

Maternal and Child Health**Assessment of performance and acceptability of AMWs in rural communities as a strategy to improve maternal health**

<i>Component addressed</i>	The performance and acceptability of AMWs to improve safe delivery practices and MNCH care
<i>Year published</i>	2004-05 (unpublished)
<i>Year of data in report</i>	July-December 2005
<i>Author and/or publisher</i>	DOH (WCHD project)/UNICEF
<i>Geographical location of research</i>	Kawhmu and Kyauktaw townships
<i>Population</i>	AMWs
<i>Sample size</i>	211
<i>Data collection methods</i>	Multistage sampling method was used to define the RHCs. The clusters were proportional to the size of urban and rural population; Household questionnaire, women questionnaire and under five questionnaire were used.
<i>Location of research document</i>	DOH (WCHD unit); Hard copy available with IEG team
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	3MDG indicators target to AMW training only, not the performance
<i>Accessible</i>	Only full report is accessible and impossible to access data
<i>Credible</i>	SAQ, observation checklist, FGDs, KIIs, IDIs are conducted and data was cleaned and checked for errors
<i>Additional comments</i>	It is a useful study for the quality of care and needs to conduct the updated situation in the rural setting

Nationwide cause specific maternal mortality survey 2004-05

<i>Component addressed</i>	The level and cause of maternal mortality, at the national as well as sub-national levels
<i>Year published</i>	2005
<i>Year of data in report</i>	2004-2005
<i>Author and/or publisher</i>	WCHD project MOH/UNICEF
<i>Geographical location of research</i>	7 states and 7 divisions across the country
<i>Population</i>	Households
<i>Sample size</i>	2500 clusters per each stratum across 4 strata
<i>Data collection methods</i>	Stratified three-stage sampling scheme to identify the households
<i>Location of research document</i>	Hard copy available with IEG
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Maternal mortality ratios and causes of maternal mortality are worthwhile for MNCH programme
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	Modified version of EPI cluster survey was used and the number of townships from each stratum was selected in 5 replicates for easy calculation of sampling variance. Conduct training of trainers and multiplier training for enumeration.
<i>Additional comments</i>	Women in their reproductive age were experiencing high risk of death during pregnancy and child birth. The data should be regularly updated.

Multiple Indicator Cluster Survey

<i>Component addressed</i>	Monitoring the situation of children and women
<i>Year published</i>	2009-2010
<i>Year of data in report</i>	June, October 2009-March 2010
<i>Author and/or publisher</i>	Ministry of National Planning and Economic Development, MOH, UNICEF
<i>Geographical location of research</i>	Urban and rural areas from 17 States and Divisions except 40 inaccessible clusters
<i>Population</i>	Women aged 15 to 49 and the children from 29238 households
<i>Sample size</i>	38082 individual women aged 15 to 49, and 15539 children under five
<i>Data collection methods</i>	Multistage sampling method; the clusters were proportional to the size of urban and rural population; Household questionnaire, women questionnaire and under five questionnaire were used
<i>Location of research document</i>	Ministry of National Planning and Economic Development and MOH, Nay Pyi Daw, Myanmar; Hard copy available with EHG team
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Infant Mortality Rate at 37.5 per 1000 live births; Under five mortality rate at 46.1 per 1000 live births; 28.2 % of children were underweight; Breast feeding practices (89.3%), immunisation(88.6%), ORT (6.7%), contraception rate (46%), ANC (93.1%), and assistance at delivery (70.6%) data are used as reference for further intervention
<i>Accessible</i>	Only report, not the data is accessible
<i>Credible</i>	Trainings for core trainers, TOT, for data editors and enumerators and data entry training were done. A total of 63 data collection teams across the country and sample coverage ~97%. Findings are reasonable and comparable to the national studies.
<i>Additional comments</i>	It is a very useful study which findings are applied as the reference data for the national studies. Data and monitoring systems, design, and implementation may be improved. MICS might be conducted again but we don't know the actual time frame to obtain the up-to-date information of children and women.

MMCWA couple report

<i>Component addressed</i>	Provision of services for counselling/couple counselling and utilization
<i>Year published</i>	2010
<i>Year of data in report</i>	Not mentioned in the report
<i>Author and/or publisher</i>	UNICEF
<i>Geographical location of research</i>	Dekhina Thiri, Pyay and North Okkalapa townships

<i>Population</i>	Couples below the age of 30 years
<i>Sample size</i>	292 couples
<i>Data collection methods</i>	A quantitative survey; FGD, PLA and In depth interviews and Semi-structured interviews
<i>Location of research document</i>	Soft copy available in UNO'S
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C1
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	Training in data collection were held. Data from various sources, quantitative, FGDs, SSIs, IDIs and PLA sessions were triangulated. The data from all sources were processed, synthesized into a logical format.
<i>Additional comments</i>	Gaps in the counselling services are identified and the services are available after the office hours. Community based psychosocial services should be made available for the community to address gender and cultural issues associated with HIV/AIDS.
Antenatal care and delivery practices among rural Kokant mothers, Northern Shan State	
<i>Component addressed</i>	The ante-natal and delivery practices among rural Kokant mothers living in hard-to-reach area along the Than Lwin river of northern Shan state
<i>Year published</i>	January 2011
<i>Year of data in report</i>	March 2010
<i>Author and/or publisher</i>	DMR (LM)
<i>Geographical location of research</i>	4 villages in northern Shan State
<i>Population</i>	Mothers, BHS and local informants
<i>Sample size</i>	4 FGDs & 6 KIIs
<i>Data collection methods</i>	Cross-sectional study using qualitative methods
<i>Location of research document</i>	Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	The delivery practices with Skilled Birth Attendants (SBAs) are identified and these are supportive to 3 MDG indicators
<i>Accessible</i>	Interview responses are mentioned
<i>Credible</i>	Pre-test, data validity was done and comparisons were made between different groups of mothers, recurring patterns and themes were noted down
<i>Additional comments</i>	Taking ANC rate is low and the majority of deliveries occur at home. The importance of ANC and deliveries with SBAs need for health education among Kokant mothers.
Providers' and clients' perceptions and barriers in providing newborn health services in project and non-project townships of Magway division	
<i>Component addressed</i>	To compare providers' and clients' perspectives on newborn care
<i>Year published</i>	January 2011
<i>Year of data in report</i>	September 2009-March 2010
<i>Author and/or publisher</i>	DMR (LM)
<i>Geographical location of research</i>	Seikphyu ad Magwe township
<i>Population</i>	BHS and mothers of infants
<i>Sample size</i>	40 in each township
<i>Data collection methods</i>	Cross-sectional study using quantitative and qualitative methods
<i>Location of research document</i>	Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C1
<i>Accessible</i>	The analysed findings are reported
<i>Credible</i>	The detailed training on data collection was given by the supervisors and qualitative thematic data were analysed using ATLAS
<i>Additional comments</i>	Mews are the main healthcare providers for newborn during post-natal period and client oriented intervention programs should be launched to relieve from ignorance and to overcome the traditional believes on newborn care
Barriers to ANC and safe delivery among married women of reproductive age	
<i>Component addressed</i>	Barriers to ANC and safe delivery among married women of reproductive age
<i>Year published</i>	January 2011
<i>Year of data in report</i>	2010
<i>Author and/or publisher</i>	DMR (LM)
<i>Geographical location of research</i>	Mawgyun and Yetarshay townships
<i>Population</i>	Women bearing under 1 yr old children
<i>Sample size</i>	816
<i>Data collection methods</i>	Quantitative approach
<i>Location of research document</i>	Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C1
<i>Accessible</i>	The analysed findings are reported
<i>Credible</i>	Epic data 3.1 was used for data entry and validation
<i>Additional comments</i>	Women's perceptions in regard to their health risk from pregnancy and childbirth, perceptions on the benefits and socio-economic factors were highlighted
Assessment of EmOC in Myanmar	
<i>Component addressed</i>	Coverage and quality of EmOC

<i>Year published</i>	January 2011
<i>Year of data in report</i>	May 2009
<i>Author and/or publisher</i>	DMR (LM)
<i>Geographical location of research</i>	4 states and 3 regions
<i>Population</i>	Obstetric facilities
<i>Sample size</i>	101
<i>Data collection methods</i>	Observation and record review
<i>Location of research document</i>	Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C1
<i>Accessible</i>	The analysed findings are reported
<i>Credible</i>	The estimation was made for baseline numbers of annual birth, annual deliveries and complication. The amount and quality of service for the area was calculated as six indicators.
<i>Additional comments</i>	The reproductive age female took account 30% of total population. Findings supported monitoring process of EmOC focusing service parameters with six indicators leading evidence-based decision making for programme managers.

Challenges in providing antenatal and intrapartum care service of Sab in selected rural areas

<i>Component addressed</i>	Challenges in providing antenatal and intrapartum care service of SBAs in selected rural areas
<i>Year published</i>	January 2011
<i>Year of data in report</i>	2010
<i>Author and/or publisher</i>	DMR (LM)
<i>Geographical location of research</i>	2 RHCs in Patheingyi township
<i>Population</i>	Women of under one yr. old child, SBAs
<i>Sample size</i>	304 women of under one year old child, 12 SBAs and 12 KIs
<i>Data collection methods</i>	Quantitative and qualitative approach
<i>Location of research document</i>	Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C1
<i>Accessible</i>	The analysed findings are reported
<i>Credible</i>	Matrix analysis was also done to uncover existing challenges in skilled attendance
<i>Additional comments</i>	Skilled attendance for all births is the only way to ensure EmOC for all those with complications

Health seeking behaviours for newborn health problems

<i>Component addressed</i>	The health seeking behaviours for newborn health problems
<i>Year published</i>	January 2011
<i>Year of data in report</i>	2010
<i>Author and/or publisher</i>	DMR (LM)
<i>Geographical location of research</i>	Paung-De township
<i>Population</i>	Mothers who had infants and fathers, BHS and community members
<i>Sample size</i>	355 mothers who had infants, 42 mothers and fathers, 9 KIs for BHS and community members, 20 IDIs
<i>Data collection methods</i>	Quantitative and qualitative approach
<i>Location of research document</i>	Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	The findings are applicable to improve community newborn care
<i>Accessible</i>	The analysed findings are reported
<i>Credible</i>	Six out of 12 urban wards are selected randomly, 3 health centres and 2 RHCs were selected randomly. Guidelines were developed after pretest. The transcriptions were reviewed and denote the important information related to the study. The qualitative data were combined according to themes for analysis.
<i>Additional comments</i>	By improving the coverage of care during childbirth and the early postnatal period, early neonatal mortality can be reduced in the poorest and most underserved populations

Improvement of essential newborn care practices in Ayeyarwaddy and Agway regions

<i>Component addressed</i>	ENC practices
<i>Year published</i>	January 2011
<i>Year of data in report</i>	2010-11
<i>Author and/or publisher</i>	DMR (LM)
<i>Geographical location of research</i>	Kyaukse and Yekyi townships in Ayeyarwaddy region, Salin and Seintphyu townships in Agway township
<i>Population</i>	Mothers and midwives
<i>Sample size</i>	820 mothers and 33 midwives
<i>Data collection methods</i>	Quantitative and qualitative approach
<i>Location of research document</i>	Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	The findings are applicable to improve community newborn care which in turn reduces the neonatal mortality
<i>Accessible</i>	The analysed findings are reported
<i>Credible</i>	Sample size was calculated based on the assumption of difference in correct ENC practices between baseline and end line surveys at least 20%. Interview guidelines were developed after pre-test.
<i>Additional comments</i>	Many aspects of ENC practices were improved, however exclusive breast feeding and coverage of three doses of DPT and OPV needs to be improved

Promoting ANC services in urban health centres of Mandalay to improve early detection of pre-eclampsia

<i>Component addressed</i>	The skill of midwives in diagnosis and referral of PE from HU to CWH and the supervision of midwives by LHV
<i>Year published</i>	January 2011

<i>Year of data in report</i>	2009
<i>Author and/or publisher</i>	DMR (LM)
<i>Geographical location of research</i>	5 townships of Mandalay
<i>Population</i>	Health care providers
<i>Sample size</i>	75
<i>Data collection methods</i>	Review of patients registers, semi-structured questionnaire, checklists
<i>Location of research document</i>	Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C1
<i>Accessible</i>	The analysed findings are reported
<i>Credible</i>	Data was collected six months prior to and after the intervention
<i>Additional comments</i>	This study highlights the early detection of PE and reinforce the training of health care providers to improve their performance and increase human resources for health care to enable women in the society to have healthy pregnancies and healthy babies
BHS needs in EmOC training in selected townships of Yen division	
<i>Component addressed</i>	The status of knowledge, training and skills of BHS to EmOC
<i>Year published</i>	January 2011
<i>Year of data in report</i>	March 2009
<i>Author and/or publisher</i>	DMR (LM)
<i>Geographical location of research</i>	Thongwa, Taik kyi and south Dagon township
<i>Population</i>	All BHS
<i>Sample size</i>	157
<i>Data collection methods</i>	Cross-sectional study using quantitative and qualitative methods
<i>Location of research document</i>	Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Helpful which component needs to emphasize in EmOC training of BHS
<i>Accessible</i>	The analysed findings are reported
<i>Credible</i>	Free listing, pile sorting and participatory problem identification and problem solving were done
<i>Additional comments</i>	EmOC training methods should be improved and EmOC knowledge should be strengthened
Assessment on AMW training package (training & utilization)	
<i>Component addressed</i>	The status of current AMW programme (training outcome, knowledge and performance, and associated factors)
<i>Year published</i>	December 2011
<i>Year of data in report</i>	September 2010-January 2011
<i>Author and/or publisher</i>	PI: Dr Theingi Myint; Col: Dr Than Tun Sein, Dr Hla Soe Tint et al. DOH (MCH section) & DMR (UM)
<i>Geographical location of research</i>	4 townships of Krause District: Kyaukse, Singkaing, Myittha and Tadar-U townships
<i>Population</i>	All functioning AMWs, midwives, Tom's, THNs, local administrative authorities, women leaders and elders.
<i>Sample size</i>	287 AMWs, 33 MWs, 21 supervisors, 68 community members
<i>Data collection methods</i>	Quantitative: structured questionnaire, orbs checklist qualitative: FGD, KII
<i>Location of research document</i>	DOH (MCH unit); Hard copy available with IEG team
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant. AMWs involve in maternal and child health care services and referral to reduce maternal and neonatal mortality and morbidity
<i>Accessible</i>	Only full report is accessible and impossible to access data
<i>Credible</i>	Yes. Triangulation in the data collection and positive correlation between knowledge and performance was found. High school education, being native, under close supervision were found to be good performers.
<i>Additional comments</i>	Only 37% of AMWs could perform to satisfactory level and AMWs should be trained to ensure them to perform emergency obstetric care before timely referral. Refresher training and career advancement should be considered.
Knowledge on Danger Signs and Ante-natal Care Visits Made by Third	
<i>Component addressed</i>	Knowledge of pregnant, women in third trimester regarding danger signs in pregnancy
<i>Year published</i>	2012
<i>Year of data in report</i>	September-November 2011
<i>Author and/or publisher</i>	Defence Services Medical Academy, DMR(LM), Yangon University
<i>Geographical location of research</i>	Shwepyitha Township
<i>Population</i>	Pregnant women in third trimester
<i>Sample size</i>	172
<i>Data collection methods</i>	Face-to-face interview and AN cards review
<i>Location of research document</i>	The Myanmar Health Sciences Research Journal, Vol. 24, No. 2, 2012
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C1
<i>Accessible</i>	Only full report is accessible and impossible to access data
<i>Credible</i>	The women who did not seek for ANC during pregnancy were decreasing according to the data shown by FRHS 1997 and 2001. In this study, 6.7% of pregnant mothers were not seeking for antenatal care.
<i>Additional comments</i>	ANC is very effective in reducing maternal mortality. The number of mothers taking ANC is to be considered high, but their knowledge on danger signs needs much improvements.
Barriers to EmOc utilization in rural Myanmar	
<i>Component addressed</i>	Barriers to EmOc utilization in rural Myanmar
<i>Year published</i>	January 2012
<i>Year of data in report</i>	2011

<i>Author and/or publisher</i>	DMR (LM)
<i>Geographical location of research</i>	Rural areas of Taikkyi and Pathein townships
<i>Population</i>	All mothers who needed EmOC services but not utilized it during their last pregnancies
<i>Sample size</i>	15 IDIs for mothers and 14 KIIs for 7 MWs, 5AMWs, and 2 TBAs
<i>Data collection methods</i>	Qualitative approach: 15 IDIs for mothers and 14 KIIs for MWs, AMWs, and TBAs
<i>Location of research document</i>	Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C1
<i>Accessible</i>	Only full report is accessible and impossible to access data
<i>Credible</i>	Data was synthesized into major themes and sub-themes and Atlas software was used
<i>Additional comments</i>	Community support activities for utilization of EmOC services such as community support group and fund raising activities should be more empowered
Baseline report on male participation in improving maternal and newborn health: a community-based intervention	
<i>Component addressed</i>	Male participation in maternal and newborn prior to implementation of a community intervention
<i>Year published</i>	September 2012
<i>Year of data in report</i>	July-September 2012
<i>Author and/or publisher</i>	DOH, DMR (LM), BI
<i>Geographical location of research</i>	South Dagon township, Yangon
<i>Population</i>	Men with at least one child under one year old
<i>Sample size</i>	210 men in the quantitative survey and 34 in FGDs
<i>Data collection methods</i>	Quantitative survey and FGDs
<i>Location of research document</i>	Soft copy available in UNOPS
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C1
<i>Accessible</i>	Only the results not the raw data available.
<i>Credible</i>	Thematic analysis was applied for qualitative information. Findings were triangulated from both qualitative and quantitative information.
<i>Additional comments</i>	More health education targeting men and particularly focused on danger signs during pregnancy and child birth should be planned
Antenatal Care and Delivery Practices among Rural Kokang Mothers, Northern Shan State, Myanmar	
<i>Component addressed</i>	Antenatal (AN) care and delivery practices among Kokang mothers
<i>Year published</i>	2013
<i>Year of data in report</i>	March 2010
<i>Author and/or publisher</i>	DMR(UM), DMR(LM)
<i>Geographical location of research</i>	Kunglong Township, Northern Shan State
<i>Population</i>	Mothers from two villages with health facilities and from two villages without any health facilities
<i>Sample size</i>	47
<i>Data collection methods</i>	6 KIIs
<i>Location of research document</i>	The Myanmar Health Sciences Research Journal, Vol. 25, No. 2, 2013
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C1
<i>Accessible</i>	Only the results not the raw data available.
<i>Credible</i>	Findings from FGDs were triangulated with those of KIIs and conclusions were drawn
<i>Additional comments</i>	Prolonged labour and retained placenta were the perceived risks during delivery. Rural Health Centre and Township Hospital were regarded as the destinations for solving their problems. In conclusion, there are incorrect reproductive health behaviours among rural Kokang mothers that are needed to be improved.
Providers' and Clients' Perceptions and Problems in Providing Newborn Health Services in Project and Non-project Townships of Magway Region	
<i>Component addressed</i>	Perspectives of MWs and clients in delivering and receiving newborn health services
<i>Year published</i>	2013
<i>Year of data in report</i>	September 2009-March 2010
<i>Author and/or publisher</i>	DOH, DMR(UM)
<i>Geographical location of research</i>	Seikphyu (essential newborn care project-township) and Magway (non-project township) of Magway Region
<i>Population</i>	Midwives (MWs) and mothers
<i>Sample size</i>	46 midwives (MWs) and 80 mothers
<i>Data collection methods</i>	Both qualitative and quantitative methods
<i>Location of research document</i>	The Myanmar Health Sciences Research Journal, Vol. 25, No. 2, 2013
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C1
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	Both townships were assumed to be similar in socio-economic, geographical and geographical determinants
<i>Additional comments</i>	Barriers in client side included busy days of MWs and geographical barrier. Therefore, client oriented intervention programs should be launched to relieve from ignorance and to overcome the traditional believes, parallel to innovative and effective projects on essential newborn care at provider side.
Population-based Maternal and Child Health Survey six townships in delta region (Joint Initiative on Maternal, Newborn and Child Health)	
<i>Component addressed</i>	Access to essential maternal and child health services through strengthening and coordination of health systems, capacity building, referral systems and improved community education and outreach

<i>Year published</i>	January 2013
<i>Year of data in report</i>	1-22 November 2012 (total 9-20 days period)
<i>Author and/or publisher</i>	Myanmar Marketing Research and Development (MMRD) Company Limited
<i>Geographical location of research</i>	Six affected townships, including Bogale, Dedaye, Labutta, Mawlamyinegyun, Ngaputaw, and Pyapon,
<i>Population</i>	Mothers residing in six townships who have under five year old children
<i>Sample size</i>	900 households for each township involved (30 households of under five mother in one sample village x total of 30 village cluster in each township)
<i>Data collection methods</i>	1. A cross sectional quantitative study using structured questionnaire
<i>Location of research document</i>	Soft copy available in the drop box: (Report_JIMNCH_Summary_dv4_300413)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Yes. The indicators used in the study align with 3MDG log frame and the findings are triangulated with other data sources
<i>Accessible</i>	Only analysis finding, not the data is accessible
<i>Credible</i>	Structured questionnaires, developed based on four established questionnaires. A short training including field practice, with the support from Township Health Department, was provided to the supervisors and enumerators. On-the-spot verification of the completed questionnaire was done.
<i>Additional comments</i>	As a base-line or evaluation study, the fundamental data collected is important for national level of 3 MDG indicators in relation to maternal and child health in Myanmar
Survey of knowledge, attitudes, and practices: Birth attendance and contraception	
<i>Component addressed</i>	KAP survey among female heads of households of child-bearing age, regarding a) delivery with a skilled birth attendant, b) delivery at health facilities, and c) contraception
<i>Year published</i>	27 June 2013
<i>Year of data in report</i>	2012
<i>Author and/or publisher</i>	Jonathan Polonsky, Doi Ra
<i>Geographical location of research</i>	Dedaye Township, Myanmar
<i>Population</i>	People living in the entire catchment area of the JIMNCH programme in Dedaye, i.e. 90 village tracts and 3 downtown wards
<i>Sample size</i>	875 households
<i>Data collection methods</i>	Two-stage cluster sampling survey. Questions regarding knowledge, attitudes and preferences of FHHs regarding birth attendance were used
<i>Location of research document</i>	Soft copy available in the drop box: (Survey of knowledge attitudes and practices, Birth attendance and Contraception (Dedaye Township)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Deliveries with skilled birth attendants, and AMWs, and deliveries at the facilities are important for 3MDG indicators. Reasons for preference for skilled birth attendant and/or institutional delivery is supportive for scale-up of the latter
<i>Accessible</i>	Only analysis finding, not the data is accessible
<i>Credible</i>	Two day training was conducted for the survey enumerators for data verification, data validity and completeness. As part of regular monitoring and evaluation of the programme, it is able to identify current attitudes and potential future trends regarding these issues. It may also highlight a gap between preference and choice.
<i>Additional comments</i>	Recent delivery history and current/future delivery preference was mentioned that cost and distance of health facilities for accessing health care, were the most poorly rated elements. An increase in preference for facility-based delivery among this group of women would be observed in the future based on the results.
Assessment of Newborn Health in Myanmar	
<i>Component addressed</i>	Newborn health intervention
<i>Year published</i>	August-September 2013
<i>Year of data in report</i>	August-December 2013
<i>Author and/or publisher</i>	MoH, UNICEF
<i>Geographical location of research</i>	Thaton and Kyaukpadaung townships
<i>Population</i>	Ministry of Health representatives, national experts and partners, and health care providers
<i>Sample size</i>	144
<i>Data collection methods</i>	Mixed methods: an extensive literature review, National Consultations, Stakeholder Mapping, Key Informant Interviews, and Focus Group Discussions with health workers, midwives, auxiliary midwives, mothers and caregivers, field visits and clinical observation visits at various health facilities
<i>Location of research document</i>	Soft copy available from MIMU: 012_Assessment_of_Newborn_Health_in_Myanmar
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	This review focussed on identifying specific bottlenecks and solutions to scale up key high impact newborn health interventions that have the potential to save the greatest numbers of newborn lives in Myanmar.
<i>Accessible</i>	Only analysis finding, not the data is accessible
<i>Credible</i>	Use globally validated tools adapted for Myanmar; 1). Country readiness to scale up newborn 27 health benchmarks tool and 2) the Maternal and Newborn Health Bottleneck analysis tool. These tools were applied over a series of workshops and meetings with Ministry of Health representatives, national experts and partners. A detailed literature review of all available resources was conducted. Clinical observations at health facilities also helped to validate findings from the desk review. Kangaroo mother care is also assessed and found less aware by the community and health care providers.

