

**YANGON UNIVERSITY OF ECONOMICS
DEPARTMENT OF APPLIED ECONOMICS
MASTER OF PUBLIC ADMINISTRATION PROGRAMME**

**ANALYSIS OF CONSTRAINTS ON CONSTRUCTION
PROJECTS OF YANGON REGIONAL HEALTH DEPARTMENT
(FOR BUDGET YEAR 2018-2019)**

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EMPA – 76 (17th BATCH)**

OCTOBER, 2022

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A thesis submitted as the partial fulfillment of the requirements for the degree of
Master of Public Administration (MPA)

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This is to certify that this thesis entitled “**Analysis of Constraints on Construction Projects of Yangon Regional Health Department (For Budget Year 2018-2019)**” submitted in partial fulfillment towards the requirements for the degree of Executive Master of Public Administration (EMPA) has been accepted by the Board of Examiners.

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ABSTRACT

This study was done on tender process of government construction projects under Yangon Regional Public Health and Medical Care services Department aiming to explore the constraints of construction projects for fiscal year (2018-2019). A cross-sectional study was done by secondary data reviews from Yangon Regional Health Department Reports of fiscal year 2018-2019. For primary data collection, five in-depth interview sessions were performed and purposive sampling method was applied. As regards to results, completion of the constructions projects for fiscal year (2018-2019), only 44.76% of constructions project under Yangon Regional Medical Services Department and 76% of construction project under Yangon Regional Public Health Department had finished 75-100% of construction work. As regards to duration between tender calling process to actual starting time of construction work was ranging from 161 days to 229 days, mean was 196 days for one fiscal year. Therefore, the operational construction time of projects for one fiscal year was six months. Qualitative assessment revealed the constraints such as very limited preparation time, inadequate information for construction projects, unsystematic design modification and extra works, low Per Area Estimation, weakness in financial management, unable to monitor the quality of construction due to limited resources. Recommended to improve current rules and regulations regards to government tender projects and need to condense the overlapping steps to shorten the duration of process.

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LIST OF ABBREVIATIONS

ADB	- Asia Development Bank
DMS	- Department of Medical Services
DPH	- Department of Public Health
GDP	- Gross Domestic Product
GGE	- General Government Expenditure
JICA	- Japan International Cooperation Agency
JV	- Joint Venture
MoC	- Ministry of Commerce
MOEE	- Ministry of Electricity and Energy
MOH	- Ministry of Health
MOHS	- Ministry of Health and Sports
NIMU	- National Health Plan Implementation and Monitoring Unit
OECD	- Organization for Economic Co-operation and Development
OTIF	- On-time-in-full
RHC	- Rural Health Center
TOC	- Theory of Constraints
YCDC	- Yangon City Development Committee
YRHD	- Yangon Regional Health Department

CHAPTER I

INTRODUCTION

1.1 Rationale of the Study

Globally, public procurement is a key function and moreover, it is performed by the government. Central Government's rule and regulation are necessary because they cannot produce all the inputs for the public goods, they provide themselves.

Although the central government share decentralization power to the regional government, government procurement involves a high risk of delay because of complexity of many regulation processes.

In addition, the nature of rules and regulations of Central Government for departmental construction instruction in Myanmar is not known.

Regards to the research in comparing of tendering process in 4 ministries of Myanmar 2018, Ministry of Health and Sports had deficiency or less in coincide facts and different facts, lack of essential and non-essential facts in tendering process in comparing with Ministry of Education, Ministry of Home Affairs and Ministry of Construction. The Ministry of Health was higher deficit than other three ministries and the tender systems of all ministries are unsystematic and have weakness (Htun-Myint & Htet-Thinzar-Thein, 2018). Moreover, there are 17 States and Regions and 51,144,607 in Myanmar, Yangon is business capital of Myanmar and constituted 15.31% (7,831,830) of total population (Department of Population, Ministry of Labour & U NFPA, 2020). Therefore, Yangon Regional Public Health and Medical Services Department has covered 14.30% of total population and constraints of construction projects of health infrastructure might reflect the construction projects under Ministry of Health in capital cities with dense population.

Thus, the findings of the study will contribute the democratic government for further reform of governance system and provide policy statement to review and revise on current rules and regulations for construction projects in Myanmar.

1.2 Objectives of the Study

The main objective of the study was to analyse the influence of Central and Regional Governments' rules and regulations for Construction on the implementation of Yangon Regional Health Department's construction projects for fiscal year 2018-19.

To fulfill the main objective of the study, the specific objectives were set as follows:

1. To review and assess the duration of Government approval process for implementing the Yangon Regional Health Department's construction projects
2. To examine enablers and barriers of government's rules and regulations for construction companies for implementing Yangon Regional Health Department's construction projects

1.3 Method of Study

A cross-sectional study was done by secondary data reviews from existing government data sources for fiscal year 2018-2019 and primary data collection using qualitative interviews. Study was conducted in construction projects in Yangon Region under Ministry of Health and Sports. The study was conducted from 5th August 2020 to 30th June, 2021. For secondary data reviews, a total of 63 construction projects documents were reviews and assessed to identify the duration of government approval process since the actual performing time of the construction companies. For primary data collection, five in-depth interview sessions were performed and purposive sampling method was applied.

1.4 Scope and Limitations of the Study

As data for fiscal year 2017-2018 was not available, therefore this study was only focus on Yangon Regional Health Department's construction projects for fiscal year 2018-2019, affected by Central (Ministerial Level) and Regional (Yangon Regional Government) governing bodies' rules and regulations, Order and Instructions. And scope was only focused at Regional level bidding process by instruction of the central level, bid preparation phase at Ministry level was not included. Nonetheless it showed detailed bidding process at Regional Level by mean of duration of bidding process, budget allocation, categories of construction job,

completion status during one fiscal year and constraints for construction projects under Yangon Regional Public Health and Medical Services Department.

1.5 Organization of the Study

This Thesis was organized into five chapters. Chapter I is Introduction, in which provide a general information of the study, such as rationale of the study, objectives of the study, method of the study, scope and limitations of the study and organization of the study. Chapter II represented literature review. Then in Chapter III, it organized on overview of Ministry of Health and Chapter IV presented data analysis about tender process under Yangon Regional Public Health and Medical Services Department. The findings upon survey data and recommendations from the previous studies and survey data were existed in Chapter V, that was conclusion of this thesis.

CHAPTER II

LITERATURE REVIEW

This chapter provides the literature review on government infrastructure for health care services in Myanmar, Public Health Expenditure and Health Indicators, Factors Influencing Contractors bidding behavior, Corruption and Public Procurement, Theory of Constraints, Indicators of performance and constraints in Construction Process and Public Procurement Policy in Myanmar.

2.1 Background Information

Health and physical well-being are crucial to the development and maintenance of human capital, success in health sector is indistinguishably linked to country's objectives of economic growth, poverty alleviation, human resource development, and improve status of population (ADB, 2000).

The work atmosphere constitutes a vital factor in the recruitment and retention of health professionals, and the characteristics of the working environment can affect the quality of care both directly and indirectly. Thus, the work environment, addressing a critical role in ensuring both the supply of a health workforce and the enhancement, effectiveness, motivation and provoke the enthusiasm of that workforce (Wiskow et al., 2010).

Health system infrastructure advances effectiveness and efficiency, safety, access, timeliness and patient-centeredness. Insufficiencies in health system infrastructure, limit access and contribute to poor quality of care and outcomes, principally among vulnerable group of population (Role of Hospital Infrastructure in Quality Healthcare Delivery, 2018).

Medical construction range in scope from the construction of a brand-new hospital or public health facilities to the extension of existing medical and public health infrastructure. Each of the project has its own challenges and, aiming to provide medical and public health services to the community which is worth any cost. Nevertheless, it is central that money capitalized into a medical facility be put towards

constructing a building that can be operated with optimal capacity (*Medical Construction: The Top 5 Concerns To Be Aware Of*, n.d.).

Tendering and contracting for any procurement or construction works, inflexibility, predetermined estimated price system, competition based solely on pricing, large discretionary power on the administration side: selective tendering, segregation of builders' specializations through a ranking system and management status evaluation, protection of local small and medium enterprises, split orders, joint venture (JV) system, geological requirements, public agency order law, construction completion guarantor system and minimum price may affect both demand and supply side to have successful construction (Public & Law, 2003).

2.2 Global Situation

Total health post density per 100 0000 population in Thailand in 2010 was 41 and 2013 was 42.29, in Sri Lanka 273 and 271.28 respectively, in Bangladesh 6.54 and 6.21, Myanmar 4.21 and 3.79 (*Total Density per 100 000 Population: Health Posts*, n.d.)

Many countries in South East Asian had undertaken the impressive economic transformations, and their procurement systems had often struggled to keep up. Where reforms had been tried, these had typically not had their desire impacts, with particular difficulties in translating reforms to the legal and regulatory frameworks into changes in actual practice. Implementation had typically fallen short of intentions. This had undermined poverty reduction efforts, strained the integrity of public procurement systems and stymied reform momentum. These challenged fall under the following categories.

The Legal and Regulatory Framework

Procurement laws and implementing regulations and procedures have typically been fragmented and inconsistent procedures had been unclear, roles and responsibilities of the different actors in the procurement system had been vaguely defined or were in a conflict. This had led to confusion and weaknesses in accountability. A stark example was the Philippines, where up until 2003, there were more than 60 laws, presidential decrees and administrative orders that governed the procurement process. In addition, in South East Asia there had been "*an absence of central procurement authorities to oversee procurement policy and practices, to*

review procurement rules, draft bidding documents, advertise intended procurements and monitor compliance to the rules”.

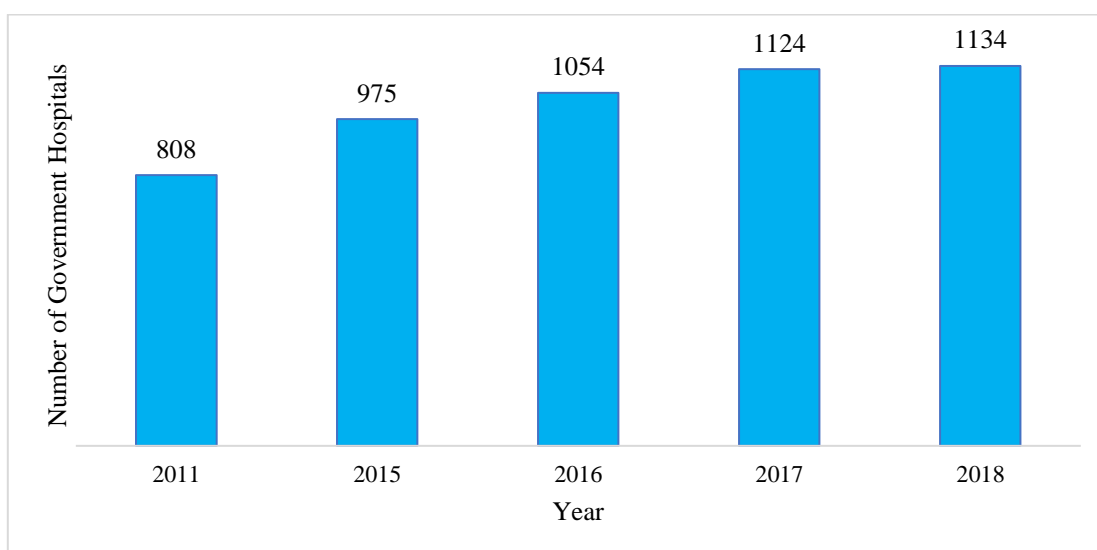
Institutional and Human Resource Capacity

A major impediment to effective procurement implementation had been inadequate attention and resourcing to the capacities and motivation (Owen James, Myaing Nilar, 2020).

2.3 Government Infrastructures for Health Care Services in Myanmar

According to Myanmar Statistical Yearbook, there were 1134 Government Hospitals under Medical Services (Central Statistical Organization & Ministry of Planning and Finance, 2009).

Figure (2.1) Description of Government Hospitals in Myanmar (2011-2018)



Source: Statistical Research Department, 2021

Infrastructure for primary health care starts from the sub-rural health centre (Sub-RHC) at the grassroots levels, to rural health centre (RHC) where ambulatory services including delivery care are provided by the basic health staff (BHS). Hospitals in the rural areas are 16-bed station hospitals with 17 health staff headed by a Station Medical Officer. For the township level, there is usually a 25-bed township hospital operated by 55 staff, which provides emergency care and treatment, primary care for prevalent diseases, general administrative and auxiliary services, and clinical

care such as general medicine, surgery, obstetrics and gynaecology and paediatric care. Urban areas of some townships have an urban health centre, which provides ambulatory care and dental care for general patients. According to population coverage, some township hospitals have been upgraded to 50 or 100 beds (Sein Than Tun et al., 2012).

2.4 Public Health Expenditure and Health Indicators

By the estimates of World Bank, for the developing or middle-income countries with an acceptable quality institutions, a 10% intensification in public health expenditures as a proportion of the Gross Domestic Product (GDP) would be associated with a 7% decrease in the maternal mortality rate, a 0.69% decrease in child mortality rate, and a 4.14% decrease in low weight for children under five years of age (Mexican Commission on Macroeconomics and Health & World Health Organisation, 2004).

2.5 Factors Influencing Contractors Bidding Behavior

Since numerous factors influence on contractors' bidding behavior such as the features of the project and vigorously changing situations, bidding decision problem are highly unstructured. Bidding is a kind of decision which require simultaneous assessment of a large number of decidedly inter-related variables to arrive at a decision (Enshassi et al., 2010). Moreover, the general contractors used to face bidding decision-making problems in closed competitive bidding situations (Irtishad Ahmad, 1990).

