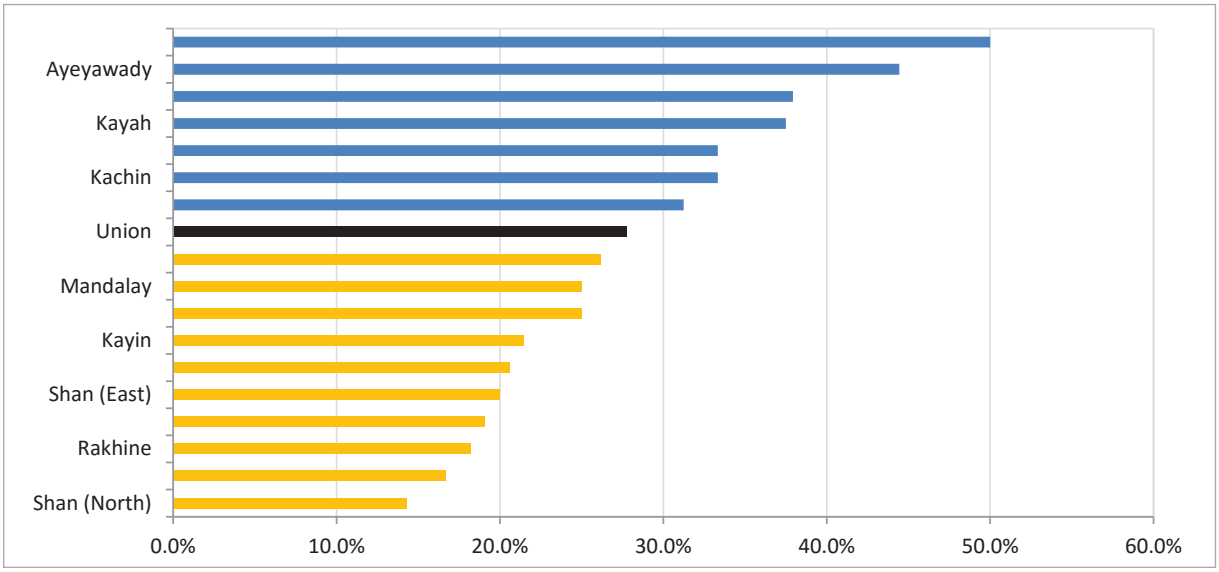
Level of Health Facility		Modern contraceptive No stock-outs recently		Total
		Stock-out	No stock-out	
Tertiary	Freq	21	2	23
	%	91.3%	8.7%	100.0%
Secondary	Freq	150	10	160
	%	93.8%	6.3%	100.0%
Primary	Freq	83	89	172
	%	48.3%	51.7%	100.0%
Private	Freq	19	4	23
	%	82.6%	17.4%	100.0%
Total	Freq	273	105	378
	%	72.2%	27.8%	100.0%

Recent no-stock-outs of at least one modern contraceptive were only found in 27.8 per cent of all sample HFs. Higher level HFs, including the private sector HFs, reported much lower percentages compared to primary level HFs (8.7 per cent, 6.3 per cent and 17.4 per cent vs. 51.7 per cent).

Table 15. Percentage distribution of HFs with 'no stock-outs' of modern contraceptive methods at the time of the survey by state/region

State/Region		Modern contraceptive No stock-outs recently		Total
		Stock-out	No stock-out	
Kachin	Freq	12	6	18
	%	66.7%	33.3%	100.0%
Kayah	Freq	5	3	8
	%	62.5%	37.5%	100.0%
Kayin	Freq	11	3	14
	%	78.6%	21.4%	100.0%
Chin	Freq	10	2	12
	%	83.3%	16.7%	100.0%
Sagaing	Freq	31	11	42
	%	73.8%	26.2%	100.0%
Thaninthari	Freq	8	4	12
	%	66.7%	33.3%	100.0%
Bago	Freq	27	9	36
	%	75.0%	25.0%	100.0%
Magway	Freq	27	7	34
	%	79.4%	20.6%	100.0%
Mandalay	Freq	24	8	32
	%	75.0%	25.0%	100.0%
Mon	Freq	11	5	16
	%	68.8%	31.3%	100.0%
Rakhine	Freq	18	4	22
	%	81.8%	18.2%	100.0%
Yangon	Freq	18	11	29
	%	62.1%	37.9%	100.0%
Shan (South)	Freq	17	4	21
	%	81.0%	19.0%	100.0%
Shan (North)	Freq	18	3	21
	%	85.7%	14.3%	100.0%
Shan (East)	Freq	8	2	10
	%	80.0%	20.0%	100.0%
Ayeyawady	Freq	25	20	45
	%	55.6%	44.4%	100.0%
Nay Pyi Taw	Freq	3	3	6
	%	50.0%	50.0%	100.0%
Total	Freq	273	105	378
	%	72.2%	27.8%	100.0%

Figure 6. Percentage of HFs with no recent stock-outs of a modern contraceptive by state/region



At the Union level "no recent stock-outs of a modern contraceptive method" was 27.8 per cent. The lowest levels of no recent stock-outs were in Shan (N), Chin, Rakhine and Shan (S) at below 20 per cent. Even in the state/region with the highest level (Nay Pyi Taw), it was only 50 per cent.

Table 16. Percentage distribution of HFs with 'no stock-outs' of a modern contraceptive method at the time of the survey by urban/rural area

Urban/Rural		Modern contraceptive No stock-outs recently		Total
		Stock-out	No stock-out	
Urban	Freq	121	34	155
	%	78.1%	21.9%	100.0%
Rural	Freq	152	71	223
	%	68.2%	31.8%	100.0%
Total	Freq	273	105	378
	%	72.2%	27.8%	100.0%

Rural HFs had higher percentages of "recent no-stock-outs of a modern contraceptive method" compared to urban HFs (31.8 per cent vs. 21.9 per cent, P=0.034).

Table 17. Percentage distribution of HFs with 'no stock-outs' of a modern contraceptive method at the time of the survey by management of facility

Type of administration		Modern contraceptive No stock-outs recently		Total
		Stock-out	No stock-out	
Govt	Freq	255	101	355
	%	71.8%	28.2%	100.0%
Private	Freq	18	4	23
	%	78.3%	21.7%	100.0%
Total	Freq	273	105	378
	%	72.2%	27.8%	100.0%

The difference between the government and private sector HFs for recent "no stock-outs" was not significant.

Table 18. Percentage distribution of HFs with 'no stock-outs' of a modern contraceptive method at the time of the survey by distance from nearest warehouse/source of supply

			Modern contraceptive No stock-outs recently		Total
			Stock-out	No stock-out	
Distance to nearest medical depot (km)	<=4	Freq	38	16	54
		%	70.4%	29.6%	100.0%
	5-9	Freq	15	12	27
		%	55.6%	44.4%	100.0%
	10-14	Freq	21	20	41
		%	51.2%	48.8%	100.0%
	15-19	Freq	17	16	33
		%	51.5%	48.5%	100.0%
	20-24	Freq	37	10	47
		%	78.7%	21.3%	100.0%
	25-29	Freq	18	4	22
		%	81.8%	18.2%	100.0%
	30-34	Freq	13	2	15
		%	86.7%	13.3%	100.0%
	35-39	Freq	13	5	18
		%	72.2%	27.8%	100.0%
	40-44	Freq	9	2	11
		%	81.8%	18.2%	100.0%
	45+	Freq	92	18	110
		%	83.6%	16.4%	100.0%
Travel duration to nearest medical depot	Within a day	Freq	266	102	368
		%	72.3%	27.7%	100.0%
	Within a week	Freq	7	3	10
		%	70.0%	30.0%	100.0%
Means of travel tonearest medical depot	Road	Freq	259	102	361
		%	71.7%	28.3%	100.0%
	Water	Freq	14	3	17
		%	82.4%	17.6%	100.0%
Total		Freq	273	105	378
		%	72.2%	27.8%	100.0%

There was no association between recent "no stock-outs" and the location of HFs.

Table 19a. Incidence of 'no stock-outs' of a modern contraceptive method by level of HF

Incidence of 'no stock-outs' ofmodern contraceptives on the day of the survey*		Level of Health Facility				Total
		Tertiary	Secondary	Primary	Private	
Male condom	Freq	5	57	100	7	169
	%	21.7%	35.6%	58.1%	30.4%	
Female condom	Freq	0	1	4	1	6
	%	0.0%	.6%	2.3%	4.3%	
OC pill	Freq	20	139	151	20	330
	%	87.0%	86.9%	87.8%	87.0%	
Injectable contraceptives	Freq	17	118	145	19	299
	%	73.9%	73.8%	84.3%	82.6%	
ECP	Freq	8	33	54	12	107
	%	34.8%	20.6%	31.4%	52.2%	
IUD	Freq	12	44	44	17	117
	%	52.2%	27.5%	25.6%	73.9%	
Implant	Freq	4	6	0	11	21
	%	17.4%	3.8%	0.0%	47.8%	
Female sterilization	Freq	5	29	0	10	44
	%	21.7%	18.1%	0.0%	43.5%	
Total	Freq	23	160	172	23	378

**Multiple response table*

When the "no stock-out' situation at the time of survey was calculated for each modern contraceptive method, the percentages of HFs with stocks of OCPs and injectable methods were higher at all levels of HFs (>70 per cent). There were no differences for "no stock-out rates" for these two methods at all levels of HFs. The stock of female condoms was lowest at all levels of HFs (<5 per cent). The percentages for the stock of implants were lower in secondary and primary level HFs compared to tertiary level HFs (3.8 per cent and 0 per cent vs. 17.4 per cent). The implant stock rate in private sector HFs was quite high (47.8 per cent).

Table 19b. Incidence of 'no stock-outs' of a modern contraceptive method by HF by state/region

State/Region		Incidence of 'no stock-outs' of modern contraceptives on the day of the survey*								Total
		Male condom	Female condom	OC pill	Injectable	ECP	IUD	Implant	Female sterilization	
Kachin	Freq	11	0	17	17	7	7	3	6	18
	%	61.1%	0.0%	94.4%	94.4%	38.9%	38.9%	16.7%	33.3%	
Kayah	Freq	5	0	8	8	5	3	1	0	8
	%	62.5%	0.0%	100.0%	100.0%	62.5%	37.5%	12.5%	0.0%	
Kayin	Freq	7	0	11	11	1	1	0	0	14
	%	50.0%	0.0%	78.6%	78.6%	7.1%	7.1%	0.0%	0.0%	
Chin	Freq	4	0	10	9	1	3	0	0	12
	%	33.3%	0.0%	83.3%	75.0%	8.3%	25.0%	0.0%	0.0%	
Sagaing	Freq	16	0	39	37	11	12	2	1	42
	%	38.1%	0.0%	92.9%	88.1%	26.2%	28.6%	4.8%	2.4%	
Thaninthari	Freq	6	0	10	12	1	3	0	2	12
	%	50.0%	0.0%	83.3%	100.0%	8.3%	25.0%	0.0%	16.7%	
Bago	Freq	14	0	33	24	9	14	0	8	36
	%	38.9%	0.0%	91.7%	66.7%	25.0%	38.9%	0.0%	22.2%	
Magway	Freq	11	0	27	24	4	9	1	5	34
	%	32.4%	0.0%	79.4%	70.6%	11.8%	26.5%	2.9%	14.7%	
Mandalay	Freq	13	1	27	21	17	18	7	12	32
	%	40.6%	3.1%	84.4%	65.6%	53.1%	56.3%	21.9%	37.5%	
Mon	Freq	7	0	15	14	4	5	0	0	16
	%	43.8%	0.0%	93.8%	87.5%	25.0%	31.3%	0.0%	0.0%	
Rakhine	Freq	10	0	16	9	3	3	1	1	22
	%	45.5%	0.0%	72.7%	40.9%	13.6%	13.6%	4.5%	4.5%	
Yangon	Freq	13	2	23	29	10	13	2	4	29
	%	44.8%	6.9%	79.3%	100.0%	34.5%	44.8%	6.9%	13.8%	
Shan (South)	Freq	10	0	19	18	11	3	1	1	21
	%	47.6%	0.0%	90.5%	85.7%	52.4%	14.3%	4.8%	4.8%	
Shan (North)	Freq	6	0	18	15	4	3	1	3	21
	%	28.6%	0.0%	85.7%	71.4%	19.0%	14.3%	4.8%	14.3%	
Shan (East)	Freq	6	0	9	6	1	2	0	1	10
	%	60.0%	0.0%	90.0%	60.0%	10.0%	20.0%	0.0%	10.0%	
Ayeyawady	Freq	26	3	42	40	17	16	2	0	45
	%	57.8%	6.7%	93.3%	88.9%	37.8%	35.6%	4.4%	0.0%	
Nay Pyi Taw	Freq	4	0	6	5	1	2	0	0	6
	%	66.7%	0.0%	100.0%	83.3%	16.7%	33.3%	0.0%	0.0%	
Total	Freq	169	6	330	299	107	117	21	44	378

** Multiple response table*

Four modern methods of contraceptives (OCPs, male condoms, injectables and the ECP) were available across all states/regions. Although the IUD availability was lower than these three methods, stock was found in all states/regions. Stock of the ECP was low in Rakhine, Kayin, Magway, Chin and Thaninthari Regions. The implant method was not in stock in many states/regions.

Figure 7. HFs which have no recent stock-outs of each modern contraceptive across states/ regions

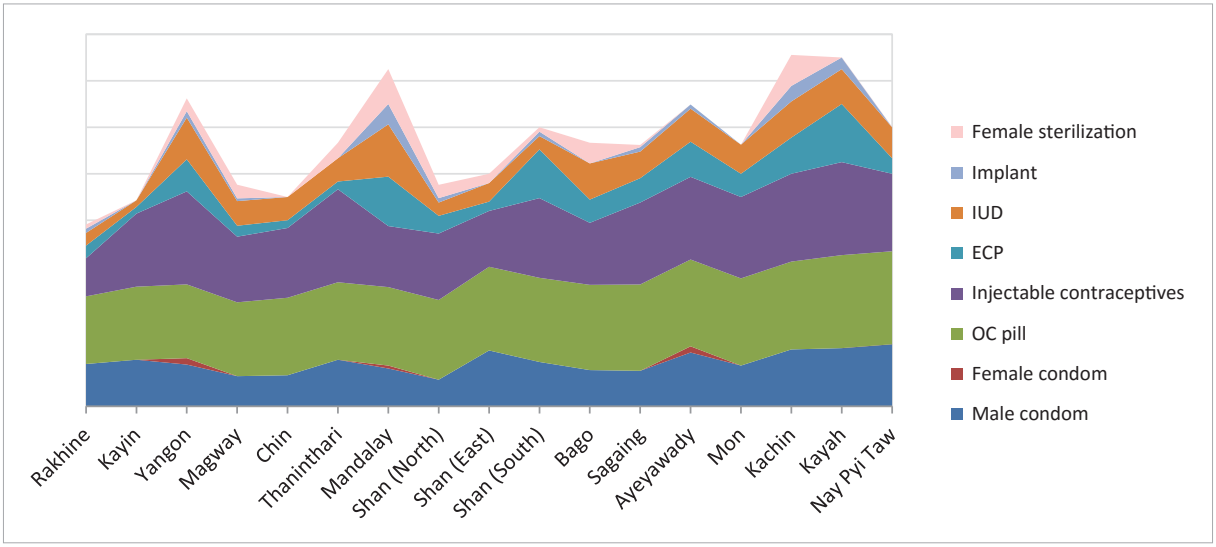


Table 19c. Incidence of 'no stock-outs' of a modern contraceptive by urban and rural HF

Incidence of 'no stock-out' of modern contraceptives on the day of the survey*		Urban/Rural		Total
		Urban	Rural	
Male condom	Freq	71	98	169
	%	45.8%	43.9%	
Female condom	Freq	4	2	6
	%	2.6%	.9%	
OC pill	Freq	130	200	330
	%	83.9%	89.7%	
Injectable contraceptives	Freq	124	175	299
	%	80.0%	78.5%	
ECP	Freq	55	52	107
	%	35.5%	23.3%	
IUD	Freq	58	59	117
	%	37.4%	26.5%	
Implant	Freq	17	4	21
	%	11.0%	1.8%	
Female sterilization	Freq	31	13	44
	%	20.0%	5.8%	
Total	Freq	155	223	378

** Multiple response table*

Except for the implant, the ECP, the IUD and female sterilization where 'no stock-outs' were lower in urban than rural HFs, no obvious differences were found for other methods.

Table 19d. Incidence of 'no stock-outs' of a modern contraceptive by location of HF

Incidence of 'no stock-out ' of modern contraceptives on the day of the survey*		Distance to nearest medical depot (km)										Total
		<=4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45+	
Male condom	Freq	23	14	21	18	17	11	6	7	4	48	169
	%	42.6%	51.9%	51.2%	54.5%	36.2%	50.0%	40.0%	38.9%	36.4%	43.6%	
Female condom	Freq	1	1	1	1	0	0	2	0	0	0	6
	%	1.9%	3.7%	2.4%	3.0%	0.0%	0.0%	13.3%	0.0%	0.0%	0.0%	
OCpill	Freq	43	26	39	27	41	19	12	16	9	98	330
	%	79.6%	96.3%	95.1%	81.8%	87.2%	86.4%	80.0%	88.9%	81.8%	89.1%	
Injectable contraceptives	Freq	42	24	37	29	34	15	11	12	9	86	299
	%	77.8%	88.9%	90.2%	87.9%	72.3%	68.2%	73.3%	66.7%	81.8%	78.2%	
ECP	Freq	18	11	10	9	13	5	4	5	1	31	107
	%	33.3%	40.7%	24.4%	27.3%	27.7%	22.7%	26.7%	27.8%	9.1%	28.2%	
IUD	Freq	18	13	11	11	13	6	5	3	4	33	117
	%	33.3%	48.1%	26.8%	33.3%	27.7%	27.3%	33.3%	16.7%	36.4%	30.0%	
Implant	Freq	6	2	1	1	3	1	0	0	0	7	21
	%	11.1%	7.4%	2.4%	3.0%	6.4%	4.5%	0.0%	0.0%	0.0%	6.4%	
Female sterilization	Freq	9	1	4	3	3	4	1	1	2	16	44
	%	16.7%	3.7%	9.8%	9.1%	6.4%	18.2%	6.7%	5.6%	18.2%	14.5%	
Total	Freq	54	27	41	33	47	22	15	18	11	110	378

** Multiple response table*

Table 19e. Incidence of 'no stock-outs' of a modern contraceptive by travel duration to source of supply

Incidence of 'no stock-out' of modern contraceptives on the day of the survey*		Travel duration to nearest medical depot		Total
		Within a day	Within a week	
Male condom	Freq	164	5	169
	%	44.6%	50.0%	
Female condom	Freq	6	0	6
	%	1.6%	0.0%	
OC pill	Freq	323	7	330
	%	87.8%	70.0%	
Injectable contraceptives	Freq	291	8	299
	%	79.1%	80.0%	
ECP	Freq	102	5	107
	%	27.7%	50.0%	
IUD	Freq	113	4	117
	%	30.7%	40.0%	
Implant	Freq	20	1	21
	%	5.4%	10.0%	
Female sterilization	Freq	40	4	44
	%	10.9%	40.0%	
Total	Freq	368	10	378

** Multiple response table*

Table 19f. Incidence of 'no stock-outs' of a modern contraceptive by means of transport to source of supply

Incidence of 'no stock-out' of modern contraceptives on the day of the survey*		Route to travel to nearest med depot		Total
		Road	Water	
Male condom	Freq	164	5	169
	%	45.4%	29.4%	
Female condom	Freq	6	0	6
	%	1.7%	0.0%	
OC pill	Freq	316	14	330
	%	87.5%	82.4%	
Injectable contraceptives	Freq	286	13	299
	%	79.2%	76.5%	
ECP	Freq	106	1	107
	%	29.4%	5.9%	
IUD	Freq	115	2	117
	%	31.9%	11.8%	
Implant	Freq	21	0	21
	%	5.8%	0.0%	
Female sterilization	Freq	44	0	44
	%	12.2%	0.0%	
Total	Freq	361	17	378

** Multiple response table*

There was no significant association between the geographical distance of HFs to the nearest medical depot and the recent stock status for each modern contraceptive. However, HFs which travelled by road to the medical depot had better "no stock-out" rates than those who travelled by water.

Table 19g. Common reasons for contraceptive stock-outs on the day of the survey

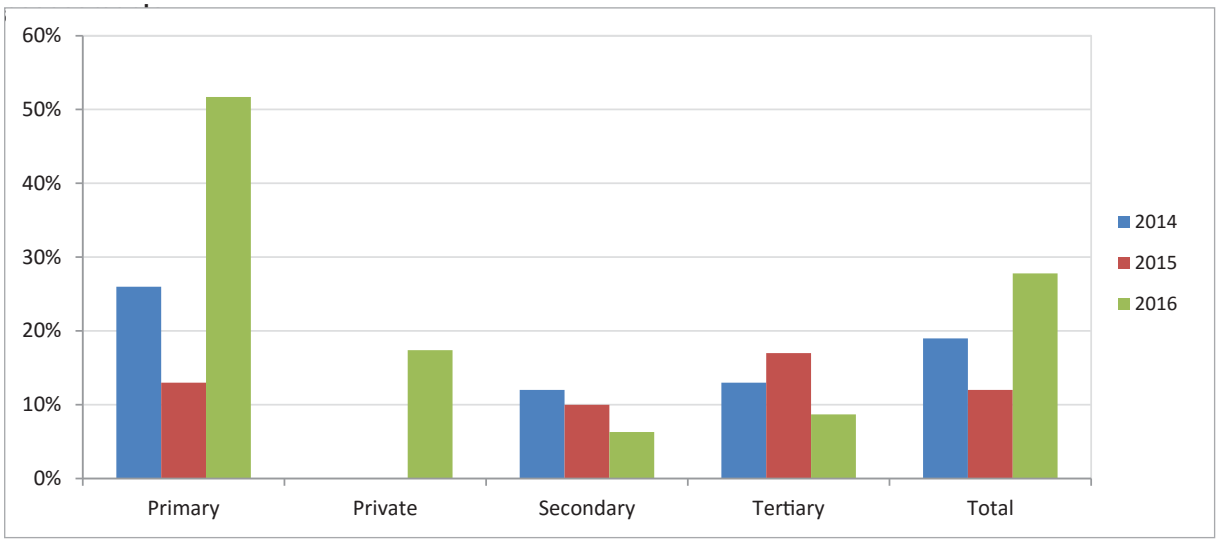
Reasons for stock-outs at the day of survey*		Level of Health Facility				Total
		Tertiary	Secondary	Primary	Private	
Supplies not received on time	Freq	33	229	177	0	439
	%	7.5%	52.2%	40.3%	.0%	
Supplies not indented on time	Freq	0	17	11	0	28
	%	.0%	60.7%	39.3%	.0%	
Stock-out in market	Freq	0	23	8	3	34
	%	.0%	67.6%	23.5%	8.8%	
No users	Freq	24	116	105	20	265
	%	9.1%	43.8%	39.6%	7.5%	
No skilled staff	Freq	1	25	75	0	101
	%	1.0%	24.8%	74.3%	.0%	
No equipment	Freq	1	25	5	0	31
	%	3.2%	80.6%	16.1%	.0%	
Other	Freq	2	7	23	4	36
	%	5.6%	19.4%	63.9%	11.1%	
Total	Freq	18	128	140	15	301

The most common reasons for stock-outs (on the day of survey) were “supplies not received on time”, “no users” and “no skilled staff”. These reasons were found more frequently at secondary and primary level HFs.

Table 19h. Level-wise comparison of recent stock-outs for at least one method between 2014, 2015 and 2016 assessments

Health facility level		2014			2015			2016		
		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
	%	13%	87%	100.00%	17%	83%	100.0%	8.7%	91.3%	100.0%
Secondary	Freq	18	130	148	16	145	161	10	150	160
	%	12%	88%	100.00%	10%	90%	100.0%	6.3%	93.8%	100.0%
Primary	Freq	52	146	198	22	150	172	89	83	172
	%	26%	74%	100.00%	13%	87%	100.0%	51.7%	48.3%	100.0%
Private	Freq	-	-	-	-	-	-	4	19	23
	%	-	-	-	-	-	-	17.4%	82.6%	100.0%
Total	Freq	78	330	408	42	314	356	105	273	378
	%	19%	81%	100.00%	12%	88%	100.0%	27.8%	72.2%	100.0%

Figure 8. Comparison of recent “no-stock-outs” by level of HF over 2014, 2015 and 2016



An increase in the percentage of no recent stock-outs was observed in total. But this had decreased at tertiary and secondary level HFs. A comparison with primary levels HFs showed that the percentages with no recent stock-outs had increased.

Table 19i. Comparison of method specific stock-outs at the time of assessment between 2014, 2015 and 2016 assessments

Method	2014		2015		2016	
	Number of HFs with recent stock-outs	% stock-out for all (N=408)	Number of HFs with recent stock-outs	% stock-out for all (N=356)	Number of HF with recent stock-outs	% stock-out for all (N=378)
Long-acting and permanent methods						
Implants*	232	57%	124	67%	109	28.8%
IUDs	252	62%	171	48%	215	56.9%
Male sterilization	NR	NR	NR	NR	NR	NR
Female sterilization*	29	14%	26	14%	90	49.2%
Short-term methods						
Male condoms	183	45%	155	44%	153	40.5%
Female condoms	387	95%	174	49%	147	38.90%
Injectables	122	30%	69	19%	59	15.6%
OC pill	116	28%	50	14%	53	14.0%
ECP	399	98%	188	53%	164	43.4%

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

A comparison for specific methods from 2014-2016 found a reduction in stock-outs of implants, male condoms, female condoms and injectable methods. No difference for the OCP was noted. Stock-outs for female sterilization had increased.

Section E. Supply Chain, including cold chain

E1. Responsible person for ordering re-supplies

Table 20. Percentage distribution of HFs with person responsible for ordering medical supplies by type of HF

Level of Health Facility		Main person responsible for drug indent							Total
		MS/Head	Specialist/ Assigned MO	Pharmacist	Other	HA/LHV/ Sister	DMO	TMO	
Tertiary	Freq	16	5	1	1	0	0	0	23
	%	69.6%	21.7%	4.3%	4.3%	0.0%	0.0%	0.0%	100.0%
Secondary	Freq	35	72	13	8	8	1	23	160
	%	21.9%	45.0%	8.1%	5.0%	5.0%	.6%	14.4%	100.0%
Primary	Freq	2	6	145	4	11	0	4	172
	%	1.2%	3.5%	84.3%	2.3%	6.4%	0.0%	2.3%	100.0%
Private	Freq	6	3	2	1	11	0	0	23
	%	26.1%	13.0%	8.7%	4.3%	47.8%	0.0%	0.0%	100.0%
Total	Freq	59	86	161	14	30	1	27	378
	%	15.6%	22.8%	42.6%	3.7%	7.9%	.3%	7.1%	100.0%

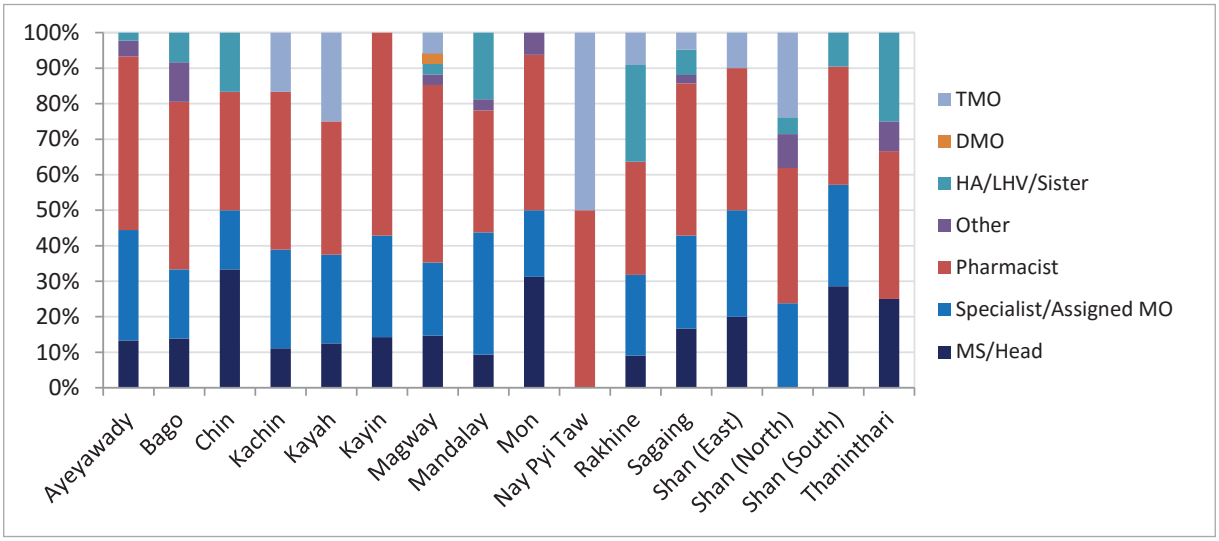
Overall the data illustrates that “pharmacists”, “assigned MOs” and “MSs” were the main persons responsible for drug indents.

Table 21. Percentage distribution of HFs with person responsible for ordering medical supplies by state/region

State/Region		Main person responsible for drug indent							Total
		MS/Head	Specialist/ Assigned MO	Pharmacist	Other	HA/LHV/ Sister	DMO	TMO	
Kachin	Freq	2	5	8	0	0	0	3	18
	%	11.1%	27.8%	44.4%	0.0%	0.0%	0.0%	16.7%	100.0%
Kayah	Freq	1	2	3	0	0	0	2	8
	%	12.5%	25.0%	37.5%	0.0%	0.0%	0.0%	25.0%	100.0%
Kayin	Freq	2	4	8	0	0	0	0	14
	%	14.3%	28.6%	57.1%	0.0%	0.0%	0.0%	0.0%	100.0%
Chin	Freq	4	2	4	0	2	0	0	12
	%	33.3%	16.7%	33.3%	0.0%	16.7%	0.0%	0.0%	100.0%
Sagaing	Freq	7	11	18	1	3	0	2	42
	%	16.7%	26.2%	42.9%	2.4%	7.1%	0.0%	4.8%	100.0%
Thaninthari	Freq	3	0	5	1	3	0	0	12
	%	25.0%	0.0%	41.7%	8.3%	25.0%	0.0%	0.0%	100.0%
Bago	Freq	5	7	17	4	3	0	0	36
	%	13.9%	19.4%	47.2%	11.1%	8.3%	0.0%	0.0%	100.0%
Magway	Freq	5	7	17	1	1	1	2	34
	%	14.7%	20.6%	50.0%	2.9%	2.9%	2.9%	5.9%	100.0%
Mandalay	Freq	3	11	11	1	6	0	0	32
	%	9.4%	34.4%	34.4%	3.1%	18.8%	0.0%	0.0%	100.0%
Mon	Freq	5	3	7	1	0	0	0	16
	%	31.3%	18.8%	43.8%	6.3%	0.0%	0.0%	0.0%	100.0%
Rakhine	Freq	2	5	7	0	6	0	2	22
	%	9.1%	22.7%	31.8%	0.0%	27.3%	0.0%	9.1%	100.0%
Yangon	Freq	6	1	12	1	2	0	7	29
	%	20.7%	3.4%	41.4%	3.4%	6.9%	0.0%	24.1%	100.0%
Shan (South)	Freq	6	6	7	0	2	0	0	21
	%	28.6%	28.6%	33.3%	0.0%	9.5%	0.0%	0.0%	100.0%
Shan (North)	Freq	0	5	8	2	1	0	5	21
	%	0.0%	23.8%	38.1%	9.5%	4.8%	0.0%	23.8%	100.0%
Shan (East)	Freq	2	3	4	0	0	0	1	10
	%	20.0%	30.0%	40.0%	0.0%	0.0%	0.0%	10.0%	100.0%
Ayeyawady	Freq	6	14	22	2	1	0	0	45
	%	13.3%	31.1%	48.9%	4.4%	2.2%	0.0%	0.0%	100.0%
Nay Pyi Taw	Freq	0	0	3	0	0	0	3	6
	%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	50.0%	100.0%
Total	Freq	59	86	161	14	30	1	27	378
	%	15.6%	22.8%	42.6%	3.7%	7.9%	.3%	7.1%	100.0%

There were mainly four persons who took responsibility for ordering supplies. These were pharmacists, assigned MOs, TMOs and MSs in order of percentage. For these four categories, state/region-wide distribution of percentages are described below.

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



Persons assigned for drug indents varied across states/regions. Pharmacists were most frequently assigned in all states/regions.

Table 22. Percentage distribution of HFs with person responsible for ordering medical supplies by urban/rural area

Urban/Rural		Main person responsible for drug indent							Total
		MS/Head	Specialist/ Assigned MO	Pharmacist	Other	HA/LHV/ Sister	DMO	TMO	
Urban	Freq	48	27	26	9	19	1	25	155
	%	31.0%	17.4%	16.8%	5.8%	12.3%	.6%	16.1%	100.0%
Rural	Freq	11	59	135	5	11	0	2	223
	%	4.9%	26.5%	60.5%	2.2%	4.9%	0.0%	.9%	100.0%
Total	Freq	59	86	161	14	30	1	27	378
	%	15.6%	22.8%	42.6%	3.7%	7.9%	.3%	7.1%	100.0%

In urban HFs, MSs/Heads, TMOs and HAs took responsibility for ordering medical supplies while in rural HFs, pharmacists and MOs took more responsibility.

Table 23. Percentage distribution of HFs with person responsible for ordering medical supplies by management of facility

Type of administration		Main person responsible for drug indent							Total
		MS/Head	Specialist/ Assigned MO	Pharmacist	Other	HA/LHV/ Sister	DMO	TMO	
Govt.	Freq	54	83	159	12	19	1	27	355
	%	15.2%	23.3%	44.7%	3.7%	5.3%	.3%	7.6%	100.0%
Private	Freq	5	3	2	2	11	0	0	23
	%	21.7%	13.0%	8.7%	8.7%	47.8%	0.0%	0.0%	100.0%
Total	Freq	59	86	161	14	30	1	27	378
	%	15.6%	22.8%	42.6%	3.7%	7.9%	.3%	7.1%	100.0%

Private HFs more frequently assigned the ordering of supplies to the Sister and Head of the HF.

E2. Quantifying resupplies

Table 24. How resupply is quantified by type of HF

Level of Health Facility		How resupply is quantified*			Total
		By calculation and indent	By supply depot	By other way	
Tertiary	Freq	9	9	9	23
	%	39.1%	39.1%	39.1%	
Secondary	Freq	50	102	23	160
	%	31.3%	63.8%	14.4%	
Primary	Freq	35	129	15	172
	%	20.3%	75.0%	8.7%	
Private	Freq	3	1	19	23
	%	13.0%	4.3%	82.6%	
Total	Freq	97	241	66	378

** Multiple = response*

Supplies for the majority of secondary and primary levels HFs were quantified by medical depots only (63.8 per cent and 75 per cent respectively). Tertiary level HFs quantified stocks in various ways i.e. sometimes by themselves and sometimes by medical depots.

