

3.1 Institutes of Medicine

There are three Institutes of Medicine and an Institute of Dental Medicine.

The Institute of Medicine (1), Rangoon, came into existence in 1923-24. The present yearly intake of students is 250.

The Institute of Medicine, Mandalay was established in 1954 and its present yearly student intake is 150.

The Institute of Medicine (2), Rangoon opened in 1962 and the present yearly student intake is 150.

The Institute of Dental Medicine opened in 1964, with a yearly intake of 60.

4. Functions of the Department of Medical Education

Functions of the Department of Medical Education

Administrative

- (a) To lay down the policy of medical education consonant with the Burmese way to Socialism.
- (b) To put forward proposals to the Government for the creation of new Medical Institutes.
- (c) To determine the type of post-graduate degrees, degrees and diplomas (and certificates) to be awarded.
- (d) To determine the number of students that should be accepted by the Medical Institutes and Institute of Dental Medicine, in keeping with the Socialist Economy.
- (e) To approve and assign research projects which would be most beneficial to the country and in so doing to collaborate with the Department of Medical Research.
- (f) To determine the academic qualifications of all levels of teaching staff of the Medical and Dental Institutes.
- (g) To determine the conferring of honorary degrees.
- (h) To determine the procedures for the implementation of the aims and objectives of Medical Education, laid down by the Burma Socialist Programme Party.
- (i) To supervise the work schedules and to give decisions on problems submitted by the Administrative Bodies and Academic Bodies of the Medical and Dental Institutes.

Academic

- (a) To determine the standard of Medical Education.
- (b) To determine the required educational qualifications for admission to the Medical and Dental Institutes.
- (c) To revise medical education and teaching methods whenever necessary.
- (d) To prescribe the rules and regulations for holding Examinations in the Institutes.
- (e) To assign suitable research projects to the teaching staff for educational improvement.
- (f) To improve the quality of teaching staff.
(i.e. staff development)

5. Academic Year

Academic Year

1. Undergraduate Courses

Terms

First Term	- 1st November to 24th December
Second Term	- 5th January to 31st March
Third Term	- 2nd May to 30th September

Vacations

First Vacation	- 1st April to 30th April
Second Vacation	- 1st October to 31st October

Holidays

Holiday	- 25th December to 4th January
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2. Postgraduate Courses

M.Sc. Courses	- January to December
Diplomas	

Classes and Offices of the Institutes are closed on Saturdays, Sundays and Government gazetted holidays.

Postgraduate programmes and hospital duties for clinical students continue during the vacations.

6. Admission and Selection of Students

Admission and Selection of Students

(a) Undergraduate Courses M.B., B.S., B.D.S.

Students who pass the basic Education Higher level examination may apply for admission. Admission is granted in order of merit based on the aggregate marks obtained at the said examination.

Students who have passed the General Certificate of Education (G.C.E.) or other equivalent examinations conducted by foreign universities are given individual consideration on application for admission to the Institute.

Ordinarily, only citizens of the Union of Burma are admitted to the Institute. However, relatives of aliens employed by the Government of the Socialist Republic of the Union of Burma and foreign students permitted by the Government may also be admitted.

Applicants are required to appear for personal interview and medical checkup.

B.Sc. (Anatomy) Course

Only a limited number of students with a good academic record and at least credit marks in Anatomy at the Second M.B., B.S. Examination are admitted to the course. The maximum number of candidates is two and admission is by competition.

(b) Postgraduate Courses

1. The candidate must have the M.B., B.S. degree from one of the Institutes of Medicine in the Socialist Republic of the Union of Burma or an equivalent degree recognized by the Burma Medical Council.
2. The candidate and both his parents must be citizens of the Socialist Republic of the Union of Burma.
3. The candidate must have completed the one-year house surgeon training and also have two years Government service.

4. The candidate must have obtained at least Grade 4 or the equivalent grading/marks in the respective subject.

5. Selection of Candidates to Postgraduate Courses

Selection is done by the Central Selection Board of Postgraduate Studies. The candidate must pass the Entrance Examination (written), as well as an interview conducted by the Central Selection Board.

Note

- (1) Candidates with B.Sc. (Anatomy) degree may apply for admission to the M.Med.Sc. (Anatomy) course.
- (2) Candidates with Bachelor of Veterinary Science degree and two years' service on the staff of the Physiology Department may apply for admission to the M.Med.Sc. (Physiology) course.
- (3) Candidates with M.Sc. (Chemistry) degree who are working under the Ministry of Health may apply for admission to the M.Med.Sc. (Biochemistry) course.

7. Courses

Course

(a) Undergraduate Courses

1. M.B.,B.S. Course - 6 $\frac{1}{2}$ years duration

Class	Duration	Subjects Taught
First M.B.,B.S.	1 $\frac{1}{2}$ years	Biology, Burmese, Chemistry, English, Mathematics, Physics and Political Science.
Second M.B.,B.S.	1 $\frac{1}{2}$ years	Anatomy including Histology, Embryology, Surface and Radiological Anatomy, Physiology, Biochemistry and Statistics and Political Science.
Third M.B.,B.S.	1 year	General Pathology and Haematology, Microbiology, Pharmacology and Therapeutics Clinical Medicine, Surgery and Political Science.
Final Part I. M.B.,B.S.	1 year	Systemic Pathology, Forensic Medicine, Preventive and Social Medicine, Medicine, Surgery, Obstetrics and Gynaecology, Child Health and Political Science.
Final Part II. M.B.,B.S.	1 $\frac{1}{2}$ years	Medicine, Surgery, Obstetrics and Gynaecology and Child Health.

2. B.D.S. Course - 6 years duration.

Class	Duration	Subjects Taught
First and Second B.D.S.	1 $\frac{1}{2}$ years	Burmese, English, Mathematics, Physics, Chemistry, Zoology, Botany and Political Science.
Third B.D.S.	1 year	Anatomy, Physiology, Dental & Oral Anatomy, Dental and Oral Physiology and Political Science.

Class	Duration	Subjects Taught
Fourth B.D.S.	1½ years	Prosthetic Dentistry and Dental Materials, General Pathology and Microbiology, General and Dental Pharmacology, Junior Operative Dentistry and Political Science.
Fifth B.D.S.	1 year	General Surgery, General Medicine, Clinical Dentistry and Political Science.
Final B.D.S.	1 year	Oral Surgery, Oral Medicine, Conservative Dentistry, Prosthetic Dentistry, Dental Health (Periodontology and Social and Preventive Dentistry) Dental Health (Orthodontics and Paedodontics)
3. B.Sc. (Anatomy)	1 year	History of Medicine and Anatomy, Medical Statistics, Histological Techniques, Medical Genetics, Neuro-anatomy and Psychology of Education.

(b) Postgraduate Courses

1.M.Med.Sc. Courses	Duration	Offered by		
		I.M. (1)	I.M. (MDY)	I.M. (2)
1. Anatomy	2 years	✓	-	✓
2. Biochemistry	2 years	-	✓	-
3. Medicine	2 years	✓	✓	✓
4. Microbiology	2 years	-	✓	-
5. Obstetrics and Gynaecology	2 years	✓	✓	-
6. Ophthalmology	2 years	✓	-	-
7. Orthopaedic Surgery	2 years	✓	-	-
8. Otorhinolaryngology	2 years	✓	-	-
9. Paediatrics	2 years	✓	✓	-
10. Pharmacology	2 years	✓	✓	-

M. Med. Sc. Courses		Duration	I.M. (1)	I.M. (MDY)	I.M. (2)
11. Physiology	2 years		/	/	/
12. Public Health	1 year		/	-	-
13. Surgery	2 years		/	/	/
2. Diploma Courses		Duration	Offered by		
			I.M. (1)	I.M. (MDY)	I.M. (2)
1. Anaesthesiology	1 year		/	-	-
2. Bacteriology	1 year		/	-	-
3. Child Health	1 year		/	-	-
4. Medical Radiol.	2 years		/	-	-
Diagnosis					
5. Ophthalmology	2 years		/	-	-
6. Otorhinolaryngology	2 years		/	-	-
7. Pathology	2 years		/	-	-
8. Psychological	1½ years		/	-	-
Medicine					

8. Examinations

Examinations

Undergraduate Courses

Regulations pertaining to admission of students to an examination.

No student shall be eligible for admission to any examination unless his attendance, classwork and conduct have been duly certified as satisfactory by the Head of Department in each subject of the prescribed course.

No student shall be permitted to count for attendance any day on which he is absent whether on leave or for any other reason.

Only those students who have not registered at least 75 per cent of attendance of lectures, laboratory work, demonstrations, hospital postings, or those who have not duly performed the classwork, including examinations and term tests, will be reported to the authority concerned, for necessary action.

If a Third M.B., B.S. student fails to get 75% attendance in his clinical posting, he should not be allowed to sit his third year examination.

The attendance at hospital postings and clinics throughout all clinical years (third M.B., B.S., Final Part I and Final Part II. M.B., B.S.) will be included in the continuous assessment and classwork component of the Final Part II. M.B., B.S. examination.

Regulations concerning all examinations

Students taking the examination for the first time shall appear in all the subjects.

Absence from an examination shall be treated as a failure except for reasons of illness certified by a duly constituted Medical Board.

At the discretion of the Board of Examiners, distinction may be awarded to brilliant students.

Students who fail to satisfy the examiners in all the subjects of a professional examination on the first occasion on which they present themselves for such examination shall not be eligible for distinction or prize.

The examination in each subject shall consist of a written paper, laboratory work, clinical and viva voce, where necessary as determined by the Academic Board.

Examination

All students must apply for admission to examination in the prescribed forms, paying the required fees.

Undergraduate Courses

M.B., B.S.

Examinations are held as follows :

- | | |
|---------------------------|----------------------------|
| First M.B., B.S. | - In February |
| Second M.B., B.S. | - In third week of August |
| Third M.B., B.S. | - In second week of August |
| Final Part I. M.B., B.S. | - In second week of August |
| Final Part II. M.B., B.S. | - In first week of October |

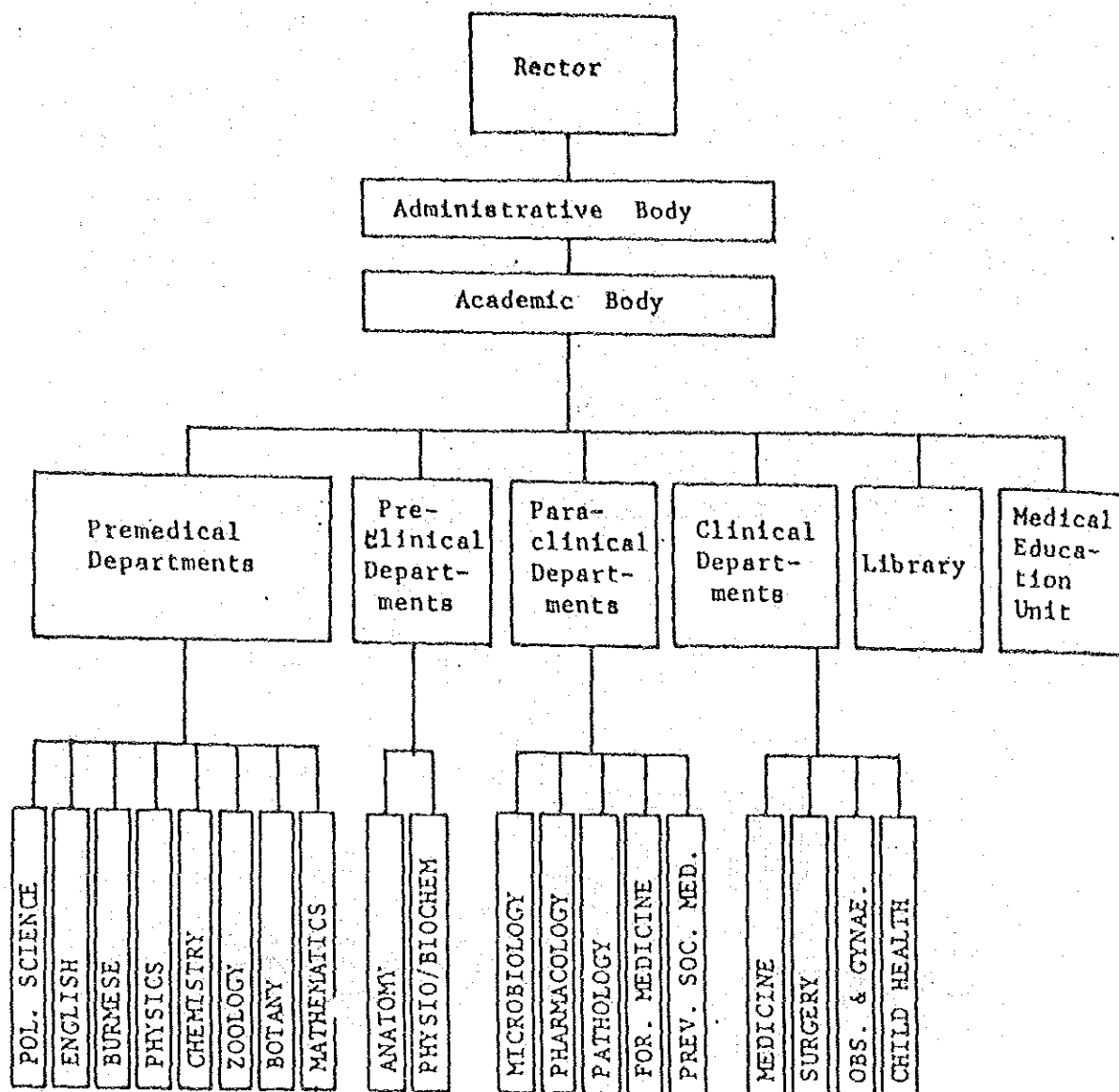
Postgraduate Courses

The examinations comprise

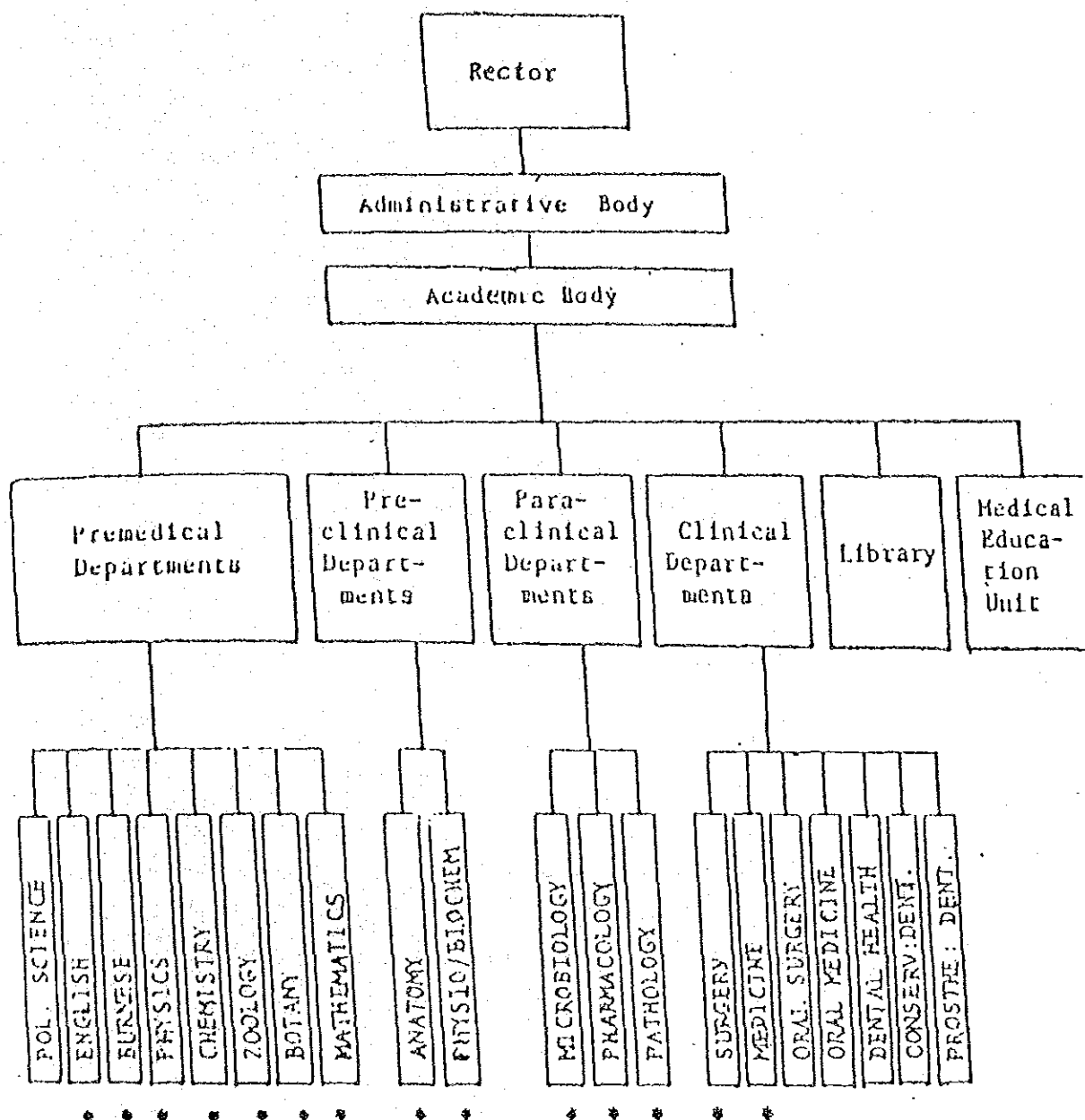
- a. Theory
- b. Practical/clinical and viva voce
- c. Thesis/Dissertation

9. Departments

Set-up of the Institute of Medicine



Set-up of the Institute of Dental Medicine



* Affiliated to the Institute of Medicine (1), Rangoon.

