

MAP SUMMARY REPORT PSI DASHBOARD

Myanmar (2010): MAP STUDY EVALUATING THE AVAILABILITY OF RH, MALARIA, PNEUMONIA, STI, AND DIARRHEA PRODUCTS IN SQHC IN MYANMAR

ROUND TWO

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SUMMARY

BACKGROUND

PSI/Myanmar launched a franchised clinic network called Sun Quality Health (SQH) in 2001. The SQH franchise was established initially to offer family planning services in 2001, but has added services for malaria in 2003, STI management in 2003, TB diagnosis and treatment in 2004, pneumonia treatment in 2007, and diarrhea prevention and treatment in 2009. Currently, a total of 1206 General Practitioners (GPs) are participating as active Sun providers in the SQH network in 194 townships throughout the country. According to PSI's mission, the services of SQH clinics are aimed to provide to low income and vulnerable people of Myanmar to lead healthier lives. It is of paramount important that these franchised clinics adhere to the minimum standard of quality such as product availability and adherence to the recommended price for the network to thrive in the future.

RESEARCH OBJECTIVES

MAP studies allow programmers to make an assessment of product availability and accessibility using pre-defined criteria for coverage, quality of coverage and access. Its goal is to increase the overall efficiency of social marketing product and service delivery systems. The main objectives of the PSI/Myanmar 2010 MAP survey on SQH were to (1) Assess the availability/coverage of the PSI products in the SQH clinic network; (2) Quality of products' presence in terms of proper storage, adherent to recommended price, no stock-out and absence of damaged or expired products and (3) Assess the general quality of services provided by SQH clinics.

METHODOLOGY

The MAP methodology employs the Lot Quality Assurance Sampling (LQAS) technique to draw a random sample of 19 clinics from each of PSI/Myanmar's four supervision areas— Yangon Division (SA 1), Mandalay Division (SA 2), Lower Myanmar excluding Yangon Division (SA 3) and Upper Myanmar excluding Mandalay Division (SA 4). This LQAS assessment determines the proportion of clinics in which PS/Myanmar's products are available for each supervision zone. Even though PSI/Myanmar has products for 6 health intervention areas, many clinics do not provide all 6 services. Therefore for each category of products, for example anti-malaria products, 19 clinics were randomly

selected out of clinics that provide anti-malaria service in the supervision area. In addition to providing a basic measure of product penetration, the LQAS assessment also determines “quality of products presence”, i.e. the proportion of clinics, in which the products conform to minimum standards, which is the clinics must have at least one minimal criteria such as the product must be available at the point of service (Sun clinics) where the trained provider give service for that product. Moreover, “quality of products presence” was measured in terms of proper storage, adherence to recommended retail price, no stock-out, and absence of damaged or expired products. The following indicators were also measured as the assessment of the general quality of service: (1) The relevant IEC materials are available, (2) Sun sign-boards are clearly visible from the outside of clinics, (3) Provider is present at clinic opening hours, (4) Provider or clinic assistant greets the client in a friendly manner, (5) The examination or the consultation room has some kind of privacy from the rest of the clinic area, (6) Provider reports regularly to PSI/Myanmar. Data was collected in December, 2010.

MAIN FINDINGS

Coverage/Availability:

∴ Results show that all of the products surveyed at SUN quality health clinics are widely available in all supervision areas and reach the predetermined benchmark (70%). Among all areas, Lower Myanmar Supervision areas achieved higher percentages for all products than those of other areas. For Malaria products, Yangon SA scored lower than other areas and for Pneumonia products, Mandalay SA received lower score than other 3 areas.

Quality Standards:

∴ **Proper storage:** Regarding the proper storage of the products, clinics in all supervision areas properly stored all 11 products of 6 disease areas. Therefore, all supervision areas meet the predetermined benchmark for proper storage, which is 70%.

∴ **Price list displayed visibly:** To meet the standard criteria for price list, the price list vinyl sheets delivered by PSI have to be easily and clearly visible at Sun clinics by clients. The predetermined benchmark for price list is 70% of the percentage of availability for those products. Although price list for DOTs are displayed in all supervision areas, price lists for RH products, Pneumonia products, Malaria products and STI products scored below the benchmark especially in Mandalay and Upper

Myanmar supervision areas. For diarrhea product pricelist, only Lower Myanmar supervision area meets the benchmark.

∴ **No stock-outs:** For 'no stock-out within past three months' quality criteria, all supervision areas reach the predetermined benchmark for all products (70%).

∴ **No damage/expired/defected products:** The predetermined benchmark was 70% for this minimum standard. All supervision areas achieve the targeted benchmark since only few clinics have expired anti-malaria drugs when auditors checked for this quality criteria.

∴ **Quality of services in general:** In general, the average percentage of the clinic which has IEC materials was 66%. More than 90% of the clinics from each supervision area displayed SUN signboard visibly. The average percentage of the provider who was present at the clinic opening hours in all 4 areas was 90%. All clinics from each supervision area greeted to the client friendly. The percentage of consultation rooms which afford privacy was 94% and the percentage of complete record keeping was 98%. The average percentage of providers who comply with all 6 qualities of services was 55%.

∴ When compared to the results of previous round:

- The availability of TRIMOX III and IV has improved in Yangon and Lower Myanmar supervision areas while these products are available in Mandalay and Upper Myanmar supervision areas during both rounds.
- Overall, all supervision areas were able to meet three quality of coverage criteria "proper storage", "no stock outs" and "no damaged/ no defected/ no expired products", where the products were available. These findings are generally similar to those of the first round. In first round, Yangon and Lower Myanmar supervision areas scored below the benchmark for "no stock outs" criteria for TRIMOX III and IV.
- For "price list displaying" criteria at clinics, generally, Yangon and Lower Myanmar supervision areas score above the benchmark. That result indicates improvements in those areas. However, Mandalay and Upper Myanmar supervision areas score below the benchmark for all products (except DOTS) in both rounds.
- Two general quality of service standards have shown an improvement in this round: relevant IEC materials are present at the time of auditing at clinics (38% vs 55%) and Sun sign-boards are clearly visible from the outside of clinics (76% vs 96%). In the current survey (2010), results for other general quality of services are fairly similar to those of the previous round (2009); provider is present at clinic opening hours (90% vs 97%), provider or clinic assistant greets to the client friendly (100% vs 98%), the

examination or the consultation room has some kind of privacy from the rest of the clinic area (94% vs 90%), provider reports regularly to PSI/Myanmar (98% vs 98%). On average, 55% of the clinics comply with all general quality of services. The low percentage of promotional material results in nearly all areas not meeting general quality of services.