<i>Additional comments</i>	The study reviews the bottleneck analysis of newborn health intervention in details and Community-based newborn care program (CBNBC) is described as well. Information on the determinants of newborn health and the coverage of effective newborn health intervention across the country is low given the existing resource constraints. Short term and long term recommendations expressed in the study are beneficial for the programme improvement.
Role of village health committee in community-based emergency referral for MNCH in middle island, Ngapudaw township	
<i>Component addressed</i>	Roles of VHCs in existing community-based emergency referral mechanism for MNCH
<i>Year published</i>	November 2013
<i>Year of data in report</i>	March 2013
<i>Author and/or publisher</i>	DMR (LM), MCH section (DOH), SC, and University of the Public Health
<i>Geographical location of research</i>	Six villages in middle island, Ngapudaw township
<i>Population</i>	Women aged 30 to 45 yrs. from low socio-economic condition and BHS, key person from SC and VHC
<i>Sample size</i>	125 VHCs, 9 FGDs, 12 IDIs, 18 KIIs
<i>Data collection methods</i>	Both qualitative and quantitative methods including Record review 125 VHCs, informal group discussion and social mapping, 9 FGDs, 12 IDIs, 18 KIIs
<i>Location of research document</i>	DMR(LM); Hard copy available with IEG team
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to output indicator 5.5
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	Findings from different qualitative methods are triangulated to ensure validity. Researcher triangulation was also done to reduce possible bias.
<i>Additional comments</i>	Strong linkage between public health sector and VHCs should be maintained and acknowledged for the sustainability of VHCs
Reproductive Health stakeholder analysis in Myanmar (2013)	
<i>Component addressed</i>	Update the RH activities by stakeholders
<i>Year published</i>	2014
<i>Year of data in report</i>	2013
<i>Author and/or publisher</i>	MOH/WHO
<i>Geographical location of research</i>	All 7 states and 7 regions
<i>Population</i>	Stakeholders
<i>Sample size</i>	3 Govt organisations, 3 UN agencies, 4 NGOs, 13 INGOs
<i>Data collection methods</i>	Documents review; structured and self-administered questionnaire for the IP; finalized with the comments and inputs from DOH; email/post mail to the stakeholders
<i>Location of research document</i>	Soft copy available in DropBox: RH Stakeholder Analysis in Myanmar 2013
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Safe motherhood is part of the MNCH.
<i>Accessible</i>	Mapping of geographical coverage, safe motherhood, birth spacing, STI/RTI, PMCT, advocacy, BCC
<i>Credible</i>	Goal, objectives, activities of the stakeholders are described in details
<i>Additional comments</i>	Stakeholder analysis on MNCH should be done under 3 MDG
Bottlenecks in health systems for community-based emergency referral for MNCH in Myanmar	
<i>Component addressed</i>	The current health systems at the community level for emergency referral for MNCH
<i>Year published</i>	2014
<i>Year of data in report</i>	2013
<i>Author and/or publisher</i>	DMR (LM), MCH section (DOH), SC
<i>Geographical location of research</i>	6 villages of middle island, Ayeyarwaddy Region
<i>Population</i>	Mother of under five children, VHC leaders and BHS
<i>Sample size</i>	6 FGDs, 12 IDIs, 18 KIIs
<i>Data collection methods</i>	FGD, IDI, and KII
<i>Location of research document</i>	hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to 3MDG referral indicators
<i>Accessible</i>	Interview responses are mentioned
<i>Credible</i>	Thematic analysis with assistance of ATLAS ti version 6.0 software
<i>Additional comments</i>	Take into consideration to promote well functioning health systems as a pivotal role to gear up the community-based emergency referral. The way to overcome is also mentioned in the report.
Understanding the traditional culture for promoting MNCH among Mon and Shan ethnic groups in Myanmar: case study	
<i>Component addressed</i>	Traditional beliefs and practices of Mon and Shan ethnic groups regarding MNCH
<i>Year published</i>	2014
<i>Year of data in report</i>	2010-2011
<i>Author and/or publisher</i>	DMR (LM), MCH section (DOH), JOICFP, UNFPA
<i>Geographical location of research</i>	One Mon village and one Shan village
<i>Population</i>	People in the villages
<i>Sample size</i>	4 FGDs for Mon and 4 FGDs for Shan
<i>Data collection methods</i>	FGD, IDI, and media contact mapping and transect walk and unstructured observation
<i>Location of research document</i>	Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to 3MDG referral indicators
<i>Accessible</i>	Interview responses are mentioned

<i>Credible</i>	Qualitative information only mentioned
<i>Additional comments</i>	It is better to be able to speak local language by BHS in order to disseminate the health information
Barriers to Access to PMTCT Services by Female Sex Workers	
<i>Component addressed</i>	Exploring the barriers to access and utilization of PMCT services by pregnant key populations and the factors of not accessing PMTCT services
<i>Year published</i>	March 2014
<i>Year of data in report</i>	Not seen in the soft copy report
<i>Author and/or publisher</i>	NAP, UNICEF, BI
<i>Geographical location of research</i>	Yangon, Mandalay, Muse-Lashio
<i>Population</i>	FSWs becoming pregnant and making deliveries during past two years, or who were pregnant in late stages (either second or third trimester)
<i>Sample size</i>	102 FSWs
<i>Data collection methods</i>	Exploratory qualitative research design: Round Table Discussions with Key Informants and Individual Depth Interviews (IDIs) with FSWs
<i>Location of research document</i>	Soft copy available from MIMU: 016_Barriers_to_Access_to_PMTCT_Services_by_Female_Sex_Workers
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Reasons for not going for ANC at an early stage of pregnancy among FSWs are taken into consideration for the completeness of 4 AN visits
<i>Accessible</i>	Interview responses are mentioned
<i>Credible</i>	During IDIs, short quantitative questions were also posed to this non-random sample to be able to quantify some of the key variables of interest
<i>Additional comments</i>	Being a FSW and being HIV positive posed the FSWs to bear double burden of discrimination in the community as well as at health facilities, though the latter situation is found to be to a lesser extent. The findings highlighted there is a need for further improving mother-to-child HIV transmission knowledge among pregnant FSWs. introduce financing and social protection schemes for poor families (including FSWs' families) to overcome financial barriers and this could be undertaken by NGOs and CBOs.
Improving maternal, neonatal and child health in Myanmar – optimising the role of the AMW cadre. Lessons to support a national scale up	
<i>Component addressed</i>	Assessment of Merlin's programmes in supporting AMWs as a community frontline health care provider to identify a number of key recommendations for policy makers within the Ministry of Health as well as development agencies
<i>Year published</i>	June 2014
<i>Year of data in report</i>	2013
<i>Author and/or publisher</i>	Merlin
<i>Geographical location of research</i>	Across 7 townships in 4 States/Divisions: Ayerawaddy Delta, Chin, Sagaing and Northern Shan
<i>Population</i>	Volunteers in 7 townships
<i>Sample size</i>	173 AMWs and dual CHW/AMWs
<i>Data collection methods</i>	Review of monthly and maternal registers recorded by AMWs
<i>Location of research document</i>	Soft copy available in the drop box: (Optimising AMW cadre June 2014 FINAL)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Pregnant women seen by AMWs, training of AMWs and supervision are relevant to 3 MDG indicators
<i>Accessible</i>	Only the assessment, not the data is accessible
<i>Credible</i>	Merlin collected feedback from AMWs across all programme areas representing 40% of the total AMWs in place. The figures are referenced from the policy makers data and reports.
<i>Additional comments</i>	Valuable insights into the role of the AMW, and quality services in their communities are noted. Viewpoints from key stakeholders working with AMWs within the programmes, principally the BHS (in particular midwives), and how can the training be effective for quality services are collated in the report.
Reproductive Health stakeholder analysis in Myanmar (2007-2012)	
<i>Component addressed</i>	Updating the information on reproductive health activities implemented by stakeholders, the situation of capacity building and illustrating the organizational relationships for developing stakeholder alliances
<i>Year published</i>	July 2014
<i>Year of data in report</i>	2007-2012
<i>Author and/or publisher</i>	MOH/WHO
<i>Geographical location of research</i>	All 7 states and 7 regions
<i>Population</i>	Stakeholders
<i>Sample size</i>	22 RH stakeholders
<i>Data collection methods</i>	Documents review; structured and self-administered questionnaire for the IP; finalized with the comments and inputs from DOH; email/post mail to the stakeholders
<i>Location of research document</i>	MOH and WHO; Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Safe motherhood is part of the MNCH
<i>Accessible</i>	Only report, not the data is accessible
<i>Credible</i>	Organisation profiles were prepared with information on organisation's brief history and RH activities, capacity building, research studies are analysed in mapping
<i>Additional comments</i>	Recommend capacity building and future analysis
Barriers to Exclusive Breastfeeding in the Ayeyarwaddy region in Myanmar: Qualitative findings from mothers, grandmothers, and husbands	
<i>Component addressed</i>	Awareness of exclusive breastfeeding to women and their influential family members

<i>Year published</i>	18 December 2014
<i>Year of data in report</i>	August 2014
<i>Author and/or publisher</i>	Population Services International and University of California, San Francisco
<i>Geographical location of research</i>	Urban and rural areas of Lepta Township, Ayeyarwaddy Division, Myanmar
<i>Population</i>	Mothers being 18-40 years old, with a 6-12 months-old infant living in Laputta Township
<i>Sample size</i>	Purposive sampling with a total of 44 IDIs
<i>Data collection methods</i>	24 IDIs: 12 in urban and 12 in rural respectively, 10 grandmothers and 10 husbands of nursing mothers
<i>Location of research document</i>	Soft copy available in UNOPS
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	No direct relation to 3MDG indicators but important for MCH exclusive breast feeding
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	Individual indepth interview enable an in-depth understanding of the study participants towards exclusive breastfeeding. Researchers were trained and a research assistant of the same gender as the participant conducted each interview. Interview guides were subsequently improved after pilot testing. The guide was first written in English and then translated into Myanmar. Joint data analysis was done and reviewed.
<i>Additional comments</i>	Significant gaps in knowledge and practicing exclusive breastfeeding among women living in Laputta. Education not only to mothers, but also to grandmothers and husbands may overcome the challenges to exclusive breastfeeding.

Prevalence of Vitamin A Deficiency among 6 months to 5 years old Children

<i>Component addressed</i>	Effectiveness of vitamin A supplementation programs and progress toward elimination goals
<i>Year published</i>	Not seen in the soft copy report
<i>Year of data in report</i>	Not seen in the soft copy report
<i>Author and/or publisher</i>	DOH, DMR (LM)
<i>Geographical location of research</i>	15 townships from randomly selected regions of Myanmar
<i>Population</i>	6-59 months aged children
<i>Sample size</i>	1410
<i>Data collection methods</i>	A community-based, cross-sectional study; The dietary vitamin A intake was assessed by using a semi-quantitative food frequency questionnaire to estimate the number of occurrences on which food sources of vitamin A and carotenoid are consumed during the previous month
<i>Location of research document</i>	Soft copy available from MIMU: 014_Prevalence_of_Vitamin_A_Deficiency_among_6_months_to_5_years_old_Children
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C1
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	The study time was carefully chosen to conduct between 4 months and 6 months after mass Vitamin A supplementation to avoid its effect on serum level. When the study was delayed and missed to meet designated time frame for some townships, Vitamin A supplementation was postponed intentionally until the study has been conducted. According to the World Health Organization and the United Nations Children's Fund7, serum retinol has been used as a key indicator of vitamin A deficiency (VAD). A pre-tested questionnaire was administered by trained interviewers and a local events calendar will be prepared for each site to assist in determining the age of each child.
<i>Additional comments</i>	Nutritional status of all under five children in this study is relatively lower than National Data (MICS, 2009-2010). The consumption of Vitamin A belowrd A was 19% across the whole country and vitamin A deficiency problem is found severe degree of public health problem according to WHO recommendation. The National Program of Vitamin A Capsule supplementation information should be emphasized by the health care providers.

Abstracts (full paper not accessible)

A profile of maternal deaths in Central Women Hospital, Yangon

<i>Component addressed</i>	Maternal mortality and associated factors
<i>Year published</i>	January 2013
<i>Year of data in report</i>	June 2009-May 2010
<i>Author and/or publisher</i>	East Yangon General Hospital, Central Women Hospital, University of Medicine 1&2
<i>Geographical location of research</i>	Yangon
<i>Population</i>	Women admitted to CWH
<i>Sample size</i>	24 maternal deaths out of 7997 total deliveries, 7848 live births
<i>Data collection methods</i>	A profile of maternal deaths are collected
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Causes of maternal deaths are useful for prevention of maternal mortality and relevant to component 1
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	21 out of 24 maternal deaths are direct obstetric causes and septic abortion (11 cases) is the major cause of deaths among 21. Maternal Mortality Ratio was 306 per 100,00 live births. Maternal deaths can be prevented by prevention of unwanted pregnancy and unsafe abortion and appropriate management of obstetric emergencies.

Community perspectives on traditional birth attendants in selected rural areas of Mandalay region

<i>Component addressed</i>	Community persecutions, acceptability and TBA's areas of performance
<i>Year published</i>	January 2013
<i>Year of data in report</i>	March-May 2012

<i>Author and/or publisher</i>	DMR(UM), DOH
<i>Geographical location of research</i>	8 selected rural villages of Pyin Oo Lwin and Sagaing townships
<i>Population</i>	Community people and mothers who have an infant
<i>Sample size</i>	16 male community elders, 27village women leaders and 56 mothers with an infant
<i>Data collection methods</i>	Informal group interview and FGDs
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	The determinants of TBA utilization reflect the number and percentage of births attended by skilled health personnel
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	not able to assess through the abstracts
<i>Additional comments</i>	Community perceived TBA as an unskilled birth attendant and utilizations was declining in rural areas due to increment in knowledge and socioeconomic developments
Husband's perspectives on male involvement in safe motherhood	
<i>Component addressed</i>	The husband's perspectives on male involvement in ANC, delivery care and PNC
<i>Year published</i>	January 2013
<i>Year of data in report</i>	September-October 2012
<i>Author and/or publisher</i>	DMR(UM), DOH
<i>Geographical location of research</i>	Mandalay region
<i>Population</i>	Husbands of mothers with an infant
<i>Sample size</i>	40
<i>Data collection methods</i>	Cross-sectional descriptive study using qualitative data collection methods: FGDs, IDIs
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Knowledge of husbands on ANC, delivery care and complications of post-natal care are supportive to fulfil the completion of 4 ANC visits and safe motherhood
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Majority of males were willing to involve in ANC, delivery care and PNC although they learnt the reproductive health issues of women from peers
Reproductive tract infections (RTI) among pregnant women attending the AN clinic at North Okalapa General Hospital	
<i>Component addressed</i>	Detection of five selective curable RTIs in pregnant women
<i>Year published</i>	January 2013
<i>Year of data in report</i>	February-March 2012
<i>Author and/or publisher</i>	DMR(LM), Dept. of Obstetrics and Gynaecology, NOGH
<i>Geographical location of research</i>	North Okalapa General Hospital
<i>Population</i>	Pregnant women attending AN clinic
<i>Sample size</i>	216
<i>Data collection methods</i>	Blood test (rapid plasma reagent test, Treponema Pallidum Haemagglutination test)
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	RTI in women has major devastating effect on pregnancy and newborn baby.
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Women with previous history of abortion were significantly associated with presence of RTIs and the findings are supportive to implement the effective prevention programme for the control of RTIs among pregnant mothers
Family planning practice and reproductive health needs among rural married women in Laukkai townships, Kokang Self-administered Zone, Northern Shan state	
<i>Component addressed</i>	Family planning practice and reproductive health needs among rural married women
<i>Year published</i>	January 2013
<i>Year of data in report</i>	2012
<i>Author and/or publisher</i>	DMR(UM)
<i>Geographical location of research</i>	Laukkai township, Kokang Self-administered Zone, Northern Shan state
<i>Population</i>	26813 reproductive age women
<i>Sample size</i>	300 married women
<i>Data collection methods</i>	10 FGDs
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Prevention of unwanted pregnancies reduce the maternal mortality
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Improve knowledge on appropriate use of family planning, taking proper pre-natal, intra-natal and post-natal care, HIV/AIDS and gynaecological problems
Scaling up mechanisms for early diagnosis and prompt treatment of malaria in rural areas prior to Myanmar Artemisinin Resistance Containment (abstract)	
<i>Component addressed</i>	Pre-A751assessment for MARC
<i>Year published</i>	01/0+B4091/2013
<i>Year of data in report</i>	2009-2010

<i>Author and/or publisher</i>	DMR (LM)
<i>Geographical location of research</i>	Myeik & Thanbyuzayat townships
<i>Population</i>	Rural households
<i>Sample size</i>	400
<i>Data collection methods</i>	Survey
<i>Location of research document</i>	MHRC Programme and Abstract 2011; pp. 42
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	The information in the abstract is not enough to mention relevant
<i>Accessible</i>	Only abstract, not the data is accessible
<i>Credible</i>	Hard to decide credible by reading the abstract only
<i>Additional comments</i>	Scaling-up EDPT through effective mechanisms for social mobilization is crucial for 3MDG MARC programme
Obstetric outcome and reproductive health behaviour of young primigravida in North Okalapa General Hospital	
<i>Component addressed</i>	Obstetric outcome and reproductive health behaviour of young primigravida i
<i>Year published</i>	January 2013
<i>Year of data in report</i>	Not written in the abstract
<i>Author and/or publisher</i>	University of Medicine 2
<i>Geographical location of research</i>	NOGH, Yangon
<i>Population</i>	Primigravid women younger than 25 yrs. attending to AN clinic and maternity of NOGH
<i>Sample size</i>	77
<i>Data collection methods</i>	Quantitative approach
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	The significance difference between reproductive health attitude and ANC is found. Effective and proper ANC takers are a few among the young primigravida and the information is useful for C1
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	To improve obstetric outcome of young primigravida, reproductive health knowledge, attitude and practice should be improved
Prevalence of vitamin A deficiency among 6 months to 5 year old children	
<i>Component addressed</i>	Prevalence of vitamin A deficiency among 6 months to 5 year old children
<i>Year published</i>	January 2013
<i>Year of data in report</i>	Not mentioned in the abstract
<i>Author and/or publisher</i>	National Nutrition Centre - DOH, DMR(LM)
<i>Geographical location of research</i>	13 townships
<i>Population</i>	Care givers of 6-59 month old children
<i>Sample size</i>	1410
<i>Data collection methods</i>	Interview using questionnaires, anthropometry and blood samples
<i>Location of research document</i>	42nd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C1
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	The consumption of vitamin A belowrd A was 19% across the country and vit A deficiency is a considerable public health problem according to recommendation
Salt consumption patterns and iodine nutrition status of pregnant women in coastal region	
<i>Component addressed</i>	Patterns of salt utilization and iodine status of pregnant women living in coastal areas
<i>Year published</i>	January 2014
<i>Year of data in report</i>	January-May 2013
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	Pa Nga village and Kalakepi village in Thanbyuzayat township
<i>Population</i>	Pregnant women
<i>Sample size</i>	144
<i>Data collection methods</i>	Interview using questionnaires, and casual urine samples
<i>Location of research document</i>	42nd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Useful for the iodine nutritional status of pregnant mothers
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Salt iodization needs to be monitored for the optimal iodine content in iodized salt and iodine nutritional status of pregnant women should be assessed across the country
Quality of ANC provided by midwives in selected townships of upper Myanmar	
<i>Component addressed</i>	Quality of ANC provided by midwives at sub-centres
<i>Year published</i>	January 2014
<i>Year of data in report</i>	August-July 2013
<i>Author and/or publisher</i>	DMR(UM), DoH
<i>Geographical location of research</i>	10 sub-centres in 2 selected townships of upper Myanmar
<i>Population</i>	Midwives, pregnant mothers
<i>Sample size</i>	10 midwives, 160 pregnant mothers,
<i>Data collection methods</i>	Facility audit checklist

<i>Location of research document</i>	42nd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C1
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Update the existing level of SCs to be well-equipped comprehensive health facilities and furnish with essential supplies to provide a quality ANC
Comparative study on pregnancy outcomes of pregnant women without standard antenatal care to pregnant women with standard ANC	
<i>Component addressed</i>	Comparison of pregnancy outcomes of pregnant women without standard antenatal care to pregnant women with standard ANC
<i>Year published</i>	January 2014
<i>Year of data in report</i>	May 2008-April 2009
<i>Author and/or publisher</i>	CWH Ygn, University of Medicine 1
<i>Geographical location of research</i>	Ygn
<i>Population</i>	Cases admitted to CWH, Ygn
<i>Sample size</i>	192
<i>Data collection methods</i>	Hospital-based prospective study
<i>Location of research document</i>	42nd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C1
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Standard ANC was defined as at least 4 AN visits according to new WHO ANC model. The poor utilization of ANC was associated with increased maternal and perinatal morbidity and the standard ANC is essentially required for good pregnancy outcome.
Improvement in knowledge, perception and practice of men in maternal and child health at South Dagon township	
<i>Component addressed</i>	Improving male participation in maternal and newborn health
<i>Year published</i>	January 2014
<i>Year of data in report</i>	2013
<i>Author and/or publisher</i>	DMR(LM), BI
<i>Geographical location of research</i>	South Dagon
<i>Population</i>	Men who have at least a child under one year old
<i>Sample size</i>	214
<i>Data collection methods</i>	Pre-test, post-test design applying quantitative and qualitative methods
<i>Location of research document</i>	42nd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C1
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	The aim of the project is achieved to some extent and awareness, knowledge and practice of men regarding maternal and child health was improved as well
Factors influencing male participation in maternal and newborn health in South Dagon township: Qualitative study	
<i>Component addressed</i>	Men's perception on maternal and child health
<i>Year published</i>	January 2014
<i>Year of data in report</i>	2013
<i>Author and/or publisher</i>	BI, DOH-South Dagon, DMR(LM)
<i>Geographical location of research</i>	10 wards of South Dagon
<i>Population</i>	Husbands of expected mothers, mothers with children, midwives
<i>Sample size</i>	Not actual no. described
<i>Data collection methods</i>	8 FGDs
<i>Location of research document</i>	42nd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C1
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Create male friendly health centres for promotion of male participation and health education on weekends
Male involvement in reproductive health issues of women in rural settings of upper Myanmar	
<i>Component addressed</i>	Level of Male involvement in women's reproductive health and the effects on utilization of women's RH services
<i>Year published</i>	January 2014
<i>Year of data in report</i>	Sept 2012-August 2013
<i>Author and/or publisher</i>	DMR(UM), Ministry of Defence, MOH, DMR(LM)
<i>Geographical location of research</i>	16 rural villages of Mandalay region
<i>Population</i>	Married couples
<i>Sample size</i>	500
<i>Data collection methods</i>	Systematic sampling method using interview questionnaire
<i>Location of research document</i>	42nd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English

<i>Relevant</i>	Good husband's power with food wife's knowledge on maternal healthcare is useful for safe motherhood
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Male involvement and utilization of reproductive health services was found positive
Gender differences in utilization of reproductive health services among youths in the poor communities of Mandalay city	
<i>Component addressed</i>	RH services to the needs of males and females and the gender differences in utilization of RH services among poor youths
<i>Year published</i>	January 2014
<i>Year of data in report</i>	May-September 2011
<i>Author and/or publisher</i>	DMR(UM), Prince of Songkla university, MOH
<i>Geographical location of research</i>	Mandalay
<i>Population</i>	Youths in all suburban communities
<i>Sample size</i>	444
<i>Data collection methods</i>	Face-to-face interview using structured questionnaire
<i>Location of research document</i>	42nd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C1
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Male factors were rather objective and female factors are subjective. Gender sensitive strategies should be applied in current services.
Predictors for diagnosis of neonatal sepsis in Yangon Children Hospital	
<i>Component addressed</i>	Identification of predictors, causal bacteria pathogens and their sensitivity in proven neonatal sepsis
<i>Year published</i>	January 2014
<i>Year of data in report</i>	May 2011-April 2012
<i>Author and/or publisher</i>	YACHT, Defence service of Ob. and children hospital, DMR(UM), DMR(LM)
<i>Geographical location of research</i>	YCH
<i>Population</i>	Newborns of suspected neonatal sepsis
<i>Sample size</i>	150
<i>Data collection methods</i>	Hospital-based study
<i>Location of research document</i>	42nd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Supportive for reduction of newborn deaths
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Together with clinical acumen, abdominal distension, omphalitis and raised CRP can be used in clinical practice to detect neonatal sepsis in low resource setting
Factors associated with anaemia in pregnancy	
<i>Component addressed</i>	Assessment of anaemia in pregnancy
<i>Year published</i>	January 2015
<i>Year of data in report</i>	February 2012-January 2013
<i>Author and/or publisher</i>	OG dept. UM Mandalay and UM2
<i>Geographical location of research</i>	CWH Mandalay
<i>Population</i>	Pregnant women selected at their AN booking visit
<i>Sample size</i>	300
<i>Data collection methods</i>	Haemoglobin concentration determination by Cyanmethemoglobin method
<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C1
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	The prevalence of anaemia among pregnant women in the study was high and proper health education to the reproductive women needed to improve their health knowledge
Evaluation of maternal thyroid function among pregnant women	
<i>Component addressed</i>	The different pattern of thyroid hormone level in the pregnant women
<i>Year published</i>	January 2015
<i>Year of data in report</i>	2014
<i>Author and/or publisher</i>	DMR(LM), DoH, DIP
<i>Geographical location of research</i>	AN clinic of 300 bedded hospital, Pyin Oo Lwin
<i>Population</i>	Pregnant women of any age, parity, BMI and medical background characteristics
<i>Sample size</i>	110
<i>Data collection methods</i>	Clinical examination and T4 level check
<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C1
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	To be aware the possibility of hypothyroidism among pregnant women and the birth defect possibly caused by hypothyroidism

Malaria

Access to a blood test and antimalarials after introducing rapid diagnostic tests in rural Myanmar: initial experience in a malaria endemic area

<i>Component addressed</i>	Treatment practices for febrile illness, investigate determinants for having a blood test and receiving ACT in remote malaria endemic villages after five months of initialization of the RDT-ACT programme
<i>Year published</i>	2010
<i>Year of data in report</i>	2006
<i>Author and/or publisher</i>	Ohnmar et al.
<i>Geographical location of research</i>	Bago
<i>Population</i>	Subjects with febrile illness
<i>Sample size</i>	446
<i>Data collection methods</i>	A cross-sectional house-to-house survey using a pre-tested structured questionnaire
<i>Location of research document</i>	Soft copy available with IEG: DMR malaria> INHE80
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2 MARC
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	Collections of medicine packets (western and traditional) were purchased from shops in the study villages immediately after interviewing the subject. Information on having a history of malaria fever within three months of the interview was taken for every household member.
<i>Additional comments</i>	The low coverage of proper clinical services and high prevalence of ineffective drug use points to the need to further strengthen the RDT-ACT programme

Community acceptance on insecticide treated bed-nets in selected rural communities

<i>Component addressed</i>	Community perception, acceptance and utilization of ITN in the selected rural communities
<i>Year published</i>	2011
<i>Year of data in report</i>	March, 2010
<i>Author and/or publisher</i>	DMR(UM), DOH
<i>Geographical location of research</i>	PyinOoLwin Township
<i>Population</i>	Local people
<i>Sample size</i>	75 people, 37 people from Twinnge and 38 people from Si-kar Village
<i>Data collection methods</i>	A qualitative approach using focus group discussions (FGDs)
<i>Location of research document</i>	The Myanmar Health Sciences Research Journal, Vol. 23, No. 2, 2011
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2 MARC
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	Use the trained research officers for the interview. Areas of consensus and divergence were identified in the analysis of this study.
<i>Additional comments</i>	The main reason for ITN acceptability was effectiveness in killing mosquitoes and other insects. Discussions highlighted considerable confusion around ITN care and washing. Not only adequate and free distribution based on sex and age composition of household members, but also provision of information about ITNs will be important for improving compliance.

