# HEALTH SYSTEMS RESEARCH DIVISION

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| Research Scientist | … | Dr. Yin Thet Nu Oo MBBS(IM1), MIRB (Monash University, Australia) |
| Research Officer | … | Dr. Kyaw Lwin Show MBBS(UM2), MPH(UOPH) |
| | … | Daw Khin Sandar Oo BCom(IE) |
| Research Assistant (2) | … | Daw Cho Cho Myint BA(Economics)(WC), Diploma in Social Work(YU) |
| Research Assistant (3) | … | Daw Thandar Min BSc(Maths)(University of Mawlamyaing) |
| | … | Daw Aye Win Khine BA(History)(YUDE) |
| Research Assistant (4) | … | U Soe Moe Myat BA(History)(YUDE) |
| | … | Daw Hla Thida Tun BA(Economics)(YUDE) |
| Laboratory Attendant | … | U Kaung Shan Naing Win |

Health Systems Research Division focuses research on TB, HIV, Maternal and Reproductive Health, Health Facility Assessment in areas of social science.

## RESEARCH PROJECTS

## 1. COMMUNICABLE DISEASES

### 1.1 HIV

#### 1.1.1. Socio-economic impact of HIV/AIDS at household level in Myanmar

This study is part of a UNDP Asia regional initiative which aimed to address the impact that HIV has on the population of Myanmar by comparing HIV households to households not affected by HIV. HIV-affected households (HIV-HHs) were smaller in size on average than non-affected households (NA-HHs) (3.9 *vs.* 4.8 household members) and were more likely to have migrated within the previous 5 years (34.2% vs. 23.1%). PLHIV represented almost one third of Heads of Household in HIV-HHs. A greater proportion of HIV-HHs was in the lowest income quintile. The impact of HIV on economic factors included the lower average per capita income in HIV-HHs, faced a greater socioeconomic impact from mortality, more likely to be in debt and more likely to report paying higher monthly interest rates than non-affected households. The PLHIV had a reduced capacity to engage in productive activities, with 26.8% of employed PLHIV being so sick that they could not attend work. Children living in HIV-affected households reported lower attendance rates than those in non-affected households but had similar primary school Net Attendance Rates. Children in HIV-HHs were more than twice as likely as those in NA-HHs to have missed school. PLHIV utilised significantly more ambulatory and inpatient health services, and were significantly more likely to seek care in the public sector, to use tobacco or betel nut, more satisfied with their access to health services and charges for health care services were significantly lower than those in non-affected households. However, utilisation of medications to prevent or treat opportunistic infections was lower for PLHIV living in rural areas. There was a slight difference between the proportion of HIV-affected and non-affected households who had incurred catastrophic health expenditures. Members of HIV-affected households were significantly more likely to suffer from hunger due to lack of food, received food support at significantly higher levels than members of non-affected households. *Stigma,*

*discrimination and quality of life:* PLHIV were more likely to avoid getting married because of their health status, and to avoid going to local clinics or hospitals when they needed to. The majority of married PLHIV reported disclosing their status to their spouse or partner. The discrimination from healthcare workers was higher for PLHIV 5.95% of PLHIV reported to have lost their job or been refused employment. PLHIV were more likely to rate their quality of life as poor or very poor and had higher levels of depression and anxiety. The proportion of being tested for HIV was higher in HIV-HHs compared to NA-HHs (98.6% vs. 51.4%) and were more likely to be tested at clinics of INGO's/NGO's. A higher number of respondents from HIV-HHS did not know that HIV was preventable (39% vs. 10%). Their Knowledge of condom use as a method of prevention was quite low, with 78.97% of people in HIV-HHs being aware of condoms as a prevention method, and only 41.51% were aware in NA-HHs. 13.24% of people living in HIV-HHs, and 41.17% of people in NA-HHs did not know that the disease could be transmitted through unprotected sex, with lower levels of knowledge in female. Seventy one percent of people in HIV-HHs and 92.78% of people in NA-HHs were not aware that HIV could be transmitted through MTCT. The findings provided the evidence on the extent of social, economic, health, and education impact on the HIV-HHs at national level and highlighted the areas to address for policy formulation and developing strategies for impact mitigation in Myanmar.