2.6 Corruption and Public Procurement

In both national and subnational level, corruption can be occurred in public procurement. Besides, the scope of corruption may be narrowed by decentralization, in line with the assumption that politicians and public representatives at subnational levels are more responsible to the peoples they serve. Local parliamentarians and civil servants can be more in touch with specific needs and contexts of their populations. In addition, however, greater opportunities and fewer barriers to corruption may play at the subnational level, due to, in some occasions, weaker governance capacity, such as less established auditing functions, limited legal expertise or low IT capacity, or closer community contacts between public officials and business representatives. And

the report also elicited that there were integrity risks of corruption occurred in every stage of procurement such as in pre-tendering phase, tendering phase and post-award phase. During phase by phase, lack or weakness in needs assessments and market analysis, planning and budgeting, development of specifications, choice of procurement procedure, request for bid, bid submission, bid evaluation, contract award, contract management or performance and order and payment, lead to corruption in government tender (OECD, 2016).

2.7 Theory of Constraints

Dr. Eliyahu Goldratt comprehended the Theory of Constraints (TOC), and introduced that theory to a wide audience through his bestselling “The Goal” novel in 1984. Since then, TOC has continued to advance and develop, and today it is a significant factor within the best practices of the management globe. In another way of expression, the Theory of Constraints is a methodology for identifying the most important limiting factor (i.e., constraint) that stands in the way of achieving a goal and then systematically improving that constraint until it is no longer the limiting factor (Lean Production, n.d.).

According to “**Theory of Constraints**”, which is a process improvement methodology that highlights the importance of identifying the "system constraint" or bottleneck. By controlling this constraint, organizations can attain their utmost economic goals through processing on-time-in-full (OTIF) to clients in order to avoid stock-outs in the supply chain, reducing lead time, etc (*Theory of Constraints of Eliyahu M. Goldratt - Theory of Constraints Institute*, n.d.).

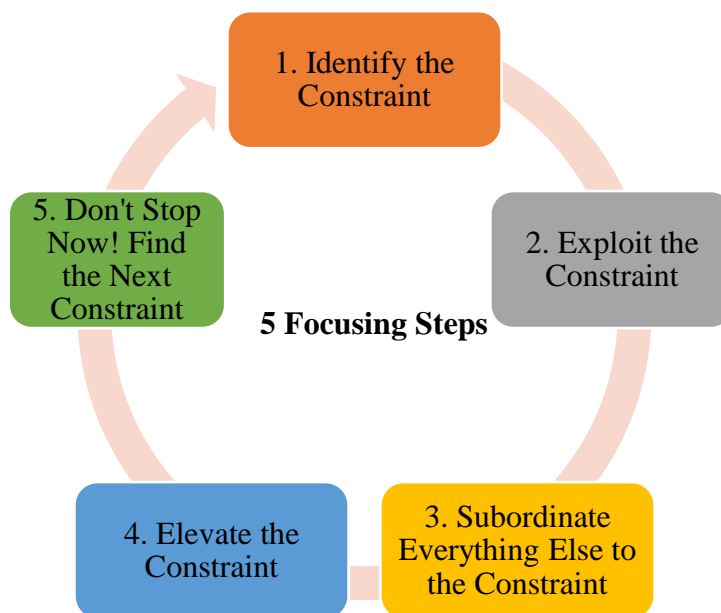
In order to overcome the most important limiting factor, 5 focusing steps on “Theory of Constraints”, i.e., identify the constraint, exploit the constraint, subordinate everything else to the constraint, elevate the constraint and find the next constraint “Don’t stop Now!” (Safety Culture, 2022).

Table (2.1) Five Focusing Steps of Theory of Constraints

Identify	Identify the current constraint (the single part of the process that limits the rate at which the goal is achieved).
Exploit	Make rapid improvements to the output of the constraint using prevailing resources (i.e., make the most of what you have).
Subordinate	Analyze all other activities in the course to ensure that they are aligned with and essentially support the needs of the constraint.
Elevate	If the constraint still exists (i.e., it has not removed), contemplate what further actions can be taken to eliminate it from being the constraint. Normally, actions are continued at this step until the constraint has been “broken” (until it has moved somewhere else). In some cases, capital investment may be required.
Repeat	The Five Focusing Steps are a continuous improvement cycle. Therefore, once a constraint is resolved the next constraint should immediately be addressed. This step is a reminder to never become complacent – aggressively improve the current constraint...and then immediately move on to the next constraint.

Source: (Lean Production, n.d.)

Figure (2.2) Five Focusing Steps of Theory of Constraints



Sources: (Safety Culture, 2022)

Key features to overcome the constraints of public procurement and administration, first was to avoid discrimination, i.e., to support market access and drive to reform market-opening, second, fair and transparent procedures, third, to review and enforce the provisions, fourth, to recognize best practice and compatibility, fifth, minimal standard with focusing on essential requirements, sixth, legal and institutional reforms and seventh, to help flexible implementation (Ivarsson, 2014).

(a) Indicators of Performance and Constraints in Construction Process

Indicators of performance and constraints in construction process are poor quality of work, failure to complete projects on time, poor tender preparation (responsiveness) and tender estimation. For the government or demand side, causes of limitations are owner interference, inexperienced contractor, improper payments of completed work, labour productivity, poor site management, slow decision making, construction methods, and improper planning subcontractors (Kulemeka et al., 2015).

Possessors, contractors, and users of the project are the three main important dimensions of procurement procedure. From the owner's perspective, revenue is lost by not receiving a return of investment, cash flow crunch, potential alienation and loss of patrons/residents, protracted interest payments, and negative impacts on marketing. From the users' perspective, there are same financial implications as owners. Delays in upgraded facilities translate into operating at below optimum efficiency, resulting in higher user cost. Delays in constructing or rehabilitating infrastructure negatively affect businesses and the public at-large. Time implications from the contractor's perspective include potential liquidated damages (negative) and incentive/disincentive payments. Delays result in extended overhead costs and put a crunch on critical cash flow. Extending project durations limit the contractor's bonding capacity and ability to bid more work (lost opportunity cost). Inefficient time management results in higher labor and equipment costs. A reputation for late completions is bad for business, especially in negotiated work (The Challenge of Time Constraints | Modern Contractor Solutions, n.d.).

The value for Money is about meeting needs, however these are defined, at the most reasonable cost. It is typically explained using the "three Es", Economy, Efficiency and Effectiveness. For first E, Economy, minimizing the cost of resources for an activity ('doing things at a low price'), for second E, Efficiency, performing

tasks with reasonable effort ('doing things the right way') and for third E, Effectiveness, the extent to which objectives are met ('doing the right things'). Besides, competition is one way to improve the economy of procurement as potential suppliers attempt to outdo each other in terms of the cost and quality of goods or services. Efficiency relates to the costs (in time and resources) involved in managing procurement processes. Effectiveness reinforces that what is being procured also matters. Even success in two out of three Es isn't a guarantee of Value of Money. For instance, a bridge built at low cost and quickly, but in a location that serves few people, is not an effective use of scarce public resources (Owen James, Myaing Nilar, 2020).

(b) Organization for Economic Cooperation and Development (OECD)

Principles for integrity in Public Procurement

There are 5 domains of the OECD principles, i.e, transparency, good management, prevention of misconduct, compliance and monitoring, accountability and control.

Under the transparency

Principle 1. Provide an adequate degree of transparency in the entire procurement cycle in order to promote fair and equitable treatment for potential suppliers.

Principle 2. Maximize transparency in competitive tendering and take precautionary measures to enhance integrity, in particular for exceptions to competitive tendering.

Under Good Management

Principle 3. Ensure that public funds are used in public procurement according to the purposes intended.

Principle 4. Ensure that procurement officials meet high professional standards of knowledge, skills and integrity.

Under prevention of misconduct, compliance and monitoring

Principle 5. Put mechanisms in place to prevent risks to integrity in public procurement.

Principle 6. Encourage close cooperation between government and the private sector to maintain high standards of integrity, particularly in contract management.

Principle 7. Provide specific mechanisms to monitor public procurement as well as to detect misconduct, and apply sanctions accordingly.

Under accountability and control

Principle 8. Establish a clear chain of responsibility together with effective control mechanisms.

Principle 9. Handle complaints from potential suppliers in a fair and timely manner.

Principle 10. Empower civil society organizations (CSOs), media and the wider public to scrutinize public procurement. (Owen James, Myaing Nilar, 2020)

2.8 Review on Previous Studies

A report for Myanmar construction industry exposed the categories of construction projects, 49% of the constructions were residential, 28 % was infrastructure, 14 % was industrial, commercial was 6% and others were 3% (Ipsos Business Consulting, 2013).

Several literatures pointed out that providing the attractive and supportive work environment was to create for entering and remaining in the system by creating housing and hospital buildings for the health workforce (Wiskow et al., 2010) (Castro et al., 2012) (American Hospital Association, 2017) (Luxembourg-WHO Project TechnicalDocument, 2008).

One of the previous studies undergone in Indonesia during 2019, there were 2 phases in contractor selection in public tendering, there were bid preparation and bidding process. In bid preparation process, planning of service providers selection, selection of procurement procedure, determining method for qualification evaluation, determining schedule for selection service providers, drawing out of services procurement document and determining owner estimated. In bidding process, announcement of the bid, registration and bidding documents obtaining, information session, bid document submission, bid document solicitation, bid evaluation,

qualifications evaluation, qualification verification, preparation minutes of tender results, determining tender winner, award announcement, disclaimer and if required refusal of appeal (Indah Kusumarukmi & Joko Wahyu Adi, 2019).

Previous study done in Malawi, only 53.8 % of the contracts completed on time, 26.7 % of construction projects required extension of time granted for project to be completed and 19.5 % of the contracts terminated or closed uncompleted (Kulemeka et al., 2015).

A report regarded to labour cost mentioned that construction in Myanmar was still labour intensive due to a large workforce and low wages, in 2012, a construction workers earned kyat 3,000 to 8,000 a day depending on their work experience and the construction labour market was unstable due to many worker who joined another company for growing daily pay (Ipsos Business Consulting, 2013). Another study in Palestine revealed that duration of the project, political environment and terms of payment were the crucial factors for successful construction (Enshassi et al., 2010).

Previous study done in Nigeria concerning about constraints in construction industry as inadequate procedures for the registration of contractors, delays in receiving payments for completed works, gratifying government officials in order to get paid for complete jobs, reduced work output during fasting and festival period, unfair and unequitable construction contract documents, unrealistic completion schedule, too many changes in the original design, dealing with government officials concern construction issues, lack of standardization of local materials, currency inflation, frequent unfair bidding procedure and contract award (Aniekwu, 2017).

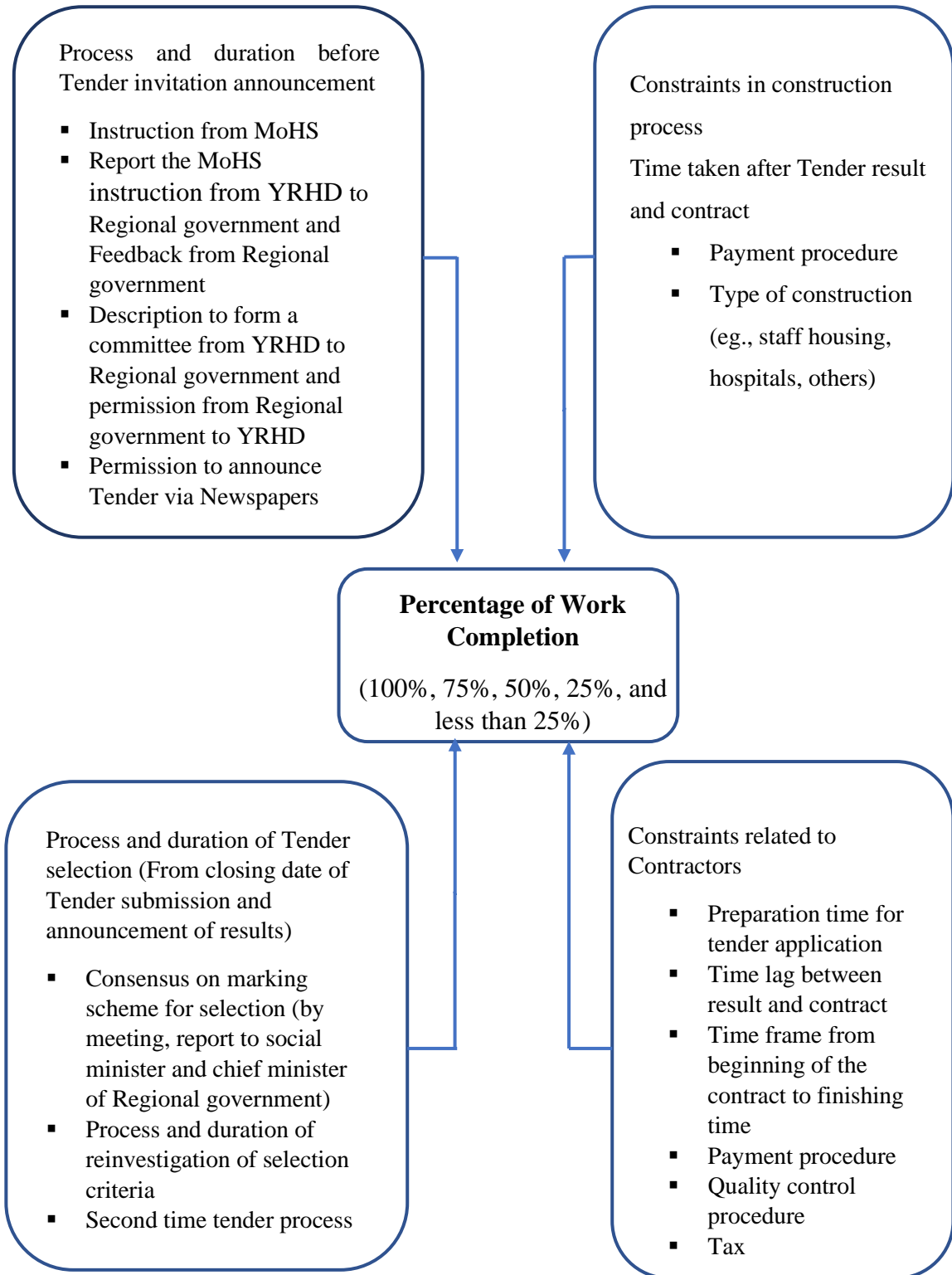
The previous study done in Malawi, 2015, the critical factors that inhibited the construction projects were poor quality of work, failure to complete projects on time, fluctuation of currency exchange rate, poor tender preparation and estimation, lack of incentives from government to encourage emerging contractors and high taxes (Kulemeka et al., 2015).