Locally appropriate strategies for maximizing utilization of diagnostic and treatment services

<i>Component addressed</i>	Perception and attitude of high risk groups on diagnostic and treatment of malaria
<i>Year published</i>	2011
<i>Year of data in report</i>	November 2011-December 2011
<i>Author and/or publisher</i>	DMR(LM), DOH
<i>Geographical location of research</i>	9 townships in Mudon Township, Mon State
<i>Population</i>	High risk groups (such as internal migrant workers, forest-related workers and ethnic communities, etc.)
<i>Sample size</i>	3173 household members in 740 households
<i>Data collection methods</i>	Stratified random methods using the structured questionnaire
<i>Location of research document</i>	Soft copy available with IEG: DMR malaria> Locally appropriate strategies for maximizing utilization of diagnostic and treatment services_2011_To write
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2 MARC
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	Data validity procedures are not mentioned in details
<i>Additional comments</i>	Three-fifths of migrants did not consider malaria as a health problem. Strengthen more intensive health education activities through television or videos and the local health staff.

Malaria in Myeik district: Feasibility of health and health related community networks in mobilizing early diagnosis and prompt treatment

<i>Component addressed</i>	Feasibility of health and health related community networks in mobilizing early diagnosis and prompt treatment of malaria
<i>Year published</i>	January 2011
<i>Year of data in report</i>	2009
<i>Author and/or publisher</i>	DMR(LM)

<i>Geographical location of research</i>	Myeik district
<i>Population</i>	Representatives of five stakeholder groups, and householders
<i>Sample size</i>	61
<i>Data collection methods</i>	Pre-test and post-test assessment of malaria information sessions by using self-administered questionnaire
<i>Location of research document</i>	Hard copy available with DMR(LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2 MARC
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	Feasibility assessment was done by discussing how important each option was and gave a score rating values from 0 to 10
<i>Additional comments</i>	Multi-stakeholder partnership to mobilize villagers was found as feasible in remote areas and the impact of knowledge transfer session was high

Association between the use of insecticide-treated nets (ITNs) and parasitemia and presence of malaria antibody in Thanbyuzayat township, Mon state

<i>Component addressed</i>	Association between the use of insecticide-treated nets (ITNs) and parasitemia and merozoite antibody
<i>Year published</i>	January 2011
<i>Year of data in report</i>	July 2010
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	6 villages in Thanbyuzayat township, Mon state
<i>Population</i>	Adult population
<i>Sample size</i>	183
<i>Data collection methods</i>	Multi-stage stratified cluster sampling two ways stratification technique using rapid malaria antibody test and peripheral blood smear (thick and thin film for microscopy)
<i>Location of research document</i>	Hard copy available with DMR(LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2 MARC
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	The test did not distinguish between IgG and IgM, or between antibodies to PF/PV
<i>Additional comments</i>	ITNs have been one of the major tools in the floral fight against the burden of malaria and ITNs should be encouraged and promoted to use in malaria endemic areas and monitoring of malaria transmission

Evaluation of efficacy and safety of artemether-lumefantrind for the treatment of uncomplicated PF malaria and chloroquine for the treatment of PV in a selected sentinel site (Tanintharyi division)

<i>Component addressed</i>	Efficacy and safety of artemether-lumefantrind for the treatment of uncomplicated PF malaria and chloroquine for the treatment of PV
<i>Year published</i>	January 2011
<i>Year of data in report</i>	August-October 2010
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	The palm tree project sites in Kaw Thauang township
<i>Population</i>	Patients aged above 6 yrs., diagnosed as uncomplicated falciparum or vive malaria attending the study health clinics
<i>Sample size</i>	80
<i>Data collection methods</i>	Clinical and parasitological parameters were monitored over a 28-days follow-up
<i>Location of research document</i>	Hard copy available with DMR(LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2 MARC
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	Inclusion and exclusion criteria was done to select the subjects. The per protocol analysis and the survival analysis was done.
<i>Additional comments</i>	Continue to do therapeutic efficacy surveillance, PR analyses and pharmacokinetic studies

Validation of malaria diagnosis and treatment provided by BHS

<i>Component addressed</i>	Malaria diagnosis and treatment
<i>Year published</i>	January 2011
<i>Year of data in report</i>	June-September 2010
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	Sub-centres of Pyin Oo Lwin and Myit Kyi Nar townships
<i>Population</i>	All clinically suspected malaria patients attending sub-centres of two townships
<i>Sample size</i>	252
<i>Data collection methods</i>	Microscopic examination of Giemsa stain thick film slides, RDT testing were done
<i>Location of research document</i>	Hard copy available with DMR(LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2 MARC
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	The laboratory tests were done using Gold standard technique. The sensitivity and specificity of malaria diagnosis and treatment were compared with those of microscopic examination.
<i>Additional comments</i>	Interpretation of results for malaria treatment should be judged after combining with clinical and epidemiological history

Community acceptance on ITNs in selected community

<i>Component addressed</i>	Community acceptance on ITNs
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<i>Year published</i>	January 2011
<i>Year of data in report</i>	March-April 2010
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	Pyin Oo Lwin townships
<i>Population</i>	People living in areas where ITN programs are currently running
<i>Sample size</i>	75
<i>Data collection methods</i>	Qualitative approach (FGDs)
<i>Location of research document</i>	Hard copy available with DMR(LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2 MARC
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	Data were coded and thematic analysis was done
<i>Additional comments</i>	The use of ITNs was weak in strength and education on beneficial effects of ITNs are important for improving compliance
Household Survey: Baseline	
<i>Component addressed</i>	To establish pre-intervention levels of prompt and effective treatment in MARC program areas
<i>Year published</i>	2012
<i>Year of data in report</i>	12th August and 2nd September 2012
<i>Author and/or publisher</i>	PSI
<i>Geographical location of research</i>	13 out of 51 project townships
<i>Population</i>	Households living in the project area
<i>Sample size</i>	4894
<i>Data collection methods</i>	three-stage cluster sampling
<i>Location of research document</i>	Soft copy available at UNO'S: Myanmar Baseline Household Survey Report
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C2 MARC
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	The study design and data collection tools were adapted by PSI/Myanmar from the ACT watch Household Survey. Several validation and data checking steps occurred during and after data collection. Double data entry was conducted using a CSPro database system. Verification of the first and second entries was done and corrections on mismatched records.
<i>Additional comments</i>	The finding of treatment-seeking behaviour among fever cases, use of malaria diagnostic testing in fever cases, the proportion of fever cases treated with ACTs; and adherence to the full course of ACT treatment are very beneficial to MARC program
Outlet Survey: Baseline Survey	
<i>Component addressed</i>	To monitor levels and trends in the availability, price and volumes of antimalarials, and providers' perceptions and knowledge of antimalarial medicines at different outlets
<i>Year published</i>	2012
<i>Year of data in report</i>	March-May 2012
<i>Author and/or publisher</i>	PSI
<i>Geographical location of research</i>	122 wards and 130 village tracts across Myanmar including both the project intervention and control areas
<i>Population</i>	All private outlets with the potential to sell or provide antimalarials to a consumer
<i>Sample size</i>	3746 outlets
<i>Data collection methods</i>	Two-stage probability proportion to size (PPS) cluster design
<i>Location of research document</i>	Soft copy available at UNOPS: Myanmar Baseline AMTR Outlet Survey Report(1)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2 MARC
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	A cross-sectional survey conducted by PSI/Myanmar adapted the ACTwatch Outlet Survey
<i>Additional comments</i>	Efforts to contain drug resistance are crucial for MARC
Effects of malaria volunteer training on coverage and timeliness of diagnosis: a cluster randomized controlled trial in Myanmar	
<i>Component addressed</i>	To assess whether training village volunteers on the use of Paracheck-PFW RDT and ACT (artemether-lumefantrine (AL)) for Plasmodium falciparum and presumptive treatment with chloroquine for Plasmodium vivax had an effect on the coverage of timely diagnosis and treatment and on mortality in malaria-endemic villages without health staff in Myanmar
<i>Year published</i>	2012
<i>Year of data in report</i>	8 March and 6 April, 2009
<i>Author and/or publisher</i>	Ohnmar et al.
<i>Geographical location of research</i>	Bago
<i>Population</i>	Villagers currently living in the endemic area or its surroundings for at least one month
<i>Sample size</i>	A total of 17 clusters with 257 individuals
<i>Data collection methods</i>	A cluster randomized controlled trial with a cross-sectional survey at baseline, a monthly visit for six months following the intervention; an end line survey at six months follow up
<i>Location of research document</i>	Soft copy available with IEG: DMR malaria> Malaria Paper
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2 MARC
<i>Accessible</i>	Analysed data are reported

<i>Credible</i>	Survey data were supplemented by the analysis of logbooks and field-based verbal autopsies. Villages with midwives (MW) in post were used as a third comparison group in the end line survey. Intention-to-treat analysis was used.
<i>Additional comments</i>	The supervision component of the programme needs to be strengthened for quality control and sustainability of the programme. The coverage of RDT can be improved by implementing a volunteer programme.
Seasonal Prevalence and Biting Patterns of Malaria Vectors in Hard-to-reach Area of PyinOoLwin Township	
<i>Component addressed</i>	Seasonal prevalence of malaria vectors and their biting patterns
<i>Year published</i>	2012
<i>Year of data in report</i>	October 2008 to July 2009
<i>Author and/or publisher</i>	DMR(UM), Vector Borne Diseases Control Programme, Mandalay Region
<i>Geographical location of research</i>	Thayetpininn Village, PyinOoLwin Township
<i>Population</i>	Mosquitoes
<i>Sample size</i>	1814 Anopheles mosquitoes with 15 Anopheles species
<i>Data collection methods</i>	Human baits (indoor and outdoor) and animal baited trap nets
<i>Location of research document</i>	The Myanmar Health Sciences Research Journal, Vol. 24, No. 3, 2012
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2 MARC
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	In entomological studies, four catching stations were chosen in the selected area. All catches were done in fixed stations throughout the study periods. Entomological sampling techniques, Larval collection, and Meteorological data were used.
<i>Additional comments</i>	The findings are useful in personal protection against mosquitoes in this area
Effects of malaria volunteer training on coverage and timeliness of diagnosis: a cluster randomized controlled trial in Myanmar	
<i>Component addressed</i>	Effects of malaria volunteer training on coverage and timeliness of diagnosis
<i>Year published</i>	2012
<i>Year of data in report</i>	Not available
<i>Author and/or publisher</i>	Ohnmar et al.
<i>Geographical location of research</i>	Bago, Daik-U, KyaukTaGar, Oktwin, Taungoo and YeDarShay)
<i>Population</i>	Villagers currently living in the endemic area or its surroundings for at least one month
<i>Sample size</i>	21 were randomly assigned to the intervention (two villages failed to participate) and 17 to the comparison group
<i>Data collection methods</i>	A cluster randomized controlled trial with a cross-sectional survey at baseline and end line survey
<i>Location of research document</i>	Hard copy available with DMR(LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Supportive for malaria prevention and control
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	After base-line, a monthly visit for six months following the intervention (village volunteers trained and equipped with Paracheck-PfW) and an end-line survey at six months follow-up. Survey data were supplemented by the analysis of logbooks and field-based verbal autopsies. Villages with midwives (MW) in post were used as a third comparison group in the end line survey. Intention-to-treat analysis was used.
<i>Additional comments</i>	The use of RDT was still low and the coverage of RDT can be improved by implementing a volunteer programme. The use of impregnated nets and the knowledge of malaria were found to be low in all groups. The supervision component of the programme needs to be strengthened for quality control and sustainability of the programme.
Piperaquine concentrations in red blood cells and plasma of Myanmar healthy volunteers and uncomplicated falciparum malarial patients	
<i>Component addressed</i>	A sensitive and specific HPLC-UV method suitable for quantification of piperaquine (PPQ) in human RBCs
<i>Year published</i>	January 2012
<i>Year of data in report</i>	January-December 2010
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	University of Pharmacy, University of Medicine 2, State general hospital, Loikaw
<i>Population</i>	Healthy volunteers and malarial patients
<i>Sample size</i>	18 healthy volunteers and 18 patients
<i>Data collection methods</i>	Drug administration and collection of venous blood samples
<i>Location of research document</i>	Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not Relevant to C2
<i>Accessible</i>	Analysed data only seen
<i>Credible</i>	The chromatographic system was controlled using Win Chrom Chromatography data management system. Statistical significant level was $p < 0.05$ at 95% confidence interval.
<i>Additional comments</i>	PPQ is a suitable partner drug for artemisinin derivatives
Effects I TIN on malaria in pregnancy in Thaton district	
<i>Component addressed</i>	Effects of ITN and malaria related parameters
<i>Year published</i>	January 2012
<i>Year of data in report</i>	2008-09
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	2 RHCs of ITN project areas(study area) and 2 RHCs with no ITN project (control)
<i>Population</i>	Delivery cases and antenatal care cases
<i>Sample size</i>	101 delivery cases and 113 antenatal care cases

<i>Data collection methods</i>	Quantitative survey and malaria microscopy
<i>Location of research document</i>	Hard copy available with DMR(LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2 MARC
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	Two cross-sectional surveys were conducted simultaneously. Malaria microscopy was done by the microscopists of local VBDC team and double check by two experienced technicians.
<i>Additional comments</i>	The study provides evidence of beneficial effects of ITN and distribution of ITN should be collaborated with ANC programme

Malaria antibody: is this an alternative tool for estimation of local malaria transmission in malaria micro-stratified areas?

<i>Component addressed</i>	To assess the sero-prevalence and usefulness of the malaria antibody to estimate the local transmission at micro-stratified areas
<i>Year published</i>	January 2012
<i>Year of data in report</i>	October 2011
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	Longlone and Yebyu townships
<i>Population</i>	Residents
<i>Sample size</i>	1455
<i>Data collection methods</i>	Blood film examination
<i>Location of research document</i>	Hard copy available with DMR(LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	The study provides the supported assessment tool for the successfulness of MARC program
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	Operational definitions and criteria for stratification was set and malaria antigen RDTs were tested according to the manufacturer's instruction
<i>Additional comments</i>	It can represent a potentially important innovation for implementation and monitoring of malaria transmission and control activities

Understanding malaria transmission and vector bionomics at a forest fringe hilly rural area incorporating GIS application

<i>Component addressed</i>	To assess malarial transmission and vector bionomics at a forest fringe foothill area
<i>Year published</i>	January 2012
<i>Year of data in report</i>	April-September 2011
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	Ywathitkone village, Kyauktalone RHC, Taungoo district
<i>Population</i>	Villagers
<i>Sample size</i>	236 persons residing in 66 households
<i>Data collection methods</i>	Seasonal XS survey; entomological, parasitological and household survey
<i>Location of research document</i>	Hard copy available with DMR(LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	The study provides the supported assessment tool for the successfulness of MARC program
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	Data bases were generated and analysed in GIS environment using map source, Arc view and ERDAS imaging software
<i>Additional comments</i>	GIS application supports easier detection of vector bionomics

Scaling mechanisms for early diagnosis and prompt treatment of malaria in rural areas prior to MARC

<i>Component addressed</i>	Malaria related knowledge, practices and preferences
<i>Year published</i>	January 2012
<i>Year of data in report</i>	2009-10
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	Myeik and Thanbyuzayat townships
<i>Population</i>	Rural households from high risk areas in line with micro-stratification
<i>Sample size</i>	400 in each site
<i>Data collection methods</i>	Quantitative survey using pretested and modified structured interview questionnaire (SIQ)
<i>Location of research document</i>	Hard copy available with DMR(LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C2 MARC
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	XS survey was conducted prior to MARC being introduced in risk areas
<i>Additional comments</i>	Detailed studies on health facilities beyond household surveys in malaria risk areas mapped out accordingly in terms of drug resistance (MARC zones) are supportive for best practices in community capacity building

Field evaluation of HRP2 and pan pL.DH based immunochromatographic assay in therapeutic monitoring of uncomplicated falciparum malaria

<i>Component addressed</i>	To assess the role of HRP2 and pan pL.DH based immunochromatographic assay in therapeutic monitoring of uncomplicated falciparum malaria
<i>Year published</i>	January 2012
<i>Year of data in report</i>	January-December 2010
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	Myawaddy township
<i>Population</i>	Uncomplicated PF cases

<i>Sample size</i>	77
<i>Data collection methods</i>	Blood test
<i>Location of research document</i>	Hard copy available with DMR(LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2 MARC
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	Prospective longitudinal single arm cohort study: inclusion and exclusion criteria was done to select the patients. Quality control of the test kit was done.
<i>Additional comments</i>	pLDH is useful for therapeutic monitoring of uncomplicated falciparum malaria patients
Cluster randomized trial on the use of community volunteers to improve early diagnosis and treatment of malaria in Bago division	
<i>Component addressed</i>	To assess the effect of a six-month intervention on coverage, timeliness and reduction of malaria mortality
<i>Year published</i>	January 2012
<i>Year of data in report</i>	2009-10
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	38 villages lacking health staff in Bago division (Bago, Daik U, Kyauk Tagar, Oktwin, Taungoo and Yedarshay townships)
<i>Population</i>	Villagers living in Stratum 1a villages lacking health staff
<i>Sample size</i>	17 clusters with 257 individuals
<i>Data collection methods</i>	House to house survey and blood test service by volunteers per month
<i>Location of research document</i>	Hard copy available with DMR(LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2 MARC
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	Cluster randomised controlled trial was tried. Allocation concealment and blinding were not possible for intervention versus comparison groups.
<i>Additional comments</i>	The coverage of RDT can be improved by the volunteer programme and supervision should be strengthened for quality control and sustainability of the intervention programme
How community health workers participated in malaria control and prevention at MA data township in upper Myanmar	
<i>Component addressed</i>	Prevention and control practice among CHWs
<i>Year published</i>	January 2012
<i>Year of data in report</i>	June 2010-June 2011
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	Madaya township, Mandalay region
<i>Population</i>	All CHWs
<i>Sample size</i>	38
<i>Data collection methods</i>	Quantitative and qualitative data collection
<i>Location of research document</i>	Hard copy available with DMR(LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Useful for malaria control
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	Train research assistants and field guide was developed
<i>Additional comments</i>	It is a starting point to explore the malaria prevention and control activities of CHWs and appropriate follow up to integrate the activities of CHWs
Study on malaria antibody prevalence to PF and PV infections in endemic areas of Mandalay region	
<i>Component addressed</i>	To assess the level and extent of malaria antibody prevalence to PF and PV
<i>Year published</i>	January 2012
<i>Year of data in report</i>	February 2007
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	Pyin Oo Lwin, Patheingyi, Madaya townships
<i>Population</i>	Clinically suspected malaria patients
<i>Sample size</i>	112
<i>Data collection methods</i>	Giemsa stained thick and thin films and Immuno-Fluorescence Antibody test
<i>Location of research document</i>	Hard copy available with DMR(LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2 MARC
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	Two tests were applied to confirm the antibody positive rates
<i>Additional comments</i>	The microscopic examination is useful for diagnosis of recent malaria infections, while IFAT test is more sensitive to assess malaria antibody prevalence to determine malaria transmission in endemic areas
Spatial distribution, work patterns, and perception towards malaria interventions among temporary mobile/migrant workers in artemisinin resistance containment zone	
<i>Component addressed</i>	Spatial distribution of the mobile/migrant populations, and to assess knowledge, attitudes, perceptions, and practices concerning malaria prevention and control, and their preferred methods of interventions
<i>Year published</i>	2014
<i>Year of data in report</i>	2012
<i>Author and/or publisher</i>	Khan Thet Wai et al.
<i>Geographical location of research</i>	Kawthaung and Bokepyin townships of Tanintharyi Region, Myanmar
<i>Population</i>	192 mobile/migrant aggregates

<i>Sample size</i>	408 respondents from 39 aggregates
<i>Data collection methods</i>	Structured interviews of 408 respondents from 39 aggregates, 12 in-depth interviews of health care providers, authorities, volunteers, and employers
<i>Location of research document</i>	Wai et al. BMC Public Health 2014, 14:463 http://www.biomedcentral.com/1471-2458/14/463
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	A prospective cross-sectional descriptive study was conducted as part of the ongoing MARC survey
<i>Accessible</i>	The results of the report are available not the data set
<i>Credible</i>	The facts about mobile populations were collected in connection with available health care facilities. A mapping team was trained in the study aggregate mapping by the Myanmar Information Management Unit (MIMU) in the geospatial technology. The accuracy and consistency of data were evaluated by thorough form checks and ensured by double data entry. Analysing quantitative and qualitative data were triangulated for meaningful interpretations.
<i>Additional comments</i>	To overcome the relayed information on ITNs/LLINs, rapid diagnostic test, and artemisinin combination therapy and drug resistance successfully across the social and economic diversity of mobile/migrant aggregates, community-based innovative approaches need to be strengthened
Migrant mapping and socio-behavioural component related to prevention and control of malaria in tier townships, MARC zone, Myanmar	
<i>Component addressed</i>	To identify the knowledge, attitudes and practices related to prevention and control of malaria by mobile/migrant groups and planning of cost-effective strategies for prevention and control of malaria in those groups Tier II townships
<i>Year published</i>	2014
<i>Year of data in report</i>	September-December 2013
<i>Author and/or publisher</i>	National Malaria Control Program, DOH and DMR (LM)
<i>Geographical location of research</i>	20 townships in tier II, MARC zone in Bago Region (11 – 10), Kayin State (11 – 5), Kayah State (11 – 5) and Kachin State (11 – 4)
<i>Population</i>	Hard-to-reach mobile groups ranging from seasonal to long stay in the study areas. In Kachin State, the study population included the internally displaced persons (IDP) due to conflicts in the area.
<i>Sample size</i>	2807 mobile/migrant aggregates
<i>Data collection methods</i>	KAP questionnaire survey
<i>Location of research document</i>	Soft copy available at UNOPS: Migrant Report (2014) resubmit Jan2015
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	A cross-sectional study to encapsulate the estimated population of mobile migrant workers and their families by category of migrant groups in Tier II townships, MARC zone, Myanmar
<i>Accessible</i>	The results of the report are available not the data set
<i>Credible</i>	Trained data collectors use pre-tested and modified questionnaire and apply two data sets. The first one codes the location by geographical positioning system (GPS) and the second one covered the individual structured interview form included 44 items in three sections. Data were checked for errors and inconsistencies, analysed and compared at two levels: aggregate level and individual level.
<i>Additional comments</i>	Wide recognition on combined therapy
Evaluation of the effective behaviour change communication and community mobilization activities in Myanmar Artemisinin resistance tier II & III	
<i>Component addressed</i>	Evaluating the effective behaviour change communication and community mobilization activities in Myanmar Artemisinin Resistance containment zones Tier I and II
<i>Year published</i>	2014
<i>Year of data in report</i>	November-December 2013
<i>Author and/or publisher</i>	Myatt Htut Nyunt et al. DMR, WHO, 3MDGF
<i>Geographical location of research</i>	Bago Region, Thanintharyi Region, Mon and Kayin State
<i>Population</i>	832 households across 16 townships
<i>Sample size</i>	4664 household members
<i>Data collection methods</i>	Pre-tested structured questionnaires were used for face to face interview; 16 focus group discussions and 10 Key Informal interviews
<i>Location of research document</i>	Soft copy available at UNOPS: BCC%20Report [1]
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	A cross-sectional study conducted in Tier I & II townships, MARC zone
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	Multi-stage, sampling clusters at the first stage, households within each cluster at the second stage, and then individuals within each household. Qualitative data will be transcribed and analysed across themes and sub themes for triangulation with quantitative data.
<i>Additional comments</i>	This study is helpful for correcting misconceptions about malaria transmission, prevention and universal ITN/LLINs utilization. Behaviour change communication and community mobilization need to reinforce by all of the available multi-channel approaches.
Knowledge, attitudes, and practices about Malaria in Homemalin Township	
<i>Component addressed</i>	Assessment of knowledge, attitudes and practices of a rural community on malaria
<i>Year published</i>	2014
<i>Year of data in report</i>	November and December 2013
<i>Author and/or publisher</i>	Khin Phyu Pyar et al.
<i>Geographical location of research</i>	Homemalin township in Sagaing Division
<i>Population</i>	Mobile/migrant population in Homemalin township
<i>Sample size</i>	146 participants