1.1. TB

1.2.1. Active Case Finding for TB through mobile teams and community involvement: Process evaluation

This is a collaborative research between DMR and National Tuberculosis Programme, Department of Public Health. It aimed to find out the community involvement through local and international NGOs for Active case Finding (ACF), to describe strengths and challenges of mobile team activities for ACF, and to elicit opinions and suggestions of key stakeholders on ACF through mobile teams. It was a process evaluation which includes both quantitative and qualitative data collections. Records of mobile teams were reviewed for one year. Ten Key Informant Interviews with focal persons from central NTP and INGOs were conducted. One Focus Group Discussion with Regional TB Officers were done. Mobile team activities in one rural and urban area were observed. A total of nine mobile teams operated for the whole country. In 2014, 57,905 presumptive TB cases were examined with chest X-ray. Altogether 2,951 all form of TB cases including 660 bacteriologically confirmed cases were detected and given anti-TB treatment. The main challenges of the mobile team included logistics and transportation especially in hard-to-reach areas; less awareness and acceptance of presumptive TB, and less adherence to treatment. Most respondents pointed out that the preliminary visit to selected sites was crucial. The majority stated that it was unable to measure the effectiveness of mobile team activity by detected case per cost. It is necessary to take into account other benefits of mobile team such as awareness raising and health education for the community, collaboration of local authority and early case detection.

1.2.2. Assessing cost-effectiveness of community based ACF activities in Myanmar

(Please refer to Annual Report of Medical Statistics Division)

## 2. HEALTH SYSTEMS RESEARCH

### 2.1. HEALTH POLICY

#### 1.1.1. Health Facility Assessment Survey, Myanmar: focusing on maternal, newborn and child health (Phase II)

This is a collaborative study between Department of Medical Research and Department of Public Health. National Health Plan 2011-16 has stated to ensure quality health services accessible equitably to all citizens as one main function of a health system. There is a need of a nation-wide service availability and readiness assessment (SARA) on comprehensive health services to provide evidence-based information for planning and management of country's health plan. The study was conducted in 2014 with the objective to assess the service availability and readiness of health facilities from public and private sectors. The stratified random sampling was used. Sample size per type of facility was calculated and obtained 201 facilities (166 public health facilities and 35 private hospitals). The facilities were chosen randomly from updated master facility list. Trained medical officers interviewed the responsible person from the selected facilities who had knowledge and could able to answer the specific service(s) relating to general services, family planning, antenatal care, obstetric and newborn care services, immunization, child preventive and curative care services, communicable diseases (malaria, TB, HIV, STIs), non-communicable diseases (diabetes, cardiovascular disease - CVD, chronic respiratory disease - CRD, cervical cancer), surgical services, blood transfusion, diagnostics and medicines and commodities. Storage of medicines and commodities were also observed. Service availability refers to whether or not the specific service is offered at health facility and service readiness refers to ability of health facilities to offer the specific service and capacity to provide that service through consideration of tracer items - guidelines and training, equipment and diagnostic capacity and the medicines and commodities. Service readiness was assessed by giving score 1 for the specific tracer item of the service, which was observed and functioning, and score 0 if the item was not observed or observed but not functioning on the assessment day. All facilities provided malaria, TB and HIV/AIDS and majority of facilities had maternal and child health services. While diabetes, CVD and CRD services were available at most facilities, cervical cancer service was available at about one-third of facilities. All heath facilities had surgical services. While all hospitals offered blood transfusion and advanced diagnostic services, these services were not available at RHCs and sub-RHCs. For the service readiness, although types of tracer items were different according to the specific service, the assessment pointed out the needs to strengthen the tracer items**,** which were more or less the same for all services. Of which, guidelines and training were the common items that required strengthening for further improvement for all services, particularly, attention should be paid to private hospitals. The findings would be helpful in developing the strategy to improve the service availability and quality of service delivery of both public and private health sectors – monitoring the changing trend of service across the facilities over the year, evaluation of the existing services required to support and mobilization of resources. In addition, the results of SARA can also guide the country's efforts to improve its health benefit package as this will have to be linked to the facilities readiness to provide the services to be included in the expanded benefit package.