PROGRAMMATIC RECOMMENDATIONS

- ∴ Since availability of the products scored higher than the benchmark in all four supervision areas, the program should maintain the current product distribution strategy in order to further increase current coverage levels in all four areas.
- ∴ Continued efforts should be given to three minimum standards “proper storage, no stock-outs and no damaged/expired/defected products “in order to meet the targeted benchmark for every round of MAP survey.
- ∴ The program should promote the visible display of pricelist for products of all disease areas especially in Mandalay and Upper Myanmar supervision areas. Moreover, it should also explore the reasons why providers do not display the pricelists in their clinics.
- ∴ In all four supervision areas, efforts should be focused on making relevant education materials such as pamphlets and flyers easily available in the visible places of clinics.
- ∴ It is suggested that information from the current study should be used to set coverage benchmarks for the subsequent round of study. In addition, SQH clinics are intended to follow the quality standard, the benchmarks for both coverage and quality of coverage should be increased to 90%.

FINDINGS

Table (1) Availability of products

SA	Audited clinics	Availability										
		RH		TB		Pneumonia		Malaria		STI		Diarrhea
		OKPills	OK Inj	DOTS	Sputum cups	TRIMOX III	TRIMOX IV	Coartem	Carestart	Cure U (Ulcer)	Cure U (Urethritis)	Orasel Kits
1 Yangon SA	19	19 (>95%)	19 (>95%)	18 (>95%)	18 (>95%)	17 (>95%)	17 (>95%)	12 (75%)	12 (75%)	19 (>95%)	19 (>95%)	18 (>95%)
2 Mandalay SA	19	19 (>95%)	18 (>95%)	19 (>95%)	18 (>95%)	15 (90%)	14 (85%)	18 (>95%)	16 (95%)	18 (>95%)	19 (>95%)	18 (>95%)
3 Lower Myanmar SA	19	19 (>95%)	19 (>95%)	19 (>95%)	18 (>95%)	18 (>95%)	19 (>95%)	19 (>95%)	19 (>95%)	19 (>95%)	19 (>95%)	19 (>95%)
4 Upper Myanmar SA	19	18 (>95%)	19 (>95%)	19 (>95%)	16 (95%)	16 (95%)	16 (95%)	18 (>95%)	18 (>95%)	16 (95%)	17 (>95%)	19 (>95%)
Weighted average		99%	99%	99%	92%	88%	88%	93%	91%	96%	98%	98%

The coverage benchmark (or) average coverage for an indicator is defined as the number of clinics in the sample which comply with the defined minimum quality standards divided by the total number of clinics assessing for that indicator. In this study, the predetermined percentage for availability (coverage) of products in Sun clinics was 70%. It is **the decision rule** which determines whether an individual supervision area reaches the average coverage/benchmark or is below the average coverage/benchmark.

Overall, the availability/coverage of SQH products was higher than the benchmark in all supervision areas. When compared to previous round (conducted in July 2009), the availability of Trimox III and Trimix IV has improved in Yangon supervision area and Lower Myanmar supervision area.

QUALITY OF COVERAGE OF SQHC Products

The quality of coverage for products in the four supervision areas is presented in tables 2(a), 2 (b), 2 (c), 2 (d), 2(e) and 2(f). Quality of coverage was calculated for four factors or four additional minimum standards.

(1) Proper storage of products (2) The price list posted visibly (3) No stock-outs in last three months (4) No defect or expired products

The benchmark for quality of coverage is set at 70% of the coverage/availability of products. (e.g., at least 13 clinics out of 19 clinics, 12 clinics out of 17 clinics)

Table 2 (a): Quality of coverage for RH products

As mentioned above, the benchmark for quality of coverage is determined based on the product availability. It means that all quality factors of each product need to be equal to (or) more than 70% of the number of its availability.

Regarding proper storage for RH products, all supervision areas reach the benchmark for both RH products.

For the pricelist posted, Mandalay supervision area and Upper Myanmar supervision area do not reach the benchmark because less than 70% of RH products available clinics have the price sheets visibly displayed in both areas. However, this represents the positive result because all supervision areas were below the benchmark of 70% in 2009.

A	Audited Clinic	Availability		Proper Storage		Price list posted		No stock out in last 3 month		No Defect/damage/expired	
		Pills	OK3	Pills	OK3	Pills	OK3	Pills	OK3	Pills	OK3
1 Yangon SA	19	19 (>95%)	19 (>95%)	19 (>95%)	19 (>95%)	15 (90%)	15 (90%)	19 (>95%)	19 (>95%)	19 (>95%)	19 (>95%)
2 Mandalay SA	19	19 (>95%)	18 (>95%)	19 (>95%)	18 (>95%)	6 (45%)	6 (45%)	19 (>95%)	18 (>95%)	19 (>95%)	18 (>95%)
3 Lower Myanmar SA	19	19 (>95%)	19 (>95%)	19 (>95%)	19 (>95%)	15 (90%)	15 (90%)	18 (>95%)	19 (>95%)	19 (>95%)	19 (>95%)
4 Upper Myanmar SA	19	18 (>95%)	19 (>95%)	18 (>95%)	19 (>95%)	10 (65%)	10 (65%)	17 (>95%)	19 (>95%)	18 (>95%)	19 (>95%)
Weighted average		99%	99%	99%	99%	64%	64%	96%	99%	99%	99%

The number of clinics which have not been stocked out in last three months is higher than the benchmark in all four areas for both RH products. This result also shows the increase from 2009 when OK3 injection was stocked out in all areas.

Similar to previous round, the last quality factor (not having defect/ damaged/ expired RH products) is higher than the benchmark in all supervision areas.