<i>Data collection methods</i>	A cross-sectional descriptive study using a pretested structured questionnaire
<i>Location of research document</i>	Soft copy available at UNOPS: long report behave 1 Homemalin 8.5.14
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Understanding K A P of mobile population is important for malaria control, containment and, and elimination
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	The generated information helps in designing and evaluating malaria control/elimination strategies in mobile/migrant population. The results are comparable to studies done in other areas of Myanmar.
<i>Additional comments</i>	Convenient sampling was used to indicate the community knowledge about malaria in one township. Misconceptions concerning malaria still exist and that practices for the control of malaria have been unsatisfactory.
Knowledge, attitudes, and practices about Malaria in Northern Chin State	
<i>Component addressed</i>	Assessment of knowledge, attitudes and practices of a rural community on malaria
<i>Year published</i>	2014
<i>Year of data in report</i>	November-December 2014
<i>Author and/or publisher</i>	Khin Phyu Pyar et al.
<i>Geographical location of research</i>	Tertian, Htonzan, Gyighar, Reedrada and Hteepunt townships (Northern Chin State)
<i>Population</i>	Mobile/migrant population in Northern Chin State
<i>Sample size</i>	184 participants
<i>Data collection methods</i>	A cross-sectional descriptive study using a pretested structured questionnaire
<i>Location of research document</i>	Soft copy available at UNOPS: long report behave 1 Tertian 8 May 2014
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Understanding KAP of mobile population is important for malaria control, containment and, and elimination
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	The generated information helps in designing and evaluating malaria control/elimination strategies in mobile/migrant population. The results are comparable to studies done in other areas of Myanmar.
<i>Additional comments</i>	Convenient sampling was used to indicate the community knowledge about malaria in one township. Misconceptions concerning malaria still exist and that practices for the control of malaria have been unsatisfactory.
Day 3 parasitemia by Clinical Research Unit (Malaria)	
<i>Component addressed</i>	Measuring the proportion of patients still positive with parasites at Day 3 (that is 72 hours after initiation of treatment)
<i>Year published</i>	2014
<i>Year of data in report</i>	September-December 2013
<i>Author and/or publisher</i>	Khin Phyu Pyar et al.; Ministry of Defence (Myanmar)
<i>Geographical location of research</i>	Lockjaw (Kayah State)
<i>Population</i>	Patients attended in 100 bedded military hospital, Loikaw
<i>Sample size</i>	8 PF patients admitted in Loikaw military hospital
<i>Data collection methods</i>	Taking 1st blood slide on day 0 and second slide on day 3
<i>Location of research document</i>	Soft copy available at UNOPS: Day 3 parasitemia by Clinical Research Unit Lockjaw 8.5.14
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Day 3 positivity serves as the only early warning signal to monitor failing artemisinin derivatives
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	Clinical research conducted in one hospital. Sample size is too low to generalize the results.
<i>Additional comments</i>	Local knowledge should be used to design and test a locally feasible method of Day 3 follow-up. The health worker/volunteer must be trained to do DOTs and can monitor the patients until Day 3.
Day 3 parasitemia by Clinical Research Unit (Malaria)	
<i>Component addressed</i>	Measuring the proportion of patients still positive with parasites at Day 3 (that is 72 hours after initiation of treatment)
<i>Year published</i>	2014
<i>Year of data in report</i>	September-December 2013
<i>Author and/or publisher</i>	Khin Phyu Pyar et al.; Ministry of Defence (Myanmar)
<i>Geographical location of research</i>	Aunt Ban (Southern Shan State)
<i>Population</i>	Patients attended in 700 bedded military hospital, Aung Ban
<i>Sample size</i>	10 PF patients admitted in Aung Ban military hospital
<i>Data collection methods</i>	Taking 1st blood slide on day 0 and second slide on day 4
<i>Location of research document</i>	Soft copy available at UNOPS: Tech report 8.5.14 Aung Ban
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Day 3 positivity serves as the only early warning signal to monitor failing artemisinin derivatives
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	Clinical research conducted in one hospital. Sample size is too low to generalize the results.
<i>Additional comments</i>	Local knowledge should be used to design and test a locally feasible method of Day 3 follow-up. The health worker/volunteer must be trained to do DOTs and can monitor the patients until Day 3.
Day 3 parasitemia	
<i>Component addressed</i>	To assess the persistence of asexual parasites of Plasmodium falciparum three days after initiation of recommended ACTs (co-artem and di-hydroartemisinin & piperazine phosphate combination)
<i>Year published</i>	2014
<i>Year of data in report</i>	30 September-31 December 2013
<i>Author and/or publisher</i>	Dr. Khin Lin et al. DMR (UM)
<i>Geographical location of research</i>	Kyauk Me district (Northern Shan State)

<i>Population</i>	Patients in Kyauk Me and Naung Cho township
<i>Sample size</i>	503 patients
<i>Data collection methods</i>	Taking 1st blood slide on day 0 and second slide on day 4
<i>Location of research document</i>	Soft copy available at UNOPS:DAY 3 Study DMRUM Technical Report
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Day 3 positivity serves as the only early warning signal to monitor failing artemisinin derivatives
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	Use the SOPs for taking blood samples
<i>Additional comments</i>	To monitor the emergence of artemisinin resistant P. falciparum parasites in the area, day 3 parasitemia surveillance should be done every two or three years on Myanmar-China highway
Day 3 parasitemia	
<i>Component addressed</i>	To observe whether new foci of artemisinin resistance had arisen in the border areas of Myanmar
<i>Year published</i>	2014
<i>Year of data in report</i>	June-December 2013
<i>Author and/or publisher</i>	Dr Myat+A692 Phone Kyaw
<i>Geographical location of research</i>	(Paletwa, Chin State and Kyideton, Kayin State)
<i>Population</i>	Mobile/migrant workers
<i>Sample size</i>	1,761 febrile cases for initial screening; 35 cases in each site for day3 persistence of parasitemia
<i>Data collection methods</i>	Malaria Rapid Diagnostic Test confirmed by a 3% Giemsa-stained peripheral blood smear examination using microscopy
<i>Location of research document</i>	Soft copy available at UNOPS:Day3_report_Academic report Dr Myat Phone Kyaw
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Day-3 positivity serves as an early warning signal to monitor treatment failure by artemisinin derivatives
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	Inclusion and exclusion criteria were based on Who's standardized protocol for therapeutic efficacy study. All of the cases with mixed infection or criteria unmated patients were treated in accordant with National Antimalarial Treatment Guideline and excluded for further analysis.
<i>Additional comments</i>	High prevalence in Kayin Sate and low prevalence in the Chin state investigating the day-3 parasite positivity indicates that molecular surveillance in the different sentinel sites at the border areas may confirm the spread of artemisinin resistance
Study on Malaria Vector Bionomics in Magway region	
<i>Component addressed</i>	Vector bionomics
<i>Year published</i>	2014
<i>Year of data in report</i>	November 2013-June 2014
<i>Author and/or publisher</i>	Not declared
<i>Geographical location of research</i>	Pyin Wa and Hsat Ci village from Ngaphae township, Magwe region
<i>Population</i>	All different aged groups in every study village
<i>Sample size</i>	300 blood samples in Pyin Wa village and 332 blood samples in Hsat Ci village; 107 respondents for human behaviour survey
<i>Data collection methods</i>	Parasitological survey: blood samples were examined with both RDT and microscope; entomological and human behaviour survey
<i>Location of research document</i>	Soft copy available at UNOPS: vector bionomics in Magway region
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	The success of any vector control program relies on knowledge of vector species and their bionomics
<i>Accessible</i>	Disaggregation of data are seen in the file:Vector bionomics in Magway region
<i>Credible</i>	Parasitology surveys were conducted during post monsoon season (November/December), pre monsoon season (February/March) and monsoon season (June). Susceptibility test and bioassay tests were conducted in accordance with WHO guideline as an entomological survey. Human behaviour survey and GPS/GIS survey were also done.
<i>Additional comments</i>	Cattle breeding is one of the methods used to prevent mosquito bites (Zoo prophylaxis)
Study on Malaria Vector Bionomics in Thaton Township, Mon State	
<i>Component addressed</i>	Vector bionomics
<i>Year published</i>	2014
<i>Year of data in report</i>	October 2013-June 2014
<i>Author and/or publisher</i>	Not declared
<i>Geographical location of research</i>	Thanben and Winpa villages, Thaton village
<i>Population</i>	All different aged groups in every study village
<i>Sample size</i>	429 blood samples in Thaben village and 421 blood samples from Win Pa village; 200 respondents for human behaviour survey
<i>Data collection methods</i>	Parasitological survey: blood samples were examined with both RDT and microscope; entomological and human behaviour survey
<i>Location of research document</i>	Soft copy available at UNOPS: study on malaria vector bionomics in Thaton township
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	The success of any vector control program relies on knowledge of vector species and their bionomics
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	Parasitology surveys were conducted during post monsoon season (November/December), pre monsoon season (February/March) and monsoon season (June). Susceptibility test and bioassay tests were conducted in accordance with WHO guideline as an entomological survey. Human behaviour survey and GPS/GIS survey were also done.

<i>Additional comments</i>	Out of (850) blood smear, no positive cases were found in both RDT and microscopic examination in these two villages. Regarding the bioassay test, low mortalities of Anopheles mosquitoes were observed on two year use Lens (Olyset Net) in these two villages.
Community-based survey on knowledge and prevention of malaria in Myanmar	
<i>Component addressed</i>	Knowledge and prevention practice on malaria
<i>Year published</i>	January 2014
<i>Year of data in report</i>	August-December 2012
<i>Author and/or publisher</i>	DMR(LM), Disease Control programme -DOH
<i>Geographical location of research</i>	144 villages in 23 townships of all states and regions
<i>Population</i>	Household respondents
<i>Sample size</i>	5342
<i>Data collection methods</i>	Quantitative methods
<i>Location of research document</i>	Soft copy available with IEG: community-based survey on knowledge and prevention of malaria in Myanmar (2012)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Results show the preventive measures of malaria and no findings related to MARC
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	The VBDC team leaders of the States and Regions were trained on data collection instrument and procedure for two days. They further trained their local health staff to interview household respondents in selected villages. Townships had been selected by VBDC team leaders in consultation with the malaria staff in WHO/Myanmar. During the two days training, they were also trained for random selection of villages in each township.
<i>Additional comments</i>	Scaling up of the distribution and the use of LLINs in the community is recommended
Community-based survey on prevalence of fever and treatment seeking for malaria in Myanmar	
<i>Component addressed</i>	Treatment seeking practice on malaria
<i>Year published</i>	January 2014
<i>Year of data in report</i>	2012
<i>Author and/or publisher</i>	DMR(LM), Disease Control programme -DOH
<i>Geographical location of research</i>	144 villages in 23 townships of all states and regions
<i>Population</i>	25898 household members
<i>Sample size</i>	5342
<i>Data collection methods</i>	Quantitative methods
<i>Location of research document</i>	Soft copy available with IEG: community-based survey on treatment seeking for malaria in Myanmar (2012)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	not relevant to C2 MARC
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	The VBDC team leaders of the States and Regions were trained on data collection instrument and procedure for two days. They further trained their local health staff to interview household respondents in selected villages. Townships had been selected by VBDC team leaders in consultation with the malaria staff in WHO/Myanmar. During the two days training, they were also trained for random selection of villages in each township. After computer based data entry, data cleaning and analysis were carried out in State and R.
<i>Additional comments</i>	Health education on malaria should include not to practice on self medication and the coverage of the use of blood test should be improved as the first treatment
Human behavioural practices on prevention of malaria in Mudon township	
<i>Component addressed</i>	Locally appropriate personal protective measures
<i>Year published</i>	January 2014
<i>Year of data in report</i>	2012
<i>Author and/or publisher</i>	DMR(LM), Disease Control programme -DOH, VBDC -Mon state
<i>Geographical location of research</i>	Mudon township
<i>Population</i>	Households
<i>Sample size</i>	142
<i>Data collection methods</i>	Quantitative methods
<i>Location of research document</i>	Soft copy available with IEG: no.6. human behaviour survey report 26 November
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Personal preventive practices are revealed
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	The heads of households were interviewed using the semi-structured interview questionnaire. Household members were also listed and interviewed. The completed questionnaires were coded and analysis was made separately for heads of the households and household members.
<i>Additional comments</i>	Strategies for prevention activities in malaria endemic areas with rubber plantation workers should be in line with the outdoor staying behaviours of the targeted population
Malaria on the move	
<i>Component addressed</i>	To map population movement
<i>Year published</i>	Not available
<i>Year of data in report</i>	November 2007 and January 2013
<i>Author and/or publisher</i>	IOM, VEDIC, DMR (LM), WHO
<i>Geographical location of research</i>	21 targeted townships
<i>Population</i>	Mobile and migrant populations (MMP)
<i>Sample size</i>	3,805 settlements were mapped

<i>Data collection methods</i>	Standardize mapping tool was used, along with the geographic positioning system (GPS) device, to identify clusters of MMP settlements. Key informant interview with community leaders, authorities.
<i>Location of research document</i>	Soft copy available with IEG: DMR malaria> malaria on the move (GP 1)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Clusters of MMP settlements in the targeted townships are useful for the programme people
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	The analysis was performed both with the SPSS and GIS. Preliminary findings were presented to the Technical Support Group for Malaria.
<i>Additional comments</i>	Early diagnosis and appropriate treatment should also be strengthened in the non-endemic areas where migrants often return to ensure completeness of the treatment and that the patients are cured
Molecular assay and in-vitro susceptibility test for monitoring chloroquine resistant falciparum malaria in the era of artemisinin-based combination therapy	
<i>Component addressed</i>	To detect point mutations of pfcrt and pfmdr1 gene of plasmodium falciparum isolates and their relation to in-vitro chloroquine resistance
<i>Year published</i>	Not available
<i>Year of data in report</i>	December 2007-November 2008
<i>Author and/or publisher</i>	Kay-Thwe Han et al. DMR (LM)
<i>Geographical location of research</i>	VBDC unit, Yangon
<i>Population</i>	Criteria matched plasmodium falciparum infected cases
<i>Sample size</i>	56
<i>Data collection methods</i>	Cross sectional laboratory-based analytical study
<i>Location of research document</i>	Soft copy available with IEG: DMR malaria> molecular assay (GP 3)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Supportive for molecular aspects of drug resistant malaria
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	A total of 120 confirmed falciparum malaria cases were screened for in-vitro test according to WHO criteria. In-vitro drug sensitivity test was performed by using in-vitro micro culture plates according to WHO method.
<i>Additional comments</i>	Pursue further research on role of PFCRT T76 mutation in other aminoquinoline antimalarials and PFMDR 1Y86 mutation in mefloquine sensitivity

Abstracts/posters of the studies (Full paper not accessible)

Epidemiological significance of malaria in Mon State

<i>Component addressed</i>	Magnitude, trends and epidemiological significance of malaria
<i>Year published</i>	January 2012
<i>Year of data in report</i>	2010
<i>Author and/or publisher</i>	DOH, DMR(LM)
<i>Geographical location of research</i>	10 townships of Mon state
<i>Population</i>	Malaria data (2001-2010)
<i>Sample size</i>	All records (2001-2010)
<i>Data collection methods</i>	Retrospective desk-based research design; secondary data analysis
<i>Location of research document</i>	Myanmar health research congress Jan 2012(MR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Supportive for C2 MARC to control potential outbreaks
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts of the poster
<i>Additional comments</i>	The findings contributed towards public health decisions for resource and planning for improved control measures

Rational used and field applicability of malaria RDTs for the management of malaria under endemic setting in Myanmar

<i>Component addressed</i>	The sensitivity, specificity and field applicability for diagnosis and treatment monitoring
<i>Year published</i>	January 2012
<i>Year of data in report</i>	Not mentioned in the report
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	Rakhine, Kayin, Mon, Tanintharyi region
<i>Population</i>	Community
<i>Sample size</i>	Not described in the abstract
<i>Data collection methods</i>	Blood test with RDT counter check with microscopy
<i>Location of research document</i>	Myanmar health research congress Jan 2012 (MR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C2 MARC
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts of the poster
<i>Additional comments</i>	Rational choose and use of malaria RDT is important in interpretation of the RDT result for different purposes in endemic setting

The effect of innovative personal protection on malaria among temporary migrant workers in rubber plantation, Mon state

<i>Component addressed</i>	To introduce locally available, convenient and innovative measure for temporary migrant workers
<i>Year published</i>	January 2012

<i>Year of data in report</i>	November 2010-June 2011
<i>Author and/or publisher</i>	DMR(LM), TMO (Thanbyuzayat township)
<i>Geographical location of research</i>	Rubber plantation villages, Matkot and Weayat villages as intervention and Kyauingkan village as control areas of Thanbyuzayat
<i>Population</i>	Migrant rubber night time workers
<i>Sample size</i>	50 each from 3 villages
<i>Data collection methods</i>	Quasiexperimental study
<i>Location of research document</i>	Intervention villages were impregnated with deltamethrin bi monthly and blood films were taken monthly for six months
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C2 MARC
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts of the poster
<i>Additional comments</i>	Nearly all workers had willingness to impregnate their cloths regularly. Deltamethrin impregnated clothes are very effective (98-100%) to prevent mosquitoes bite and malaria transmission to rubber plantation workers in Mon state.
Myanmar Artemisinin Resistance Containment (MARC) Survey: Malaria diagnosis and treatment	
<i>Component addressed</i>	Timely and effective case management of all malaria cases
<i>Year published</i>	2013
<i>Year of data in report</i>	2012
<i>Author and/or publisher</i>	Malaria Consortium, DMR(LM),WHO, 3DF, VBDC -MOH
<i>Geographical location of research</i>	Tier 1 and tier 2 areas
<i>Population</i>	Representative populations living in high to moderate malaria risk areas
<i>Sample size</i>	1992
<i>Data collection methods</i>	A multi-stage sampling approach stratified by tier
<i>Location of research document</i>	Soft copy available with IEG: abstractbook2013final
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C2 MARC
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	More in-depth analysis of this and a separate health facility survey are needed to better delineate public-private sources
<i>Additional comments</i>	Better targeted and innovative behaviour change communications are needed to improve malaria knowledge and treatment-seeking behaviours amongst community members living in containment areas while also working with public and private (regulated and unregulated) providers to ensure provision of quality care for the diagnosis and treatment of malaria
Myanmar Artemisinin Resistance Containment (MARC) Survey: Malaria awareness and prevention	
<i>Component addressed</i>	Baseline for MARC
<i>Year published</i>	2013
<i>Year of data in report</i>	2012
<i>Author and/or publisher</i>	Malaria Consortium, DMR(LM),WHO, 3DF, VBDC -MOH
<i>Geographical location of research</i>	Tier 1 and tier 2 areas
<i>Population</i>	Representative populations living in high to moderate malaria risk areas
<i>Sample size</i>	1992
<i>Data collection methods</i>	A multi-stage sampling approach stratified by tier
<i>Location of research document</i>	Soft copy available with IEG: abstractbook2013final
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C2 MARC
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Further efforts should be placed on improving community perceptions and behaviours for malaria prevention. Considering the high coverage and use of untreated mosquito nets, the national malaria prevention strategy should explore short to medium-term approaches to convert these untreated nets into Its and LLINs. For the longer term, demand-driven strategies should be in place to replace current untreated mosquito nets, building on the existing "net culture" in Myanmar.
A study of paradigm of drug resistant malaria in sentinel site of Myanmar-India border	
<i>Component addressed</i>	Assessment of therapeutic efficacy of anti malarials for treatment of uncomplicated malaria
<i>Year published</i>	January 2013
<i>Year of data in report</i>	June-October 2012
<i>Author and/or publisher</i>	DMR(LM), DOH
<i>Geographical location of research</i>	Tamu township (Myanmar-India border)
<i>Population</i>	Clinical suspected malaria cases
<i>Sample size</i>	72 (treated with artemether-lumefantrine - co-artem; 70 for artesunate-mefloquine; 71 for chloroquine
<i>Data collection methods</i>	Microscopic examination of PF
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Applicable for C2 MARC
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	The antimalarials, recommended for treatment of uncomplicated malaria are quite effective with high ACER status

Clinical study on efficacy and safety of Coartem (Artemether-Lumefantrine) in uncomplicated falciparum malaria in adults, Bamaw

<i>Component addressed</i>	Clinical and parasitological response and uncomplicated PF infections to coartem
<i>Year published</i>	January 2013
<i>Year of data in report</i>	August 2011-August 2012
<i>Author and/or publisher</i>	Defence Services General Hospital, No. 11 Military Battalion - Bema
<i>Geographical location of research</i>	Bamaw military battalion
<i>Population</i>	Acute uncomplicated falciparum malaria adult patients
<i>Sample size</i>	52
<i>Data collection methods</i>	Microscopy or dipstick
<i>Location of research document</i>	41st Myanmar health research congress (MR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Applicable for C2 MARC
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Coartem is safe and effective for the treatment of uncomplicated falciparum malaria in adults

Malaria experience, treatment-seeking behaviour and details of antimalarial among follow-up cases in MARC areas

<i>Component addressed</i>	Malaria experience, treatment-seeking behaviour and details of antimalarial in both public and private health facilities
<i>Year published</i>	January 2013
<i>Year of data in report</i>	November 2011-January 2012
<i>Author and/or publisher</i>	DMR(LM), NOGH, Central Vector Borne Disease Control unit (DOH)
<i>Geographical location of research</i>	Mon, Kayin, Kayah, Tanintharyi and Bago (East)
<i>Population</i>	Patients visiting health facilities concerned three months prior to the survey
<i>Sample size</i>	Not described in the abstract
<i>Data collection methods</i>	Blood test for malaria parasites
<i>Location of research document</i>	41st Myanmar health research congress (MR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C2 MARC
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to justify reviewing the abstracts
<i>Additional comments</i>	Gaps in treatment seeking and confirmation and treatment for malaria are beneficial for evaluation of MARC activities

MARC survey in health facilities before implementation

<i>Component addressed</i>	Monitoring and evaluation plan of MARC
<i>Year published</i>	January 2013
<i>Year of data in report</i>	November 2011-January 2013
<i>Author and/or publisher</i>	NOGH, DMR(LM), Central Vector Borne Disease Control unit (DOH)
<i>Geographical location of research</i>	Mon, Kayin, Kayah, Tanintharyi and Bago (East)
<i>Population</i>	Public and private health facilities
<i>Sample size</i>	15 SCS 10 RHCS 4 station hospitals, 6 township hospital/district hospital, OPD/MCH, 6 state/region hospitals (OPD); 45 GP clinics, 5 poly clinics, 3 private hospitals (OPD)
<i>Data collection methods</i>	Malariometric, coverage and behaviour survey
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C2 MARC
<i>Accessible</i>	Abstract of the poster only, full paper not available
<i>Credible</i>	Not able to justify reviewing the abstract of the poster
<i>Additional comments</i>	The capacity of laboratories at public HE was stronger to check both malaria parasites and rapid diagnostic test compared to the private sector

Causes of mortality in malaria endemic villages of Bago region

<i>Component addressed</i>	Causes of malaria deaths
<i>Year published</i>	January 2013
<i>Year of data in report</i>	June 2009-2010
<i>Author and/or publisher</i>	DMR(LM), Central Vector Borne Disease Control unit (DOH), General practitioner
<i>Geographical location of research</i>	59 malaria endemic villages in 6 townships of Bago division
<i>Population</i>	Deceased persons
<i>Sample size</i>	210
<i>Data collection methods</i>	The list of three character categories of the international classification of diseases (ICD 10) was used
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Causes of malaria deaths are analysed only, not inclusive of MARC
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to justify reviewing the abstracts
<i>Additional comments</i>	Health service activities should be planned to prevent and control the common diseases of mortality like liver cirrhosis, influenza, pneumonia and dengue haemorrhagic fever

Vector surveillance and insecticide efficacy in malaria endemic areas

<i>Component addressed</i>	Species distribution and current insecticide susceptibility status
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<i>Year published</i>	January 2013
<i>Year of data in report</i>	Not seen in the report
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	Bago, Tanintharyi, and Mon state
<i>Population</i>	Anopheles adult mosquitoes
<i>Sample size</i>	806
<i>Data collection methods</i>	Standard who insecticide susceptibility and bio-assay tests
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Anopheles playing important roles in malaria transmission are taken into consideration for malaria control in endemic areas
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the poster
<i>Additional comments</i>	Parathyroid insecticide produce good results obtained for residual efficacy, and current pyrethroid treated ITN and LLIN application should be continued in Myanmar
Village scale trial of deltamethrin impregnated bed nets for reduction of malaria transmission in forest foot hill areas of Bago region	
<i>Component addressed</i>	Efficacy of mosquito nets treated with deltamethrin against malaria vectors
<i>Year published</i>	January 2013
<i>Year of data in report</i>	January 2010-April 2012
<i>Author and/or publisher</i>	DMR(LM), Dept. of Zoology, Ygn university
<i>Geographical location of research</i>	Thayetchaung and Bawdin dam village in Gyopinkaut township
<i>Population</i>	Adult mosquitoes
<i>Sample size</i>	Not described in the abstract
<i>Data collection methods</i>	Mosquito collection by indoor, outdoor and cattle bait and blood samples for malaria test, who cone test method for insecticide susceptibility
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Anopheles playing important roles in malaria transmission are taken into consideration for malaria control in endemic areas
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstract of the poster
<i>Additional comments</i>	Deltamethrin treated nets could reduce indoor man biting rate and malaria transmission effectively
The role of drug vendors in introduction of malaria RAT and prescription of antimalarials in selected malaria micro-stratification areas of Tanintharyi region	
<i>Component addressed</i>	The role of drug vendors in diagnosing malaria
<i>Year published</i>	January 2013
<i>Year of data in report</i>	October-November 2011
<i>Author and/or publisher</i>	DMR(LM), MMA
<i>Geographical location of research</i>	Kawthaung, long lon, Ye Phyu townships
<i>Population</i>	Drug vendors
<i>Sample size</i>	39
<i>Data collection methods</i>	Quantitative methods
<i>Location of research document</i>	41st Myanmar health research congress (MR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	The involvement of drug vendors for diagnosis of malaria and antimalarial sales according to national guidelines is the process indicator for evaluation of MARC framework
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstract of the poster
<i>Additional comments</i>	Strengthen awareness and training of the drug vendors for antimalarial drug resistance
Sentinel surveillance of Day 3 falciparum malaria parasite positivity rate of Artemisinin-based Combination Therapy (ACT) in Ann township, Rakhine state	
<i>Component addressed</i>	Day 3 falciparum malaria parasite positivity rate of artemisinin-based combination therapy (act)
<i>Year published</i>	January 2013
<i>Year of data in report</i>	July 2012
<i>Author and/or publisher</i>	NIGH, DMR (LM), DOH - Ann district, central VBDC
<i>Geographical location of research</i>	Ann township, Rakhine state
<i>Population</i>	Uncomplicated falciparum malaria cases age 5-50 yrs.
<i>Sample size</i>	70
<i>Data collection methods</i>	Blood test
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C2 MARC
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	The study shows there was no persistence of parasitemia on day 3 and no fever and the artesunate resistance problem was not noted in Rakhine state
Availability and dispensing practices of anti-malaria drugs in private drug outlets of Myanmar	