Table 25. How resupply is quantified by state/region

State/Region		How resupply is quantified*			Total
		By calculation and indent	By supply depot	By other way	
Kachin	Freq	13	10	0	18
	%	72.2%	55.6%	0.0%	
Kayah	Freq	7	0	1	8
	%	87.5%	0.0%	12.5%	
Kayin	Freq	7	5	2	14
	%	50.0%	35.7%	14.3%	
Chin	Freq	1	7	4	12
	%	8.3%	58.3%	33.3%	
Sagaing	Freq	2	36	5	42
	%	4.8%	85.7%	11.9%	
Thaninthari	Freq	7	4	1	12
	%	58.3%	33.3%	8.3%	
Bago	Freq	12	21	5	36
	%	33.3%	58.3%	13.9%	
Magway	Freq	14	27	5	34
	%	41.2%	79.4%	14.7%	
Mandalay	Freq	2	17	13	32
	%	6.3%	53.1%	40.6%	
Mon	Freq	0	16	0	16
	%	0.0%	100.0%	0.0%	
Rakhine	Freq	1	21	0	22
	%	4.5%	95.5%	0.0%	

Table 25. (continued) How resupply is quantified by state/region

State/Region		How resupply is quantified*			Total
		By calculation and indent	By supply depot	By other way	
Yangon	Freq	2	8	19	29
	%	6.9%	27.6%	65.5%	
Shan (South)	Freq	9	15	1	21
	%	42.9%	71.4%	4.8%	
Shan (North)	Freq	2	17	2	21
	%	9.5%	81.0%	9.5%	
Shan (East)	Freq	4	5	1	10
	%	40.0%	50.0%	10.0%	
Ayeyawady	Freq	12	32	3	45
	%	26.7%	71.1%	6.7%	
Nay Pyi Taw	Freq	2	0	4	6
	%	33.3%	0.0%	66.7%	
Total	Freq	97	241	66	378

** Multiple response*

Table 26. How resupply is quantified by urban/rural area

Urban/Rural		How resupply is quantified*			Total
		By calculation and indent	By supply depot	By other way	
Urban	Freq	44	81	41	155
	%	28.4%	52.3%	26.5%	
Rural	Freq	53	160	25	223
	%	23.8%	71.7%	11.2%	
Total	Freq	97	241	66	378

** Multiple response*

The needs of the majority of HFs in both urban and rural areas were calculated/estimated by depots rather than the HFs themselves. The calculation of needs of HFs in rural areas was less by themselves than HFs in urban area (23.8 per cent vs. 28.4 per cent). “Other” means the “use of a facility stock report or form created by a higher level HF.”

Table 27. How resupply is quantified by management of facility

Type of administration		How resupply is quantified*			Total
		By calculation and indent	By supply depot	By other way	
Govt.	Freq	94	240	48	355
	%	26.4%	67.4%	13.5%	
Private	Freq	3	0	18	23
	%	13.0%	0%	78.3%	
Total	Freq	97	241	66	378

** Multiple response*

Private sector HFs mainly quantified drugs needed by other means (78.3 per cent). Most HFs might be using computer-generated systems.

Table 28. How resupply is quantified by distance to depot from facility

			How resupply is quantified*			Total
			By calculation and indent	By supply depot	By other way	
Distance to nearest medical depot (km)	<=4	Freq	11	29	17	54
		%	20.4%	53.7%	31.5%	
	5–9	Freq	2	19	7	27
		%	7.4%	70.4%	25.9%	
	10–14	Freq	10	25	8	41
		%	24.4%	61.0%	19.5%	
	15–19	Freq	8	25	3	33
		%	24.2%	75.8%	9.1%	
	20–24	Freq	10	32	7	47
		%	21.3%	68.1%	14.9%	
	25–29	Freq	9	14	1	22
		%	40.9%	63.6%	4.5%	
	30–34	Freq	4	10	2	15
		%	26.7%	66.7%	13.3%	
	35–39	Freq	4	15	1	18
		%	22.2%	83.3%	5.6%	
	40–44	Freq	1	8	3	11
		%	9.1%	72.7%	27.3%	
	45+	Freq	38	64	17	110
		%	34.5%	58.2%	15.5%	
Travel duration to nearest med. depot	Within a day	Freq	92	235	65	368
		%	25.0%	63.9%	17.7%	
	Within a week	Freq	5	6	1	10
		%	50.0%	60.0%	10.0%	
Means of travel to nearest med. depot	Road	Freq	95	227	65	361
		%	26.3%	62.9%	18.0%	
	Water	Freq	2	14	1	17
		%	11.8%	82.4%	5.9%	
Total		Freq	97	241	66	378

* *Multiple response*

E3. Source of supplies

Table 29. Main source of supplies by type of HF

Level of Health Facility		Main source of supplies						Total
		CMSD	State/Region Health Department	District Health Department	Township Health Department	NGO	Private Pharmacy/ Company	
Tertiary	Freq	10	9	0	1	0	3	23
	%	43.5%	39.1%	0.0%	4.3%	0.0%	13.0%	100.0%
Secondary	Freq	9	52	15	84	0	0	160
	%	5.6%	32.5%	9.4%	52.5%	0.0%	0.0%	100.0%
Primary	Freq	2	10	22	138	0	0	172
	%	1.2%	5.8%	12.8%	80.2%	0.0%	0.0%	100.0%
Private	Freq	0	0	0	0	1	22	23
	%	0.0%	0.0%	0.0%	0.0%	4.3%	95.7%	100.0%
Total	Freq	21	71	37	223	1	25	378
	%	5.6%	18.8%	9.8%	59.0%	.3%	6.6%	100.0%

The main source of supplies for all levels of HFs was township and state/region (59 per cent and 18.8 per cent respectively). However, supplies for the majority of tertiary level HFs were from the CMSD and state/region HDs (43.5 per cent and 39 per cent respectively).

Table 30. Main source of supplies by state/region

State/Region		Main source of supplies						Total
		CMSD	State/Region Health Department	District Health Department	Township Health Department	NGO	Private Pharmacy/ Company	
Kachin	Freq	1	7	0	9	0	1	18
	%	5.6%	38.9%	0.0%	50.0%	0.0%	5.6%	100.0%
Kayah	Freq	1	2	0	4	0	1	8
	%	12.5%	25.0%	0.0%	50.0%	0.0%	12.5%	100.0%
Kayin	Freq	0	5	1	7	0	1	14
	%	0.0%	35.7%	7.1%	50.0%	0.0%	7.1%	100.0%
Chin	Freq	0	2	2	6	1	1	12
	%	0.0%	16.7%	16.7%	50.0%	8.3%	8.3%	100.0%
Sagaing	Freq	2	9	11	18	0	2	42
	%	4.8%	21.4%	26.2%	42.9%	0.0%	4.8%	100.0%
Thaninthari	Freq	0	3	1	7	0	1	12
	%	0.0%	25.0%	8.3%	58.3%	0.0%	8.3%	100.0%
Bago	Freq	3	6	0	26	0	1	36
	%	8.3%	16.7%	0.0%	72.2%	0.0%	2.8%	100.0%
Magway	Freq	2	5	2	23	0	2	34
	%	5.9%	14.7%	5.9%	67.6%	0.0%	5.9%	100.0%
Mandalay	Freq	0	5	9	15	0	3	32
	%	0.0%	15.6%	28.1%	46.9%	0.0%	9.4%	100.0%
Mon	Freq	0	3	1	11	0	1	16
	%	0.0%	18.8%	6.3%	68.8%	0.0%	6.3%	100.0%

Table 30. (continued) Main source of supplies by state/region

State/Region		Main source of supplies						Total
		CMSD	State/Region Health Department	District Health Department	Township Health Department	NGO	Private Pharmacy/ Company	
Rakhine	Freq	0	5	1	15	0	1	22
	%	0.0%	22.7%	4.5%	68.2%	0.0%	4.5%	100.0%
Yangon	Freq	3	8	1	12	0	5	29
	%	10.3%	27.6%	3.4%	41.4%	0.0%	17.2%	100.0%
Shan (South)	Freq	5	0	0	15	0	1	21
	%	23.8%	0.0%	0.0%	71.4%	0.0%	4.8%	100.0%
Shan (North)	Freq	1	3	4	12	0	1	21
	%	4.8%	14.3%	19.0%	57.1%	0.0%	4.8%	100.0%
Shan (East)	Freq	1	3	3	2	0	1	10
	%	10.0%	30.0%	30.0%	20.0%	0.0%	10.0%	100.0%
Ayeyawady	Freq	2	3	1	37	0	2	45
	%	4.4%	6.7%	2.2%	82.2%	0.0%	4.4%	100.0%
Nay Pyi Taw	Freq	0	2	0	4	0	0	6
	%	0.0%	33.3%	0.0%	66.7%	0.0%	0.0%	100.0%
Total	Freq	21	71	37	223	1	25	378
	%	5.6%	18.8%	9.8%	59.0%	.3%	6.6%	100.0%

Table 31. Main source of supplies by management of facility

Type of administration		Main source of supplies						Total
		CMSD	State/Region Health Department	District Health Department	Township Health Department	NGO	Private Pharmacy/ Company	
Govt.	Freq	21	71	37	223	0	4	355
	%	5.9%	19.9%	10.4%	62.6%	0.0%	1.1%	100.0%
Private	Freq	0	0	0	0	1	21	23
	%	0.0%	0.0%	0.0%	0.0%	4.3%	91.3%	100.0%
Total	Freq	21	71	37	223	1	25	378
	%	5.6%	18.8%	9.8%	59.0%	.3%	6.6%	100.0%

The main source of drug supply for private sector HFs was private pharmacies and companies.

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

Urban/Rural		Main source of supplies						Total
		CMSD	State/Region Health Department	District Health Department	Township Health Department	NGO	Private Pharmacy/ Company	
Urban	Freq	19	58	6	46	1	25	155
	%	12.3%	37.4%	3.9%	29.7%	.6%	16.1%	100.0%
Rural	Freq	2	13	31	177	0	0	223
	%	.9%	5.8%	13.9%	79.4%	0.0%	0.0%	100.0%
Total	Freq	21	71	37	223	1	25	378
	%	5.6%	18.8%	9.8%	59.0%	.3%	6.6%	100.0%

The major suppliers for HFs in urban areas were state/region Health Departments (HDs) and township HDs (37.4 per cent and 29.7 per cent respectively). The major supplier for HFs in rural areas was the Township Health Department (79.4 per cent).

E4. Transportation of supplies

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

Level of Health Facility		Responsibility for transportation of supplies				Total
		Government	State/Region Health Department	Own arrangement	Other	
Tertiary	Freq	6	2	13	3	23
	%	26.1%	8.7%	56.5%	13.0%	
Secondary	Freq	21	15	134	4	160
	%	13.1%	9.4%	83.8%	2.5%	
Primary	Freq	13	2	157	1	172
	%	7.6%	1.2%	91.3%	.6%	
Private	Freq	0	0	12	12	23
	%	0.0%	0.0%	52.2%	52.2%	
Total	Freq	40	19	316	20	378

Most HFs (>50% per cent) at all levels made their own arrangements for transportation of supplies to their HFs. Government arrangements for the transportation of supplies at tertiary and secondary level HFs were only 26.1 per cent and 13.1 per cent respectively.

Table 34. Responsibility for transportation of supplies by state/region

State/Region		Responsibility for transportation of supplies				Total
		Distributor Government	Distributor State/Region Health Department	Distributor Own arrangement	Distributor Other	
Kachin	Freq	1	3	15	0	18
	%	5.6%	16.7%	83.3%	0.0%	
Kayah	Freq	1	1	5	1	8
	%	12.5%	12.5%	62.5%	12.5%	
Kayin	Freq	0	0	14	0	14
	%	0.0%	0.0%	100.0%	0.0%	
Chin	Freq	0	2	10	1	12
	%	0.0%	16.7%	83.3%	8.3%	
Sagaing	Freq	2	1	39	2	42
	%	4.8%	2.4%	92.9%	4.8%	
Thanintharі	Freq	0	3	10	1	12
	%	0.0%	25.0%	83.3%	8.3%	
Bago	Freq	5	0	31	3	36
	%	13.9%	0.0%	86.1%	8.3%	
Magway	Freq	2	1	32	5	34
	%	5.9%	2.9%	94.1%	14.7%	
Mandalay	Freq	3	0	28	1	32
	%	9.4%	0.0%	87.5%	3.1%	

Table 34. (continued) Responsibility for transportation of supplies by state/region

State/Region		Responsibility for transportation of supplies				Total
		Distributor Government	Distributor State/Region Health Department	Distributor Own arrangement	Distributor Other	
Mon	Freq	0	0	15	1	16
	%	0.0%	0.0%	93.8%	6.3%	
Rakhine	Freq	0	1	21	0	22
	%	0.0%	4.5%	95.5%	0.0%	
Yangon	Freq	4	0	20	5	29
	%	13.8%	0.0%	69.0%	17.2%	
Shan (South)	Freq	9	0	14	0	21
	%	42.9%	0.0%	66.7%	0.0%	
Shan (North)	Freq	0	2	19	0	21
	%	0.0%	9.5%	90.5%	0.0%	
Shan (East)	Freq	0	4	6	0	10
	%	0.0%	40.0%	60.0%	0.0%	
Ayeyawady	Freq	12	1	32	0	45
	%	26.7%	2.2%	71.1%	0.0%	
Nay Pyi Taw	Freq	1	0	5	0	6
	%	16.7%	0.0%	83.3%	0.0%	
Total	Freq	40	19	316	20	378

Table 34 shows most HFs made their own arrangements for the transportation of supplies in all states/regions. Government arranging the delivery of supplies was identified in some HFs in Kayah, Shan (S), Ayeyawady and Bago. States/regions arranging the distribution of supplies was noted in Kachin, Kayah, Chin, Thaninthari and Shan (E).

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

Urban/Rural		Responsibility for transportation of supplies				Total
		Government	State/Region Health Department	Own arrangement	Other	
Urban	Freq	23	15	113	19	155
	%	14.8%	9.7%	72.9%	12.3%	
Rural	Freq	17	4	203	1	223
	%	7.6%	1.8%	91.0%	.4%	
Total	Freq	40	19	316	20	378

A difference in HFs making their own arrangements for the transportation of supplies was noted in urban/rural areas (72.9 per cent vs. 91 per cent, $P<0.05$). However, government arranged the transportation of supplies in 14.8 per cent of HFs in urban areas and 7.6 per cent of HFs in rural areas ($P<0.05$).

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

Type of administration		Responsibility for transportation of supplies				Total
		Government	State/Region Health Department	Own arrangement	Other	
Govt.	Freq	40	19	304	9	355
	%	11.2%	5.3%	85.4%	2.5%	
Private	Freq	0	0	12	11	23
	%	0.0%	0.0%	52.2%	47.8%	
Total	Freq	40	19	316	20	378

E5. Length of time between order and receipt of supplies

Table 37. Estimated length of time between order and receipt of supplies by type of HF

Level of Health Facility		Interval between indent and arrival							Total
		<2weeks	2 weeks -1 month	1-2 months	2-4 months	4 -6 months	>6months	No regular interval	
Tertiary	Freq	8	1	2	2	1	2	7	23
	%	34.8%	4.3%	8.7%	8.7%	4.3%	8.7%	30.4%	100.0%
Secondary	Freq	33	9	12	15	9	14	68	160
	%	20.6%	5.6%	7.5%	9.4%	5.6%	8.8%	42.5%	100.0%
Primary	Freq	40	13	13	20	6	9	71	172
	%	23.3%	7.6%	7.6%	11.6%	3.5%	5.2%	41.3%	100.0%
Private	Freq	13	2	0	0	0	0	8	23
	%	56.5%	8.7%	0.0%	0.0%	0.0%	0.0%	34.8%	100.0%
Total	Freq	94	25	27	37	16	25	154	378
	%	24.9%	6.6%	7.1%	9.8%	4.2%	6.6%	40.7%	100.0%

The majority of HFs, especially at the secondary and primary level, stated that the interval between order and receipt of supplies was irregular (42.5 per cent and 41.3 per cent respectively). 34.8 per cent of HFs at the tertiary level estimated the interval as “<2weeks”. About one third of HFs at all levels reported an irregular interval between the order and receipt of supplies.

Table 38. Estimated length of time between order and receipt of supplies by state/region

State/Region		Interval between indent and arrival							Total
		<2weeks	2 weeks -1 month	1-2 months	2-4 months	4-6 months	>6 months	No regular interval	
Kachin	Freq	0	0	4	3	1	6	4	18
	%	0.0%	0.0%	22.2%	16.7%	5.6%	33.3%	22.2%	100.0%
Kayah	Freq	4	0	0	1	0	0	3	8
	%	50.0%	0.0%	0.0%	12.5%	0.0%	0.0%	37.5%	100.0%
Kayin	Freq	3	3	2	2	0	1	3	14
	%	21.4%	21.4%	14.3%	14.3%	0.0%	7.1%	21.4%	100.0%
Chin	Freq	9	1	1	0	0	0	1	12
	%	75.0%	8.3%	8.3%	0.0%	0.0%	0.0%	8.3%	100.0%
Sagaing	Freq	4	1	2	8	1	2	24	42
	%	9.5%	2.4%	4.8%	19.0%	2.4%	4.8%	57.1%	100.0%
Thaninthari	Freq	5	1	1	3	1	0	1	12
	%	41.7%	8.3%	8.3%	25.0%	8.3%	0.0%	8.3%	100.0%
Bago	Freq	0	2	4	9	6	2	13	36
	%	0.0%	5.6%	11.1%	25.0%	16.7%	5.6%	36.1%	100.0%
Magway	Freq	0	0	0	2	1	2	29	34
	%	0.0%	0.0%	0.0%	5.9%	2.9%	5.9%	85.3%	100.0%
Mandalay	Freq	5	1	1	0	0	3	22	32
	%	15.6%	3.1%	3.1%	0.0%	0.0%	9.4%	68.8%	100.0%
Mon	Freq	3	1	1	0	0	1	10	16
	%	18.8%	6.3%	6.3%	0.0%	0.0%	6.3%	62.5%	100.0%
Rakhine	Freq	1	0	2	6	1	0	12	22
	%	4.5%	0.0%	9.1%	27.3%	4.5%	0.0%	54.5%	100.0%
Yangon	Freq	12	1	1	1	5	1	8	29
	%	41.4%	3.4%	3.4%	3.4%	17.2%	3.4%	27.6%	100.0%
Shan (South)	Freq	1	3	4	0	0	3	10	21
	%	4.8%	14.3%	19.0%	0.0%	0.0%	14.3%	47.6%	100.0%
Shan (North)	Freq	8	0	0	1	0	2	10	21
	%	38.1%	0.0%	0.0%	4.8%	0.0%	9.5%	47.6%	100.0%
Shan (East)	Freq	5	2	0	1	0	0	2	10
	%	50.0%	20.0%	0.0%	10.0%	0.0%	0.0%	20.0%	100.0%
Ayeyawady	Freq	31	7	3	0	0	2	2	45
	%	68.9%	15.6%	6.7%	0.0%	0.0%	4.4%	4.4%	100.0%
Nay Pyi Taw	Freq	3	2	1	0	0	0	0	6
	%	50.0%	33.3%	16.7%	0.0%	0.0%	0.0%	0.0%	100.0%
Total	Freq	94	25	27	37	16	25	154	378
	%	24.9%	6.6%	7.1%	9.8%	4.2%	6.6%	40.7%	100.0%

Table 39. Estimated length of time between order and receipt of supplies by urban/rural area

Urban/Rural		Interval between indent and arrival							Total
		<2weeks	2 weeks-1month	1-2 months	2-4 months	4-6 months	>6 months	No regular interval	
Urban	Freq	42	9	13	15	8	9	59	155
	%	27.1%	5.8%	8.4%	9.7%	5.2%	5.8%	38.1%	100.0%
Rural	Freq	52	16	14	22	8	16	95	223
	%	23.3%	7.2%	6.3%	9.9%	3.6%	7.2%	42.6%	100.0%
Total	Freq	94	25	27	37	16	25	154	378
	%	24.9%	6.6%	7.1%	9.8%	4.2%	6.6%	40.7%	100.0%

The percentage of HFs who reported irregular intervals between the order and receipt of supplies was significantly different between HFs in urban and rural areas (38.1 per cent vs. 42.6 per cent, P<0.05).

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

Type of administration		Interval between indent and arrival							Total
		<2weeks	2 weeks-1month	1-2 months	2-4 months	4-6 months	>6months	No regular interval	
Govt.	Freq	82	23	27	37	16	25	146	355
	%	23.0%	6.5%	7.6%	10.4%	4.5%	7.0%	41.1%	100.0%
Private	Freq	13	2	0	0	0	0	8	23
	%	56.5%	8.7%	0.0%	0.0%	0.0%	0.0%	34.8%	100.0%
Total	Freq	94	25	27	37	16	25	154	378
	%	24.9%	6.6%	7.1%	9.8%	4.2%	6.6%	40.7%	100.0%

The majority of private HFs (56.5 per cent) received drug supplies in a relatively short interval (<2 weeks).

E6. Frequency of resupply

Table 41. Frequency of resupply by type of HF

Level of Health Facility		Interval between indents						Total
		Every 2 weeks	Once a month	Every 3 months	Every 6 months	Once a year	Irregular	
Tertiary	Freq	1	3	3	7	0	9	23
	%	4.3%	13.0%	13.0%	30.4%	0.0%	39.1%	100.0%
Secondary	Freq	0	18	28	50	15	49	160
	%	0.0%	11.3%	17.5%	31.3%	9.4%	30.6%	100.0%
Primary	Freq	2	25	40	36	11	58	172
	%	1.2%	14.5%	23.3%	20.9%	6.4%	33.7%	100.0%
Private	Freq	3	2	1	0	0	17	23
	%	13.0%	8.7%	4.3%	0.0%	0.0%	73.9%	100.0%
Total	Freq	6	48	72	93	26	133	378
	%	1.6%	12.7%	19.0%	24.6%	6.9%	35.2%	100.0%

Thirty-five per cent of HFs reported that the interval between indents of supplies was “irregular”. The irregularity was more pronounced in private HFs (73.9 per cent). The irregularity of the frequency of resupply in government sector HFs was similar at all levels of HFs (around 35 per cent).

Table 42. Frequency of resupply by state/region

State/Region		Interval between indents						Total
		Every 2 weeks	Once a month	Every 3 months	Every 6 months	Once a year	Irregular	
Kachin	Freq	0	3	4	5	1	5	18
	%	0.0%	16.7%	22.2%	27.8%	5.6%	27.8%	100.0%
Kayah	Freq	0	0	1	3	0	4	8
	%	0.0%	0.0%	12.5%	37.5%	0.0%	50.0%	100.0%
Kayin	Freq	1	5	5	1	0	2	14
	%	7.1%	35.7%	35.7%	7.1%	0.0%	14.3%	100.0%
Chin	Freq	0	1	3	2	1	5	12
	%	0.0%	8.3%	25.0%	16.7%	8.3%	41.7%	100.0%
Sagaing	Freq	0	0	7	14	0	21	42
	%	0.0%	0.0%	16.7%	33.3%	0.0%	50.0%	100.0%
Thaninthari	Freq	0	1	3	5	0	3	12
	%	0.0%	8.3%	25.0%	41.7%	0.0%	25.0%	100.0%
Bago	Freq	1	2	8	8	1	16	36
	%	2.8%	5.6%	22.2%	22.2%	2.8%	44.4%	100.0%
Magway	Freq	0	0	1	2	0	31	34
	%	0.0%	0.0%	2.9%	5.9%	0.0%	91.2%	100.0%
Mandalay	Freq	0	0	4	13	7	8	32
	%	0.0%	0.0%	12.5%	40.6%	21.9%	25.0%	100.0%
Mon	Freq	1	1	1	10	2	1	16
	%	6.3%	6.3%	6.3%	62.5%	12.5%	6.3%	100.0%
Rakhine	Freq	0	3	6	2	0	11	22
	%	0.0%	13.6%	27.3%	9.1%	0.0%	50.0%	100.0%
Yangon	Freq	0	4	2	6	9	8	29
	%	0.0%	13.8%	6.9%	20.7%	31.0%	27.6%	100.0%
Shan (South)	Freq	0	6	5	1	2	7	21
	%	0.0%	28.6%	23.8%	4.8%	9.5%	33.3%	100.0%
Shan (North)	Freq	1	0	5	7	2	6	21
	%	4.8%	0.0%	23.8%	33.3%	9.5%	28.6%	100.0%
Shan (East)	Freq	0	3	2	3	0	2	10
	%	0.0%	30.0%	20.0%	30.0%	0.0%	20.0%	100.0%
Ayeyawady	Freq	2	17	15	8	0	3	45
	%	4.4%	37.8%	33.3%	17.8%	0.0%	6.7%	100.0%
Nay Pyi Taw	Freq	0	2	0	3	1	0	6
	%	0.0%	33.3%	0.0%	50.0%	16.7%	0.0%	100.0%
Total	Freq	6	48	72	93	26	133	378
	%	1.6%	12.7%	19.0%	24.6%	6.9%	35.2%	100.0%

Table 43. Frequency of resupply by urban/rural area

Urban/Rural		Interval between indents						Total
		Every 2 weeks	Once a month	Every 3 months	Every 6 months	Once a year	Irregular	
Urban	Freq	5	13	31	36	13	57	155
	%	3.2%	8.4%	20.0%	23.2%	8.4%	36.8%	100.0%
Rural	Freq	1	35	41	57	13	76	223
	%	0.4%	15.7%	18.4%	25.6%	5.8%	34.1%	100.0%
Total	Freq	6	48	72	93	26	133	378
	%	1.6%	12.7%	19.0%	24.6%	6.9%	35.2%	100.0%

The irregularity of the interval between indents was more frequently reported in HFs in urban areas than HFs in rural areas (36.8 per cent vs. 34.1 per cent). The difference was not significant.

Table 44. Frequency of resupply by management of facility

Type of administration		Interval between indents						Total
		Every 2 weeks	Once a month	Every 3 months	Every 6 months	Once a year	Irregular	
Govt.	Freq	3	46	71	93	26	116	355
	%	0.8%	12.9%	19.9%	26.1%	7.3%	32.7%	100.0%
Private	Freq	3	2	1	0	0	17	23
	%	13.0%	8.7%	4.3%	0.0%	0.0%	70.9%	100.0%
Total	Freq	6	48	72	93	26	133	378
	%	1.6%	12.7%	19.0%	24.6%	6.9%	35.2%	100.0%

The irregularity of frequency of resupply was more pronounced in private HFs (70.9 per cent vs. 32.7 per cent).

E7. Availability of a cold chain

Table 45. Availability of a cold chain system by type of HF

Level of Health Facility		Has cold chain system		Total
		Yes	No	
Tertiary	Freq	22	1	23
	%	95.7%	4.3%	100.0%
Secondary	Freq	131	29	160
	%	81.9%	18.1%	100.0%
Primary	Freq	61	111	172
	%	35.5%	64.5%	100.0%
Private	Freq	23	0	23
	%	100.0%	0.0%	100.0%
Total	Freq	237	141	378
	%	62.7%	37.3%	100.0%

The availability of a cold chain system (62.7 per cent) was higher in tertiary and secondary level HFs (95.7 per cent and 81.9 per cent) and to a much lesser extent in primary level HFs (35.5 per cent). The difference was statistically significant ($P<0.05$). All private HFs had cold chain systems.

Table 46. Availability of a cold chain system by state/region

State/Region		Has cold chain system		Total
		Yes	No	
Kachin	Freq	12	6	18
	%	66.7%	33.3%	100.0%
Kayah	Freq	5	3	8
	%	62.5%	37.5%	100.0%
Kayin	Freq	12	2	14
	%	85.7%	14.3%	100.0%
Chin	Freq	7	5	12
	%	58.3%	41.7%	100.0%
Sagaing	Freq	31	11	42
	%	73.8%	26.2%	100.0%
Thaninthari	Freq	6	6	12
	%	50.0%	50.0%	100.0%
Bago	Freq	18	18	36
	%	50.0%	50.0%	100.0%
Magway	Freq	19	15	34
	%	55.9%	44.1%	100.0%
Mandalay	Freq	17	15	32
	%	53.1%	46.9%	100.0%
Mon	Freq	12	4	16
	%	75.0%	25.0%	100.0%
Rakhine	Freq	16	6	22
	%	72.7%	27.3%	100.0%
Yangon	Freq	24	5	29
	%	82.8%	17.2%	100.0%
Shan (South)	Freq	13	8	21
	%	61.9%	38.1%	100.0%
Shan (North)	Freq	14	7	21
	%	66.7%	33.3%	100.0%
Shan (East)	Freq	5	5	10
	%	50.0%	50.0%	100.0%
Ayeyawady	Freq	22	23	45
	%	48.9%	51.1%	100.0%
Nay Pyi Taw	Freq	4	2	6
	%	66.7%	33.3%	100.0%
Total	Freq	237	141	378
	%	62.7%	37.3%	100.0%

Overall the percentage of availability of cold chain systems was about 62.7 per cent with a large variation between states/regions observed. In Chin, Magway, Mandalay, Thaninthari, Shan (E), Bago and Ayeyawady Regions it was less than 60 per cent. The highest availability was noted in Kayin State and Yangon Region at more than 80 per cent.

Figure 10. Percentage of HFs which have a cold chain system by state/region

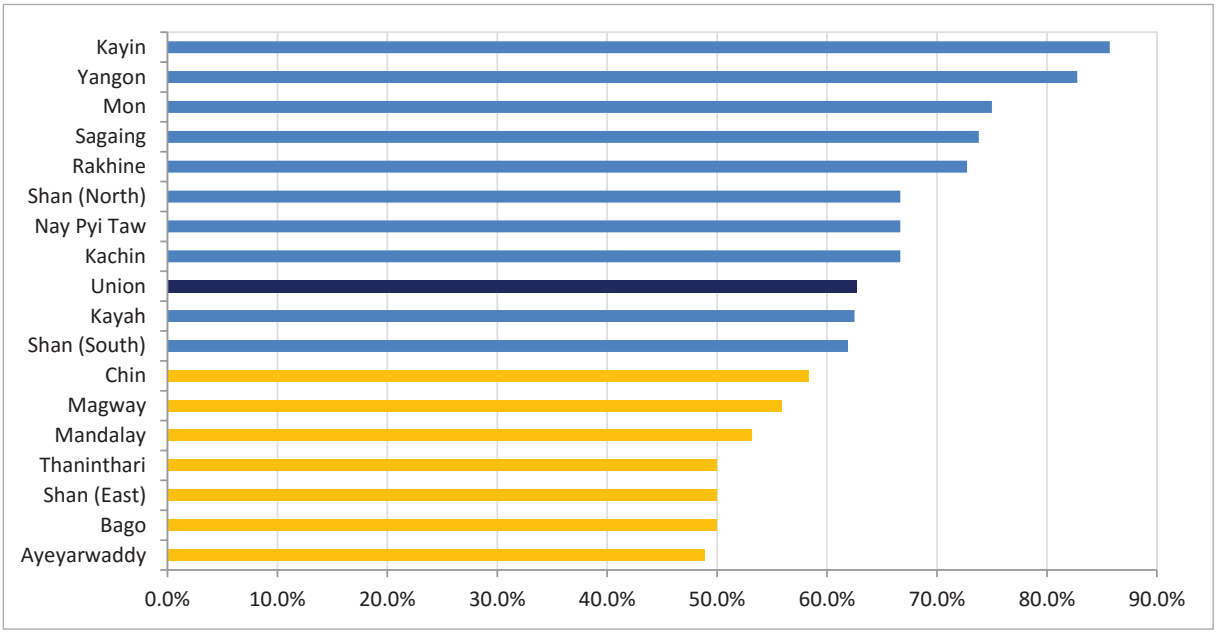


Table 47. Availability of a cold chain system by urban/rural area

Urban/Rural		Has cold chain system		Total
		Yes	No	
Urban	Freq	128	27	155
	%	82.6%	17.4%	100.0%
Rural	Freq	109	114	223
	%	48.9%	51.1%	100.0%
Total	Freq	237	141	378
	%	62.7%	37.3%	100.0%

The availability of a cold chain system was markedly apparent between urban and rural areas (82.6 per cent vs. 48.9 per cent, P<0.001).

Table 48. Availability of a cold chain system by management of facility

Type of administration		Has cold chain system		Total
		Yes	No	
Govt.	Freq	214	141	355
	%	60.3%	39.7%	100.0%
Private	Freq	23	0	23
	%	100.0%	0.0%	100.0%
Total	Freq	237	141	378
	%	62.7%	37.3%	100.0%

While in the government sector cold chain systems were in place at 60.3 per cent of HFs, all private sector HFs had a cold chain system (100 per cent; P<0.05).

Table 49. Type of cold chain by state/region

			Type of cold chain*			Total
			Electric	Refillable icebox	Other	
Level of Health Facility-	Tertiary	Freq	22	3	1	22
		%	100.0%	13.6%	4.5%	
	Secondary	Freq	127	12	6	131
		%	96.9%	9.2%	4.6%	
	Primary	Freq	51	12	4	61
		%	83.6%	19.7%	6.6%	
	Private	Freq	22	1	0	23
		%	95.7%	4.3%	0.0%	
State/Region	Kachin	Freq	12	4	0	12
		%	100.0%	33.3%	0.0%	
	Kayah	Freq	4	0	1	5
		%	80.0%	0.0%	20.0%	
	Kayin	Freq	11	1	0	12
		%	91.7%	8.3%	0.0%	
	Chin	Freq	7	1	0	7
		%	100.0%	14.3%	0.0%	
	Sagaing	Freq	30	1	3	31
		%	96.8%	3.2%	9.7%	
	Thaninthari	Freq	6	1	0	6
		%	100.0%	16.7%	0.0%	
	Bago	Freq	18	3	0	18
		%	100.0%	16.7%	0.0%	
	Magway	Freq	19	0	0	19
		%	100.0%	0.0%	0.0%	
	Mandalay	Freq	15	7	0	17
		%	88.2%	41.2%	0.0%	
	Mon	Freq	11	1	0	12
		%	91.7%	8.3%	0.0%	
	Rakhine	Freq	16	0	0	16
		%	100.0%	0.0%	0.0%	
	Yangon	Freq	21	7	3	24
		%	87.5%	29.2%	12.5%	
	Shan (South)	Freq	12	1	0	13
		%	92.3%	7.7%	0.0%	
	Shan (North)	Freq	14	0	0	14
		%	100.0%	0.0%	0.0%	
	Shan (East)	Freq	4	0	1	5
		%	80.0%	0.0%	20.0%	
	Ayeyawady	Freq	21	1	0	22
		%	95.5%	4.5%	0.0%	
	Nay Pyi Taw	Freq	1	0	3	4
		%	25.0%	0.0%	75.0%	

Table 49. (continued) Type of cold chain by state/region

			Type of cold chain*			Total
			Electric	Refillable icebox	Other	
Urban/Rural	Urban	Freq	121	17	7	128
		%	94.5%	13.3%	5.5%	
	Rural	Freq	101	11	4	109
		%	92.7%	10.1%	3.7%	
Type of administration	Govt.	Freq	200	28	11	214
		%	93.4%	13.0%	5.1%	
	Private	Freq	23	0	0	23
		%	100.0%	0.0%	0.0%	
Total	Freq	222	28	11	237	

** Multiple response*

Of those HFs which had a cold chain system, more than 80 per cent were electric systems and less than 20 per cent were ice boxes. The difference among percentages of electric systems between primary and secondary/tertiary levels (<94 per cent vs. 83 per cent) was statistically significant (P<0.001). There was no obvious urban/rural difference in the percentage of electric type cold chain systems (94.5 per cent vs. 92.7 per cent).