Table 2 (b): Quality of coverage for anti-TB products

For TB products, two products, DOTS and sputum cups, were assessed for the defined four quality criteria. Similar to other products, the

SA	Audited Clinic	Availability		Proper Storage		Price list posted	No stock out in last 3 month		No Defect/damage/expired	
		DOTS	Sputum cups	DOTS	Sputum cups	DOTS	DOTS	Sputum cups	DOTS	Sputum cups
1 Yangon SA	19	18 (>95%)	18 (>95%)	18 (>95%)	18 (>95%)	18 (>95%)	18 (>95%)	17 (>95%)	18 (>95%)	18 (>95%)
2 Mandalay SA	19	19 (>95%)	18 (>95%)	19 (>95%)	18 (>95%)	19 (>95%)	19 (>95%)	18 (>95%)	19 (>95%)	18 (>95%)
3 Lower Myanmar SA	19	19 (>95%)	18 (>95%)	19 (>95%)	17 (>95%)	19 (>95%)	19 (>95%)	18 (>95%)	19 (>95%)	18 (>95%)
4 Upper Myanmar SA	19	19 (>95%)	16 (95%)	19 (>95%)	16 (95%)	17 (>95%)	19 (>95%)	16 (95%)	18 (>95%)	16 (95%)
Weighted average		99%	92%	99%	90%	96%	99%	91%	97%	92%

number of clinics which meet each minimum standard for TB clinics have to be equal to or more than 70% of TB products available clinics in order to meet its benchmark.

All four supervision areas reach the benchmark for proper storage of anti-TB drugs and sputum cups. For the pricelist of TB products, TB signboard which includes “Free TB drugs” slogan was counted as one of the pricelist. The numbers of clinics which have anti-TB product pricelists are higher than benchmark in all four supervision areas. The score for “no stock-out within last three months” and “no expired TB drugs” are also higher than benchmark in all supervision areas.

All of the above findings are in line with the results from previous round.

Table 2 (c): Quality of coverage for anti-pneumonia products

SA	Audited Clinic	Availability		Proper Storage		Price list posted		No stock out in last 3 month		No Defect/damage/expired	
		Tri III	Tri IV	Tri III	Tri IV	Tri III	Tri IV	Tri III	Tri IV	Tri III	Tri IV
1 Yangon SA	19	17 (>95)	17 (>95%)	17 (>95%)	17 (>95%)	8 (55%)	8 (55%)	17 (>95%)	16 (95%)	17 (>95%)	16 (95%)
2 Mandalay SA	19	15 (90%)	14 (85%)	14 (85%)	13 (80%)	7 (50%)	7 (50%)	15 (90%)	14 (85%)	15 (90%)	14 (85%)
3 Lower Myanmar SA	19	18 (>95)	19 (>95%)	18 (>95%)	19 (>95%)	14 (85%)	13 (85%)	18 (>95%)	19 (>95%)	18 (>95%)	19 (>95%)
4 Upper Myanmar SA	19	16 (95%)	16 (95%)	16 (95%)	16 (95%)	7 (50%)	7 (50%)	16 (95%)	16 (95%)	16 (95%)	16 (95%)
Weighted average		88%	88%	87%	88%	49%	47%	88%	87%	88%	87%

For pneumonia products, TRIMOX III and IV were observed for the predetermined four quality criteria. Similar to other products, a supervision area meets the benchmark when 70% of the pneumonia products available clinics achieve the quality criteria.

With regards to proper storage, all supervision areas reach the benchmark for this quality. This is similar to the result of last year. For the pricelist posted criteria, only Lower Myanmar supervision area score above the benchmark. For Yangon, Mandalay and Upper Myanmar supervision areas, less than 70% of product available clinics have pricelist posted and therefore they do not reach the benchmark. Yet, these results are better than the first round where all 4 areas failed to reach the benchmark.

For other two criteria “no stock out in last three months” and “no defect/damaged/expired”, all supervision areas reach the benchmark. These results are similar to those of the previous round.

Table 2 (d): Quality of coverage for anti-Malaria products

SA	Clinic	Availability		Proper Storage		Price list posted		No stock out in last 3 month		No Defect/damage/expired	
		Coartem	Carestat	Coartem	Carestat	Coartem	Carestat	Coartem	Carestat	Coartem	Carestat
1 Yangon SA	19	12 (75%)	12 (75%)	12 (75%)	12 (75%)	9 (60%)	8 (55%)	12 (75%)	12 (75%)	12 (75%)	12 (75%)
2 Mandalay SA	19	18 (>95%)	16 (95%)	17 (>95%)	16 (95%)	2 (25%)	1 (20%)	18 (>95%)	16 (95%)	18 (>95%)	16 (95%)
3 Lower Myanmar SA	19	19 (>95%)	19 (>95%)	19 (>95%)	19 (>95%)	10 (65%)	10 (65%)	19 (>95%)	19 (>95%)	19 (>95%)	19 (>95%)
4 Upper Myanmar SA	19	18 (>95%)	18 (>95%)	18 (>95%)	18 (>95%)	4 (35%)	4 (35%)	18 (>95%)	18 (>95%)	15 (90%)	18 (>95%)
Weighted average		93%	91%	92%	91%	32%	30%	93%	91%	87%	91%

In malaria trained clinics, both Coartem (the drug to treat malaria) and Carestat (which is the test kit to test which type of malaria is present or not) were assessed for quality of products. In order to meet its benchmark, each quality factor of malaria clinics have to achieve 70% of numbers of malaria products available clinics.

Regarding proper storage, all supervision areas reach the benchmark because almost all malaria products available clinics have stored malaria products properly. This is similar to the result of 2009 survey.

For pricelist posted criteria, only Yangon supervision area achieves the benchmark and the rest three areas are below the benchmark. It means that the results of those three areas remain unchanged from the results of the first round.

For the remaining two criteria, all four supervision areas score above the benchmark, which is similar to the score of last round.

Table 2 (e): Quality of coverage for anti-STI products

SA	Clinic	Availability		Proper Storage		Price list posted		No stock out in last 3 month		No Defect/damage/expired	
	Audited	Cure U (Ulcer)	Cure U (Urethritis)	Cure U (Ulcer)	Cure U (Urethritis)	Cure U (Ulcer)	Cure U (Urethritis)	Cure U (Ulcer)	Cure U (Urethritis)	Cure U (Ulcer)	Cure U (Urethritis)
1 Yangon SA	19	19 (>95%)	19 (>95%)	18 (>95%)	18 (>95%)	14 (85%)	14 (85%)	19 (>95%)	19 (>95%)	19 (>95%)	19 (>95%)
2 Mandalay SA	19	18 (>95%)	19 (>95%)	17 (>95%)	18 (>95%)	3 (30%)	3 (30%)	18 (>95%)	19 (>95%)	18 (>95%)	18 (>95%)
3 Lower Myanmar SA	19	19 (>95%)	19 (>95%)	19 (>95%)	19 (>95%)	15 (90%)	15 (90%)	19 (>95%)	19 (>95%)	18 (>95%)	19 (>95%)
4 Upper Myanmar SA	19	16 (95%)	17 (>95%)	16 (95%)	17 (>95%)	10 (65%)	10 (65%)	15 (90%)	16 (95%)	16 (95%)	17 (>95%)
Weighted average		96%	98%	93%	95%	61%	61%	94%	96%	94%	97%

In STI trained providers' clinics, the two products, Cure U (Ulcer) and Cure U (Urethritis), were assessed for defined criteria. Similarly, a supervision area achieves benchmark when the numbers of clinics which meet each defined quality criteria are equal to or more than 70% of STI product available clinics.