<i>Component addressed</i>	Knowledge and dispensing practices of anti-malaria drugs in private drug outlets
<i>Year published</i>	January 2014
<i>Year of data in report</i>	2012
<i>Author and/or publisher</i>	DMR(LM), DOH, Khan Kaen university
<i>Geographical location of research</i>	71 villages within tier 1 and 2 malaria areas
<i>Population</i>	Providers from drug outlet
<i>Sample size</i>	120
<i>Data collection methods</i>	Face-to-face interview and observation checklists
<i>Location of research document</i>	42nd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Role of private drug outlet is considerable to marc as they are the first contact prior to malaria treatment
<i>Accessible</i>	Poster only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Intervention for private drug outlets is essential for MARC
Molecular epidemiology of drug resistant plasmodium vive and therapeutic efficacy of chloroquine against plasmodium in Shwe Kyin	
<i>Component addressed</i>	Molecular epidemiology of PV applying available drug resistant molecular markers
<i>Year published</i>	January 2014
<i>Year of data in report</i>	2012
<i>Author and/or publisher</i>	DMR(LM), Kangwon university, Korea
<i>Geographical location of research</i>	Shwe Kyin
<i>Population</i>	Malaria patients
<i>Sample size</i>	58
<i>Data collection methods</i>	Blood test
<i>Location of research document</i>	42nd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2 MARC
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	It is the preliminary information on molecular epidemiology of drug resistant pave and its susceptibility to CQ
Evaluation of artemisinin resistant falciparum malaria in Shwe Kyin	
<i>Component addressed</i>	The extent of artemisinin resistance to provide the strategies for elimination of artemisinin resistance
<i>Year published</i>	January 2014
<i>Year of data in report</i>	2012-2013
<i>Author and/or publisher</i>	DMR(LM), Shwe Kyin township hospital
<i>Geographical location of research</i>	Shwe Kyin
<i>Population</i>	Uncomplicated falciparum malaria cases
<i>Sample size</i>	80
<i>Data collection methods</i>	Blood test
<i>Location of research document</i>	42nd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C2 MARC
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Prolonged course of currently used ACT could retain good efficacy in areas with decreased ACT efficacy
Study on protective effects of malaria antibody among the community in malaria endemic areas	
<i>Component addressed</i>	Prevalence of antibody in different risk areas in different seasons
<i>Year published</i>	January 2014
<i>Year of data in report</i>	2012-2013
<i>Author and/or publisher</i>	DMR(UM), DOH, DMR(LM)
<i>Geographical location of research</i>	High risk areas and moderate risk areas during rainy and dry season
<i>Population</i>	Community participants
<i>Sample size</i>	414
<i>Data collection methods</i>	Rapid diagnosis test for detection of antigens and antibodies
<i>Location of research document</i>	42nd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Protective effects of malaria antibody were observed in older age and associated with transmission intensity
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Antibody assessment can probably provide useful epidemiology tool as it has less seasonal variation
Challenges in universal coverage and utilization of insecticide treated bed nets among the migrant plantation workers in Myanmar	
<i>Component addressed</i>	Challenges in utilization of insecticide treated bed nets among the migrant plantation workers
<i>Year published</i>	January 2014
<i>Year of data in report</i>	2012-2015
<i>Author and/or publisher</i>	DMR(LM), DOH
<i>Geographical location of research</i>	Palm oil plantation sites in Tanintharyi region and rubber plantation sites in Mon state
<i>Population</i>	Migrant workers

<i>Sample size</i>	170 in Tanintharyi region and 175 in Mon state
<i>Data collection methods</i>	Both quanta and qualitative approach
<i>Location of research document</i>	42nd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Focus on tin not related to C2 MARC
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Misuses of the ITNs are noted and there should be efforts to improve ITN and/or behaviour change interventions to improve net longevity and usage enforcing with continuous mass free distribution, durability monitoring and insecticide resistance of the vector
Verbal autopsy of the deaths in malaria endemic villages, Bago Region, Myanmar	
<i>Component addressed</i>	Causes of malaria deaths
<i>Year published</i>	January 2014
<i>Year of data in report</i>	January-February 2010
<i>Author and/or publisher</i>	DMR(LM), Vector Borne Disease Control Programme, Bago Region, General Practitioner, Prince of Singsuwat University, Hat Yai, Thailand
<i>Geographical location of research</i>	59 malaria endemic villages in six townships of Bago region
<i>Population</i>	Deaths occurred during may 2009
<i>Sample size</i>	199
<i>Data collection methods</i>	Asking village leaders, midwives, relatives of the deceased persons and review of informal social group registers
<i>Location of research document</i>	Soft copy available with IEG: Phyo Wai
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Common causes of mortality are illustrated not relevant to C2 MARC
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	The dates of deaths were confirmed by locally distributed announcements on deaths or the close relatives' recall on significant Myanmar religious occasions. The hospital record forms and investigation results of the deceased were also checked with relatives. When feasible, local health staff and or unlicensed practitioners were asked about symptoms of the deceased.
<i>Additional comments</i>	Cerebrovascular disease was reported as the 10th leading cause of mortality in the previous report in Myanmar. Verbal autopsy is useful in identification of unnoticed causes of deaths in areas where the death registration is incomplete.
Behavioural study to assess consumers' preference and barriers in use of long lasting insecticidal nets (LLINs)	
<i>Component addressed</i>	Consumers' preference on the use of LLINs
<i>Year published</i>	January 2015
<i>Year of data in report</i>	Not seen in the report
<i>Author and/or publisher</i>	DMR(LM), NMCP, Malaria consortium, Johns Hopkins school of public health
<i>Geographical location of research</i>	Tanintharyi, Kayah, Sagaing
<i>Population</i>	Community members, migrant workers, forest goers, community leaders, INGO staff, CBO staff, health centre staff and volunteers
<i>Sample size</i>	339
<i>Data collection methods</i>	6 FGDs, 48 KIIs
<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2 MARC
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Migrant workers and forest goers preferred a single size net and distribution of LLINs based on consumers' preference should be taken into consideration to enhance LLINs usage
Quality assessment of antimalarial in two border areas (Tamu and Muse)	
<i>Component addressed</i>	Monitoring of quality assurance of antimalarials
<i>Year published</i>	January 2015
<i>Year of data in report</i>	March-July 2014
<i>Author and/or publisher</i>	Dept. of food and drug administration (DADA), NMCP, United states pharmacopoeia convention (PQM)
<i>Geographical location of research</i>	Tamu, muse
<i>Population</i>	Wholesale private and public pharmacies of township general hospitals
<i>Sample size</i>	51 samples
<i>Data collection methods</i>	Post-marketing surveillance: thin layer chromatographic method
<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Useful to prevent malarial drug resistance
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	It is the preliminary monitoring of antimalarials by DFDA and quality assurance of antimalarials should be strengthened
Epidemiological assessment of climate change and malaria trend	
<i>Component addressed</i>	Trend of malaria and climatic factors, its association with malaria transmission
<i>Year published</i>	January 2015
<i>Year of data in report</i>	January-December 2014
<i>Author and/or publisher</i>	DMR(LM), DOH

<i>Geographical location of research</i>	Pyin Oo Lwin township
<i>Population</i>	Monthly data of malaria mortality and morbidity during 2004-2014
<i>Sample size</i>	Not described in the abstract
<i>Data collection methods</i>	Data record review
<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2 MARC
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Monthly humidity shows significant correlation with related promotion of malaria patients in Pyin Oo Lwin. An outlook on environmental conditions favourable for the occurrence and spread of malaria aids future predictions on malaria occurrence.
A study on drug resistant malaria in sentinel sites of Upper Myanmar	
<i>Component addressed</i>	Assessment of therapeutic efficacy of anti malarials for treatment of uncomplicated malaria
<i>Year published</i>	January 2015
<i>Year of data in report</i>	April-September 2014
<i>Author and/or publisher</i>	DMR(UM), VBDC - DOH
<i>Geographical location of research</i>	Ta Beik Kyin and Tamu townships
<i>Population</i>	Clinical suspected malaria cases
<i>Sample size</i>	~ 70
<i>Data collection methods</i>	Microscopic examination of puff
<i>Location of research document</i>	43rd Myanmar health research congress (MR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Supportive for C2 MARC
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	The antimalarials, recommended for treatment of uncomplicated malaria are quite effective with high ACER status
Rapid coverage assessment of long-lasting insecticide treated nets (LLINs) in Kayin state	
<i>Component addressed</i>	LLINS coverage
<i>Year published</i>	January 2015
<i>Year of data in report</i>	March-July 2013
<i>Author and/or publisher</i>	Malaria consortium, NMCP, DMR (LM), John Hopkins school
<i>Geographical location of research</i>	Hpa-an, Hlaingbwe, Kawkaik townships
<i>Population</i>	Adult female heads of households
<i>Sample size</i>	16 households of each 33 village
<i>Data collection methods</i>	Quantitative approach
<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2 MARC
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	LLINS use was lower in phase 1 villages compared to phase 2 villages and could be further increased by using available distributed LOIN through enhanced, targeted behaviour change communication programs
Evaluation of the behaviour change communication and community mobilization activities in MARC zones	
<i>Component addressed</i>	Behaviour change communication and community mobilization activities in marc zones
<i>Year published</i>	January 2015
<i>Year of data in report</i>	Not mentioned in the report
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	16 townships in Bago, Tanintharyi, Kayin and Mon states
<i>Population</i>	Community people
<i>Sample size</i>	832 households resided by 4664 people
<i>Data collection methods</i>	Both quantitative and qualitative approach
<i>Location of research document</i>	43rd Myanmar health research congress (MR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C2 MARC
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Efforts should focus on correcting misconceptions about malaria transmission, prevention and universal use of ITN/LLINs. Intensify community mobilization through all accessible multiple channels in MARC areas.
Community-based survey on knowledge and prevention of malaria in Myanmar	
<i>Component addressed</i>	Knowledge and prevention practice on malaria
<i>Year published</i>	January 2015
<i>Year of data in report</i>	2013
<i>Author and/or publisher</i>	DMR(LM), Disease Control programme -DOH, BI
<i>Geographical location of research</i>	200 villages in 25 townships of all states and regions
<i>Population</i>	Household respondents
<i>Sample size</i>	6324
<i>Data collection methods</i>	Quantitative methods

<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Results show the preventive measures of malaria and no findings related to MARC
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Scaling up of the distribution and the use of LLIN in the community is recommended
Efficacy and safety of artemether-mefloquine for the treatment of uncomplicated PF malaria in Loikaw	
<i>Component addressed</i>	The efficacy of artemether-mefloquine combination
<i>Year published</i>	January 2015
<i>Year of data in report</i>	2012-2013
<i>Author and/or publisher</i>	Defence Services Medical research centre
<i>Geographical location of research</i>	Military hospital, Loikaw
<i>Population</i>	Acute adult uncomplicated falciparum malaria patients
<i>Sample size</i>	16
<i>Data collection methods</i>	Clinical and parasitological examination
<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Increased day 3 parasitemia indicates possible artemisinin resistance
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	This combination therapy is effective in treatment of uncomplicated falciparum malaria
Comparison on diagnostic performance of alcidine orange microscopy and rapid diagnostic test in malaria	
<i>Component addressed</i>	The efficacy of two rapid diagnostic methods
<i>Year published</i>	January 2015
<i>Year of data in report</i>	2012
<i>Author and/or publisher</i>	No 8, 100 bedded hospital, Northern Shan state, DMR(LM), Defence Service medical academy
<i>Geographical location of research</i>	Shwe Kyin
<i>Population</i>	Clinical suspected malaria cases
<i>Sample size</i>	225
<i>Data collection methods</i>	Microscopy and RDT
<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2 MARC
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Both methods had good accuracy in low parasite density. Alcidine orange stained microscopy and RDT can be used as reliable alternative rapid diagnostic methods in screening of malaria in remote areas where Gyms microscopy is not available.

Tuberculosis**Factors influencing drop out of failure to attend Township TB centre**

<i>Component addressed</i>	Identifying the reasons for drop-out or failure to attend township TB centre
<i>Year published</i>	August 2008
<i>Year of data in report</i>	June-July 2008
<i>Author and/or publisher</i>	MMA, DMR (LM), NTP
<i>Geographical location of research</i>	4 townships: Insein, Thanlyin, Mahar Aung Myae, Magwe
<i>Population</i>	District NTP staff, TMOs, township GP coordinators and out reach workers, drop out TB suspected patients
<i>Sample size</i>	14 participants for KII, 35 drop-out cases
<i>Data collection methods</i>	Exploratory study using quantitative and qualitative method (KII, IDI)
<i>Location of research document</i>	Hard copy available with DMR (LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Factors causing drop-out and failure are helpful for TB control
<i>Accessible</i>	Only full report is accessible and impossible to access data
<i>Credible</i>	Document review, training and protest, quality control was done and the findings were triangulated
<i>Additional comments</i>	The findings input benefits for further improvement in referrals to reduce the drop-out rate

Management of TB by public and private health care providers at the township level: Situation assessment

<i>Component addressed</i>	Current practices of GPs and BHS in management of TB in terms of referral, HE, diagnosis and monitoring of TB patients
<i>Year published</i>	August 2008
<i>Year of data in report</i>	June 2004-May 2005
<i>Author and/or publisher</i>	MMA, DMR (LM), NTP
<i>Geographical location of research</i>	Two peri-urban townships in Yangon division
<i>Population</i>	All GPs and BHS in two townships
<i>Sample size</i>	89 GPs, 38 BHS
<i>Data collection methods</i>	Quantitative survey, IDI
<i>Location of research document</i>	Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant C2
<i>Accessible</i>	Analysed data only seen
<i>Credible</i>	The findings were similar to the studies from India, Vietnam, and Laos
<i>Additional comments</i>	Family DOT should be supervised by BHS. Conduct continuous dialogue and meeting at THD among BHS, GPs, NTP and NGOs

Patients' perspectives on public-private mix initiatives in tuberculosis control

<i>Component addressed</i>	Patients' perspectives on PPM initiatives in tuberculosis control
<i>Year published</i>	2011
<i>Year of data in report</i>	June 2006-September 2007
<i>Author and/or publisher</i>	De+A50partment of Medical Research (Upper Myanmar) Department of Health
<i>Geographical location of research</i>	Five townships in Mandalay Division, namely Myingyan, Kyaukpadaung, Meikhtela, Kyaukse, and Madayar
<i>Population</i>	Patients taking treatment at the National Tuberculosis Program (NTP) clinics and at general practice (GP) clinics
<i>Sample size</i>	301 patients, 150 each taking treatment at the National Tuberculosis Program (NTP) clinics and at general practice (GP) clinics
<i>Data collection methods</i>	Both quantitative and qualitative methods
<i>Location of research document</i>	The Myanmar Health Sciences Research Journal, Vol. 23, No. 3, 2011
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	A good program implementation with PPM initiatives and good patients' compliance will ensure effective tuberculosis control
<i>Accessible</i>	Analysed data only seen
<i>Credible</i>	"The study areas were selected based on: (1) having high TB case load, (2) considerable number of GPs, and (3) presence of PPM initiatives. Patients who could answer well in the quantitative survey were purposively selected for IDIs. Matrix analysis was done around the main theme and sub-themes. Areas of consensus and divergence were identified in the analysis of this study."
<i>Additional comments</i>	Patients taking treatment at GP clinics knew better about PPM compared to those at NTP clinics

Knowledge, attitudes and practice concerning tuberculosis in a growing industrialised area in Myanmar

<i>Component addressed</i>	Workers' knowledge about TB, their health-seeking behaviour, acceptability of TB screening and predictors for approval of the dismissal of TB patients
<i>Year published</i>	2011
<i>Year of data in report</i>	June-August 2007
<i>Author and/or publisher</i>	DMR(LM), DOH, NTP
<i>Geographical location of research</i>	Factories in industrial zones in Yangon :Hlaing Thayar (HT), Shwe Pyithar (SP) and South Dagon
<i>Population</i>	Factory workers, and employers
<i>Sample size</i>	349 factory workers for structured questionnaire, 27 indepth interviews and two focus group discussions with employers
<i>Data collection methods</i>	Both quantitative and qualitative methods

<i>Location of research document</i>	Soft copy available with IEG: KAP TB PAPER
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	The understanding about the consequences of stigmatisation among factory workers with TB, recurrent TB and multidrug-resistant TB may improve TB control in the workplace
<i>Accessible</i>	Analysed data only seen
<i>Credible</i>	Factories were randomly selected and the workers were selected for the interview. Content analysis was carried out by two researchers. Content was coded by context unit in Myanmar language using ATLAS.ti software (Technical University, Berlin, Germany). Theme findings were extracted after thorough and repeated reading. Matrix analysis was also used.
<i>Additional comments</i>	More effective communication strategies towards factory workers are needed to increase workers' knowledge about transmission and reduce stigma. Employers should be sensitised to protect employees with TB and invest in preventive activities.
Tuberculosis at factories in Ygn: workers' knowledge, health seeking behaviour and dismissal from workplace	
<i>Component addressed</i>	Workers' awareness on TB
<i>Year published</i>	January 2011
<i>Year of data in report</i>	2007
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	3 industrial zones in Ygn (Hlaingtharyar, Shwepyithar, South Dagon)
<i>Population</i>	Workers from 27 factories, and owners
<i>Sample size</i>	349
<i>Data collection methods</i>	AS survey using structured questionnaire, IDIs for owners, and screening for chest symptoms for workers
<i>Location of research document</i>	Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2
<i>Accessible</i>	Analysed data only seen
<i>Credible</i>	Content analysis of qualitative information was carried out by two researchers
<i>Additional comments</i>	High pulmonary prevalence was found among males and misconception was also high. Pre-employment screening was necessary. Further researches on consequences of stigmatisation among factory workers with TB should be studied.
Identifying effective health education channels for TB control by community participation in rural and urban areas of Myanmar	
<i>Component addressed</i>	KAP of community on TB
<i>Year published</i>	January 2011
<i>Year of data in report</i>	2009-2010
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	Rural and urban areas of 50 selected townships
<i>Population</i>	Community members
<i>Sample size</i>	7519
<i>Data collection methods</i>	Quantitative and qualitative methods
<i>Location of research document</i>	Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to A122C2
<i>Accessible</i>	Analysed data only seen
<i>Credible</i>	Pretesting and training of volunteers was done and triangulation of findings were done
<i>Additional comments</i>	Raise community awareness on availability of anti-TB drugs free of charge and reduce stigma of TB among the community
Role of TB patient Self Help Group in TB control activities in selected townships, Myanmar: End line assessment	
<i>Component addressed</i>	Availability and use of anti-TB drugs among drug shops and knowledge of drug sellers in regard to TB
<i>Year published</i>	November 2011
<i>Year of data in report</i>	2010
<i>Author and/or publisher</i>	DMR(LM), National Tuberculosis Programme, MAMA PPM TB project
<i>Geographical location of research</i>	South Okalapa township, Yangon
<i>Population</i>	Drug shops and drug sellers
<i>Sample size</i>	97
<i>Data collection methods</i>	Both quantitative and qualitative data collection including 4FGDs and mystery client method
<i>Location of research document</i>	DMR(LM); Hard copy available with IEG team
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not Relevant to C2
<i>Accessible</i>	Only full report is accessible and impossible to access data
<i>Credible</i>	Research assistants were trained to behave as mystery clients by using case scenario and role play. Data coding, manual cleaning, checking for consistency and errors were carried out after data collection.
<i>Additional comments</i>	Anti-TB drugs were dispensed with or without a prescription over the drug shops and it is beneficial to organise the drug sellers to involve in TB control activities
Role of informal health care providers in TB management and control in semi-urban and rural areas of Bag township, Myanmar	
<i>Component addressed</i>	The role of informal health care providers in TB management and control
<i>Year published</i>	August 2011
<i>Year of data in report</i>	May 2011
<i>Author and/or publisher</i>	MMA, DMR (LM), NTP
<i>Geographical location of research</i>	Bago township

<i>Population</i>	VHWs and quacks
<i>Sample size</i>	137
<i>Data collection methods</i>	Community-based cross-sectional descriptive study using quantitative and qualitative methods
<i>Location of research document</i>	Hard copy available with DMR (LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Role of health care providers is applicable for TB control
<i>Accessible</i>	Only full report is accessible and impossible to access data
<i>Credible</i>	Stratified purposive sampling: Protest of the questionnaire was conducted in Taikkyi township and the tool was revised at a winding up session after the pre-test
<i>Additional comments</i>	Training and monitoring of VAC and township PPM committee may reduce the misuse of anti-TB drugs among the quacks
Effectiveness of the community DOT provider in MMA PPM TB project	
<i>Component addressed</i>	The treatment outcomes and problems encountered by patients managed by the different types of community DOT providers
<i>Year published</i>	August 2011
<i>Year of data in report</i>	January-March 2010
<i>Author and/or publisher</i>	MMA, DMR (LM), NTP
<i>Geographical location of research</i>	North Dagon, Bago, Insein
<i>Population</i>	All types of patients who started treatment within Jan 1 2010 to Mar 31 2010 and their DOT providers, field coordinators, and field assistants
<i>Sample size</i>	43 TB patients, 22 DOT providers, 3 FCs and 3 Fas
<i>Data collection methods</i>	Exploratory study using quantitative and qualitative method (KII, IDI)
<i>Location of research document</i>	Hard copy available with DMR (LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant C2
<i>Accessible</i>	Analysed data only seen
<i>Credible</i>	Document review, training and pre-test, quality control was done
<i>Additional comments</i>	Three types of DOT providers were identified: family assistants, clinic assistants, and volunteers. Follow up action after DOT provider training should be ensured
Identifying effective health education channels for TB control by community participation in rural and urban areas of Myanmar	
<i>Component addressed</i>	Advocacy, communication and social mobilization (SCAM) strategies by involvement of local community
<i>Year published</i>	2012
<i>Year of data in report</i>	2009-2010
<i>Author and/or publisher</i>	DMR (LM), NTP, WHO
<i>Geographical location of research</i>	50 townships
<i>Population</i>	Community members
<i>Sample size</i>	7519
<i>Data collection methods</i>	Multistage sampling; face-to-face interview, FGDs, pair wise ranking
<i>Location of research document</i>	Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant C2
<i>Accessible</i>	Analysed data only seen
<i>Credible</i>	Qualitative data were done for thematic analysis organised with the assistance of ATLAS version 6
<i>Additional comments</i>	Deliver HE messages according to local context and choose appropriate HE channels accordingly
Role of Voluntary Health Workers and untrained health care providers in TB management and control in semi-urban and rural areas of Bago township	
<i>Component addressed</i>	Role of Voluntary Health Workers and untrained health care providers in TB management and control in semi-urban and rural areas of Bago township
<i>Year published</i>	January 2012
<i>Year of data in report</i>	Not mentioned in the report
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	Bago township (4 Races and 2 Station Health units)
<i>Population</i>	VHWs and quacks
<i>Sample size</i>	137
<i>Data collection methods</i>	Cross-sectional descriptive study using quantitative and qualitative methods
<i>Location of research document</i>	Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	To revitalize the role of VHWs in the primary health care system, especially in disease control activities of TB
<i>Accessible</i>	Analysed data only seen
<i>Credible</i>	Data completeness was checked by the interviewers and thematic analysis was done
<i>Additional comments</i>	Voluntary Health Workers and health care providers should be trained in TB management and control to improve the program
Accessibility of community to health services for TB in Kutkai township, Northern Shan state, Myanmar	
<i>Component addressed</i>	Accessibility of health services among TB patients from Kutkai township, hard-to-reach area
<i>Year published</i>	January 2012
<i>Year of data in report</i>	2010-11
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	Kutkai TH.D.