Table 50. Source of power for fridges used for cold chain system by type of HF

Level of Health Facility		Source of power for fridges*						Total
		Electricity from grid	Electricity from own generator	Electricity from mobile generator	Electricity by kerosene used system	Electricity from solar system	Electricity from own hydro-power generator	
Tertiary	Freq	21	10	3	0	0	0	22
	%	95.5%	45.5%	13.6%	0.0%	0.0%	0.0%	
Secondary	Freq	84	46	10	1	54	2	132
	%	63.6%	34.8%	7.6%	.8%	40.9%	1.5%	
Primary	Freq	35	2	2	1	27	0	60
	%	58.3%	3.3%	3.3%	1.7%	45.0%	0.0%	
Private	Freq	20	13	3	0	1	2	23
	%	87.0%	56.5%	13.0%	0.0%	4.3%	8.7%	
Total	Freq	160	71	18	2	82	4	237

** Multiple response*

The power supply for the majority of cold chain systems was a “regular supply system”. Many tertiary and secondary level and private HFs had their own generators (45.5 per cent, 34.8 per cent and 56.5 per cent respectively). About 40 per cent of secondary level and primary level HFs used solar power (40.9 per cent and 45 per cent respectively).

Table 51. Source of power for fridges used for cold chain system by state/region

State/Region		Source of power for fridges*						Total
		Electricity from grid	Electricity from own generator	Electricity from mobile generator	Electricity by kerosene used system	Electricity from solar system	Electricity from own hydro-power generator	
Kachin	Freq	5	2	1	0	8	0	12
	%	41.7%	16.7%	8.3%	0.0%	66.7%	0.0%	
Kayah	Freq	5	0	0	0	0	0	5
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Kayin	Freq	6	1	0	0	6	0	12
	%	50.0%	8.3%	0.0%	0.0%	50.0%	0.0%	
Chin	Freq	1	0	0	0	5	1	7
	%	14.3%	0.0%	0.0%	0.0%	71.4%	14.3%	
Sagaing	Freq	21	1	1	0	10	1	31
	%	67.7%	3.2%	3.2%	0.0%	32.3%	3.2%	
Thaninthari	Freq	4	0	0	0	2	0	6
	%	66.7%	0.0%	0.0%	0.0%	33.3%	0.0%	
Bago	Freq	17	10	0	0	4	1	18
	%	94.4%	55.6%	0.0%	0.0%	22.2%	5.6%	
Magway	Freq	13	12	3	0	7	0	19
	%	68.4%	63.2%	15.8%	0.0%	36.8%	0.0%	
Mandalay	Freq	16	10	8	0	1	0	19
	%	84.2%	52.6%	42.1%	0.0%	5.3%	0.0%	
Mon	Freq	9	5	1	0	6	0	12
	%	75.0%	41.7%	8.3%	0.0%	50.0%	0.0%	
Rakhine	Freq	2	2	0	1	12	0	16
	%	12.5%	12.5%	0.0%	6.3%	75.0%	0.0%	
Yangon	Freq	23	10	2	0	0	0	23
	%	100.0%	43.5%	8.7%	0.0%	0.0%	0.0%	
Shan (South)	Freq	11	8	0	0	4	0	13
	%	84.6%	61.5%	0.0%	0.0%	30.8%	0.0%	
Shan (North)	Freq	8	1	1	1	7	1	14
	%	57.1%	7.1%	7.1%	7.1%	50.0%	7.1%	
Shan (East)	Freq	1	0	1	0	3	0	5
	%	20.0%	0.0%	20.0%	0.0%	60.0%	0.0%	
Ayeyawady	Freq	14	9	0	0	7	0	21
	%	66.7%	42.9%	0.0%	0.0%	33.3%	0.0%	
Nay Pyi Taw	Freq	4	0	0	0	0	0	4
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Total	Freq	160	71	18	2	82	4	237

** Multiple response*

The use of power from the national grid was quite low in Chin, Kayin, Shan (E) and Rakhine States (<50 per cent).

Table 52. Source of power for fridges used for cold chain system by urban/rural area

Urban/Rural		Source of power for fridges*						Total
		Electricity from grid	Electricity from own generator	Electricity from mobile generator	Electricity by kerosene used system	Electricity from solar system	Electricity from own hydro-power generator	
Urban	Freq	99	47	10	1	31	4	127
	%	78.0%	37.0%	7.9%	.8%	24.4%	3.1%	
Rural	Freq	61	24	8	1	51	0	110
	%	55.5%	21.8%	7.3%	.9%	46.4%	0.0%	
Total	Freq	160	71	18	2	82	4	237

** Multiple response*

The difference in the urban/rural use of the national grid as a power supply was markedly significant (78 per cent in urban areas vs. 55.5 per cent in rural areas, P<0.001). Similarly, the use of solar power was much higher in rural areas compared to urban areas (46.4 per cent in rural areas vs. 24.4 per cent in urban areas, P<0.001).

Table 53. Source of power for fridges used for cold chain by management of facility

Type of administration		Source of power for fridges*						Total
		Electricity from grid	Electricity from own generator	Electricity from mobile generator	Electricity by kerosene used system	Electricity from solar system	Electricity from own hydro-power generator	
Govt.	Freq	141	59	15	2	81	2	214
	%	65.9%	27.5%	7.0%	0.9%	37.9%	0.9%	
Private	Freq	19	12	3	0	1	2	23
	%	82.6%	52.2%	15.0%	0.0%	5.0%	10.0%	
Total	Freq	160	71	18	2	82	4	237

** Multiple response*

More private HFs used the national power supply system and their own generators than HFs in the government sector.

Section F. Staff training and supervision

Table 54. Percentage of HFs with trained staff to provide FP services and to insert and remove implants

	Provide	Frequency	Per cent
Birth spacing services	Yes	209	55.3
	No	169	44.7
Implants	Yes	59	15.6
	No	319	84.4
	Total	378	100.0

About 55 per cent of HFs had trained staff for birth spacing which was less than last year's figure (66 per cent). Similarly, HFs which had trained staff to insert and remove implants was still low at 15.6 per cent and also less than last year (17 per cent).

Table 55. Percentage distribution of staff trained to provide FP services and to insert and remove implants by type of HF

Level of Health Facility		Have trained staff for birth spacing services		Have trained staff for implants		Total
		Yes	No	Yes	No	
Tertiary	Freq	14	9	12	11	23
	%	60.9%	39.1%	52.2%	47.8%	100.0%
Secondary	Freq	65	95	25	135	160
	%	40.6%	59.4%	15.6%	84.4%	100.0%
Primary	Freq	119	53	10	162	172
	%	69.2%	30.8%	5.8%	94.2%	100.0%
Private	Freq	11	12	12	11	23
	%	47.8%	52.2%	52.2%	47.8%	100.0%
Total	Freq	209	169	59	319	378
	%	55.3%	44.7%	15.6%	84.4%	100.0%

The percentage of trained staff for birth spacing was lowest at the secondary level (40.6 per cent) compared to tertiary and primary levels (60.9 per cent and 69.2 per cent respectively). The difference was statistically significant ($P<0.001$). At all level of HFs, the percentages were less than last year.

52.2 per cent of tertiary level HFs had trained staff to insert and remove implants which was the highest of the three levels of HFs. 5.8 per cent of primary level HFs had trained staff to remove and insert implants. Private sector HFs also had a low level of trained staff both for birth spacing and to insert and removes implants (47.8 per cent and 52.2 per cent respectively).

Table 56. Percentage distribution of staff trained to provide FP services and to insert and remove implants by states/regions

State/Region		Have trained staff for birth spacing services		Have trained staff for implants		Total
		Yes	No	Yes	No	
Kachin	Freq	11	7	7	11	18
	%	61.1%	38.9%	38.9%	61.1%	100.0%
Kayah	Freq	4	4	3	5	8
	%	50.0%	50.0%	37.5%	62.5%	100.0%
Kayin	Freq	11	3	4	10	14
	%	78.6%	21.4%	28.6%	71.4%	100.0%
Chin	Freq	10	2	2	10	12
	%	83.3%	16.7%	16.7%	83.3%	100.0%
Sagaing	Freq	9	33	0	42	42
	%	21.4%	78.6%	0.0%	100.0%	100.0%
Thaninthari	Freq	8	4	3	9	12
	%	66.7%	33.3%	25.0%	75.0%	100.0%
Bago	Freq	19	17	3	33	36
	%	52.8%	47.2%	8.3%	91.7%	100.0%
Magway	Freq	13	21	4	30	34
	%	38.2%	61.8%	11.8%	88.2%	100.0%
Mandalay	Freq	18	14	3	29	32
	%	56.3%	43.8%	9.4%	90.6%	100.0%
Mon	Freq	5	11	1	15	16
	%	31.3%	68.8%	6.3%	93.8%	100.0%
Rakhine	Freq	20	2	5	17	22
	%	90.9%	9.1%	22.7%	77.3%	100.0%
Yangon	Freq	24	5	10	19	29
	%	82.8%	17.2%	34.5%	65.5%	100.0%
Shan (South)	Freq	11	10	3	18	21
	%	52.4%	47.6%	14.3%	85.7%	100.0%
Shan (North)	Freq	11	10	4	17	21
	%	52.4%	47.6%	19.0%	81.0%	100.0%
Shan (East)	Freq	3	7	2	8	10
	%	30.0%	70.0%	20.0%	80.0%	100.0%
Ayeyawady	Freq	28	17	4	41	45
	%	62.2%	37.8%	8.9%	91.1%	100.0%
Nay Pyi Taw	Freq	4	2	1	5	6
	%	66.7%	33.3%	16.7%	83.3%	100.0%
Total	Freq	209	169	59	319	378
	%	55.3%	44.7%	15.6%	84.4%	100.0%

Figure 11 shows that all states and regions had less than 20 per cent of HFs with trained staff to remove and insert implants. Sagaing, Shan (E), Mon and Magway Regions had low level of HFs (<40 per cent) with trained staff for birth spacing.

Figure 11. Percentage of HFs which have trained staff for birth spacing and to remove and insert implants

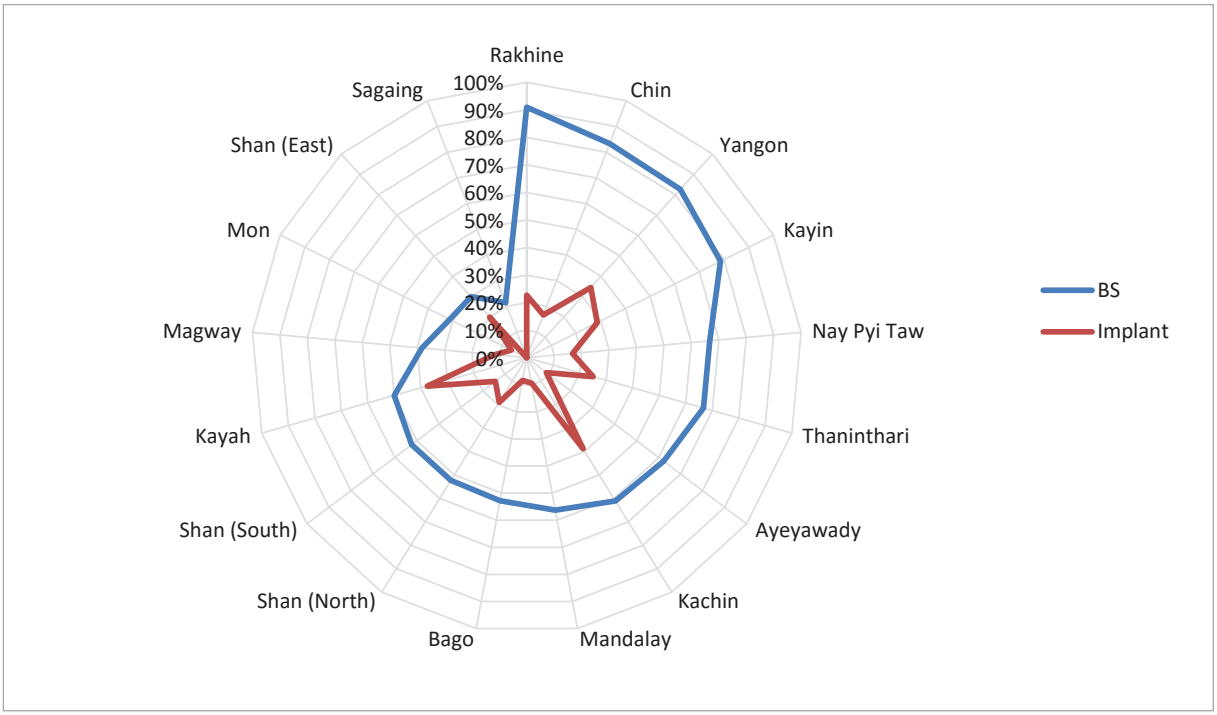


Table 57. Percentage distribution of staff trained to provide FP services and to insert and remove implants by urban/rural area

Urban/Rural		Have trained staff for birth spacing services		Have trained staff for implants		Total
		Yes	No	Yes	No	
Urban	Freq	86	69	45	110	155
	%	55.5%	44.5%	29.0%	71.0%	100.0%
Rural	Freq	123	100	14	209	223
	%	55.2%	44.8%	6.3%	93.7%	100.0%
Total	Freq	209	169	59	319	378
	%	55.3%	44.7%	15.6%	84.4%	100.0%

The urban/rural difference in the percentage of HFs with trained staff for birth spacing was not notable (55.5 per cent and 55.2 per cent respectively). But a difference was noted for the presence of trained staff to insert and remove implants (29 per cent for urban areas and 6.3 per cent for rural areas, $P<0.001$). This urban/rural difference was more pronounced this year compared to last year's figure (47 per cent vs. 11 per cent).

Table 58. Percentage distribution of staff trained to provide FP services and to insert and remove implants by management of facility

Type of administration		Have trained staff for birth spacing services		Have trained staff for implants		Total
		Yes	No	Yes	No	
Govt.	Freq	198	158	47	309	355
	%	55.8%	44.2%	13.2%	86.8%	100.0%
Private	Freq	11	12	12	11	23
	%	47.8%	52.2%	52.2%	47.8%	100.0%
Total	Freq	209	169	59	319	378
	%	55.3%	44.7%	15.6%	84.4%	100.0%

The private sector had more HFs with trained staff to remove and insert implants than the government sector (52.2 per cent vs. 13.2 per cent, P<0.001).

Table 59. Percentage distribution of the last time staff received training to provide FP services including to insert and remove implants by HF

Level of Health Facility		Last time received training				Total
		Last 2 months	2-6 months ago	6-12 months ago	>1 year ago	
Tertiary	Freq	1	2	3	8	14
	%	7.1%	14.3%	21.4%	57.1%	100.0%
Secondary	Freq	3	3	5	54	65
	%	4.6%	4.6%	7.7%	83.1%	100.0%
Primary	Freq	4	2	6	107	119
	%	3.4%	1.7%	5.0%	89.9%	100.0%
Private	Freq	1	2	2	6	11
	%	9.1%	18.2%	18.2%	54.5%	100.0%
Total	Freq	9	9	16	175	209
	%	4.3%	4.3%	7.7%	83.7%	100.0%

Most of the trained staff last received training for birth spacing more than one year ago (83.7 per cent). This long interval was more marked at secondary and primary level HFs (83.1 per cent and 89.9 per cent respectively).

Table 60. Percentage distribution of the last time staff received training to provide FP services including to insert and remove implants by state/region

State/Region		Last time received training				Total
		Last 2 months	2-6 months ago	6-12 months ago	>1 year ago	
Kachin	Freq	0	0	4	7	11
	%	0.0%	0.0%	36.4%	63.6%	100.0%
Kayah	Freq	0	1	0	3	4
	%	0.0%	25.0%	0.0%	75.0%	100.0%
Kayin	Freq	1	0	3	7	11
	%	9.1%	0.0%	27.3%	63.6%	100.0%
Chin	Freq	1	6	1	2	10
	%	10.0%	60.0%	10.0%	20.0%	100.0%
Sagaing	Freq	1	0	1	7	9
	%	11.1%	0.0%	11.1%	77.8%	100.0%
Thaninthari	Freq	0	0	0	8	8
	%	0.0%	0.0%	0.0%	100.0%	100.0%
Bago	Freq	0	0	0	19	19
	%	0.0%	0.0%	0.0%	100.0%	100.0%
Magway	Freq	1	0	2	10	13
	%	7.7%	0.0%	15.4%	76.9%	100.0%
Mandalay	Freq	2	0	1	15	18
	%	11.1%	0.0%	5.6%	83.3%	100.0%
Mon	Freq	0	0	0	5	5
	%	0.0%	0.0%	0.0%	100.0%	100.0%
Rakhine	Freq	0	1	0	19	20
	%	0.0%	5.0%	0.0%	95.0%	100.0%
Yangon	Freq	1	0	2	21	24
	%	4.2%	0.0%	8.3%	87.5%	100.0%
Shan (South)	Freq	0	0	0	11	11
	%	0.0%	0.0%	0.0%	100.0%	100.0%
Shan (North)	Freq	1	1	1	8	11
	%	9.1%	9.1%	9.1%	72.7%	100.0%
Shan (East)	Freq	1	0	0	2	3
	%	33.3%	0.0%	0.0%	66.7%	100.0%
Ayeyawady	Freq	0	0	1	27	28
	%	0.0%	0.0%	3.6%	96.4%	100.0%
Nay Pyi Taw	Freq	0	0	0	4	4
	%	0.0%	0.0%	0.0%	100.0%	100.0%
Total	Freq	9	9	16	175	209
	%	4.3%	4.3%	7.7%	83.7%	100.0%

The percentage of HFs with staff who had received training to provide information on birth spacing, including to insert and remove implants, more than one year ago was high in Thaninthari, Shan (S) Nay Pyi Taw, Mon, Bago, Rakhine, Yangon, Mandalay and Ayeyawady compared to other states/regions.

Figure 12. Percentage of HFs where staff received training more than one year ago

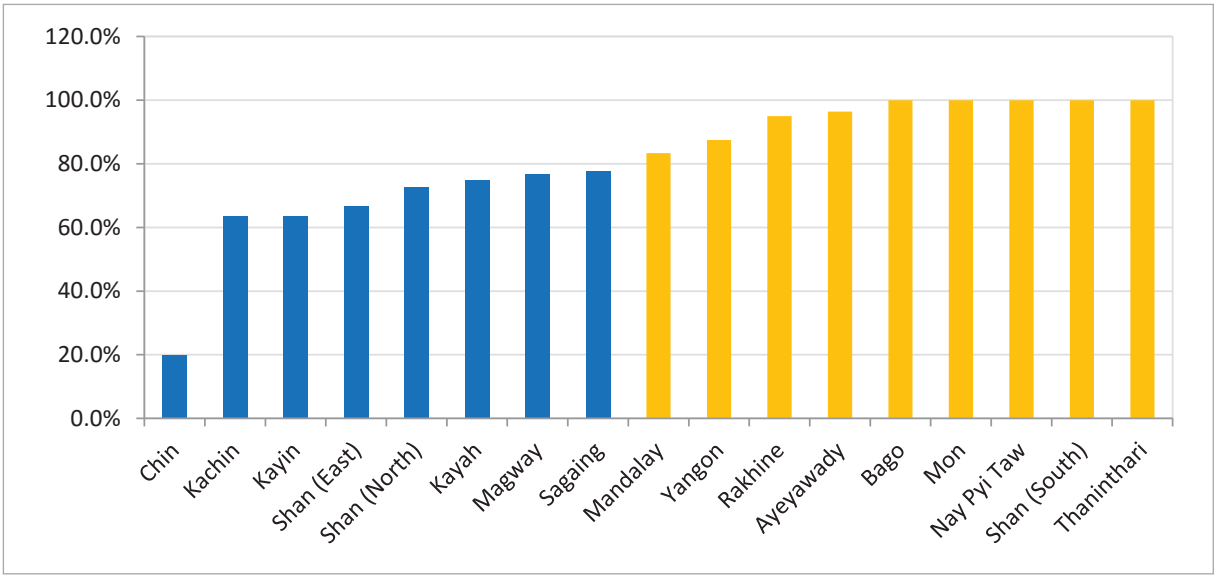


Table 61. Percentage distribution of the last time staff received training to provide FP services including to insert and remove implants by urban/rural area

Urban/Rural		Last time received training				Total
		Last 2 months	2-6 months ago	6-12 months ago	>1 year ago	
Urban	Freq	3	6	11	66	86
	%	3.5%	7.0%	12.8%	76.7%	100.0%
Rural	Freq	6	3	5	109	123
	%	4.9%	2.4%	4.1%	88.6%	100.0%
Total	Freq	9	9	16	175	209
	%	4.3%	4.3%	7.7%	83.7%	100.0%

There was no significant difference in the percentage of staff trained more than one year ago between urban and rural areas (76.7 per cent and 88 per cent).

Table 62. Percentage distribution of the last time staff received training to provide FP services including to insert and remove implants by management of facility

Type of administration		Last time received training				Total
		Last 2 months	2-6 months ago	6-12 months ago	>1 year ago	
Govt.	Freq	8	7	14	169	198
	%	4.0%	3.5%	7.1%	85.4%	100.0%
Private	Freq	1	2	2	6	11
	%	9.1%	18.2%	18.2%	54.5%	100.0%
Total	Freq	9	9	16	175	209
	%	4.3%	4.3%	7.7%	83.7%	100.0%

Table 63. Percentage distribution of the last time the facility was supervised in the past 12 months by type of HF

Level of Health Facility		Last supervision visit					Total
		<1month	1-3 months	3-6 months	6-12 months	Never	
Tertiary	Freq	3	4	0	2	14	23
	%	13.0%	17.4%	0.0%	8.7%	60.9%	100.0%
Secondary	Freq	15	47	13	30	55	160
	%	9.4%	29.4%	8.1%	18.8%	34.4%	100.0%
Primary	Freq	28	49	17	37	41	172
	%	16.3%	28.5%	9.9%	21.5%	23.8%	100.0%
Private	Freq	2	2	3	2	14	23
	%	8.7%	8.7%	13.0%	8.7%	60.9%	100.0%
Total	Freq	48	102	33	71	124	378
	%	12.7%	27.0%	8.7%	18.8%	32.8%	100.0%

The percentage of HFs which had not received supervision for RH issues was 32.8 per cent, and was highest at the tertiary level (60.9 per cent).The percentage had slightly decreased from last year (44 per cent).

Table 64. Percentage distribution of the last time the facility was supervised in the past 12 months by state/region

State/Region		Last supervision visit					Total
		<1month	1-3 months	3-6 months	6-12 months	Never	
Kachin	Freq	0	5	3	8	2	18
	%	0.0%	27.8%	16.7%	44.4%	11.1%	100.0%
Kayah	Freq	1	0	0	2	5	8
	%	12.5%	0.0%	0.0%	25.0%	62.5%	100.0%
Kayin	Freq	4	3	3	3	1	14
	%	28.6%	21.4%	21.4%	21.4%	7.1%	100.0%
Chin	Freq	3	8	0	1	0	12
	%	25.0%	66.7%	0.0%	8.3%	0.0%	100.0%
Sagaing	Freq	2	7	5	6	22	42
	%	4.8%	16.7%	11.9%	14.3%	52.4%	100.0%
Thaninthari	Freq	1	0	0	1	10	12
	%	8.3%	0.0%	0.0%	8.3%	83.3%	100.0%
Bago	Freq	2	7	4	11	12	36
	%	5.6%	19.4%	11.1%	30.6%	33.3%	100.0%
Magway	Freq	1	10	2	11	10	34
	%	2.9%	29.4%	5.9%	32.4%	29.4%	100.0%
Mandalay	Freq	5	10	2	4	11	32
	%	15.6%	31.3%	6.3%	12.5%	34.4%	100.0%
Mon	Freq	0	0	0	3	13	16
	%	0.0%	0.0%	0.0%	18.8%	81.3%	100.0%
Rakhine	Freq	5	11	5	1	0	22
	%	22.7%	50.0%	22.7%	4.5%	0.0%	100.0%

Table 64. (continued) Percentage distribution of the last time the facility was supervised in the past 12 months by state/region

State/Region		Last supervision visit					Total
		<1month	1-3 months	3-6 months	6-12 months	Never	
Yangon	Freq	3	4	0	1	21	29
	%	10.3%	13.8%	0.0%	3.4%	72.4%	100.0%
Shan (South)	Freq	1	5	0	7	8	21
	%	4.8%	23.8%	0.0%	33.3%	38.1%	100.0%
Shan (North)	Freq	1	10	3	3	4	21
	%	4.8%	47.6%	14.3%	14.3%	19.0%	100.0%
Shan (East)	Freq	1	5	3	1	0	10
	%	10.0%	50.0%	30.0%	10.0%	0.0%	100.0%
Ayeyawady	Freq	12	17	3	8	5	45
	%	26.7%	37.8%	6.7%	17.8%	11.1%	100.0%
Nay Pyi Taw	Freq	6	0	0	0	0	6
	%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Total	Freq	48	102	33	71	124	378
	%	12.7%	27.0%	8.7%	18.8%	32.8%	100.0%

It was apparent that Thaninthari and Mon had the highest proportion of HFs (>80 per cent) which had not received RH supervision. In Shan (E), Rakhine, Nay Pyi Taw and Chin there were no HFs that had not been supervised for RH matters.

Figure 13. Percentage of HFs which had never received supervision for RH matters

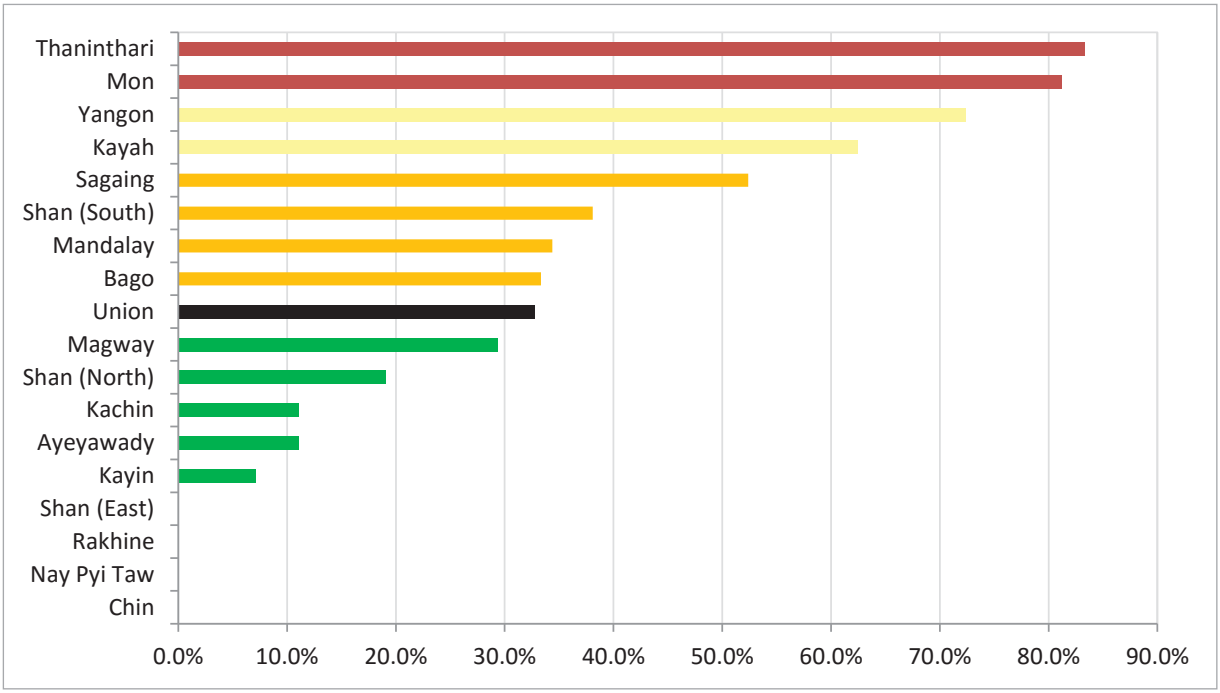


Table 65. Percentage distribution of the last time the facility was supervised in the past 12 months by urban/rural area

Urban/Rural		Last supervision visit					Total
		<1 month	1-3 months	3-6 months	6-12 months	Never	
Urban	Freq	20	34	12	30	59	155
	%	12.9%	21.9%	7.7%	19.4%	38.1%	100.0%
Rural	Freq	28	68	21	41	65	223
	%	12.6%	30.5%	9.4%	18.4%	29.1%	100.0%
Total	Freq	48	102	33	71	124	378
	%	12.7%	27.0%	8.7%	18.8%	32.8%	100.0%

The percentage of HFs which had not received RH supervision was not notably different between urban and rural areas.

Table 66. Percentage distribution of the last time the facility was supervised in the past 12 months by management of facility

Type of administration		Last supervision visit					Total
		<1 month	1-3 months	3-6 months	6-12 months	Never	
Govt.	Freq	46	100	30	69	110	355
	%	12.9%	28.2%	8.4%	19.4%	31.0%	100.0%
Private	Freq	2	2	4	2	13	23
	%	8.7%	8.7%	17.4%	8.7%	56.5%	100.0%
Total	Freq	48	102	33	71	124	378
	%	12.7%	27.0%	8.7%	18.8%	32.8%	100.0%

Private sector HFs had more frequent supervision compared to HFs in the government sector.

Table 67. Percentage distribution of the frequency of supervisory visits by type of HF

Level of Health Facility		Interval between supervision visits							Total
		Weekly	Monthly	Every 3 months	Every 6 months	Once a year	Not regularly	Never	
Tertiary	Freq	0	3	1	2	0	3	14	23
	%	0.0%	13.0%	4.3%	8.7%	0.0%	13.0%	60.9%	100.0%
Secondary	Freq	1	14	33	17	13	27	55	160
	%	.6%	8.8%	20.6%	10.6%	8.1%	16.9%	34.4%	100.0%
Primary	Freq	3	19	41	27	15	26	41	172
	%	1.7%	11.0%	23.8%	15.7%	8.7%	15.1%	23.8%	100.0%
Private	Freq	1	0	0	1	2	5	14	23
	%	4.3%	0.0%	0.0%	4.3%	8.7%	21.7%	60.9%	100.0%
Total	Freq	5	36	75	47	30	61	124	378
	%	1.3%	9.5%	19.8%	12.4%	7.9%	16.1%	32.8%	100.0%

Most supervision visits were at irregular intervals (16.1 per cent) and there was no obvious difference between levels of HFs. The second most frequent interval was “every 3 months” (19.8 per cent). The frequency of supervisory visits was comparatively shorter in tertiary and primary level HFs.

Table 68. Percentage distribution of the frequency of supervisory visits by state/region

State/Region		Interval between supervision visits							Total
		Weekly	Monthly	Every 3 months	Every 6 months	Once a year	Not regularly	Never	
Kachin	Freq	0	1	5	2	2	6	2	18
	%	0.0%	5.6%	27.8%	11.1%	11.1%	33.3%	11.1%	100.0%
Kayah	Freq	0	0	0	0	0	3	5	8
	%	0.0%	0.0%	0.0%	0.0%	0.0%	37.5%	62.5%	100.0%
Kayin	Freq	1	3	3	4	1	1	1	14
	%	7.1%	21.4%	21.4%	28.6%	7.1%	7.1%	7.1%	100.0%
Chin	Freq	0	2	0	2	1	7	0	12
	%	0.0%	16.7%	0.0%	16.7%	8.3%	58.3%	0.0%	100.0%
Sagaing	Freq	0	4	4	2	1	9	22	42
	%	0.0%	9.5%	9.5%	4.8%	2.4%	21.4%	52.4%	100.0%
Thaninthari	Freq	0	1	0	1	0	0	10	12
	%	0.0%	8.3%	0.0%	8.3%	0.0%	0.0%	83.3%	100.0%
Bago	Freq	0	1	4	6	6	7	12	36
	%	0.0%	2.8%	11.1%	16.7%	16.7%	19.4%	33.3%	100.0%
Magway	Freq	0	0	4	1	2	17	10	34
	%	0.0%	0.0%	11.8%	2.9%	5.9%	50.0%	29.4%	100.0%
Mandalay	Freq	0	4	10	3	1	3	11	32
	%	0.0%	12.5%	31.3%	9.4%	3.1%	9.4%	34.4%	100.0%
Mon	Freq	0	0	0	0	3	0	13	16
	%	0.0%	0.0%	0.0%	0.0%	18.8%	0.0%	81.3%	100.0%
Rakhine	Freq	1	8	9	1	1	2	0	22
	%	4.5%	36.4%	40.9%	4.5%	4.5%	9.1%	0.0%	100.0%
Yangon	Freq	0	3	1	0	2	2	21	29
	%	0.0%	10.3%	3.4%	0.0%	6.9%	6.9%	72.4%	100.0%
Shan (South)	Freq	0	0	4	6	3	0	8	21
	%	0.0%	0.0%	19.0%	28.6%	14.3%	0.0%	38.1%	100.0%
Shan (North)	Freq	0	3	6	5	2	1	4	21
	%	0.0%	14.3%	28.6%	23.8%	9.5%	4.8%	19.0%	100.0%
Shan (East)	Freq	0	1	6	1	1	1	0	10
	%	0.0%	10.0%	60.0%	10.0%	10.0%	10.0%	0.0%	100.0%
Ayeyawady	Freq	1	2	19	13	4	1	5	45
	%	2.2%	4.4%	42.2%	28.9%	8.9%	2.2%	11.1%	100.0%
Nay Pyi Taw	Freq	2	3	0	0	0	1	0	6
	%	33.3%	50.0%	0.0%	0.0%	0.0%	16.7%	0.0%	100.0%
Total	Freq	5	36	75	47	30	61	124	378
	%	1.3%	9.5%	19.8%	12.4%	7.9%	16.1%	32.8%	100.0%

Table 69. Percentage distribution of the frequency of supervisory visits by urban/rural area

Urban/Rural		Interval between supervision visits							Total
		Weekly	Monthly	Every 3 months	Every 6 months	Once a year	Not regularly	Never	
Urban	Freq	2	14	22	17	14	27	59	155
	%	1.3%	9.0%	14.2%	11.0%	9.0%	17.4%	38.1%	100.0%
Rural	Freq	3	22	53	30	16	34	65	223
	%	1.3%	9.9%	23.8%	13.5%	7.2%	15.2%	29.1%	100.0%
Total	Freq	5	36	75	47	30	61	124	378
	%	1.3%	9.5%	19.8%	12.4%	7.9%	16.1%	32.8%	100.0%

The percentage of HFs which had been more frequently visited was higher in rural HFs. One annual visit was higher in urban HFs.