For proper storage criteria, as seen in table, nearly all clinics (among all STI products available clinics) in four supervision areas store the drugs properly, and therefore all supervision areas are above the benchmark. When compared to previous round, these findings are similar.

The number of the clinics which displayed Cure U pricelist in Mandalay and Upper Myanmar supervision areas is less than 70% of the STI products available clinics. Therefore Mandalay and Upper Myanmar supervision areas fail to reach the benchmark. It reveals that only Yangon and Lower Myanmar supervision areas score better than that of previous round.

For the remaining two quality criteria, all four supervision areas achieve the score above the benchmark for both Cure U (Ulcer) and Cure U (Urethritis). This is similar to the result of 2009 survey.

Table 2 (f): Quality of coverage for anti-Diarrhoea products

SA	Clinic	Availability	Proper Storage	Price list posted	No stock out in last 3 month	No Defect/damage/expired
	Audited	Orasel Kits	Orasel Kits	Orasel Kits	Orasel Kits	Orasel Kits
1 Yangon SA	19	18 (>95%)	17 (>95%)	10 (65%)	18 (>95%)	17 (>95%)
2 Mandalay SA	19	18 (>95%)	17 (>95%)	7 (50%)	17 (>95%)	18 (>95%)
3 Lower Myanmar SA	19	19 (>95%)	19 (>95%)	13 (80%)	19 (>95%)	18 (>95%)
4 Upper Myanmar SA	19	19 (>95%)	19 (>95%)	6 (45%)	18 (>95%)	19 (>95%)
Weighted average		98%	95%	49%	95%	95%

In this study, Orasel kit which includes 2 ORS packets and 1 strip of ten zinc tablets was assessed for defined criteria.

When the product was examined for “proper storage, no stock out and no defect or damage or expiry”, all supervision areas meet the benchmark (i.e., more than 70% of the Orasel kits available clinics meet these additional 3 minimum standards).

With regards to posting pricelist visibly, Lower Myanmar supervision area is above the benchmark and the rest 3 areas are below the benchmark. Results indicate that only Lower Myanmar supervision area shows progress and reaches above the benchmark when compared to the results of last round.

Table 3: Quality of services in general

SA	Clinic	IEC materials	Visibility of SUN signboard	Provider present at the time of auditing	Greet a client friendly	Privacy of consultation room	Regular record keeping	Meet all quality
1 Yangon SA	40	27 (68%)	38 (95%)	33 (83%)	40 (100%)	36 (90%)	38 (95%)	20 (50%)
2 Mandalay SA	28	15 (54%)	28 (100%)	27 (96%)	28 (100%)	27 (96%)	28 (100%)	14 (50%)
3 Lower Myanmar SA	27	21 (78%)	27 (100%)	26 (96%)	27 (100%)	26 (96%)	26 (96%)	19 (70%)
4 Upper Myanmar SA	30	18 (60%)	27 (90%)	26 (87%)	30 (100%)	28 (93%)	30 (100%)	14 (47%)
Weighted average		66%	96%	90%	100%	94%	98%	55%

Clinics were observed for different quality of services such as 1) IEC materials according to disease areas, 2) Visibility of SUN signboards, 3) Provider present at the time of auditing, 4) Friendly greeting of providers or clinic assistants to the clients, 5) Privacy of consultation room and 6) Regular record keeping.

As shown in Table 3, we found that the average percentage of the clinic which have IEC materials is 66%, visibility of SUN signboard is 96%, the provider present at the clinic is 90%, the percentage of greeting to clients in a friendly fashion by providers or clinic assistants is 100%, the percentage of consultation rooms which afford privacy is 94% and the percentage of complete record keeping is (98%). IEC materials are low (66%) in all four areas especially in Mandalay and Lower Myanmar supervision area. The average percentage of clinics which meet all quality criteria is 55%.

LQAS

What a Sample of 19 Can Tell Us

- Good for setting priorities within a supervision area
- Good for setting priorities among supervision areas with large differences in coverage
- Good for deciding what are the higher performing supervision areas to learn from
- Good for deciding what are the lower performing supervision areas
- Good for identifying knowledge/practices that have high coverage from those of low coverage

What a Sample of 19 Cannot Tell Us

- Not good for calculating exact coverage in an SA (but can be used to calculate coverage for an entire program)
- Not good for setting priorities among supervision areas with little difference in coverage

Why Use a Sample of 19

- A sample of 19 provides an acceptable level of error for making management decisions; at least 92 percent of the time, it identifies whether a coverage benchmark has been reached or whether an SA is below the average coverage of a program area
- Samples larger than 19 have practically the same statistical precision as 19. They do not result in better information, and they cost more.

LIMITATIONS

- Few clinics were inaccessible at the time of auditing due to poor road networks and/or excessive rain and they needed to be substituted.

PROGRAMMATIC RECOMMENDATIONS

- The coverage of products at SQH clinics is high for all supervision areas and the program should maintain its high level i.e., above 70% of clinics surveyed at each area
- Quality of coverage for all products achieves the benchmark for three minimum standards such as proper storage, no stock-outs and no expired products. It should be kept focusing on those indicators during monitoring and supervision visits to clinics in all four areas.
- The program should find strategies to promote SQH providers to displaying price list vinyl sheet visibly at their clinics especially in Mandalay and Lower Myanmar supervision areas.
- Efforts are needed to improve overall quality of services in all four supervision areas especially by continuous supply of promotional materials at SQH clinics. Moreover, the providers should be encouraged to display PSI's IEC materials at their clinics.
- Conduct the next Project MAP study in 2011 to monitor improvements in coverage, quality of coverage between rounds 2 and 3.