<i>Population</i>	All TB patients who took treatment at Kutkai THD
<i>Sample size</i>	120 face to face interviews, 23 in-depth interview and 5 KIIs
<i>Data collection methods</i>	Quantitative and qualitative analysis, record review
<i>Location of research document</i>	Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C2
<i>Accessible</i>	Analysed data only seen
<i>Credible</i>	Thematic analysis was performed
<i>Additional comments</i>	Effective way of improving community knowledge on diagnosis and treatment of TB should be applied to reduce the prolong delay in getting treatment and to ensure treatment adherence
Empowering TB patients in TB control activities through formation of SHGs: A process evaluation	
<i>Component addressed</i>	The process of development of SHGd in addressing TB
<i>Year published</i>	January 2012
<i>Year of data in report</i>	October 2010-January 2011
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	5 townships in Hlaingtharyar and Thanbyuzayat townships
<i>Population</i>	TB patients and family members
<i>Sample size</i>	123 TB patients and 149 family members
<i>Data collection methods</i>	Doc review, quantitative and qualitative data collection
<i>Location of research document</i>	Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C2
<i>Accessible</i>	Analysed data only seen
<i>Credible</i>	Process evaluation focuses on the internal dynamics and actual operations of a programme with intent to understand its strength and weaknesses. Triangulation of the findings were done.
<i>Additional comments</i>	Findings were utilized for formulation of national guidelines for "Empowering TB patients in TB control activities" at State and Regional levels
Molecular characterization of MDRTB isolated in Myanmar	
<i>Component addressed</i>	Implementation of rapid molecular tests to identify MDRTB
<i>Year published</i>	January 2012
<i>Year of data in report</i>	2010
<i>Author and/or publisher</i>	DMR(LM), NTP, Hokkaido university
<i>Geographical location of research</i>	National TB control programme
<i>Population</i>	Mycobacterium tuberculosis isolates with phenotypically MDR cases
<i>Sample size</i>	178
<i>Data collection methods</i>	Drug susceptibility test
<i>Location of research document</i>	Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Supportive for MDRTB confirmation
<i>Accessible</i>	Analysed data only seen
<i>Credible</i>	Laboratory capacity and quality assurance is controlled according to SAL in Bangkok and FIND
<i>Additional comments</i>	The study provides valuable information on the mutations occurring related to the molecular mechanism of drug resistance
Role of TB patient Self Help Group in TB control activities in selected townships, Myanmar: End line assessment	
<i>Component addressed</i>	Key activities of SHGs and to elicit opinions and suggestions for involvement of SHAG in TB control activities
<i>Year published</i>	June 2012
<i>Year of data in report</i>	October 2010-January 2011
<i>Author and/or publisher</i>	DMR(LM), National Tuberculosis Programme, World Vision Myanmar
<i>Geographical location of research</i>	Hlaingtharyar, Loikaw, Myeik, Thanbyuzayat and Dawei townships
<i>Population</i>	TB patients, family members, members of SHG, State TB officers, TMOs, SMOs, MWs, WV staff, community development facilitators, behavioural change facilitators
<i>Sample size</i>	509
<i>Data collection methods</i>	Both quantitative and qualitative data collection including 7FGDs, 7 IDIs, 14 KIIs
<i>Location of research document</i>	DMR(LM); Hard copy available with IEG team
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	not relevant to output indicator 3.2 and 3.4
<i>Accessible</i>	Only full report is accessible and impossible to access data
<i>Credible</i>	Quasi-experimental design (proxy pre test post test design) used and the findings from end line assessment are comparable with findings from baseline. Household data are triangulated with the qualitative data.
<i>Additional comments</i>	Empowering TB patients as SHG is effective for TB control. Improvement in management systems and adoption of conducive procedure are necessary for sustainability of SHGs.
Dispensing anti-tuberculosis drugs among drug shops in selected townships (TB management at drug shops: knowledge and practice of drug sellers in selected townships) Myanmar	
<i>Component addressed</i>	Key activities of SHGs and the involvement of SHGs in TB control activities
<i>Year published</i>	June 2012
<i>Year of data in report</i>	October 2010-January 2011
<i>Author and/or publisher</i>	DMR(LM), National Tuberculosis Programme, World Vision Myanmar
<i>Geographical location of research</i>	Hlaingtharyar and Thanbyuzayat townships

<i>Population</i>	TB patients and family members, members of SHG, State TB officers, TMOs, SMOs, MWs, WV staff, community development facilitators, behavioural change facilitators
<i>Sample size</i>	Total 509 TB patients and family members from SHG and no SHG areas
<i>Data collection methods</i>	Both quantitative and qualitative data collection including 7 FGDs, 7 IDIs and 14 KIIs
<i>Location of research document</i>	DMR(LM); Hard copy available with IEG team
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Study seems relevant because it shows if SHG can be involved in the prevention and control of MDRTB, the morbidity and mortality due to MDRTB decrease
<i>Accessible</i>	Only full report is accessible and impossible to access data
<i>Credible</i>	Baseline assessment was conducted in 2010 by applying the same methodology as end line. Dissemination workshops for baseline findings as well as end line assessment were held on May 2011. The findings were triangulated to obtain holistic view and comprehensive situational analysis.
<i>Additional comments</i>	It is effective for TB control to empower TB patients as SHGs. Systematic supervision and support to SHGs, appraising the role of SHGs by private sector, and sustainability of SHGs should be well planned in improvement in management systems of SHGs.
Assessment of GPs' participation on TB management and treatment outcome in PPM DOTS: Patients' perspective	
<i>Component addressed</i>	GPs' participation on TB management and treatment outcome in PPM DOTS activities from patients' perspectives in Myanmar
<i>Year published</i>	2013
<i>Year of data in report</i>	August and September 2012
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	North-Dagon, South-Okkalapa, Insein, Thanlyin, Bago and Pakokku
<i>Population</i>	All forms of TB patients, age 15 years and above, who registered and treated within 4th Quarter 2010 to 3rd Quarter 2011, and Family member of those TB patients, community leaders and community members
<i>Sample size</i>	873 TB patients
<i>Data collection methods</i>	Both quantitative and qualitative method, record review
<i>Location of research document</i>	Soft copy available with IEG: Report submitted to DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	GP's role in MDRTB control is encouraging
<i>Accessible</i>	Analysed data only seen
<i>Credible</i>	6 townships out of 19 Scheme III implementing townships in MMA PPM TB Project were selected based on probability proportionate to size. Training of interviewers and pre-testing were done prior to the study.
<i>Additional comments</i>	The patients expect from GP as prioritization, because of the reasons for low cost of treatment, discussion with GPs freely, and less waiting time at clinics
Accessibility of Health Services among TB Patients in Katakwi Township, Northern Shan State, Myanmar	
<i>Component addressed</i>	Accessibility of health services among TB patients from Kutkai Township, hard-to-reach area, who had taken treatment at Kutkai Township Health Department (THD)
<i>Year published</i>	2013
<i>Year of data in report</i>	2010
<i>Author and/or publisher</i>	DMR(UM), DMR(LM), NTP DOH
<i>Geographical location of research</i>	Kutkai Township, Northern Shan State, Myanmar
<i>Population</i>	TB patients
<i>Sample size</i>	120
<i>Data collection methods</i>	Kutkai Township Health Profile and TB register of 2009 were reviewed. 121 face-to-face interviews, 23 in-depth interviews and 5 key informant interviews
<i>Location of research document</i>	The Myanmar Health Sciences Research Journal, Vol. 25, No. 1, 2013
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C2
<i>Accessible</i>	Analysed data only seen
<i>Credible</i>	Key informants and five interviews were done according to the KII guide for triangulation with the findings of face-to-face and in-depth interviews. Interviews were conducted using Myanmar and Chinese languages. Interpreters were required to interview with non-Myanmar speaking Kachin and Chinese participants.
<i>Additional comments</i>	Appropriate interventions should be identified to help underserved, hard-to-reach TB patients getting proper treatment without prolonged delay and enhancing treatment adherence
Community-based TB control in Myanmar: cost and contribution of TB self help groups	
<i>Component addressed</i>	Helping TB patients and their family members to complete treatment
<i>Year published</i>	2014
<i>Year of data in report</i>	2012-2013
<i>Author and/or publisher</i>	DMR(LM), National Tuberculosis Programme, World Vision Myanmar
<i>Geographical location of research</i>	Hlaingtharyar township
<i>Population</i>	SHGs
<i>Sample size</i>	4 SHGs (each SHG has 12-15 members.)
<i>Data collection methods</i>	Both quantitative and qualitative methods
<i>Location of research document</i>	Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant C2
<i>Accessible</i>	Analysed data only seen
<i>Credible</i>	KII with SHG leader is cross checked with KII with World Vision staff

<i>Additional comments</i>	Empowerment of TB patients and improvement in O18case detection as well as treatment completion is essential in TB control
Effect of providing Health Education message on TB in local language through FM radio in Southern Shan State, Myanmar	
<i>Component addressed</i>	Effect of providing health message on TB in local language through FM radio
<i>Year published</i>	2014
<i>Year of data in report</i>	April-August 2013
<i>Author and/or publisher</i>	DMR(LM), NTP, DMR (UM), CHEB
<i>Geographical location of research</i>	Hopone township
<i>Population</i>	Adult =>18 yrs. of age from each household randomly
<i>Sample size</i>	400 face to face interview
<i>Data collection methods</i>	Intervention study (before and after); 4 Fad's, 5 KIIs, 6 IDIs
<i>Location of research document</i>	Hard copy available with DMR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant C2
<i>Accessible</i>	Analysed data only seen
<i>Credible</i>	The findings were analysed after conducting baseline and end line assessment
<i>Additional comments</i>	Using FM radio is an effective way for delivering health messages
Cost of alternative strategy for TB control in Hlaingtharyar township: Focusing on TB patient Self Help Groups	
<i>Component addressed</i>	Cost and financial management system of TB patient SHG
<i>Year published</i>	April 2014
<i>Year of data in report</i>	2012-2013
<i>Author and/or publisher</i>	DMR(LM), NAP, World Vision International
<i>Geographical location of research</i>	Hlaingtharyar township
<i>Population</i>	Members of 4 SHGs from Hlaingtharyar township and WV staff
<i>Sample size</i>	4 SHGs (each SHG has 12-15 members.)
<i>Data collection methods</i>	Both quantitative and qualitative approach; records review, face-to-face interview, 5 Fad's & 9KIIs
<i>Location of research document</i>	Hard copy available with IEG
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not Relevant to C2
<i>Accessible</i>	Analysed data only seen
<i>Credible</i>	Cost incurred by both WV and SHGs were categorised as investments costs and operating costs. In addition to KII and FGD, ten coins technique (modified ten seeds technique) was used to ask their wish for allocation of total fund. Data coding and analysis was done according to main themes and sub-themes.
<i>Additional comments</i>	The systematic financial management was weak because of the low education of the group members and no training on financial management. SHGs contributed nearly 50% of case detection and fund raising activities of SHGs should be increased for sustainability.

Abstracts/posters of the studies (Full paper not accessible)

Referral patterns and diagnosis of TB among TB suspects attending Lathe diagnostic TB centre in Yangon

<i>Component addressed</i>	Referral patterns and treatment category among TB suspect attending divisional TB centre, Yangon
<i>Year published</i>	January 2011
<i>Year of data in report</i>	January-October 2010
<i>Author and/or publisher</i>	DMR(LM), NTP (Ygn)
<i>Geographical location of research</i>	Yangon
<i>Population</i>	TB patients
<i>Sample size</i>	400
<i>Data collection methods</i>	Quantitative approach
<i>Location of research document</i>	Myanmar health research congress 2010 (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Useful for screening of drug resistant TB
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts of the poster
<i>Additional comments</i>	Advocate the specialist about availability of free anti TB drugs at public health centre and organize them for early referral of TB patients to public TB centre

Knowledge, attitude and practice of TB patients and their family members on TB in selected townships

<i>Component addressed</i>	Knowledge, attitude and practice of TB patients and their family members on TB
<i>Year published</i>	January 2012
<i>Year of data in report</i>	2011
<i>Author and/or publisher</i>	National Tuberculosis Programme, World Vision Myanmar, DMR(LM)
<i>Geographical location of research</i>	Hlaingtharyar and Thanphyuzayat
<i>Population</i>	TB patients and family members
<i>Sample size</i>	239 TB patients and 272 family members
<i>Data collection methods</i>	Face-to-face interviews
<i>Location of research document</i>	Myanmar health research congress - Jan 2012(DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Useful for the patients' compliance
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts of poster

<i>Additional comments</i>	There was no difference in TB patients and family members for knowledge about TB. The respondents suggest to provide health education , support for TB patients and anti-TB drugs free of charge.
Evaluation of clinical, bacteriological, pharmacological factors and immunological responses of pulmonary TB patients in Yangon	
<i>Component addressed</i>	Clinical, bacteriological, and immunological responses and pharmacokinetics of rifampicin and isoniazid
<i>Year published</i>	January 2013
<i>Year of data in report</i>	January-December 2011
<i>Author and/or publisher</i>	DMR(LM), NTP
<i>Geographical location of research</i>	Mingaladone and Mingalar Taung Nyunt TB centre, Yangon
<i>Population</i>	1290 TB patients
<i>Sample size</i>	50 newly diagnosed sputum positive cases, 50 Category 1 cured and 50 Category 1 treatment failure cases
<i>Data collection methods</i>	The use of proforma, ELISA, culture and drug sensitivity test
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C2
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Pharmacological factors (reduced bioavailability) and bacteriological factors (drug resistant strain) are major risk factors of treatment failure and the development of MDR TB
Management of TB in hard-to-reach area, Laukkai township, Northern Shan State	
<i>Component addressed</i>	Management of TB in hard-to-reach area
<i>Year published</i>	January 2013
<i>Year of data in report</i>	2011
<i>Author and/or publisher</i>	DMR(UM), DMR(LM), NTP
<i>Geographical location of research</i>	Laukkai township
<i>Population</i>	37 general practitioners (GPs), 3 MOs from Asian Harm Reduction Network (AHRN), 14 BHS
<i>Sample size</i>	General practitioners (GPs), MOs from Asian Harm Reduction Network (AHRN), BHS
<i>Data collection methods</i>	52 face-to-face interview, 12 IDIs
<i>Location of research document</i>	42nd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Existing management of TB by GPs in hard-to-reach area was not in line with NTP guideline. This message is useful for the MDR TB control programme
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Organize GPs to involve in TB control under guidance NTP is essential
Positivity of Acid Fast Bacilli culture and drug sensitivity pattern in children with TB	
<i>Component addressed</i>	The smear and culture positivity of m tuberculosis in gastric aspirate samples for the diagnosis of childhood pulmonary TB
<i>Year published</i>	January 2013
<i>Year of data in report</i>	2012
<i>Author and/or publisher</i>	South Okkalapa women and child hospital, Yankin Children Hospital
<i>Geographical location of research</i>	Yangon
<i>Population</i>	Children who had suspected TB
<i>Sample size</i>	80
<i>Data collection methods</i>	Gastric aspiration on each of three consecutive mornings were sent for smear microscopy and mycobacterial culture
<i>Location of research document</i>	42nd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not Relevant to C2
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Gastric aspirate culture and drug sensitivity test should be done all cases of severe extra pulmonary TB and contact with adult MDR TB
Awareness and attitude of public staff towards involvement of general practitioners (GPs) in TB control in selected townships, Yangon	
<i>Component addressed</i>	Awareness and attitude of public staff towards involvement of general practitioners (gaps) in TB control
<i>Year published</i>	January 2013
<i>Year of data in report</i>	2012
<i>Author and/or publisher</i>	DMR(LM), NTP, Township Health Dept. (Thanlyin)
<i>Geographical location of research</i>	5 townships in Yangon
<i>Population</i>	BHS, medical officers and TB coordinators
<i>Sample size</i>	160 BHS
<i>Data collection methods</i>	Face-to-face interviews, IDIs
<i>Location of research document</i>	42nd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Useful for the cooperation of GPs in TB control program
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the poster

<i>Additional comments</i>	The role of GPs in public private mix DOTS (PPM-DOTS) is important. Most of the BHS had low awareness of PPM-DOTS and advocacy meeting on PPM-DOTS should be done for BHS to cooperate with GPs.
Community-based TB care and control: involvement of volunteers trained by international organizations in Myanmar	
<i>Component addressed</i>	Existing situation of involvement of international non-governmental organizations (INGO) in TB control activities through community volunteers Myanmar
<i>Year published</i>	January 2013
<i>Year of data in report</i>	2012
<i>Author and/or publisher</i>	DMR(LM), NTP
<i>Geographical location of research</i>	Lockjaw and Mudon townships
<i>Population</i>	Volunteers and respondents
<i>Sample size</i>	54 volunteers and 58 respondents
<i>Data collection methods</i>	Quantitative methods
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Volunteers contribute to NTP in raising awareness and treatment completion to some extent in MDR TB control activities
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the poster
<i>Additional comments</i>	There is the possibility to utilize trained volunteers by the respective township health department once the INGO's will pull out someday

HIV	
HIV sentinel sero-surveillance survey 2007	
Component addressed	Sero-surveillance of populations at low risk
Year published	2007
Year of data in report	May-July 2007
Author and/or publisher	NAP - MOH, WHO
Geographical location of research	34 sentinel sites
Population	Pregnant women attending AN clinic, male SIT patients, new TB patients, female sex workers, IDU, MSM, new military recruits, blood donors
Sample size	1700
Data collection methods	Sentinel surveillance survey facility-based sampling approach
Location of research document	Hard copy available at MIMU
Report in English/Burmese	English
Relevant	Not relevant to C2
Accessible	Only full report is accessible and impossible to access data
Credible	Team leaders were trained before the start of survey and TB/HIV surveillance was conducted at the same time
Additional comments	The supervisory mechanisms for the sentinel surveillance sites by NAP should be strengthened and sero-surveillance survey should be carried out annually
Behavioural surveillance survey 2008: out of school youth	
Component addressed	The knowledge, attitudes and practices among out-of-school youth (OSY) population
Year published	2008
Year of data in report	July-October 2007
Author and/or publisher	NAP - MOH, WHO
Geographical location of research	Yangon, Mandalay, Monywa, Meiktila, and Lashio
Population	Male and female out-of-youth aged 15-24 yrs.
Sample size	6954
Data collection methods	Two stage cluster probability proportional to size (PPS) sampling method
Location of research document	Hard copy available at MIME
Report in English/Burmese	English
Relevant	Not relevant to C2
Accessible	Only full report is accessible and impossible to access data
Credible	Clusters were chosen using PPS sampling method and segmentation method is used to identify the unemployed OSY and the questionnaires used are the same as above study
Additional comments	Comprehensive and correct knowledge about HIV prevention is relatively low among OSY and stigmatizing attitudes towards PHI are prevalent lead to promote the awareness to OSY
Behavioural surveillance survey 2008: injecting drug users and female sex workers	
Component addressed	The overall impact of the national response to HIV and AIDS
Year published	July-Oct 2007
Year of data in report	Late 2007-2008
Author and/or publisher	NAP - MOH, WHO
Geographical location of research	Yangon, Mandalay, Lashio and Myitkyina for IDU; Yangon and Mandalay for FSW
Population	FSWs and IDUs
Sample size	275 FSW and 225 IDU
Data collection methods	Respondent driven sampling (RDS)
Location of research document	Hard copy available with IEG
Report in English/Burmese	English
Relevant	Not relevant to C2
Accessible	Only full report is accessible and impossible to access data
Credible	Training of the sampling methodology was given. Double data entry was done, inconsistencies are resolved. Data cleaning, recoding and data management was done.
Additional comments	FSWs are more difficult to reach through interventions and need to emphasize for participating and recruiting in the survey
HIV sentinel sero-surveillance survey 2008	
Component addressed	To update the sero-surveillance data among the sentinel groups
Year published	March 2009
Year of data in report	March-May 2008
Author and/or publisher	NAP - MOH, WHO
Geographical location of research	34 sentinel sites
Population	Pregnant women attending AN clinic, male STI patients, new TB patients, female sex workers, IDU, MSM, new military recruits, blood donors
Sample size	1700
Data collection methods	Sentinel surveillance survey facility-based sampling approach
Location of research document	Hard copy available at MIMU
Report in English/Burmese	English

<i>Relevant</i>	Not relevant to C2
<i>Accessible</i>	Only full report is accessible and impossible to access data.
<i>Credible</i>	TB/HIV surveillance was undertaken in 10 townships at the same time with sero-surveillance. New TB patients were included for three consecutive years which allows trend analysis to be done for this group.
<i>Additional comments</i>	HSS data should be triangulated with other data sources to understand the epidemiological nature of HIV
Behavioural surveillance survey 2007 general population	
<i>Component addressed</i>	The knowledge, attitudes and behaviours of the general population and the youth with regards to HIV/AIDS transmission and prevention
<i>Year published</i>	March 2009
<i>Year of data in report</i>	February-December 2006
<i>Author and/or publisher</i>	NAP - MOH, WHO
<i>Geographical location of research</i>	Shwebo, Kawthoung, Hpa-an
<i>Population</i>	youth aged 15-24 yrs., older adults aged 25-49 yrs.
<i>Sample size</i>	5445
<i>Data collection methods</i>	Two stage cluster sampling design
<i>Location of research document</i>	Hard copy available at MIMU
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2
<i>Accessible</i>	Only full report is accessible and impossible to access data
<i>Credible</i>	Use standardised, pre-coded questionnaire based on UNPAID/MEASURE/WHO tools, but not collect name, address. Data was cleaned by checking g for completeness and internal consistency prior to data analysis.
<i>Additional comments</i>	The findings that knowledge about HIV prevention is deficient and extensive misconception prevails show to identify appropriate channels which can best deliver these messages
Socio-economic and health consequences among HIV/AIDS affected families and orphans in Hlinethaya Township	
<i>Component addressed</i>	Socio-economic and health consequences among HIV/AIDS orphans
<i>Year published</i>	2011
<i>Year of data in report</i>	2009
<i>Author and/or publisher</i>	DMR(LM), NAP - DOH
<i>Geographical location of research</i>	Hlaingtharyar township
<i>Population</i>	Parents/guardians, basic health staff, community volunteers and responsible persons from an international non-governmental organization
<i>Sample size</i>	16 parents/guardians
<i>Data collection methods</i>	16 IDIs, 18 KIIs
<i>Location of research document</i>	The Myanmar Health Sciences Research Journal, Vol. 23, No. 2, 2011
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2
<i>Accessible</i>	Analysed data are reported.
<i>Credible</i>	All interviews were conducted by the investigators and well-trained research assistants. Findings from IDIs and KIIs were triangulated for validation.
<i>Additional comments</i>	Malnutrition and TB were common health problems for HIV infected orphans. All affected families have some extent of socio-economic consequences from HIV/AIDS. Coordination between community, public sector and INGOs should be encouraged for implementation of better rehabilitation programs for HIV/AIDS orphans in the future.
Threat of HIV/AIDS on children in Myanmar	
<i>Component addressed</i>	The proportion of orphans and vulnerable children due to HIV/AIDS (HIV-OVC)
<i>Year published</i>	2011
<i>Year of data in report</i>	2010
<i>Author and/or publisher</i>	DMR (LM) , National AIDS Program, UNICEF
<i>Geographical location of research</i>	North Okalapa, Monywa, Tarchileik townships
<i>Population</i>	All children under 18 yrs.
<i>Sample size</i>	601 (300 were HIV/OVC;300 were neighbouring children)
<i>Data collection methods</i>	Cross-sectional comparative study applying qualitative and quantitative methods using structured questionnaire, FGD, and KII
<i>Location of research document</i>	Hard copy available with IEG
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2
<i>Accessible</i>	Only full report is accessible and impossible to access data
<i>Credible</i>	Part of the above study
<i>Additional comments</i>	It is the first study in Myanmar identifying the proportion of HIV/OVC among all children showing the higher proportion of HIV/OVC with high risk of developing emotional and prosaically behaviour problems in adult life
Study of HIV prevalence in leprosy patients in central Myanmar	
<i>Component addressed</i>	HIV seroprevalence in registered leprosy cases
<i>Year published</i>	January 2011
<i>Year of data in report</i>	2008
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	10 townships in central Myanmar
<i>Population</i>	Leprosy patients
<i>Sample size</i>	299

<i>Data collection methods</i>	Cross-sectional descriptive study using semi-structured questionnaire and slit skin smear was done
<i>Location of research document</i>	Hard copy available with D(LM)MR
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2
<i>Accessible</i>	Only full report is accessible and impossible to access data
<i>Credible</i>	Skin tests to confirm leprosy cases were done and HIV pre-test counselling was done
<i>Additional comments</i>	HIV detection in areas where leprosy is prevalent may identify the risks of dissemination of the mycobacterial disease
Threat of HIV/AIDS on children: social, education and health outcomes of HIV orphans and vulnerable children	
<i>Component addressed</i>	The social, education , psychological and health conditions of HIV orphans and vulnerable children(HIV-OVC) with their neighbouring children
<i>Year published</i>	January 2011
<i>Year of data in report</i>	Not available
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	North Okkalapa, Monywa and Tachileik township
<i>Population</i>	guardians of HIV-OVC and neighbouring children
<i>Sample size</i>	600
<i>Data collection methods</i>	Community-based cross-sectional, comparative study using strength and difficulties questionnaire (SDQ)
<i>Location of research document</i>	Hard copy available with DMR(LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	SDQ consists of 25 items covering emotional, conduct problems, hyperactivity/inattention, peer relationship problems and pro-social behaviour
<i>Additional comments</i>	Further targeted programs should still need to focus on psychological well-being of HIV-OVA
Patterns of intimate partner disclosure among PLWHA in selected townships	
<i>Component addressed</i>	The disclosing pattern among PLWHA
<i>Year published</i>	January 2011
<i>Year of data in report</i>	March 2011
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	Ygn, Lashio, Taunggyi, Mdy and Mawlamyaing
<i>Population</i>	PLWHAs
<i>Sample size</i>	79
<i>Data collection methods</i>	Quantitative survey
<i>Location of research document</i>	Hard copy available with DMR(LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	Data collection was done under the guidance of NAP. The data were analysed using manual matrix thematic analysis.
<i>Additional comments</i>	In order to prevent further transmission from intimate partner, disclosing their status as early as possible should be stressed in both pre-test and post-test counselling for both men and women
Lifestyles associated with longevity of persons living with HIV/AIDS (PLWHA) in selected townships of upper Myanmar	
<i>Component addressed</i>	Information from the registered PLWHA taking ART at NAP clinics
<i>Year published</i>	January 2011
<i>Year of data in report</i>	March 2010-July 2011
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	Pyin Oo Lwin, Myit Kyee Nar hospital
<i>Population</i>	PLWHAs
<i>Sample size</i>	30
<i>Data collection methods</i>	Qualitative approach
<i>Location of research document</i>	Hard copy available with DMR(LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	All FGDs and IDIs were conducted using interview guides. Data were coded and thematic analysis was done
<i>Additional comments</i>	HIV disease progression is associated with less practical and emotional support from family members. Giving up the risk factors, belief in religion and hopes in the future life were associated factors influencing the longer living of PLWHA.
Situational analysis on orphans and vulnerable children due to HIV/AIDS in selected townships	
<i>Component addressed</i>	The proportion of orphans and vulnerable children due to HIV/AIDS (HIV-OVC)
<i>Year published</i>	May 2011
<i>Year of data in report</i>	June-September 2010
<i>Author and/or publisher</i>	DMR (LM) , National AIDS Program, UNICEF
<i>Geographical location of research</i>	North Okalapa, Monywa, Tarchileik townships
<i>Population</i>	All children under 18 yrs.
<i>Sample size</i>	600 (300 were HIV/OVC;300 were neighbouring children)