Table 70. Percentage distribution of the frequency of supervisory visits by management of facility

Type of administration		Interval between supervision visits							Total
		Weekly	Monthly	Every 3 months	Every 6 months	Once a year	Not regularly	Never	
Govt.	Freq	4	36	75	46	28	55	111	355
	%	1.1%	10.1%	21.1%	12.9%	7.9%	15.5%	31.3%	100.0%
Private	Freq	1	0	0	1	2	6	13	23
	%	4.3%	0.0%	0.0%	4.3%	8.7%	26.0%	56.5%	100.0%
Total	Freq	5	36	75	47	30	61	124	378
	%	1.3%	9.5%	19.8%	12.4%	7.9%	16.1%	32.8%	100.0%

Supervision for RH matters was more apparent and frequent in government sector HFs than private sector HFs.

Table 71. Percentage of HFs by issues included in supervisory visits by type of HF

Level of Health Facility		Issues included in supervisory visits*						Total
		Supervised for treatment	Supervised for logistics	Supervised for staffing and training	Supervised for reporting	Supervised for abiding to guidelines and instructions	Supervised for other	
Tertiary	Freq	8	8	5	9	5	0	9
	%	88.9%	88.9%	55.6%	100.0%	55.6%	0.0%	
Secondary	Freq	80	83	75	63	43	9	105
	%	76.2%	79.0%	71.4%	60.0%	41.0%	8.6%	
Primary	Freq	74	105	83	88	72	24	131
	%	56.5%	80.2%	63.4%	67.2%	55.0%	18.3%	
Private	Freq	6	5	3	3	4	2	9
	%	66.7%	55.6%	33.3%	33.3%	44.4%	22.2%	
Total	Freq	168	201	166	163	124	35	254

**Multiple response*

Issues covered in the supervisory visits were described. The most frequent issue covered was ‘logistics”. The next most frequent issue were “staff training”, ‘clinical management” and “reporting”. The occurrence of issues covered during supervisory visits were not different between levels of HFs. Supervision for abiding to guidelines and instructions was very apparent in this year’s assessment.

Table 72. Percentage of HFs with issues included in supervisory visits by state/region

State/Region		Issues included in supervisory visits						Total
		Supervised for treatment	Supervised for logistics	Supervised for staffing and training	Supervised for reporting	Supervised for abiding to guidelines and instruction	Supervised for other	
Kachin	Freq	16	16	16	16	14	0	16
	%	100.0%	100.0%	100.0%	100.0%	87.5%	0.0%	
Kayah	Freq	0	1	1	0	2	0	3
	%	0.0%	33.3%	33.3%	0.0%	66.7%	0.0%	
Kayin	Freq	7	13	12	9	7	0	13
	%	53.8%	100.0%	92.3%	69.2%	53.8%	0.0%	
Chin	Freq	7	10	6	10	6	0	12
	%	58.3%	83.3%	50.0%	83.3%	50.0%	0.0%	
Sagaing	Freq	16	15	13	12	3	4	20
	%	80.0%	75.0%	65.0%	60.0%	15.0%	20.0%	
Thaninthari	Freq	0	1	0	2	0	1	2
	%	0.0%	50.0%	0.0%	100.0%	0.0%	50.0%	
Bago	Freq	7	17	3	4	8	15	24
	%	29.2%	70.8%	12.5%	16.7%	33.3%	62.5%	
Magway	Freq	14	10	9	11	9	11	24
	%	58.3%	41.7%	37.5%	45.8%	37.5%	45.8%	
Mandalay	Freq	9	12	15	13	11	1	21
	%	42.9%	57.1%	71.4%	61.9%	52.4%	4.8%	
Mon	Freq	0	2	2	0	1	0	3
	%	0.0%	66.7%	66.7%	0.0%	33.3%	0.0%	
Rakhine	Freq	22	22	22	22	22	0	22
	%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	
Yangon	Freq	5	7	5	6	4	1	8
	%	62.5%	87.5%	62.5%	75.0%	50.0%	12.5%	
Shan (South)	Freq	10	12	10	6	4	0	13
	%	76.9%	92.3%	76.9%	46.2%	30.8%	0.0%	
Shan (North)	Freq	13	14	10	12	5	0	17
	%	76.5%	82.4%	58.8%	70.6%	29.4%	0.0%	
Shan (East)	Freq	9	9	7	3	2	0	10
	%	90.0%	90.0%	70.0%	30.0%	20.0%	0.0%	
Ayeyawady	Freq	27	35	29	31	21	1	40
	%	67.5%	87.5%	72.5%	77.5%	52.5%	2.5%	
Nay Pyi Taw	Freq	6	5	6	6	5	1	6
	%	100.0%	83.3%	100.0%	100.0%	83.3%	16.7%	
Total	Freq	168	201	166	163	124	35	254

Overall, logistic issues were primarily covered in supervisory visits in all states/regions, although this was less pronounced in Kayah and Magway than in other states/regions. Inclusion of logistics in supervisory visits peaked in Kachin, Kayin, Rakhine and Nay Pyi Taw.

Figure 14. Percentage of HFs supervised for different issues

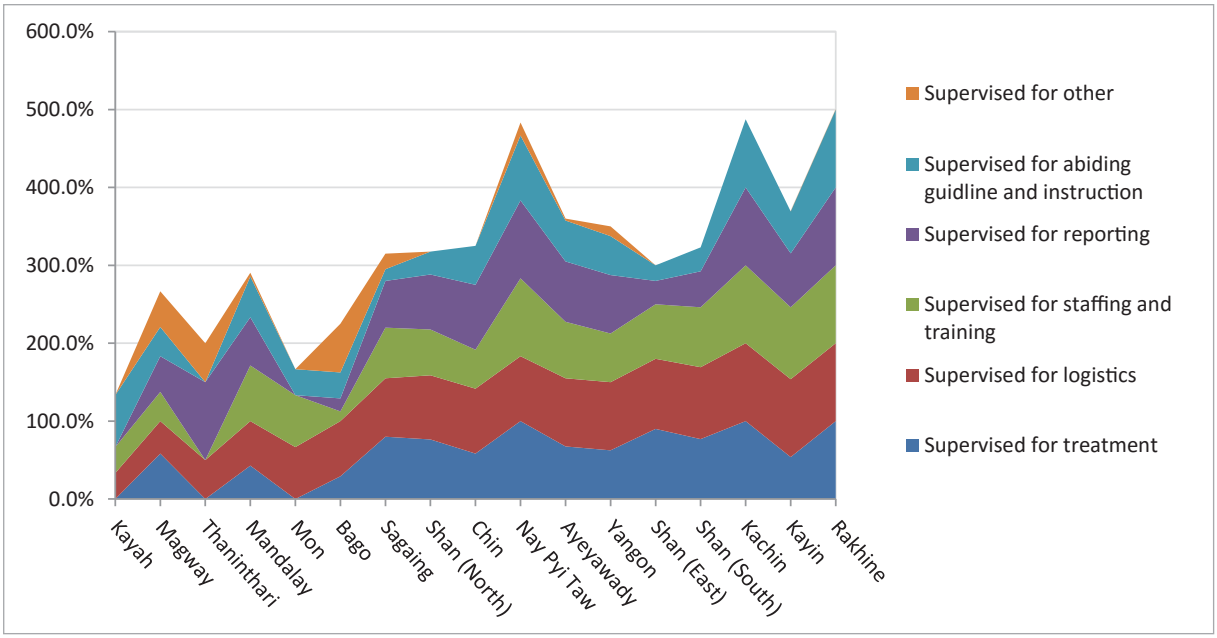


Table 73. Percentage of HFs by issues included in supervisory visits by urban/rural areas

Urban/Rural		Issues included in supervisory visits						Total
		Supervised for treatment	Supervised for logistics	Supervised for staffing and training	Supervised for reporting	Supervised for abiding to guidelines and instructions	Supervised for other	
Urban	Freq	68	76	59	62	46	12	96
	%	70.8%	79.2%	61.5%	64.6%	47.9%	12.5%	
Rural	Freq	100	125	107	101	78	23	158
	%	63.3%	79.1%	67.7%	63.9%	49.4%	14.6%	
Total	Freq	168	201	166	163	124	35	254

There were no differences in the issues covered in supervisory visits between urban and rural areas.

Table 74. Percentage of issues included in supervisory visits by management of facility

Type of administration		Issues included in supervisory visits						Total
		Supervised for treatment	Supervised for logistics	Supervised for staffing and training	Supervised for reporting	Supervised for abiding to guidelines and instructions	Supervised for other	
Govt.	Freq	162	196	163	160	120	33	245
	%	66.1%	80.0%	66.5%	65.3%	49.0%	13.5%	
Private	Freq	6	5	3	3	4	2	9
	%	66.7%	55.5%	33.3%	33.3%	44.4%	22.2%	
Total	Freq	168	201	166	163	124	35	254

Supervision for reporting, staff training and logistics at private sector HFs was lower than government sector HFs.

Section G. Availability of guidelines, checklists and job aids

Table 75. Percentage of HFs with guidelines, checklists and job aids

Use of guidelines, checklists and job aids*	N	Responses
		Per cent of cases(N=378)
Have guidebook for national birth spacing	58	15.3%
Have checklist for birth spacing	90	23.8%
Have ANC guidelines (National/WHO)	94	24.9%
Have checklist/job aid for AN care	122	32.3%
Have guidebook for waste disposal	32	8.5%

** Multiple response table*

The availability of any guidelines was not more than 44.2 per cent. Based on all 378 HFs assessed, the most frequently available guidelines were the "Job Aid for Antenatal Care" (32.3 per cent) and the "Guidebook for Antenatal Care" (24.9 per cent). Regarding the guidelines for birth spacing, 23.8 per cent of HFs had the "Checklist for Birth Spacing". The "National Guidebook for Birth Spacing" was only available at 15.3 per cent of HFs. The "Guide for Waste Disposal" was least available at only 8.5 per cent of HFs.

The distribution of different guidelines/checklists by level of HF, states/regions and urban/rural area is described in the following tables.

Table 76a. Have guidebook for national birth spacing

			Have guidebook for national birth spacing			Total
			Have (shown)	Have (not shown)	Do not have	
Level of Health Facility	Tertiary	Freq	3	2	18	23
		%	13.0%	8.7%	78.3%	100.0%
	Secondary	Freq	16	12	132	160
		%	10.0%	7.5%	82.5%	100.0%
	Primary	Freq	39	27	106	172
		%	22.7%	15.7%	61.6%	100.0%
	Private	Freq	0	0	23	23
		%	0.0%	0.0%	100.0%	100.0%
State/Region	Kachin	Freq	1	0	17	18
		%	5.6%	0.0%	94.4%	100.0%
	Kayah	Freq	0	2	6	8
		%	0.0%	25.0%	75.0%	100.0%
	Kayin	Freq	3	0	11	14
		%	21.4%	0.0%	78.6%	100.0%
	Chin	Freq	0	2	10	12
		%	0.0%	16.7%	83.3%	100.0%
	Sagaing	Freq	3	2	37	42
		%	7.1%	4.8%	88.1%	100.0%
	Thaninthari	Freq	1	1	10	12
		%	8.3%	8.3%	83.3%	100.0%

Table 76a. (continued) Have guidebook for national birth spacing

			Have guidebook for national birth spacing			Total
			Have (shown)	Have (not shown)	Do not have	
State/Region	Bago	Freq	1	3	32	36
		%	2.8%	8.3%	88.9%	100.0%
	Magway	Freq	5	2	27	34
		%	14.7%	5.9%	79.4%	100.0%
	Mandalay	Freq	2	4	26	32
		%	6.3%	12.5%	81.3%	100.0%
	Mon	Freq	1	2	13	16
		%	6.3%	12.5%	81.3%	100.0%
	Rakhine	Freq	8	0	14	22
		%	36.4%	0.0%	63.6%	100.0%
	Yangon	Freq	10	8	11	29
		%	34.5%	27.6%	37.9%	100.0%
	Shan (South)	Freq	10	0	11	21
		%	47.6%	0.0%	52.4%	100.0%
	Shan (North)	Freq	2	2	17	21
		%	9.5%	9.5%	81.0%	100.0%
	Shan (East)	Freq	1	1	8	10
		%	10.0%	10.0%	80.0%	100.0%
	Ayeyawady	Freq	10	10	25	45
		%	22.2%	22.2%	55.6%	100.0%
	Nay Pyi Taw	Freq	0	2	4	6
		%	0.0%	33.3%	66.7%	100.0%
Urban/Rural	Urban	Freq	24	15	116	155
		%	15.5%	9.7%	74.8%	100.0%
	Rural	Freq	34	26	163	223
		%	15.2%	11.7%	73.1%	100.0%
Type of administration	Govt.	Freq	58	41	256	355
		%	16.3%	11.5%	72.2%	100.0%
	Private	Freq	0	0	23	23
		%	0.0%	0.0%	100.0%	100.0%
Total		Freq	58	41	279	378
		%	15.3%	10.8%	73.8%	100.0%

Table 76b. Have checklist for birth spacing

			Have checklist for birth spacing			Total
			Have (form)	Have (no form)	Do not have	
Level of Health Facility	Tertiary	Freq	5	6	12	23
		%	21.7%	26.1%	52.2%	100.0%
	Secondary	Freq	25	14	121	160
		%	15.6%	8.8%	75.6%	100.0%
	Primary	Freq	59	34	79	172
		%	34.3%	19.8%	45.9%	100.0%
	Private	Freq	1	0	22	23
		%	4.3%	0.0%	95.7%	100.0%
State/Region	Kachin	Freq	3	2	13	18
		%	16.7%	11.1%	72.2%	100.0%
	Kayah	Freq	0	1	7	8
		%	0.0%	12.5%	87.5%	100.0%
	Kayin	Freq	5	0	9	14
		%	35.7%	0.0%	64.3%	100.0%
	Chin	Freq	1	1	10	12
		%	8.3%	8.3%	83.3%	100.0%
	Sagaing	Freq	3	4	35	42
		%	7.1%	9.5%	83.3%	100.0%
	Thaninthari	Freq	2	0	10	12
		%	16.7%	0.0%	83.3%	100.0%
	Bago	Freq	4	7	25	36
		%	11.1%	19.4%	69.4%	100.0%
	Magway	Freq	6	5	23	34
		%	17.6%	14.7%	67.6%	100.0%
	Mandalay	Freq	9	12	11	32
		%	28.1%	37.5%	34.4%	100.0%
	Mon	Freq	3	4	9	16
		%	18.8%	25.0%	56.3%	100.0%
	Rakhine	Freq	5	0	17	22
		%	22.7%	0.0%	77.3%	100.0%
	Yangon	Freq	19	7	3	29
		%	65.5%	24.1%	10.3%	100.0%
	Shan (South)	Freq	11	0	10	21
		%	52.4%	0.0%	47.6%	100.0%
	Shan (North)	Freq	5	1	15	21
		%	23.8%	4.8%	71.4%	100.0%
	Shan (East)	Freq	1	1	8	10
		%	10.0%	10.0%	80.0%	100.0%
	Ayeyawady	Freq	11	8	26	45
		%	24.4%	17.8%	57.8%	100.0%
	Nay Pyi Taw	Freq	2	1	3	6
		%	33.3%	16.7%	50.0%	100.0%

Table 76b. (continued) Have checklist for birth spacing

			Have checklist for birth spacing			Total
			Have (form)	Have (no form)	Do not have	
Urban/Rural	Urban	Freq	35	23	97	155
		%	22.6%	14.8%	62.6%	100.0%
	Rural	Freq	55	31	137	223
		%	24.7%	13.9%	61.4%	100.0%
Type of administration	Govt.	Freq	89	54	212	355
		%	25.0%	15.2%	59.8%	100.0%
	Private	Freq	1	0	22	23
		%	4.3%	0.0%	95.7%	100.0%
Total		Freq	90	54	234	378
		%	23.8%	14.3%	61.9%	100.0%

Table 76c. Have ANC guidelines (National/WHO)

			Have ANC guidelines (National/WHO)			Total
			Have (form)	Have (no form)	Do not have	
Level of Health Facility	Tertiary	Freq	4	3	16	23
		%	17.4%	13.0%	69.6%	100.0%
	Secondary	Freq	28	16	116	160
		%	17.5%	10.0%	72.5%	100.0%
	Primary	Freq	62	60	50	172
		%	36.0%	34.9%	29.1%	100.0%
	Private	Freq	0	1	22	23
		%	0.0%	4.3%	95.7%	100.0%
State/Region	Kachin	Freq	2	2	14	18
		%	11.1%	11.1%	77.8%	100.0%
	Kayah	Freq	1	3	4	8
		%	12.5%	37.5%	50.0%	100.0%
	Kayin	Freq	7	1	6	14
		%	50.0%	7.1%	42.9%	100.0%
	Chin	Freq	0	5	7	12
		%	0.0%	41.7%	58.3%	100.0%
	Sagaing	Freq	7	9	26	42
		%	16.7%	21.4%	61.9%	100.0%
	Thaninthari	Freq	2	2	8	12
		%	16.7%	16.7%	66.7%	100.0%
	Bago	Freq	2	13	21	36
		%	5.6%	36.1%	58.3%	100.0%
	Magway	Freq	2	6	26	34
		%	5.9%	17.6%	76.5%	100.0%
	Mandalay	Freq	7	8	17	32
		%	21.9%	25.0%	53.1%	100.0%

Table 76c. (continued) Have ANC guidelines (National/WHO)

			Have ANC guidelines (National/WHO)			Total
			Have (form)	Have (no form)	Do not have	
	Mon	Freq	5	3	8	16
		%	31.3%	18.8%	50.0%	100.0%
	Rakhine	Freq	11	0	11	22
		%	50.0%	0.0%	50.0%	100.0%
	Yangon	Freq	14	8	7	29
		%	48.3%	27.6%	24.1%	100.0%
	Shan (South)	Freq	11	1	9	21
		%	52.4%	4.8%	42.9%	100.0%
	Shan (North)	Freq	5	3	13	21
		%	23.8%	14.3%	61.9%	100.0%
	Shan (East)	Freq	2	3	5	10
		%	20.0%	30.0%	50.0%	100.0%
	Ayeyawady	Freq	14	12	19	45
		%	31.1%	26.7%	42.2%	100.0%
	Nay Pyi Taw	Freq	2	1	3	6
		%	33.3%	16.7%	50.0%	100.0%
Urban/Rural	Urban	Freq	38	25	92	155
		%	24.5%	16.1%	59.4%	100.0%
	Rural	Freq	56	55	112	223
		%	25.1%	24.7%	50.2%	100.0%
Type of administration	Govt.	Freq	94	79	182	355
		%	26.5%	22.2%	51.3%	100.0%
	Private	Freq	0	1	22	23
		%	0.0%	4.3%	95.7%	100.0%
Total		Freq	94	80	204	378
		%	24.9%	21.2%	54.0%	100.0%

Table 76d. Have checklist/job aid for AN care

			Have checklist/job aid for AN care			Total
			Have (form)	Have (no form)	Do not have	
Level of Health Facility	Tertiary	Freq	5	3	15	23
		%	21.7%	13.0%	65.2%	100.0%
	Secondary	Freq	37	21	102	160
		%	23.1%	13.1%	63.8%	100.0%
	Primary	Freq	79	48	45	172
		%	45.9%	27.9%	26.2%	100.0%
	Private	Freq	1	3	19	23
		%	4.3%	13.0%	82.6%	100.0%
State/Region	Kachin	Freq	2	3	13	18
		%	11.1%	16.7%	72.2%	100.0%
	Kayah	Freq	2	3	3	8
		%	25.0%	37.5%	37.5%	100.0%

Table 76d. (continued) Have checklist/job aid for AN care

			Have checklist/job aid for AN care			Total
			Have (form)	Have (no form)	Do not have	
State/Region	Kayin	Freq	8	1	5	14
		%	57.1%	7.1%	35.7%	100.0%
	Chin	Freq	0	5	7	12
		%	0.0%	41.7%	58.3%	100.0%
	Sagaing	Freq	7	9	26	42
		%	16.7%	21.4%	61.9%	100.0%
	Thaninthari	Freq	1	2	9	12
		%	8.3%	16.7%	75.0%	100.0%
	Bago	Freq	9	9	18	36
		%	25.0%	25.0%	50.0%	100.0%
	Magway	Freq	9	5	20	34
		%	26.5%	14.7%	58.8%	100.0%
	Mandalay	Freq	12	11	9	32
		%	37.5%	34.4%	28.1%	100.0%
	Mon	Freq	8	1	7	16
		%	50.0%	6.3%	43.8%	100.0%
	Rakhine	Freq	8	0	14	22
		%	36.4%	0.0%	63.6%	100.0%
	Yangon	Freq	18	9	2	29
		%	62.1%	31.0%	6.9%	100.0%
	Shan (South)	Freq	13	1	7	21
		%	61.9%	4.8%	33.3%	100.0%
	Shan (North)	Freq	5	1	15	21
		%	23.8%	4.8%	71.4%	100.0%
	Shan (East)	Freq	3	4	3	10
		%	30.0%	40.0%	30.0%	100.0%
	Ayeyawady	Freq	14	10	21	45
		%	31.1%	22.2%	46.7%	100.0%
	Nay Pyi Taw	Freq	3	1	2	6
		%	50.0%	16.7%	33.3%	100.0%
Urban/Rural	Urban	Freq	47	24	84	155
		%	30.3%	15.5%	54.2%	100.0%
	Rural	Freq	75	51	97	223
		%	33.6%	22.9%	43.5%	100.0%
Type of administration	Govt.	Freq	121	73	161	355
		%	34.1%	20.6%	45.3%	100.0%
	Private	Freq	1	2	20	23
		%	4.3%	8.7%	87.0%	100.0%
Total		Freq	122	75	181	378
		%	32.3%	19.8%	47.9%	100.0%

Table 76e. Have guidebook for waste disposal

			Have guidebook for waste disposal			Total
			Have (form)	Have (no form)	Do not have	
Level of Health Facility	Tertiary	Freq	4	3	16	23
		%	17.4%	13.0%	69.6%	100.0%
	Secondary	Freq	17	5	138	160
		%	10.6%	3.1%	86.3%	100.0%
	Primary	Freq	10	7	155	172
		%	5.8%	4.1%	90.1%	100.0%
	Private	Freq	1	2	20	23
		%	4.3%	8.7%	87.0%	100.0%
State/Region	Kachin	Freq	0	1	17	18
		%	0.0%	5.6%	94.4%	100.0%
	Kayah	Freq	0	0	8	8
		%	0.0%	0.0%	100.0%	100.0%
	Kayin	Freq	11	0	3	14
		%	78.6%	0.0%	21.4%	100.0%
	Chin	Freq	0	0	12	12
		%	0.0%	0.0%	100.0%	100.0%
	Sagaing	Freq	0	4	38	42
		%	0.0%	9.5%	90.5%	100.0%
	Thaninthari	Freq	0	1	11	12
		%	0.0%	8.3%	91.7%	100.0%
	Bago	Freq	0	2	34	36
		%	0.0%	5.6%	94.4%	100.0%
	Magway	Freq	0	0	34	34
		%	0.0%	0.0%	100.0%	100.0%
	Mandalay	Freq	3	1	28	32
		%	9.4%	3.1%	87.5%	100.0%
	Mon	Freq	1	0	15	16
		%	6.3%	0.0%	93.8%	100.0%
	Rakhine	Freq	2	0	20	22
		%	9.1%	0.0%	90.9%	100.0%
	Yangon	Freq	7	2	20	29
		%	24.1%	6.9%	69.0%	100.0%
	Shan (South)	Freq	3	1	17	21
		%	14.3%	4.8%	81.0%	100.0%
	Shan (North)	Freq	1	0	20	21
		%	4.8%	0.0%	95.2%	100.0%
	Shan (East)	Freq	1	0	9	10
		%	10.0%	0.0%	90.0%	100.0%
	Ayeyawady	Freq	3	5	37	45
		%	6.7%	11.1%	82.2%	100.0%
	Nay Pyi Taw	Freq	0	0	6	6
		%	0.0%	0.0%	100.0%	100.0%

Table 76e. (continued) Have guidebook for waste disposal

			Have guidebook for waste disposal			Total
			Have (form)	Have (no form)	Do not have	
Urban/Rural	Urban	Freq	18	9	128	155
		%	11.6%	5.8%	82.6%	100.0%
	Rural	Freq	14	8	201	223
		%	6.3%	3.6%	90.1%	100.0%
Type of administration	Govt.	Freq	32	15	308	355
		%	9.1%	4.2%	86.7%	100.0%
	Private	Freq	0	2	21	23
		%	0.0%	8.7%	91.3%	100.0%
Total		Freq	32	17	329	378
		%	8.5%	4.5%	87.0%	100.0%

Section H. Use of Information and Communication Technology (ICT)

Table 77. Percentage of HFs by type of information and communication technology available

Types of Information and Communication Technology available*	Responses	
	N	Percent (N=378)
Use of computer	117	31.0%
Use of mobile phone	201	53.2%
Use of smartphone	319	84.4%
Use of tablet	28	7.4%
Use of internet facilities (LAN)	55	14.6%
Use of internet facilities (Wi-Fi)	29	7.7%
Use of other ICT(Wi-Fi)	29	7.7%

** Multiple response table*

67.2 per cent of HFs had one of the ICT devices listed in Table 77. The three most frequently used ICT devices were “smartphones” (84.4 per cent), “mobile phones” (53.2 per cent) and “computers” (31 per cent).

Table 78. Type of information and communication technology available

			Type of information and communication technology available*							Total
			Use of computer	Use of mobile phone	Use of smartphone	Use of tablet	Use of internet facilities (LAN)	Use of internet facilities (Wi-Fi)	Use of other ICT (Wi-Fi)	
Level of Health Facility	Tertiary	Freq	17	19	20	9	6	6	6	23
		%	73.9%	82.6%	87.0%	39.1%	26.1%	26.1%	26.1%	
	Secondary	Freq	56	88	131	7	22	10	18	157
		%	35.7%	56.1%	83.4%	4.5%	14.0%	6.4%	11.5%	
	Primary	Freq	24	76	146	4	17	6	2	167
		%	14.4%	45.5%	87.4%	2.4%	10.2%	3.6%	1.2%	
	Private	Freq	20	18	22	8	10	7	3	22
		%	90.9%	81.8%	100.0%	36.4%	45.5%	31.8%	13.6%	

Table 78. (continued) Type of information and communication technology available

			Type of information and communication technology available*							Total
			Use of computer	Use of mobile phone	Use of smartphone	Use of tablet	Use of internet facilities (LAN)	Use of internet facilities (Wi-Fi)	Use of other ICT (Wi-Fi)	
State/Region	Kachin	Freq	8	18	13	1	1	1	0	18
		%	44.4%	100.0%	72.2%	5.6%	5.6%	5.6%	0.0%	
	Kayah	Freq	5	7	7	2	6	1	0	8
		%	62.5%	87.5%	87.5%	25.0%	75.0%	12.5%	0.0%	
	Kayin	Freq	7	13	11	2	5	1	0	13
		%	53.8%	100.0%	84.6%	15.4%	38.5%	7.7%	0.0%	
	Chin	Freq	8	11	8	2	4	1	0	11
		%	72.7%	100.0%	72.7%	18.2%	36.4%	9.1%	0.0%	
	Sagaing	Freq	16	28	39	6	14	4	3	42
		%	38.1%	66.7%	92.9%	14.3%	33.3%	9.5%	7.1%	
	Thaninthari	Freq	4	4	10	2	1	2	1	11
		%	36.4%	36.4%	90.9%	18.2%	9.1%	18.2%	9.1%	
	Bago	Freq	9	7	36	0	2	1	12	36
		%	25.0%	19.4%	100.0%	0.0%	5.6%	2.8%	33.3%	
	Magway	Freq	9	20	32	4	2	2	0	32
		%	28.1%	62.5%	100.0%	12.5%	6.3%	6.3%	0.0%	
	Mandalay	Freq	11	6	31	1	1	6	1	32
		%	34.4%	18.8%	96.9%	3.1%	3.1%	18.8%	3.1%	
	Mon	Freq	6	7	14	0	2	2	0	15
		%	40.0%	46.7%	93.3%	0.0%	13.3%	13.3%	0.0%	
	Rakhine	Freq	4	21	18	0	2	1	0	22
		%	18.2%	95.5%	81.8%	0.0%	9.1%	4.5%	0.0%	
	Yangon	Freq	15	23	28	6	7	4	8	29
		%	51.7%	79.3%	96.6%	20.7%	24.1%	13.8%	27.6%	
	Shan (South)	Freq	8	20	5	1	7	3	0	20
		%	40.0%	100.0%	25.0%	5.0%	35.0%	15.0%	0.0%	
	Shan (North)	Freq	0	4	19	0	0	0	2	21
		%	0.0%	19.0%	90.5%	0.0%	0.0%	0.0%	9.5%	
	Shan (East)	Freq	1	2	6	0	0	0	2	9
		%	11.1%	22.2%	66.7%	0.0%	0.0%	0.0%	22.2%	
	Ayeyawady	Freq	4	9	37	1	1	0	0	44
		%	9.1%	20.5%	84.1%	2.3%	2.3%	0.0%	0.0%	
	Nay Pyi Taw	Freq	2	1	5	0	0	0	0	6
		%	33.3%	16.7%	83.3%	0.0%	0.0%	0.0%	0.0%	
Urban/Rural	Urban	Freq	82	108	132	22	36	22	20	153
		%	53.6%	70.6%	86.3%	14.4%	23.5%	14.4%	13.1%	
	Rural	Freq	35	93	187	6	19	7	9	216
		%	16.2%	43.1%	86.6%	2.8%	8.8%	3.2%	4.2%	
Type of administration	Govt.	Freq	98	184	298	20	46	22	27	348
		%	28.2%	52.9%	85.6%	5.7%	13.2%	6.3%	7.8%	
	Private	Freq	19	17	23	34.8	9	7	2	23
		%	82.6%	73.9%	100.0%	31.6%	39.1%	30.4%	8.7%	
Total	Freq	117	201	319	28	55	29	29	369	

For all types of ICT equipment, availability was lowest at primary level HFs. An urban/rural difference was also apparent for all types of equipment. It was noted that in private sector HFs all ICT equipment was frequently available.

Table 79. Percentage of HFs by how ICT equipment was acquired

			Supplier of ICT*					Total*
			Own	Govt.	Owner of HC	Donor	Other	
Level of Health Facility	Tertiary	Freq	55	17	1	3	6	82
		%	67.1%	20.7%	1.2%	3.7%	7.3%	
	Secondary	Freq	256	53	6	10	7	332
		%	77.1%	16.0%	1.8%	3.0%	2.1%	
	Primary	Freq	259	7	0	4	5	275
		%	94.2%	2.5%	0.0%	1.5%	1.8%	
	Private	Freq	72	0	15	0	0	87
		%	82.8%	0.0%	17.2%	0.0%	0.0%	
State/Region	Kachin	Freq	37	3	0	2	0	42
		%	88.1%	7.1%	0.0%	4.8%	0.0%	
	Kayah	Freq	23	4	1	0	0	28
		%	82.1%	14.3%	3.6%	0.0%	0.0%	
	Kayin	Freq	37	1	0	1	0	39
		%	94.9%	2.6%	0.0%	2.6%	0.0%	
	Chin	Freq	26	2	0	1	5	34
		%	76.5%	5.9%	0.0%	2.9%	14.7%	
	Sagaing	Freq	106	1	1	1	1	110
		%	96.4%	0.9%	0.9%	0.9%	0.9%	
	Thaninthari	Freq	15	3	1	0	5	24
		%	62.5%	12.5%	4.2%	0.0%	20.8%	
	Bago	Freq	43	11	9	3	1	67
		%	64.2%	16.4%	13.4%	4.5%	1.5%	
	Magway	Freq	52	7	5	1	4	69
		%	75.4%	10.1%	7.2%	1.4%	5.8%	
	Mandalay	Freq	47	7	3	0	0	57
		%	82.5%	12.3%	5.3%	0.0%	0.0%	
	Mon	Freq	22	6	2	1	0	31
		%	71.0%	19.4%	6.5%	3.2%	0.0%	
	Rakhine	Freq	42	2	0	0	0	44
		%	95.5%	4.5%	0.0%	0.0%	0.0%	
	Yangon	Freq	70	16	0	4	1	91
		%	76.9%	17.6%	0.0%	4.4%	1.1%	
	Shan (South)	Freq	31	10	0	3	0	44
		%	70.5%	22.7%	0.0%	6.8%	0.0%	
	Shan (North)	Freq	25	0	0	0	0	25
		%	100.0%	0.0%	0.0%	0.0%	0.0%	
	Shan (East)	Freq	10	1	0	0	0	11
		%	90.9%	9.1%	0.0%	0.0%	0.0%	
	Ayeyawady	Freq	49	2	0	0	1	52
		%	94.2%	3.8%	0.0%	0.0%	1.9%	
	Nay Pyi Taw	Freq	7	1	0	0	0	8
		%	87.5%	12.5%	0.0%	0.0%	0.0%	

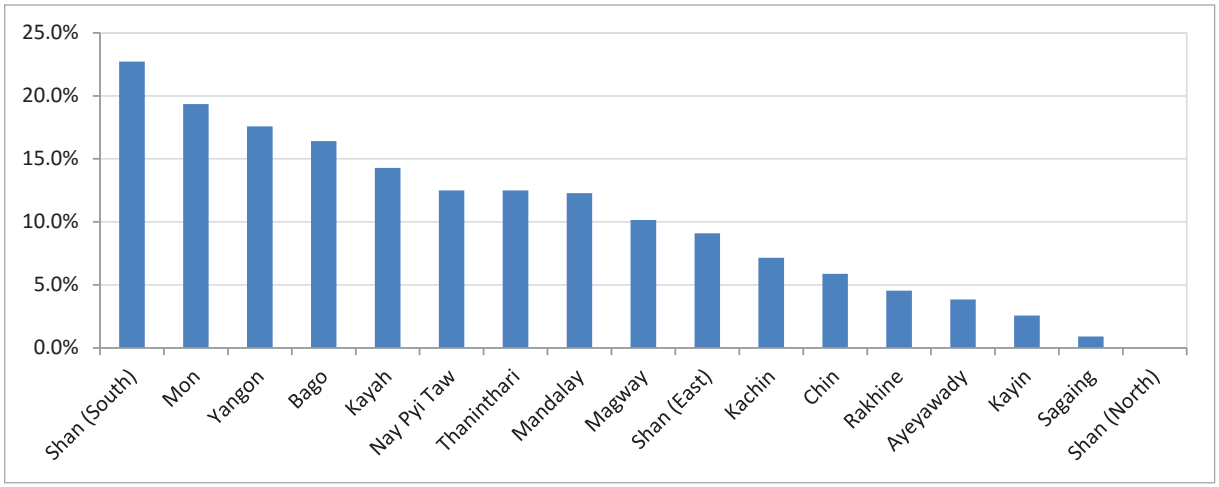
Table 79. (continued) Percentage of HFs by how ICT equipment was acquired

			Supplier of ICT*					Total*
			Own	Govt.	Owner of HC	Donor	Other	
Urban/Rural	Urban	Freq	314	62	21	11	12	420
		%	74.8%	14.8%	5.0%	2.6%	2.9%	
	Rural	Freq	328	15	1	6	6	356
		%	92.1%	4.2%	0.3%	1.7%	1.7%	
Type of administration	Govt.	Freq	570	77	7	17	18	689
		%	82.7%	11.2%	1.0%	2.5%	2.6%	
	Private	Freq	72	0	15	0	0	87
		%	82.8%	0.0%	17.2%	0.0%	0.0%	
Total		Freq	642	77	22	17	18	776
		%	82.7%	9.9%	2.8%	2.2%	2.3%	

**Total = Sum of number of HFs which had all types of ICT.*

The most frequent response for the source of ICT equipment at HFs was "own" (82.7 per cent), followed by "government" (9.9 per cent). The supply of ICT devices from the government was lowest at HFs at the primary level compared to the tertiary and secondary levels (2.5 per cent vs. 20.7 per cent and 16 per cent).