10. Teaching Hospitals

Teaching Hospitals

Institute of Dental Medicine

1. Institute of Dental Medicine
2. Rangoon General Hospital, Wards 15,16 and Dental out-patient Department

Institute of Medicine

	<u>Main teaching hospitals</u>	<u>Affiliated teaching hospitals</u>
<u>Institute of Medicine (1)</u>	<ol style="list-style-type: none">1. Rangoon General Hospital and teaching complex2. Central Women's Hospital, Rangoon.3. Children's Hospital Rangoon.	<ol style="list-style-type: none">1. Worker's Hospital Rangoon.2. Peoples' Hospital (East Rangoon)3. Peoples' Hospital (West Rangoon)4. Women and Children Hospital (South Okkalapa)5. Eye, Ear, Nose and Throat, Hospital, Rangoon.6. Contagious Diseases Hospital, Rangoon.7. Psychiatric Hospital, Rangoon.8. No. (2) Military Hospital, Rangoon.
<u>Institute of Medicine (2)</u>	<ol style="list-style-type: none">1. Defence Services General Hospital, Mingaladon.2. North Okkalapa General Hospital.	<ol style="list-style-type: none">1. Insein General Hospital.2. Bassein General Hospital.3. Moulmein Divisional Hospital.
<u>Institute of Medicine Mandalay</u>	<ol style="list-style-type: none">1. Mandalay General Hospital	<ol style="list-style-type: none">1. Base Military Hospital Maymyo.2. Eye, Ear, Nose and Throat Hospital, Mandalay.3. Sao San Htun Hospital, Taungyi.4. Myitkyina General Hospital.5. Magwe General Hospital.6. Lashio General Hospital.

11. Graduation

Graduation

Successful candidates in the Final Degree Examination who have completed all the requirements of their diploma courses are eligible to receive the respective degree/diploma.

It should be noted that candidates are required to attend in person to receive their degree and only in exceptional circumstances is permission granted to graduates in absentia.

Convocation

A convocation for the purpose of conferring degrees/diplomas shall be held annually at such time as the Administrative Board may direct.

Unless specially exempted by the Administrative Body every successful candidate for a degree shall be required to appear at the next subsequent convocation to receive the same and on failure to do so shall be required to pay the additional fee fixed by the Regulations.

The Administrative Body shall, from time to time, prescribe the procedure to be followed at convocations.

12. Internship

Internship

A compulsory pre-registration training period of one year in a recognized hospital has to be undergone by all dental and medical graduates. The training of interns is under the supervision of the Rector.

The period of training in the different disciplines is as follows :-

Dental Graduates

Oral Surgery	- 1½ months
Oral Medicine	- 1½ months
Dental Health (Periodontology)	- 1½ months
Prosthetic Dentistry	- 1½ months
Children's Dentistry	- 3 months
(Orthodontics and Paedodontics)	
Conservative Dentistry	- 1½ months
Dental Out-patient	- 1½ months
Department, Rangoon General Hospital.	
	<hr/>
	- 12 months

Medical Graduates

General Medicine 3 months
General Surgery 3 months
Obstetrics and Gynaecology 3 months
Child Health 2½ months
Community Medicine ½ month
	<hr/>
	12 months

13. Scholarships and Stipends

Scholarships

Scholarships are awarded to those students who have been chosen as "Outstanding Students" for three successive years either at high school or at higher Institutes of learning or both. The scholarship is also awarded to those students who gain any position in the first 100 students at Basic Education High School Examination. Each scholarship is worth 75 kyats per mensem and it is continued up to graduation, provided the student's conduct and career are satisfactory.

Stipends

Students who wish to pursue University Education but have financial difficulties may apply for stipends to the respective Township People's Council.

Stipend policy pertaining to the Institutes

In granting stipends the following policy is followed:-

1. A student who fails in his examination will have his stipend discontinued.
2. A failed student may reapply for a stipend when he passes his examination. Should he again show industry and promise his case will be reconsidered, provided there is an award available.
3. A stipend holder who does not fail an examination will continue to receive a stipend till he graduates.
4. A stipend holder who is involved in agitation in the University or in political activities detrimental to the country, or whose moral character is bad, will lose his stipend.

Students who are finding financial difficulties to pursue University Education but are incapable of winning scholarships or are not meeting requirements for stipends may apply for free tuition to the respective Township People's Councils.

14. Sports and Other Activities

Sports and other activities

The students are encouraged to take part in all sports activities. The Institutes set aside a certain amount of money as sports fund annually.

To enable the students to participate fully in any sports activity they are interested in, a Committee for Sports and Physical Education is formed annually to encourage all kinds of sports. This Committee directs all the sports activities of the Institute. A full-time Sports Officer is also appointed to organise and instruct the staff and student athletes.

A literary and cultural committee is also formed annually to encourage students to take part in literary and cultural activities. An annual magazine is published by each Institute as one of the activities of this committee.

Religious associations for students of different religions are also present.

Many students are also members of the Institute Lanzin Youth Organization and actively take part in Lanzin Youth activities.

15. Hostel Accommodation

Hostel accommodation and administration

Hostel accommodation is provided to those students from the districts, and applications have to be made on prescribed forms. Since not all applicants can be granted hostel accommodation, preference is given to those students who pass regularly every year and to those who abide by the hostel regulations.

Hostel administration is under a Committee, consisting of :-

- | | |
|---|-----------|
| 1. Rector | Chairman |
| 2. Chairmen of the Hostel Welfare Committees. | Members |
| 3. Secretaries of the Hostel Welfare Committees. | " |
| 4. A representative from the Institute Lanzin Youth Organization Committee. | " |
| 5. Three to five representatives appointed by the Administrative Body. | " |
| 6. A member appointed by the Chairman. | Secretary |

MANDALAY GENERAL HOSPITAL

GENERAL PROFILE

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MANDALAY GENERAL HOSPITAL

" GENERAL PROFILE "

INTRODUCTION:-

Mandalay General Hospital is a General Hospital affiliated with Institute of Medicine Mandalay for teaching of medical students, both under graduate and post graduate, and training of the medical personal and nursing proression in Upper Burma.

Mandalay is the second city in Burma and situated in central Burma. M.G.H. has its drainage area from those states and divisions adjacent to it. Mandalay is also situated in a strategic area for Upper Burma. It has a very good transport and communication with the adjacent states and divisions and the other parts of the country.

There are four township in Mandalay proper, namely the North-east, where M.G.H. is situated, the North-west, The South-east and the South west respectively.

Mandalay has a population of .5 million. Main occupation for the urban population is business, and farmers for the sub urban and rural area.

Traditionally Mandalay had been an ancient city where the Burmese Kings use to reside in the past. There are many ancient buildings, Pagodas and monastries still stood till to-day for site seeing.

Geogrophically, Mandalay is situated in the central part of Burma. The weather in Mandalay is mostly dry and hot with the maximum temperature of 41.5 C' in April and May and a minimum temperature of 28.6 C' in January. Compare to Rangoon the humidity is low. Rain fall ranges from 34.00 inches to 19.00 inches annually during the past 5 years (1981 - 1985).

In the year 1925 a civil hospital was established under the authority of Mandalay Municipality with a bed strength of 250, for the Mandalay City only. Just before the World War II at about 1937 the civil hospital was subsidised by the Government and its bed strength was raised to 350, and at the same time the Civil Hospital was up-graded to a status of the General Hospital.

During World War II, almost all of the Hospital buildings were demolished and the Hospital was shifted to St^e Peter Boys' High School and continued to function as a hospital. In 1952 Mandalay General Hospital was renovated at the present site and resumed to function as M.G.H. to the present day. In 1954 a Medical College was established in Mandalay and the college affiliated Mandalay General Hospital as teaching hospital and as such the bed strength was increased to 800 beds to meet the requirements of a teaching Hospital, and thus teaching facilities were added to.

Patients drainage area:-

Since Mandalay General Hospital the largest referral Hospital in Upper Burma and being the hospital with specialist facilities, it not only serves as referral hospital for Mandalay City proper, but also for all the adjacent states and Division that Consitute Upper Burma.

Mandalay Division with the pop: of	4505633
Sagaing " "	3676722
Chin State " "	368976
Kachin State " "	819136
Shan State " "	308423
Magwe Division " "	3129248
Total	<u>12808138</u>

Total No of patients attending at M.G.H.

Although sanctioned strength of M.G.H. is only 800 beds, Available beds are 1020 and average occupancy is 1300.

The total No of patients attending the M.G.H. in the year:-

1983	Out patient	New	118757
		Old	108429
		Total	227186
	In patient		44794
1984	Out patient	New	134627
		Old	237469
		Total	371096
	In patient		43666
1985	Out patient	New	142794
		Old	123433
		Total	266227
	In patient		45365

ORGANISATION

There are altogether 19 major department in M.G.H. They are:-

1. Department of Medicine 3 units
2. Department of Surgery 3 units
3. Department of O.G 3 units
4. Department of Paediatric 3 units
(including Neonatic)
5. Department of Cardia Unit (Medicine)
6. Department of Orthopaedic
7. Department of Urological Surgery
8. Department of I.C.U and Traumatic Unit
9. Department of Specialist O.P.D., General O.P.D and Emergency O.P.D.
10. Department of Skin & Special Skin
11. Department of Dental Unit
12. Department of Clinical Pathology
13. Department of Forensic Medicine

14. Department of Radio-Diagnostic
15. Department of Radiotherapy
16. Department of Psychiatric & Narcotic
17. Department of Physical Medicine
18. Department of General Administration
19. Department of Anaesthesia

STAFFING

1. Administrator	3
2. Consultants (Specialist)	25
3. Medical Officers (C.A.S.)	109
4. Nursing staff	164
5. Technician	99
6. Others (Including manual workers)	393
Total	<u>788</u>

Surgical operations.

In 1983	No of Elective Surgical operation	9268
	No of Emergency operation	6219
In 1984	No of Elective Surgical operation	9031
	No of Emergency operation	6249
In 1985	No of Elective Surgical operation	9371
	No of Emergency operation	6028

Obstetric and Gynaecology

In 1983	there are	Admission	10958
		Deliveries	5735
		Born alive	5541
		Still	194
In 1984		Admission	11359
		Deliveries	5775
		Born alive	5607
		still	168

In 1985	Admission	11854
	Deliveries	6464
	Born alive	6272
	still	192

Diagnostic Proceedings

Radio-Diagnostics

Department of Radiology

Staff - One consultant Radiologist
and other 10 associate Workers including
Technician.

The Work Load of Radio-diagnostic department of M.G.H.

<u>Year</u>	<u>Sp: Investigation</u>	<u>Routine Exam</u>	<u>Total</u>
1983	1456	15106	16562
1984	1513	15928	17441
1985	1621	16539	18160

Laboratory Procedure

Department of Clinical Pathology

Staff 2 Pathologist
 3 Asst: Pathologist
 others 17 including Technicians

The Work Load of Department of Clinical pathology is as follows

<u>Year</u>	<u>Chemical</u>	<u>Haematology</u>	<u>Microbio</u>	<u>Hosb Micro St</u>	<u>Cyto</u>	<u>Total</u>
1983	22631	22458	29002	4250	598	78939
1984	23066	22585	29066	4146	627	79488
1985	23164	23836	29014	4082	571	80667

The Work Load of National Blood Bank of M.G.H.

<u>Year</u>	<u>Donas</u>	<u>Use</u>
1983	13643	13528
1984	15224	14927
1985	15190	16190

Leading Causes of morbidity in M.G.H. 1983

Medical Causes

1	Resperatory (714212)	1665
2	Malaria	1304
3	V.H.	1269
4	G.I.	1163
5	C.V.S.	1022
6	Typhoid	715
7	C.N.S.	627
8	Poisoning	599
9	Blood D/S	553
10	Renal	415

Surgical Causes

1	Accident	4796
2	G.U D.U	1686
3	G.I	1681
4	Infection of Skin	1581
5	Appendicitis	961
6	Genitourinary System	607
7	Hernia	515
8	Heoplamm (Malignant)	485
9	Neoplasm (Benign)	339
10	Ciruculatory	285

Ten Leading Causes of Morbidity in M.G.H. 1984.

Medical Causes.

1	Resperatory	1657
2	Malaria	1426
3	C.V.S.	1304
4	G.I	1127
5	Blood D/S	772
6	Poisoning	624
7	C.N.S.	565
8	Renal	522
9	V.H.	484
10	Typhoid	383

Surgical Causes

1	Accident	3659
2	G.I.	1612
3	G.U. D.U.	1556
4	Infection of skin	1311
5	Appendicitis	705
6	Genitourinary System	636
7	Hernia	448
8	Neoplasm (Malignant)	427
9	Neoplasm (Benign)	361
10	Circulatory System	216

Ten Leading Causes of Mortality in M.G.H. 1985.

1	Resperatory	203	16.7
2	L.B.W	177	14.6
3	Accident	133	10.9
4	GE GI	131	10.8
5	C.V.S.	104	7.6
6	Septicemia & Shock	89	7.3
7	Malignant	68	5.6
8	Malaria	57	4.7
9	C.N.S.	48	3.9
10	Tetanus	39	3.2

1985

1	Resperatory	194	17.7
2	L.B.W	142	12.9
3	Accident	114	10.4
4	GE GI	112	10.2
5	C.V.S.	91	8.3
6	Malaria	79	7.2
7	Septicemia Shock	71	6.5
8	Malignant	64	5.9
9	C.N.S.	61	5.6
10	Tetanus	41	3.8

Situation Analysis

Since Mandalay General Hospital was founded in 1925, it was meant for service only. There were three main buildings for in-patients, an out-patient department complex, and other buildings for supportive purposes. At that time nurses only were trained at M.G.H.

When the Medical College was established in Mandalay in 1954, Mandalay General Hospital became a teaching Hospital with minimal amount of facilities. Some teaching aids were subsidised, namely Lecture Theatre and some materials for clinical teaching.

In fact there were no available space for students to take clinical lecture etc:

The Hospital verandas were converted into anti-rooms for the said purpose. The management of the hospital has nothing to object but only to obliged.

Many other buildings were built for service purposes on self-help basis. It was not foreseen at that time to provide rooms and space for teaching. To sum up, many facilities regarding to teaching purposes were lacking at the present Mandalay General Hospital complex. But great effort and endeavours has been put in by both the Director^{General} of ^{Medical} Health Services & The Director^{at} General of Medical Education to run a teaching hospital with the existing facilities and materials.

When Medical College was established, a number of under grads were not so great as now. There were only 35 under-grads, but now that a number of students have exceed more that 1000.

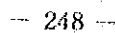
As time goes on there were many changes in Medical Education System that Medical College also has to promote its method and systems to be in-line with the changing process. The Mandalay General Hospital has been trying to meet the demands of Medical College requirement but with constraint and limitation.

Mandalay General Hospital is catering Medical Care of more than 800 patients. Since hospital is meant not only for patient care but also for teaching purposes, the existing manpower and facilities could barely meet the needs of both purposes. It is doubtless that no extension of wings or wards could be accomplished, owing to the limitation of spaces at the present site, and so also supporting service could not be extended.

It is an appropriate time and opportunity to have new teaching hospital with both facilities for services and teaching purposes.