<i>Data collection methods</i>	Cross-sectional comparative study applying qualitative and quantitative methods using structured questionnaire, FGD, and KII
<i>Location of research document</i>	Hard copy available with IEG
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2
<i>Accessible</i>	Only full report is accessible and impossible to access data
<i>Credible</i>	Regarding the sampling of comparison group, age group matched children were recruited from the neighbouring houses in the same area. Responses on psychological questionnaires were scored. Thematic analysis was done for qualitative data.
<i>Additional comments</i>	Significant social, economics and psychological effects were detected among HIV/OVC and their families and support programs are needed for them
HIV sentinel sero-surveillance survey 2010	
<i>Component addressed</i>	HIV sentinel sero-surveillance
<i>Year published</i>	June 2011
<i>Year of data in report</i>	March-May 2010
<i>Author and/or publisher</i>	NAP - MOH, WHO
<i>Geographical location of research</i>	35 sentinel sites
<i>Population</i>	pregnant women attending AN clinic, male SIT patients, new TB patients, female sex workers, IDU, MSM, new military recruits, blood donors
<i>Sample size</i>	34058
<i>Data collection methods</i>	Sentinel surveillance survey facility-based sampling approach
<i>Location of research document</i>	Hard copy available with IEG
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2
<i>Accessible</i>	Only full report is accessible and impossible to access data
<i>Credible</i>	The test results of the local and reference laboratories were compared and analysed
<i>Additional comments</i>	The new sites for military recruits and the expansion of sentinel sites for TB must participate in the next rounds
Community-based activities of NGOs for HIV control at the township level in Myanmar	
<i>Component addressed</i>	The existing situation of no's activities for HIV prevention and control at the township level
<i>Year published</i>	September 2012
<i>Year of data in report</i>	2011
<i>Author and/or publisher</i>	DMR (LM) , National AIDS Program, WHO
<i>Geographical location of research</i>	Da La and Thaketa townships
<i>Population</i>	K+A259ey persons from NGOs, NAP, community volunteers, community members, and PLHIV
<i>Sample size</i>	5 NGOs (AMI, AZG/MSF-Holland, PSI, MNMA, MMCWA)
<i>Data collection methods</i>	Advocacy meeting, record review, face-to-face interview, IDIs
<i>Location of research document</i>	Hard copy available with IEG
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2
<i>Accessible</i>	Only full report is accessible and impossible to access data
<i>Credible</i>	Triangulation of different data sources was conducted. Qualitative data were interpreted and SWOT analysis was done
<i>Additional comments</i>	Better coordination and linkage between NGOs and public health sector is essential for more effective HIV control
Working together among NGOs and public health sector for community-based activities of HIV control	
<i>Component addressed</i>	The existing coordination mechanism among gnus and public health sector for community-based HIV control activities
<i>Year published</i>	2013
<i>Year of data in report</i>	Not available
<i>Author and/or publisher</i>	DMR (LM) , National AIDS Program, WHO
<i>Geographical location of research</i>	Da La and Thaketa township
<i>Population</i>	Key persons from NGOs, NAP, community volunteers, community members, and PLHIV
<i>Sample size</i>	5 NGOs (AMI, AZG/MSF-Holland, PSI, MNMA, MMCWA) and PLHIVs
<i>Data collection methods</i>	Document review and 52 IDIs, observation of NGOs' activities
<i>Location of research document</i>	Hard copy available with IEG
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2
<i>Accessible</i>	Only full report is accessible and impossible to access data
<i>Credible</i>	Qualitative data were organised with the assistance of ATLAS version 6 and thematic analysis was done
<i>Additional comments</i>	Strengthen coordination among NGOs and public health sector at the township level
Health related quality of life among people living with HIV/AIDS (PLHA) attending Sunday empowerment group's (SEG) activities of AFXB (Myanmar)	
<i>Component addressed</i>	Health condition and ART use, risk sex behaviour, quality of life and its determinants among people and explored their opinion and attitude towards SEG activities of AFXB-Myanmar
<i>Year published</i>	2013
<i>Year of data in report</i>	Not available
<i>Author and/or publisher</i>	Ohnmar et al.
<i>Geographical location of research</i>	Not mentioned in the abstract
<i>Population</i>	PLHA

<i>Sample size</i>	250
<i>Data collection methods</i>	Both quantitative and qualitative methods
<i>Location of research document</i>	Soft copy available with IEG: Ohnmar_QOL Abstract for the 5th National Scientific Conference on HIV AIDS Control in Hanoi 2013
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	"Sunday Empowerment Group (SEG)" for PLHA provides services for voluntary counselling and confidential testing, ART, home base care and income generation
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	A semi-structured questionnaire was used. SOL was measured by 31 items WHOQOL-HIV BREF questionnaire which has been used in other countries. Clinical examination was performed by a physician to all respondents. The checklist on WHO criteria for clinical staging was used for disease staging. CD4 count as of the last time examination within 6 months was noted. Theme extraction and content analysis was performed using the checklist matrix. Consensus was reached on findings for themes of interest between two researchers.
<i>Additional comments</i>	The activities of SEG should be expanded by culturally appropriate ways in countries with high burden of HIV. Programmes activities to improve quality of life of PLHA should be enhanced especially targeting female PLHA, lower educational level and poor health condition.

Study on Situation and Barriers to Access to HIV Services (Prevention, Care and Treatment) by Young Key Populations

<i>Component addressed</i>	The specific needs and barriers of young key population in accessing HIV prevention, care and treatment services
<i>Year published</i>	2014
<i>Year of data in report</i>	December 2013-January 2014
<i>Author and/or publisher</i>	DMR(UM), NAP
<i>Geographical location of research</i>	Yangon, Mawlamyaing, Mandalay, Monywa and Lashio
<i>Population</i>	Young Key Populations (YKPs i.e. MSM, CSW and IDU)
<i>Sample size</i>	400
<i>Data collection methods</i>	Snow ball sampling was used to select YKPs. Both quantitative and qualitative methods: Semi-opened structured questionnaire was used for quantitative information (i.e. awareness, knowledge, utilization and access to services). Self-administering method was mainly used for assurance of confidentiality in responding to the questions
<i>Location of research document</i>	Soft copy available with MIME: 015_Study_On_Situation_And_Barriers_To_Access_To_HIV_Services_By_Young_Key_Populations
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	The pattern of disposable syringes and needles use, main Reasons for Choosing the Source of Disposable Syringe are illustrated in graphs and the findings are valuable to harm reduction
<i>Accessible</i>	Analysed data are reported
<i>Credible</i>	programme, Awareness raising on HIV/AIDS, and Needles and Syringes Exchange Programme, HIV testing and counselling and ART/PACT programme. Three study areas were selected purposely 1) area with large number of YKP, 2) to get enough sample size and 3) to have HIV services for YKP
<i>Additional comments</i>	The study highlights recent setting for HIV prevention and treatment services need to be modified for some aspects which will be more familiar for young people. They are stigmatized for their young age and risk behaviours and facing barriers to get the health services for prevention and treatment. Youth friendly services should be created with specific characteristics such as location near to their environment, network and job place. Service provisions should be strengthened with security of supplies, sustainability of implementation, good management system for clients.

Gender assessment of the National HIV response in Myanmar

<i>Component addressed</i>	To inform the mid-term review of the national strategic plan on HIV and AIDS 2011–2015
<i>Year published</i>	2014
<i>Year of data in report</i>	November and December 2013
<i>Author and/or publisher</i>	UNAIDS Myanmar
<i>Geographical location of research</i>	Yangon
<i>Population</i>	Women and girls, men and boys, and key populations in relation to HIV
<i>Sample size</i>	50
<i>Data collection methods</i>	Desk review and pre-populating UNAIDS Gender Assessment Tool, Desk review and pre-populating UNAIDS Gender Assessment Tool
<i>Location of research document</i>	Soft copy available at UNO'S: Gend Report _FINAL PDF
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2
<i>Accessible</i>	Only full report is accessible and impossible to access data
<i>Credible</i>	The gender assessment brought together a wide range of partners; key gaps in the HIV response were identified have sex with men, female sex workers, transgender people; United Nations and other gender and HIV experts)
<i>Additional comments</i>	Through the implementation of recommendations, more effective, gender responsive HIV programmes can be achieved

Situational Analysis on Drug Use, HIV and the Response in Myanmar: Looking Forward

<i>Component addressed</i>	Understanding of harm reduction and progress of support towards the response
<i>Year published</i>	2014
<i>Year of data in report</i>	Over five weeks between March and May 2014
<i>Author and/or publisher</i>	UNAIDS
<i>Geographical location of research</i>	Lashio, Mandalay, Myitkyina, Naung Mon Village, Nay Pyi Taw, Sagaing, Theinni, Wine Maw and Yangon

<i>Population</i>	Stakeholders from UN agencies, Government entities, development partners and international and national non-government organizations and community based organizations
<i>Sample size</i>	58 key informants
<i>Data collection methods</i>	Semi structured questionnaire including a series of probing questions to elicit more information on issues directly related to participants' experiences
<i>Location of research document</i>	Soft copy available at UNOPS: Drug Situational Analysis. DRAFT.pdf
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Understanding of major challenges and barriers toward support for harm reduction is relevant
<i>Accessible</i>	Only full report is accessible and impossible to access data
<i>Credible</i>	To ensure a more open discussion, each key informant was informed that no names would be documented with any quotes in the report but their sector would be identified. If interviews were conducted in Myanmar, Transcripts were primarily written by the national consultant and reviewed by international consultant for accuracy with additional information added as required.
<i>Additional comments</i>	An extensive list of challenges and barriers outlined by the key informants are supportive to recommend strongly for strengthening harm reduction programmes and improving the national response to HIV
Situational analysis on orphans and vulnerable children infected and affected by HIV and AIDS in Myanmar	
<i>Component addressed</i>	Compare the social situation, household economic condition, general health and nutritional status of HIV-OVC and their families; accessibility to health care services
<i>Year published</i>	August 2014
<i>Year of data in report</i>	June 2013-May 2014
<i>Author and/or publisher</i>	DMR (LM) , National AIDS Program, UNICEF, BI
<i>Geographical location of research</i>	30 townships from 13 States and Regions
<i>Population</i>	HIV-OVC children under 18 yrs. old and control group; Parents/guardians for a child with <10yrs old or a child not available at the time of interview
<i>Sample size</i>	1512 HIV-OVC and 1511 control children
<i>Data collection methods</i>	Cross-sectional comparative study applying qualitative and quantitative methods using "Strengths and Difficulties Questionnaire"; IDI and KII to the representatives of the NGOs/INGOs, CBOs and SHG
<i>Location of research document</i>	DMR (LM), UNICEF
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	No direct relevance. 3 MDG HIVID component targets to IDUs
<i>Accessible</i>	Only full report is accessible and impossible to access data
<i>Credible</i>	The nation wide survey and the list of HIV-OVC was avoid of duplication. Coordination meetings were held prior to field data collection at each study township. Interviews were conducted at ART clinics, gathering places, religious buildings and homes of the respondents. Different study population and different data collection methods were included and findings were triangulated for the data validity.
<i>Additional comments</i>	Long term programme to improve the overall development of HIV-OVC of the IDUs can be planned from this study
National HIV legal review report	
<i>Component addressed</i>	Review of Myanmar's legal framework and its effect on access to health and HIV services for people living with HIV and key affected populations
<i>Year published</i>	September 2014
<i>Year of data in report</i>	August-December 2013
<i>Author and/or publisher</i>	UNDP, UNAIDS, Pyopin, NAP
<i>Geographical location of research</i>	Naypyidaw; Yangon, Mawlamyaing, Mandalay and the North community consultation
<i>Population</i>	People living with HIV and key populations
<i>Sample size</i>	Not available
<i>Data collection methods</i>	Literature review; Consultation meetings with NGOs, people living with HIV and key populations; A National Legal Review Meeting, convened in Naypyitaw
<i>Location of research document</i>	Soft copy available at UNOPS:Legal Report _FINAL.pdf
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	This report presents the key findings and recommendations of the review of Myanmar's legal framework and its impact on access to health and HIV prevention and treatment services including the harm reduction services
<i>Accessible</i>	Only full report is accessible and impossible to access data
<i>Credible</i>	Covers the context and issues raised during the consultations for people living with HIV and key populations
<i>Additional comments</i>	The recommendations are helpful to support a more enabling legal and policy environment for HIV responses
Situational Analysis on HIV among Female Sex Workers (FSW) & their clients in Myanmar	
<i>Component addressed</i>	For better understanding of the priority needs for FSW and their clients
<i>Year published</i>	October-December 2014
<i>Year of data in report</i>	October 2014
<i>Author and/or publisher</i>	UNAIDS Myanmar
<i>Geographical location of research</i>	Yangon, Mandalay, Nay Pyi Taw and Mawlamyine
<i>Population</i>	Staff from INGOs, NGOs, CBOs, development partners, sex workers, clients of sex workers, police and UN agencies
<i>Sample size</i>	127
<i>Data collection methods</i>	An in depth interview or focus group discussion
<i>Location of research document</i>	Soft copy available at UNOPS: Sex Work Situational Analysis DRAFT.pdf
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2
<i>Accessible</i>	Only full report is accessible and impossible to access data

<i>Credible</i>	Literature review consists of published, peer reviewed and grey literature such as government, NGO and UN reports. The team utilised a qualitative approach, enabling flexibility in the use of semi-structured interviews and focus group discussions. Recurrent patterns and key themes from the FGDs and IDIs were identified and salient quotes and responses were selected to elucidate the themes.
<i>Additional comments</i>	Law reform and significant improvements in law enforcement responses to sex work needs to be done to improve the enabling environment for female sex workers and their clients

Abstracts/posters of the studies (Full paper not accessible)

Study of clinical and biomedical parameters in AIDS patients on highly active anti retroviral therapy (HAART)

<i>Component addressed</i>	Socio-demographic data and biomedical parameters in AIDS patients on highly active antiretroviral therapy (HAART)
<i>Year published</i>	January 2013
<i>Year of data in report</i>	2012
<i>Author and/or publisher</i>	DMR(LM), DOH
<i>Geographical location of research</i>	Specialist hospital, Mingalardon
<i>Population</i>	AIDS patients
<i>Sample size</i>	55
<i>Data collection methods</i>	CD4 count, HIV viral testing by real time polymerase chain reaction
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	The findings help the clinicians and NAP to better prevention, control and management

Perception and utilization of HIV voluntary confidential counselling and testing among high risk groups

<i>Component addressed</i>	Knowledge, perceived barriers and facilitators to utilization of voluntary counselling and testing (vat) and assessment of the utilization rate of VCT services among high risk groups
<i>Year published</i>	January 2013
<i>Year of data in report</i>	2012
<i>Author and/or publisher</i>	DMR(LM), DOH
<i>Geographical location of research</i>	Mandalay
<i>Population</i>	Female sex Workers, Men having sex with Men, Injecting Drug Users
<i>Sample size</i>	113 FSW, 120 MSM, 105 IDU
<i>Data collection methods</i>	Snow ball sampling; recruit samples through peer educators, and face-to-face interview
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2+B397
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Improve utilization of VCT, family and community relationship, quality of life, and prevent HIV transmission among high risk groups and community

Malaria co-infection among HIV-infected pregnant women in Thaton district

<i>Component addressed</i>	Malaria problem among HIV infected pregnant women living in malaria endemic areas
<i>Year published</i>	January 2013
<i>Year of data in report</i>	2011-2012
<i>Author and/or publisher</i>	DMR(LM), DOH
<i>Geographical location of research</i>	Thaton district
<i>Population</i>	HIV infected pregnant women
<i>Sample size</i>	47
<i>Data collection methods</i>	Blood test for malaria parasites
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Malaria and HIV interact during pregnancy and co-morbidity causes negative pregnancy outcome and this study is useful for C 1 too
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	The malaria problem among HIV infected pregnant women living in malaria endemic area applicable to Disease Control programme

Social situation of HIV/AIDS affected households in Myanmar

<i>Component addressed</i>	The impact of HIV on people living with HIV and their families
<i>Year published</i>	January 2013
<i>Year of data in report</i>	2012
<i>Author and/or publisher</i>	BI, DMR(LM), Myanmar positive group, NAP
<i>Geographical location of research</i>	25 townships in 6 selected states and divisions
<i>Population</i>	HIV affected households
<i>Sample size</i>	395
<i>Data collection methods</i>	Both quantitative and qualitative approach: 30 IDIs, 16 FGDs, 11 KIIs

<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to justify reviewing the abstracts
<i>Additional comments</i>	The findings highlight social consequences at household, community and school environments. Stigma and discrimination still exists and children whose parents died of the disease bear a disproportionate burden.
Effectiveness of condom promotion programme to strengthen the utilization of condom among men having sex with men (MSM)	
<i>Component addressed</i>	Effectiveness of condom promotion programme in terms of increased condom utilization of condom among (MSM)
<i>Year published</i>	January 2013
<i>Year of data in report</i>	March-December 2013
<i>Author and/or publisher</i>	DMR(UM), NAP
<i>Geographical location of research</i>	Mandalay
<i>Population</i>	MSM
<i>Sample size</i>	109
<i>Data collection methods</i>	Intervention study: Intervention session of 30 minutes lecture weekly followed by peer education and group discussions for four successive weeks. Baseline vs. end line survey.
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to justify reviewing the abstracts
<i>Additional comments</i>	Participants' knowledge on source of condom, preventive effect of condom usage against sexually transmitted diseases and HIV/AIDS were also increased in end-line
Anti-retroviral therapy (ART) adherence among people living with HIV (PLHIVs) in selected townships of Myanmar	
<i>Component addressed</i>	Adherence of ART (ever miss dose) and its determinants among PLHIVs
<i>Year published</i>	January 2014
<i>Year of data in report</i>	Not seen in the report
<i>Author and/or publisher</i>	BI, NAP, Hope Full Star SHG - Saggaing, Paungdaw Oo SHG - Mandalay
<i>Geographical location of research</i>	Mandalay and Sagaing
<i>Population</i>	HIV/AIDS patients who were on ART for over one month period
<i>Sample size</i>	219
<i>Data collection methods</i>	Quantitative methods
<i>Location of research document</i>	42nd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Most of the PLHIVs are taking ART regularly and forgetting to take ARVs are the common cause for missing doses. Reminder devices (alarm clocks) and supporters for taking ART play an important role in good ART adherence.
Patients' perspectives on HIV care and support services in selected state and regional hospitals of upper Myanmar	
<i>Component addressed</i>	Patients' perspectives on services delivered by medico-social unit, and ART unit of HIV care and support corners
<i>Year published</i>	January 2014
<i>Year of data in report</i>	January-August 2013
<i>Author and/or publisher</i>	DMR(UM), DOH
<i>Geographical location of research</i>	Mandalay and Lashio general hospital
<i>Population</i>	Patients
<i>Sample size</i>	100 in face-to-face interview, 64 in FGDs
<i>Data collection methods</i>	Both quantitative and qualitative methods
<i>Location of research document</i>	42nd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	The majority of the patients were satisfied with the services but counselling services need to be improved. Further coordination should be bolstered the momentum as well as avoided the duplication of efforts
Social and nutritional conditions of children in HIV affected families: Are they different from their neighbourhood children?	
<i>Component addressed</i>	Comparison of social and nutritional conditions of children affected by HIV/AIDS (CABA) with children from neighbourhood
<i>Year published</i>	January 2015
<i>Year of data in report</i>	2013-2014
<i>Author and/or publisher</i>	DMR(LM), NAP, UNICEF
<i>Geographical location of research</i>	30 townships from 13 states and regions
<i>Population</i>	parents of guardians of children under 18 yrs. whose parents are living eighth HIV or lost one/both parents due to AIDS
<i>Sample size</i>	1151
<i>Data collection methods</i>	Interview with structured questionnaire

<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C 2
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Establishment of long-term strategies for improving children's nutrition and reassessment of prevention of mother to child transmission services should be done
Survival of HIV infected children on antiretroviral therapy	
<i>Component addressed</i>	Survival of HIV infected children on antiretroviral therapy
<i>Year published</i>	January 2015
<i>Year of data in report</i>	January 2005-August 2012
<i>Author and/or publisher</i>	University of Public Health, DMR (LM)
<i>Geographical location of research</i>	Specialist hospital, Mingalardon and 300 bedded children hospital, Mandalay
<i>Population</i>	HIV positive children (under 15 yrs. aged) on ART
<i>Sample size</i>	881
<i>Data collection methods</i>	Retrospective cohort study: patients' ART cards and registries
<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Majority of the deaths occurred within the first year of treatment. People should be given to the children during the first year after initiation of ART.
Role of HIV positive community in providing ART in Myanmar	
<i>Component addressed</i>	Perceptions of PLHIVs on ART services, HIV positive network's participation level in delivery of care
<i>Year published</i>	January 2015
<i>Year of data in report</i>	October 2013-January 2014
<i>Author and/or publisher</i>	Myanmar positive group, DMR(LM)
<i>Geographical location of research</i>	Yangon, Patheingyi, Taunggyi, Lashio, Mawlamyaing and Mandalay, Sagaing, Magway
<i>Population</i>	Self help groups, PLHIVs, ART providers and authorities
<i>Sample size</i>	12 FGDs, 60 IDIs, 11 KIIs
<i>Data collection methods</i>	Qualitative study
<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Expanded role of existing positive groups was needed and the building-up capacity, being initiative and accountable for larger roles and broadening scope of work to other areas by HIV positive group were recommended by ART providers
Pattern of common opportunistic infections among HIV-infected patients	
<i>Component addressed</i>	Evaluation of pattern of different opportunistic infections with the major goal to update the anti HIV treatment guidelines
<i>Year published</i>	January 2015
<i>Year of data in report</i>	2012-2013
<i>Author and/or publisher</i>	DMR(LM), Waitangi hospital, Tharketa hospital
<i>Geographical location of research</i>	Waibargi hospital, Tharketa hospital in Yangon
<i>Population</i>	HIV infected patients
<i>Sample size</i>	297
<i>Data collection methods</i>	Laboratory tests
<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C 2
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	The pattern of OI among HIV patients does not significantly changed and the prevalence rates does not increase compared to that of 2002-3
Association between CD4 count and sputum smear positivity in patients co-infected with HIV and pulmonary TB	
<i>Component addressed</i>	Association between CD4 count and sputum smear positivity in patients co-infected with HIV and pulmonary TB
<i>Year published</i>	January 2015
<i>Year of data in report</i>	Not seen in the report
<i>Author and/or publisher</i>	University of Medicine, Mandalay
<i>Geographical location of research</i>	Not available
<i>Population</i>	HIV and pulmonary TB co-infected patients
<i>Sample size</i>	124
<i>Data collection methods</i>	Sputum smear
<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Not relevant to C2

<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	No significant reduction in sputum positivity in patients with low CD4 count compared to those with high CD4 count leads to the awareness of the possibility in patients with low CD4 count and risk of transmission of TB you their contacts including health care personal and the community
Drug use pattern, HIV knowledge and accessibility to harm reduction services in Pekhon township	
<i>Component addressed</i>	HIV knowledge and accessibility to harm reduction services by the drug users
<i>Year published</i>	January 2015
<i>Year of data in report</i>	Not seen in the poster
<i>Author and/or publisher</i>	BI (Myanmar)
<i>Geographical location of research</i>	Pekhon township
<i>Population</i>	Drug users
<i>Sample size</i>	220
<i>Data collection methods</i>	Face-to-face interview
<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C2
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the poster
<i>Additional comments</i>	Yama was the major drug which can increase physical violence and the availability and distribution of new needles and syringe is to be focused. Advance health education on HIV to enhance VCCT services among drug users.

Health Systems Strengthening**Are we overburdened in rural area? Voices of midwives**

<i>Component addressed</i>	The way to further improve rural health services by rural midwives, especially for those residing in geographically hard to reach areas
<i>Year published</i>	November 2007
<i>Year of data in report</i>	Not seen in the report
<i>Author and/or publisher</i>	DOH, DMR(LM)
<i>Geographical location of research</i>	Taik-kyi and Hmawbi townships in Yangon Division
<i>Population</i>	Township level and station health unit/RHC level supervisors of midwives and all the rural midwives
<i>Sample size</i>	61
<i>Data collection methods</i>	Both quantitative and qualitative research methods
<i>Location of research document</i>	Soft copy available with IEG: Attachment 4 Mid Wife Burden Study
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Deployment pattern of Public Health Supervisor (PHS) 2 and a midwife to avoid role conflicts are applicable to improve health services
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	Structured interview with midwives stationed at station health unit/RHC/Sub-centres, Nominal Group Technique (NOT) to prioritize job assignments considered to be posing burden to midwives, Semi-structured (Key Informant) interviews with PHS-2s stationed at station health unit/RHC/Sub-centres, Fad's, Round Table Discussion (RTD) with Township level supervisors and representatives of Station Health Unit/RHC level supervisors and midwives were done systematically and Matrix analysis was conducted according to main themes and sub-themes All the findings were triangulated
<i>Additional comments</i>	A lot of role conflicts would ensue in the places where Public Health Supervisor (PHS) 2 and a midwife are together if proper job definitions could not be made. Suggestions were given to re-consider as regards how PHS-2s should be deployed in rural areas.