Figure 15. Percentage of HFs which had received a government supply of ICT devices by state/ region



Governments supplies of ICT devices were mostly observed at HFs in Shan (S), Mon, Yangon and Bago compared to other states/regions.

Table 80. Percentage of HFs by main purpose for which ICT is used

			Use of IT*											Total
			Patient register	Hospital record	Patient record	Health insurance	Phone billing	Routine communication	Health education	Medical indent	On-job training	Consultation	Other	
Level of Health Facility	Tertiary	Freq	6	12	5	0	0	21	10	11	4	10	7	23
		%	26.1%	52.2%	21.7%	0.0%	0.0%	91.3%	43.5%	47.8%	17.4%	43.5%	30.4%	
	Secondary	Freq	11	24	4	2	17	143	52	85	22	46	43	154
		%	7.1%	15.6%	2.6%	1.3%	11.0%	92.9%	33.8%	55.2%	14.3%	29.9%	27.9%	
	Primary	Freq	10	15	4	0	18	150	54	78	16	56	45	165
		%	6.1%	9.1%	2.4%	0.0%	10.9%	90.9%	32.7%	47.3%	9.7%	33.9%	27.3%	
	Private	Freq	18	17	10	2	2	21	9	17	4	12	10	22
		%	81.8%	77.3%	45.5%	9.1%	9.1%	95.5%	40.9%	77.3%	18.2%	54.5%	45.5%	
State/Region	Kachin	Freq	6	6	0	0	0	18	8	9	4	2	0	18
		%	33.3%	33.3%	0.0%	0.0%	0.0%	100.0%	44.4%	50.0%	22.2%	11.1%	0.0%	
	Kayah	Freq	1	3	0	0	1	8	0	6	0	5	5	8
		%	12.5%	37.5%	0.0%	0.0%	12.5%	100.0%	0.0%	75.0%	0.0%	62.5%	62.5%	
	Kayin	Freq	1	1	1	0	2	11	5	13	3	7	6	13
		%	7.7%	7.7%	7.7%	0.0%	15.4%	84.6%	38.5%	100.0%	23.1%	53.8%	46.2%	
	Chin	Freq	3	5	0	0	0	10	6	5	3	8	3	11
		%	27.3%	45.5%	0.0%	0.0%	0.0%	90.9%	54.5%	45.5%	27.3%	72.7%	27.3%	
	Sagaing	Freq	1	4	0	0	2	39	17	20	13	8	18	42
		%	2.4%	9.5%	0.0%	0.0%	4.8%	92.9%	40.5%	47.6%	31.0%	19.0%	42.9%	
	Thaninthari	Freq	1	2	0	0	0	11	0	0	0	0	1	11
		%	9.1%	18.2%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	9.1%	
	Bago	Freq	0	4	0	0	0	30	1	10	0	3	28	36
		%	0.0%	11.1%	0.0%	0.0%	0.0%	83.3%	2.8%	27.8%	0.0%	8.3%	77.8%	
	Magway	Freq	3	5	2	0	0	32	2	7	1	12	19	32
		%	9.4%	15.6%	6.3%	0.0%	0.0%	100.0%	6.3%	21.9%	3.1%	37.5%	59.4%	
	Mandalay	Freq	5	6	3	1	0	30	0	10	0	1	0	30
		%	16.7%	20.0%	10.0%	3.3%	0.0%	100.0%	0.0%	33.3%	0.0%	3.3%	0.0%	

Table 80. (continued) Percentage of HFs by main purpose for which ICT is used

			Use of IT*											Total
			Patient register	Hospital record	Patient record	Health insurance	Phone billing	Routine communication	Health education	Medical indent	On-job training	Consultation	Other	
State/Region	Mon	Freq	1	1	0	0	1	15	2	8	0	1	1	15
		%	6.7%	6.7%	0.0%	0.0%	6.7%	100.0%	13.3%	53.3%	0.0%	6.7%	6.7%	
	Rakhine	Freq	3	2	2	0	19	22	19	22	1	3	0	22
		%	13.6%	9.1%	9.1%	0.0%	86.4%	100.0%	86.4%	100.0%	4.5%	13.6%	0.0%	
	Yangon	Freq	7	10	4	1	1	28	10	15	5	11	15	28
		%	25.0%	35.7%	14.3%	3.6%	3.6%	100.0%	35.7%	53.6%	17.9%	39.3%	53.6%	
	Shan (South)	Freq	0	4	0	0	1	20	4	8	0	4	3	20
		%	0.0%	20.0%	0.0%	0.0%	5.0%	100.0%	20.0%	40.0%	0.0%	20.0%	15.0%	
	Shan (North)	Freq	2	1	0	0	4	21	17	15	4	16	3	21
		%	9.5%	4.8%	0.0%	0.0%	19.0%	100.0%	81.0%	71.4%	19.0%	76.2%	14.3%	
	Shan (East)	Freq	1	1	1	0	0	8	7	6	5	6	0	9
		%	11.1%	11.1%	11.1%	0.0%	0.0%	88.9%	77.8%	66.7%	55.6%	66.7%	0.0%	
	Ayeyawady	Freq	10	11	10	2	6	26	23	33	7	34	3	42
		%	23.8%	26.2%	23.8%	4.8%	14.3%	61.9%	54.8%	78.6%	16.7%	81.0%	7.1%	
	Nay Pyi Taw	Freq	0	2	0	0	0	6	4	4	0	3	0	6
		%	0.0%	33.3%	0.0%	0.0%	0.0%	100.0%	66.7%	66.7%	0.0%	50.0%	0.0%	
Urban/Rural	Urban	Freq	35	54	19	2	16	144	54	91	24	56	51	151
		%	23.2%	35.8%	12.6%	1.3%	10.6%	95.4%	35.8%	60.3%	15.9%	37.1%	33.8%	
	Rural	Freq	10	14	4	2	21	191	71	100	22	68	54	213
		%	4.7%	6.6%	1.9%	.9%	9.9%	89.7%	33.3%	46.9%	10.3%	31.9%	25.4%	
Type of administration	Govt.	Freq	28	52	13	2	35	315	116	175	42	113	96	342
		%	8.2%	15.2%	3.8%	.6%	10.2%	91.8%	33.8%	51.0%	12.2%	32.9%	28.0%	
	Private	Freq	17	16	10	2	2	20	9	16	4	11	9	22
		%	77.3%	72.7%	45.4%	9.0%	9.0%	90.9.0%	39.1%	69.7%	18.2%	50.0%	39.1%	
Total		Freq	45	68	23	4	37	335	125	191	46	124	105	364
			12.4%	18.7%	6.3%	1.1%	10.2%	92.0%	34.3%	52.5%	12.6%	34.1%	28.8%	

** Multiple response table*

The most frequent uses of ICT were “routine communications’ (92 per cent), “consultations” (34.1 per cent), “medical indents” (52.5 per cent) and health education (34.3 per cent).

Section I. Waste disposal

Table 81. Percentage distribution of HFs by method of waste disposal

			Method of waste disposal*					Total
			By burning	By burying	By incineration	By municipal system	By waste bins	
Level of Health Facility	Tertiary	Freq	6	7	4	13	5	23
		%	26.1%	30.4%	17.4%	56.5%	21.7%	
	Secondary	Freq	88	118	21	14	4	160
		%	55.0%	73.8%	13.1%	8.8%	2.5%	
	Primary	Freq	89	124	8	14	5	172
		%	51.7%	72.1%	4.7%	8.1%	2.9%	
	Private	Freq	4	5	2	19	5	23
		%	17.4%	21.7%	8.7%	82.6%	21.7%	
State/Region	Kachin	Freq	14	14	1	1	0	18
		%	77.8%	77.8%	5.6%	5.6%	0.0%	
	Kayah	Freq	4	7	0	1	1	8
		%	50.0%	87.5%	0.0%	12.5%	12.5%	
	Kayin	Freq	12	11	1	2	1	14
		%	85.7%	78.6%	7.1%	14.3%	7.1%	
	Chin	Freq	4	4	5	0	0	12
		%	33.3%	33.3%	41.7%	0.0%	0.0%	
	Sagaing	Freq	16	29	6	4	0	42
		%	38.1%	69.0%	14.3%	9.5%	0.0%	
	Thaninthari	Freq	1	11	2	2	0	12
		%	8.3%	91.7%	16.7%	16.7%	0.0%	
	Bago	Freq	25	27	3	7	2	36
		%	69.4%	75.0%	8.3%	19.4%	5.6%	
	Magway	Freq	25	20	1	6	0	34
		%	73.5%	58.8%	2.9%	17.6%	0.0%	
	Mandalay	Freq	2	22	1	7	0	32
		%	6.3%	68.8%	3.1%	21.9%	0.0%	
	Mon	Freq	0	11	0	5	0	16
		%	0.0%	68.8%	0.0%	31.3%	0.0%	
	Rakhine	Freq	7	12	2	1	0	22
		%	31.8%	54.5%	9.1%	4.5%	0.0%	
	Yangon	Freq	8	11	7	12	5	29
		%	27.6%	37.9%	24.1%	41.4%	17.2%	
	Shan (South)	Freq	13	19	0	2	0	21
		%	61.9%	90.5%	0.0%	9.5%	0.0%	
	Shan (North)	Freq	16	14	0	2	0	21
		%	76.2%	66.7%	0.0%	9.5%	0.0%	
	Shan (East)	Freq	7	5	1	1	1	10
		%	70.0%	50.0%	10.0%	10.0%	10.0%	

Table 81. (continued) Percentage distribution of HFs by method of waste disposal

			Method of waste disposal*					Total
			By burning	By burying	By incineration	By municipal system	By waste bins	
State/Region	Ayeyawady	Freq	32	32	4	7	9	45
		%	71.1%	71.1%	8.9%	15.6%	20.0%	
	Nay Pyi Taw	Freq	1	5	1	0	0	6
		%	16.7%	83.3%	16.7%	0.0%	0.0%	
Urban/Rural	Urban	Freq	63	79	23	55	13	155
		%	40.6%	51.0%	14.8%	35.5%	8.4%	
	Rural	Freq	124	175	12	5	6	223
		%	55.6%	78.5%	5.4%	2.2%	2.7%	
Type of administration	Govt.	Freq	183	249	33	41	15	355
		%	51.4%	69.9%	9.3%	11.5%	4.2%	
	Private	Freq	4	5	2	19	4	23
		%	17.4%	21.7%	8.7%	82.6%	17.4%	
Total		Freq	187	254	35	60	19	378
		%	49.5%	67.2%	9.3%	15.9%	5.0%	

** Multiple responses*

Burying and burning were the most widely used methods for waste disposal. However, 56 per cent of tertiary level HFs and 82.6 per cent of private HFs used municipal waste disposal systems. This was more apparent in urban HFs compared to rural HFs (35.5 per cent vs. 2.2 per cent).

Section J. User fees

Table 82. Types of user charges

For which user fee is charged*	Responses		Per cent of cases (N=119) (31.4%)	Per cent of all HFs (N=378)
	N	Percent		
Charging for consultation	28	14.9%	23.5%	7.7%
Charging for medication	98	52.1%	82.4%	25.9%
Charging for specialty services	62	33.0%	52.1%	16.4%

** Multiple response table*

User charges were noted for 31.4 per cent of HFs. Respondents from 23 per cent of HFs stated that there were user fees especially for “medicines” (25.9 per cent) and “specialty services” (16.4 per cent). HFs which charged consultation fees only was 7.7 per cent. Comparatively higher numbers were due to the inclusion of private sector HFs in this year’s analysis. Private sector HFs had no services that were free of charge.

Table 83. Percentage distribution of HFs by issue for which user fee is charged for consultation

			User fee for consultation*								Total
			For birth spacing	For ANC	For delivery services	For perinatal care services	For neonatal care services	For under-five child care service	For HIV (ART) services	For other services	
Level of Health Facility**	Secondary	Freq	0	0	0	0	0	5	5	5	5
		%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%	
	Primary	Freq	1	1	1	1	1	1	1	1	1
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	Private	Freq	19	19	19	19	19	19	19	15	19
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	78.9%	
State/ Region***	Kachin	Freq	1	1	1	1	1	1	1	1	1
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	Kayah	Freq	1	1	1	1	1	1	1	1	1
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	Kayin	Freq	1	1	1	1	1	1	1	1	1
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	Chin	Freq	1	1	1	1	1	1	1	0	1
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	
	Sagaing	Freq	2	2	2	2	2	2	2	1	2
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	
	Thaninthari	Freq	1	1	1	1	1	2	2	2	2
		%	50.0%	50.0%	50.0%	50.0%	50.0%	100.0%	100.0%	100.0%	
	Bago	Freq	1	1	1	1	1	1	1	0	1
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	
	Magway	Freq	2	2	2	2	2	2	2	1	2
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	
	Mandalay	Freq	2	2	2	2	2	2	2	2	2
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	Mon	Freq	1	1	1	1	1	1	1	1	1
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	Rakhine	Freq	1	1	1	1	1	1	1	1	1
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	Yangon	Freq	2	2	2	2	2	3	3	3	3
		%	66.7%	66.7%	66.7%	66.7%	66.7%	100.0%	100.0%	100.0%	
	Shan (South)	Freq	1	1	1	1	1	2	2	2	2
		%	50.0%	50.0%	50.0%	50.0%	50.0%	100.0%	100.0%	100.0%	
	Shan (North)	Freq	1	1	1	1	1	3	3	3	3
		%	33.3%	33.3%	33.3%	33.3%	33.3%	100.0%	100.0%	100.0%	
	Shan (East)	Freq	1	1	1	1	1	1	1	1	1
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	Ayeyawady	Freq	1	1	1	1	1	1	1	1	1
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 83. (continued) Percentage distribution of HFs by issue for which user fee is charged for consultation

			User fee for consultation*								Total
			For birth spacing	For ANC	For delivery services	For perinatal care services	For neonatal care services	For under-five child care service	For HIV (ART) services	For other services	
Urban/Rural	Urban	Freq	19	19	19	19	19	22	22	18	22
		%	86.4%	86.4%	86.4%	86.4%	86.4%	100.0%	100.0%	81.8%	
	Rural	Freq	1	1	1	1	1	3	3	3	3
		%	33.3%	33.3%	33.3%	33.3%	33.3%	100.0%	100.0%	100.0%	
Type of administration	Govt.	Freq	1	1	1	1	1	6	6	6	6
		%	16.7%	16.7%	16.7%	16.7%	16.7%	100.0%	100.0%	100.0%	
	Private	Freq	19	19	19	19	19	19	19	15	19
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	78.9%	
Total	Freq	20	20	20	20	20	25	25	21	25	

** Multiple response table*

*** Data are not available for tertiary level HFs*

**** Data are not available for Nay Pyi Taw*

Table 84. Percentage distribution of HFs by issue for which user fee is charged for medication

			User fee for medication*				Total
			For birth spacing medication	For ANC medication	For childcare medication	For other medication	
Level of Health Facility	Tertiary	Freq	3	2	4	4	6
		%	50.0%	33.3%	66.7%	66.7%	
	Secondary	Freq	5	6	21	36	39
		%	12.8%	15.4%	53.8%	92.3%	
	Primary	Freq	4	5	9	27	28
		%	14.3%	17.9%	32.1%	96.4%	
	Private	Freq	17	17	17	14	17
		%	100.0%	100.0%	100.0%	82.4%	
State/Region	Kachin	Freq	1	1	1	8	8
		%	12.5%	12.5%	12.5%	100.0%	
	Kayah	Freq	1	1	1	1	1
		%	100.0%	100.0%	100.0%	100.0%	
	Kayin	Freq	1	4	5	4	5
		%	20.0%	80.0%	100.0%	80.0%	
	Chin	Freq	3	3	3	0	3
		%	100.0%	100.0%	100.0%	0.0%	
	Sagaing	Freq	2	4	5	10	11
		%	18.2%	36.4%	45.5%	90.9%	
	Thaninthari	Freq	1	1	1	1	1
		%	100.0%	100.0%	100.0%	100.0%	
	Bago	Freq	1	1	3	7	7
		%	14.3%	14.3%	42.9%	100.0%	

Table 84. (continued) Percentage distribution of HFs by issue for which user fee is charged for medication

			User fee for medication*				Total
			For birth spacing medication	For ANC medication	For childcare medication	For other medication	
	Magway	Freq	5	3	11	16	17
		%	29.4%	17.6%	64.7%	94.1%	
	Mandalay	Freq	2	1	9	10	11
		%	18.2%	9.1%	81.8%	90.9%	
	Mon	Freq	1	1	1	1	1
		%	100.0%	100.0%	100.0%	100.0%	
	Rakhine	Freq	3	3	3	2	3
		%	100.0%	100.0%	100.0%	66.7%	
	Yangon	Freq	0	0	0	4	4
		%	0.0%	0.0%	0.0%	100.0%	
	Shan (South)	Freq	1	1	1	1	1
		%	100.0%	100.0%	100.0%	100.0%	
	Shan (North)	Freq	3	1	2	8	8
		%	37.5%	12.5%	25.0%	100.0%	
	Shan (East)	Freq	1	2	2	6	6
		%	16.7%	33.3%	33.3%	100.0%	
	Ayeyawady	Freq	2	2	2	2	2
		%	100.0%	100.0%	100.0%	100.0%	
	Nay Pyi Taw	Freq	1	1	1	0	1
		%	100.0%	100.0%	100.0%	0.0%	
Urban/Rural	Urban	Freq	23	21	26	34	41
		%	56.1%	51.2%	63.4%	82.9%	
	Rural	Freq	6	9	25	47	49
		%	12.2%	18.4%	51.0%	95.9%	
Type of administration	Govt.	Freq	12	13	34	67	73
		%	16.4%	17.8%	46.6%	91.8%	
	Private	Freq	17	17	17	14	17
		%	100.0%	100.0%	100.0%	82.3%	
Total		Freq	29	30	51	81	90

** Multiple response table*

User fees for medication were more frequent at tertiary level HFs and also more apparent in urban HFs.

Table 85. Percentage distribution of HFs by issues for which user fee is charged for services provided by a qualified health care provider

			User fee for specialty services*								Total
			For birth spacing	For ANC	For delivery	For postnatal care	For newborn care	For under-five childcare	For HIV (ART)	For other services	
Level of Health Facility	Tertiary	Freq	0	0	0	0	0	0	0	1	1
		%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	
	Secondary	Freq	4	3	3	2	2	5	4	21	21
		%	19.0%	14.3%	14.3%	9.5%	9.5%	23.8%	19.0%	100.0%	
	Primary	Freq	2	1	3	3	4	5	5	16	16
		%	12.5%	6.3%	18.8%	18.8%	25.0%	31.3%	31.3%	100.0%	
	Private	Freq	19	19	19	19	19	19	19	4	19
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	21.1%	
State/Region**	Kachin	Freq	1	1	1	1	1	1	1	7	8
		%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	87.5%	
	Kayah	Freq	1	1	1	1	1	1	1	1	1
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	Kayin	Freq	1	1	1	1	1	1	1	1	1
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	Chin	Freq	1	1	1	1	1	1	1	2	3
		%	33.3%	33.3%	33.3%	33.3%	33.3%	33.3%	33.3%	66.7%	
	Sagaing	Freq	2	2	2	2	2	2	2	1	2
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	
	Thaninthari	Freq	1	1	1	1	1	1	1	0	1
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	
	Bago	Freq	1	2	4	3	3	3	4	13	14
		%	7.1%	14.3%	28.6%	21.4%	21.4%	21.4%	28.6%	92.9%	
	Magway	Freq	2	2	2	3	4	3	4	4	5
		%	40.0%	40.0%	40.0%	60.0%	80.0%	60.0%	80.0%	80.0%	
	Mandalay	Freq	2	3	3	3	3	3	3	1	3
		%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	33.3%	
	Mon	Freq	1	1	1	1	1	1	1	0	1
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	
	Rakhine	Freq	1	1	1	1	1	1	1	0	1
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	
	Yangon	Freq	2	1	2	1	1	2	1	4	4
		%	50.0%	25.0%	50.0%	25.0%	25.0%	50.0%	25.0%	100.0%	
	Shan (South)	Freq	2	1	1	1	1	2	1	1	2
		%	100.0%	50.0%	50.0%	50.0%	50.0%	100.0%	50.0%	50.0%	
	Shan (North)	Freq	4	2	1	1	1	4	3	7	8
		%	50.0%	25.0%	12.5%	12.5%	12.5%	50.0%	37.5%	87.5%	
	Shan (East)	Freq	1	1	1	1	1	1	1	0	1
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	
	Ayeyawady	Freq	2	2	2	2	2	2	2	0	2
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	

Table 85. (continued) Percentage distribution of HFs by issues for which user fee is charged for services provided by a qualified health care provider

			User fee for specialty services*								Total
			For birth spacing	For ANC	For delivery	For postnatal care	For newborn care	For under-five childcare	For HIV (ART)	For other services	
Urban/Rural	Urban	Freq	22	21	22	21	21	23	23	21	36
		%	61.1%	58.3%	61.1%	58.3%	58.3%	63.9%	63.9%	58.3%	
	Rural	Freq	3	2	3	3	4	6	5	21	21
		%	14.3%	9.5%	14.3%	14.3%	19.0%	28.6%	23.8%	100.0%	
Type of administration	Govt.	Freq	6	4	6	5	6	10	9	38	38
		%	15.8%	10.5%	15.8%	13.2%	15.8%	26.3%	23.7%	100.0%	
	Private	Freq	19	19	19	19	19	19	19	4	19
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	21.0%	
Total		Freq	25	23	25	24	25	29	28	42	57

** Multiple response table*

*** Data are not available for Nay Pyi Taw*

Table 86. Percentage distribution of HFs providing modern contraceptive methods

			Providing modern contraceptive methods*								Total
			Male condom distribution	Female condom distribution	Prescribing OC pill	Prescribing injectables	Prescribing ECP pill	Prescribing IUD	Prescribing implants	Female sterilization	
Level of Health Facility	Tertiary	Freq	17	3	22	22	13	20	12	23	23
		%	73.9%	13.0%	95.7%	95.7%	56.5%	87.0%	52.2%	100.0%	
	Secondary	Freq	87	10	150	154	58	72	21	91	160
		%	54.4%	6.3%	93.8%	96.3%	36.3%	45.0%	13.1%	56.9%	
	Primary	Freq	131	16	167	169	93	64	5	1	172
		%	76.2%	9.3%	97.1%	98.3%	54.1%	37.2%	2.9%	.6%	
	Private	Freq	9	2	23	23	14	21	17	18	23
		%	39.1%	8.7%	100.0%	100.0%	60.9%	91.3%	73.9%	78.3%	
State/Region	Kachin	Freq	10	0	18	18	7	6	4	8	18
		%	55.6%	0.0%	100.0%	100.0%	38.9%	33.3%	22.2%	44.4%	
	Kayah	Freq	7	0	8	8	4	3	3	2	8
		%	87.5%	0.0%	100.0%	100.0%	50.0%	37.5%	37.5%	25.0%	
	Kayin	Freq	8	0	13	13	2	4	0	4	14
		%	57.1%	0.0%	92.9%	92.9%	14.3%	28.6%	0.0%	28.6%	
	Chin	Freq	10	0	12	12	3	5	1	2	12
		%	83.3%	0.0%	100.0%	100.0%	25.0%	41.7%	8.3%	16.7%	
	Sagaing	Freq	20	1	42	41	14	16	3	14	42
		%	47.6%	2.4%	100.0%	97.6%	33.3%	38.1%	7.1%	33.3%	
	Thaninthari	Freq	7	0	11	12	3	4	2	4	12
		%	58.3%	0.0%	91.7%	100.0%	25.0%	33.3%	16.7%	33.3%	
	Bago	Freq	29	2	36	35	27	26	2	14	36
		%	80.6%	5.6%	100.0%	97.2%	75.0%	72.2%	5.6%	38.9%	
	Magway	Freq	20	4	30	32	13	21	4	15	34
		%	58.8%	11.8%	88.2%	94.1%	38.2%	61.8%	11.8%	44.1%	
	Mandalay	Freq	32	15	31	32	31	24	15	13	32
		%	100.0%	46.9%	96.9%	100.0%	96.9%	75.0%	46.9%	40.6%	

Table 86. (continued) Percentage distribution of HFs providing modern contraceptive methods

			Providing modern contraceptive methods*								Total
			Male condom distribution	Female condom distribution	Prescribing OC pill	Prescribing injectables	Prescribing ECP pill	Prescribing IUD	Prescribing implants	Female sterilization	
State/Region	Mon	Freq	11	1	15	16	7	5	1	8	16
		%	68.8%	6.3%	93.8%	100.0%	43.8%	31.3%	6.3%	50.0%	
	Rakhine	Freq	11	1	16	18	4	7	3	6	22
		%	50.0%	4.5%	72.7%	81.8%	18.2%	31.8%	13.6%	27.3%	
	Yangon	Freq	22	4	28	29	20	15	7	12	29
		%	75.9%	13.8%	96.6%	100.0%	69.0%	51.7%	24.1%	41.4%	
	Shan (South)	Freq	12	0	21	20	9	7	2	7	21
		%	57.1%	0.0%	100.0%	95.2%	42.9%	33.3%	9.5%	33.3%	
	Shan (North)	Freq	5	0	21	21	6	12	4	8	21
		%	23.8%	0.0%	100.0%	100.0%	28.6%	57.1%	19.0%	38.1%	
	Shan (East)	Freq	8	0	10	10	2	3	1	3	10
		%	80.0%	0.0%	100.0%	100.0%	20.0%	30.0%	10.0%	30.0%	
	Ayeyawady	Freq	27	3	44	45	21	17	3	13	45
		%	60.0%	6.7%	97.8%	100.0%	46.7%	37.8%	6.7%	28.9%	
	Nay Pyi Taw	Freq	5	0	6	6	5	2	0	0	6
		%	83.3%	0.0%	100.0%	100.0%	83.3%	33.3%	0.0%	0.0%	
Urban/Rural	Urban	Freq	95	13	145	151	77	91	44	91	155
		%	61.3%	8.4%	93.5%	97.4%	49.7%	58.7%	28.4%	58.7%	
	Rural	Freq	149	18	217	217	101	86	11	42	223
		%	66.8%	8.1%	97.3%	97.3%	45.3%	38.6%	4.9%	18.8%	
Type of administration	Govt.	Freq	235	29	340	345	165	157	38	116	355
		%	66.0%	8.1%	95.5%	97.2%	46.3%	44.1%	10.7%	32.6%	
	Private	Freq	9	2	22	23	13	20	17	17	23
		%	39.1%	8.7%	95.7%	100.0%	56.5%	87.0%	73.9%	73.9%	
Total		Freq	244	31	362	368	178	177	55	133	378

** Multiple response table*

OCPs and injectable contraceptives were the most commonly provided family planning methods at all levels of HFs. The majority of tertiary level HFs could provide the male condom, the OCP, injectables, the IUD and female sterilization. Commonly available family planning methods at primary level HFs were the OCP, injectables and male condoms. Female condoms, the ECP, the IUD and implants were not readily available at all levels of HFs. Urban/rural differences were apparent for IUDs, implants and female sterilization.

Table 87. Percentage distribution of HFs with any MRH medicine available

			Available MRH medicine*																Total
			Ampicillin	Azithromycin	Penicillin	Beta dexa	Calcium gluconate	Cefixime	Gentamycin	Hydralazine	MgSO4	M-Dopa	Metro	Misoprostol	Nifedipine	Oxytocin	NaLactate	TT	
Level of Health Facility	Tertiary	Freq	16	17	10	23	21	18	22	13	22	12	22	18	16	19	23	22	23
		%	69.6%	73.9%	43.5%	100.0%	91.3%	78.3%	95.7%	56.5%	95.7%	52.2%	95.7%	78.3%	69.6%	82.6%	100.0%	95.7%	
	Secondary	Freq	114	127	110	138	126	123	137	40	128	79	155	117	127	133	144	113	160
		%	71.3%	79.4%	68.8%	86.3%	78.8%	76.9%	85.6%	25.0%	80.0%	49.4%	96.9%	73.1%	79.4%	83.1%	90.0%	70.6%	
	Primary	Freq	117	102	71	85	71	87	121	23	114	46	165	132	113	123	138	81	172
		%	68.0%	59.3%	41.3%	49.4%	41.3%	50.6%	70.3%	13.4%	66.3%	26.7%	95.9%	76.7%	65.7%	71.5%	80.2%	47.1%	
	Private	Freq	20	23	19	22	23	23	22	11	18	18	22	20	23	21	22	23	23
		%	87.0%	100.0%	82.6%	95.7%	100.0%	100.0%	95.7%	47.8%	78.3%	78.3%	95.7%	87.0%	100.0%	91.3%	95.7%	100.0%	
State/ Region	Kachin	Freq	18	15	15	16	14	17	18	6	12	7	18	12	12	16	18	17	18
		%	100.0%	83.3%	83.3%	88.9%	77.8%	94.4%	100.0%	33.3%	66.7%	38.9%	100.0%	66.7%	66.7%	88.9%	100.0%	94.4%	
	Kayah	Freq	4	5	6	6	6	6	8	3	6	4	7	6	7	6	5	5	8
		%	50.0%	62.5%	75.0%	75.0%	75.0%	75.0%	100.0%	37.5%	75.0%	50.0%	87.5%	75.0%	87.5%	75.0%	62.5%	62.5%	
	Kayin	Freq	14	13	8	14	10	11	13	5	12	4	14	14	12	14	14	14	14
		%	100.0%	92.9%	57.1%	100.0%	71.4%	78.6%	92.9%	35.7%	85.7%	28.6%	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%	
	Chin	Freq	5	8	5	8	7	6	10	4	7	4	12	8	10	10	8	7	12
		%	41.7%	66.7%	41.7%	66.7%	58.3%	50.0%	83.3%	33.3%	58.3%	33.3%	100.0%	66.7%	83.3%	83.3%	66.7%	58.3%	
	Sagaing	Freq	32	31	19	22	34	20	33	4	30	12	39	27	24	39	39	22	42
		%	76.2%	73.8%	45.2%	52.4%	81.0%	47.6%	78.6%	9.5%	71.4%	28.6%	92.9%	64.3%	57.1%	92.9%	92.9%	52.4%	
	Thaninthari	Freq	7	5	8	11	5	6	11	1	9	1	11	9	10	9	10	6	12
		%	58.3%	41.7%	66.7%	91.7%	41.7%	50.0%	91.7%	8.3%	75.0%	8.3%	91.7%	75.0%	83.3%	75.0%	83.3%	50.0%	
	Bago	Freq	26	28	18	22	24	21	30	6	29	11	36	31	26	26	32	13	36
		%	72.2%	77.8%	50.0%	61.1%	66.7%	58.3%	83.3%	16.7%	80.6%	30.6%	100.0%	86.1%	72.2%	72.2%	88.9%	36.1%	
	Magway	Freq	17	18	19	20	20	20	19	5	28	18	34	27	21	20	29	13	34
		%	50.0%	52.9%	55.9%	58.8%	58.8%	58.8%	55.9%	14.7%	82.4%	52.9%	100.0%	79.4%	61.8%	58.8%	85.3%	38.2%	
	Mandalay	Freq	8	26	11	14	16	20	22	10	26	14	30	25	19	16	30	15	32
		%	25.0%	81.3%	34.4%	43.8%	50.0%	62.5%	68.8%	31.3%	81.3%	43.8%	93.8%	78.1%	59.4%	50.0%	93.8%	46.9%	
	Mon	Freq	12	10	11	16	11	7	12	2	10	11	15	14	14	13	15	8	16
		%	75.0%	62.5%	68.8%	100.0%	68.8%	43.8%	75.0%	12.5%	62.5%	68.8%	93.8%	87.5%	87.5%	81.3%	93.8%	50.0%	

Table 87. (continued) Percentage distribution of HFs with any MRH medicine available