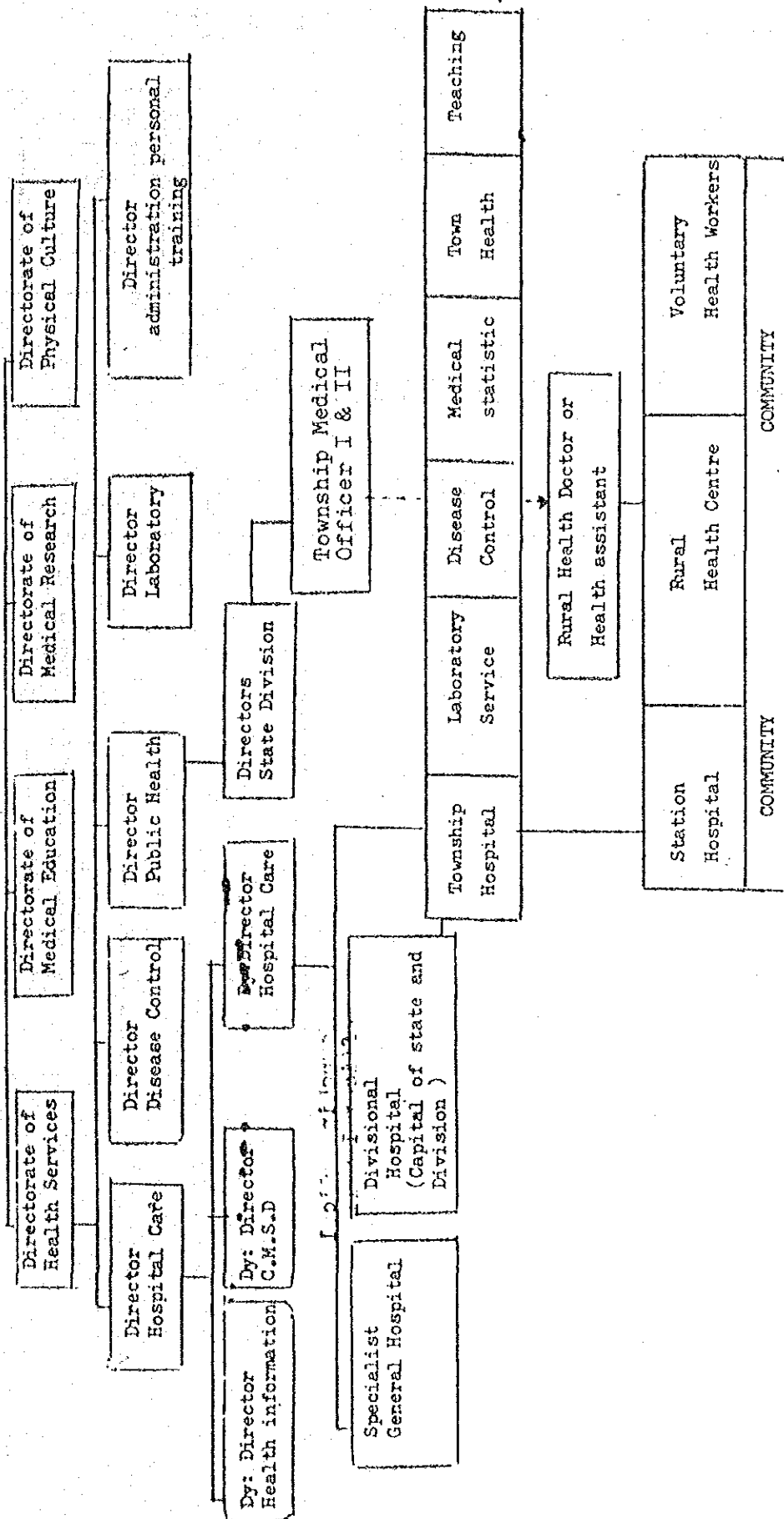
BUDGET ALLOMENT FOR MANDALAY GENERAL HOSPITAL

HEADS	YEAR	YEAR	YEAR
	1983 - 84	1984 - 85	1985 - 86
1. Central Medical Stores (Transportation Charges only)	70000	80000	95000
2. General & Specialist Hospital, Mandalay	5007290	5323440	5428300
3. Anti-Leprosy Clinic (Mandalay General Hospital)	50460	41340	35690
4. Pre-requisite Training	10410	9480	9480
5. Nursing School	271960	292390	323570
6. Refund of Medicine	1597	7641	1680
7. "A" type Laboratory	85600	81280	86640
Total	5497317	5835571	5981360



POSITION OF NEW M.C.H. IN THE GOVT-
MEDICAL CARE NET WORK

MINISTRY OF HEALTH



STUDENT NURSES' OF GENERAL HOSPITAL, MANDALAY

Sr.No	Name of the training	Section	Actual	Vacant
1.	Students Nurse	155	155	-
2.	Students Midwife	80	78	2

NURSING STRENGTH OF GENERAL HOSPITAL , MANDALAY

Sr.No	Rank	Allotment	Actual	Vacant
1.	Matron	1	-	1
2.	Assistant Matron	1	1	Nil
3.	Midwifery Tutor	3	3	Nil
4.	General Nursing Tutor	2	2	Nil
5.	Sister	13	12	1
6.	Staff Nurse	49	49	Nil
7.	Male Nurse	6	5	1
8.	Trained Nurse	84	83	1
9.	Midwife	10	9	1
10.	Public Health Nurse	1	-	1
11.	Instructor	2	2	Nil

DOCTOR'S DUTY ROSTER

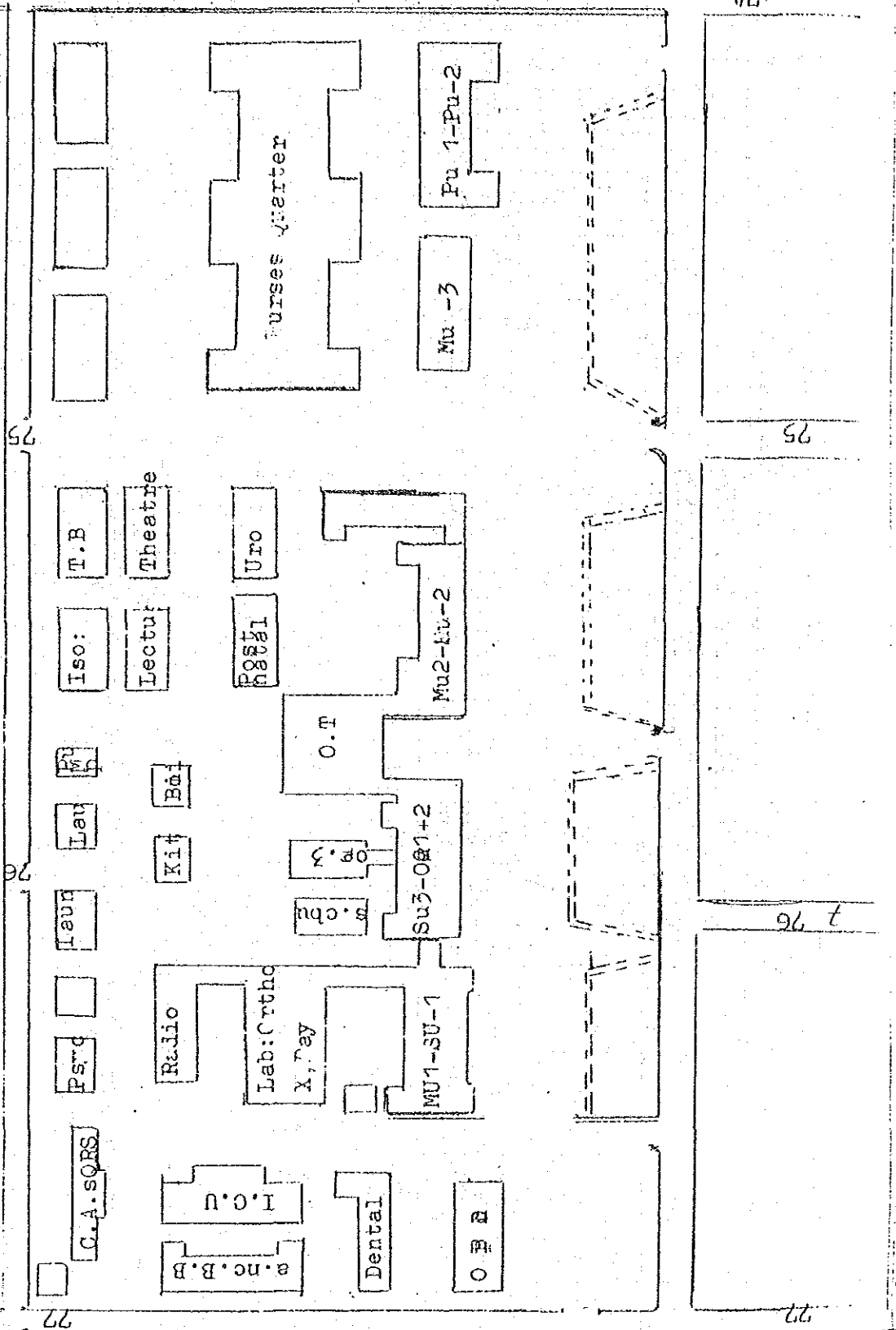
MEDICAL SUPERINTENDENT

DEPUTY MEDICAL SUPERINTENDENT

ASSISTANT MEDICAL SUPERINTENDENT

Department	Med. Unit 3 Nos	Surf. Unit 3 Nos	O.G. 3 Nos	ORTHO DEPT	URO DEPT	RADIO DEPT	PHYSIOTHERAPY	PSYCHIATRIC & DRUG ABUSE	PAED 2 Nos	NEONATE UNIT	ANAES	I C U	PATHOLOGY	O P D	X RAY	FOR. PATHO	B BANK	MED. STORM	UNIVERSITY HOSPITAL	SPECIAL SKIN	DENTAL
Consultant	3	4	3	1	1	1	1	1	(2)	2	2	(1)	2	-	1	1	-	-	-	-	-
Civil Asst. Surgeon	16	17	18	4	3	1	1	1	3	7	1	8	-	8	-	1	2	1	4	1	1
TOTAL =	19	21	21	5	4	2	2	5	9	2	10	-	5	8	1	2	2	1	4	-	1

LAY OUT PLAN MANDALAY GENERAL HOSPITAL



RANDOM SURVEY OF SOME OF THE WARDS ON 3.9.86 MANDALAY GENERAL HOSPITAL.

SAMPLE UNIT	NO OF PATIENT ON 3.9.86	NO OF PATIENT FROM MANDALAY CITY	NO OF PATIENT FROM OTHER THAN MANDALAY CITY	AVERAGE % OF NO OF PATIENT FROM	
				MANDALAY CITY	OTHER THAN MANDALAY CITY
MEDICAL I	63	33	30	52.38%	47.62%
" 2	53	27	26	50.94%	49.06%
SURGICAL 3	52	15	37	28.85%	71.15%
GYNAE I	19	7	12	36.84%	63.16%
" 2	36	8	28	22.22%	77.78%
" 3	54	13	41	24.07%	75.93%
PAEDIA I	32	8	24	25. -	75.00%
URO	55	10	45	18.18%	81.82%
ORTHO	129	13	116	10.08%	89.92%
RADIOTH	34	5	29	14.71%	85.29%
TOTAL	527	139	388	26.38%	73.62%



Institute of Medicine Mandalay

GENERAL INFORMATION

1986

SOCIALIST REPUBLIC OF THE UNION OF BURMA,

MINISTRY OF HEALTH

DEPARTMENT OF MEDICAL EDUCATION.

GENERAL INFORMATION

1986

INSTITUTE OF MEDICINE
MANDALAY

1. GENERAL INFORMATION.

1.1. A BRIEF HISTORY.

The Institute was founded in 1954 as a Branch Medical Faculty of the University of Rangoon. Then it became the Medical Faculty of the University of Mandalay in 1958, and in 1964 it became the Institute of Medicine, Mandalay.

1.2. DEGREES OF THE INSTITUTE.

The degrees of the Institute are :-

- (1) -- Bachelor of Medicine and Bachelor of Surgery,
- (2) Master of Medical Sciences.

1.3. COURSES RUN BY THE INSTITUTE.

The Institute runs :-

- (1) - The undergraduate courses leading to the degrees of M.B., & B.S.
- (2) - The Postgraduate courses in Medicine, Surgery, Obstetrics & Gynaecology, Physiology, Pharmacology, Biochemistry and Microbiology leading to the Master of Medical Sciences degree.

1.4. TEACHING HOSPITALS.

Mandalay General Hospital and Mandalay Eye, Ear, Nose and Throat Hospital are the hospitals affiliated to the Institute of Medicine Mandalay as a clinical training centre for undergraduates as well as postgraduates.

However House-Surgeon Internship for our graduates are also done in the following Hospitals.

(1)The Basic Military Hospital,Maymyo.

(2)The Divisional Hospital,Magwe.

(3)The Divisional Hospital,Lashio.

(4)The Divisional Hospital,Taunggyi.

(5)The Divisional Hospital,Myitkyinar.

1.5. ADMISSION OF STUDENTS.

Only 550 Students of highest Calibre who graduated the Basic Education High School Examination which is held once in a year,are admitted to the three Institutes of Medicine. Usually this Institute admits 150 students to the undergraduate course and two to three students into each of the Master of Medical Sciences course annually.

But beginning this November(1986)the redistribution of the candidates is as follow

Institute of Medicine I,Rangoon.	200
----------------------------------	-----

Institute of Medicine Mandalay,Mandalay	200
---	-----

Institute of Medicine II,Rangoon.	150
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1.6. HOSTEL ACCOMODATION.

The Institute has six hostels,three of which are for men and the remaining,three for ladies.

1.7. FEES PAYABLE TO THE INSTITUTE.

Students are required to pay a monthly tuition fees of thirty Kyats.In addition they are required to pay athletic fees of eleven kyats,and a laboratory fees of twenty-five kyats annually.

New students are required to pay an admission fees of ten kyats. Hostel students are required to pay messing fees of one hundred and twenty kyats monthly.

The above fees are just nominal. The main expenditure has been borne by the Government.

1.8 FINANCIAL ASSISTANCE TO STUDENTS.

Financial assistance in the form of Collegiate Scholarships, Stipend and Free Tuition is awarded to deserving students.

1.9 LIBRARY FACILITIES.

The Library of the Institute houses twenty seven thousand two hundred and sixteen volumes of books and sixty four titles of Journals.

ADMINISTRATIVE ORGANIZATIONS.

According to the Universitie's Education Acts (1973) the Government has formed two main bodies, Viz: Universities Central Council to supervise the University Education as a whole and Council of Academic Bodies to supervise the standard of education, syllabus, curricula and other allied matters.

Universitie's Central Council

Chairman

The Minister of Education

Vice- Chairman

Deputy Minister, Ministry of Education.

Members

Deputy Minister, Ministry of Industry

Deputy Minister, Ministry of Agriculture and Forests

Deputy Minister, Ministry of planning and Finance

Deputy Minister, Ministry of Health

A representative of the Organizations headed by the
Burma Socialist Programme Party

A representative concerned with the teaching of
medicine from the Ministry of Health.

Members nominated by the Government

Director-General, Department of Higher Education

Director, Burma Educational Research Bureau

Rector of the University and Institute

Principal of collages.

Secretary

Director (University), Department of Higher Education.

Joint-Secretary

Deputy Director (University), Department of Higher
Education.

Duties of the Universitie's Central Council.

1. To lay down the policy of University Education.
2. To put forward proposals to the Government for the
creation of new Universities and Institutes; creation of

Colleges and Technical Schools under these Universities and Institutes and creation of affiliated Colleges and Technical Schools.

3. To determine the type of postgraduate, degrees, diplomas and certificates to be awarded.
4. To determine the number of students that should be accepted by the various Institutes and Universities in keeping with the Socialist Economy.
5. To approve and assign research projects which would be most beneficial to the country.
6. To determine the academic qualifications of all levels of the University teaching staff.
7. To determine the conferring of honorary degrees.
8. To determine the procedure for the implementation on the aims and objects of University Education.
9. To supervise the work schedule and to give decisions on problems submitted by the Administrative Bodies of Universities and Institutes/Colleges.

Council of Academic Bodies.

Chairman

The Minister of Education

Vice-Chairman

Deputy Minister, Ministry of Education

Members

Deputy Minister, Ministry of Health.

Deputy Minister, Ministry of Industry

Deputy Minister, Ministry of Agriculture and Forests

A representative of the Organizations headed by the
Burma Socialist programme Party

Principal, Central Institute of Political Science

A representative from the Ministry of Planning and
Finance

A representative from the Ministry of Mines

A representative from the Ministry of Transport and
Communications

Managing Director, Cottage Industries Corporation

Managing Director, Pharmaceutical and Household Goods
Industries Corporation

Chief Engineer, Electric Power Corporation

Managing Director, Agricultural Corporation

Director-General Department of Health

Director-General Veterinary and Animal Husbandry
Department

Director-General, Central Statistical Organization

A representative concerned with the teaching of
medicine, from the Ministry of Health

Members nominated by the Government

Director-General, Department of Higher Education

Director-General, Department of Basic Education.

Director-General, Department of Technical, Agricultural and Vocational Education.

Director, Burma Educational Research Bureau

Chairman, Burma Examination Board.