Recent study done in South African, the results of the exploratory factor analysis show that stakeholders' inappropriate project scheduling and coordination factors, organization and government policies factors, and organization and government policies factors were the leading constraints affecting construction project performance in construction industry (Masoetsa et al., 2022).

In addition, a study did in 4 ministries of Myanmar, Ministry of Education, Ministry of Health, Ministry of Home Affairs and Union Supreme Court, all of the

ministries had unsystematic and weak in tender system. Moreover, Ministry of Health had little essential facts for the tender calling process for construction (Htun-Myint & Htet-Thinzar-Thein, 2018).

Figure (2.3) Conceptual Framework of the Study



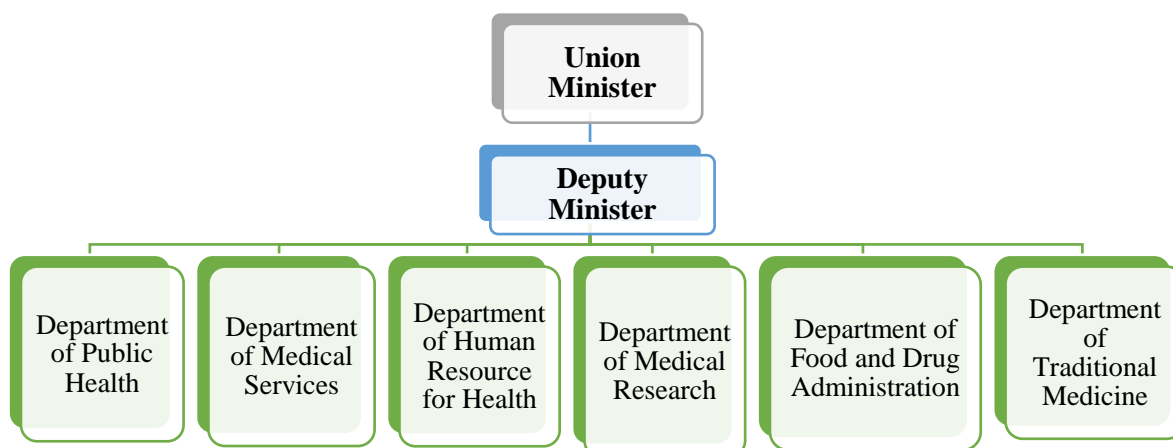
Source: Budget Section, Ministry of Health

CHAPTER III

OVERVIEW OF THE MINISTRY OF HEALTH

The Ministry of Health (MOH) is led by Union Minister, Deputy Minister and MOH is organized by 6 departments, Department of Public Health, Department of Medical Services, Department of Human Resource for Health, Department of Medical Research, Department of Food and drug Administration and Department of Traditional Medicine, and each Department is led by specific Director General (Ministry of Health, n.d.). The Ministry of Health is the key player in the health sector as a governing body as well as a provider of comprehensive health care. The health system comprises a diversity of public and private systems both in financing and provision. The Department of Public Health and Department of Medical Services, two of the six departments of MOH, are the service provider and also takes the regulatory functions of the Ministry in protecting the health of the people. Moreover, the network of hospitals and health centers (which extends down to village level) delivers preventive and curative services ranging from primary to tertiary care. Public health services in Myanmar are delivered to the communities by Hospitals, Health Centers, RHCs and Sub-RHCs through corresponding Township, District, and Region and State Public Health and Medical Services Departments that provide technical assistance and support. Regional/State and local health departments could then take on monitoring and enforcement roles as well as service provision and management of health workforce. Such decentralization would require massive capacity development at local levels (Sein Than Tun et al., 2012).

Figure (3.1) Administrative Structure of Ministry of Health

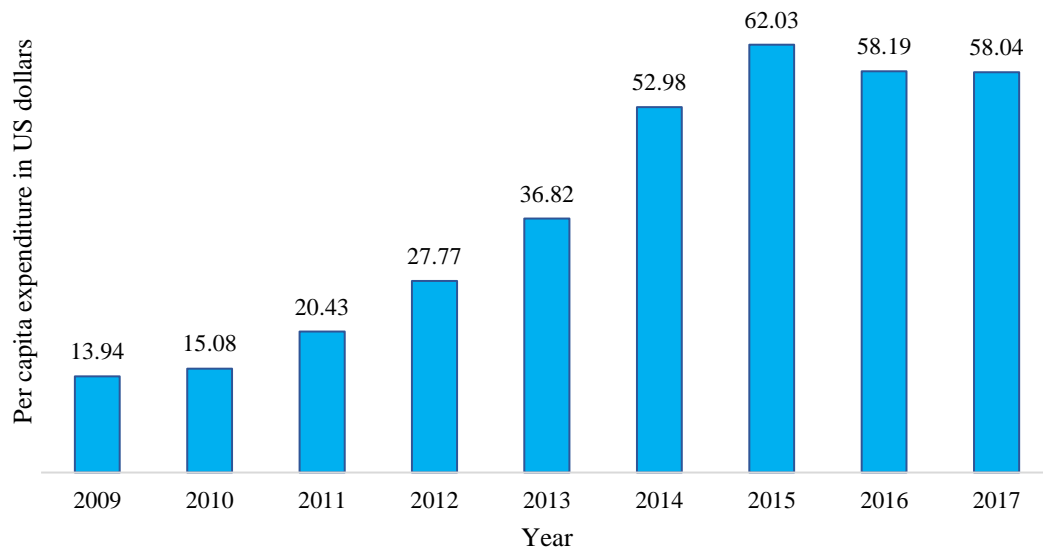


Source: (Ministry of Health, n.d.)

3.1 Present Situation of Myanmar's Health Expenditure

The first strategy National Health Plan: Ministry of Health and Sports, focuses on expanding service availability and readiness by systems building; supply-side readiness, whereas the second strategy envisages reducing catastrophic health expenditure, out-of-pocket spending on health and impoverishing due to health spending (financial protection) to achieve Universal Health Coverage (NIMU, 2020). General Government Health Expenditure as share of General Government Expenditure were 1.10%, 1.20%, 4.80%, 3.60%, 3.90% and 2.50% in 2005, 2010, 2015, 2016, 2017 and 2018 respectively and Myanmar was lowest among South East Asia Region (Thant-Zin-Htoo, 2020). The average health expenditure per person in Myanmar reached just over 58 U.S. dollars in 2019, which was increased more than a four-fold from 2009, per capita the health expenditure was approximately 14 U.S. dollars in Myanmar (Statistical Research Department, 2020).

Figure (3.2) Health Expenditure per Capita in Myanmar (2009-2017)



Source: (Statistica Research Department, 2021)

The construction sector in Ministry of Health and Sports is one of the key infrastructure developments and is the main force motivating the health of Myanmar citizens. The network of hospitals and health centres (from central level to village level) delivers preventive and curative services ranging from primary to tertiary care (Sein Than Tun et al., 2012).

New government of Myanmar (under president U Htin Kyaw) has focused on driving economic reform and infrastructure development through the introduction of new policy, operational reform, changes within ministries and key personnel, and the introduction of projects in order to promote country's economic growth.

In Myanmar, there are (32) ministries and Ministry of Health is one of the most important Ministry in Myanmar to improve health status of Myanmar citizens and thereby towards healthy health work force. Healthy work force, healthy nationalities effects both directly and indirectly to country's economic development. Because of this critical point, General Government Expenditure (GGE) for health was as a share of GDP, has increased year by year, and allotted (13.20%) in 2005, (14.60 %) in 2010, (23.90 %) in 2015, (21.33%) in 2016, (19.74 %) in 2017 and (20.38 %) of GDP and for 2018-2019 Fiscal Year, Ministry of Health received (20.38 %) of GDP (Thant-Zin-Htoo, 2020).

According to 2018 Myanmar Business Guide, construction industry constituted 1075 billion kyats (711 USD billion) in domestic investments and it was 6.1% of total domestic investment (PricewaterhouseCoopers, 2018).

According to available evidence from Myanmar and data from other countries recommend that aging population, epidemiological transition towards life-style related diseases, triple burden of diseases such as communicable and non-communicable diseases, nutrition and reproductive related diseases, and higher expectations by the public will increase the demand for quality services immensely in the near future, thus raising the bar for service provision needs. In order to have supply side readiness, 816 health facilities were constructed between 2016 to 2020 in Myanmar; 172 Station Hospitals, 446 new wards in existing hospitals, 71 Rural Health Centers, 91 Subcenters, 9 Urban Health Centers and 27 Maternal and Child Health Centers (NIMU, 2020).

Moreover, number of health facilities (especially hospitals) were increased by 617 in 1988-1989 to 988 in 2013-2014, and number of rural health centres were increased 1684 in 2013-2014 from 1337 in 1988-1989 under Ministry of Health and Sports in Myanmar. In addition, Government expenditure for health per capita has been increasing from 11.8 kyats in 1988-1989 to 1589 kyats in 2011-2012 to 7268.5 kyats in 2012-2013. The number of hospitals and hospital beds was increasing trend during the ten years period (2009-2018) in Myanmar. Hospital utilization is also rising; admission cases were 1.21 million in 2009 and 2.97 million in 2018, outpatient attendants were 3.38 million in 2009 and 11.48 million in 2018. People who used health facilities were also more and more increasing for institutional delivery and surgery within ten years. Bed occupancy rate based on sanction bed was raised up from 53% in 2009 to 74% in 2018 (MOHS; Ministry of Health and Sports, 2020).

There were 1,056 public hospitals with 56,748 beds in total. These facilities mainly provide curative and rehabilitative services. There are 87 primary and secondary health centers, 348 maternal and child health centers, 1,684 rural health centers, and 80 school health teams. These facilities were mainly responsible for preventive services and public health activities (Latt et al., 2016).

There were different types of hospital in each State and Region of Myanmar; Specialist hospital, General hospital, 150 bedded hospital, 100 bedded hospital, 50 bedded hospital, 25 bedded hospital, 16 bedded hospital and station hospital. In

Yangon Region, more than 50% of hospitals are ranging from station hospital to 150 bedded hospitals (MOHS; Ministry of Health and Sports, 2020).

According to tender procedures to be followed by government departments and organization in construction, procured by Union, Regional and State government, should comply with “(1) Screening whether there us permitted budget, (2) Making a purchasing plan and obtaining confirmation, (3) Developing tender documents including the documents related to the contract, (4) Calling and announcing the tender, (5) Screening and accepting the tender, (6) Notifying the reports which shall include suggestions for the contents of contract and an evaluation of the tender, (7) Notifying the reports which shall include suggestions for the contents of the contract and an evaluation of the tender, (8) Announcing the tender winner, (9) Concluding the contract and amending the contract, (10) Managing the contract including the payment” (Lincoln Legal Services (Myanmar) Limited, 2017).”

There is main constraint in policy on construction process in Myanmar, official building standards and relevant regulations are being developed and not yet enforced, the new Project building will be designed in compliance with the draft version of these standards and regulations (MOHS et al., 2018). Additionally, the several buildings were constructed on ad-hoc bases in order to respond to the demand based on availability of budget in most of the hospitals. Different buildings were not situated with planning and consideration, and as a result, there were safety and quality of care concerns as well as loss in efficiency in delivering hospital services (MOH & JICA, 2015).

Another constraint in health infrastructure construction was payment system as Myanmar’s current budget cycle was deficient in linkage between strategic planning and budgeting. The modification toward payment system would require a different financing structure for both the contractors and respective department. Authorized person from each department would be better able to respond to changing requirements and delivered the requisite facilities if they had a degree of autonomy and authority in managing their budget and making decisions. In general, a system where resources were allocated based on determined needs, outputs, or performance would advance the responsiveness and efficiency of all stake holders (Teo & Cain, 2018).

3.2 Formation of Tender Committees

According to the “Tender Rules for Investment and Business Activities” dated 5-4-2013 by directive of no. 1/2013 of the President’s Office, 4 committees for tendering of Construction for Region and State Government departments and organizations, tender committee, committee for calculating the floor price, tender acceptance and evaluation committee, and tender quality assurance and acceptance committee, must be formed (Lincoln Legal Services (Myanmar) Limited, 2017).