## 2.2. REPRODUCTIVE HEALTH

### 2.2.1. Knowledge on reproductive health and attitude towards reproductive health hot line services among factory workers in industrial zone, South Dagon Township, Yangon Region

Generally, in the absence of guardianships, knowledge, attitude and practices of factory workers relating to health issues including reproductive health (RH) are influenced by their surroundings. Lack of knowledge and inaccessible to source of information on RH might lead HIV and sexually transmitted infections (STIs). Knowledge on RH and the utilization of RH hotline among factory workers had not been studied yet. This study was attempted to fulfill this gap with the aim to promote access and utilization of available RH hotline services. The study was conducted at randomly selected four factories, i.e., two garment factories, one food and beverages factory and one electrical power factory from Industrial Zone, South Dagon Township, Yangon Region, Myanmar. After getting ethical approval, a cross-sectional descriptive study was conducted from 2014 to 2015, and involved 400 factory workers. With the written consent, they were interviewed by trained interviewers using the pretested questionnaire. Their mean age was 26.53 ± 6.85 years and most were female (64.7%). Most knew about contraceptive method; while more male knew about contraceptive pills (86.4%) and more female knew about injection (91%). The majority responded that HIV/AIDS was infected by sexual relationship (91%) and condom could protect sexually transmitted diseases (83%), only a few knew about gonorrhoea (35.1%) and vaginal ulcer (31.1%). Only a few could answer emergency pills (about 3%) and white discharge and painful urination (3% each). Although some of the respondents had heard about RH hotlines (males 45.4%, females 49%), all of the respondents said they had never used the hotlines. However, most of them agreed that RH hotline services are very important (males 64%, females 67%). The findings showed that high percent of the respondents knew about the RH in general. But they did not mention in detail and only a few factory workers were aware of the RH hotline. This revealed that health education on RH should be disseminated widely to reach to the community, specifically to promote the use of RH hotline which is easily accessible. This could be publicized through facebook and internet.

### 2.2.2. Role of voluntary health workers in Maternal and Child Health Care for Migrants in Bogale and Mawlamyinegyun Townships, Myanmar

(Please refer to Annual Report of Medical Statistics Division)

### 2.2.3. Accessibility and utilization of maternal, newborn and child health care services among migrant and mobile population in Bogale and Mawlamyinegyun Townships

(Please refer to Annual Report of Medical Statistics Division)

### 2.2.4. Role of drug shops in provision of contraceptives in selected township, Myanmar

(Please refer to Annual Report of Medical Statistics Division)

## 3. OTHERS

### 3.1. Assessment of community needs and gaps after the floods in 2015, Myanmar

There was a severe flood in Myanmar affecting 11 out of 15 States/Regions in 2015. The rapid assessment was conducted in July-August, 2015 in three townships which were flooded. Kalay, Thar-Baung and Pha An Townships were selected as study areas based on the difference in degree of flood. Although the emergency response to disaster might serve immediate needs of community, rehabilitation phase is always a challenge. The study aimed

to identify community's needs and gaps in rehabilitation phase after the flood. A total of six Focus Group Discussions, seven Key Informant Interviews with health care providers, local authority and 12 In-Depth Interviews with community were conducted. Participant observation was also conducted for health care services in rescue camps. The common health problems were acute respiratory tract infection, skin infections, hypertension, mental stress and gastritis. No disease outbreaks had been reported in camps where flooded victims temporarily stayed. However, water supply was not adequate in some areas and the main reason was that people did not have enough containers to store drinking water being delivered. Sanitary latrines were built in the camps but inadequate. These Environmental sanitation status required improvement. Non-Governmental Organizations (NGOs) also provided medical care by establishing mobile clinics in collaboration with the government health staff. There was a regular coordination meeting among NGOs and public health staff to update the activities and to avoid overlap. All respondents satisfied with health services provided. However, their main concern was about their livelihood because most of them lost their lands, livestock and jobs. The majority of health care providers pointed out that there was no programme to support them when they also suffered from the flood and providing health care to others. They suggested to provide accommodation for them within the hospital compound so that they could perform their assigned task during post disaster period without worrying for their families. The rapid assessment highlighted that there should be a long term rehabilitation plan especially for livelihood of community and better healthy living for them. Enabling environment and supports for health staff is also essential to provide effective health care for the community.

### 3.2. Assessing knowledge, attitude and practices on health issues of common skin piercing procedures among community in Mandalay Region