Rector of the University and Institute

Principal of colleges.

A representative each from the Academic Bodies the University, Institute and colleges.

Secretary

Director (University), Department of Higher Education.

Joint-Secretary

Deputy Director (University), Department of Higher Education.

Duties of the Council of Academic Bodies.

1. To determine the standard of University Education.
2. To determine the required educational qualifications for admission to the Universities and Institutes and to determine the method of selection.
3. To service University Education and teaching systems whenever necessary.
4. To prescribe the rules and regulations for holding University Examinations.
5. To determine and prescribe the minimum educational qualifications for all levels of the teaching staff and to assign suitable research projects for their educational improvement.
6. To Co-ordinate the research projects of the various Academic Bodies and to determine the duties of such Bodies.

7. To Scrutinise and submit to the Ministry of Education, all proposed projects by the various Academic Bodies, for the improvement of University Education.

Members of the Management Board, Institute of Medicine,
Mandalay.

- | | | |
|-------------------|---|----------|
| 1. Dr. U Tun Thin | Rector | Chairman |
| | Institute of Medicine,
Mandalay. | |
| 2. Dr. Kyaw Sein | Rector | Member |
| | Mandalay University
Mandalay. | |
| | (Representative of
Universities Central
Council). | |
| 3. U Nyunt Tin | Representative of the | Member |
| | Divisional People's
Council Mandalay. | |
| | (Representative of
University Central
Council). | |
| 4. Dr Aung Myint | Medical Superintendent | Member |
| | General Hospital,
Mandalay. (Representative
of Ministry of Health). | |

5. Dr. Daw Kyu Kyu Swe Professor, Department of Obstetrics & Gynaecology. Member
6. U Hla Myint Secretary of the Lanzin Youth Organising Committee, Institute of Medicine, Mandalay. Member
(Representative of Ministry of Education).
7. Vacant to be filled by suitable senior professor of our Member
8. Vacant institute with the approval of the University's central Member
council
9. U Aye Maung Registrar Grade 1 Secretary.
Member of the Academic Board, Institute of Medicine, Mandalay.
Chairman.
1. Rector, Institute of Medicine, Mandalay, Mandalay.
Dr. U Tun Thin.
- Members.
2. Professor & Head, Department of Medicine.
Dr. U Khin Maung Win.
3. Professor & Head, Department of Surgery.
Dr. U Bo Ni.
4. Professor & Head, Department of Obstetrics & Gynaecology.
Dr. Daw Kyu Kyu Swe.

5. Professor, Department of Obstetrics & Gynaecology.

Dr. Daw Nan Oo.

6. Professor & Head, Department of Anatomy.

Dr. U Khin Maung Sein.

7. Professor & Head Department of Physiology.

Dr. U Pe Toe.

8. Professor & Head Department of Pathology.

Dr. U Hla Oo.

9. Head, Department of Child Health.

Dr. Daw Thein Thein Myint.

10. Head, Department of Forensic Medicine.

Dr. U Thaung Myint.

11. Head, Department of Preventive & Social Medicine.

Dr. U Win Naing.

12. Head, Department of Microbiology.

Dr. Daw San San Aye.

13. Head, Department of Pharmacology.

Dr. Daw Khin Nyunt Than.

14. Head, Department of Burmese.

U Ngwe San.

15. Head, Department of English.

Daw Marie Celine D'Monte.

16. Head, Department of Chemistry.

U Kyaw Tin.

17. Head, Department of Physics.

U Than Wai.

18. Head, Department of Zoology.

Daw Nyunt Yi.

19. Head, Department of Botany.

Daw Khin Aye Kyu.

20. Head, Department of Political Science.

U Kyi Maung.

21. Tutor, Department of Mathematics.

Edward Chang(a) U Thein Lwin

External Members.

22. Commanding Officer, No.1 Basic Military Hospital, Maymyo.

23. Divisional Health Officer, Sagaing Division, Sagaing.

24. Divisional Health Officer, Mandalay Division, Mandalay.

25. Principal, Indigenous Medical School, Mandalay.

Secretary.

26. Registrar Grade I, Institute of Medicine, Mandalay.

U Aye Maung.

Teaching Staff List.

<u>Sr.No.</u>	<u>Post.</u>	<u>No.:</u>
1.	Professor	11
2.	Lecture	21
3.	Assistant Lecturer	34
4.	Assistant Lecturer	10

(Pre-Medical)

2.

<u>Sr:No.</u>	<u>Post.</u>	<u>No.</u>
5.	Demonstrator(Medical)	75
6.	Tutor/Demonstrator	19

TOTAL = 170
=====

Heads of the Department and various Units form the Mandalay General Hospital.

Professor 3

Lecturer 15

Administration Staff List.

<u>Sr:No.</u>	<u>Post.</u>	<u>No.</u>
1.	Rector	1
2.	Registrar Grade 1	1
3.	Registrar Grade 2	1
4.	Account Officer Grade 2	1
5.	Librarian Grad 1	1
6.	Librarian Grade 2	1

TOTAL= 6
=====

INSTITUTE OF MEDICINE, MANDALAY.

DURATION OF THE COURSE AND SUBJECTS.

<u>Class.</u>	<u>SUBJECTS.</u>	<u>Year.</u>
1st M.B., B.S.	1. Political Science.	1½ Year.
	2. English	
	3. Burmese.	
	4. Physics.	
	5. Chemistry.	
	6. Zoology.	
	7. Botany.	
	8. Mathematics.	
2nd M.B., B.S.	1. Political Science	1½ Year.
	2. Anatomy.	
	3. Physiology.	
3rd M.B., B.S.	1. Political Science	1 Year.
	2. Microbiology.	
	3. Pharmacology.	
	4. General Pathology.	
	5. Medicine.	
	6. Surgery.	
Final Part I	1. Political Science	1 Year.
M.B., B.S.	2. Pathology.	
	3. Preventive and Social Medicine	
	4. Forensic Medicine.	
	5. Medicine.	

<u>Class.</u>	<u>Subjects.</u>	<u>Year.</u>
	6. Surgery	
	7. Obstetrics & Gynaecology	
	8. Child Health	
Final Part II	1. Medicine	1½ Year.
M.B., B.S.	A. Mental Diseases.	
	B. Tuberculosis.	
	C. Skin and Venereal Diseases.	
	2. Surgery.	
	A. Anaesthesia.	
	B. Ophthalmology.	
	C. Otorhinolaryngology	
	D. Orthopedics.	
	E. Radiology.	
	F. Radiotherapy.	
	G. Urology.	
	H. Dentistry.	
	3. Obstetrics & Gynaecology.	
	4. Child Health	

The Final Examinations are held at the end of the courses of the respective classes.

INTERNSHIP.

A compulsory pre-registration training period of one year in a recognized hospital has to be undergone by all medical graduates. The training of these internship takes place at the following Hospital, and the Sinkaing Community Health Centre.

1. The General Hospital, Mandalay.
2. The Eye, Ear, Nose and Throat Hospital, Mandalay.
3. The Basic Military Hospital, Maymyo.
4. The Divisional Hospital, Magwe.
5. The Divisional Hospital, Lashio.
6. The Divisional Hospital, Taunggyi.
7. The Divisional Hospital, Myitkyinar.

The period of training for House-Surgeon in the different disciplines is as follows:

- | | |
|------------------------------|--------------|
| ✓ General Medicine | - 3 months. |
| ✓ General Surgery | - 3 months.. |
| ✓ Obstetrics and Gynaecology | - 3 months. |
| ✓ Child Health | - 2½ months. |
| ✓ Community Medicine | - ½ month. |

MEDICAL CARE SYSTEM

IN MANDALAY AREA

SEP.1986 DEP.of HEALTH

MEDICAL CARE SYSTEM IN MANDALAY AREA.

Mandalay Division - Mandalay division is one of the 14 states & division of Burma. It is situated in the middle of the country located between latitude 21.59' North & longitude 29° 06' East.

It is bordered on the east by shan state, on the north by the Kachin state & Sagaing division, on the west by Sagaing division on the south by Magwe & Pegu division. It is about 14296 square miles with a population of (4416702). The climate of the division has three seasons the rainy, winter & summer. The rainy season lasts from middle of May to middle of October, but it has late monsoon, (September & October). The winter season is from November to early February and the temperature falls up to 10°C. The winter precedes the rain and lasts from February to late May, the maximum temperature of 42°C.

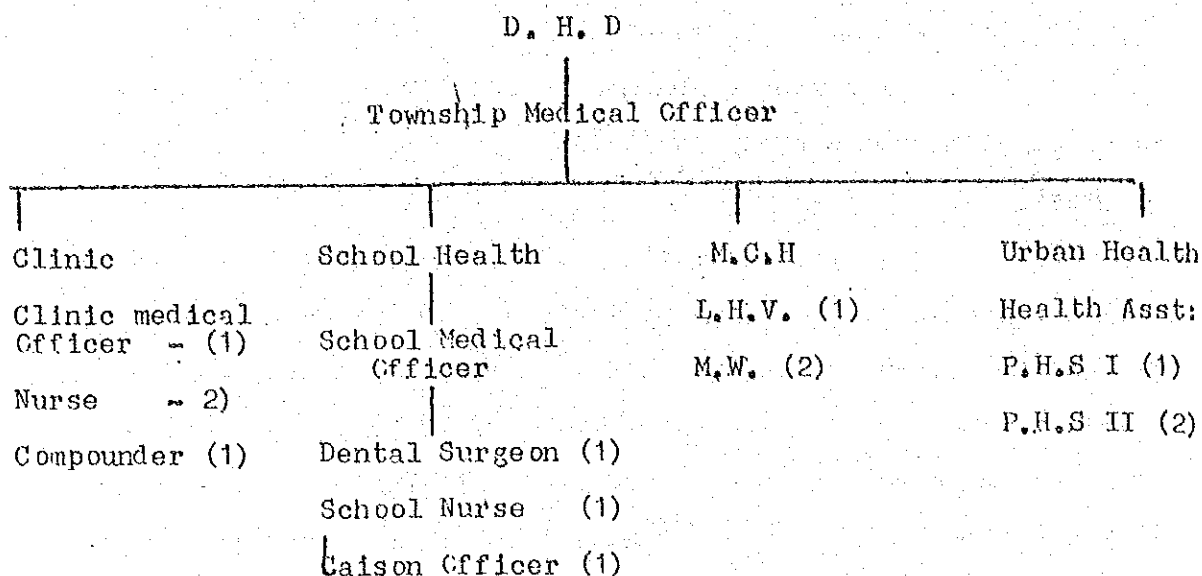
Mandalay Division has 25 townships with the city of Mandalay, divided into 4 townships making a total 29 townships with 1580 village tract & 5362 hamlets.

In Mandalay, there are (4) townships and in each township there is a primary health centre and two secondary health centres. They carry out Medical care with the following activities.

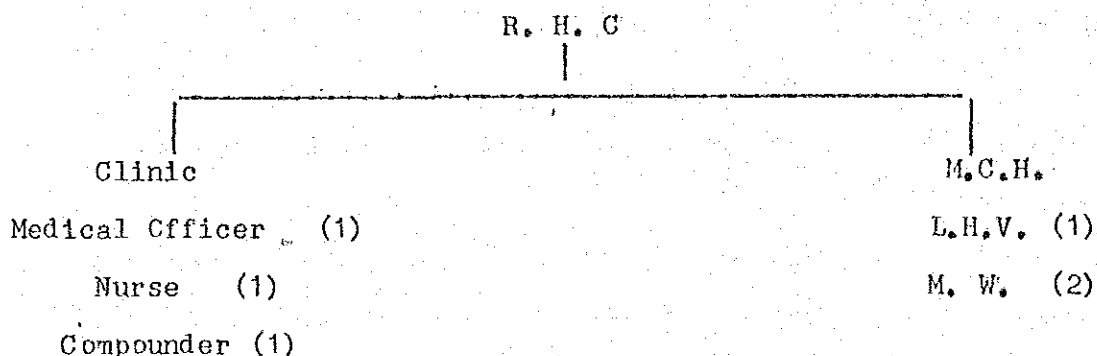
- (1) Dental care.
- (2) School Health service.
- (3) Maternal & child health service
- (4) Environmental sanitation.
- (5) Medical care (out patient only).

emergencies & those who need admission are referred to Mandalay General Hospital.

Organization of Primary Health Centre



Set up of secondary Health Centre



A part from these primary & secondary centres these are specialist hospitals like leprosy hospital, infectious disease hospital, Eye, Nose & throat hospital and Mandalay General Hospital.

Eye Ear, Nose & Throat hospital is a (100) bedded, hospital whose drainage area is the whole of upper Burma. Infectious disease hospitals situated in the North West part of the City of Mandalay. (16) bedded hospital with one medical officer & (4) nurses & its drainage area is also from the whole of Mandalay & divisions. Leprosy Hospital is situated in the North East of Mandalay, it is a (150) bedded hospital, for treating the severe leprosy patient, and patients who need surgery.

There are two social security dispensaries- which are under the Ministry of Labour and meant for the workers who are under the social security scheme. A new workers hospital is under construction in North East corner of the Mandalay moat.

MEDICAL CARE SYSTEM OF MANDALAY DIVISION

Medical care is given in the township by the township hospitals & in the ^{rural} area by station hospitals & rural health centres.

There are (5) big hospitals with 100 beds, (3) hospitals with 50 beds, ⁽³⁾ hospital with (25) beds, & (14) hospital with (16) beds.

The rural areas, some of the R.H.C are up graded to station hospitals, and althogether there are (35) station hospitals in Mandalay Division.