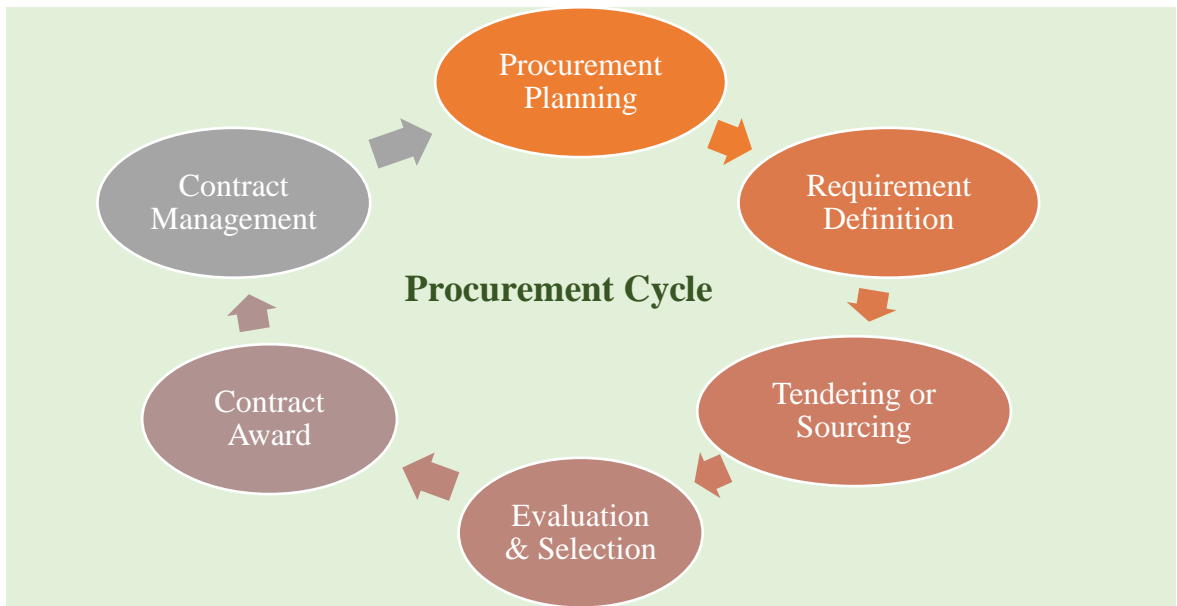
State and Region departments, organizations and ministers are responsible for handling the majority of public procurement tendered in States and Regions, drawn from both the Union and State and Region budgets. And the management of procurement is principally the responsibility of Tender Committees and procuring State and Region Department. Moreover, Engineers from Ministry of Construction and other state and region departments play a critical role in tender committee as technical experts (Owen James, Myaing Nilar, 2020).

3.3 Public Procurement Policy in Myanmar

3.3.1 Typical Public Procurement Process

The typical public procurement process can be identified as Pre-tender, Tender and Post-tender. In pre-tender process, there were 3 processes such as preparation of annual budget and budget allocation to government agencies, procurement planning to identify procurement needs and procurement approach and defining procurement requirement and preparing tender documents. In tender process, it includes 3 steps naming as tendering or sourcing to invite potential suppliers to submit tender proposals, evaluation of tender proposals and selection of winning tender. In post-tender process, there will be contract management to ensure supplier delivers goods or service to required quality and is paid as per the terms of the contract (Owen James, Myaing Nilar, 2020).

Figure (3.3) The Typical Public Procurement Process

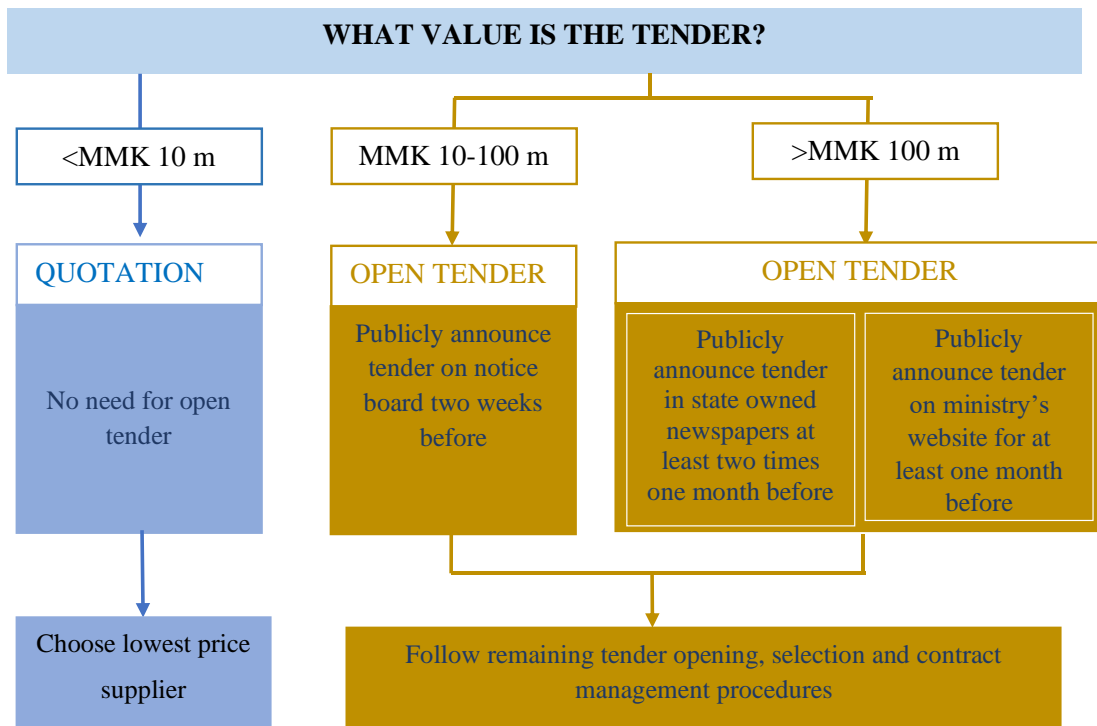


Source: (Owen James, Myaing Nilar, 2020)

3.3.2 Open Tender Cost Thresholds

For the construction projects with a value of less than MMK 10 million, no tender is required, the requirement for less than MMK 10 million is the establishment of an internal department board which must award the project to a “company it can trust”. In order to promote open competition and transparency the Guideline contains similar measures to Directive 1/2017. When tenders are opened, they have to be announced publicly. For a tender value ranging from MMK 10 million to MMK 100 million, the tender announcement has to be published two weeks before the tender opening date on the notice board of the relevant departments and district and township administration office. For the project value is over MMK 100 million it must be announced in newspaper one month prior to the tender opening date, on notice board of the relevant departments and if possible, on the ministry’s website.

Figure (3.4) Open Tender Cost Thresholds

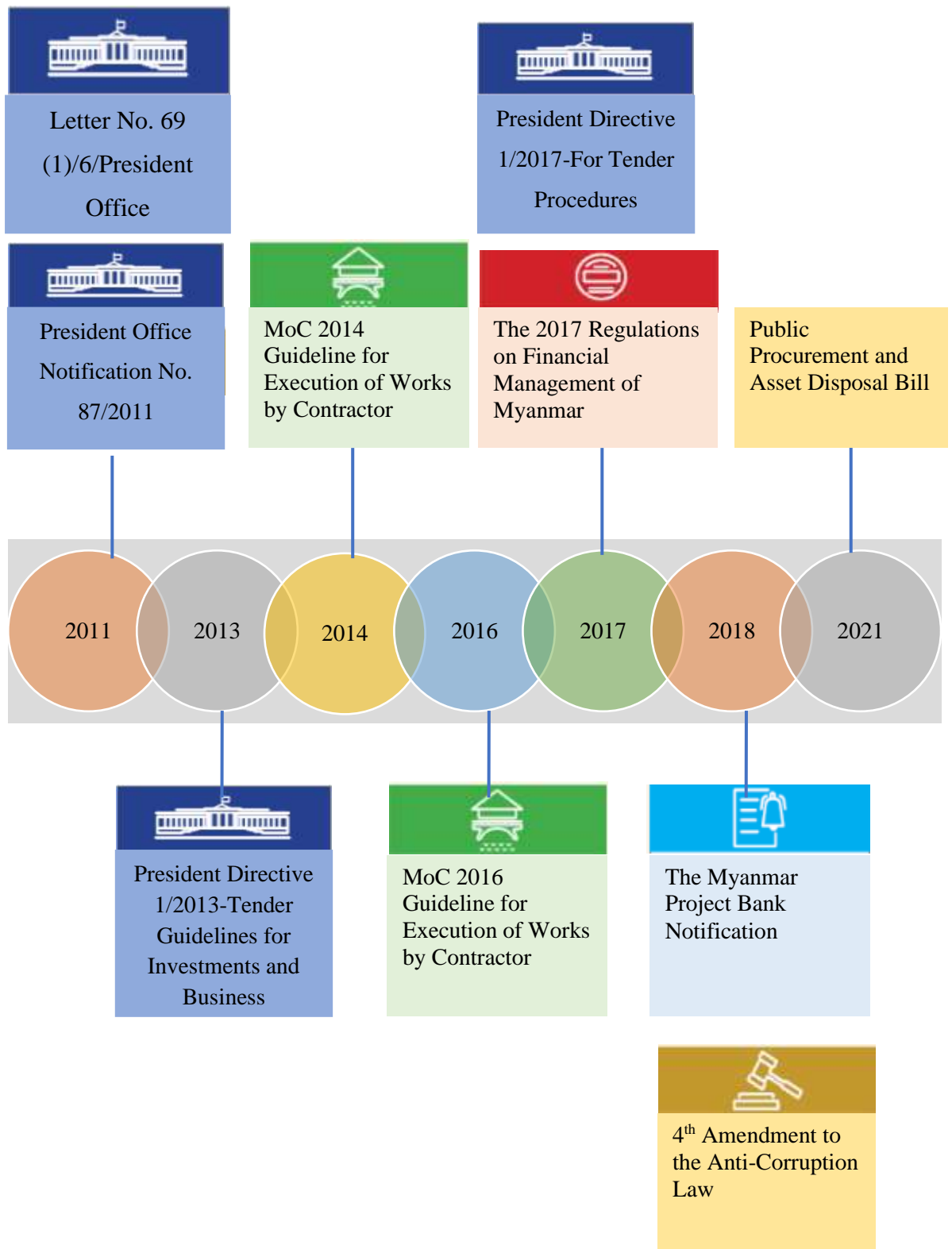


Source: (Owen James, Myaing Nilar, 2020)

3.3.3 Timeline of the Development of Tender Procedures

Two instructions in 2011 the Thein Sein Government issued the Presidential Directive 1/2012- Tender Guidelines for Investment and Business, which provided general guidance for public procurement of construction projects and goods. On the other side, even the Directive was a major step forward, officials still lacked of guidance on procurement planning, thresholds for tendering, the tender procedure for consultancy services, and a complaint handling system. The 2013 directive was then followed by the Ministry of Construction Guideline for procurement of in construction projects, first issued in 2014 and updated in 2016. These were then followed by the 2017 Regulations on Financial Management of Myanmar, the presidential Directive 1/2017, and the 2018 Myanmar Project Bank Notification which included guidance on procurements related to Public Private Partnerships. By late 2020, the first public procurement law, the Public Procurement and Asset Disposal Bill, had been submitted to the Amyothar Hluttaw.

Figure (3.5) Timeline



Source: (Owen James, Myaing Nilar, 2020)

CHAPTER IV

SURVEY ANALYSIS

4.1 Survey Profile

In Yangon Region, there are (43) Township Public Health Departments, (26) Urban Health Centers, (14) Maternal and Child Health Clinics, (7) School Health Departments, (11) Station Health Units, (80) Rural Health Centers, (435) Sub-RHCs and there are (10) Central Hospital, (5) District Hospitals, (8) Specialist Hospitals, (19) Township Hospitals and (36) Station Hospitals. This study focused on percent of completion of construction projects done under YRHD, and examine the constraints on construction projects, allowed by Ministerial and Departmental budget allocation to do tender process by local authority by the guidance of Regional Government, analyzing secondary data and explore the constraints of construction project under YRHD by 5 in-depth interviews to tender award winner contractors for fiscal year (2018-2019).

For quantitative study, desk review of official construction project documents during fiscal year 2018-2019. For IDI, according to IDI guidelines, interviews were conducted in private and strict confidentiality was adhered. Both quantitative and qualitative collection, the completeness of data collection was checked on a daily basis.

4.2 Survey Design

A cross-sectional study was done by secondary data reviews from existing government data sources for fiscal year 2018-2019 and primary data collection using qualitative interviews. Study was conducted in construction projects in Yangon Region under Ministry of Health and Sports. The study was conducted from 5th August 2019 to June, 2020. For secondary data reviews, a total of 63 construction projects documents were reviews and assessed to identify the duration of government

approval process since the actual performing time of the construction companies. For primary data collection, five in-depth interview sessions were performed and purposive sampling method was applied.

For secondary data reviews, three different data sources from government counterparts were reviews and assessed:

Yangon Regional Health Department (YRHD)

Ministry of Health and Sports (MoHS) and

Yangon Regional Government (YRG) for fiscal year 2018-2019

Percentage of work completion were categorized by 100%, 75%, 50%, 25%, and less than 25%.

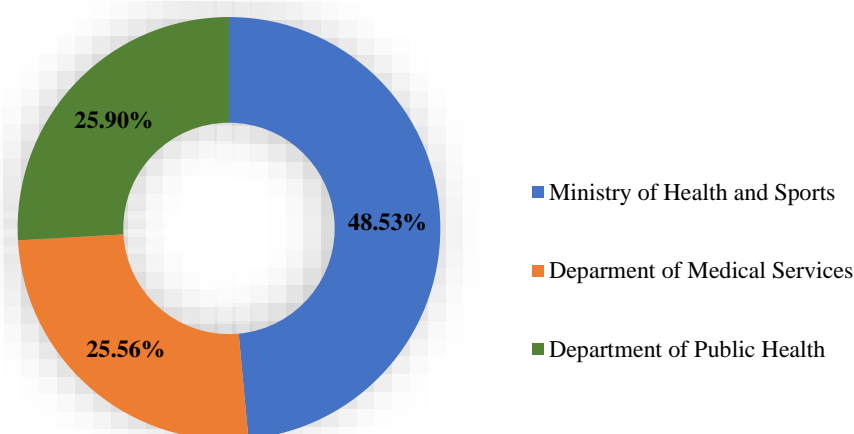
1. Process and duration before Tender invitation announcement
2. Process and duration of Tender selection
3. Process and duration of reinvestigation of tender marking scheme
4. Second time tender process for the construction sites those were not competed in first time
5. Payment process by the percentage of construction work
6. Time taken Before contract and after
7. Distribution of type of construction (% of central hospital, % of township, % regards to type., e.g., staff housing, renovation, hospital extension, others)
8. Range of budget estimation
9. Constraints (time consumption, process, payment)

4.3 Survey Results

4.3.1 Quantitative Results

Figure (4.1) showed the distribution of budget allocation for Yangon Region by Ministry of Health and Sports, Department of Medical Services and Department of Public Health for 2018-2019 Fiscal year. Thus, Yangon Region had obtained total MMK 25521.62 Million for construction projects from 3 sources, from Ministry of Health and Sports, Medical Care Services and Public Health Department. Therefore, about half of the total budget allocation was from Ministry of Health and Sports, MMK 12386.70 Million (48.53%), about one fourth of total budget was from Medical Care Services and Department of Public Health respectively, MMK 6524 Million (25.56%), MMK 6610.92 Million (25,90%).