Appendix 1: List of 4 Sampled Supervision Areas and respective providers

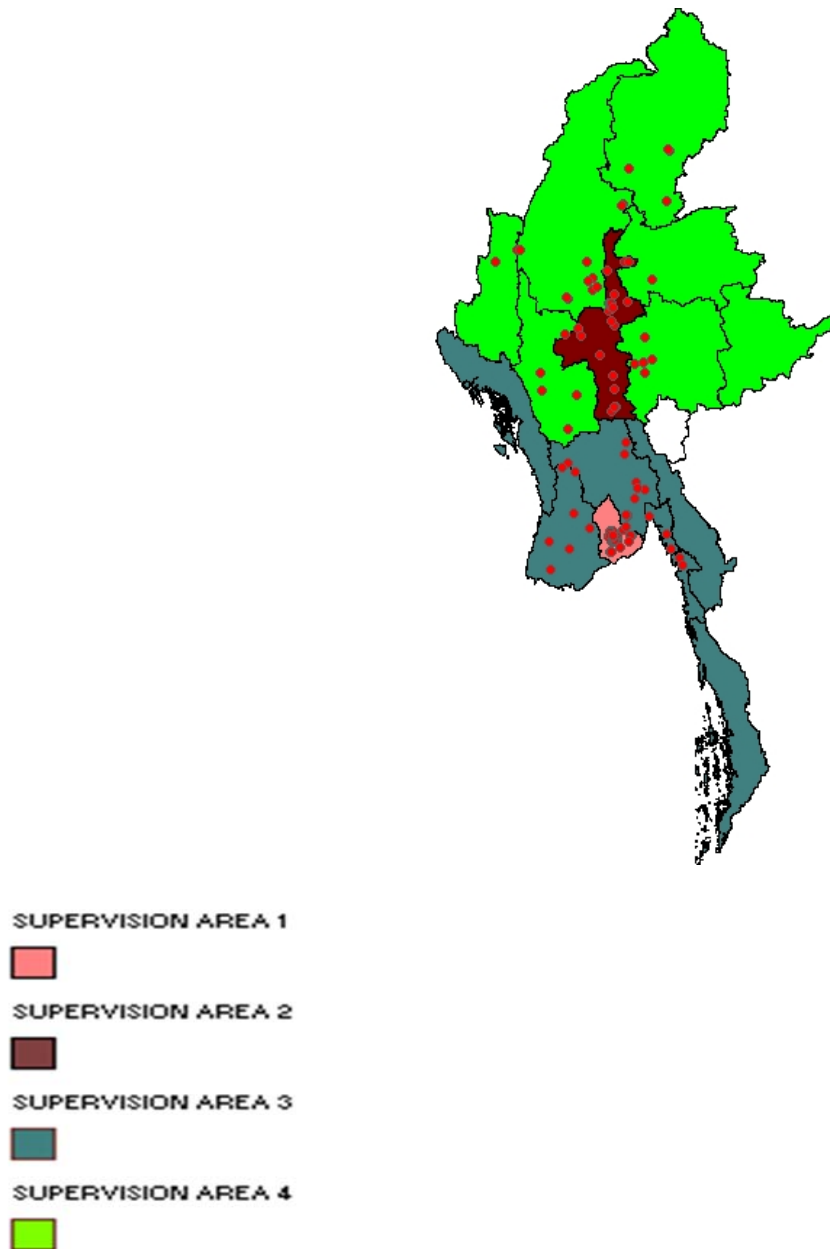
Sr. No	Supervision areas		Townships	Providers' name
1	Yangon	Yangon	Ahlone	DR. HTAY WIN, ALONE
2	Yangon	Yangon	Dagon Myothit (North)	DR. AUNG THAN, AUNG LAN THAR
3	Yangon	Yangon	Dagon Myothit (Seikkan)	DR. PHYU PHYU WIN , D-SEIKKAN
4	Yangon	Yangon	Dagon Myothit (South)	DR. THAN MYINT, S-DAGON
5	Yangon	Yangon	Hlaingtharya	DR. AUNG NAING, HTY
6	Yangon	Yangon	Hlaingtharya	DR. WIN AUNG, HTY
7	Yangon	Yangon	Insein	DR. MAUNG MAUNG THAN , INSEIN
8	Yangon	Yangon	Kayan	DR. SA MYINT THEIN
9	Yangon	Yangon	Kyeemyindaing	DR. THIDAR OO KHIN
10	Yangon	Yangon	Mingaladon	DR. SOE AUNG, MGD
11	Yangon	Yangon	North Okkalapa	DR. HLA MYINT
12	Yangon	Yangon	Pazundaung	DR. AYE MYAT HTIKE
13	Yangon	Yangon	Shwepyithar	DR. CHIT HTWE, AYE MYITTAR
14	Yangon	Yangon	Shwepyithar	DR. WIN ZAW, PHYO ZAW
15	Yangon	Yangon	South Okkalapa	DR. NAING NAING AUNG, CHANTHAR CLINIC
16	Yangon	Yangon	Tamwe	DR. AUNG ZAW HEIN
17	Yangon	Yangon	Thaketa	DR. KHIN THAN MU
18	Yangon	Yangon	Thanlyin	DR. SEIN MYINT
19	Yangon	Yangon	Thingangyun	DR. THUYA WIN
20	Yangon	Yangon	Hlaingtharya	DR. NYAN WIN HLAING
21	Yangon	Yangon	South Okkalapa	DR. MIN THEIN
22	Yangon	Yangon	Bahan	DR. THIDA HLAING, BAHAN
23	Yangon	Yangon	Hlaingtharya	DR. MIN NAING
24	Yangon	Yangon	Mayangone	DR. MAUNG MAUNG YE NAING
25	Yangon	Yangon	Shwepyithar	DR. MAUNG MAUNG, SHWEPYITHA
26	Yangon	Yangon	Thaketa	DR. MAY THU TUN
27	Yangon	Yangon	Dagon Myothit (East)	DR. SAN SAN HTAY
28	Yangon	Yangon	Dawbon	DR. KHIN SAN MYINT
29	Yangon	Yangon	Hlegu	DR. MYO THIN
30	Yangon	Yangon	Insein	DR. WAI WAI AUNG, ISN
31	Yangon	Yangon	Kayan	DR. WIN WIN MYINT
32	Yangon	Yangon	Kyauktan	DR. KYI HTOO
33	Yangon	Yangon	North Okkalapa	DR. AUNG THIT, AUNG CLINIC
34	Yangon	Yangon	North Okkalapa	DR. HTAY KYWE, SAYDANAR CLINIC
35	Yangon	Yangon	North Okkalapa	DR. TOE TOE WIN, NILAR WIN FAMILY CLINIC
36	Yangon	Yangon	South Okkalapa	DR. AUNG NGWE, AUNGSAYDANAR CLINIC
37	Yangon	Yangon	Taikkyi	DR. SOE MOE AUNG, MGD
38	Yangon	Yangon	Tamwe	DR. KHIN MAUNG NYO, AWBA
39	Yangon	Yangon	Thaketa	DR. WIN WIN KYAW
40	Yangon	Yangon	Thongwa	DR. MYINT THEIN, ThoneGwa
41	Mandalay	Mandalay	Amarapura	DR. AYE THU AUNG, AMP