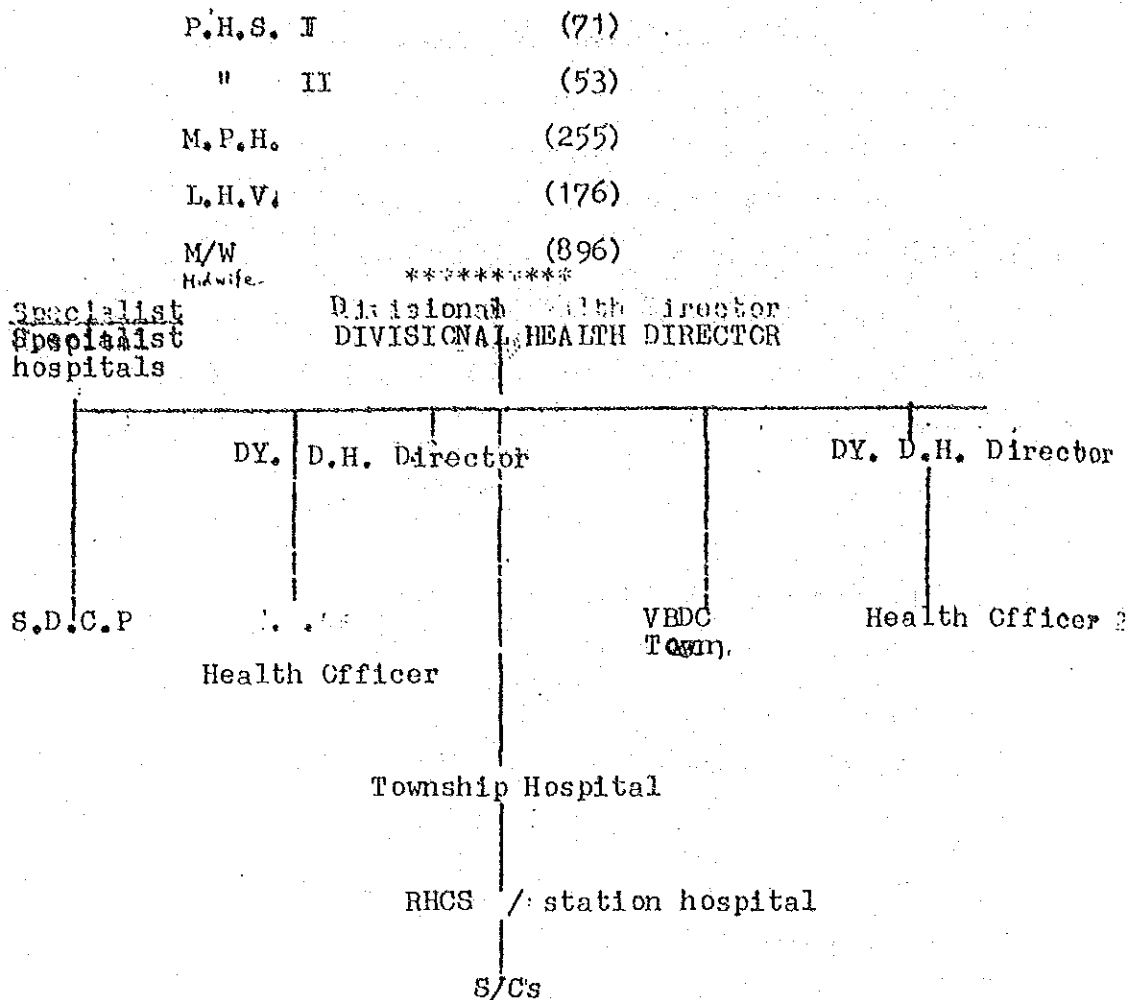
Health Service

-- Mandalay Area

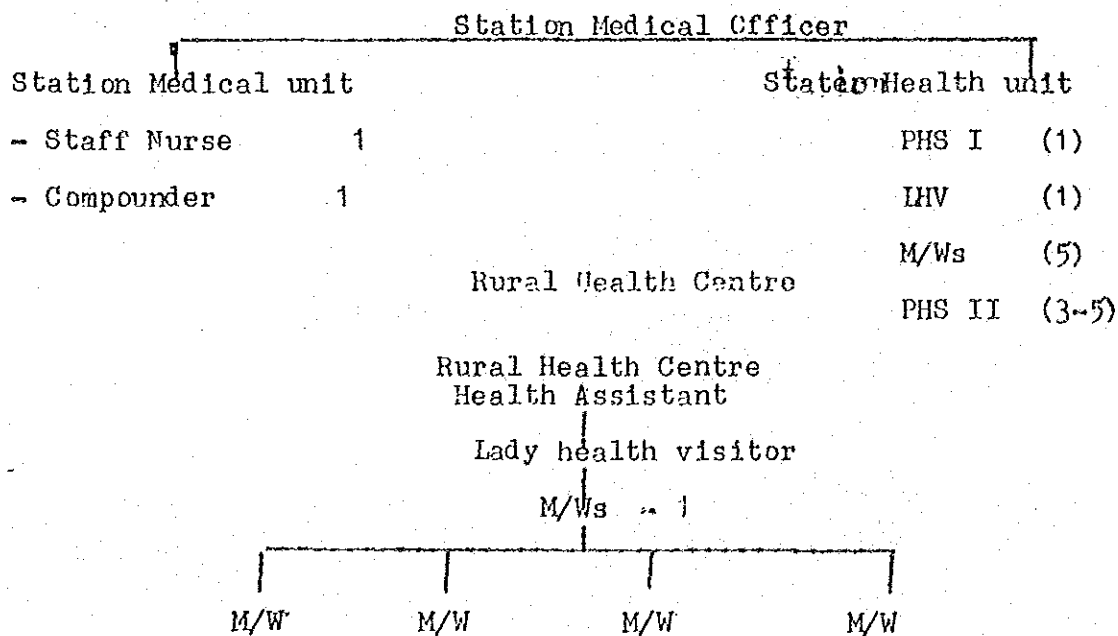
(1) General hospital	(1)
(2) Leprosy Hospital	(1) ✓
(3) E.F.N.T "	(1) ✓
(4) Infectboms "	(1) ✓
(5) P.H.C	(4)
(6) ShH.C	(8)

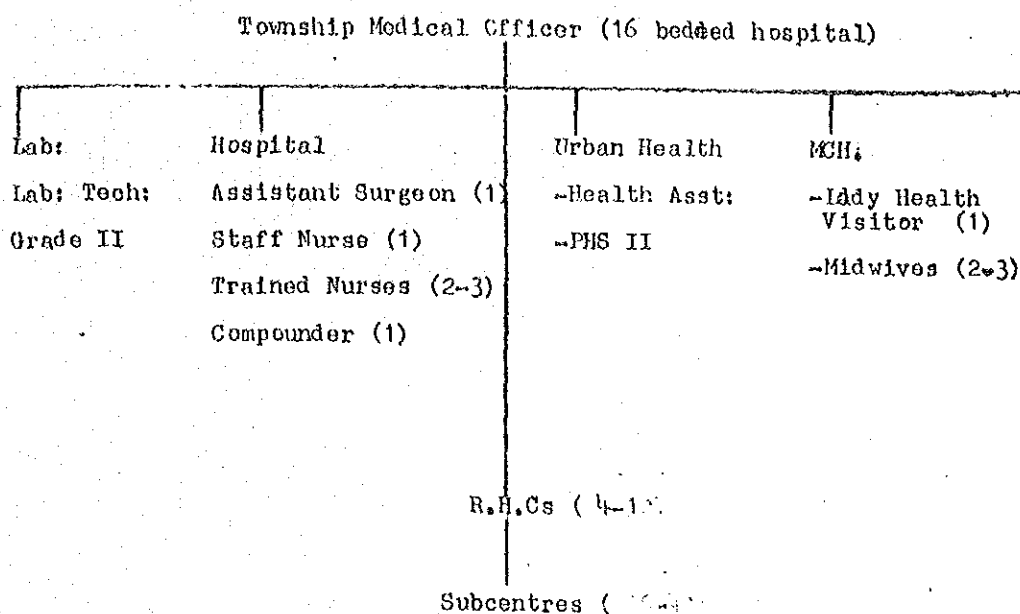
Mandalay Division

100 bedded hospital	(5)
50 " "	(3)
25 " "	(3)
16 " "	(14)
Station hospital	(35)
primary Health Centre	(1)
R.H.C.S	(149)
S/C.S.	(594)
Urban Health	(24)
School Health	(10)
Health Man Power	
Doctors	(188)
Dental Surgeon	(31)
Nurses	(240)
Para Med:	(139)
H.A.	(127)



Organization Set up of station





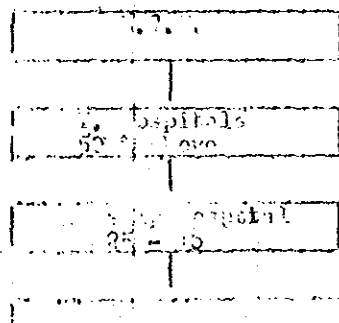
Health Statistic. (健康統計)

The five most common diseases in Mandalay Division are:-

- (a) ~~Diarrhoea~~
- (b) Malaria
- (c) Dysentery
- (d) ~~Influenza~~
- (e) Measles.

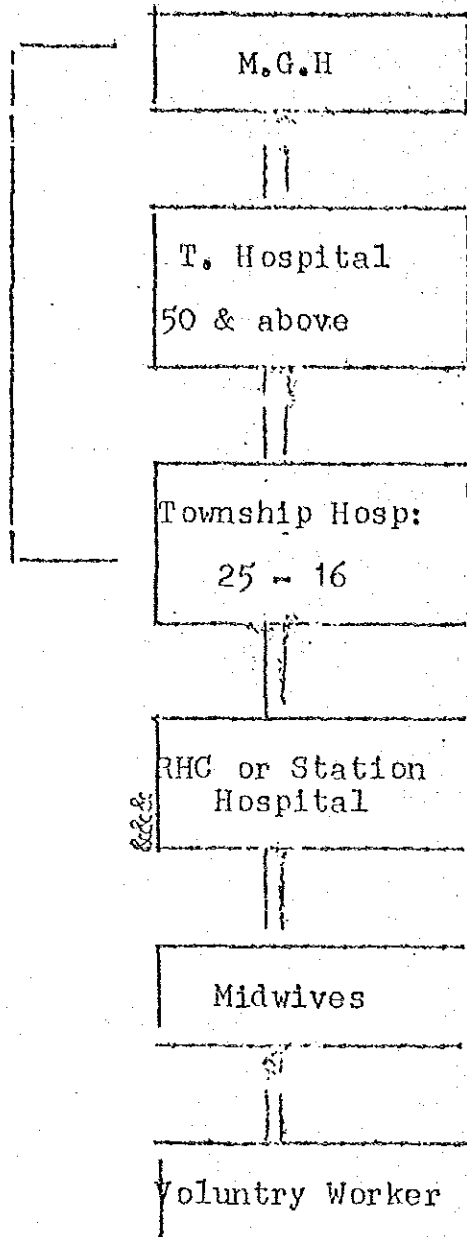
(2) Since 1983 to 1986 (March) some diseases show ^{upward} ~~improved~~ trend, these are:-

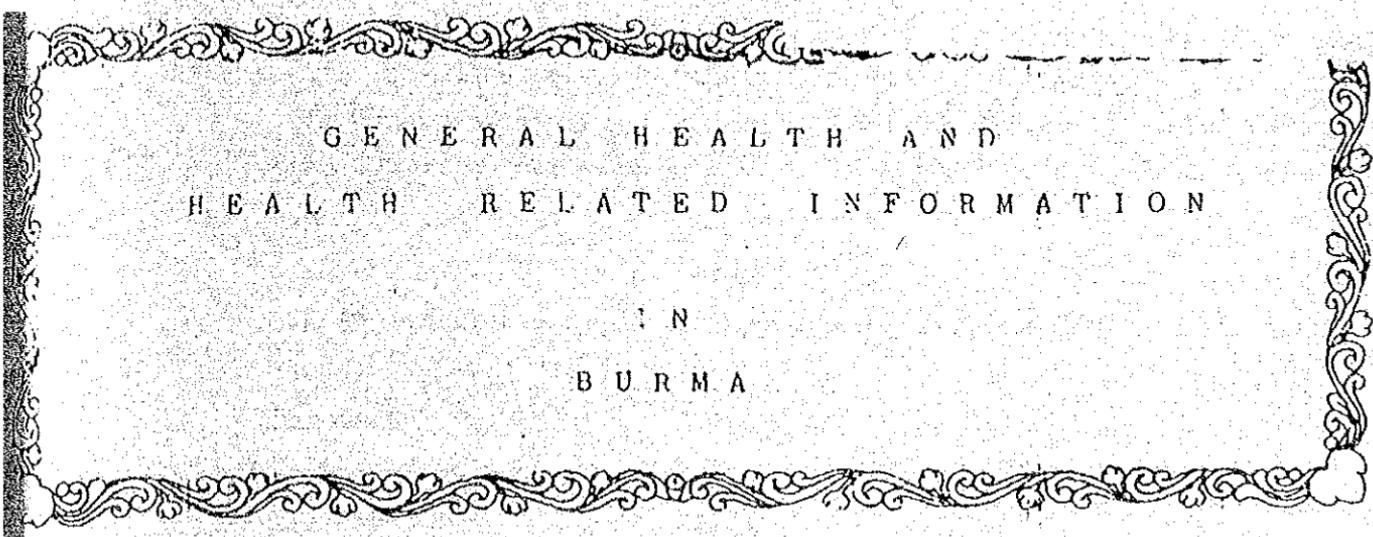
- (a) Cholera
- (b) DIF
- (c) Diarrhoea
- (d) Snake bite (though it is not a disease, it is important for surveillance of occupational hazards.
- (3) Plague & viral hepatitis show downward trend since 1983.



Referral System.

Total No of
Referrals = 806





GENERAL HEALTH AND
HEALTH RELATED INFORMATION
IN
BURMA

HEALTH INFORMATION SERVICE

DEPARTMENT OF HEALTH, MINISTRY OF HEALTH, BURMA.

AUGUST, 1984.

1. GENERAL COUNTRY INFORMATION

1.1 Geography and Climate

The greater portion of Burma lies in the tropic, the climate of the country has three seasons, the rain, cold and the hot.

It's boundaries encompass an area roughly in the form of a diamond, measuring 500 miles across from east to west and 800 miles from north to south.

Area	: 261,228 sq. miles
States and Divisions	: 7 States and 7 Divisions
Towns	: 288
Townships	: 314
Village Tracts	: 13751
Villages	: 65,327

1.2 History

The political history of Burma presents a clear perspective only after the first political unification within the country in the 11th, century under the Great King Anuruddha 1044-71 (Anawrath). He welded the former groups of independent Burmese states into one kingdom, the Pagan Dynasty. In the 13th, century the Tartars under Kibhal Khan ransacked the city, Burma was then split up into small principalities. It was reunified under Kings Tabinshwehti and Bayinnaung 1150-1501 but soon disintegrated. The last Burmese dynasty was established by Alaungpaya in 1772 and its lasted till the British Colonial annexation in 1885.

After the Second World War, Burma emerged as a sovereign nation on 4 January 1948. On 2 March 1962 the Revolutionary Council assumed power and the policy of Burmese Way to Socialist was declared.

1.3 Demography

Population :- 35.31 million, 1983.

Percentage distribution of population by divisions and states in 1983 was as follows:-

<u>DIVISION</u>	<u>PERCENT</u>	<u>STATE</u>	<u>PERCENT</u>
Irrawaddy	14.14	Shan	10.53
Mandalay	12.77	Rakhine	5.79
Rangoon	11.25	Mon	4.76
Pegu	10.76	Karen	3.01
Sagaing	10.92	Kachin	2.56
Magwe	9.18	Chin	1.10
Tenasserim	2.60	Kayah	0.48

Person/sq. mile : 137.47/sq. miles (1983)

Urban population : 23.95%

Rural population : 76.05%

Age Structure of the Population

<u>AGE</u>	<u>RATIO (Percentage)</u>
0 - 14 years	38.2
15 - 59 years	54.5
60 years and above	7.3

1982 survey

General Fertility Rate : 114.7 per 1000 female population of age

Gross Reproduction Rate : 1.8 per female (15-49): (15-49)

Net Reproduction Rate : 1.6 per female (15-49)

1.4 Socio-economic Situation

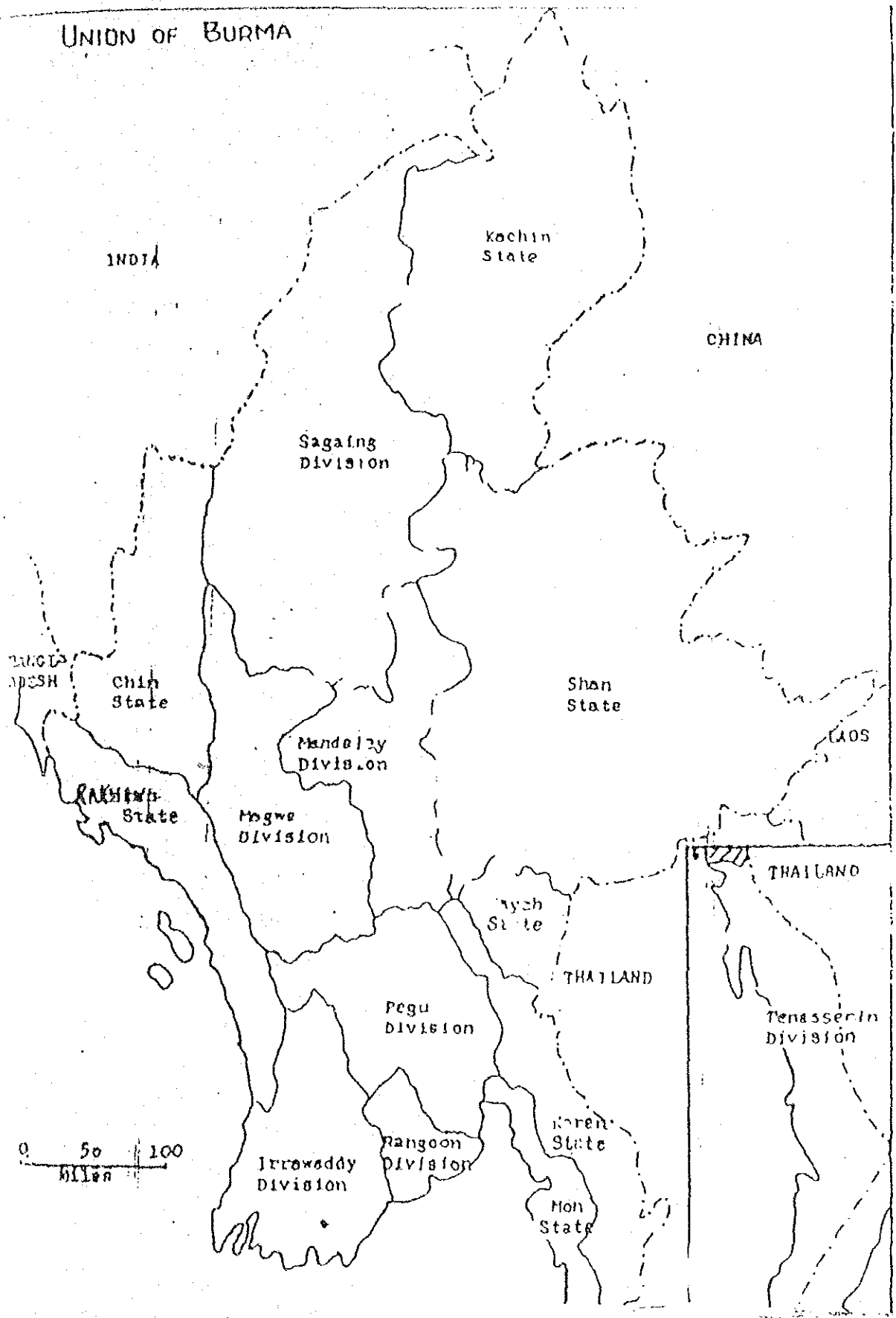
Gross Domestic Product

1982-83 = 46945.1 million Kyats (Current price)

1982-83 = 17905 million Kyats (1969-70 constant price).