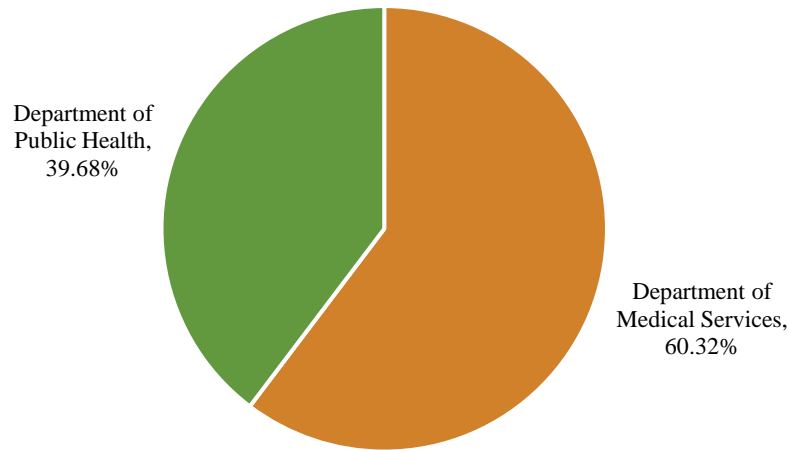
Figure (4.1) Description of Budget Allocation for Yangon Region by Ministry of Health and Sports (2018-2019)



Source: (Department, 2019)

Figure (4.2) demonstrated that the distribution constructions project under Department of Medical Services and Department of Public Health. There were 64 construction projects under Yangon Regional Medical Services and Public Health Department. Among 63 projects, Department of Public Health constituted 25 constructions and (39.68%), whereas, for Department of Medical Services, there were 38 construction projects and (60.32%).

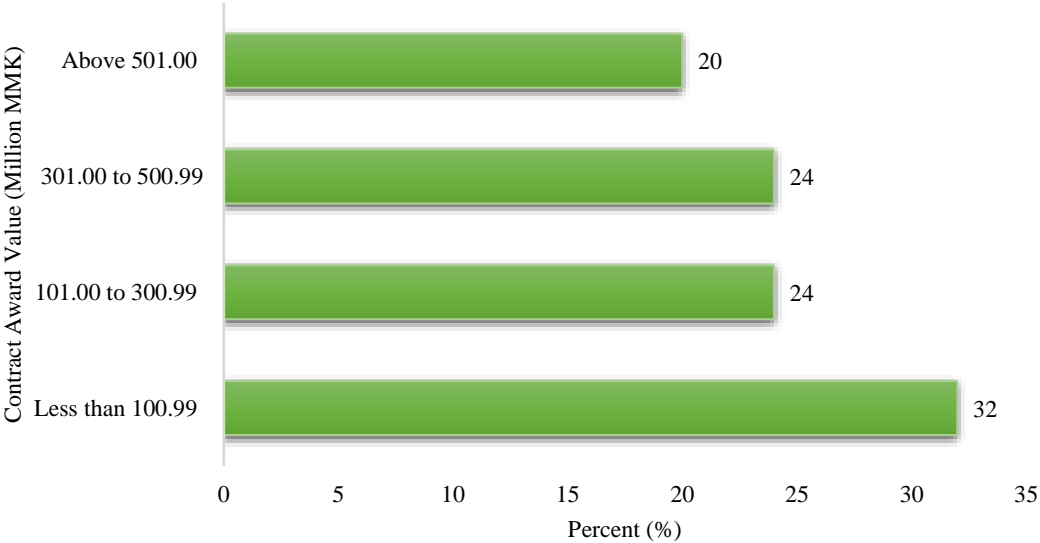
Figure (4.2) Distribution of Constructions Project for Department of Medical Services and Department of Public Health (n=63)



Source: (Department, 2019)

Figure (4.3) demonstrated that contract awards value for Regional Public Health Department, least value was 25.350 Million MMK and highest value was 568.00 Million MMK and average was 263.50 Million MMK. Among the awarded contract, more than one fourth of the construction works was less than 100.99 Million MMK (8, 32%), about one fourth of the construction were under 101.00 to 300.99 Million MMK and 301.00 to 500.99 Million MMK each (6, 24%), one fifth of the project awarded above 501.00 Million MMK (5, 20 %).

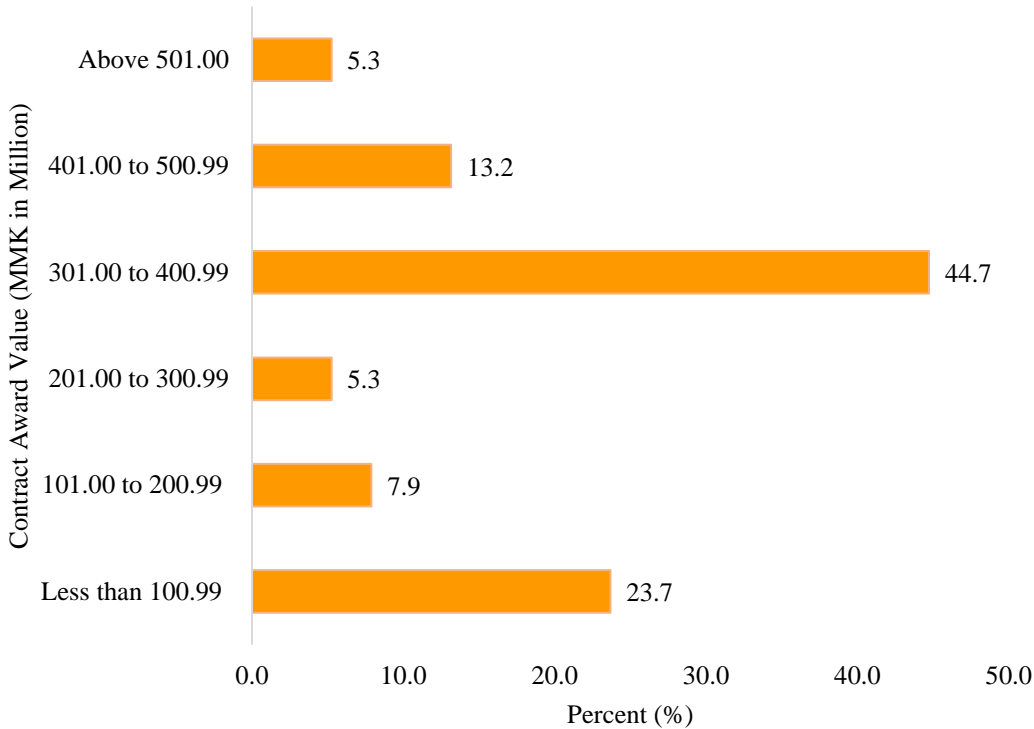
Figure (4.3) Description of Contract Award Value for Regional Public Health and Medical Services Department for (2018-2019) Fiscal Year (n=25)



Source: (Department, 2019)

Figure (4.4) demonstrated that contract awards value for Regional Medical Services Department, least value was 38.000 Million MMK and highest value was 600.00 Million MMK and average was 290.695 Million MMK. Among the awarded contract, nearly half of the construction works was 301.00 to 400.99 Million MMK (17, 44.7%), about one fourth of the project was less than 100.99 million MMK (9, 23.7%), more than one tenth of the construction projects value was 301.00 to 400.99 Million MMK (5,13.5%) and less than one tenth of the projects were in above 501.00 Million MMK (2, 5.3%), 101.00-200.99 Million MMK (3,7.9%), 201.00 to 300.99 (2,5.3%) respectively.

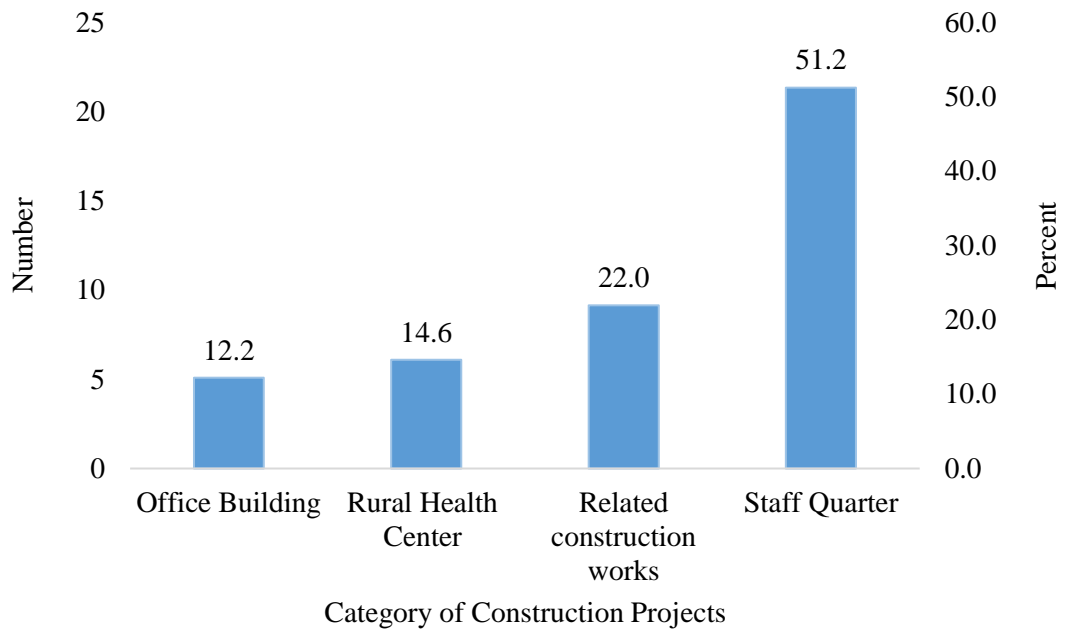
Figure (4.4) Description of Contract Award Value for Regional Medical Services Department for (2018-2019) Fiscal Year (n=38)



Source: (Department, 2019)

Figure (4.5) proved that the distribution constructions project under Regional Public Health Department. There were 4 types construction projects, office building, rural health center, related construction works and staff quarter. About half of the construction projects were staff quarters (21, 51.2%), and its related construction works were (9, 22%), Rural Health Center (6, 14.6%) and office building constituted (5, 12.2%).

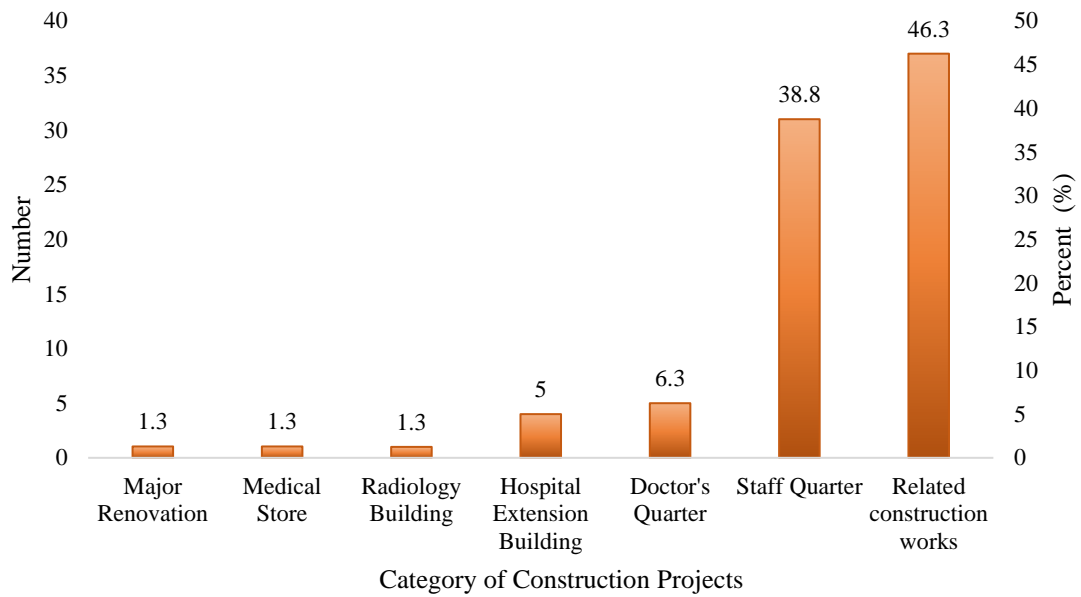
Figure (4.5) Distribution of Various Categories of Construction Projects for Regional Public Health Department (n=41)



Source: (Department, 2019)

Figure (4.6) showed that the distribution constructions project under Regional Medical Services Department. There were altogether 7 types construction projects, staff quarter, related construction works, doctor's quarter, hospital extension building, radiology building, medical store and major renovation. Nearly half of the construction projects were related construction works (37, 46.3%), about one third were staff quarters (31, 38.8%), doctor's quarter (5, 6.3%), 4 hospital extension building (5%) and the rest constituted 1.3% each.