42	Mandalay	Mandalay	Aungmyaythazan	DR. HLAING KYI PHYU,AMTZ
43	Mandalay	Mandalay	Aungmyaythazan	DR. SEIN MYINT, AMTZ
44	Mandalay	Mandalay	Chanayethazan	DR. MYINT MYINT CHO
45	Mandalay	Mandalay	Chanmyathazi	DR. NAING SOE
46	Mandalay	Mandalay	Kyaukse	DR. MIN AUNG
47	Mandalay	Mandalay	Lewe	DR. ZIN KO LATT
48	Mandalay	Mandalay	Mahaaungmyay	DR. HLA WIN
49	Mandalay	Mandalay	Mahaaungmyay	DR. MALAR THAN
50	Mandalay	Mandalay	Meiktila	DR. MYO SAN
51	Mandalay	Mandalay	Mogoke	DR. KU MA
52	Mandalay	Mandalay	Mogoke	DR. SAI NAW
53	Mandalay	Mandalay	Myingyan	DR. HLA HLA AYE
54	Mandalay	Mandalay	Patheingyi	DR. MAUNG MAUNG THU , PTG
55	Mandalay	Mandalay	Pyigyitagon	DR. NU AUNG
56	Mandalay	Mandalay	Pyinmana	DR. NYI NYI HTOO
57	Mandalay	Mandalay	Pyinoolwin	DR. SAI KHIN ZAW
58	Mandalay	Mandalay	Tatkon	DR. WIN TINT
59	Mandalay	Mandalay	Thabeikkyin	DR. ZIN MIN TUN
60	Mandalay	Mandalay	Aungmyaythazan	DR. KYAW SOE SHEIN
61	Mandalay	Mandalay	Madaya	DR. THAN KYAW NAING WIN
62	Mandalay	Mandalay	Mogoke	DR. SAN YU
63	Mandalay	Mandalay	Pyinmana	DR. WAI WAI TUN
64	Mandalay	Mandalay	Kyaukse	DR. YIN SHWE
65	Mandalay	Mandalay	Taungtha	DR. KYAW HLA
66	Mandalay	Mandalay	Yamethin	DR. THANT ZIN, YAMETHIN
67	Mandalay	Mandalay	Aungmyaythazan	DR. MYO MIN NYUNT
68	Mandalay	Mandalay	Mogoke	DR. THEIN WIN
69	Lower Myanmar	Ayeyarwady	Hinthada	DR. KHIN AYE AYE
70	Lower Myanmar	Ayeyarwady	Hinthada	DR. TIN THEIN, HINTHADA
71	Lower Myanmar	Ayeyarwady	Labutta	DR. THAN SWE, THAPYAE CLINIC
72	Lower Myanmar	Ayeyarwady	Nyaungdon	DR. LWANN WAI
73	Lower Myanmar	Ayeyarwady	Pathein	DR. THAN THAN MYINT
74	Lower Myanmar	Ayeyarwady	Wakema	DR. WIN ZAW, WAKEMA
75	Lower Myanmar	Bago	Bago	DR. KHIN HLA WIN
76	Lower Myanmar	Bago	Bago	DR. THANT ZIN
77	Lower Myanmar	Bago	Daik-U	DR. PWINT SAN
78	Lower Myanmar	Bago	Nyaunglebin	DR. KHIN AYE HTWE
79	Lower Myanmar	Bago	Oktwin	DR. AUNG LIN OO
80	Lower Myanmar	Bago	Pyay	DR. THEIN SHWE
81	Lower Myanmar	Bago	Shwegyin	DR. WIN ZAW MYINT
82	Lower Myanmar	Bago	Taungoo	DR. THIDAR AUNG, TAUNGOO
83	Lower Myanmar	Magway	Aunglan	DR. AH MAR, Aung Lan
84	Lower Myanmar	Mon	Mawlamyine	DR. HTEIN LIN
85	Lower Myanmar	Mon	Mudon	DR. KHIN TINT SWE
86	Lower Myanmar	Mon	Paung	DR. THEIN MYINT, PAUNG
87	Lower Myanmar	Mon	Thaton	DR. PYONE CHO
88	Lower Myanmar	Bago	Bago	DR. HTAY WIN, BAGO
89	Lower Myanmar	Bago	Paungde	DR. TIN HLA AUNG
90	Lower Myanmar	Bago	Bago	DR. SOE HLAING
91	Lower Myanmar	Mon	Mudon	DR. MYINT MYINT KHIN
92	Lower Myanmar	Bago	Kawa	DR. TIN NYUNT
93	Lower Myanmar	Bago	Padaung	DR. MAUNG MAUNG
94	Lower Myanmar	Mon	Mudon	DR. THET MIN, MUDON
95	Lower Myanmar	Bago	Nyaunglebin	DR. MYINT THAN
96	Upper Myanmar	Kachin	Katha	DR. AUNG MYO WIN
97	Upper Myanmar	Kachin	Mohnyin	DR. TIN TUN AUNG