The per capita national accounts for 1983-84 are as follows:-

- (1) Per capita output in Kyats 906
- (2) Per capita investment in Kyats 79
- (3) Per capita income in Kyats 530)
- (4) Per capita consumption in Kyats 445) 1969-70 constant price



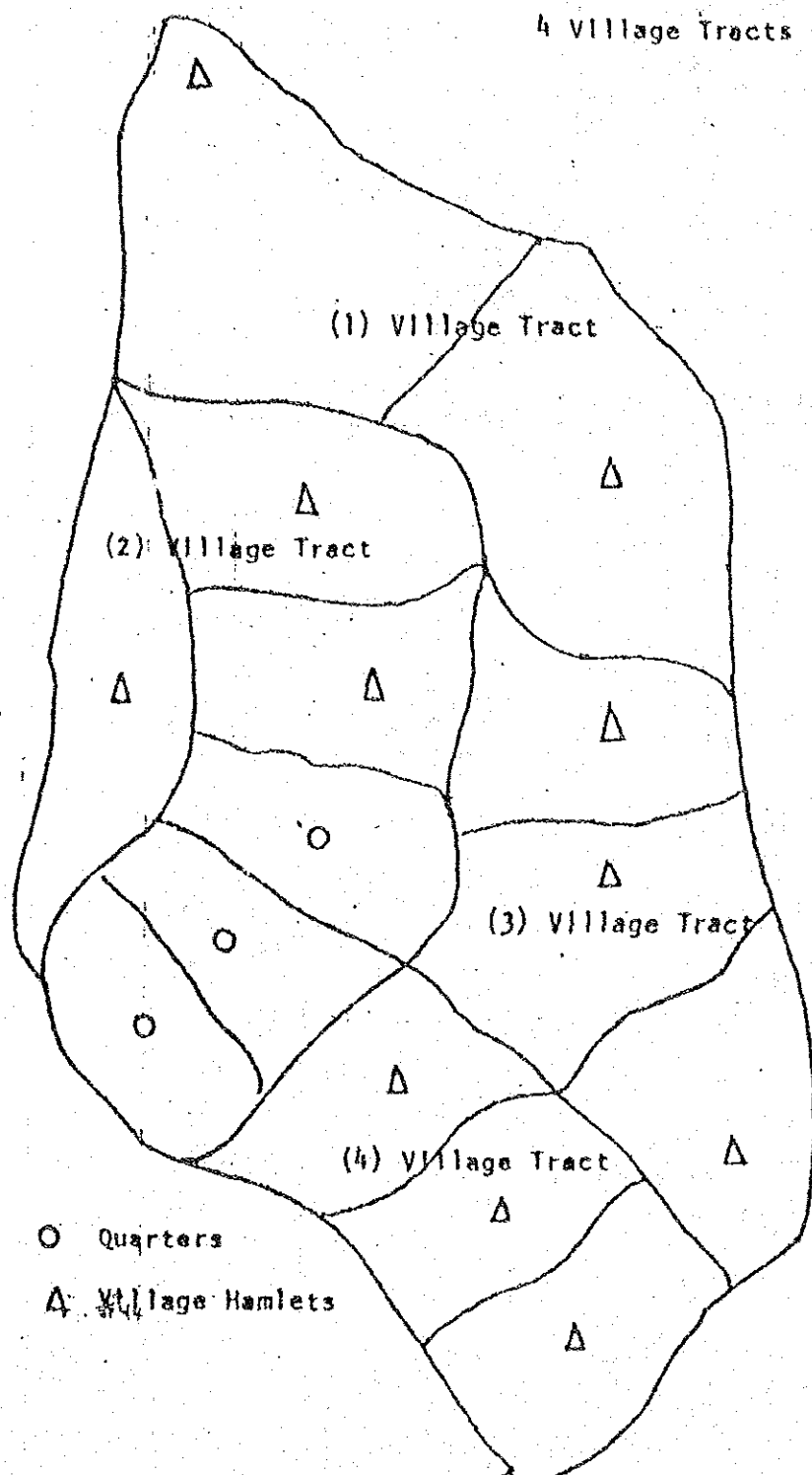
MAP SHOWING BREAKDOWN OF A TOWNSHIP (Example only)

3 Quarters = 1 Town

2 Village Hamlets = 1 Village Tract ()

OR 3 Village Hamlets = 1 Village Tract ()

4 Village Tracts + 1 Town = 1 Township



Note:- In Greater Rangoon each of the 27 Township have no Village Tracts but are solely made up of quarters so that the Township is the same as the town.

~~Quarter = 1 VARD~~

2. HEALTH AND HEALTH RELATED ADMINISTRATION

2.1. General Administration

2.1.1 Form of Government

The new Constitution of the Socialist Republic of the Union of Burma was adopted in January 1974, after a nationwide referendum. Following adoption of the Constitution, representatives were elected to the Pyithu Hluttaw (People's Assembly), and People's Council at divisional, township ward and village levels.

March 2, 1974, marked a turning point to the history of Burma when U Ne Win, Chairman of the Revolutionary Council, proclaimed transfer power to the Pyithu Hluttaw and abolition of the Revolutionary Council at the opening session of the Pyithu Hluttaw in Rangoon.

The Pyithu Hluttaw, an assembly of 450 elected representatives of the people in turn elected the Council of State which is headed by a Chairman who is also the President of the Socialist Republic of the Union of Burma.

The Council of State is composed of 29 members. Fourteen representatives from the 14 States and Divisions and fourteen other members representing the Pyithu Hluttaw and the Prime Minister is the 29th Member.

2.1.2 Basic Principles

A Socialist society is the goal of the State and the economic system of the country is a Socialist Economic System. The basis of the State structure is Socialist Democracy. There shall be no exploitation of man by his fellow man nor of one national race by the other in the State.

Burma has a single-party system, the Burma Socialist Programme Party is the sole political party in the country and it lends it leadership to it.

The sovereign power of the State, legislative, executive and judicial reside in the people, comprising all national races

whose strength is based on peasants and workers. The popularly elected Pyithu Hluttaw exercises the sovereign power invested in it by the people and delegates to Organs of State Power in accordance with the Constitution.

2.1.3 Provisions of the Constitution

The fundamental constitutional rights as related to health are:-

- (1) Right to medical treatment (Article 149)
- (2) Right to fixed working hours and leave (Article 150)
- (3) Right to enjoy benefits for injury due to occupational accidents or when disabled or sick or old (Article 151)
- (4) Equal rights for women (Article 154)

2.1.4 Administrative Organization

The administration in Burma can be grouped into three distinct categories or levels:-

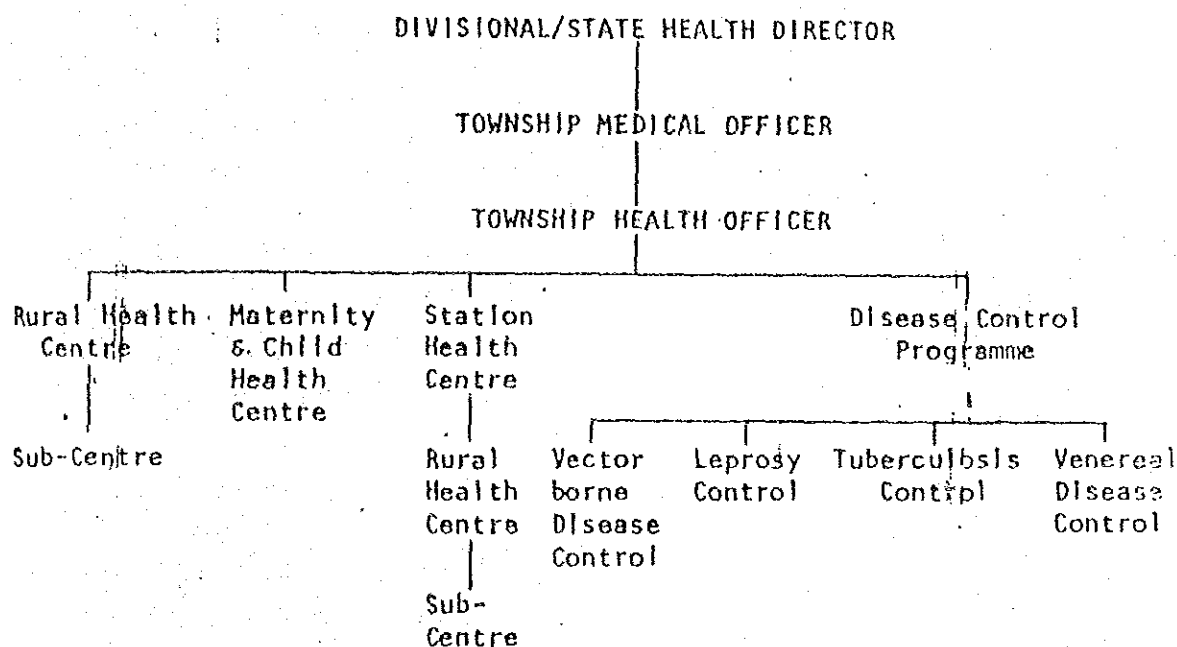
- (1) The Central Government consisting of a number of ministries and departments, which are in the hands of the ministers assisted by a deputy minister and career officials such as the managing directors and director generals.
- (2) The States and Divisional level of administration for carrying out the various work of the Central Government and for certain functions within the area for which they are responsible.
- (3) The Township level is the outer-most periphery of the administrative organization in the country.

2.1.5 Health Administration

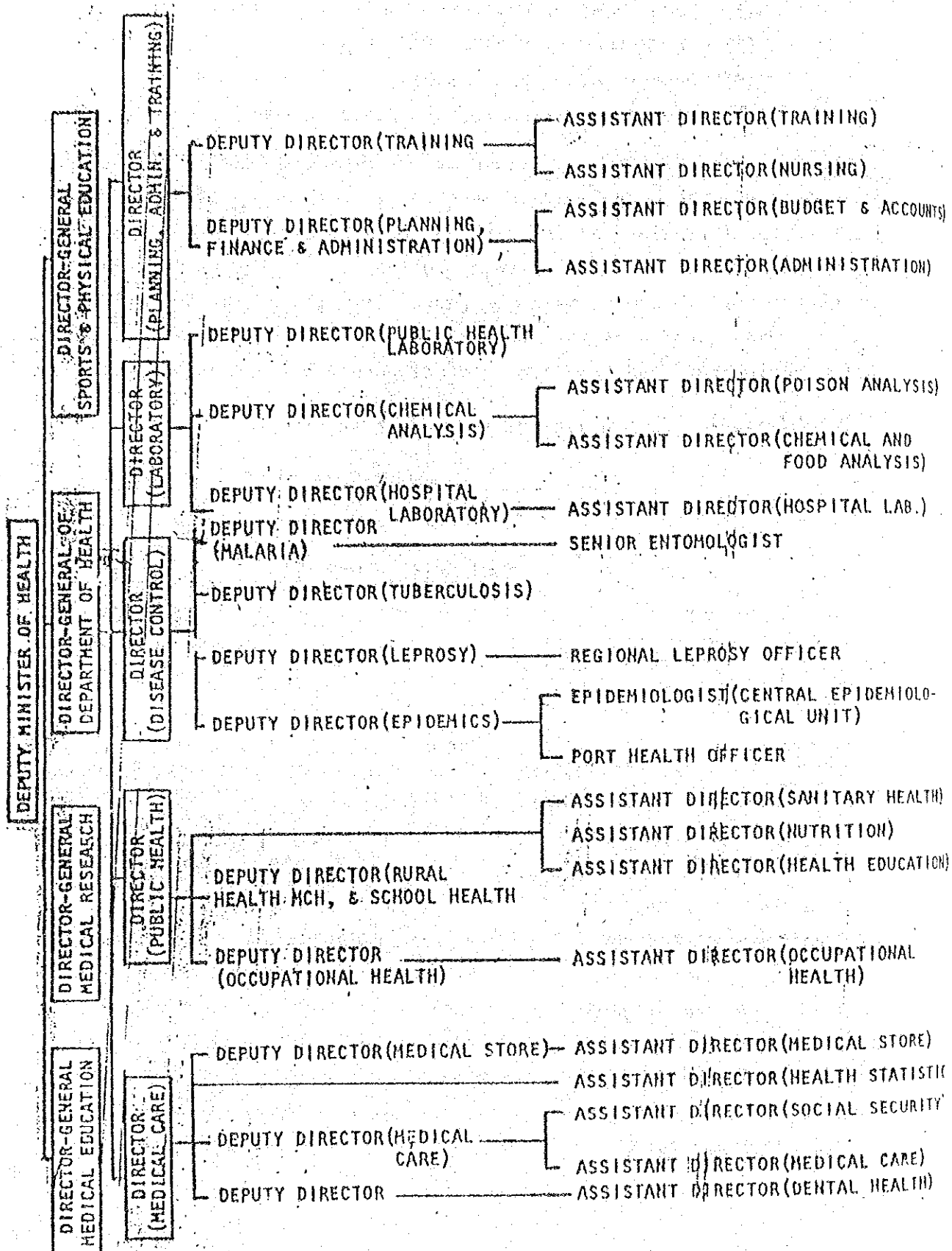
The Central authority for the country's health administration is vested in the Ministry of Health, which is headed by the Cabinet Minister who is assisted by a Deputy Minister. The Ministry has four departments, each under a Director-General. They are:-

- (1) Department of Health
- (2) Department of Medical Education
- (3) Department of Medical Research and
- (4) Department of Sports and Physical Education.

The Department of Health - Is headed by the Director-General who is responsible for the overall administration and planning. He is assisted by a Director (Planning, Administration, Finance and Training) and a 4 additional Directors (Medical Care, Public Health, Disease Control and Laboratory). The organogram on page 6 illustrates the overall organizational pattern at the central level. At the intermediate level and the peripheral level the administration set-up is as follows:-



The Department of Medical Education - Is headed by the Director-General who supervises undergraduates medical education, post-graduate medical education, and training of dental technicians and school dental nurses. There are 3 medical schools (Institutes of Medicine), 5 post-graduate medical schools, a college of dental medicine, and a school for dental technicians and school dental nurses under the supervision of the Department of Medical Education.



The Department of Medical Research - is headed by the Director-General who is assisted in administrative matters by an Assistant Director and in research matters by two Assistant Directors. There are 13 Research Divisions and 6 Research Services Divisions.

The Department of Sports and Physical Education - is also headed by the Director-General who supervises sports and fitness activities.

2.1.6 Health-related Administration

Following are Ministries which have interface with health matters:-

Ministry of Planning and Finance - deals with international and bilateral assistance, approval and release of health budget, approval of health equipments to be purchased and the matter dealing with drug abuse control.

Ministry of Agriculture and Forests - deals with rural water supply programme and food aspect of nutrition programme.

Ministry of Education - deals with all educational activities with the exception of medical education.

Ministry of Home and Religious Affairs - its general administration department deals with urban water supply and other community development activities.

Ministry of Industry No. (1) - Its Burma Pharmaceutical Industry produces pharmaceutical and biological products.

Ministry of Information - Its Information and Broadcasting department and other corporation are responsible for information services, including dissemination of health information.

Ministry of Labour - It has interface with occupational health and social security.

Ministry of Social Welfare - It has interface in social welfare and disaster relief activities.

Ministry of Transport and Communication - It has interface with communication and transportation of medical supplies.

Ministry of Defence - deals with health matters of defence personnel.

Ministry of Foreign Affairs - coordinates bilateral assistance

3. NATIONAL HEALTH POLICIES, PLANS AND LEGISLATION

3.1 National Health Policy

The National Plan for the Economic Development of Burma has the following health sector policies on the basis of the Health Policy Guidelines laid down by the Burmese Socialist Programme Party:-

- (1) To raise the health standards of the working people and to provide efficient treatment for all diseases within the country.
- (2) To give priority to preventive measures.
- (3) To narrow the gap between rural and urban areas in the availability of health services.
- (4) To achieve progressive improvement in health facilities with more cooperation from the public.
- (5) To bring about extension and improvements of social welfare services, including that of health which are commensurate with the economic progress of the country.
- (6) To establish more hospitals, dispensaries and rural health centre; to extend curative, preventive and disease eradication programmes, to improve rural water supply and to sink more tube wells.