Figure (4.6) Distribution of Various Categories of Construction Projects for Regional Medical Services Department (n=80)



Source: (Budget Section, 2019)

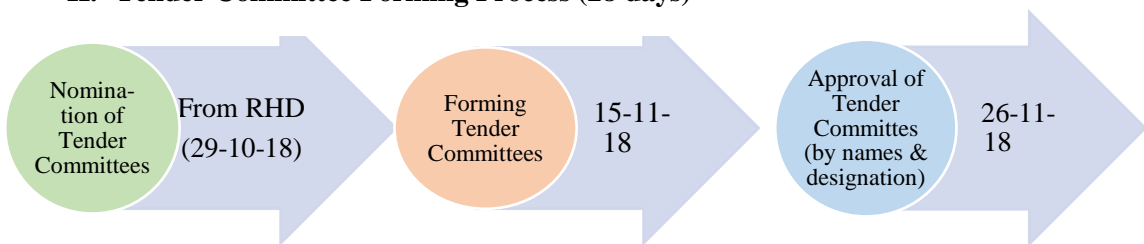
Figure (4.7) Flow Diagram for Illustrating Time-taken from Bidding Process to Initiating the Projects

I. Tender Calling Process (27 days)



Source: (Completion Report, 2019)

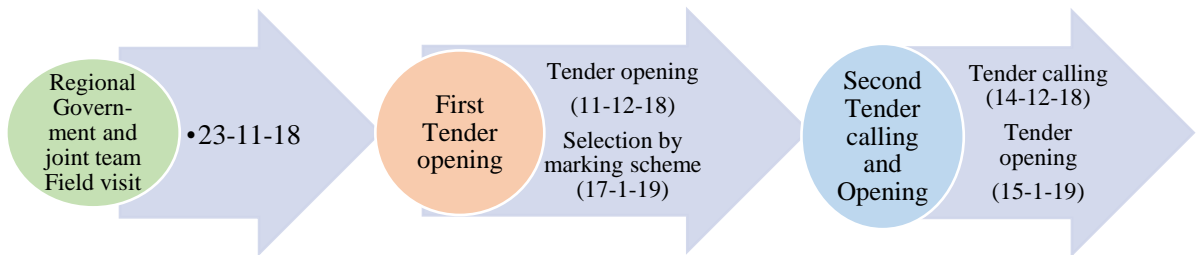
II. Tender Committee Forming Process (28 days)



Source: (Completion Report, 2019)

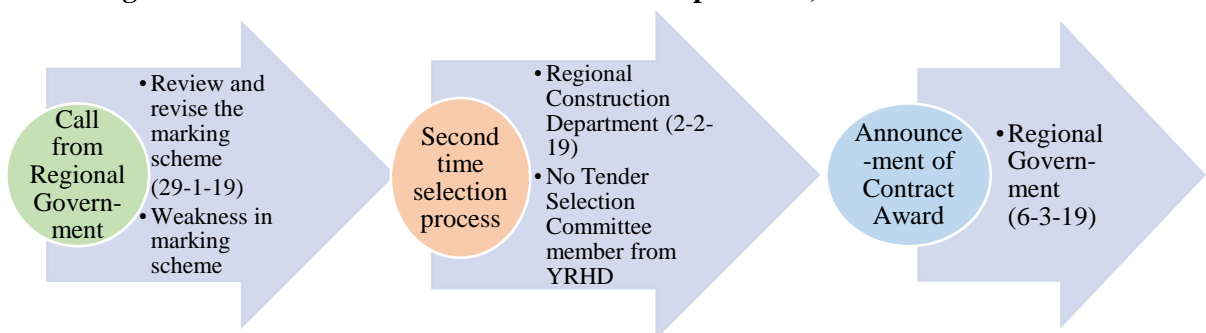
III. Tender Selection Process (103 days, 3 months and 2 weeks)

a) Tender Selection Process (By Tender Selection Committee)



Source: (Completion Report, 2019)

b) Tender Selection Process (By Tender Selection Committee exclude members from Regional Medical Services and Public Health Department)



Source: (Completion Report, 2019)

For the bidding process, following process were the inevitable for all the contractors and government bodies.

- I. Tender calling process
- II. Tender committee forming process
- III. Tender selection process
- IV. Signing the contract
- V. Starting the projects

As for tender calling process, starting from Ministry of Health and Sports to Regional Medical Services and Public Health Department by official letter dated by (18-10-2018), official letter from Department of Medical Services to Regional Medical Services Department was on (26-10-2018) and official letter for calling tender from Department of Public Health to Regional Public Health was on (31-10-2018). Then, Regional Medical Services and Public Health Department reported to Regional Government in order to approve for starting tender calling process by

official letter dated on (2-11-2018) and Regional Government approved tender calling process officially on (15-11-2018). Therefore, there were 27 days period to finished tender calling process. Before getting official approval letter from Regional Government, announcement of tender calling from Newspaper on (8-11-2018).

As for the tender committee forming process, it was done together with tender calling process initiated by host department, i.e., Yangon Region Medical Services and Public Health Department, 4 committees for tendering of Construction, tender committee, committee for calculating the floor price, tender acceptance and evaluation committee, and tender quality assurance and acceptance committee, on (29-10-2018), to Regional Government only with Designation of the committee members. On (26-11-2018), 4 tender committees had formed by “name and designation” by Regional Government, members for tender committees were 2 ministers from regional government, responsible persons from Ministry of Construction, Ministry of Electricity and Power, Ministry of Planning and Finance, Yangon City Development Committee and Ministry of Health and Sports. Therefore, there were 28 days period to finished tender committees forming process.

As for the tender selection process, site visit of respective Minister from Regional Government and team member started on (23-11-2018) and some modification of design and structure for high rise building. On (7-12-2018), tender committees meeting was done and confirmation and consensus for tender opening date, marking scheme, price marks and things to be done on tender opening day, and YRHD reported to related Departments under MOHS and Regional Government about the meeting minutes and decisions by respective tender committees.

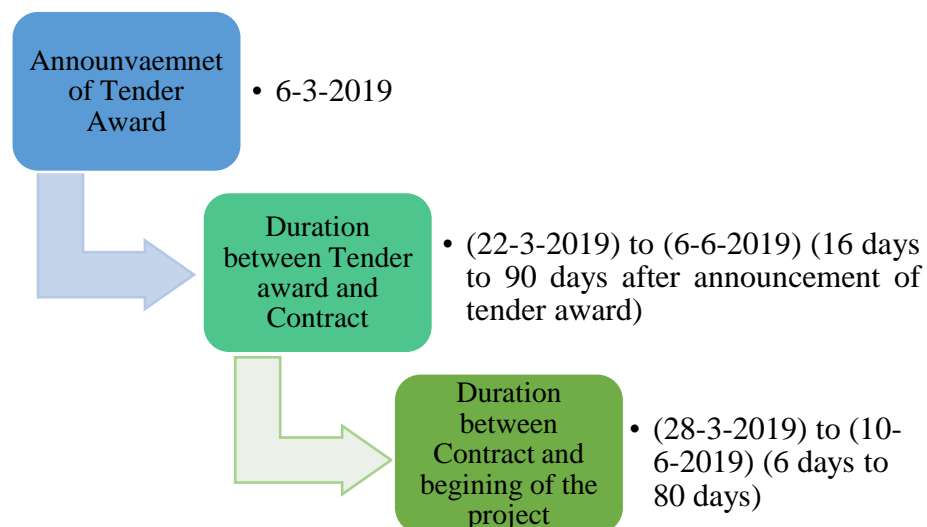
Thus, tender opening was done on 11-12-2018 for proposed construction projects under both departments, and reported the detailed findings to Regional Government as well as MOHS on 10-12-2018. And marking scheme for tender selection was officially reported to Chair of the Tender Committee on (3-1-2019) by YRHD and Chair of the Tender Committee also continued the official report to Chief Minister of Regional Government on (18-1-2019). Some modifications of design and structure by the respective ministries were amended accordingly during the tender selection process. Consequently, tender selection was established on (17-1-2019) by using marking scheme which was already submitted to Chair of the Tender Committee.

Additionally, second time tender calling process was done for the construction sites which had not been competed in first tender calling process on (14-12-2018) and tender opening was finished on (15-12-2018) and YRHD informed the findings of tender opening legitimately to Regional Government and MOHS on (17-12-2018). Consequently, tender selection for second time tender calling was also finished on (16-1-2019) by using marking scheme which was already submitted to Chair of the Tender Committee.

Hereafter, YRHD up-to-dated the accomplishment of tender selection process to Regional Government on (24-1-2019) formally. Unfortunately, voice-chair of the tender committee, Minister of Electricity, Transport and Industry, Regional Government called Head of the YRHD and all the members of tender committees to Regional Government office on (29-1-2019) and (30-1-2019), and voice-chair also stated that there were some weaknesses in marking scheme using in tender selection process and tender committees members would review and revise the tender selection marking scheme or using the marking scheme which was already developed by Ministry of Construction. Lastly, tender selection process was reestablished by the tender committees without the members from the YRHD on (2-2-2019), and contract award was announced on (6-3-2019).

Thus, there were altogether 139 days period to finish tender selection process in one fiscal year.

Figure (4.8) Illustration of Time Taken from Announcement of Contract Award, Signing the Contract and Beginning of the Project



Source: (Completion Report, 2019)

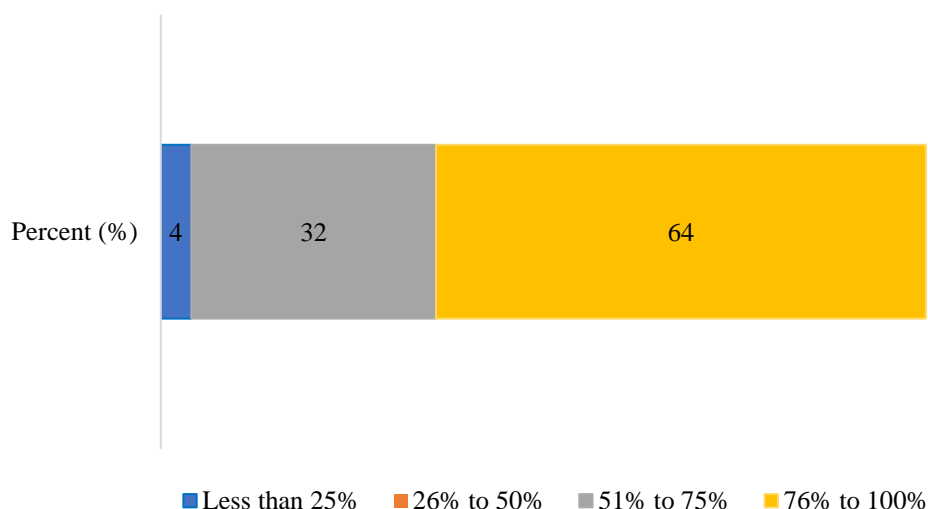
Figure (5.8) illustrated the duration between announcement of contract award, signing the contract and beginning of the project. Almost of all of the company signed the contract of project within one month of the announcement of the tender award except 2-3 projects that had design modification. Project starting time from the day of contract was varied from 6 to 80 days after contracting, about 47.6% of the construction projects started their project within 30 days after contract, 30 out of 63 construction projects.

In addition, shortest duration between the date of contract and date of project starting was 6 days and longest duration was 80 days, average was 32 days.

Therefore, shortest duration between the announcement of award and project starting was 22 days and longest duration was 90 days, average was 48 days.

In conclusion, duration between tender selection calling process to starting time of project was ranging from 161 days to 229 days, mean was 196 days.

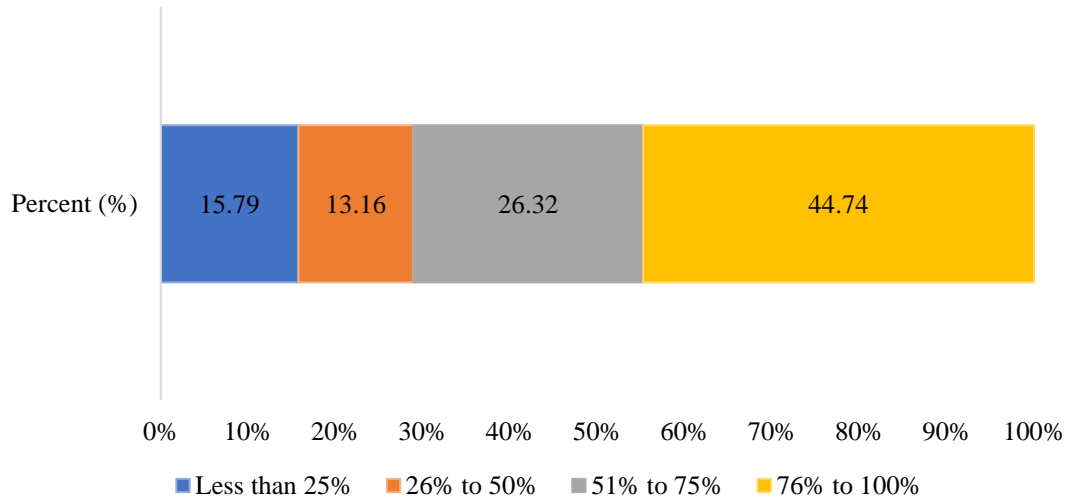
Figure (4.9) Description of Completion of Construction Projects within Contract Period for the Projects under Regional Public Health Department (n=25)



Source: (Completion Report, 2019)

Figure (5.9) described the completion of construction projects within contract period for the projects under Regional Public Health Department, more than half of projects had finished 76 % to 100 % of the projects, i.e., 16 projects (64.0%), nearly one third of the projects had completed 51% to 75% of their contracts, 8 projects (32.0%) only finished 26% to 50%, one project out of 25 had only finished less than 25%, one project (4.0%).

Figure (4.10) Description of Completion of Construction Projects within Contract Period for the Projects under Regional Medical Services Department (n=38)



Source: (Completion Report, 2019)

For the projects under Regional Medical Services Departments, less than half of projects had finished 76 % to 100 % of the projects, i.e., 17 projects (44.74%), about one fourth of the projects had completed 51% to 75% of their contracts, 10 projects (36.32%), five projects out of 38 had only finished between 26 % to 50 %, (13.16%), and 6 projects (15.79%) was under less than 25% of their respective projects.

4.3.1 Qualitative Assessment

Five in-depth-interviews were done for 5 contractors who won the bidding and finished their construction works within the contract period.