Globally, skin piercing becomes widely popular in mainstream culture in recent years. With the higher demand, the number of unprofessional piercers has been increasing and creating more negative health consequences. If practitioners and users do not know the health risk of skin piercing, it can lead to adverse health effects. Therefore, a community-based cross-sectional study was conducted with the objective of assessing knowledge, attitude and practices on tattooing among young people aged between 18 to 35 years in Mandalay Region as skin piercing is popular among them. Randomly selected 401 persons with male-female ratio 1:1.46 were interviewed using pre-tested semi-structured questionnaire and in-depth interview (IDI) with ten tattoo practitioners using the pre-tested IDI guideline were done. The mean age of young people was 25 ± 5.2 years, 57.4% were married and 60.2% had completed at least middle school. Persons with own business, manual labourers and dependents represented 31.9%, 38.7% and 28.9% respectively. According to the tattoo practitioners, tattooing was common among male aged between 16-40 years and female preferred earlobe piercing. About 92% of participants answered that tattooing can transmit infections especially HIV/AIDS (85.3%) while Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) were 9.5% and 7.1% respectively. Most participants (84.3%) did not receive health information on risks of skin piercing. More than 60% thought that tattoo could not be removed and 9.2% wanted to tattoo in future. Most of the tattoo practitioners reported the use of laser method for removal of tattoo. About two-thirds of the respondents (65.8 %) pierced their earlobe only while 15.7% pierced both earlobe and tattooing in other sites and 3.74 % had tattoos alone. Among 78 participants with tattoo, 85.9% were male and 57.7% were youth who wanted to improve their aesthetic aspect (30.8%) and they envied others with tattoos (18.8%). Earlobe piercing was common among female (97.5 %), dependents (91.4 %), persons with low educational level (85.5 %), married persons (87 %) and persons who were not living with guardians (88.1 %). About one-third of the respondents tattooed in open places like pagoda

festivals while more than half pierced their earlobes at their home. The common side effects experienced by both practitioners and clients were inflammation, bleeding and itchiness both tattooing and earlobe piercing. Some tattoo practitioners re-used disposable instruments that may lead to health hazards. In conclusion, tattooing was popular and highly practiced among male youths and earlobe piercing was popular among female. However, they had poor knowledge on specific health consequences inadequate health information on skin piercing. This finding required attention to reinforce more health education on health issues of skin piercing widely.

## 4. RESEARCH KNOWLEDGE MANAGEMENT

4.1. Annotated bibliography of research findings on TB in Myanmar (2nd Edition)

As one of the Research Knowledge Management Programmes, abstracts of research on tuberculosis during 2006-2014 were compiled, edited and published in June 2015. It includes total of 242 abstracts. This bibliography will assist in prioritizing and identifying the future research for TB control. Furthermore, it will also serve as a comprehensive guide for evidence-based decision making in implementation of TB control activities effectively and efficiently in Myanmar.

4.2. Structured Operational Research Training Initiative (SORT IT) for TB and Malaria

Operational research identifies service-delivery problems and tests new programmatic solutions to these problems. An important objective of an operational research is to provide program managers and policy/decision makers with the relevant and comprehensive information they need to improve and expand the existing services. SORT IT provides training that helps improve health systems through an integrated operational research and capacity building. This training was conducted with funding support of WHO Tropical Diseases Research (WHO/TDR). Twelve international facilitators and seven national facilitators conducted two workshops in DMR. SORT IT Workshop 1: "Operational Research and Protocol Development" was conducted from 27.7.2015 to 1.8.2015 and SORT IT Workshop 2: "Efficient, quality-assured data capture & analysis" was conducted from 3.8.2015 to 7.8.2015. Five proposals on TB and four proposals on Malaria were developed. Nine participants have being mentored by respective group mentors for eight months. SORT IT Workshop 3: "Writing a Scientific Paper" is planned to be conducted in April 2016.

## SERVICES PROVIDED

ACADEMIC

| Sr. | Name | Course | Responsibility |
|---|---|---|---|
| **1.** | Dr. Le Le Win | Problem identification, Objectives & Hypothesis, Study design, PhD common module, University of Medicine (1), Yangon | Teaching |

| Sr. | Name | Course | Responsibility |
|---|---|---|---|
| **2.** | Dr. Saw Saw | Protocol and Thesis Writing, PhD common module, University of Medicine (1) Yangon. | Teaching |
| | | Qualitative Data Analysis by using Atlas ti software, University of Public Health | Teaching |
| | | FGD Exercise, University of Public Health | Teaching |
| | | Qualitative data collection and analysis for Master of Preventive and Tropical Medicine, University of Medicine, Mandalay | Teaching |
| | | Qualitative data collection and analysis, Thesis Writing for Master of Preventive and Tropical Medicine, University of Medicine (1), Yangon | Teaching |
| | | How to write a better Thesis for Master of Public Health, University of Public Health | Teaching |
| | | Quality in Qualitative Research for Master of Preventive and Tropical Medicine, University of Medicine (1), Yangon | Teaching |
| 3. | Dr. Yin Thet Nu Oo | Public Health Ethics for Master of Preventive and Tropical Medicine course, University of Medicine (2), Yangon | Teaching |
| | | Workshop on Research Methodology (2015) | Teaching |