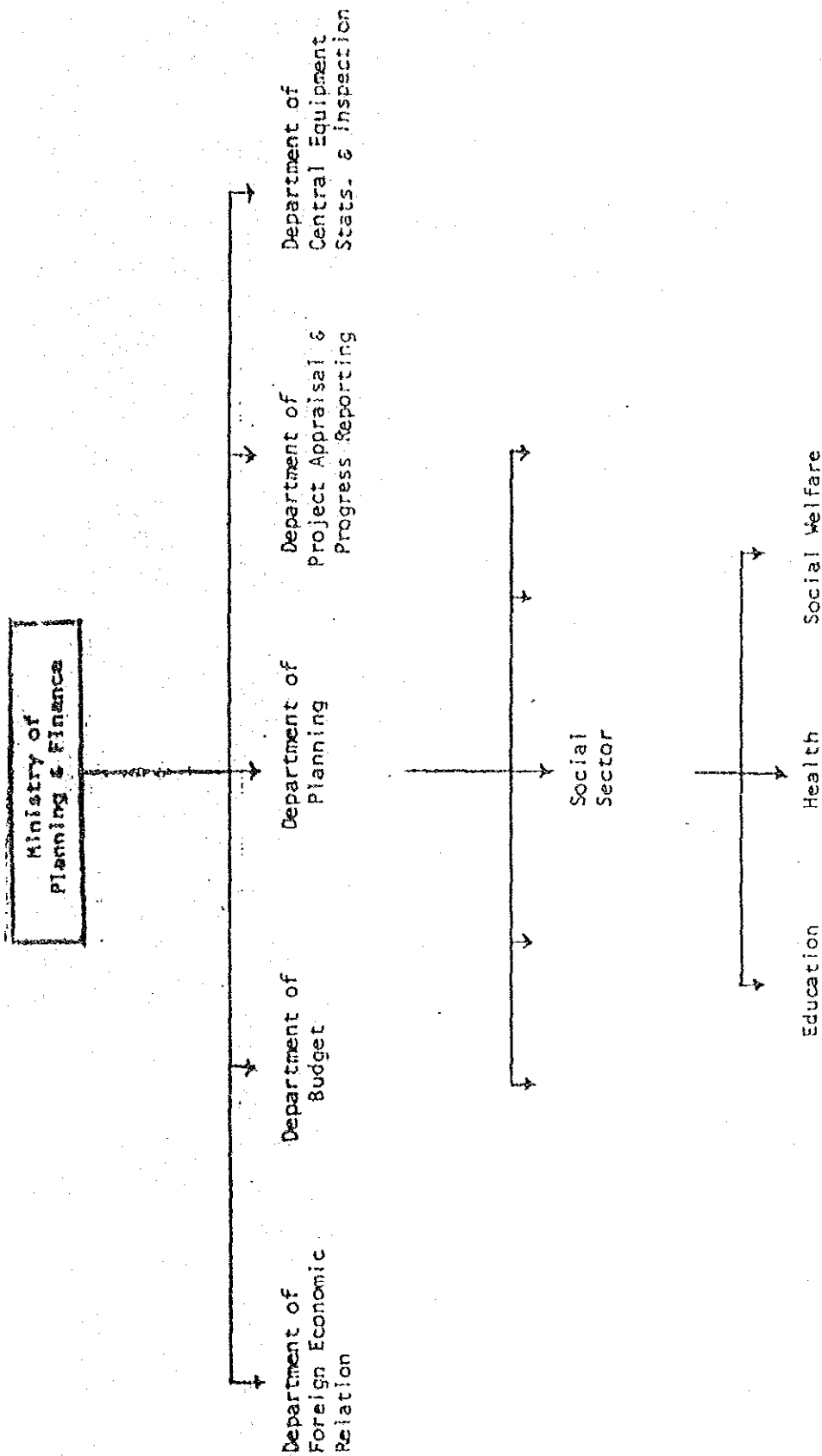
3.2 Health Planning Machinery

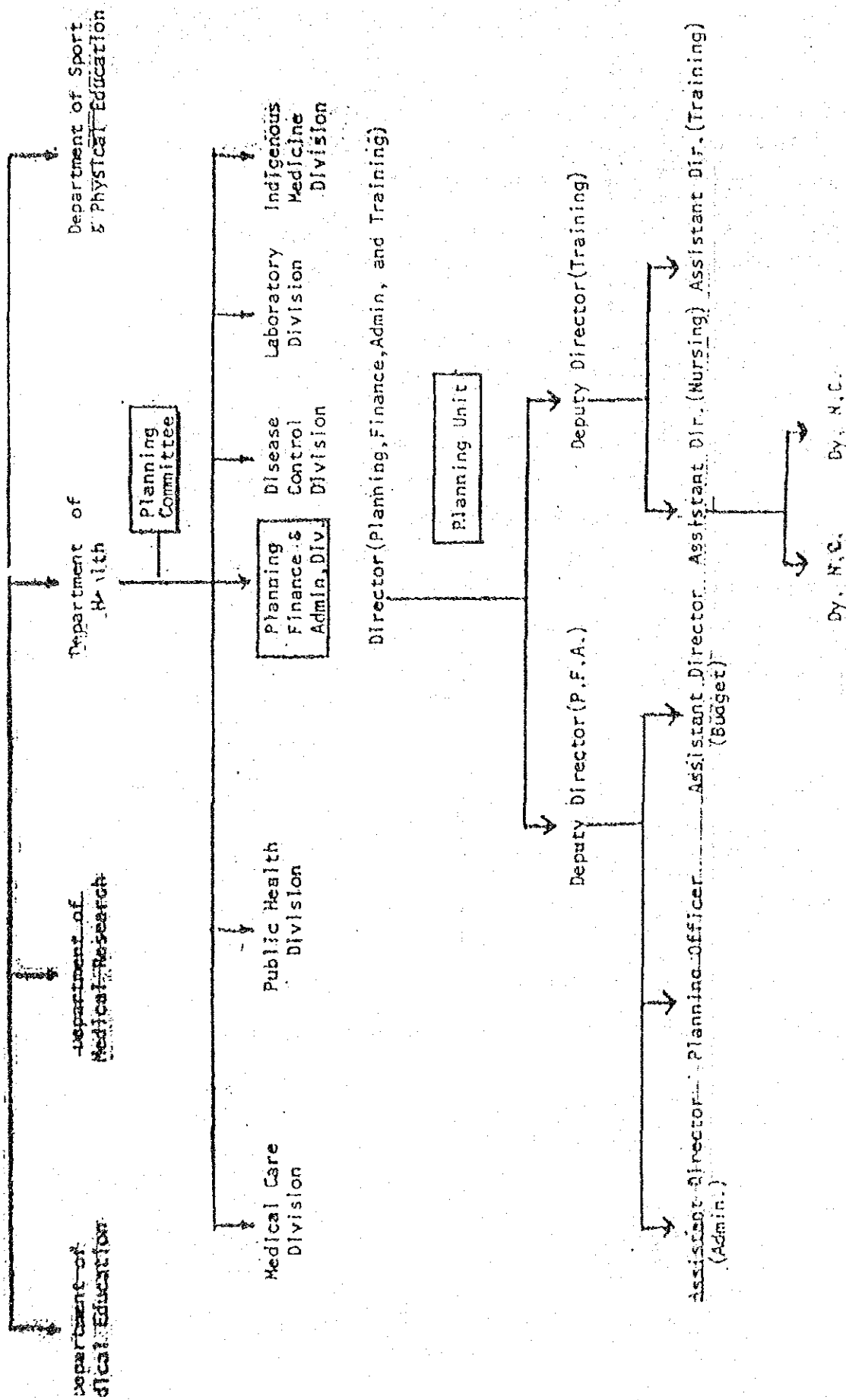
The framework of the Medium-term national health plan is provided by the long-term national plan for the socio-economic development of Burma which covers the 20 year period from 1974-75 / 1994-95 comprising five medium term four-year plans.

Planning Process in the Ministry of Health

The organogram for the Planning unit in the Ministry is given below.

Before the CHP exercise, there existed two four-year plans for the Department of Health. The first one was carried out in 1970.





The health component of the Second Four Year Plan was prepared in the Division of Planning, Finance, Administration and Training of the Department of Health, after consultations within the central level. The Plan is formulated within the limits of the estimated budget for the health sector.

The Department of Medical Education, transferred to the Ministry of Health in 1973, coordinates the plans prepared by the Institutes of Medicine and discusses them with the Central Council of the Universities before sending them to the Ministry of Health.

3.3 Current Development Plan for Health Sector

The People's Health Programmes as derived from the country health programming in 1980 provide the important objectives, strategies as follows:-

1. Community Health Care (CHC) Programme

(a) Objectives:- To expand the functional coverage and quality of community health care giving priority to mothers and children. To expand village coverage of primary health care by midwife, community health workers, traditional medicine practitioner, from 30 to 46% and Maternal and Child Health Care by midwife/auxiliary midwife or Traditional Birth Attendants from 80 to 100% at the end of 1986.

(b) Strategies:- To motivate the community to recognise their health needs and meet them through their own resources, applying simple health technology with the support of Basic Health Services.
To provide primary health care through training of voluntary health workers such as Community Health Workers, Auxiliary Midwives, Traditional Birth Attendants and Traditional Medicine Practitioners.

To maximize the effectiveness and coverage of Basic Health Services by changing the role of Basic Health Staff and Integrated Disease Control Staff into multipurpose health workers and by increasing manpower and facilities.

Hospital Care Programme

(a) Objectives:- Provision of adequate and essential medical care for prevailing diseases and injuries in order to prevent or reduce the loss of production potentials of the citizens.

(b) Strategies

1. Expansion of total bed strength for hospital care to alleviate the shortage as population increase;
2. Improvement of the quality of hospital care services;
3. Development of an equitable communication and referral system;
4. Development of special care services dealing with emergency health problems.

Disease Control Programme

(a) Objectives:- To strengthen the existing epidemiological surveillance activities for early diagnosis, reporting and notification of the communicable diseases including diseases aimed at early recognition and timely prevention, control and treatment of diseases by appropriate measures. To expand the immunization activities to 72 townships, during the planned period 1982-86, covering 80 percent of the specific population groups in these townships. To expand the activities related to vector-control and vector borne diseases so as to reduce morbidity and mortality due to Malaria, Dengue Haemorrhagic Fever, Japanese Encephalitis and Filariasis.

(b) Strategies:

1. Broad Strategies: - Disease Control Programme encompasses three areas of health strategies, namely Epidemiological Surveillance, Immunization and Vector Control. The overall broad strategy of the programme addresses to the reduction of the incidence of major communicable diseases through epidemiological surveillance, immunization against childhood and other immunizable diseases and vector control measures.
2. Specific Strategies: - Prevention and control of major communicable diseases through -
 - Maximising epidemiological surveillance activities related to early diagnosis and treatment, reporting and notification;
 - Active case search and contact tracing; detection of carriers and treatment of carriers and monitoring by Basic Health Staff and Epidemiology Unit;
 - To reduce the incidence of childhood diseases and other communicable diseases in specific sex and age groups through expansion in the coverage of immunization;
 - To reduce morbidity and mortality due to vector-borne diseases through insecticidal measure, surveillance and case detection and treatment, elimination of breeding places by bioenvironmental measures and general sanitation and chemoprophylaxis.

ii Environmental Health Programme

- (a) Objectives: - To increase the percentage of population served by safe water supply from 22 in 1981-82 to 35% in 1985-86 in rural areas;

Strategies: - Provision of safe and adequate water supply
Sanitary disposal of human excreta and wastes, Improvement of food hygiene;

Prevention and control of Environmental Pollution.

5. Support Services Programme

This programme area covers the following four component support services:

1. The Laboratory Service
2. Health Education
3. Health Manpower Development
4. Product Supply Logistics, Maintenance and Repair Services

A brief summary of each project is presented below:-

A. Laboratory Support Project

- (a) Objectives - To develop and expand laboratory service and to cater for specific needs of PHP.

To develop an effective food and drug quality control service.

- (b) Strategies - To continue the following developments started in the first PHP.

1. Expansion of peripheral laboratories
2. Strengthening of central and intermediate laboratories
3. Integration of health laboratory services
4. Establishment of an efficient laboratory referral services
5. Decentralisation of laboratory supervision.

Specific facilities required by the PHP are to be established by provision of the necessary facilities, equipment, staff and appropriate training.

To develop a functioning food and drug quality control service by building to the necessary infrastructure.

B. Health Education Project

- (a) Objectives - To create the awareness among the people about the behavioural determinants of their health problems encountered.

To develop community involvement
To encourage health personnel to employ community participatory techniques to obtain community involvement

- (b) Strategies: - arousing the enthusiasm of community through effective Mass Communication Media and applying appropriate Educational Materials;
Stimulation of local leaders in influencing the entire community for self reliance and self care through exercising Health Education Action Programme Initiated by Voluntary Health Workers;
Training of Health Personnel and Voluntary Health Workers for community participatory skills through conducting mini workshop at peripheral level;
Inculcation of good health habits with the cooperation and coordination of health related departments, agencies and organizations;

C. Health Manpower Development Project

- (a) Objectives: - Training of required numbers and types of health personnel needed by the health services;
Strengthening and coordinating mechanism between the training institutions and the service organization;
Formation of health manpower planning unit for rational systematic approach to health manpower development and utilization.
- (b) Strategies: - reorientation and retraining of professionals, auxiliary health personnel at various levels on community oriented health work;
Production of health workers relevant to the needs of PHP including traditional medicine practitioners;
Promotion and development of Health Team and development of career structures;

Development of appropriate curricula, preparation of relevant learning materials and reference manual for various categories of health personnel;
Establishment of a health manpower planning unit at the central level.

D. Production, Supply Logistics and Maintenance and Repair of Medical Supply Project

- (a) Objectives:- To transform the Central Medical Stores Depot into an efficient logistic system capable of giving effective support to the PHP;
To coordinate with related sectors for production and procurement of medicines and facilities.
- (b) Strategies:- Expansion of manpower and facilities;
Reorganization of existing workshop set-up into and expanded medical engineering system.

3.4 Health Legislation

The list of health legislation in force as it relates to different programmed areas is as follows:-

- (1) Burma Medical Act (4 December 1915)
- (2) Public Health Act (1922)
- (3) Narcotic Act (1974)
- (4) The Dangerous Drugs Act (1 February 1931)
- (5) The Epidemic Diseases Act (4 February 1897)
- (6) The Food and Drugs Act (1 November 1930)
- (7) The Ghee Adulteration Act (15 December 1917)
- (8) Leprosy Act (4 February 1898)
- (9) The Vaccination Act (Burma Act VI, 1908, Burma Act, I, 1909)
- (10) Indigenous Vurnse Medical Practitioners Board Act (1953)
- (11) The Lunacy Act (1911)

HEALTH SITUATION, RESOURCES AND UTILIZATION

4.1 Basic Information

- (1) Population in 1983 - 35.32 million
- (2) Per cent urban population - 23.25%
- (3) Annual rate of population growth - 2.02
- (4) Expectation of life at birth in - male 56.3 years
female 60.2 years
- (5) Population under fifteen years - 38.2%

4.2 Vital Statistics

- (1) Crude birth rate is found to be 26.7 per 1000 population in 1982 according to household survey on morbidity, mortality and health care. The rural rate is computed as 28.3 which can be compared with the urban rate of 20.3. There was a sharp decline during last few years.
- (2) According to the survey, crude death rate is 6.3 per 1000 population, (urban rate and rural rate being 5.0 and 6.6 respectively)
- (3) Maternal mortality rate estimated from the survey results is found to be ranging from 0-4.6 per 1000 live births. According to vital statistics information from urban area, the rate is 1.5 in 1978.
- (4) Infant mortality rate is 40.5 per 1000 live births, the rural rate of 45.3 being higher than the urban rate of 14.7.
- (5) Childhood (1-4 years) mortality rate is computed as 8.7 with its range of 6.6 to 10.8 per 1000 children (1-4 years of age). The rural and urban rates are also derived as 9.4 and 5.9 respectively.