			Available MRH medicine*															Total
			Ampicillin	Azithromycin	Penicillin	Beta dexa	Calcium gluconate	Cefixime	Gentamycin	Hydralazine	MgSO4	M-Dopa	Metro	Misoprostol	Nifedipine	Oxytocin	NaLactate	TT	
	Rakhine	Freq	21	20	8	18	18	21	19	6	12	6	22	13	19	19	10	18	22
		%	95.5%	90.9%	36.4%	81.8%	81.8%	95.5%	86.4%	27.3%	54.5%	27.3%	100.0%	59.1%	86.4%	86.4%	45.5%	81.8%	
	Yangon	Freq	17	21	15	24	14	24	20	7	19	7	28	20	21	21	24	20	29
		%	58.6%	72.4%	51.7%	82.8%	48.3%	82.8%	69.0%	24.1%	65.5%	24.1%	96.6%	69.0%	72.4%	72.4%	82.8%	69.0%	
	Shan (South)	Freq	17	11	16	18	10	14	18	2	16	8	20	12	11	19	20	18	21
		%	81.0%	52.4%	76.2%	85.7%	47.6%	66.7%	85.7%	9.5%	76.2%	38.1%	95.2%	57.1%	52.4%	90.5%	95.2%	85.7%	
	Shan (North)	Freq	19	14	10	18	10	15	19	0	13	12	21	15	20	18	20	17	21
		%	90.5%	66.7%	47.6%	85.7%	47.6%	71.4%	90.5%	0.0%	61.9%	57.1%	100.0%	71.4%	95.2%	85.7%	95.2%	81.0%	
	Shan (East)	Freq	8	4	6	6	7	5	8	1	7	2	10	7	10	8	9	5	10
		%	80.0%	40.0%	60.0%	60.0%	70.0%	50.0%	80.0%	10.0%	70.0%	20.0%	100.0%	70.0%	100.0%	80.0%	90.0%	50.0%	
	Ayeyawady	Freq	41	38	33	32	32	34	37	25	41	34	41	41	39	39	38	36	45
		%	91.1%	84.4%	73.3%	71.1%	71.1%	75.6%	82.2%	55.6%	91.1%	75.6%	91.1%	91.1%	86.7%	86.7%	84.4%	80.0%	
	Nay Pyi Taw	Freq	1	2	2	3	3	4	5	0	5	0	6	6	4	3	6	5	6
		%	16.7%	33.3%	33.3%	50.0%	50.0%	66.7%	83.3%	0.0%	83.3%	0.0%	100.0%	100.0%	66.7%	50.0%	100.0%	83.3%	
Urban/ Rural	Urban	Freq	115	122	96	134	124	126	137	48	123	74	149	117	121	133	144	113	155
		%	74.2%	78.7%	61.9%	86.5%	80.0%	81.3%	88.4%	31.0%	79.4%	47.7%	96.1%	75.5%	78.1%	85.8%	92.9%	72.9%	
	Rural	Freq	152	147	114	134	117	125	165	39	159	81	215	170	158	163	183	126	223
		%	68.2%	65.9%	51.1%	60.1%	52.5%	56.1%	74.0%	17.5%	71.3%	36.3%	96.4%	76.2%	70.9%	73.1%	82.1%	56.5%	
Type of administration	Govt.	Count	247	246	191	246	218	228	280	76	264	137	342	267	256	275	305	216	355
		%	69.6%	69.3%	53.8%	69.3%	61.4%	64.2%	78.9%	21.4%	74.4%	38.6%	96.3%	75.2%	72.1%	77.5%	85.9%	60.8%	
	Private	Count	20	23	19	22	23	23	22	11	18	18	22	20	23	21	22	23	23
		%	87.0%	100.0%	82.6%	95.7%	100.0%	100.0%	95.7%	47.8%	78.3%	78.3%	95.7%	87.0%	100.0%	91.3%	95.7%	100.0%	
Total		Count	267	269	210	268	241	251	302	87	282	155	364	287	279	296	327	239	378

** Multiple response table*

Table 88. Percentage distribution of HFs with any modern contraceptive methods in-stock (no stock-outs) in the last six months

			Contraceptive no stock-out in last 6months*								Total
			Male condom	Female condom	OC pill	Injectables	ECP	IUD	Implants	Female sterilization	
Level of Health Facility	Tertiary	Freq	8	0	16	17	7	11	4	11	23
		%	34.8%	0.0%	69.6%	73.9%	30.4%	47.8%	17.4%	47.8%	
	Secondary	Freq	62	7	134	124	36	52	9	56	160
		%	38.8%	4.4%	83.8%	77.5%	22.5%	32.5%	5.6%	35.0%	
	Primary	Freq	108	6	157	149	64	53	0	0	172
		%	62.8%	3.5%	91.3%	86.6%	37.2%	30.8%	0.0%	0.0%	
	Private	Freq	7	0	18	20	13	19	20	11	23
		%	30.4%	0.0%	78.3%	87.0%	56.5%	82.6%	87.0%	47.8%	
State/ Region	Kachin	Freq	11	0	17	17	8	5	3	7	18
		%	61.1%	0.0%	94.4%	94.4%	44.4%	27.8%	16.7%	38.9%	
	Kayah	Freq	6	0	8	8	5	3	2	2	8
		%	75.0%	0.0%	100.0%	100.0%	62.5%	37.5%	25.0%	25.0%	
	Kayin	Freq	5	1	11	10	0	1	1	0	14
		%	35.7%	7.1%	78.6%	71.4%	0.0%	7.1%	7.1%	0.0%	
	Chin	Freq	7	0	11	10	2	4	1	0	12
		%	58.3%	0.0%	91.7%	83.3%	16.7%	33.3%	8.3%	0.0%	
	Sagaing	Freq	15	0	40	36	8	12	3	3	42
		%	35.7%	0.0%	95.2%	85.7%	19.0%	28.6%	7.1%	7.1%	
	Thaninthari	Freq	6	0	10	11	0	5	1	5	12
		%	50.0%	0.0%	83.3%	91.7%	0.0%	41.7%	8.3%	41.7%	
	Bago	Freq	19	0	34	27	15	20	1	10	36
		%	52.8%	0.0%	94.4%	75.0%	41.7%	55.6%	2.8%	27.8%	
	Magway	Freq	11	2	28	29	10	15	1	13	34
		%	32.4%	5.9%	82.4%	85.3%	29.4%	44.1%	2.9%	38.2%	
	Mandalay	Freq	14	0	25	22	14	18	5	10	32
		%	43.8%	0.0%	78.1%	68.8%	43.8%	56.3%	15.6%	31.3%	
	Mon	Freq	11	1	16	15	4	5	1	1	16
		%	68.8%	6.3%	100.0%	93.8%	25.0%	31.3%	6.3%	6.3%	
	Rakhine	Freq	12	0	16	16	6	6	2	4	22
		%	54.5%	0.0%	72.7%	72.7%	27.3%	27.3%	9.1%	18.2%	
	Yangon	Freq	16	3	23	27	14	16	4	7	29
		%	55.2%	10.3%	79.3%	93.1%	48.3%	55.2%	13.8%	24.1%	
	Shan (South)	Freq	9	0	20	18	11	2	1	7	21
		%	42.9%	0.0%	95.2%	85.7%	52.4%	9.5%	4.8%	33.3%	
	Shan (North)	Freq	7	0	19	18	6	6	3	7	21
		%	33.3%	0.0%	90.5%	85.7%	28.6%	28.6%	14.3%	33.3%	
	Shan (East)	Freq	7	0	8	8	1	3	1	3	10
		%	70.0%	0.0%	80.0%	80.0%	10.0%	30.0%	10.0%	30.0%	
	Ayeyawady	Freq	24	6	34	34	14	13	3	0	45
		%	53.3%	13.3%	75.6%	75.6%	31.1%	28.9%	6.7%	0.0%	
	Nay Pyi Taw	Freq	5	0	5	4	2	1	0	0	6
		%	83.3%	0.0%	83.3%	66.7%	33.3%	16.7%	0.0%	0.0%	
Urban/ Rural	Urban	Freq	77	5	125	131	58	63	30	56	155
		%	49.7%	3.2%	80.6%	84.5%	37.4%	40.6%	19.4%	36.1%	
	Rural	Freq	108	8	200	179	62	72	3	23	223
		%	48.4%	3.6%	89.7%	80.3%	27.8%	32.3%	1.3%	10.3%	
Total		Freq	185	13	325	310	120	135	33	79	378

** Multiple response table*

"No stock-outs" over the last six months were only observed for the OCP and injectables at all levels of HFs (>70 per cent). "No stock-outs" of female condoms occurred the least at all levels of HFs. 'No stock-outs' of implants was very low (<20 per cent) for all levels of government sector HFs. "No stock-outs" for the ECP and IUD methods were moderately observed at all levels of government HFs (20 to 40 per cent).

Table 89. Percentage distribution of HFs with a modern contraceptive method in-stock (no stock-out) at the time of the survey

			Contraceptive no stock-out recent*								Total
			Male condom	Female condom	OC pill	Injectable	ECP	IUD	Implant	Female sterilization	
Level of Health Facility	Tertiary	Freq	5	0	20	17	8	12	4	5	23
		%	21.7%	0.0%	87.0%	73.9%	34.8%	52.2%	17.4%	21.7%	
	Secondary	Freq	57	1	139	118	33	44	6	29	160
		%	35.6%	.6%	86.9%	73.8%	20.6%	27.5%	3.8%	18.1%	
	Primary	Freq	100	4	151	145	54	44	0	0	172
		%	58.1%	2.3%	87.8%	84.3%	31.4%	25.6%	0.0%	0.0%	
	Private	Freq	7	1	20	19	12	17	11	10	23
		%	30.4%	4.3%	87.0%	82.6%	52.2%	73.9%	47.8%	43.5%	
State/ Region	Kachin	Freq	11	0	17	17	7	7	3	6	18
		%	61.1%	0.0%	94.4%	94.4%	38.9%	38.9%	16.7%	33.3%	
	Kayah	Freq	5	0	8	8	5	3	1	0	8
		%	62.5%	0.0%	100.0%	100.0%	62.5%	37.5%	12.5%	0.0%	
	Kayin	Freq	7	0	11	11	1	1	0	0	14
		%	50.0%	0.0%	78.6%	78.6%	7.1%	7.1%	0.0%	0.0%	
	Chin	Freq	4	0	10	9	1	3	0	0	12
		%	33.3%	0.0%	83.3%	75.0%	8.3%	25.0%	0.0%	0.0%	
	Sagaing	Freq	16	0	39	37	11	12	2	1	42
		%	38.1%	0.0%	92.9%	88.1%	26.2%	28.6%	4.8%	2.4%	
	Thaninthari	Freq	6	0	10	12	1	3	0	2	12
		%	50.0%	0.0%	83.3%	100.0%	8.3%	25.0%	0.0%	16.7%	
	Bago	Freq	14	0	33	24	9	14	0	8	36
		%	38.9%	0.0%	91.7%	66.7%	25.0%	38.9%	0.0%	22.2%	
	Magway	Freq	11	0	27	24	4	9	1	5	34
		%	32.4%	0.0%	79.4%	70.6%	11.8%	26.5%	2.9%	14.7%	
	Mandalay	Freq	13	1	27	21	17	18	7	12	32
		%	40.6%	3.1%	84.4%	65.6%	53.1%	56.3%	21.9%	37.5%	
	Mon	Freq	7	0	15	14	4	5	0	0	16
		%	43.8%	0.0%	93.8%	87.5%	25.0%	31.3%	0.0%	0.0%	
	Rakhine	Freq	10	0	16	9	3	3	1	1	22
		%	45.5%	0.0%	72.7%	40.9%	13.6%	13.6%	4.5%	4.5%	
	Yangon	Freq	13	2	23	29	10	13	2	4	29
		%	44.8%	6.9%	79.3%	100.0%	34.5%	44.8%	6.9%	13.8%	
	Shan (South)	Freq	10	0	19	18	11	3	1	1	21
		%	47.6%	0.0%	90.5%	85.7%	52.4%	14.3%	4.8%	4.8%	

Table 89. (continued) Percentage distribution of HFs with a modern contraceptive method in-stock (no stock-out) at the time of the survey

			Contraceptive no stock-out recent*								Total
			Male condom	Female condom	OC pill	Injectable	ECP	IUD	Implant	Female sterilization	
State/ Region	Shan (North)	Freq	6	0	18	15	4	3	1	3	21
		%	28.6%	0.0%	85.7%	71.4%	19.0%	14.3%	4.8%	14.3%	
	Shan (East)	Freq	6	0	9	6	1	2	0	1	10
		%	60.0%	0.0%	90.0%	60.0%	10.0%	20.0%	0.0%	10.0%	
	Ayeyawady	Freq	26	3	42	40	17	16	2	0	45
		%	57.8%	6.7%	93.3%	88.9%	37.8%	35.6%	4.4%	0.0%	
	Nay Pyi Taw	Freq	4	0	6	5	1	2	0	0	6
		%	66.7%	0.0%	100.0%	83.3%	16.7%	33.3%	0.0%	0.0%	
Urban/Rural	Urban	Freq	71	4	130	124	55	58	17	31	155
		%	45.8%	2.6%	83.9%	80.0%	35.5%	37.4%	11.0%	20.0%	
	Rural	Freq	98	2	200	175	52	59	4	13	223
			%	43.9%	.9%	89.7%	78.5%	23.3%	26.5%	1.8%	5.8%
Total		Freq	169	6	330	299	107	117	21	44	378

** Multiple response table*

Recent "no stock-outs" were very low for female condoms and implants at all levels of HFs (<20 per cent). The highest "no stock-outs" at all levels of HFs were observed for the OCP and injectable methods (>70 per cent). No stock-outs for other birth spacing methods were somewhat apparent (20 to 50 per cent). A significant urban/rural discrepancy was noted for implants and female sterilization.

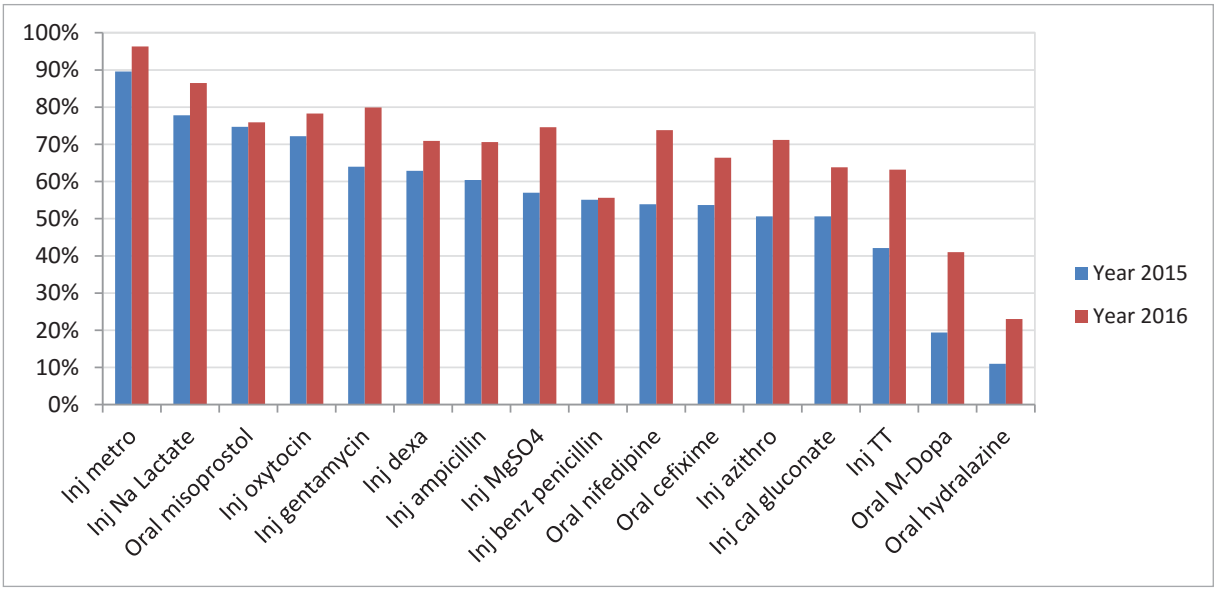
RH medicines	2015		2016	
	N	Per cent	N	Per cent
Inj. metro	319	89.6%	364	96.3%
Inj. Na Lactate	277	77.8%	327	86.5%
Oral misoprostol	266	74.7%	287	75.9%
Inj. oxytocin	257	72.2%	296	78.3%
Inj. gentamycin	228	64.0%	302	79.9%
Inj. dexa	224	62.9%	268	70.9%
Inj. ampicillin	215	60.4%	267	70.6%
Inj. MgSO4	203	57.0%	282	74.6%
Inj. benz penicillin	196	55.1%	210	55.6%
Oral nifedipine	192	53.9%	279	73.8%
Oral cefixime	191	53.7%	251	66.4%
Inj. azithro	180	50.6%	269	71.2%
Inj. cal gluconate	180	50.6%	241	63.8%
Inj. TT	150	42.1%	239	63.2%
Oral M-Dopa	69	19.4%	155	41.0%
Oral hydralazine	39	11.0%	87	23.0%

The four most common RH life-saving medicines were "Inj. Metronidazole" (96 per cent), "Na Lactate" (86.5 per cent), "Oral misoprostol" (75.9 per cent) and "Inj. Oxytocin" (78.3 per cent). "Inj. Meg Sulph"

was available at 74.6 per cent of all HFs. The least frequently available medicines were 'M-dopa" (41 per cent) and "Hydralazine" (23 cent). 63.8 per cent of HFs at all levels had injectable TT. Primary level HFs were not included in the availability of injectable TT because most HFs have no continuous cold chain system to keep the TT injection all the time at their facility.

The availability of all types of RH medicines was higher in this year's assessment compared to last year's assessment.

Figure 16. A comparison of the availability of RH Medicine from 2015 to 2016



PART IV. Findings from client's interview

Background characteristics of clients

States/Regions	Frequency	Per cent
Kachin	65	5.9
Kayah	70	6.3
Kayin	65	5.9
Chin	65	5.9
Sagaing	65	5.9
Thaninthari	65	5.9
Bago	65	5.9
Magway	65	5.9
Mandalay	65	5.9
Mon	65	5.9
Rakhine	65	5.9
Yangon	65	5.9
Shan (South)	65	5.9
Shan (North)	65	5.9
Shan (East)	65	5.9
Ayeyawady	65	5.9
Nay Pyi Taw	66	5.9
Tertiary	85	7.7
Secondary	345	31.1
Primary	681	61.3
Urban	430	38.7
Rural	681	61.3
Total	1111	100.0

The distribution of clients who responded to the client exit interview by state/region, level of HF, and urban/rural area are described in the table above. This year's assessment planned to recruit sample clients of equal numbers from all states/regions. In each state/region, five clients from one tertiary HF, 20 from two secondary HFs and 40 from four primary HFs were selected from the HFs' client register. No clients from private sector HFs were recruited. In addition, survey teams could not wait until clinic opening days in the field and some of the HFs had no regular birth spacing clinic days. Most of the clients were interviewed at their homes rather than inviting them to the clinic. Client recruitment was also proportionate to the level of facility and urban/rural status. The proportion of clients from rural areas was nearly twice that of those from urban areas.

Health Facility Level	Urban/Rural		Total
	Urban	Rural	
Tertiary	85	0	85
Secondary	345	0	345
Primary	0	681	681
Total	430	681	1111

Table 90. Sex distribution of clients

Health Facility Level		Sex		Total
		Male	Female	
Tertiary	Freq	0	85	85
	%	0.0%	100.0%	100.0%
Secondary	Freq	2	343	345
	%	.6%	99.4%	100.0%
Primary	Freq	3	678	681
	%	.4%	99.6%	100.0%
Total	Freq	5	1106	1111
	%	.5%	99.5%	100.0%

Table 91. Age distribution of clients

			Age group (year)								Total
			15-19	20-24	25-29	30-34	35-39	40–44	45-49	50+	
Health Facility Level	Tertiary	Freq	8	22	18	20	10	6	0	1	85
		%	9.4%	25.9%	21.2%	23.5%	11.8%	7.1%	0.0%	1.2%	100.0%
	Secondary	Freq	10	62	81	104	46	31	11	0	345
		%	2.9%	18.0%	23.5%	30.1%	13.3%	9.0%	3.2%	0.0%	100.0%
	Primary	Freq	24	94	159	187	115	71	27	4	681
		%	3.5%	13.8%	23.3%	27.5%	16.9%	10.4%	4.0%	.6%	100.0%
State/Region	Kachin	Freq	5	5	21	18	10	5	1	0	65
		%	7.7%	7.7%	32.3%	27.7%	15.4%	7.7%	1.5%	0.0%	100.0%
	Kayah	Freq	1	14	18	23	6	7	1	0	70
		%	1.4%	20.0%	25.7%	32.9%	8.6%	10.0%	1.4%	0.0%	100.0%
	Kayin	Freq	0	11	13	20	12	9	0	0	65
		%	0.0%	16.9%	20.0%	30.8%	18.5%	13.8%	0.0%	0.0%	100.0%
	Chin	Freq	2	9	17	20	7	9	1	0	65
		%	3.1%	13.8%	26.2%	30.8%	10.8%	13.8%	1.5%	0.0%	100.0%
	Sagaing	Freq	0	7	12	25	12	9	0	0	65
		%	0.0%	10.8%	18.5%	38.5%	18.5%	13.8%	0.0%	0.0%	100.0%
	Thaninthari	Freq	0	7	21	20	11	1	5	0	65
		%	0.0%	10.8%	32.3%	30.8%	16.9%	1.5%	7.7%	0.0%	100.0%
	Bago	Freq	1	10	11	13	15	11	4	0	65
		%	1.5%	15.4%	16.9%	20.0%	23.1%	16.9%	6.2%	0.0%	100.0%
	Magway	Freq	2	9	20	12	12	9	1	0	65
		%	3.1%	13.8%	30.8%	18.5%	18.5%	13.8%	1.5%	0.0%	100.0%
	Mandalay	Freq	0	14	14	19	7	7	4	0	65
		%	0.0%	21.5%	21.5%	29.2%	10.8%	10.8%	6.2%	0.0%	100.0%
	Mon	Freq	2	9	16	19	9	6	2	2	65
		%	3.1%	13.8%	24.6%	29.2%	13.8%	9.2%	3.1%	3.1%	100.0%
	Rakhine	Freq	8	16	19	10	7	1	2	2	65
		%	12.3%	24.6%	29.2%	15.4%	10.8%	1.5%	3.1%	3.1%	100.0%

Table 91. (continued) Age distribution of clients

			Age group (year)								Total
			15-19	20-24	25-29	30-34	35-39	40–44	45-49	50+	
State/Region	Yangon	Freq	4	7	16	22	10	3	3	0	65
		%	6.2%	10.8%	24.6%	33.8%	15.4%	4.6%	4.6%	0.0%	100.0%
	Shan (South)	Freq	5	8	8	17	16	10	1	0	65
		%	7.7%	12.3%	12.3%	26.2%	24.6%	15.4%	1.5%	0.0%	100.0%
	Shan (North)	Freq	2	13	12	23	8	3	4	0	65
		%	3.1%	20.0%	18.5%	35.4%	12.3%	4.6%	6.2%	0.0%	100.0%
	Shan (East)	Freq	7	12	12	13	8	6	6	1	65
		%	10.8%	18.5%	18.5%	20.0%	12.3%	9.2%	9.2%	1.5%	100.0%
	Ayeyawady	Freq	0	10	13	22	13	5	2	0	65
		%	0.0%	15.4%	20.0%	33.8%	20.0%	7.7%	3.1%	0.0%	100.0%
	Nay Pyi Taw	Freq	3	17	15	15	8	7	1	0	66
		%	4.5%	25.8%	22.7%	22.7%	12.1%	10.6%	1.5%	0.0%	100.0%
Urban/Rural	Urban	Freq	18	84	99	124	56	37	11	1	430
		%	4.2%	19.5%	23.0%	28.8%	13.0%	8.6%	2.6%	.2%	100.0%
	Rural	Freq	24	94	159	187	115	71	27	4	681
		%	3.5%	13.8%	23.3%	27.5%	16.9%	10.4%	4.0%	.6%	100.0%
Total		Freq	42	178	258	311	171	108	38	5	1111
		%	3.8%	16.0%	23.2%	28.0%	15.4%	9.7%	3.4%	.5%	100.0%

More than 80 per cent of clients were aged between 21 and 50 years.

Table 92. Marital status of clients

			Marital status			Total
			Unmarried/ live together	Married/ live together	Divorce/ separated/ widowed	
Health Facility Level	Tertiary	Freq	4	81	0	85
		%	4.7%	95.3%	0.0%	100.0%
	Secondary	Freq	9	334	2	345
		%	2.6%	96.8%	.6%	100.0%
	Primary	Freq	8	668	5	681
		%	1.2%	98.1%	.7%	100.0%
State/Region	Kachin	Freq	4	59	2	65
		%	6.2%	90.8%	3.1%	100.0%
	Kayah	Freq	0	69	1	70
		%	0.0%	98.6%	1.4%	100.0%
	Kayin	Freq	0	65	0	65
		%	0.0%	100.0%	0.0%	100.0%
	Chin	Freq	0	65	0	65
		%	0.0%	100.0%	0.0%	100.0%
	Sagaing	Freq	0	65	0	65
		%	0.0%	100.0%	0.0%	100.0%
State/Region	Thaninthari	Freq	5	60	0	65
		%	7.7%	92.3%	0.0%	100.0%
	Bago	Freq	0	65	0	65
		%	0.0%	100.0%	0.0%	100.0%
	Magway	Freq	0	65	0	65
		%	0.0%	100.0%	0.0%	100.0%
	Mandalay	Freq	2	63	0	65
		%	3.1%	96.9%	0.0%	100.0%
	Mon	Freq	4	60	1	65
		%	6.2%	92.3%	1.5%	100.0%
	Rakhine	Freq	0	64	1	65
		%	0.0%	98.5%	1.5%	100.0%
	Yangon	Freq	0	65	0	65
		%	0.0%	100.0%	0.0%	100.0%
	Shan (South)	Freq	0	65	0	65
		%	0.0%	100.0%	0.0%	100.0%
	Shan (North)	Freq	1	64	0	65
		%	1.5%	98.5%	0.0%	100.0%
	Shan (East)	Freq	4	59	2	65
		%	6.2%	90.8%	3.1%	100.0%
	Ayeyawady	Freq	1	64	0	65
		%	1.5%	98.5%	0.0%	100.0%
	Nay Pyi Taw	Freq	0	66	0	66
		%	0.0%	100.0%	0.0%	100.0%
Urban/Rural	Urban	Freq	13	415	2	430
		%	3.0%	96.5%	.5%	100.0%
	Rural	Freq	8	668	5	681
		%	1.2%	98.1%	.7%	100.0%
Total		Freq	21	1083	7	1111
		%	1.9%	97.5%	.6%	100.0%

The majority of clients were married (97.5 per cent). There was no differential between levels of HFs, states/regions and urban/rural areas.

Table 93. Percentage distribution of clients by education level

			Education level			Total
			No schooling	Primary	Above primary	
Health Facility Level	Tertiary	Freq	6	24	55	85
		%	7.1%	28.2%	64.7%	100.0%
	Secondary	Freq	28	109	208	345
		%	8.1%	31.6%	60.3%	100.0%
	Primary	Freq	57	271	353	681
		%	8.4%	39.8%	51.8%	100.0%
State/Region	Kachin	Freq	3	18	44	65
		%	4.6%	27.7%	67.7%	100.0%
	Kayah	Freq	4	18	48	70
		%	5.7%	25.7%	68.6%	100.0%
	Kayin	Freq	3	15	47	65
		%	4.6%	23.1%	72.3%	100.0%
	Chin	Freq	4	21	40	65
		%	6.2%	32.3%	61.5%	100.0%
	Sagaing	Freq	2	24	39	65
		%	3.1%	36.9%	60.0%	100.0%
	Thaninthari	Freq	1	26	38	65
		%	1.5%	40.0%	58.5%	100.0%
	Bago	Freq	10	29	26	65
		%	15.4%	44.6%	40.0%	100.0%
	Magway	Freq	1	28	36	65
		%	1.5%	43.1%	55.4%	100.0%
	Mandalay	Freq	3	26	36	65
		%	4.6%	40.0%	55.4%	100.0%
	Mon	Freq	9	23	33	65
		%	13.8%	35.4%	50.8%	100.0%
	Rakhine	Freq	3	28	34	65
		%	4.6%	43.1%	52.3%	100.0%
	Yangon	Freq	0	15	50	65
		%	0.0%	23.1%	76.9%	100.0%
	Shan (South)	Freq	12	17	36	65
		%	18.5%	26.2%	55.4%	100.0%
	Shan (North)	Freq	18	14	33	65
		%	27.7%	21.5%	50.8%	100.0%
	Shan (East)	Freq	13	21	31	65
		%	20.0%	32.3%	47.7%	100.0%
	Ayeyawady	Freq	3	54	8	65
		%	4.6%	83.1%	12.3%	100.0%
	Nay Pyi Taw	Freq	2	27	37	66
		%	3.0%	40.9%	56.1%	100.0%
Urban/Rural	Urban	Freq	34	133	263	430
		%	7.9%	30.9%	61.2%	100.0%
	Rural	Freq	57	271	353	681
		%	8.4%	39.8%	51.8%	100.0%
Total		Freq	91	404	616	1111
		%	8.2%	36.4%	55.4%	100.0%

More than 50 per cent of clients had attained above primary level education. One third of clients had primary level education. There was no urban/rural difference, or difference by HF level. A noticeable state/region difference was in Ayeyawady Region where the majority of clients had only primary level education (83.1 per cent) compared to above primary which was only 12.3 per cent.

Table 94. Percentage distribution of clients by frequency of visit to HF for FP services

			Frequency of visits to birth spacing clinic				Total
			Monthly	Twice-monthly	Three times a month	Irregularly	
Health Facility Level	Tertiary	Freq	25	0	49	11	85
		%	29.4%	0.0%	57.6%	12.9%	100.0%
	Secondary	Freq	85	4	215	41	345
		%	24.6%	1.2%	62.3%	11.9%	100.0%
	Primary	Freq	137	16	484	44	681
		%	20.1%	2.3%	71.1%	6.5%	100.0%
State/Region	Kachin	Freq	21	3	40	1	65
		%	32.3%	4.6%	61.5%	1.5%	100.0%
	Kayah	Freq	16	0	48	6	70
		%	22.9%	0.0%	68.6%	8.6%	100.0%
	Kayin	Freq	26	0	30	9	65
		%	40.0%	0.0%	46.2%	13.8%	100.0%
	Chin	Freq	24	1	18	22	65
		%	36.9%	1.5%	27.7%	33.8%	100.0%
	Sagaing	Freq	7	1	55	2	65
		%	10.8%	1.5%	84.6%	3.1%	100.0%
	Thaninthari	Freq	5	1	54	5	65
		%	7.7%	1.5%	83.1%	7.7%	100.0%
	Bago	Freq	19	0	41	5	65
		%	29.2%	0.0%	63.1%	7.7%	100.0%
	Magway	Freq	8	0	50	7	65
		%	12.3%	0.0%	76.9%	10.8%	100.0%
	Mandalay	Freq	19	0	44	2	65
		%	29.2%	0.0%	67.7%	3.1%	100.0%
	Mon	Freq	20	0	42	3	65
		%	30.8%	0.0%	64.6%	4.6%	100.0%
	Rakhine	Freq	5	1	51	8	65
		%	7.7%	1.5%	78.5%	12.3%	100.0%
	Yangon	Freq	4	0	48	13	65
		%	6.2%	0.0%	73.8%	20.0%	100.0%
	Shan (South)	Freq	11	0	49	5	65
		%	16.9%	0.0%	75.4%	7.7%	100.0%
	Shan (North)	Freq	18	2	44	1	65
		%	27.7%	3.1%	67.7%	1.5%	100.0%
	Shan (East)	Freq	20	0	43	2	65
		%	30.8%	0.0%	66.2%	3.1%	100.0%

Table 94. (continued) Percentage distribution of clients by frequency of visit to HF for FP services

			Frequency of visits to birth spacing clinic				Total
			Monthly	Twice-monthly	Three times a month	Irregularly	
State/Region	Ayeyawady	Freq	12	11	37	5	65
		%	18.5%	16.9%	56.9%	7.7%	100.0%
	Nay Pyi Taw	Freq	12	0	54	0	66
		%	18.2%	0.0%	81.8%	0.0%	100.0%
Urban/Rural	Urban	Freq	110	4	264	52	430
		%	25.6%	.9%	61.4%	12.1%	100.0%
	Rural	Freq	137	16	484	44	681
		%	20.1%	2.3%	71.1%	6.5%	100.0%
Total		Freq	247	20	748	96	1111
		%	22.2%	1.8%	67.3%	8.6%	100.0%

More than 90 per cent of clients interviewed visited the HF monthly or three times a month. Clients who visited the HF three times a month accounted for two thirds of clients interviewed. 8.6 per cent of clients were irregular visitors. Irregular visits to HFs were more apparent in Chin State and Yangon Region (33.8 per cent and 20 per cent respectively). Irregular visits were also more marked in urban compared to rural areas (12.1 per cent vs. 6.5 cent). Irregular visits were also more frequent at higher levels of HFs. Three visits a month were more frequent in lower level HFs.