Regards on whether duration for the bid preparation being enough and how did they conclude the bidding process, all of the respondents said the duration of bidding preparation time was not enough and they did not know the detailed information of the place, baseline price and other fundamental conditions.

A contractor, 45-year-old, graduated, who has 10 years experienced on Construction Project with Ministry of Health said

“.....We actually don’t know the baseline price of the tender, we imagine only by the amount of deposit....furthermore, some drawings are not informative...”

55-year-old, graduated, general manager from the construction company and who has 15 years' experience in working with Government project responded that

"...We don't know the marking scheme prior to tender selection and therefore we have difficulties in competing with other competitors or companies..."

As regards to the open-ended question such as how many projects did they apply for bidding and why, most of the responsible persons from the construction companies replied that they usually applied for at least 2 or 3 projects but according to submission of the 5% deposit became the barriers to apply more than one project for small and medium construction companies.

50-year-old, graduated, general manager from the construction company and who has more than 20 years' experience in working with Government project pointed that

"...Our company competed for 5 construction projects and awarded for 2 projects, one from Public Health and one from Medical Services Department... constraints are not similar.... we have struggled a lot..."

48-year-old, graduated, director from the construction company said

"...Most of the construction companies compete 2-3 projects per one bidding but it is difficult for the small and medium company because of 5% deposit...."

Regards to changing designs and extra works, all of the respondents said once MOH had approved the design, structure and budget allocation, it was very difficult to modify not only for project matter but also for the application of required budget to do the extra works.

A contractor, 45-year-old, graduated, who has 10 years experienced on Construction Project with Ministry of Health said

".....As regards to building design, we have to face with difficulties when there are the changes between previous drawing, design and cost estimates as MOH had already approved. For example, there is no car parking design and cost estimation in previous proposal but it is proposed by MOH and asked me to submit as extra job. But in practice, it takes time and need to do many steps and also it is difficult to get the cash in-time and... it is also hard to finish the job in limited time frame...."

36-year-old, graduated, director from the construction company said

".....For my project, there is no road design for the building in original drawing, but according to the requirements of the project site, we need to submit extra jobs with own drawing and estimates and we have to do that kind of extra job by the reimbursement...it is actually difficult to manage...."

Regarding to project profitability and project risk, all of the responsible respondents mentioned that they all had to take more risk than benefits because of instability and inflation of Myanmar currency. Thus, following 2 respondents murmured that

48-year-old, graduated, director from the construction company said
“.... actually, it is difficult to say that there is a fair profit. We are doing this government project just only for the survival of company staffs and their families.. who depend on our company for their livelihood.....”

50-year-old, graduated, general manager from the construction company and who has more than 20 years' experience in working with Government project pointed that

“....as you know inflation and instability of currency exchange rate leads not only increasing in the cost of local construction materials such as brick, sand, gravel and iron but also it causes high labour cost and hiring of construction machines.....”

As regards to weakness of the process, barriers as many paper works, delaying by several modification of process, low PAE, complicated procedures for claiming for the completion of the project such as step by step reimbursement, and year-long and multiple steps for returning the 5% bank guarantee for the project.

36-year-old, graduated, director from the construction company said
“.....it takes a long time for the paper works, need to do many times for the document corrections, and we afraid of the feedback that we need to update the applied documents.....moreover, cheque or bills which we need to submit MOH, it will take a long time..”

50-year-old, graduated, general manager from the construction company and who has more than 20 years' experience in working with Government project pointed that

“....PAE is low.. which is the cost calculation for one square feet... in private building construction 1 square feet per cost is about 50,000 to 150,000 whereas in public it's only 25,000 to 30,000...because of low PAE it is difficult to do quality control....”

36-year-old, graduated, director from the construction company said
“...For cash releasing system is depending upon the completed work such as 25%, 50%, 75% and 100% respectively...in terms of step by step...and so also long waiting time during the process of this reimbursement become the another barriers.....”

48-year-old, graduated, director from the construction company said
“.... In requisition of 5% bank guarantee after completion of construction project, sometimes, taking 3-4 years is not the good sign..... ”

The respondents suggested to transform the barriers such as bidding process, contract time and budget year, billing process, facts to be modify in contract and they also requested to adjust special interest rate for Government Project Contractors.

50-year-old, graduated, general manager from the construction company and who has more than 20 years' experience in working with Government project pointed that

“....It is difficult to start the project just before rainy season...for example....in the stage of construction and dumping of construction materials such as gravel, bricks, etc....and also it is the flu season and labors are getting flu...therefore it's better starting the project before rainy season....”

36-year-old, graduated, director from the construction company said
“It is hard to apply invoice according to project completeness such as 25%, 50% and so on...and it will take at least one to one and half month because of many steps in requesting invoice...to and fro process... Regional Health to Regional Government and then Regional Government to Regional Health.....but approval from the Regional Government is not required for the projects led by Medical Services Department, approval from MOH is enough....even in the same Ministry, there is different in system, I would like to suggest to modify that kind of difference.....”

A contractor, 45-year-old, graduated, who has 10 years experienced on Construction Project with Ministry of Health said

“....You know that we have to start the project by investing our owned...and it will take time to get back too...moreover...we also have time limitation and we can't wait for the cash approved by Government...thus, the higher the project cost, the more we

have to invest....omnnn....we need to request bank loan...we can't even expect of profit...only trying survive to give interest paid....so we want to request special interest rate for the government project contractors...”

48-year-old, graduated, director form the construction company said

“I also want to suggest that basic requirements such as water, electricity, sewage system, aircon, furniture, generator, wiring should be included in contract in order to reduce unfavorable transaction cost for extra works....”

36-year-old, graduated, director form the construction company said

“...There is 4 months duration from the competition of tender to the contract...and we needed to try hard to start the project before Thin Gyan because of the budget year which is from October to September...then we have only 5 to 6 months duration of working time...so we want to request to transform that kind of constraints too.....”

A contractor, 45-year-old, graduated, who has 10 years experienced on Construction Project with Ministry of Health said

“I'm working with UNICEF for construction projects in other states and regions. They use an online system effectively, we can get all the necessary information related to the tender from them online. I just need to upload the tender proposals. We use email and online application system. We don't need to meet anyone in order to receive all the information. Its very efficient and effective. I still can't understand why government is not using online platform for procurement.”

36-year-old, graduated, director form the construction company said

“When 25% of the project work is done we are supposed to get paid, but it took many months to receive that installment. But we could not stop the construction work and wait for the money and so typically we only received the installment after 35 to 40 % of the project work was completed. They don't care whether we are able to make a fair profit and don't understand how important our cash flow situation is to us, our subcontractors and workers.”

CHAPTER V

CONCLUSION

5.1 Findings

The total budget allocation for construction projects for Yangon Regional Public Health Department and Medical Care Services for 2018-2019 Fiscal Year was MMK 25521.62 Million from 3 sources, 48.53% was from Ministry of Health, 25.56% from Department of Medical Services and 25.90% from Department of Public Health. There were 64 construction projects under Yangon Regional Public Health and Medical Services Department, 39.68% of construction projects was for Regional Public Health Department and Department of Medical Services obtained 60.32% of projects.

Regarding to value of tender award for Regional Public Health Department was contributed as less than MMK 100.99 Million was 32%, MMK 101.00 to 300.99 Million and MMK 301.00 to 500.99 Million were 24% each and above MMK 501.00 Million was 20%. The lowest award value was MMK 25.350 Million, highest award value was MMK 568.00 Million and mean award value was MMK 263.50 Million.

As for Regional Medical Services Department, contributed as less than MMK 100.99 Million was 23.7%, MMK 101.00 to 200.99 Million was 7.9%, MMK 201.00 to 300.99 Million were 5.3%, MMK 301.00 to 400.99 Million were 44.9%, MMK 401.00 to 500.99 Million were 13.2%, and above MMK 501.00 Million was 5.3% respectively. The lowest award value was MMK 38.00 Million, highest award value was MMK 600.00 Million and mean award value was MMK 290.695 Million.

There were 4 types construction projects under Regional Public Health Department, office building, rural health center, related construction works and staff quarter, staff quarters constituted 51.2%, its related construction works was 22%, Rural Health Center was 14.6% and office building constituted 12.2%.

There were altogether 7 types construction projects under Regional Medical Services Department, staff quarter (38.8%), related construction works (46.3%),

doctor's quarter (6.3%), hospital extension building (5%), radiology building (1.3%), medical store (1.3%) and major renovation (1.3%) respectively.

As respect to time-taken from Bidding process to beginning of the projects for Fiscal Year (2018-2019), tender calling process last for 27 days, tender committee forming process was 28 days and tender selection process was 103 days. Thus, there were altogether 139 days period to finish tender selection process in one fiscal year.

For the second part of the bidding process, duration between announcement of contract award, signing the contract and beginning of the projects, almost of all of the company signed the contract of project within one month of the announcement of the tender award except 2-3 projects that had design modification. Project starting time from the day of contract was varied from 6 to 80 days after contracting, about 47.6% of the construction projects started their project within 30 days after contract.

In addition, shortest duration between the date of contract and date of project starting was 6 days and longest duration was 80 days, average was 32 days. Therefore, shortest duration between the announcement of award and project starting was 22 days and longest duration was 90 days, average was 48 days. In conclusion, duration between tender selection calling process to starting time of project was ranging from 161 days to 229 days, mean was 196 days.

Regarding to completion of the construction projects under Regional Public Health Department, 76% of the projects had finished their project within fiscal year, i.e., 100%, 64% of the constructions had completed 51-75%, 32.0% of the projects only completed 26%-50% and 4.0% of the projects had only finalized less than 25%.

For the projects under Regional Medical Services Departments, (44.74%) of the projects had finished 76 % to 100 % of the projects, (32%) of the projects had completed 51% to 75% of their contracts, (13.16%) of the projects had only finished between 26 % to 50 %, and (15.79%) was under less than 25% of their respective projects.

Qualitative assessment revealed the constraints of the bidding process as very limited preparation time, inadequate information for place, baseline award value and other fundamental conditions, 5% deposit for each project became the barriers to apply more than one project for small and medium construction companies. During or before the construction, design modification and extra works delaying the operational process and difficult to get budget for extra or modification projects. As regards to fair profits, all of the respondents responded that risk was more than benefits, low

PAE, instability and inflation of Myanmar currency, increasing price of labours, construction materials and equipment.

Moreover, qualitative assessment revealed that weakness in financial management like many paper works, delaying by several modification process, complicated procedure for claiming budget for project completeness, year-long and multiple steps for returning 5% bank guarantee for the project. The contractors also pointed out weakness in operational level as backward effect of low PAE, weakness in monitoring the quality of construction and short operational time because of long bidding process.

In addition, suggestions given by respondents were transform the bidding process, contract time and billing process, facts to be modify in contract and to adjust the special interest rate for Government Project Contractors.

It is concluded that modification, standardization and transformation of bidding process are crucial to overcome the operational barriers.

5.2 Recommendations

1. Shorten the process time for tender process, starting from tender calling, tender committee formation and tender selection.
2. Review and revise the marking scheme of tender selection process for construction together with related ministries.
3. According to national fiscal year, project starting time should be before the rainy season.
4. Cooperation and coordination between other related ministries such as MOEE and YCDC for receiving timely permission for construction process.
5. Transformation of unique billing process and need to modify the step-wise process for applying invoice for both Department of Public Health and Medical Services Department.
6. Update the PAE price accordingly with current condition.
7. Reimbursement of Performance Guarantee must be completed as soon as possible after getting project completion certificate.
8. Stability of currency exchange rate is crucial for the projects worked with imported construction materials and equipment.

9. Reduction of unnecessary transaction cost by modifying requirements to be fulfilled in contract, including fundamental requirements of building, water, electricity, wiring, generator, etc.
10. Building design, structure, floor plan and other important specifications must be confirmed before the tender calling process or contract process by technical expert groups.
11. User friendly online application system for tender process should be introduced in government procurement system.
12. Special interest rate (bank loan) for the government project contractors, especially for high cost projects.

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Institutional Review Board
Yangon University of Economics
Informed Consent Form for Qualitative study (In-Depth Interview)

Name of Investigator - Dr. Yan Naung Tun

Title of research - Analysis of Constraints on Yangon Regional Health
Department's Construction Projects for Fiscal Year 2018-
2019

Part (A)

1. Introduction

I am Yan Naung Tun, attending MPA at University of Economics, Yangon. I am doing the public administrative research on "Analysis of Constraints on Yangon Regional Health Department's Construction Projects for Fiscal Year 2018-2019". I will explain about my research and I would like to invite you to participate in my study. And I will take time to clarify if you do not obvious.

2. Purpose of the research

I am going to study the constraints on Construction Projects of Yangon Regional Health Department for 2018-2019 Fiscal Year.

3. Type of Research

This research will involve your participation in an interview and it will take 30-45 minutes.

4. Participant Selection

You are being invited to take part in this research because we feel that your experiences, perception, difficulties and other contributing factors for constraints in construction projects can contribute much for our understanding, knowledge and barriers on construction projects by one fiscal year.

5. Voluntary Participation

Your participation in this study is entirely voluntary. You do not have to take part in this research if you do not wish to do so and you may stop participating in the interview at any time.

6. Procedure

During the interview, I or another interviewer will sit down with you in a comfortable place at the Centre. If it is better for you, the interview will take place in your office or my office. If you do not wish to answer any of the questions during the interview, you may say so and the interviewer will move to the next question. No one else but the interviewer will be present unless you would like someone else to be there. The information recorded is confidential, and no one except (me or note taker) will access to the information documented during your interview.

7. Risks and Discomforts

You do not have to answer any question or take part in the discussion if you feel the issues are too personal or if talking about them makes you uncomfortable.

8. Benefits

Participation in this study will not benefit the participant directly. However, your participation is likely to help us find out more about how to improve Construction Projects by Ministry of Health in future.