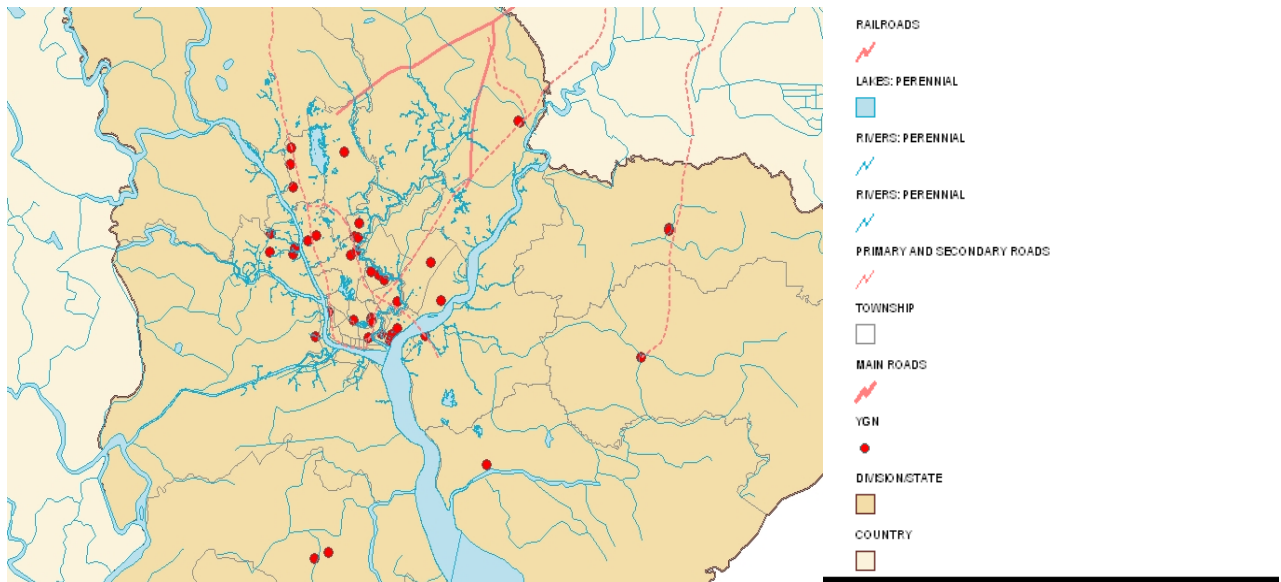
98	Upper Myanmar	Kachin	Myitkyina	DR. SWE ZIN NYEIN
99	Upper Myanmar	Magway	Magway	DR. KHIN MAUNG THAN, Magway
100	Upper Myanmar	Magway	Pakokku	DR. MAY SEIN
101	Upper Myanmar	Magway	Taungdwingyi	DR. KHIN MAUNG HTAY
102	Upper Myanmar	Magway	Yenangyaung	DR. KYIN WHET
103	Upper Myanmar	Sagaing	Kale	DR. AMBIKA PRASAD GUNTA
104	Upper Myanmar	Sagaing	Kale	DR. ZARA LIANA
105	Upper Myanmar	Sagaing	Katha	DR. WUTT HMONE TUN
106	Upper Myanmar	Sagaing	Monywa	DR. KYAW SAN HLAING
107	Upper Myanmar	Sagaing	Monywa	DR. WIN THANT OO
108	Upper Myanmar	Sagaing	Shwebo	DR. KHIN MAUNG TUN
109	Upper Myanmar	Sagaing	Wetlet	DR. KHIN MAUNG LAY, WLT
110	Upper Myanmar	Shan	Kalaw	DR. NYUNT NYUNT HTAY
111	Upper Myanmar	Shan	Kyaukme	DR. KYI SEIN
112	Upper Myanmar	Shan	Lawksawk	DR. NWE NWE YIN
113	Upper Myanmar	Shan	Nyaungshwe	DR. TUN HLAING, NSW
114	Upper Myanmar	Shan	Taunggyi	DR. SABAI MYINT KYU
115	Upper Myanmar	Sagaing	Kanbalu	DR. KHIN MAUNG KYAING
116	Upper Myanmar	Sagaing	Kale	DR. ZAW MYINT NAING
117	Upper Myanmar	Sagaing	Kale	DR. WAI YAN MYINT
118	Upper Myanmar	Shan	Taunggyi	DR. DAW PALE
119	Upper Myanmar	Magway	Pakokku	DR. THEIN TUN, Pakokku
120	Upper Myanmar	Sagaing	Shwebo	DR. PAN HLAING YWAY
121	Upper Myanmar	Shan	Kalaw	DR. MA SHWE KHINE
122	Upper Myanmar	Kachin	Myitkyina	DR. MU MU-MU TEE
123	Upper Myanmar	Kachin	Momauk	DR. KHIN THIDAR SOE
124	Upper Myanmar	Sagaing	Kale	DR. KHIN MAUNG MYINT, KALAY
125	Upper Myanmar	Sagaing	Wetlet	DR. MYO KYAW TUN

Appendix 2: Maps

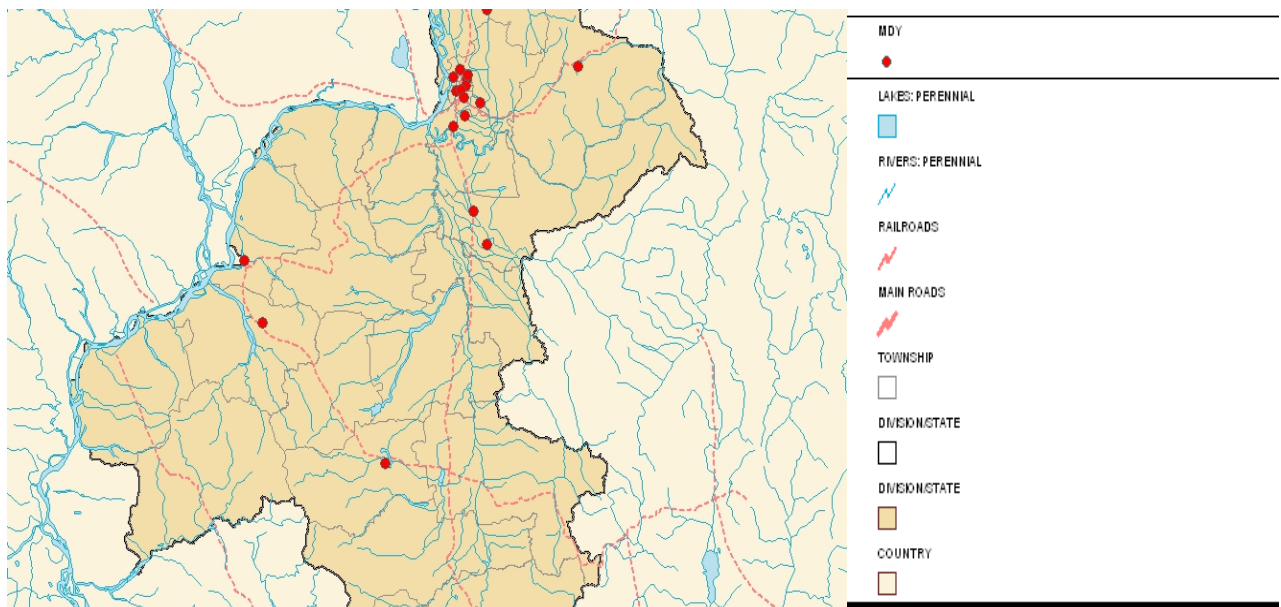
Map 1- SQHC in whole country (Myanmar)



Map 2- SQHC in Yangon



Map 3- SQHC in Mandalay



Appendix 3: Audit Sheet

MAP Study Evaluating Coverage and Quality of Coverage of SQHC in Myanmar.