Clients' perception of family planning service provision

Table 95. Percentage distribution of clients' perspective of FP service provider's adherence to technical issues

			Clients perspective of FP service provider's adherence to technical issues*						Total
			Got method I liked	Informed how to use	Informed of side effects	Informed on how to manage side effects	Informed of side effects that need to be followed-up	Informed of next appointment	
Health Facility Level	Tertiary	Freq	75	72	59	59	63	73	85
		%	88.2%	84.7%	69.4%	69.4%	74.1%	85.9%	
	Secondary	Freq	286	314	263	265	273	313	342
		%	83.6%	91.8%	76.9%	77.5%	79.8%	91.5%	
	Primary	Freq	592	608	520	501	535	627	673
		%	88.0%	90.3%	77.3%	74.4%	79.5%	93.2%	
State/ Region	Kachin	Freq	61	59	57	57	55	52	65
		%	93.8%	90.8%	87.7%	87.7%	84.6%	80.0%	
	Kayah	Freq	34	65	46	40	48	61	70
		%	48.6%	92.9%	65.7%	57.1%	68.6%	87.1%	
	Kayin	Freq	59	58	50	48	56	58	63
		%	93.7%	92.1%	79.4%	76.2%	88.9%	92.1%	
	Chin	Freq	61	51	51	51	52	51	61
		%	100.0%	83.6%	83.6%	83.6%	85.2%	83.6%	
	Sagaing	Freq	51	55	42	48	46	63	65
		%	78.5%	84.6%	64.6%	73.8%	70.8%	96.9%	

Table 95. (continued) Percentage distribution of clients' perspective of FP service provider's adherence to technical issues

			Clients perspective of FP service provider's adherence to technical issues*						Total
			Got method I liked	Informed how to use	Informed of side effects	Informed on how to manage side effects	Informed of side effects that need to be followed-up	Informed of next appointment	
State/ Region	Thaninthari	Freq	46	58	48	49	53	60	64
		%	71.9%	90.6%	75.0%	76.6%	82.8%	93.8%	
	Bago	Freq	39	55	42	41	42	58	62
		%	62.9%	88.7%	67.7%	66.1%	67.7%	93.5%	
	Magway	Freq	57	59	55	54	55	60	65
		%	87.7%	90.8%	84.6%	83.1%	84.6%	92.3%	
	Mandalay	Freq	51	65	59	63	63	62	65
		%	78.5%	100.0%	90.8%	96.9%	96.9%	95.4%	
	Mon	Freq	63	56	44	40	45	57	64
		%	98.4%	87.5%	68.8%	62.5%	70.3%	89.1%	
	Rakhine	Freq	53	62	38	30	28	61	65
		%	81.5%	95.4%	58.5%	46.2%	43.1%	93.8%	
	Yangon	Freq	64	62	52	47	46	64	65
		%	98.5%	95.4%	80.0%	72.3%	70.8%	98.5%	
	Shan (South)	Freq	65	59	54	53	55	64	65
		%	100.0%	90.8%	83.1%	81.5%	84.6%	98.5%	
	Shan (North)	Freq	59	50	45	50	65	53	65
		%	90.8%	76.9%	69.2%	76.9%	100.0%	81.5%	
	Shan (East)	Freq	63	58	56	55	61	60	65
		%	96.9%	89.2%	86.2%	84.6%	93.8%	92.3%	
	Ayeyawady	Freq	64	63	62	60	60	64	65
		%	98.5%	96.9%	95.4%	92.3%	92.3%	98.5%	
	Nay Pyi Taw	Freq	63	59	41	39	41	65	66
		%	95.5%	89.4%	62.1%	59.1%	62.1%	98.5%	
Urban/Rural	Urban	Freq	361	386	322	324	336	386	427
		%	84.5%	90.4%	75.4%	75.9%	78.7%	90.4%	
	Rural	Freq	592	608	520	501	535	627	673
		%	88.0%	90.3%	77.3%	74.4%	79.5%	93.2%	
Total		Freq	953	994	842	825	871	1013	1100

** Multiple response table*

According to the responses of clients, the least information they received from providers was "about side effects", "about how to manage side effects of the contraceptives", and "about the need to follow up on certain side effects". The lack of information in all three areas reported by clients was observed at all levels of HFs.

Clients' responses about receiving their preferred method of contraceptive was apparently low in Kayah (48.6 per cent) and Bago (62.9 per cent) compared to other states/regions where this figure was more than 70 per cent. In regard to information on side effects, this was much lower for clients in Rakhine than in other states/regions (46.2 per cent and 43.1 per cent vs. >70 per cent). Urban /rural differences for the information received was not noted.

Table 96. Percentage distribution of clients' perspective of FP service organizational aspects

			Clients' perspective of service organizational aspects*			Total
			Waiting time before consultation too long	Satisfied with the cleanliness of HF	Satisfied with the privacy at HF	
Health Facility Level	Tertiary	Freq	28	82	83	84
		%	33.3%	97.6%	98.8%	
	Secondary	Freq	63	334	328	343
		%	18.4%	97.4%	95.6%	
	Primary	Freq	106	660	665	673
		%	15.8%	98.1%	98.8%	
State/Region	Kachin	Freq	11	61	57	61
		%	18.0%	100.0%	93.4%	
	Kayah	Freq	17	57	52	65
		%	26.2%	87.7%	80.0%	
	Kayin	Freq	14	65	64	65
		%	21.5%	100.0%	98.5%	
	Chin	Freq	9	65	64	65
		%	13.8%	100.0%	98.5%	
	Sagaing	Freq	8	65	65	65
		%	12.3%	100.0%	100.0%	
	Thaninthari	Freq	18	63	65	65
		%	27.7%	96.9%	100.0%	
	Bago	Freq	8	65	65	65
		%	12.3%	100.0%	100.0%	
	Magway	Freq	5	64	65	65
		%	7.7%	98.5%	100.0%	
	Mandalay	Freq	6	63	65	65
		%	9.2%	96.9%	100.0%	
	Mon	Freq	13	64	64	65
		%	20.0%	98.5%	98.5%	
	Rakhine	Freq	21	63	64	65
		%	32.3%	96.9%	98.5%	
	Yangon	Freq	8	64	65	65
		%	12.3%	98.5%	100.0%	
	Shan (South)	Freq	16	64	65	65
		%	24.6%	98.5%	100.0%	
	Shan (North)	Freq	6	61	62	63
		%	9.5%	96.8%	98.4%	
	Shan (East)	Freq	12	63	65	65
		%	18.5%	96.9%	100.0%	
	Ayeyawady	Freq	20	64	64	65
		%	30.8%	98.5%	98.5%	
	Nay Pyi Taw	Freq	5	65	65	66
		%	7.6%	98.5%	98.5%	
Urban/Rural	Urban	Freq	91	416	411	427
		%	21.3%	97.4%	96.3%	
	Rural	Freq	106	660	665	673
		%	15.8%	98.1%	98.8%	
Total		Freq	197	1076	1076	1100

** Multiple response table*

Favourable responses for the location of the clinic were high (>95 per cent). Most clients were satisfied about the cleanliness and privacy at the health centre. Long waiting times at the health centre were complained about by only >15 per cent of respondents. Long waiting times were complained about more frequently by clients at tertiary level HFs (33.3 per cent vs. 18.4 per cent and 15.8 per cent). A significantly lower percentage of clients reporting long waiting times was observed in Magway, Mandalay, Shan (N) and Nay Pyi Taw (<10 per cent). Urban/rural differences in responses to long waiting times were apparent (21.3 per cent vs. 15.8 per cent).

Table 97. Percentage distribution of clients' perspectives of interpersonal aspects of FP services

			Clients' perspective of interpersonal aspects*			Total
			Sufficient time for consultation	Given warm welcome	Insisted/urged to accept method offered	
Health Facility Level	Tertiary	Freq	83	84	11	84
		%	98.8%	100.0%	13.1%	
	Secondary	Freq	339	338	34	345
		%	98.3%	98.0%	9.9%	
	Primary	Freq	666	668	79	678
		%	98.2%	98.5%	11.7%	
State/Region	Kachin	Freq	63	62	10	64
		%	98.4%	96.9%	15.6%	
	Kayah	Freq	62	64	5	69
		%	89.9%	92.8%	7.2%	
	Kayin	Freq	64	65	16	65
		%	98.5%	100.0%	24.6%	
	Chin	Freq	64	65	2	65
		%	98.5%	100.0%	3.1%	
	Sagaing	Freq	65	64	5	65
		%	100.0%	98.5%	7.7%	
	Thaninthari	Freq	65	64	2	65
		%	100.0%	98.5%	3.1%	
	Bago	Freq	65	65	8	65
		%	100.0%	100.0%	12.3%	
	Magway	Freq	65	64	1	65
		%	100.0%	98.5%	1.5%	
	Mandalay	Freq	65	65	7	65
		%	100.0%	100.0%	10.8%	
	Mon	Freq	65	65	11	65
		%	100.0%	100.0%	16.9%	
	Rakhine	Freq	62	65	14	65
		%	95.4%	100.0%	21.5%	
	Yangon	Freq	65	65	1	65
		%	100.0%	100.0%	1.5%	
	Shan (South)	Freq	65	65	4	65
		%	100.0%	100.0%	6.2%	

Table 97. (continued) Percentage distribution of clients' perspectives of interpersonal aspects of FP services

			Clients' perspective of interpersonal aspects*			Total
			Sufficient time for consultation	Given warm welcome	Insisted/urged to accept method offered	
	Shan (North)	Freq	60	64	4	64
		%	93.8%	100.0%	6.3%	
	Shan (East)	Freq	64	60	6	65
		%	98.5%	92.3%	9.2%	
	Ayeyawady	Freq	64	63	18	65
		%	98.5%	96.9%	27.7%	
	Nay Pyi Taw	Freq	65	65	10	65
		%	100.0%	100.0%	15.4%	
Urban/Rural	Urban	Freq	422	422	45	429
		%	98.4%	98.4%	10.5%	
	Rural	Freq	666	668	79	678
		%	98.2%	98.5%	11.7%	
Total		Freq	1088	1090	124	1107

** Multiple response table*

Regarding the interpersonal relationship with service providers during the clinic visit, almost all of the respondents gave a favourable response. Only 11 per cent of respondents stated that they had been urged to accept the birth spacing method offered at the HF, this was more frequently observed in Kayin, Rakhine and Ayeyawady States/Regions (24.6 per cent, 21.5 per cent and 27.7 per cent respectively).

Table 98. Percentage distribution of clients' perspective of FP service outcomes

			Clients' perspective of FP outcome*				Total
			Satisfied with the attitude of staff	Satisfied with the service/treatment received	Will visit the HF in future	Will encourage friends/relatives to visit this HF	
Health Facility Level	Tertiary	Freq	82	85	77	81	85
		%	96.5%	100.0%	90.6%	95.3%	
	Secondary	Freq	338	340	331	323	345
		%	98.0%	98.6%	95.9%	93.6%	
	Primary	Freq	670	677	657	656	681
		%	98.4%	99.4%	96.5%	96.3%	
State/Region	Kachin	Freq	63	63	59	63	65
		%	96.9%	96.9%	90.8%	96.9%	
	Kayah	Freq	59	67	64	63	70
		%	84.3%	95.7%	91.4%	90.0%	
	Kayin	Freq	65	65	64	65	65
		%	100.0%	100.0%	98.5%	100.0%	
	Chin	Freq	63	65	63	63	65
		%	96.9%	100.0%	96.9%	96.9%	
	Sagaing	Freq	65	65	64	63	65
		%	100.0%	100.0%	98.5%	96.9%	

Table 98. (continued) Percentage distribution of clients' perspective of FP service outcomes

			Clients' perspective of FP outcome*				Total
			Satisfied with the attitude of staff	Satisfied with the service/treatment received	Will visit the HF in future	Will encourage friends/relatives to visit this HF	
	Thaninthari	Freq	64	64	61	60	65
		%	98.5%	98.5%	93.8%	92.3%	
	Bago	Freq	65	65	62	63	65
		%	100.0%	100.0%	95.4%	96.9%	
	Magway	Freq	64	65	62	64	65
		%	98.5%	100.0%	95.4%	98.5%	
	Mandalay	Freq	65	65	61	62	65
		%	100.0%	100.0%	93.8%	95.4%	
	Mon	Freq	65	65	63	61	65
		%	100.0%	100.0%	96.9%	93.8%	
	Rakhine	Freq	65	65	64	62	65
		%	100.0%	100.0%	98.5%	95.4%	
	Yangon	Freq	63	65	59	60	65
		%	96.9%	100.0%	90.8%	92.3%	
	Shan (South)	Freq	65	65	64	65	65
		%	100.0%	100.0%	98.5%	100.0%	
	Shan (North)	Freq	65	64	62	59	65
		%	100.0%	98.5%	95.4%	90.8%	
	Shan (East)	Freq	64	63	62	59	65
		%	98.5%	96.9%	95.4%	90.8%	
	Ayeyawady	Freq	64	65	65	64	65
		%	98.5%	100.0%	100.0%	98.5%	
	Nay Pyi Taw	Freq	66	66	66	64	66
		%	100.0%	100.0%	100.0%	97.0%	
Urban/Rural	Urban	Freq	420	425	408	404	430
		%	97.7%	98.8%	94.9%	94.0%	
	Rural	Freq	670	677	657	656	681
		%	98.4%	99.4%	96.5%	96.3%	
Total		Freq	1090	1102	1065	1060	1111

** Multiple response table*

Almost all statements made by clients about their visit to the HF indicated that they were satisfied with the outcome of their clinic visit.

Clients' appraisal of costs of family planning services

Table 99. Percentage of clients reporting paying for services and average amount paid by type of HF

			Had to pay for last clinic visit for FP services		Total
			Yes	No	
Health Facility Level	Tertiary	Freq	37	48	85
		%	43.5%	56.5%	100.0%
	Secondary	Freq	121	224	345
		%	35.1%	64.9%	100.0%
	Primary	Freq	172	509	681
		%	25.3%	74.7%	100.0%
State/Region	Kachin	Freq	6	59	65
		%	9.2%	90.8%	100.0%
	Kayah	Freq	34	36	70
		%	48.6%	51.4%	100.0%
	Kayin	Freq	18	47	65
		%	27.7%	72.3%	100.0%
	Chin	Freq	20	45	65
		%	30.8%	69.2%	100.0%
	Sagaing	Freq	18	47	65
		%	27.7%	72.3%	100.0%
	Thaninthari	Freq	2	63	65
		%	3.1%	96.9%	100.0%
	Bago	Freq	22	43	65
		%	33.8%	66.2%	100.0%
	Magway	Freq	23	42	65
		%	35.4%	64.6%	100.0%
	Mandalay	Freq	18	47	65
		%	27.7%	72.3%	100.0%
	Mon	Freq	12	53	65
		%	18.5%	81.5%	100.0%
	Rakhine	Freq	59	6	65
		%	90.8%	9.2%	100.0%
	Yangon	Freq	23	42	65
		%	35.4%	64.6%	100.0%
	Shan (South)	Freq	10	55	65
		%	15.4%	84.6%	100.0%
	Shan (North)	Freq	20	45	65
		%	30.8%	69.2%	100.0%
	Shan (East)	Freq	13	52	65
		%	20.0%	80.0%	100.0%
	Ayeyawady	Freq	21	44	65
		%	32.3%	67.7%	100.0%
	Nay Pyi Taw	Freq	11	55	66
		%	16.7%	83.3%	100.0%
Urban/Rural	Urban	Freq	158	272	430
		%	36.7%	63.3%	100.0%
	Rural	Freq	172	509	681
		%	25.3%	74.7%	100.0%
Total		Freq	330	781	1111
		%	29.7%	70.3%	100.0%

About one third (29.7 per cent) of clients responded that they had to pay for services at HFs. The response was highest at the tertiary level (43.5 per cent) and lowest at the primary level (25.3 per cent). The rate was highest in Rakhine State (90.8 per cent) and lowest in Kachin State and Thaninthari Region (9.2 per cent and 3.1 per cent). The urban/rural difference was significant (36.7 per cent vs. 25.3 per cent, P<0.001).

Figure 17. Percentage of HFs where fees are charged for services

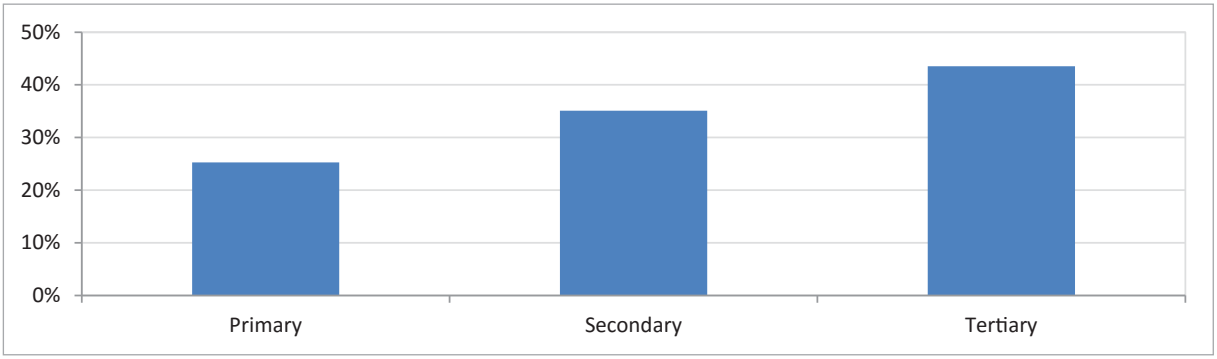


Table 100. Percentage of clients reporting paying for services and average amount paid by management of facility

Health Facility Level		For registration	For Lab/X-ray procedure	Medicine from clinic	Medicine from outside pharmacy	Examination fees
Tertiary	N	37	37	37	37	37
	Median	0	0	0	0	0
	Mean	189	203	297	543	405
	Std.Deviation	297	1151	533	975	1554
Secondary	N	121	121	121	121	121
	Median	0	0	0	0	0
	Mean	312	0	789	656	215
	Std.Deviation	1923	0	1260	2402	712
Primary	N	171	172	172	172	173
	Median	0	0	0	0	0
	Mean	20	36	509	405	401
	Std.Deviation	109	311	884	1001	840
Total	N	329	330	330	330	331
	Median	0	0	0	0	0
	Mean	146	42	588	512	333
	Std.Deviation	1178	446	1022	1656	908

Out of 330 clients who reported that they had to pay to visit a clinic, the average amount paid for various items was not more than 600 kyats (about 0.50 USD). The highest costs incurred were to buy medicine from outside the clinic or at the clinic (512 kyats and 588 kyats respectively). The amount was highest at secondary level HFs than other levels (656 Kyats).

Table 101. Percentage of clients reporting paying for services by state/region

State/Region		Had to pay for last clinic visit for FP services		Total
		Yes	No	
Kachin	Freq	6	59	65
	%	9.2%	90.8%	100.0%
Kayah	Freq	34	36	70
	%	48.6%	51.4%	100.0%
Kayin	Freq	18	47	65
	%	27.7%	72.3%	100.0%
Chin	Freq	20	45	65
	%	30.8%	69.2%	100.0%
Sagaing	Freq	18	47	65
	%	27.7%	72.3%	100.0%
Thaninthari	Freq	2	63	65
	%	3.1%	96.9%	100.0%
Bago	Freq	22	43	65
	%	33.8%	66.2%	100.0%
Magway	Freq	23	42	65
	%	35.4%	64.6%	100.0%
Mandalay	Freq	18	47	65
	%	27.7%	72.3%	100.0%
Mon	Freq	12	53	65
	%	18.5%	81.5%	100.0%
Rakhine	Freq	59	6	65
	%	90.8%	9.2%	100.0%
Yangon	Freq	23	42	65
	%	35.4%	64.6%	100.0%
Shan (South)	Freq	10	55	65
	%	15.4%	84.6%	100.0%
Shan (North)	Freq	20	45	65
	%	30.8%	69.2%	100.0%
Shan (East)	Freq	13	52	65
	%	20.0%	80.0%	100.0%
Ayeyawady	Freq	21	44	65
	%	32.3%	67.7%	100.0%
Nay Pyi Taw	Freq	11	55	66
	%	16.7%	83.3%	100.0%
Total	Freq	330	781	1111
	%	29.7%	70.3%	100.0%

Table 102. Percentage of clients reporting paying for services and average amount paid by state/region

State/Region		For registration	For Lab/X-ray procedure	Medicine from clinic	Medicine from outside pharmacy	Examination fees
Kachin	N	6	6	6	6	6
	Mean	0	0	333	1933	0
	SD	0	0	816	1941	0
Kayah	N	34	34	34	34	34
	Mean	0	0	588	541	29
	SD	0	0	949	1479	171
Kayin	N	18	18	18	18	18
	Mean	28	28	583	2444	0
	SD	118	118	1074	4724	0
Chin	N	20	20	20	20	20
	Mean	170	0	300	875	0
	SD	456	0	441	3340	0
Sagaing	N	18	18	18	18	18
	Mean	94	0	194	528	0
	SD	192	0	458	581	0
Thaninthari	N	2	2	2	2	2
	Mean	0	0	4750	0	0
	SD	0	0	5303	0	0
Bago	N	22	22	22	22	22
	Mean	182	0	205	91	45
	SD	246	0	427	294	213
Magway	N	23	23	23	23	23
	Mean	109	0	978	361	0
	SD	300	0	819	1134	0
Mandalay	N	18	18	18	18	19
	Mean	39	0	0	0	937
	SD	124	0	0	0	1484
Mon	N	12	12	12	12	12
	Mean	100	0	1083	92	0
	SD	289	0	1125	215	0
Rakhine	N	58	59	59	59	59
	Mean	9	93	763	37	1237
	SD	66	521	1183	214	1183
Yangon	N	23	23	23	23	23
	Mean	0	0	348	543	109
	SD	0	0	629	475	368
Shan (South)	N	10	10	10	10	10
	Mean	200	700	200	700	1050
	SD	350	2214	632	823	2522

Table 102. (continued) Percentage of clients reporting paying for services and average amount paid by state/region

State/Region		For registration	For Lab/X-ray procedure	Medicine from clinic	Medicine from outside pharmacy	Examination fees
Shan (North)	N	20	20	20	20	20
	Mean	0	35	775	750	225
	SD	0	157	1240	1045	573
Shan (East)	N	13	13	13	13	13
	Mean	77	0	654	154	0
	SD	277	0	851	376	0
Ayeyawady	N	21	21	21	21	21
	Mean	0	0	857	405	0
	SD	0	0	1086	1158	0
Nay Pyi Taw	N	11	11	11	11	11
	Mean	0	0	500	864	0
	SD	0	0	742	951	0
Total	N	329	330	330	330	331
	Mean	146	42	588	512	333
	SD	1178	446	1022	1656	908

The average amount paid for medicines was relatively higher in Thaninthari, Kachin, Kayin, and Mon States/Regions at more than 1000 kyats.

Table 103. Percentage of clients reporting paying for services by urban/rural area

Urban/Rural		Had to pay for last clinic visit for FP services		Total
		Yes	No	
Urban	Freq	158	272	430
	%	36.7%	63.3%	100.0%
Rural	Freq	172	509	681
	%	25.3%	74.7%	100.0%
Total	Freq	330	781	1111
	%	29.7%	70.3%	100.0%

Table 104. Percentage of clients reporting paying for services and average amount paid by urban/rural area

Urban/Rural		For registration	For Lab/X-ray procedure	Medicine from clinic	Medicine from outside pharmacy	Examination fees
Urban	N	158	158	158	158	158
	Mean	283	47	674	630	259
	SD	1688	558	1150	2152	974
Rural	N	171	172	172	172	173
	Mean	20	36	509	405	401
	SD	109	311	884	1001	840
Total	N	329	330	330	330	331
	Mean	146	42	588	512	333
	SD	1178	446	1022	1656	908

An urban/rural difference in the costs incurred for medicines was not apparent. The percentage of clients reporting paying for services and the average amount paid per visit by management of facility could not be analysed due to the exclusion of private sector clients in the exit interview sample.

Table 105. Percentage distribution of clients by mode of transport, distance travelled and cost of transportation

		Frequency	Percent
Main mode to reach the clinic	On foot	586	52.7
	Bicycle	36	3.2
	Motorbike	392	35.3
	Bus/Taxi	43	3.9
	Own vehicle	37	3.3
	Other	17	1.5
	Total	1111	100.0
Distance to clinic from home (miles)	<=.0	527	47.4
	1.0-1.9	418	37.6
	2.0+	166	15.0
Cost of clinic visit	<=.00	709	63.8
	1.00-1000.00	228	20.5
	1001.00-2000.00	110	9.9
	2001.00-3000.00	27	2.4
	3001.00-4000.00	10	.9
	4001.00+	27	2.4
	Total	1111	100.0

The most frequent modes of transport to the clinic were “motorbike and “on foot” (35.3 per cent and 52.7 per cent respectively). The majority of clients (85 per cent) lived less than two miles away from their nearest HF. Most of them (84.3 per cent) did not need to spend more than 1,000 kyats (nearly one USD) per clinic visit.

Table 106a. Percentage distribution of clients by mode of transport

			Mode of transport used to reach clinic						Total
			On foot	Bicycle	Motorbike	Bus/Taxi	Own vehicle	Other	
Health Facility Level	Tertiary	Freq	16	4	43	15	6	1	85
		%	18.8%	4.7%	50.6%	17.6%	7.1%	1.2%	100.0%
	Secondary	Freq	173	14	125	15	13	5	345
		%	50.1%	4.1%	36.2%	4.3%	3.8%	1.4%	100.0%
	Primary	Freq	397	18	224	13	18	11	681
		%	58.3%	2.6%	32.9%	1.9%	2.6%	1.6%	100.0%
State/Region	Kachin	Freq	34	2	28	1	0	0	65
		%	52.3%	3.1%	43.1%	1.5%	0.0%	0.0%	100.0%
	Kayah	Freq	33	1	33	2	1	0	70
		%	47.1%	1.4%	47.1%	2.9%	1.4%	0.0%	100.0%
	Kayin	Freq	26	2	26	3	4	4	65
		%	40.0%	3.1%	40.0%	4.6%	6.2%	6.2%	100.0%
	Chin	Freq	58	0	5	2	0	0	65
		%	89.2%	0.0%	7.7%	3.1%	0.0%	0.0%	100.0%
	Sagaing	Freq	35	1	28	1	0	0	65
		%	53.8%	1.5%	43.1%	1.5%	0.0%	0.0%	100.0%
	Thaninthari	Freq	24	0	9	4	28	0	65
		%	36.9%	0.0%	13.8%	6.2%	43.1%	0.0%	100.0%
	Bago	Freq	51	0	6	6	0	2	65
		%	78.5%	0.0%	9.2%	9.2%	0.0%	3.1%	100.0%
	Magway	Freq	45	0	20	0	0	0	65
		%	69.2%	0.0%	30.8%	0.0%	0.0%	0.0%	100.0%
	Mandalay	Freq	39	6	17	2	0	1	65
		%	60.0%	9.2%	26.2%	3.1%	0.0%	1.5%	100.0%
	Mon	Freq	40	2	18	5	0	0	65
		%	61.5%	3.1%	27.7%	7.7%	0.0%	0.0%	100.0%
	Rakhine	Freq	22	1	40	2	0	0	65
		%	33.8%	1.5%	61.5%	3.1%	0.0%	0.0%	100.0%
	Yangon	Freq	21	0	33	11	0	0	65
		%	32.3%	0.0%	50.8%	16.9%	0.0%	0.0%	100.0%
	Shan (South)	Freq	28	0	35	1	1	0	65
		%	43.1%	0.0%	53.8%	1.5%	1.5%	0.0%	100.0%
	Shan (North)	Freq	36	4	23	0	2	0	65
		%	55.4%	6.2%	35.4%	0.0%	3.1%	0.0%	100.0%
	Shan (East)	Freq	36	9	18	0	1	1	65
		%	55.4%	13.8%	27.7%	0.0%	1.5%	1.5%	100.0%
	Ayeyawady	Freq	15	6	32	3	0	9	65
		%	23.1%	9.2%	49.2%	4.6%	0.0%	13.8%	100.0%
	Nay Pyi Taw	Freq	43	2	21	0	0	0	66
		%	65.2%	3.0%	31.8%	0.0%	0.0%	0.0%	100.0%
Urban/Rural	Urban	Freq	189	18	168	30	19	6	430
		%	44.0%	4.2%	39.1%	7.0%	4.4%	1.4%	100.0%
	Rural	Freq	397	18	224	13	18	11	681
		%	58.3%	2.6%	32.9%	1.9%	2.6%	1.6%	100.0%
Total		Freq	586	36	392	43	37	17	1111
		%	52.7%	3.2%	35.3%	3.9%	3.3%	1.5%	100.0%

Table 106b. Percentage distribution of clients by distance from clinic

			Distance to clinic from home (miles)			Total
			<=.0	1.0-1.0	2.0+	
Health Facility Level	Tertiary	Freq	21	30	34	85
		%	24.7%	35.3%	40.0%	100.0%
	Secondary	Freq	133	160	51	344
		%	38.7%	46.5%	14.8%	100.0%
	Primary	Freq	373	228	79	680
		%	54.9%	33.5%	11.6%	100.0%
State/Region	Kachin	Freq	31	16	18	65
		%	47.7%	24.6%	27.7%	100.0%
	Kayah	Freq	38	18	14	70
		%	54.3%	25.7%	20.0%	100.0%
	Kayin	Freq	38	21	6	65
		%	58.5%	32.3%	9.2%	100.0%
	Chin	Freq	49	13	3	65
		%	75.4%	20.0%	4.6%	100.0%
	Sagaing	Freq	43	14	8	65
		%	66.2%	21.5%	12.3%	100.0%
	Thaninthari	Freq	23	34	8	65
		%	35.4%	52.3%	12.3%	100.0%
	Bago	Freq	49	7	9	65
		%	75.4%	10.8%	13.8%	100.0%
	Magway	Freq	39	22	4	65
		%	60.0%	33.8%	6.2%	100.0%
	Mandalay	Freq	0	63	2	65
		%	0.0%	96.9%	3.1%	100.0%
	Mon	Freq	48	11	6	65
		%	73.8%	16.9%	9.2%	100.0%
	Rakhine	Freq	22	27	16	65
		%	33.8%	41.5%	24.6%	100.0%
	Yangon	Freq	0	52	13	65
		%	0.0%	80.0%	20.0%	100.0%
	Shan (South)	Freq	2	56	7	65
		%	3.1%	86.2%	10.8%	100.0%
	Shan (North)	Freq	42	19	4	65
		%	64.6%	29.2%	6.2%	100.0%
	Shan (East)	Freq	43	12	10	65
		%	66.2%	18.5%	15.4%	100.0%
	Ayeyawady	Freq	14	24	25	63
		%	22.2%	38.1%	39.7%	100.0%
	Nay Pyi Taw	Freq	46	9	11	66
		%	69.7%	13.6%	16.7%	100.0%
Urban/Rural	Urban	Freq	154	190	85	429
		%	35.9%	44.3%	19.8%	100.0%
	Rural	Freq	373	228	79	680
		%	54.9%	33.5%	11.6%	100.0%
Total		Freq	527	418	164	1109
		%	47.5%	37.7%	14.8%	100.0%

Table 106c. Percentage distribution of clients by cost of clinic visit

			Cost of clinic visit						Total
			<=.00	1-1000	1001-2000	2001-3000	3001-4000	4001+	
Health Facility Level	Tertiary	Freq	26	23	21	4	2	9	85
		%	30.6%	27.1%	24.7%	4.7%	2.4%	10.6%	100.0%
	Secondary	Freq	220	85	26	5	1	8	345
		%	63.8%	24.6%	7.5%	1.4%	.3%	2.3%	100.0%
	Primary	Freq	463	120	63	18	7	10	681
		%	68.0%	17.6%	9.3%	2.6%	1.0%	1.5%	100.0%
State/Region	Kachin	Freq	36	19	6	0	1	3	65
		%	55.4%	29.2%	9.2%	0.0%	1.5%	4.6%	100.0%
	Kayah	Freq	35	28	3	1	2	1	70
		%	50.0%	40.0%	4.3%	1.4%	2.9%	1.4%	100.0%
	Kayin	Freq	43	18	4	0	0	0	65
		%	66.2%	27.7%	6.2%	0.0%	0.0%	0.0%	100.0%
	Chin	Freq	59	1	2	1	0	2	65
		%	90.8%	1.5%	3.1%	1.5%	0.0%	3.1%	100.0%
	Sagaing	Freq	49	12	3	1	0	0	65
		%	75.4%	18.5%	4.6%	1.5%	0.0%	0.0%	100.0%
	Thaninthari	Freq	43	20	1	0	1	0	65
		%	66.2%	30.8%	1.5%	0.0%	1.5%	0.0%	100.0%
	Bago	Freq	54	10	1	0	0	0	65
		%	83.1%	15.4%	1.5%	0.0%	0.0%	0.0%	100.0%
	Magway	Freq	49	12	3	1	0	0	65
		%	75.4%	18.5%	4.6%	1.5%	0.0%	0.0%	100.0%
	Mandalay	Freq	47	14	1	1	0	2	65
		%	72.3%	21.5%	1.5%	1.5%	0.0%	3.1%	100.0%
	Mon	Freq	49	11	4	0	0	1	65
		%	75.4%	16.9%	6.2%	0.0%	0.0%	1.5%	100.0%
	Rakhine	Freq	23	4	23	11	0	4	65
		%	35.4%	6.2%	35.4%	16.9%	0.0%	6.2%	100.0%
	Yangon	Freq	25	16	17	2	0	5	65
		%	38.5%	24.6%	26.2%	3.1%	0.0%	7.7%	100.0%
	Shan (South)	Freq	34	18	7	3	3	0	65
		%	52.3%	27.7%	10.8%	4.6%	4.6%	0.0%	100.0%
	Shan (North)	Freq	44	17	2	1	1	0	65
		%	67.7%	26.2%	3.1%	1.5%	1.5%	0.0%	100.0%
	Shan (East)	Freq	55	2	5	0	2	1	65
		%	84.6%	3.1%	7.7%	0.0%	3.1%	1.5%	100.0%
	Ayeyawady	Freq	18	18	18	3	0	8	65
		%	27.7%	27.7%	27.7%	4.6%	0.0%	12.3%	100.0%
	Nay Pyi Taw	Freq	46	8	10	2	0	0	66
		%	69.7%	12.1%	15.2%	3.0%	0.0%	0.0%	100.0%
Urban/Rural	Urban	Freq	246	108	47	9	3	17	430
		%	57.2%	25.1%	10.9%	2.1%	.7%	4.0%	100.0%
	Rural	Freq	463	120	63	18	7	10	681
		%	68.0%	17.6%	9.3%	2.6%	1.0%	1.5%	100.0%
Total		Freq	709	228	110	27	10	27	1111
		%	63.8%	20.5%	9.9%	2.4%	.9%	2.4%	100.0%

Table 107. Average time spent by client to visit clinic for FP services

		Travel time to clinic (minutes)	Waiting time at clinic (minutes)		Total time spent (minutes)
			Minumum	Maximum	
Level	Tertiary	31	23	31	85
	Secondary	14	9	14	37
	Primary	14	9	16	39
Region	Kachin	20	8	20	47
	Kayah	18	12	18	47
	Kayin	15	12	15	41
	Chin	16	30	15	61
	Sagaing	12	8	12	32
	Thaninthari	10	19	10	39
	Bago	13	6	12	32
	Magway	16	11	16	43
	Mandalay	12	6	12	29
	Mon	12	12	12	35
	Rakhine	20	7	26	53
	Yangon	18	6	16	39
	Shan (South)	15	6	15	37
	Shan (North)	9	4	9	23
	Shan (East)	9	5	7	21
	Ayeyawady	26	13	24	63
	Nay Pyi Taw	18	6	45	69
Urban/Rural	Urban	17	12	17	47
	Rural	14	9	16	39
Total		15	10	17	42

The total time spent per clinic visit for family planning services was about 42 minutes on average. This included travel time of 15 minutes, as well as 27 minutes waiting time at the clinic.