Evaluation of the Life-skills based peer-education program

<i>Component addressed</i>	The effectiveness of the training activities in improving the skills of direct project participants
<i>Year published</i>	August 2010
<i>Year of data in report</i>	April 2010
<i>Author and/or publisher</i>	DHP, MRCS, MANA, UNICEF
<i>Geographical location of research</i>	4 project townships (Kentong, Pyay, Bamaw, and Thaton) and 2 control townships (Pindaya and Taungngu)
<i>Population</i>	Youths from townships where LSBPE is being implemented. Young people (15-24 year age group) including out of school youth, young people from colleges and universities, young people in the workforce.
<i>Sample size</i>	398
<i>Data collection methods</i>	Documents review; KII, focus group discussions, in depth interviews, and quantitative knowledge assessment
<i>Location of research document</i>	Soft copy available in UNOPS
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Useful for health service deliveries improvement
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	Non-equivalent Control group Post-test-only design was selected. Specific quotes were inserted to the survey data for the validation. The analysis focused on the relevancy, efficiency and sustainability of the life skills based peer education training.
<i>Additional comments</i>	Young energetic trainees are the major contributors for life skill training and PACT services should be promoted through youth friendly IEC approaches

Synthesis of Health Systems Research under the framework of Health Research Programme: a decade work of Department of Medical Research, Lower Myanmar (2000-2009)

<i>Component addressed</i>	A gap of information on linkage between these research projects and health research programme (HRP) of national health plan (NHP) and their utilization
<i>Year published</i>	2011
<i>Year of data in report</i>	2000-2009
<i>Author and/or publisher</i>	Health Systems Research Division Department of Medical Research (Lower Myanmar)
<i>Geographical location of research</i>	Yangon
<i>Population</i>	research summaries from Annual Reports of DMR-LM from 2000 to 2009
<i>Sample size</i>	160 HSR-related projects
<i>Data collection methods</i>	Review of the research
<i>Location of research document</i>	The Myanmar Health Sciences Research Journal, Vol. 23, No. 3, 2011
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	It provides to help improve health of people through improvement conventional health services
<i>Accessible</i>	Only the results not the raw data available.
<i>Credible</i>	The summaries of the research findings were reviewed and categorized into seven projects under HRP of NHP using content analysis. Regarding the situation of utilization of research findings, scientists from the respective divisions of DMR-LM were requested to fill in a form on research utilization.

<i>Additional comments</i>	Need to promote result utilization by service departments by involving both researchers and service managers
Integrated household living conditions survey in Myanmar (MDG data report)	
<i>Component addressed</i>	Integrated assessment of data on the key dimensions of living conditions and well-being to update 2004-2005 data
<i>Year published</i>	June 2011
<i>Year of data in report</i>	2009-2010
<i>Author and/or publisher</i>	Ministry of National Planning and Economic Development, UNICEF, Sida, UNDP
<i>Geographical location of research</i>	Both rural and urban areas across Myanmar
<i>Population</i>	Households
<i>Sample size</i>	Nation-wide representative sample of 18660 households
<i>Data collection methods</i>	Comparison of data on the living standards of the population and poverty in Myanmar. Two rounds of field work were conducted. Use household questionnaire, community questionnaire for key informants, and the community price questionnaire
<i>Location of research document</i>	Soft copy in DropBox
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Trends of the indicators are applied to inform public policy decisions. The MDG Data report presents data on child mortality, maternal health, HIV/AIDS, malaria and other diseases
<i>Accessible</i>	Data analysed are seen in the report. (MDG Data_ Complete Report IHLCs)
<i>Credible</i>	It includes household businesses, household level and structure of consumption including poverty and nutrition, education, and access to health care. The recall method was applied for household expenditure. Consistency checks, data validity and entry were supported by INGOs.
<i>Additional comments</i>	The proportion of immunised children against measles increased. Also the proportion of births attended by SBA, ANC coverage increased between 2005-2010
Assessment of routine public health information system by BHS at township level, Myanmar with special reference to data reporting and data quality	
<i>Component addressed</i>	To implement national health policy effectively with the ultimate outcome of improving the health status of the entire nation
<i>Year published</i>	September 2011
<i>Year of data in report</i>	December 2010
<i>Author and/or publisher</i>	DMR(LM), DOH, WHO
<i>Geographical location of research</i>	All sub-rural health centres of the selected RHCs in Patheingyi and Kyaukse townships
<i>Population</i>	TMO, BHS and HMIS focal persons
<i>Sample size</i>	2 TMO, 33 BHS and 4 HMIS focal persons
<i>Data collection methods</i>	Record and register review, IDI to BHS, KII with TMOs
<i>Location of research document</i>	Hard copy available with DMR (LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C3
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	It is a kind of system evaluation, in order to preserve anonymity, the names of RHC were not mentioned. Pre-test was done to get new information.
<i>Additional comments</i>	Provision of data dictionary to all BHS and reassess minimum and essential indicators for each BHS using the simplified form
Outlooks Toward Their Assigned Jobs of Station Medical Officers	
<i>Component addressed</i>	Factors influencing performance of station medical officers (SAMOS)
<i>Year published</i>	2012
<i>Year of data in report</i>	February-July 2009
<i>Author and/or publisher</i>	DMR(UM), DMR(LM)
<i>Geographical location of research</i>	Twenty-six townships of three regions of Upper Myanmar
<i>Population</i>	station medical officers (SMOs)
<i>Sample size</i>	32
<i>Data collection methods</i>	Interview with structured questionnaires
<i>Location of research document</i>	The Myanmar Health Sciences Research Journal, Vol. 24, No. 3, 2012
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Useful to upgrade infrastructure in health system especially in rural area to attain effective performance of assigned SMOs
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	SMOs were interviewed face-to-face with structured questionnaires regarding their personal data and job-related factors. Job-related factors of SMOs were confidentially kept. Data cleaning and consistency was done.
<i>Additional comments</i>	Support and coordination of community and local authority in some station hospitals improve performance of SMOs during study period
Situation of health system research conducted in Myanmar	
<i>Component addressed</i>	To describe the scopes and themes of hsr studies conducted by departments under MOH during last decade under the six main health system building blocks
<i>Year published</i>	January 2012
<i>Year of data in report</i>	July and August 2010
<i>Author and/or publisher</i>	DMR(LM), DOH, WHO
<i>Geographical location of research</i>	Yangon
<i>Population</i>	HSR studies

<i>Sample size</i>	436 studies conducted from 2000-09
<i>Data collection methods</i>	Review HSR studies and recorded relevant health system building blocks and scopes into a standard format
<i>Location of research document</i>	Hard copy available with DMR (LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Applicable for improvement of health system
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	12 public health specialists review the studies and data was entered into spread sheets and analysed by SPSS. The review papers were sent to DIP for compilation and processing for consultative meeting in UPH
<i>Additional comments</i>	The information obtained from the study was used as background for prioritizing research areas in development of National policy and strategic communication for research evidences is essential for utilization of health policy and system research (HIPS) knowledge in policy area

SDC Health Assessment in Southeast Region of Myanmar

<i>Component addressed</i>	Comprehensive information on the health sector in Myanmar
<i>Year published</i>	August 2015
<i>Year of data in report</i>	June 2013
<i>Author and/or publisher</i>	Steven Anjou & Nwe Nwe Aye
<i>Geographical location of research</i>	South eastern region of Myanmar (Kayah, Kayin, and Mon States and North Tanintharyi and Bago Regions)
<i>Population</i>	Government officials, stakeholders, and health care providers
<i>Sample size</i>	77
<i>Data collection methods</i>	review reports, studies, strategy, position papers, and MIME database, meetings, KII,
<i>Location of research document</i>	Soft copy available with MIMU: Report Mission _ SDC health assessment in Southeast
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Highlights to strengthen primary health care MNCH services in particular at the community level in rural, remote and impoverished areas in the southeast – in areas where the 3MDG Fund is not covering, and especially in areas where IDP and refugees may return to
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	Meetings and KIIs are conducted with the government and stakeholders and the relevant institutes and sites are visited, desk review and check other sources of data to triangulate the findings. Situation analysis and needs assessment on health delivery system, health financing, health information, leadership and governance are done along with existing programs, partners and potential of cooperation.
<i>Additional comments</i>	The health situation in the south-eastern region is worse in terms of poor accessibility, poor availability, and poor acceptability. Both government and non-state actors acknowledge that communicable diseases and MNCH are priority issues. Conflict sensitive program management will be a central element of the Primary Health Care project. Foster community empowerment by working with rural communities to strengthen their capacity for continuum of care.

Communicable network for disaster preparedness towards protecting human health from climate change among community members and service providers in disaster prone and non-disaster prone townships

<i>Component addressed</i>	Existing communication network for flood-related health care among community members and service providers
<i>Year published</i>	September 2013
<i>Year of data in report</i>	2013
<i>Author and/or publisher</i>	DMR(LM), DOH, WHO
<i>Geographical location of research</i>	Kyaung Kone township (Ayeyarwaddy region) and Kun Chan Kone township (Ygn region)
<i>Population</i>	adult community members living in the selected townships for at least 5 yrs. consecutively, and township and village level disaster preparedness committee members
<i>Sample size</i>	100 community members from each township, 41 committee members from township and village level disaster preparedness committees
<i>Data collection methods</i>	Face-to-face interview, IDs
<i>Location of research document</i>	Hard copy available with IEG
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Readiness for health services in emergency
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	Inclusion and exclusion criteria was set and systematic random sampling was done. Literature-based questionnaires and guidelines were developed and modified after pre-testing. Health-related activities done by the working organisations/groups before and during the flood are illustrated in the table in the category: low, middle and high level activity performance.
<i>Additional comments</i>	The community members neither had proper plan for disaster preparation nor took seriously to report to the authority. Township and village level disaster preparedness committees were formed only in years of heavy rain and the community people relied more on their local authority person. However, a good communication network was observed among the concerned people and the committee members although some limitations existed. Minimum and essential information, and rehabilitation program should be strengthened.

Health facility assessment survey, Myanmar: focusing on maternal, newborn and child health

<i>Component addressed</i>	Situation of health facilities regarding maternal, newborn and child health
<i>Year published</i>	December 2013
<i>Year of data in report</i>	2013
<i>Author and/or publisher</i>	DMR(LM), DOH, DHP
<i>Geographical location of research</i>	Nay Pyi Taw, Ygn, Bago regions and Mon state
<i>Population</i>	Health facilities
<i>Sample size</i>	25

<i>Data collection methods</i>	Record review, face-to-face interview and observation
<i>Location of research document</i>	Hard copy available with IEG
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Provide information in strengthening of MNCH care providing at the public health facilities
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	Inclusion criteria was set and Standard 2012 WHO Service Availability and Readiness Assessment (SARA) questionnaire was applied. Medical offices are recruited and trained for understanding to use modified SARA questionnaire. Service readiness: infrastructure, sterilization, and maternal and newborn health care services are illustrated in details.
<i>Additional comments</i>	The study could highlight the existing situation of a limited number of health facilities in terms of quantitative information and the findings could not explain the reasons for unavailability of medicines and/or medical equipment for specific services at the facilities. These underlying causes shortage of staff, medical equipment and medicines of the health facilities should be explored.

Warehousing and storage capacity rapid assessment

<i>Component addressed</i>	Warehousing and inventory management
<i>Year published</i>	May 2014
<i>Year of data in report</i>	Not mentioned in the report
<i>Author and/or publisher</i>	Alan Wilson, SCMS
<i>Geographical location of research</i>	Yangon, Mandalay, Taungyi, Lashio, Magwe
<i>Population</i>	Health facilities with over XX warehouse compartments
<i>Sample size</i>	21
<i>Data collection methods</i>	Sites visit throughout the assessment
<i>Location of research document</i>	Soft copy available in UNOPS: Dashboard
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Relevant to C3
<i>Accessible</i>	Only the findings seen
<i>Credible</i>	Short term, mid term, long term recommendations are written only
<i>Additional comments</i>	The rapid assessment provides identified gaps in warehousing and storage conditions to strengthen the operations of all levels of supply chain

Functioning Status of the Village Health Committees in Dedaye Township A9

<i>Component addressed</i>	Evaluation report on the functioning status of the VHCS (village health fund revolving, community-based emergency referral support, and the potential for sustainability)
<i>Year published</i>	March 2015
<i>Year of data in report</i>	4 August 2014-29 August 2014
<i>Author and/or publisher</i>	Relief International
<i>Geographical location of research</i>	Dedaye township
<i>Population</i>	The VAC members, village authorities, health care providers, and beneficiaries of the funds
<i>Sample size</i>	Cross-sectional study design selecting 60 villages
<i>Data collection methods</i>	Quantitative method (desk review of proposals made by the villages, report on VHCs, monthly assessment reports, and Township Health Management Information System (HMIS) Report 2013.) KII, IDI, FGD and review workshop was also done
<i>Location of research document</i>	Soft copy available in UNOPS
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Pertinent to 3MDG output 5: enhanced health services accountability and responsiveness
<i>Accessible</i>	Only the results not the raw data available
<i>Credible</i>	Criteria and scores for functioning status are set to assess the functioning and non-functioning villages. Both quantitative and qualitative assessments are done to view functioning status and factors determining success and sustainability.
<i>Additional comments</i>	Supportive document for the sustainability highlighting the role of VHCs in terms of referrals and growing and raising funds

Abstracts/posters of the studies (Full paper not accessible)

Access to and expenditure on health care in Myanmar: A case study in Daik Oo and Kyauktaga townships in 2011

<i>Component addressed</i>	Design for a township-based health protection scheme
<i>Year published</i>	January 2013
<i>Year of data in report</i>	2011
<i>Author and/or publisher</i>	DHP, DMR(LM), Freelance consultant, UNICEF
<i>Geographical location of research</i>	Daik Oo and Kyauktaga townships
<i>Population</i>	Community members
<i>Sample size</i>	1382 for face-to-face interviews, 54 for FGDs
<i>Data collection methods</i>	Both quantitative and qualitative approach
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	The findings are useful to strengthen health care and improve access to health services at the community levels.
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	More financial mechanisms should be devised to protect financial risks from health care

Culture of health related lifestyle among rural Skaw Kayin ethnic group in Tharyarwady township, Bago (West) region

<i>Component addressed</i>	Culture of health related lifestyle among rural people
<i>Year published</i>	January 2013
<i>Year of data in report</i>	2011
<i>Author and/or publisher</i>	Military Institute of Nursing and Paramedical Sciences, DMR (LM)
<i>Geographical location of research</i>	Tharyarwady township, Bago (West) region
<i>Population</i>	Rural Skaw Kayin ethnic people
<i>Sample size</i>	216
<i>Data collection methods</i>	Cross-sectional descriptive study with medical anthropology approach: face-to-face interview and IDI
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	The findings highlight the cultural belief and practices influence on health-related life style
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Health personnel need to understand cultural aspects of specific ethnic group in order to deliver effective health care services

The effectiveness of migrant mapping tool on formulating strategies to support malaria interventions for temporary mobile/migrant workers in Tanintharyi region

<i>Component addressed</i>	Migrant mapping tool on formulating strategies to support malaria interventions
<i>Year published</i>	January 2013
<i>Year of data in report</i>	March-May 2012
<i>Author and/or publisher</i>	DMR(LM), DOHA
<i>Geographical location of research</i>	Kawthaung and Bokeypyin townships
<i>Population</i>	Migrant clusters
<i>Sample size</i>	192
<i>Data collection methods</i>	Interviews of three to five key informers per clusters
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Useful for strengthening the sustainable actions in migrant clusters
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the poster
<i>Additional comments</i>	Strategies should include prioritization of clusters with women and children for the sustained flow of LLINs

Communication channels for health messages among the rural ethnic community in Mon and Shan States

<i>Component addressed</i>	Access to media: communication routes used to receive health information and preferred route and time.
<i>Year published</i>	January 2013
<i>Year of data in report</i>	2011
<i>Author and/or publisher</i>	DMR(LM)
<i>Geographical location of research</i>	Mon and Shan states
<i>Population</i>	People aged 18-60 yrs.
<i>Sample size</i>	301 in Mon and 280 in Shan
<i>Data collection methods</i>	Face-to-face interview and FGD
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Strengthen health information dissemination to the rural ethnic community
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	The ethnic people prefer to read health information in Myanmar language and the preferred broadcasting time in Cherry FM radio should be planned

Assessment on data consistency through the data flow

<i>Component addressed</i>	Data consistency of HMIS routine reports through the data flow from sub RHC to THD
<i>Year published</i>	January 2013
<i>Year of data in report</i>	2011
<i>Author and/or publisher</i>	DHP
<i>Geographical location of research</i>	All region/state except Kayah state
<i>Population</i>	Systematically random clients
<i>Sample size</i>	1025 clients
<i>Data collection methods</i>	Face-to-face interviews
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Useful for data quality improvement in HMIS
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the poster
<i>Additional comments</i>	The consistency of data is ~ 81 % and it is recommended the immediate recording after providing services

Working together among NGOs and public health sector for community-based activities of HIV control

<i>Component addressed</i>	Existing coordination mechanism among gnus and public health sector
<i>Year published</i>	January 2013
<i>Year of data in report</i>	2011
<i>Author and/or publisher</i>	DMR(LM), NAP
<i>Geographical location of research</i>	Dala and Thaketa townships

<i>Population</i>	Public staff, NGO staff and community volunteers from 5 NGOs and PLHIVs
<i>Sample size</i>	52 IDIs
<i>Data collection methods</i>	Document review, IDIs
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Applicable for development of their future plan of actions
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstract of the poster
<i>Additional comments</i>	Strengthen coordination among NGOs and public health sector at the township level and NAP to provide stewardship and technical assistance for NGOs implementing HIV control activities
Feeding option choice of HIV positive mothers in prevention of mother to child transmission (PUTT) project township of upper Myanmar	
<i>Component addressed</i>	Compliance and sustainability of feeding options among HIV positive mothers
<i>Year published</i>	January 2013
<i>Year of data in report</i>	August 2010-July 2011
<i>Author and/or publisher</i>	DMR(UM), NAP Mandalay
<i>Geographical location of research</i>	Mandalay city and CWH Mandalay
<i>Population</i>	HIV positive women including home deliveries and lactating mothers (infant age of <4 months)
<i>Sample size</i>	86
<i>Data collection methods</i>	Quantitative approach
<i>Location of research document</i>	41st Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Useful to improve feeding practices in PMCT project
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstract of the poster
<i>Additional comments</i>	The use of infant formula as a breast milk alternative by HIV positive mothers is limited by its cost but suitable if provided freely or at a subsidized price
Study on use of health research results by National Programmes	
<i>Component addressed</i>	Utilization of research results by disease control programmes, NAP, NTP, NMCH, RH (MCH & WCHD), DHP
<i>Year published</i>	January 2014
<i>Year of data in report</i>	2000-2012 results are reviewed
<i>Author and/or publisher</i>	People's Health Foundation, DMR(UM), DMR(LM)
<i>Geographical location of research</i>	Not seen in the abstracts
<i>Population</i>	The policy makers and the Disease Control Program managers
<i>Sample size</i>	Not written in the abstracts
<i>Data collection methods</i>	5 KIIs, 5 IDIs
<i>Location of research document</i>	42nd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Utilization of research findings is important for health system development
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Programme needs more information on operational problems and solution provided by operations research. The reasons for not utilizing by the program managers are due to the weakness in communication, coordination and collaboration between the researcher and users.
Factor influencing the performance of TMOs in Mandalay and Sagaing regions	
<i>Component addressed</i>	The quality of work-life and the working performance of TMOs
<i>Year published</i>	January 2014
<i>Year of data in report</i>	2013
<i>Author and/or publisher</i>	DMR(UM), DOH - Mandalay and Sagaing regions
<i>Geographical location of research</i>	16 township hospitals
<i>Population</i>	TMOs
<i>Sample size</i>	16
<i>Data collection methods</i>	Hospital-based qualitative study: IDIs
<i>Location of research document</i>	42nd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Useful for health system development
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	TMOs are overwhelmed by a heavy work-load in addition to the shortage of staff and resources. The equitable allocation of resources in all the hospitals in the township level is essential to improve the work-lifer and working performances.
Lifestyle and health care practices of fishermen from Kyauk Chaung village, Hainggyikyun township, Patheingyi district, Ayeyarwaddy region	
<i>Component addressed</i>	Lifestyle and health care practices of fishermen
<i>Year published</i>	January 2014
<i>Year of data in report</i>	2013
<i>Author and/or publisher</i>	Defence Services General Hospital, Military Institute of Nursing and Paramedical Sciences
<i>Geographical location of research</i>	Kyauk Chaung village, Hainggyikyun township, Patheingyi district, Ayeyarwaddy region

<i>Population</i>	Fishermen
<i>Sample size</i>	110
<i>Data collection methods</i>	Simple random sampling using structured questionnaire
<i>Location of research document</i>	42nd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Useful for the improvement of the health care services utilization
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	The secret health care practices of fishermen are revealed in the study and the health education program to quit smoking and betel chewing
Perceptions towards access and utilization of routine immunization services among different caregivers, school teachers and health volunteers in Pynmana township	
<i>Component addressed</i>	Identification of the gaps in perception towards access to immunization and full utilization of the services
<i>Year published</i>	January 2015
<i>Year of data in report</i>	Not available in the abstract
<i>Author and/or publisher</i>	EPI-DOH, DMR(LM), Pynimana 200 bedded hospital
<i>Geographical location of research</i>	Pynmana township
<i>Population</i>	Caregivers
<i>Sample size</i>	Not there
<i>Data collection methods</i>	Pre-structured questionnaire
<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Useful for the improvement of the health care services utilization.
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	To create the demand generation, the key messages should be developed based on the perception statement to caregivers and the communication campaign should be launched
Situational analysis of socio-economic and general health status of older persons (age 60 yrs. and above) in Pin Oo Lwin township	
<i>Component addressed</i>	Present situation of socio-economic and general health status of older persons (age 60 yrs. and above)
<i>Year published</i>	January 2015
<i>Year of data in report</i>	August-October 2014
<i>Author and/or publisher</i>	DMR(UM), DOH
<i>Geographical location of research</i>	Pin Oo Lwin township
<i>Population</i>	Older persons
<i>Sample size</i>	567
<i>Data collection methods</i>	Pre-structured questionnaire
<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Useful for the improvement of the health care services utilization
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Overall general health status and socio-economic status was relatively good for their age apart from medical history of hypertension and smoking status
Is it enough? Source, credibility and extent of reproductive health information among the youth in selected townships	
<i>Component addressed</i>	Insights on how the youth receive RH information
<i>Year published</i>	January 2015
<i>Year of data in report</i>	Not available in the abstract
<i>Author and/or publisher</i>	DMR(LM), Maternal and reproductive health division -DOH
<i>Geographical location of research</i>	3 townships (names are not mentioned)
<i>Population</i>	Youths
<i>Sample size</i>	350
<i>Data collection methods</i>	Face-to-face interview and free listing
<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Useful for the improvement of the reproductive health care services utilization.
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Strengthen diverse sources of information, inclusiveness of all youth especially unmarried female and comprehensiveness of information promoting reproductive health of the youth
Engagement of the community in the design stage of a large survey evaluating a health intervention for MSM	
<i>Component addressed</i>	Service delivery and integration of HIV services with RH
<i>Year published</i>	January 2015
<i>Year of data in report</i>	Not available in the abstract
<i>Author and/or publisher</i>	BI, freelance consultant, Population council
<i>Geographical location of research</i>	Patheingyi, Mawlamyine and Bago townships
<i>Population</i>	MSMs
<i>Sample size</i>	71 (respondent driven sampling -rd S was used)
<i>Data collection methods</i>	Formative research study using qualitative methods

<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Useful for the improvement of the service delivery
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	It provides the inputs for preparation of RDS sampling for the baseline assessment of the project
Lessons learnt: respondent driven sampling and e-data collection in a community-based survey among MSM	
<i>Component addressed</i>	Process evaluation from the technical and logistical successes and challenges experienced on RDS
<i>Year published</i>	January 2015
<i>Year of data in report</i>	June-July 2014
<i>Author and/or publisher</i>	BI, Population Council
<i>Geographical location of research</i>	6 townships (names are not mentioned)
<i>Population</i>	MSMs
<i>Sample size</i>	619
<i>Data collection methods</i>	E-data collection
<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Useful for e-data collection
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	The process evaluation provides the advantages and disadvantages of e-data collection and working with key population for the research team and also the lessons learnt from RDS procedure
Opportunities for intervention: identified in community-based MSM survey	
<i>Component addressed</i>	Baseline assessment of sexual and reproductive health in MSM
<i>Year published</i>	January 2015
<i>Year of data in report</i>	2014
<i>Author and/or publisher</i>	BI, freelance consultant, Population Council
<i>Geographical location of research</i>	7 townships (names are not mentioned)
<i>Population</i>	MSMs
<i>Sample size</i>	620
<i>Data collection methods</i>	Quantitative approach
<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Contribute the development of new programs for sexual and reproductive health
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	Need more interventional programs focus on young people especially MSM
Gender differences and health indicators in monastic schools	
<i>Component addressed</i>	Gender differences in monastic schools in Myanmar
<i>Year published</i>	January 2015
<i>Year of data in report</i>	2013
<i>Author and/or publisher</i>	BI, Monastic Education Development Group, UNO'S
<i>Geographical location of research</i>	8 states and regions
<i>Population</i>	Monastic schools
<i>Sample size</i>	127
<i>Data collection methods</i>	Both quantitative and qualitative approach
<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Useful to improve gender equity
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the abstracts
<i>Additional comments</i>	The monastic school system has an effect on the creation of gendered identity in Buddhist childhoods
Assessment of general service readiness for MNCH in selected public health facilities: preliminary study	
<i>Component addressed</i>	Situation of general service readiness for MNCH in selected public health facilities
<i>Year published</i>	January 2015
<i>Year of data in report</i>	2013
<i>Author and/or publisher</i>	DMR(UM), DoH
<i>Geographical location of research</i>	States and regions
<i>Population</i>	Health facilities of state/regional to sub-health centres
<i>Sample size</i>	25
<i>Data collection methods</i>	Interview using 2012 WHO Service Availability and Readiness Assessment (SARA) questionnaire, observation checklist
<i>Location of research document</i>	43rd Myanmar health research congress (DMR LM)
<i>Report in English/Burmese</i>	English
<i>Relevant</i>	Useful to improve MNCH services in the health facilities
<i>Accessible</i>	Abstract only, full paper not available
<i>Credible</i>	Not able to assess through the poster

<i>Additional comments</i>	Regarding MNCH services, the HFs involved in the study have basic equipment at OPD in satisfactory condition and other services were on the average situation
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