Section 1: Background information of SUN CLINIC

Code -----

1. Date ----- 2. Quarter -----
 3. Township ----- 4. State/Division -----
 5. Name of clinic (if any) ----- 6. **GPS POINT** - Lat + -----
 Long - -----
 7. Name of SA - Yangon ☐ MDY ☐ Lower MM ☐ Upper MM ☐

Auditor needs to look around in the waiting room as well as consultation / examination room.

Section 2: Information concerned with PSI products

8. Are the following 'PSI products' available in your clinic now? (If auditor can't find the product, ask for it)

- | | | | |
|----------------------------|--------------------|-----------------------------|------------|
| 1. RH products | (a) OK pills | (b) OK injection (3 months) | (c) OK IUD |
| 2. Anti-TB products | (a) DOTS | (b) Sputum Cups | |
| 3. Anti-Malaria products | (a) COARTEM | (b) CARE Start (RDT) | |
| 4. Anti-STI products | (a) CURE U (Ulcer) | (b) CURE U (Urethritis) | |
| 5. Anti-Diarrhea products | (a) ORASEL KIT | | |
| 6. Anti-pneumonia products | (a) Trimox III | (b) Trimox IV | |

9. Are the following 'PSI products' stored in a proper place?

- | | | | |
|----------------------------|--------------------|-----------------------------|------------|
| 1. RH products | (a) OK pills | (b) OK injection (3 months) | (c) OK IUD |
| 2. Anti-TB products | (a) DOTS | (b) Sputum Cups | |
| 3. Anti-Malaria products | (a) COARTEM | (b) CARE Start (RDT) | |
| 4. Anti-STI products | (a) CURE U (Ulcer) | (b) CURE U (Urethritis) | |
| 5. Anti-Diarrhea products | (a) ORASEL KIT | | |
| 6. Anti-pneumonia products | (a) Trimox III | (b) Trimox IV | |

10. Is the following 'PSI products' price list displayed in a visible place?

- | | | | |
|----------------------------|--------------------|-----------------------------|------------|
| 1. RH products | (a) OK pills | (b) OK injection (3 months) | (c) OK IUD |
| 2. Anti-TB products | (a) DOTS | | |
| 3. Anti-Malaria products | (a) COARTEM | (b) CARE Start (RDT) | |
| 4. Anti-STI products | (a) CURE U (Ulcer) | (b) CURE U (Urethritis) | |
| 5. Anti-Diarrhea products | (a) ORASEL KIT | | |
| 6. Anti-pneumonia products | (a) Trimox III | (b) Trimox IV | |

P.S Make a circle on (a) (b) (c) according to the respective answers.

If there is no product to be circled, write 'nothing' on the side of the question.

11. Are there any following PSI products "stock-out" within 3 months?

1. RH products (a) OK pills (b) OK injection (3 months) (c) OK IUD
2. Anti-TB products (a) DOTS (b) Sputum Cups
3. Anti-Malaria products (a) COARTEM (b) CARE Start (RDT)
4. Anti-STI products (a) CURE U (Ulcer) (b) CURE U (Urethritis)
5. Anti-Diarrhea products (a) ORASEL KIT
6. Anti-pneumonia products (a) Trimox III (b) Trimox IV

12. Is there any damage/defect or expired PSI's products you have in hand?

1. RH products (a) OK pills (b) OK injection (3 months) (c) OK IUD
2. Anti-TB products (a) DOTS (b) Sputum Cups
3. Anti-Malaria products (a) COARTEM (b) CARE Start (RDT)
4. Anti-STI products (a) CURE U (Ulcer) (b) CURE U (Urethritis)
5. Anti-Diarrhea products (a) ORASEL KIT
6. Anti-pneumonia products (a) Trimox III (b) Trimox IV

Section 3: Services in general (please insert “√” in response box.)

No.	Questions	Response	
		Yes	No
13.	Are there relevant education materials such as pamphlets, provided by PSI, easily available in the visible place of clinic?		
14.	Is SUN signboard clearly and visibly allocated for this clinic?		
15.	Is DOTS signboard clearly and visibly allocated for this clinic? (Only for relevant clinic)		
16.	Is the provider present during clinic opening hours (at the time of auditing)?		
17.	Does the provider/clinic assistant greet the clients friendly?		
18.	Is the examination/consultation carried out in a separate place that has a door or curtain or some kind of covering from the waiting room?		
19.	Does the provider maintain complete record keeping? (Ask data from MIS)		
20.	After auditing, is the provider the former selected provider or not?		
21.	If not, who is the originally selected provider? Doctor's name..... Township..... Reason for substitution		

Start time

End time

Observer's name

Appendix 4: Glossary

DEFINITIONS and ACRONYMS:

Term	Definition
Coverage	The coverage is the proportion of clinics where the defined product is available among the total number of clinics assessing for that product
LQAS	Lot Quality Assurance Sampling is a sampling and analysis method that is used to determine, with a level of precision that is sufficient for decision-making purposes, whether a given area reaches a pre-established benchmark or not.
MAP	MAP (Measuring Access and Performance) studies are a tool for measuring the performance of social marketing product and service delivery systems in developing countries. PSI measures social marketing performance among vulnerable populations at the individual level as well as by assessing the delivery systems by which the populations are reached. The latter is achieved through MAP: Measuring Access and Performance. MAP studies are designed to measure the coverage, quality, and equity of access of social marketing product and service delivery systems. With this additional evidence, our social marketers take action to continuously improve upon the cost-effectiveness, equity, and efficiency of our interventions.
Quality of Coverage	Quality of coverage is the proportion of geographic units in which the PSI product or service delivery system is available and conforms to additional minimum standards as described later in the report.
Stock out	Outlets that do not have products available in the last 3 months prior to the audit is considered in this survey as a stock out.