# HEALTH SYSTEMS RESEARCH DIVISION (POL)

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|---|---|---|
| Research Officer | … | Dr. Yadanar Aung MBBS (UMM), MSc(Biomedical and Health Informatics) (Mahidol University) |
| | … | Dr. Kyaw Thu Soe MBBS(UMMG), MPHM (Mahidol University) |
| Research Assistant (3) | … | Daw Moe Thandar BA(Economics) (UDE) |
| | … | Daw Myint Myint Aye BSc(Zoology) (UDE) |
| | … | Daw Tu Tu Mar BA(Myanmar) (UDE) |
| Laboratory Attendant | … | U Thura Ko Ko BA (History) (UDE) |
| | … | Daw Ei Ei Soe |

Health Systems Research Division has been actively engaged in conducting research projects in areas of Tuberculosis, and Reproductive Health during 2015.

## RESEARCH PROJECTS

## 1. COMMUNICABLE DISEASES

### 1.1 TUBERCULOSIS

#### 1.1.1 Contribution of community-based Tuberculosis care of hard to reach populations by international non-governmental organizations in Myanmar 2013-2014

National tuberculosis (TB) programs increasingly engage with international nongovernmental organizations (INGOs), particularly to provide TB care in complex settings where community involvement might be required. There is however, in Myanmar, limited data on how such INGO community-based programs are organized and how effective they are. In this study, we describe four INGO strategies for community-based TB care for hard to reach populations in Myanmar, and assess their contribution in TB case detection. It was a descriptive study using program data from four INGOs and the national TB program (NTP) in 2013-2014. For each INGO, we extracted information on their approach and key activities, the number of presumptive TB cases referred for and undergoing TB testing, the number diagnosed with TB and their treatment outcomes. The INGO contribution to TB diagnosis in their selected townships was calculated as the proportion of INGO-diagnosed new TB cases to the total of NTP-diagnosed new TB cases in the same townships.

All four INGOs implemented community-based TB care in challenging contexts, targeting migrants, post-conflict areas, urban poor and other vulnerable populations. Two recruited community volunteers via existing community health volunteers or health structures, one via existing community leaderships, while one directly involved TB infected/affected individuals. Two compensated volunteers via performance-based financing, two provided financial and in-kind initiatives. All relied on NTP laboratories for diagnosis and TB drugs, but provided Direct Observation Treatment (DOT) support and treatment follow-up. A total of 21.995 presumptive TB cases were referred for TB diagnosis, with 7383 (34%) new TB cases diagnosed and almost all (97.5%) successfully treated. The four INGOs combined contributed 36% (7383/20663) of the total new TB cases detected in their respective townships, ranging from 15% to 52%.

INGOs supported community-based TB care successfully achieved TB case detection in hard to reach and vulnerable populations. This is vital to achieve the End TB strategy

targets. Strategies to ensure sustainability of the programs should be explored, including the need of longer-term commitment of INGOs.

1.1.2 Assessment of patient satisfaction in community based TB care

(Please refer to the Annual Report of Medical Statistics Division)

1.2 HIV

1.2.1 Situation and Barriers to access to HIV services by young key populations

It was a cross-sectional descriptive study using quantitative and qualitative methods among 400 young key people (YKP) which included MSMs, CSWs and IDUs recruited at five populous cities. Their education was around middle and high school level. One third had completed their preferred vocational training and earning with a job of 100,000 kyats income per month. They have good knowledge about HIV infection and prevention. Seventy five percent of YKPs had experienced of sex without condom in their life time. Thirty percent of MSMs had earlier sex initiation. Peer condom distributors seem to target IDUs less. Restaurants had less free access of condom for YKPs. They had no financial barriers in getting condom. One-third of YKPs had experience of STIs. Most of them took treatment but IDUs seek less than other two groups. Peer youth counseling services reached less to IDUs. NGO clinics were more utilized by MSMs and CSWs for HIV testing. IDUs had more access to government and private services. Two-third of CSWs was using a modern contraceptive especially hormonal injection. There was no financial barrier, transportation barriers and time constraint for getting contraceptive, STIs and HIV treatment. Disposable needle/syringe use rate was high and sharing use was low. Free-distribution sites covered 65% of users. Existing services were less specific or youth population. Confidentiality was main issue for them to visit the clinic. Forming youth specific clinic with convenient location and opening day/time, privacy and confidential setting during waiting time and consultation time will improve utilization of such services.