4.3 Epidemiological Information

4.3.1 Morbidity and mortality patterns

- (1) Leading causes of death in 158 towns in 1979 were in the order of the following causes:-

<u>CAUSES OF MORTALITY</u>	<u>PERCENT</u>
Senility without mention of psychosis	7.0
Diseases of the heart	4.5
Pneumonia	4.2
Intestinal infectious diseases	2.8
T.B. (all forms)	2.2
Certain conditions originating in the perinatal period	1.7
Cancer (all forms)	1.6
Accidents	0.8
Bronchitis, emphysema and asthma	1.04
Signs, symptoms and ill-defined conditions	7.5

- (2) Single leading causes of deaths treated in (435) Township Hospitals in 1981 were in the order of the following:-

<u>CAUSES OF MORTALITY</u>	<u>PERCENT</u>
Malaria	13.1
Pneumonia	10.3
Ill-defined Intestinal Infections	6.9
Pulmonary tuberculosis	4.8
Pyrexia of unknown origin	4.2
Toxic effects of substances chiefly non-medical as to source	3.3
Other diseases of digestive system	3.2
Tetanus	3.1
Other diseases of respiratory system	2.7
Other protein calorie malnutrition	2.1

- (3) Single leading causes of out-patient morbidity from all outpatient departments in each of three seasons (Summer, Rainy, Winter) for 1981 based on 10% samples were in the order of the following:-

<u>CAUSES OF MORBIDITY</u>	<u>NO. OF CASES</u>	<u>PERCENT</u>
Pyrexia of unknown origin	1794	8.3
Ill-defined intestinal infections	1373	6.3
Supervision of pregnancy and puerperium	1201	5.5
Other and unspecified anaemias	1181	5.5
Bronchitis, chronic and unspecified		
emphysema and asthma	1014	4.7
Malaria	994	4.6
Pulmonary tuberculosis	700	3.2
Debility unspecified	673	3.1
Other helminthiasis	646	3.0
Infections of skin and subcutaneous tissue	622	2.9
All other causes	11451	52.9
TOTAL	21649	100.0

- (4) Based on 10% samples of in-patients of 435 township hospitals in 1931, single leading causes of morbidity were as follows:-

<u>CAUSES OF MORBIDITY</u>	<u>NO. OF CASES</u>	<u>PERCENT</u>	<u>AVERAGE DURATION OF STAY (DAYS)</u>
Malaria	110775	14.5	6.3
Normal delivery	59589	7.8	4.9
Ill-defined intestinal infections	49907	6.5	4.5
Pyrexia of unknown origin	32392	4.2	6.7
Unspecified abortion	28106	3.7	4.3
Pneumonia	19220	2.5	5.6
Certain traumatic complication and unspecified injuries	18244	2.4	6.9
Other diseases of respiratory system	17986	2.4	9.1
Other diseases of the digestive system	16650	2.2	8.1
Bronchitis, chronic & unspecified emphysema & asthma	15315	2.0	8.4

4.3.2 Communicable Diseases

Incidence of acute communicable diseases in Burma in 1983 was as follows:-

<u>DISEASES</u>	<u>CASES</u>	<u>DEATHS</u>
Plague	1454	5
Cholera	2962	94
Dengue haemorrhagic fever	2445	73
Japanese B. Encephalitis	-	-

4.3.3 Non-communicable Diseases

Further information on heart disease treated in hospitals during 1980 is as follows:-

HEART CONDITIONS TREATED IN HOSPITALS 1979, 1980

BASIC LIST	SITE	1979		1980	
		RANGOON GENERAL HOSPITAL		ALL TOWNSHIP HOSPITALS	
		CASES	DEATHS	CASES	DEATHS
251	Chronic rheumatic heart disease	828	78	2478	181
260	Hypertensive heart disease	252	25	501	30
270	Acute myocardial infarction	146	46	141	30
271	Angina pectoris	35	2	167	15
272	Other forms of ischaemic heart disease	475	34	462	45
280	Pulmonary embolism	-	-	-	-
281	Cardiac dysrhythmias	56	9	205	15
282	Acute cor-pulmonale	-	-	-	-
283	Other diseases of pulmonary circulation and other forms of heart diseases	927	112	10169	1671
	All other causes of deaths	37563	2239	921913	30340
	TOTAL	40282	2545	936036	32327

Health Service Organization

The delivery of Health services is provided by the Department of Health, under the Ministry of Health, and its organization is described earlier. Thus, all categories of health care fall into three broad divisions, namely, Medical Care, Public Health Care, and Disease Control. These are supported by the Laboratory Services, the Health Statistics Section, Nutrition Project and the Bureau of Health Education. Other section which also support the three categories of health care are Occupational Health, Environmental Sanitation, Port Health and Medical Social Work. The social security medical services are affiliated to the Health Department, as also the Services of Indigenous Medicine.

5.4.1 Hospital Services

As on 31st. December 1981.

No. of Hospital	: 514
No. of available beds	: 29580
Average number of in-patient per day	: 23779
Percentage of occupancy	: 80%
Average turnover of patients per bed per year	: 33
Average duration of stay	: 8.9
Average number of out-patients per day	: 23779

5.4.2 Public Health Services

Health care delivery under the public health services is through primary health care system, rural and urban health centres, maternal and child health centres, school health services, occupational health and environmental health services (complemented by the rural water supply service of the Ministry of Agriculture and Forests).

(1) Primary Health Care

Primary health care and basic health services project became operational since 1977, and this will be described under Element 5. Country Programmes. The basic health services are described below under rural health centres and maternal and child health centres, and they constitute essential links with the primary health care by providing support, guidance and supervision to the primary health care workers.

(2) Rural health centres

	<u>1983-84</u>
Rural Health Centres	1407
Health Assistants/Public Health Inspectors (Grade I)	1396
Lady Health Visitors (LHV)	1233
Midwives	8619
Vaccinators/Public Health Inspectors (Grade II)	1427

(3) Urban health centres

	<u>1983-84</u>
Urban Health Centres	66
Medical Officers	165
Dental Surgeons	50
Nurses	151
Midwives	292
Lady Health Visitors	115

(4) Maternal and child health services (MCH)

	<u>1983-84</u>
Number of MCH Centres (Urban only)	340
Medical Officers	84
Lady Health Visitors	349
Midwives	839

(5) School health service

	<u>1983-84</u>
Number of School Health Teams	88
Number of Schools inspected	18500
Number of students medically examined (in thousands)	1370

(6) Environmental health services

Environmental health services are shared by Ministry of Health, Ministry of Agriculture and Forests, Ministry of Home and Religious Affairs and Ministry of Construction.

4.4.3 Disease Control

It carried out at the peripheral level by the staff of Primary Health Care and Basic Health Services. At the central level there are central authorities such as:-

- (1) Vector-borne Disease Control
- (2) Tuberculosis Control Programme
- (3) Leprosy Control Programme
- (4) Trachoma Control Programme
- (5) Venereal Disease Control
- (6) Epidemiological Services.

The Central Epidemiological Unit (CEU) is responsible for surveillance, prevention and control of communicable diseases as well as non-communicable diseases, and for epidemiological investigations and control of disease outbreaks with the expectation of those diseases for which there exist independent control programme.

4.4.4 Health Statistics

Hospital morbidity and mortality information, administrative informations and evaluation of People's Health Programmes are carried out by Health Statistics Division.

These activities of the Health Statistics Division are directed by an Assistant Director who is assisted by medical officers, statisticians and other staff.

4.4.5 Laboratory Services

The National Health Laboratory (NHL) in Rangoon is the central reference laboratory with three divisions, viz. Public Health Division, Chemical, Food and Drug Division and Clinical Division.

Besides the National Health Laboratory,	
Teaching/specialist hospital laboratories	18
Type A laboratories	16
Type B laboratories	35

Type C laboratories:

: 87

Type D laboratories

: 271

4.4.6 Department of Medical Education

The Director-General of the Department of Medical Education assumes overall responsibility for improvement of medical education in the country.

The present intake of students into the three Institutes of Medicine is about 550-600 per year and the yearly output of medical graduates from these Institutes is about 450-500. Apart from these, Institute of Dental Medicine is also present.

There are 19 post-graduate courses as follows:-

COURSE	PERIOD OF COURSE
Diploma In Anaesthesiology	1 year
Diploma In Pathology	2 years
Diploma In Preventive and Tropical Medicine	1 year
M.Sc. Physiology	Minimum 2 years
Diploma In Otolaryngology	2 years
Diploma In Bacteriology	1 year
M.Sc. Surgery	Minimum 2 years
M.Sc. Obstetrics & Gynaecology	Minimum 2 years
M.Sc. Medicine	Minimum 2 years
M.Sc. Anatomy	Minimum 2 years
Diploma In Ophthalmology	2 years
Diploma In Radiology	2 years
M.Sc. Orthopaedics	Minimum 2 years
M.Sc. Pharmacology	Minimum 2 years
M.Sc. Biochemistry	Minimum 2 years
M.Sc. Microbiology	Minimum 2 years
M.Sc. Child Health	Minimum 2 years
M.Sc. Psychiatry	Minimum 2 years

LIST OF INSTITUTIONS PRODUCING HEALTH MANPOWER BY CATEGORY

1. INSTITUTIONS	2. CATEGORY OF WORKER	Institute of Medicine	Institute of Dental Medicine	Institute of Technology (for engineers)	Institute of Pharmaceutical Science				School of Nursing	School of Lady Health Visitor	Midwifery School	School of Dental Nurse	School of Dental Technician	Ayurvedic Practitioner School	Health Assistant Training School	Training Courses			
					Pharmacy	Radiographer	Medical Technologist	Physiotherapist								Compounder	Lab. Technicians	Training	Township level
1. Doctor		x																	
2. Dental Surgeon			x																
3. Sanitary Engineer				x															
4. Pharmacist					x														
5. Radiographer						x													
6. Medical Technologist							x												
7. Physiotherapist								x											
8. Nurse									x										
9. Health Assistant															x				
10. Lady Health Visitor										x									
11. Midwife											x								
12. Midwife															x				
13. Public Health Super. Gr.															x				
14. Public Health Super. Gr. II															x				
15. Vaccinator															x				
16. Dental Lab. Technician												x							
17. School Dental Nurse												x							
18. Compounders																x			
19. Laboratory Technician I																	x		
20. Laboratory Technician II																	x		
21. X-ray Technician I						x													
22. X-ray Technician II						x													
23. Ayurvedic Practitioner													x						
24. Auxiliary Midwife																		x	
25. Community Health Worker																		x	

4.5 MANPOWER (Categories and Distribution)
THE FOLLOWING IS THE DISTRIBUTION OF THE SELECTED HEALTH MANPOWER IN THE STATES & DIVISIONS WORKING UNDER THE DEPARTMENT OF HEALTH
[TOTAL HEALTH MANPOWER = 39990] Sanctioned Posts (1981)

SR.	Category	Rakhine	Chin	Kachin	Karen	Kayah	Mon	Shan	Tan-goon	Man-dalay	Magwe	Pegu	Sega-ling	Irra-waddy	Tenas-serim	TOTAL
1	Doctor	102	55	103	51	37	97	276	1071	310	142	159	171	187	38	2804
2	Dental Surgeon	12	9	12	8	6	12	27	38	53	21	27	18	31	8	262
3	Sanitary Engineer								7							7
4	Pharmacist	3	1	2	2	1	2	4	27	8	5	4	3	5	2	69
5	Radiographer	1	1	2	2	1	3	8	41	10	4	3	4	6	2	88
6	Medical Technologist	1	1	2	1	1	2	7	35	8	4	4	2	6	2	76
7	Physiotherapist	3	1	2	2	1	3	4	60	14	1	4	1	6	2	104
8	Nurse	134	69	167	36	59	97	443	399	411	169	215	214	204	78	2745
9	Health Assistant	72	46	38	28	14	44	89	181	123	117	119	140	152	29	1191
10	Lady Health Visitor	75	45	55	35	22	55	120	181	174	134	143	151	158	36	1382
11	Midwife	504	313	274	214	124	308	652	605	902	787	825	971	1035	224	7738
12	Public Health Inspector	6	6	1	-	-	4	8	12	13	12	15	13	26	2	123
13	Vaccinator	83	56	36	31	22	46	106	167	144	127	144	141	180	36	1319
14	Dental Laboratory Technician	4		2	1		4	8	19	11	2	2				53
15	School Dental Nurses	1	1	2			2	6	9	5	4	2	4	4	2	42
16	Compounder	45	23	61	21	19	38	164	170	98	65	76	86	85	24	975
17	Laboratory Technician I	5	4	10	3	2	8	23	51	21	11	10	12	8	4	172
18	Laboratory Technician II	11	8	14	8	8	8	31	208	33	23	28	31	25	9	443
19	X-Ray Technician I	1	2	1	2	1	1	6	21	2	4	6	3	4	1	55
20	X-Ray Technician II	2	2	3	1	1	2	9	17	7	8	5	4	4	2	67
TOTAL		1070	615	787	498	319	736	1991	331	2332	1638	1791	1959	2225	499	19715

between the community needs and

Manpower Development Facilities

INSTITUTION	NUMBER	LENGTH OF TRAINING	ANNUAL INTAKE	ESTIMATED OUTPUT
Institute of Medicine	3	4 1/2 yrs.	550-600	450-500
Institute of Dental Medicine	1	4 yrs.	60	50
Instituto of Technology (for training engineers)	1			
Institute of Paramedical Science				
(a) Pharmacy	1	2 yrs.	4	4
(b) Radiographer	1	2 yrs.	6	6
(c) Medical Technologist	1	2 yrs.	8	8
(d) Physiotherapist	1	2 yrs.	4	4
School of Nursing	7	3 yrs.	150	150
School of Lady Health Visitor	1	9 months	55	55
Midwifery School	16	18 "	450	450
School of Dental Nurse	1	3 yrs.	20	20
School of Dental Technician	1	3 yrs.	12	12
Ayurvedic Practitioners School	1*	3 yrs.	30	30
Courses for:				
(a) Public Health Supervisor	1	9 months	50	50
(b) Public Health Supervisor	2	9 months	300	300
(c) Compounder	Hosps.	1 yr.	30	30
(d) Vaccinator	1	3 months	55	55
(e) Laboratory Technician 1	1	2 yrs.	25	25
(f) Laboratory Technician 2	1	1 yr.	37	37

Comments: There is a critical shortage of midwives and lady health visitors to carry out the priority health programmes identified by CIP. The training programme of auxiliary midwives (volunteer workers in the community) and the community health workers aims at filling the gap between the community need and the available health facilities. There will be no shortage of Public Health Supervisors Grade 1, but a shortage is expected in the case of Public Health Supervisor Grade 2, hence there is a need to give reorientation courses to the vaccinators.

Financial Position

Budget for public sector in 1982/83

(1) Department of Health

Total Recurrent Expenditure(Ks. in thousand): 313,200

(2) Department of Medical Education

Total Recurrent Expenditure(Ks. in thousand): 11,712

(3) Department of Medical Research

Total Recurrent Expenditure(Ks. in thousand): 5,860

(4) Total Government Health Expenditure (Ks. in thousand)

1982-83

Current 337,522

Capital 189,700

TOTAL 527,222

Per capital health expenditure 14.77 Kyats.

Health expenditure as % of GDP 1.12 %

Health expenditure as % of Government
Budget (only total budget) 7.9 %

REVIEW AND EVALUATION

Overview of the Health Development Programme

After the CHP exercise, there came into existence the Developmental Programme (as Identified by Country Health Programming), and Regular programmes of the Health Services in the country.

The Developmental Programmes consisted of four service projects and four support programmes.

The Regular Programmes are those which have existed before the CHP exercise was carried out and are continuing at present, viz:

1. The Hospital Services
2. Central Epidemiology Unit
3. Tuberculosis Control Programme
4. Anti-VD Programme
5. Leprosy Control Programme
6. Trachoma and Blindness Control Programme
7. Occupational Health
8. Nutrition
9. Health Education Work, etc.

For all the Developmental Programmes, a built-in evaluation system is devised which will be augmented by ad hoc surveys and prospective studies whenever necessary.

The evaluation of the Regular programmes is being carried out by Health Statistics Division and the respective programme managers from the returns that are collected regularly every month from the whole country.

Type of Evaluation to be carried out

In whatever framework it is conceived, evaluation may be thought of as

1. an analysis to identify strong and weak point as promoters and barriers of project programmes;
2. a process of ascertaining the accomplishments;
3. a method for determining the stages of accomplishments of specific objectives;
4. an integral instrument of planning

The meaning of evaluation will perhaps be more clear if one tries to identify the purposes for which evaluation is done and what it can access.

The broad purposes of evaluation are:

1. setting up a baseline and making projections and forecasts for the next planning cycle;
2. carrying out regulatory functions in relation to programmes in the present planning cycle (concurrent evaluation);
3. Identifying the reasons of failure or shortfalls in the present or previous planning cycle.

Conceived in this framework, evaluation is undertaken for the purpose of:

1. Control of various activities in the programmes.
2. Progress of the milestones in the programmes.
3. Efficiency for identifying less costly activities or methods.
4. Effectiveness for determining whether services required to be produced for achieving the goals are being produced.
5. Relevance for determining whether goals set earlier are still relevant today or they need to be changed.
6. Impact as an expression of the positive effect of a programme.

Agency

The Agency responsible for carrying out the evaluation is the Sub-Committee for CHP monitoring and evaluation. It will carry out its task with the help of the Health Information Services.

(English Translation)



REPORT TO THE PYITHU HLUTTAW

ON

The Financial, Economic and Social Conditions

OF

The Socialist Republic of the Union of Burma

FOR

1986/87

1986

MINISTRY OF PLANNING AND FINANCE

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1986/87

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REPORT TO THE PYITHU HLUTTAW
ON
THE FINANCIAL, ECONOMIC AND SOCIAL CONDITIONS
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