Table 108. Percentage distribution of clients by activities they would have been engaged in during the time spent receiving FP services

			Activities clients would have been engaged in during time spent receiving FP services*							Total
			Regular household work	Farm work	Sales work	Manual labour	Skilled labour	Professional job	(Other)	
Sex	Male	Freq	2	1	0	1	0	0	1	5
		%	40.0%	20.0%	0.0%	20.0%	0.0%	0.0%	20.0%	
	Female	Freq	711	124	123	48	19	9	66	1080
		%	65.8%	11.5%	11.4%	4.4%	1.8%	.8%	6.1%	
Age	15-19	Freq	28	5	3	1	0	1	3	39
		%	71.8%	12.8%	7.7%	2.6%	0.0%	2.6%	7.7%	
	20-24	Freq	135	14	13	4	2	1	10	175
		%	77.1%	8.0%	7.4%	2.3%	1.1%	.6%	5.7%	
	25-29	Freq	178	18	25	10	2	2	18	252
		%	70.6%	7.1%	9.9%	4.0%	.8%	.8%	7.1%	
	30-34	Freq	185	45	36	12	10	5	17	303
		%	61.1%	14.9%	11.9%	4.0%	3.3%	1.7%	5.6%	
	35-39	Freq	99	21	26	14	3	0	10	170
		%	58.2%	12.4%	15.3%	8.2%	1.8%	0.0%	5.9%	
	40-44	Freq	63	15	15	7	2	0	6	105
		%	60.0%	14.3%	14.3%	6.7%	1.9%	0.0%	5.7%	
	45-49	Freq	23	5	5	1	0	0	3	37
		%	62.2%	13.5%	13.5%	2.7%	0.0%	0.0%	8.1%	
	50+	Freq	2	2	0	0	0	0	0	4
		%	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Marital status	Unmarried/ live together	Freq	17	0	2	0	0	0	2	21
		%	81.0%	0.0%	9.5%	0.0%	0.0%	0.0%	9.5%	
	Married/ live together	Freq	692	123	121	49	18	9	65	1057
		%	65.5%	11.6%	11.4%	4.6%	1.7%	.9%	6.1%	
	Divorced/ separated/ widowed	Freq	4	2	0	0	1	0	0	7
		%	57.1%	28.6%	0.0%	0.0%	14.3%	0.0%	0.0%	
Education level	No schooling	Freq	53	20	6	4	0	0	4	87
		%	60.9%	23.0%	6.9%	4.6%	0.0%	0.0%	4.6%	
	Primary	Freq	261	55	39	23	2	1	24	396
		%	65.9%	13.9%	9.8%	5.8%	.5%	.3%	6.1%	
	Above primary	Freq	399	50	78	22	17	8	39	602
		%	66.3%	8.3%	13.0%	3.7%	2.8%	1.3%	6.5%	
Total		Freq	713	125	123	49	19	9	67	1085

** Multiple response*

About 70 per cent of clients would have been undertaking household work during their clinic visit. About 20 per cent stated that they would have been doing farm work or sales. No obvious differential of activities between clients with different background characteristics was observed.

Table 109. Percentage distribution of clients by person indicated to have performed activities on their behalf while they were receiving FP services

			To whom task assigned				Total
			Family member	Working partner	Nobody	Other	
Sex	Male	Freq	3	1	1	0	5
		%	60.0%	20.0%	20.0%	0.0%	100.0%
	Female	Freq	583	38	456	29	1106
		%	52.7%	3.4%	41.2%	2.6%	100.0%
Age	15-19	Freq	29	1	11	1	42
		%	69.0%	2.4%	26.2%	2.4%	100.0%
	20-24	Freq	99	5	71	3	178
		%	55.6%	2.8%	39.9%	1.7%	100.0%
	25-29	Freq	131	9	109	9	258
		%	50.8%	3.5%	42.2%	3.5%	100.0%
	30-34	Freq	160	13	132	6	311
		%	51.4%	4.2%	42.4%	1.9%	100.0%
	35-39	Freq	90	3	72	6	171
		%	52.6%	1.8%	42.1%	3.5%	100.0%
	40-44	Freq	56	5	44	3	108
		%	51.9%	4.6%	40.7%	2.8%	100.0%
	45-49	Freq	17	3	17	1	38
		%	44.7%	7.9%	44.7%	2.6%	100.0%
	50+	Freq	4	0	1	0	5
		%	80.0%	0.0%	20.0%	0.0%	100.0%
Marital status	Unmarried/live together	Freq	13	0	7	1	21
		%	61.9%	0.0%	33.3%	4.8%	100.0%
	Married/live together	Freq	568	38	449	28	1083
		%	52.4%	3.5%	41.5%	2.6%	100.0%
	Divorced/separated/widowed	Freq	5	1	1	0	7
		%	71.4%	14.3%	14.3%	0.0%	100.0%
Education level	No schooling	Freq	49	2	38	2	91
		%	53.8%	2.2%	41.8%	2.2%	100.0%
	Primary	Freq	202	8	187	7	404
		%	50.0%	2.0%	46.3%	1.7%	100.0%
	Above primary	Freq	335	29	232	20	616
		%	54.4%	4.7%	37.7%	3.2%	100.0%
Total		Freq	586	39	457	29	1111
		%	52.7%	3.5%	41.1%	2.6%	100.0%

About 41.1 per cent of clients did not delegate their duties to others during their clinic visit. 52.7 per cent of clients stated that they delegated their duties to family members during their visit to the clinic. Delegation of activities to family members was more frequent at younger and older ages. Educational attainment was not associated with the person delegated to carry out the activities.

Table 110. Average amount paid to person who performed activities on behalf of client while client was receiving FP services

Background occupation status	Family member	Working partner	Total average
Regular HH Chores	823	2000	838
Farm work	2404	2625	3100
Sales	2000	-	2000
Manual labour	-	1500	1500
Skilled labour	200	-	200
Professional	-	-	-
Other	4000	-	4000

Clients who assigned their work during their clinic visit (52.7 per cent) had to pay about 3,100 kyats for farm work and 2,000 kyats for sales.

Table 111. Percentage distribution of clients by source of funds used to pay for FP services

			Clients by source of funds used to pay for FP services*				Total
			By client	By spouse	By family members	By other	
Sex	Male	Freq	1	1	0	0	2
		%	50.0%	50.0%	0.0%	0.0%	
	Female	Freq	162	341	9	3	513
		%	31.6%	66.5%	1.8%	.6%	
Age	15-19	Freq	7	15	3	1	25
		%	28.0%	60.0%	12.0%	4.0%	
	20-24	Freq	26	61	3	0	90
		%	28.9%	67.8%	3.3%	0.0%	
	25-29	Freq	39	83	1	0	122
		%	32.0%	68.0%	.8%	0.0%	
	30-34	Freq	50	87	1	1	139
		%	36.0%	62.6%	.7%	.7%	
	35-39	Freq	17	64	1	1	83
		%	20.5%	77.1%	1.2%	1.2%	
	40-44	Freq	17	24	0	0	41
		%	41.5%	58.5%	0.0%	0.0%	
	45-49	Freq	6	8	0	0	14
		%	42.9%	57.1%	0.0%	0.0%	
	50+	Freq	1	0	0	0	1
		%	100.0%	0.0%	0.0%	0.0%	
Marital status	Unmarried/live together	Freq	2	2	0	0	4
		%	50.0%	50.0%	0.0%	0.0%	
	Married/live together	Freq	158	339	9	3	507
		%	31.2%	66.9%	1.8%	.6%	
	Divorced/separated/ widowed	Freq	3	1	0	0	4
		%	75.0%	25.0%	0.0%	0.0%	
Education level	No schooling	Freq	15	24	0	0	39
		%	38.5%	61.5%	0.0%	0.0%	
	Primary	Freq	45	138	3	0	186
		%	24.2%	74.2%	1.6%	0.0%	
	Above primary	Freq	103	180	6	3	290
		%	35.5%	62.1%	2.1%	1.0%	
Total		Freq	163	342	9	3	515

** Multiple response table*

Payment was made primarily by the client's spouse (66.4 per cent) and by the client themselves (31.6 per cent).

Table 112. Average amount paid by each source by background characteristics of client

Sex	Client	Spouse	Family members	Other
Male	1000	500	0	0
Female	555	1274	18	3
Age				
15-19	1089	1617	71	0
20-24	340	1410	29	0
25-29	465	1314	0	0
30-34	423	1165	1	6
35-39	704	1352	56	11
40-44	951	1024	0	0
45-49	1281	888	0	0
50+	500	0	0	0
Marital status				
Unmarried/live together	286	1286	0	0
Married/live together	563	1271	18	4
Divorced/separated/widowed	125	-	0	0
Education level				
No schooling	500	1018	0	0
Primary	364	1400	29	0
Above primary	686	1224	13	6
Total	557	1271	18	3

The average amount incurred for the delegation of work activities during the clinic visit was 557 kyats by the client and 1,271 kyats by the client's spouse.

Part V: Summary of findings

Summary of findings about HFs

1. Modern contraceptives offered by primary level facilities

Since 81.4 per cent of primary level HFs were providing at least three modern contraceptive methods, the majority of primary level HFs were fulfilling basic birth spacing services.

2. Modern contraceptives offered by secondary and tertiary facilities

The percentage of availability of at least five modern contraceptive methods at secondary and tertiary level HFs was (39.4 per cent vs. 91.3 per cent, P<0.001). It is noted that the provision of modern methods of contraceptives was the lowest at secondary level HFs.

3. Availability of Maternal and RH essential medicine

Nationwide availability of essential life-saving MRH medicines was 52.9 per cent which was higher than last year's figure of 49 per cent. The percentage was highest at tertiary level HFs (65.2 per cent) and lowest at primary level HFs (39.5 per cent).The percentage was higher in urban compared to rural facilities (65.2 per cent vs. 44.4 per cent). The availability of life-saving MRH medicines was higher in government sector HFs compared to those in the private sector (52.1 per cent vs. 65.2 per cent, P=0.139).

The lowest stock-outs of RH medicines were reported for Metronidazole (3.9 per cent), Na Lactate (15 per cent), Oral misoprostol (26.1 per cent) and Inj. Oxytocin (24 per cent). Stock-outs of Inj. Meg Sulph were recorded at 27.3 per cent of HFs. Highest stock-outs were reported for M-dopa (59.2 per cent) and Hydralazine (64.6 per cent).

4. Incidence of 'no stock outs' of modern contraceptives in the last six months

25.7% of HFs were able to provide a choice of modern contraceptive methods during the last six months. Availability was lowest at tertiary level HFs compared to other levels of HFs (17.4 per cent vs. 21.9 per cent and 27.9 per cent). "No stock-outs" were reported for the OCP and stocks of injectables were 70 per cent at all levels of HFs. "No stock-outs" for female condoms were approximately less than 5 per cent at all levels. "No stock-outs" of implants were very low at all levels of HFs.

5. Incidence of 'no stock outs' of modern contraceptive methods on the day of the survey

"No stock-outs" were reported at 27.8 per cent of all HFs. Stocks for the OCP and injectable methods were more than 85 per cent and 73 per cent at all levels. There was a notable reduction in stock-outs for implants, male condoms, female condoms and injectable methods compared to 2015.

6. Supply chain, including cold chain

Responsible person: Pharmacists, an assigned MO and MS were the main persons responsible for drug indents and ordering. Pharmacists were most frequently assigned in all states/regions.

Calculation of needs: Supplies for the majority of secondary and primary levels HFs were quantified by the supplier only (63.8 per cent and 75 per cent respectively). Less HFs in rural areas calculated supplies themselves than in urban area (23.8 per cent vs. 28.4 per cent).

Supply: The Central Medical Store supplied 43.5% of tertiary level HFs, this was a decrease from last

year's figure of 78 per cent. 52.5 per cent of secondary level and 80.2 per cent of primary level HFs received supplies from Township Health Departments (THDs). It was noted that THDs were taking more responsibility as a major source of supplies. Major suppliers for HFs in urban areas were State/Region Health Departments and Township Health Departments (37.4 per cent and 29.7 per cent respectively).

Transportation: Most HFs (>50 per cent) at all levels and in all states/regions made their own arrangements for the transportation of drug supplies to their HFs. Arrangements for transportation of supplies by the government were found at tertiary and secondary level HFs (26.1 per cent and 13.1 per cent). HFs making their own transportation arrangements was more apparent in rural than in urban areas (91 per cent vs. 72.9 per cent, P<0.001). Compared to last year's assessment, HFs making their own transportation arrangements for supplies had increased in rural HFs.

Interval: Most HFs, especially HFs at the secondary and primary levels, stated that the interval between the indent and supply was irregular (42.5 per cent and 41.3 per cent respectively). At the tertiary level, 34.8 per cent of HFs estimated that the interval was less than two weeks. Irregularity between the indent and receipt of supplies was more pronounced in secondary and primary level HFs. (37 per cent vs. 17 per cent). One third of HFs stated that the interval was irregular. Irregularity of the interval between indent and supply was more pronounced in this year's assessment compared to last years. Thirty five per cent of HFs described the interval between indent and supply as "irregular".

Cold chain: The availability of a cold chain system was highest in tertiary and secondary level HFs (95.7 per cent and 81.9 per cent) and lowest in primary level HFs (35.5 per cent). Overall the percentage availability of a cold chain system was about 62.7 per cent with notable urban/ rural differences (82.6 per cent vs. 48.9 per cent, P<0.001). Availability of a cold chain system was much lower in Thaninthari, Shan (E), Bago and Ayeyawady Regions (50 per cent). Of those HFs with a cold chain system, more than 85 per cent used an electrical power supply system. Most tertiary HFs used the national grid as a power source. Nearly half of HFs at the primary level (45 per cent) used solar power. The difference between urban and rural usage of the national grid was also significant (78 per cent in urban areas vs. 55.5 per cent in rural areas, P<0.001). The usage of solar power was much higher in rural areas compared to urban areas (46.4 per cent vs. 24.4 per cent, P<0.001).

7. Staff trained to provide birth spacing services and to insert and remove implants

There were 55.3 per cent and 15.6 per cent of HFs which had trained staff to provide birth spacing services and to insert and remove implants respectively. The presence of trained staff to provide services for birth spacing was lowest at secondary level HFs (40.6 per cent) compared to tertiary and primary level HFs (87 per cent and 75 per cent). Sagaing, Shan (E), Mon and Magway had low levels (<40 per cent) of trained staff to provide birth spacing services. The presence of trained staff to insert and remove implants was only 15.6 per cent (lower than last year's percentage of 24 per cent) at the Union level. At tertiary level HFs this figure was 52.2 per cent while at primary level HFs it was only 5.8 per cent. Chin, Ayeyawady, Bago, Mandalay, Magway, and Sagaing had lower percentages of trained staff compared to the average at the Union level. Urban/rural differences in the presence of trained staff to remove and insert implants was quite significant (29 per cent vs. 6.3 per cent, P<0.001). Private sector HFs had much higher percentages than government sector HFs (52.2 per cent vs. 13.2 per cent). Most staff trained to provide birth spacing services received training more than one year ago (83.7 per cent). The percentage of HFs with staff who had received training more recently (i.e. in the last two months) was higher in tertiary level HFs compared to the other two levels of HFs.

8. Supervision:

The percentage of HFs which had not received supervision for RH issues was 32.8 per cent (lower than the 42 per cent reported in 2015). Supervisory visits were highest at tertiary level HFs (60.9 per cent). It was observed that Thaninthari and Mon had the highest proportion of HFs (>80 per cent) which had not received RH supervisory visits. HFs which received supervisory visits at irregular intervals was recorded at 16.1 per cent. The most frequent interval was "every 3 months" (19.8 per cent). The percentage of HFs which had received supervisory visits was higher in rural than in urban areas. The most frequently covered topic during supervisory visits was identified as 'logistics'. Other topics frequently covered during supervisory visits included 'reporting' and 'clinical treatment'.

9. Availability of guidelines, checklists and job aids:

The availability of any guidelines was not more than 44.2 per cent. Based on all 378 HFs assessed, the most frequently available guidebook was the "Job Aid for Antenatal Care" (32.3 per cent) and the "Guidebook for Antenatal Care" (24.9 per cent). Regarding the guide for birth spacing, 23.8 per cent of HFs had the "Checklist for Birth Spacing". The "National Guidebook for Birth Spacing" was only available at 15.3 per cent of HFs. Only 8.5 per cent of HFs had the "Guide for Waste Disposal."

10 Use of Information AND Communication Technology (ICT)

67.2 per cent of HFs had at least one of the ICT devices included in the questionnaire. "Smartphones" (84.4 per cent), "mobile phones" (53.2 per cent) and "computers" (31 per cent) were the top three ICT devices available at HFs. The availability of all types of ICT devices was lowest at primary level HFs. The most frequent response for the source of the ICT devices at the HFs was "own" (82.7 per cent). The most frequent uses of ICT devices were for "routine communications" (92 per cent), "medical indents" (52.5 per cent), health education (34.3 per cent) and "consultations" (34.1 per cent).

11. Waste disposal

All HFs had a waste disposal management system. The most frequently used methods were "burying" (67.2 per cent) and "burning" (49.5 per cent). An incineration method was only used by 9.3 per cent of HFs.

12. User fees

Respondents from 31.4 per cent of HFs stated that there were user fees especially for "medicines" (82.4 per cent) and "speciality services" (33 per cent).

Summary of findings about clients

1. Characteristics

The urban/rural ratio of clients was 1:1.6. More than 80 per cent of clients were aged between 21 and 50 years. Very few (0.6 per cent) were divorced/widowed at the time of the exit interview. More than 50 per of clients had 'above primary' level education. Nearly 90 per cent of clients interviewed visited their health facility monthly or three times a month.

2. Clients' perception of family planning service provision

Clients reported that the areas where they received little information from providers were "about side effects", "about how to manage side effects of contraceptives", and "about the need to follow-up on certain side effects." These three areas where information was reported as lacking were observed at all levels of HFs. Receiving the preferred method of contraception was apparently low in Kayah (48.6 per cent) and Bago (62.9 per cent). Clients in Rakhine received the least information about side effects at 46.2 per cent. There were no urban/rural differences in the information clients received. Most clients were satisfied with the cleanliness and privacy at the health centre. Long waiting times at the health centre was a complaint of about 15 per cent of respondents. It was more frequently noted at tertiary level HFs (33.3 per cent vs. 18.4 per cent and 15.8 per cent). Urban/rural differences in the response about long waiting times was apparent (21.3 per cent vs. 15.8 per cent).

3. Clients' appraisal of cost of birth spacing services

About one third (29.7 per cent) of clients responded they had to pay for services at HFs. The response was highest at tertiary level HFs (43.5 per cent) and lowest at primary level HFs (25.3 per cent). The need to pay for services was highest in Rakhine State (90.8 per cent) and lowest in Kachin State and Thaninthari Region (9.2 per cent and 3.1 per cent). Urban/rural differences were significant (36.7 per cent vs. 25.3 per cent, $P<0.001$). Out of 330 clients who reported that they had to pay for clinic visits, the average cost of various items was not more than 600 kyats (i.e. about 0.50 USD). The highest costs incurred were to buy medicine from outside the clinic or at the clinic (512 kyats and 588 kyats). The amount was highest at secondary level HFs than at the other two levels (656 Kyats). The total time spent per clinic visit for birth spacing services was about 42 minutes on average. This included 27 minutes travel time and 15 minutes waiting time.

Part VI. Conclusions

Reproductive health commodity security depends on a strong supply chain mechanism. A strong reproductive health supply chain supported by an effective logistics management system ensures that the right quality product, in the right quantities, and in the right condition is delivered to the right place, at the right time, at a reasonable cost. Four major components of a customary supply chain are: product selection; product procurement; product distribution; and product use. In other words, four major issues have to be considered in logistics management. These are: 1) contraceptive forecasting; 2) procurement procedures and processes; 3) implementing logistics management information systems; and 4) using supply chain modelling to analyse the need for management and the scale-up of commodities.[16]

During the last several years the Ministry of Health and Sports (Maternal and Reproductive Health Division) has implemented a variety of reproductive health programmes with an emphasis on reproductive health and family planning in collaboration with various partners including UNFPA. In 2014, it launched its Reproductive Health Commodity Management (RHCM) training initiative.

RH commodity security is a dynamic process that evolves over time, requiring coordinated efforts. Its' complexity depends on changes in policy; changes in key stakeholders in the public sector; changes in donor funding commitments; increasing demands of populations of reproductive age; changes in the procurement and manufacturing cycle; and the emergence of new contraceptive methods.

Since almost all of these changes are happening in the Myanmar Health System, commodity security programme performance needs to be monitored and evaluated and adjustments made as needed if new constraints emerge or outcomes do not meet work plan targets. This function should be the responsibility of the working group, which must routinely monitor stock status reports, procurement pipeline status, existing funding and future commitments, and the quality and reach of service delivery. Developing annual forecasts, examining representative data, conducting segmentation analysis, and constructing reproductive health accounts can all provide important information to identify gaps and evaluate impact.[17]

This report provides an analysis of RH Commodities and the services of health facilities in a variety of urban and rural locations, states/regions, and in the government and private sectors across the country. A selection of health centres across the country were visited for this evaluation study with the special purpose of evaluating RH Commodity Security.

For the first time in 2016, UNFPA, in collaboration with the Ministry of Health and Sports (MoHS), will provide 1 USD million worth of implant contraceptives, part of 2.6 USD million worth of reproductive health related supplies. Other partner agencies include Jhpiego, Marie Stopes International, Pathfinder and Population Services International. The initiative is countrywide, helping women and families from low income neighbourhoods and remote areas prevent unwanted pregnancies, while also reducing maternal mortalities. The implant contraceptive is very popular among women of child bearing age.

In Myanmar, one in four women of reproductive age cannot access the modern contraceptives they need to prevent or delay pregnancy. Every year, 2,000 Myanmar women die during pregnancy, childbirth, and from unsafe abortions. The current situation in the country shows that nearly 1.8 million women of reproductive age, or one fourth of Myanmar women of reproductive age, do not have access

[16] http://www.who.int/rhem/supplychain/en (Accessed 24th November 2016).
[17] Sarley, David, Raja Rao, Carolyn Hart, Leslie Patykewich, Paul Dowling, Wendy Abramson, Chris Wright, Nadia Olson, and Marie Tien. October 2006. Contraceptive Security: Practical Experience in Improving Global, Regional, National, and Local Product Availability. Arlington, Va.: DELIVER, for the U.S. Agency for International Development.

to modern contraceptive methods. This affects them and many aspects of their family life. UNFPA provides support to strengthen supply chain management, as well as financial support for the capacity building of service providers, both in the public and private sector through partners who offer quality family planning services. The initiative will certainly help reduce the unmet need for contraceptives, unwanted pregnancies, unsafe abortions, as well as maternal morbidity and mortality among women of reproductive age.[18]

As a result of the newly introduced Logistics Management Information System (LMIS) supported by UNFPA Myanmar, there was a procurement of 3.2 million Depo-Provera injections in 2014 for the MOHS through UNFPA Supplies, and a further 1.7 million in 2015; no stock-outs have been reported at any level of health facilities in a selected township in Yangon.[19]

In 2016, about 80 per cent of HFs could provide at least one of three types of modern contraceptive methods, most of which were OC pills and injectables. It was noted that the availability of five modern contraceptive methods at secondary and tertiary level HFs was less than last year. However, further detailed analysis showed that the availability of contraceptive methods at tertiary level HFs for 2015 and 2016 (80 per cent vs. 91.3 per cent), and in primary level HFs for 2015 and 2016 (i.e. 84 per cent vs. 81.4 per cent) were not notably different. The difference in secondary level HFs for 2015 and 2016 (60 per cent vs. 39.4 per cent) was very apparent and it was noted that the availability of contraceptive methods in 2016 was less than in 2015 (P=0.003). The situation reflects that the security of contraceptives cannot be assured and that the country needs continued efforts and plans for the coming years based on evidence gathered to achieve better results in security.

Recent “no stock-out” rates of long-term methods (implants, IUDs and female sterilization) were still high. Implant stock-out rates decreased from 67 per cent in 2015 to 28.8 per cent in 2016. However the IUD and female sterilization stock-out rates were shown to have increased in this year’s assessment. This points out the need to invest in training; build the capacity of health care providers; raise awareness at the community level; and improve supplies synchronously. Male condoms, female condoms and injectable “stock-out” rates have decreased in recent years at all level of HFs.

Regarding RH medicines, with the exception of oral misoprostol and injectable benzyl penicillin, all other RH medicine stock-out situations had decreased in 2016. This means that there were some changes in the supply chain mechanism to increase the availability of RH medicines. Increasing stock-out rates for penicillin and misoprostol may be due to the drug use policy at health facilities, especially at secondary and tertiary levels, for those types of medicine. The availability of seven essential RH medicines was 53 per cent in 2016 higher than the 2015 figure of 49 per cent. The improvement was apparent except at the tertiary level. This reflects that the RH medicine supply mechanism over the last year has been more focused on lower levels of HFs than the tertiary level. Drug indents and supply mechanisms of tertiary level HFs were different from lower level HFs. Drug indent policies and mechanisms should be reviewed to place an emphasis on RH life-saving essential medicines.

The new Reproductive Health Commodity Logistic System (RHC-LS) was designed to ensure product availability; build the logistic capacity of staff; motivate and support staff; and to provide transportation efficiency and the availability of adequate storage space. There were some challenges in the implementation of the RHC-LS. Firstly, although the RHC-LS system improves reproductive health product management and reporting quality, staff currently have to update two systems because the paper-based system is still needed for auditing purposes. Secondly, a lack of communication between the central programme manager and the state/region and township level on supplies as well as the

[18] http://myanmar.unfpa.org/news/unfpa-introduces-contraceptive-implant-first-time-myanmar
[19] http://myanmar.unfpa.org/news/unfpa-supplies-promoting-choice-not-chance

availability of reproductive health commodities in the system has resulted in stock imbalances. The RHC-LS, which was created by UNFPA along with the Ministry of Health and John Snow Inc. (JSI) with the technological assistance of Logistics will in time, as it develops, take into account this important feedback, and become fully functional. [20]

To expand the training and launch the LMIS system to cover more states/regions, certain interventions are necessary. Infrastructural development such as information and communication technology networks are causing major limitations for the development of the system. Consequently, these limitations mean any area expansion of the LMIS will not be needs-based. Finally, the supply chain of commodities that covers all levels of HFs might not address the challenges to reduce the stock-out situation.

Procurement, distribution and other complementary inputs such as training, infrastructure renovation (site preparation) etc. have to carefully planned to harmonize and ensure effective provision of services. Commodities arriving much earlier or later than other inputs could lead to non-provision of services and consequently wastage of resources. Health facilities should have ownership in logistics management especially for essential items, quantifying minimum needs, and ordering and reporting the rationality of use. The medicines requisition should be a bottom-up approach. Moreover, the aim should not be equal distribution among health facilities but equitable distribution. Logistics management takes skill. Thus supplies of commodities need to go hand in hand with logistics management skills training. Various donor agencies and government need to promote better logistics management rather than invest in the purchase of new supplies when most facilities have a need for skilled staff. Capacity development is required at the district, state/region and national level to manage commodities in the health system.

As one of the main partners of the MOHS, UNFPA developed and printed an “FP2020 Costed Plan”; “National Midwifery Standards” as per ASEAN-WHO guidelines; and an “RH Strategic Costed Plan 2014-2018”. A family planning technical working group and commodities management meeting was convened to discuss budgetary allocation and resource mobilization for RH interventions. Social mobilization activities on FP were also implemented. Regarding the automated RH-LMIS, a meeting for the national harmonization of the RH supply chain management; monitoring township LMIS activities; and the establishment of an RH commodity tracking system was held. Current coverage of the LMIS is too low to illustrate impact and improvements in outcome parameters.

Myanmar became one of 46 countries in 2013 to be supported by the UNFPA Supplies Programme as part of the aim to achieve the goal of FP2020. Under this programme, UNFPA supported the procurement of 5.2 USD million worth of contraceptives (mainly male and female condoms, injectables, the ECP, the IUD and implants) and critical medicines (mainly magnesium sulphate, misoprostol and oxytocin) for maternal health in 2014, and 2.7 USD million worth of contraceptives for MoH public facilities and other sectors via their three major partners: IPPF through 135 maternity homes, MSI through 50 project sites and PSI through 3,500 service delivery points across the country. A logistic supply system was established after activities had been conducted including training, logistics and technical support, and monitoring. UNFPA supported MOHS in establishing the automated logistic management system for RH commodities. The RH commodities funded by UNFPA are tracked monthly by respective implementing partners with batch numbers. In order to avoid over-stocking or under-stocking facilities, UNFPA and JSI are advocating to mobilize RH commodities at the township level, rural health centre and sub-centre levels. Since 2015, the Quality Improvement Team (QIT) has been set up at the township level as well as at the state/region level and QIT meetings are regularly organized to review the stock balance and to facilitate the stock reallocation of FP and RH commodities from over-stocked townships to under-stocked or townships with stock-outs.

[20] http://myanmar.unfpa.org/news/improving-availability-reproductive-health-commodities-connecting-demand-and-supply#sthash.ZR9wLjk5.dpuf

Midwives are key to reducing maternal and newborn deaths especially in rural areas where 70 per cent of the population live[21]. Evidence shows that midwives who are educated and regulated to international standards can provide 87 per cent of the essential care needed by women and their newborns, and can prevent up to 60 per cent of maternal deaths. In order for midwives to provide high quality care they also need adequate infrastructure, readily available drugs and supplies, water and sanitation, communication, and a functioning referral system if complications arise during childbirth. UNFPA supports midwifery in Myanmar by contributing to research; building the capacity of midwives and traditional birth attendants; and providing medicines and materials. The midwifery workforce has been assessed to make future staffing projections and ensure that workforce planning results in a resilient health system. Decisions have been taken to set the requisite skills for midwives and ensure that they are deployed in the right numbers to states/regions in need. UNFPA together with the MOH is supporting public-private partnerships in contraceptive distribution to achieve the commitments of FP2020 which includes increasing the contraceptive prevalence rate to 50 per cent and reducing the unmet need to 10 per cent.

To build capacity and strengthen the health system, UNFPA, together with JSI and other development partners, work with the MOH to improve the planning of procurement, forecasting and supply to ensure an uninterrupted supply of RH commodities at service delivery points so that women have the right commodities at the right time and in the right quantities so that they can choose their method of birth spacing.

The health facility assessment of 2015 highlighted that there has been more investment in capacity building for basic health staff on long acting reversible contraceptives (LARC). The presence of trained staff to provide information on birth spacing was still lowest at secondary level HFs (40.6 per cent) compared to tertiary and primary level HFs (87 per cent and 75 per cent). It was also noted that the figure was lower than in the 2015 assessment. The presence of trained staff to insert and remove implants was only 15.6 per cent at the Union level, with significant urban/rural differences. The corresponding figure was much higher in the private sector.

There are still discrepancies between urban and rural health facilities in terms of RH life-saving medicines and the choice of contraceptive methods available. Irregularities of stock replenishment and addressing stock imbalances remain a challenge which requires a strengthened distribution system and stock adjustments based on stock data using a computerized reporting system.

In conclusion, the recent survey findings have made comparisons over the three year period of assessments possible and have highlighted the changes in the RHCS status in the country. The survey also provides an understanding of RHCS activities in recent years and the weaknesses and success in implementation. It should be noted that there is not a significant difference in findings between the consecutive surveys because many planned activities relating to LMIS and supplies started in 2014. Some of these supplies might improve the stock-out situation in some states/regions. Finally, activities have overcome some of the constraints in the supply system over the last couple of years. Without significant changes in supply systems, RHCS activities will not be able to sustain and improve the situation in Myanmar in the near future. Policies, systems and improvement activities should be synchronized. Infrastructure development and capacity development must be harmonized.

[21] The 2014 Myanmar Population and Housing Census, The Union Report, Volume 2, Department of Population 2015.

Part VII. Recommendations

A. Commodities security

A1. Contraceptives

- Secondary level HFs should focus on having enough contraceptive supplies so that they can meet clients' demands and allow them to make the best choice for themselves.

A2. RH medicine

- RH medicines with high stock-out rates included hydralazine and M-dopa. Health staff at primary level HFs should receive capacity building to use essential MRH medicines safely.

A3. Supply chain

- Due to continuous efforts, it was noted that the supply chain management system has improved over the last couple of years. However, there is still a need for improvement at primary level HFs in management especially in quantifying demand.
- Distribution systems need to be reviewed to be systematic and effective nationally.
- Distribution methods to primary level HFs should be reviewed so that the interval between the deliveries of supplies from townships to health centres is shorter.
- A supply of cold chain equipment for primary level HFs should be considered.
- Countrywide quantification of need should be started.

B. Contraceptive services

- Increasing use of implants at secondary level HFs indicates the need to expand the method-mix, not only through a supply of a variety of contraceptives but by also providing more training for staff at secondary level HFs so that they have the skills to provide information on long-acting methods including implants.

C. Logistics and supply chain management system

C1. Training

- Logistics management skills training should be continued and its coverage expanded based on the availability of infrastructure and programme needs in terms of geographical area and level of HF. The areas which have higher stock-out status should be prioritized for training sessions.
- Effective training for implants should be emphasized at secondary level HFs especially at Station Hospitals to narrow down urban/rural differences.

C2. Supply system

- The supply chain and logistics management needs to be strengthened to be more comprehensive and to take into account the sustainability and self-reliance of state/region Health Departments.
- The needs of commodities and supplies should be quantified locally. Supply should be changed from a push system into a pull system.
- Regularity of quantification, ordering and distribution should be maintained.
- To reduce stock-out situations at all levels of HFs, there should be a good channel of reporting and communication of real-time stock status using modern ICT technology. The

feasibility of mobile phone technology for real-time reporting of RH logistics should be studied.

- The role of pharmacists should be systematized in the supply chain management system at hospitals.
- Recent efforts to develop a country-wide LMIS system should be stepped up. Standard operating procedures for a national LMIS system should be developed.
- Guidelines for procurement, quantification, and distribution should reach all levels of HFs across the country.
- The integration of supplies at NGOs, INGOs and in the private sector should be coordinated by the government sector to ensure proper distribution based on local needs.

D. Monitoring and evaluation

- A central level monitoring system of RHCS status reaching primary level HFs should be developed.
- Every supervisory visit to lower levels of HFs should be made using a checklist system that includes issues of RH commodities and services. There should be a reporting system of every supervisory visit which reaches higher level authorities.
- State/regional level and township level supervisory visits should be scheduled as part of annual planning.
- RH medicine and contraceptive commodities tracking information gathering should be combined into the existing HMIS system. In this regard, the need to develop linkages between the information stored in both the HMIS and RHLM-IS should be discussed among stakeholders.
- Key tracer variables should be identified from existing data sources by more detailed analysis.

E. Waste disposal

- There should be budget lines with a sufficient amount for the establishment and maintenance of waste disposal systems at all level of HFs.
- Waste disposal guidelines and SOPs should be developed and distributed to all HFs.

F. Methodology for assessment

- Future assessments should include HFs at INGOs. Since the recent RH activities of INGOs include providing contraceptives at townships outside of hospitals/clinics, these HFs should be considered as primary level HFs.
- A qualitative approach, especially in-depth interviews with clients and key informants, should be included for more valid information from clients to triangulate with information from the questionnaire survey. The sample size and area selection should be considered based on the availability of field data collection teams and their existing schedule.
- The questionnaire should include a question on whether the existing cold chain system is being used to store of RH medicines.