## 2. NON-COMMUNICABLE DISEASES

2.1 METABOLIC DISEASES

2.1.1 Metabolic risk factors and associated morbidities among community: Risk behaviors for Non-Communicable Disease

A cross-sectional descriptive study was done at selected village in Pyin Oo Lwin Township to describe the risk behaviors of non-communicable diseases. Face to face interviews and measurements of height, weight, and blood pressure were done. Regarding unhealthy behaviors (smoking, betel chewing, alcohol drinking) among the communities, it was found greater proportion in male population than female. Among the age groups, (25-45) of male population had the highest percentage of current smoking (67.5%),current betel chewing (50.0%), and current alcohol drinking(43.6%) compared to other age groups. Among female population, the age group (>60) years were in the highest proportion of smoking, and betel chewing. Body Mass Index (BMI) measurements of the study populations revealed that 6.7% of study population was underweight and 22.2% was obese. Blood pressure measurement showed nearly one fourth (22%) of the population had high blood pressure where male were in greater proportion compared to female (27.2% and 18.6%). Comparing among different age groups, male population of age >46 years had the highest proportion of high blood pressure (30.5%), however, among female population, high blood

pressure was found more in the age group (24-45 years) (24.3%) compared to other age groups. Effective preventive measures including health education to the study population should be carried out.

## 3. HEALTH SYSTEMS RESEARCH

### 3.1 REPRODUCTIVE HEALTH

#### 3.1.1 2014 Facility assessment for Reproductive Health commodities and services in Myanmar

Although Myanmar gave priority to maternal and child health services and considerable inputs have been invested to improve these services, inadequate health resources at different levels and over workload of staff are still challenging for targeted achievements. Most importantly, reproductive health (RH) services must be of quality in all aspects. In this regard, regular supply of medicines for emergency obstetric care (EmOC), infections and contraceptives to meet the needs of facilities is crucial. In this regard, this survey addressed stock-out of RH commodities supply chain (including cold chain); staff training and supervision; availability of guidelines and protocols, availability of information technology, methods of waste disposal and users' fees and finally the views of clients about the services. The survey was conducted in June to August 2014 in collaboration of The Department of Medical Research and Maternal and Reproductive Health Division (MRH) of the Department of Public Health, with financial support from UNFPA's Supplies Programme, using global standard tools to enhance Reproductive Health commodity security. A cross-sectional descriptive design was used to assess a representative sample of 408 health facilities covering three different levels (i.e. tertiary level, district/township level and primary level) from all administratively divided States and Regions. Survey teams were set up with enumerators, team leaders and field supervisors after giving training and pretesting. Fifty eight percent of health facilities (HFs) could provide at least five modern contraceptive methods. However, one-third of HFs was lacking almost all items of RH medicines mainly due to delay in supply (58%). Availability of at least 7 life-saving RH medicines was 43% in primary level, 75% in secondary level and 89% in tertiary level HFs. Majority of HFs had stock-out for at least one contraceptive method within the last 6 months. Supply system was mostly irregular and inconsistent. One-fourth (24%) and two-third (67%) of HFs had no trained staff for birth spacing and hormonal implant method respectively. Seventeen percent of HFs had received no supervisory visits related to RH during the last one year. Supervision for RH activities was less frequent at tertiary level and secondary level HFs compare to primary level. Supervisions were mostly related to quality of reporting, drug stock-outs and the use of guideline/job aids and less related to staff clinical practice and training. Mobile phones and personal computers were mainly used for communication and for record keeping respectively. Wastes were disposed mostly by burying and burning. Forty-five percent and 42% of tertiary level HFs used municipal system and incineration respectively. Most of clients satisfied with waiting time, cleanliness, privacy and consultation time. Personal relationship and communication of staff were satisfied by more than 90% of clients.

#### 3.1.2 Sexual Behaviour and Contraceptive Practices among Adolescent University Students in Mandalay District

(Please refer to the Annual Report of Medical Statistics Division)

**SERVICES PROVIDED**

ACADEMIC

| Sr. No. | Name | Course | Responsibility |
|---|---|---|---|
| 1. | Dr. Yadanar Aung | Scientific talk on "Introduction of Health Informatics Course" at DMR (Head Quarters), Yangon, December, 2015 | Speaker |
| 2. | Dr. Kyaw Thu Soe | Research finding dissemination Meeting on 2015 Facility Assessment for Reproductive Health Commodities and Services, Pyin Oo Lwin, December, 2015 | Presenter |