9. Confidentiality

The research being done in the community may draw attention and if you participate, you may be asked by other people in the community. We will not be sharing information about you to anyone outside of the research team. The information that we collect from this research will be kept in private. Any information about you will have a number on it instead of your name. Only the researchers will know which number is and we will lock that information up with a lock and key. The information that I collect from this study will be kept confidentially.

10. Sharing the Results

The findings that I obtain from this study will be shared only to the persons who are responsible for Construction Projects of Ministry. And I will then publish the results to the interested persons without your personal information.

11. Who to contact

If there are any queries before, during and after the study, you can directly contact the investigator Dr. Yan Naung Tun, phone 095031779 or via email- yannaung1978@hotmail.com during office hour. This proposal had been reviewed and approved by Postgraduate Academic Board of Studies, University of Economics, Yangon.

Part (B)

Consent form

I have been invited to participate in research about "“Analysis of Constraints on Yangon Regional Health Department’s Construction Projects for Fiscal Year 2018-2019”. I understand that I will have to participate in in-depth interview which will last about 30-45 minutes. I am aware that there may be no benefit to me personally and that I will be paid only for my time spent. The interview will include constraints of construction project of Yangon Regional Health Department for 2018-2019 Fiscal Year.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Name of participant _____

Signature of participant _____

Date _____

Name of researcher _____

Signature of researcher _____

Date _____

သုတေသန နည်းပညာ ကျင့်ဝတ်ကော်မတီ
စီးပွားရေး တက္ကသိုလ် (ရန်ကုန်)
သုတေသန သဘောတူညီချက်ပုံစံ

- အဓိကသုတေသီ၏အမည် - ဒေါက်တာရန်နောင်ထွန်း
- သုတေသနခေါင်းစဉ် - (၂၀၁၈-၂၀၁၉) ခုနှစ် ဘဏ္ဍာရေးနှစ် အတွင်း ရန်ကုန်တိုင်း ဒေသကြီး ပြည်သူ့ကျန်းမာရေးနှင့် ကုသရေး ဦးစီးဌာနမှ ဆောင်ရွက်ခဲ့သော ဆောက်လုပ်ရေးလုပ်ငန်းများနှင့် ပတ်သက်၍ ကြုံတွေ့ခဲ့ရသော အကန့်အသတ်များအား လေ့လာခြင်း သုတေသန

အပိုင်း (က) သုတေသနနှင့် သက်ဆိုင်သော အချက်အလက်များ

၁။ မိတ်ဆက်နိဒါန်း

ကျွန်တော့အမည်မှာ ဒေါက်တာရန်နောင်ထွန်း ဖြစ်ပါတယ်။ ရန်ကုန်စီးပွားရေး တက္ကသိုလ်တွင် ဘွဲ့လွန်သင်တန်း တက်ရောက်နေသူဖြစ်ပါတယ်။ ကျွန်တော့အနေနဲ့ (၂၀၁၈-၂၀၁၉) ခုနှစ် ဘဏ္ဍာရေးနှစ်အတွင်း ရန်ကုန် တိုင်းဒေသကြီး ပြည်သူ့ကျန်းမာရေးနှင့် ကုသရေးဦးစီးဌာနမှ ဆောင်ရွက်ခဲ့သော ဆောက်လုပ်ရေး လုပ်ငန်းများ နှင့်ပတ်သက်၍ ကြုံတွေ့ခဲ့ရသောအကန့်အသတ်များကို လေ့လာတဲ့ သုတေသနလုပ်ငန်းတစ်ခုကို ဆောင်ရွက်မှာ ဖြစ်ပါတယ်။ သုတေသနအကြောင်းကို ရှင်းပြမှာဖြစ်ပြီး သင့်အားပါဝင်ကူညီဖို့ ဖိတ်ခေါ် လိုပါတယ်။ မရှင်းလင်းသည်များကိုလည်း မေးမြန်းနိုင်ပါတယ်။

၂။ ရည်ရွယ်ချက်

(၂၀၁၈-၂၀၁၉) ခုနှစ် ဘဏ္ဍာရေးနှစ်အတွင်း ရန်ကုန်တိုင်းဒေသကြီး ပြည်သူ့ ကျန်းမာရေးနှင့် ကုသရေး ဦးစီးဌာနမှဆောင်ရွက်ခဲ့သော ဆောက်လုပ်ရေး လုပ်ငန်းများနှင့် ပတ်သက်၍ ကြုံတွေ့ခဲ့ရသော အကန့်အသတ်များ နှင့် ၎င်းအကန့် အသတ်များအပေါ် လွှမ်းမိုး သည့်အရာများကို လေ့လာမှာ ဖြစ်ပါတယ်။

၃။ သုတေသန ဆောင်ရွက်ပုံအမျိုးအစား

ဤသုတေသနသည် တစ်ဦးချင်း ဆွေးနွေးရမှာဖြစ်ပြီး အချိန်နာရီဝက်မှ လေးဆယ့်ငါးမိနစ်ခန့် ကြာမြင့်မှာ ဖြစ်ပါတယ်။

၄။ ပါဝင်မည့်သူများကို ရွေးချယ်ခြင်း

သင့်အား ဤသုတေသနတွင်ပါဝင်ရန်ဖိတ်ခေါ်ခြင်းမှာ သင်သည် (သို့မဟုတ်) သင့် ကုမ္ပဏီသည် ရန်ကုန်တိုင်းဒေသကြီး ပြည်သူ့ကျန်းမာရေးနှင့်ကုသရေးဦးစီးဌာနက ခေါ်ယူတဲ့ ဆောက်လုပ်ရေးလုပ်ငန်း တင်ဒါအောင်မြင်ခဲ့ပြီး လက်ရှိဆောက်လုပ်ရေးလုပ်ငန်းကို ဆောင်ရွက်လျက်ရှိပြီး လုပ်ငန်းနှင့်ပတ်သက်ပြီး နောက်ကွယ်မှာရှိတဲ့ သင့်အတွေ့အကြုံ၊ အခက်အခဲနဲ့ တခြားအကြောင်းအရာတွေကနေ တင်ဒါဖြင့် ဆောင်ရွက်တဲ့ ဆောက်လုပ် ရေးကို ပိုမို နားလည်သိရှိမှာ ဖြစ်ပါတယ်။

၅။ မိမိ

ဆန္ဒအလျောက်ပါဝင်ခြင်း

ဤသုတေသနတွင် သင်ပါဝင်ခြင်းသည် သင်၏သဘောဆန္ဒအလျောက်သာ ဖြစ်ပါ တယ်။ ပါဝင်ခြင်း၊ မပါဝင်ခြင်းမှာ သင်၏ဆန္ဒအတိုင်း ရွေးချယ်မှုသာ ဖြစ်ပါတယ်။ သင်ဆက်လက် မဖြေဆိုလိုတဲ့အချိန်မှာ သုတေသနမှာပါဝင်ခြင်းမှ နှုတ်ထွက်နိုင်ပါ တယ်။

၆။ လုပ်ဆောင်ပုံ

သင့်ကိုမေးမြန်းတဲ့ အချိန်မှာ သင်နဲ့အတူ ကျွန်တော် (သို့) မေးမြန်းသူ တစ်ယောက်နဲ့ သင်အဆင်ပြေပြေဖြေဆိုလိုရတဲ့ နေရာမှာ အတူတူထိုင်ပြီး ဆွေးနွေး၊ မေးမြန်းမှာဖြစ်ပါ တယ်။ တကယ်လို့ သင့်အနေနဲ့ အဆင်ပြေတယ်ဆိုရင် သင့်ရုံး (သို့) ကျွန်တော့ရုံးမှာ ပြုလုပ်လို့ရပါတယ်။ မေးမြန်းနေစဉ်မှာ သင်မဖြေဆိုလိုတဲ့မေးခွန်း ပါလာရင် မဖြေဆို လိုကြောင်း ပြောပြပေးပါ။ မေးမြန်းသူက အဲဒီမေးခွန်းကိုကျော်ပြီး နောက်ထပ်မေးခွန်းကို ဆက်မေးသွားပါလိမ့်မယ်။ မေးခွန်းမေးမြန်းနေစဉ်မှာ သင်ရှိစေချင်လို့ ခေါ်ထားတဲ့သူနဲ့

မေးခွန်းမေးမြန်းသူကလွဲလို့ တခြားဘယ်သူမှ မရှိစေရပါဘူး။ သင့်ဆီကရရှိတဲ့ အချက် အလက်တွေကို ကျွန်တော် (သို့) မှတ်တမ်းရေးသူ ကလွဲလို့ တခြားဘယ်သူမှ မသိရှိစေရ ပါဘူး။

၇။ စိတ်အနှောင့်အယှက်

မေးခွန်းများဖြေဆိုရာတွင် စိတ်အနှောင့်အယှက်ဖြစ်၍ မဆွေးနွေးလိုသော အချက် အလက်များရှိပါက သင့်ဆန္ဒအလျောက် မဆွေးနွေးဘဲ ငြင်းဆိုနိုင်ပါတယ်။

၈။ အကျိုးကျေးဇူး

ဤသုတေသနတွင် ပါဝင်သောကြောင့် သင့်အတွက် တိုက်ရိုက် အကျိုးကျေးဇူးများ ရရှိမည်မဟုတ်ပါ။ သို့သော် သုတေသန တွေ့ရှိချက်တွေဟာ ကျန်းမာရေးဝန်ကြီးဌာနက ဆောင်ရွက်လျက်ရှိသော တင်ဒါခေါ်လုပ်ငန်းနှင့် ဆောက်လုပ်ရေးလုပ်ငန်းတို့နှင့် ပတ်သက် သည့် လုပ်ငန်းတွေမှာ အကျိုးရှိမှာ ဖြစ်ပါတယ်။

၉။ အချက်အလက်များ သိမ်းစည်းထားရှိခြင်း

ဤ သုတေသနမှ အချက် အလက်များကို လုံခြုံစွာ ထိန်းသိမ်းထားမှာ ဖြစ်ပါတယ်။ သင့်ထံမှ မေးမြန်းသိရှိရသည့် အချက်အလက်များကို သုတေသနအဖွဲ့မှတစ်ပါး အခြားဘယ်သူ မျှမသိစေရပါ။ သင်နဲ့ ပတ်သက်တဲ့ အကြောင်းအရာ တွေဖော်ပြတဲ့အခါ သင့်အမည် အစား နံပါတ်နဲ့သာဖော်ပြသွားမှာ ဖြစ်ပါတယ်။ သုတေသီတစ်ဦးသာ အမည်နဲ့ နံပါတ်ကိုသိမှာ ဖြစ်ပြီး လုံခြုံစွာသိမ်းဆည်းထားမှာ ဖြစ်ပါတယ်။

၁၀။ သုတေသန ရလဒ်များကို ဖြန့်ဝေခြင်း

ဤသုတေသနမှ တွေ့ရှိချက်များကို ကျန်းမာရေးဝန်ကြီးဌာန၊ ဆောက်လုပ်ရေး ဌာနမှ တာဝန်ရှိသူများအား သိစေမှာ ဖြစ်ပါတယ်။ ဤသုတေသနကို စိတ်ဝင်စားသူ အခြားသူများ သိရှိနိုင်စေရန် သင့်အချက်အလက်များမပါရှိဘဲ ရလဒ်များကိုသာ ဖြန့်ဝေမှာ ဖြစ် ပါတယ်။

၁၁။ ဆက်သွယ်ရမည့် ပုဂ္ဂိုလ်

အကြောင်းတစ်စုံတစ်ရာအတွက် မေးမြန်းလိုလျှင် ဒေါက်တာ ရန်နောင်ထွန်း၊ ဖုန်း- ၀၉၅၀၃၁၇၇၉ ထံကို ရုံးချိန် အတွင်း ဆက်သွယ်နိုင်ပါတယ်။ ဤသုတေသနကို သုတေသန နည်းပညာ ကျင့်ဝတ်ကော်မတီမှ ခွင့်ပြုချက်ရရှိပြီး ဖြစ်ပါသည်။

အပိုင်း (ခ) သုတေသနတွင် ပါဝင်ရန် သဘောတူညီမှုပုံစံ

ကျွန်ုပ်သည် (၂၀၁၈-၂၀၁၉) ခုနှစ်ဘဏ္ဍာရေးနှစ် အတွင်း ရန်ကုန်တိုင်းဒေသကြီး ပြည်သူ့ကျန်းမာရေးနှင့် ကုသရေး ဦးစီးဌာနမှ ဆောင်ရွက်ခဲ့သော ဆောက်လုပ်ရေး လုပ်ငန်း များနှင့်ပတ်သက်၍ ကြံ့တွေ့ခဲ့ရသော အကန့်အသတ်များ လေ့လာသည့် သုတေသနတွင် ပါဝင်ရန် ဖိတ်ခေါ်ခြင်းခံရပါသည်။ ဤသုတေသနတွင် ပါဝင်သောကြောင့် ကျွန်ုပ်အတွက် တိုက်ရိုက် အကျိုးကျေးဇူးများ ရရှိမည်မဟုတ်ပါ။ ကျွန်ုပ်သည် တစ်ဦးချင်းအသေးစိတ် ဆွေးနွေးခြင်းတွင် ကိုယ်တိုင်ပါဝင်ရမှာ ဖြစ်ပြီး နာရီဝက်မှ လေးဆယ့်ငါးမိနစ်ခန့် ကြာမြင့်မှာ ဖြစ်ကြောင်းနှင့် (၂၀၁၈-၂၀၁၉) ခုနှစ်တွင် ဆောင်ရွက်ခဲ့သည့် တင်ဒါလုပ်ငန်းနှင့် ဆောက်လုပ်ရေးလုပ်ငန်း ဆောင်ရွက်ချိန်တွင် ကြံ့တွေ့ခဲ့ရသော အကန့်အသတ်များအပေါ် ဆွေးနွေးမည် ဖြစ်ကြောင်း၊ မဆွေးနွေးလိုသည့် အကြောင်းအရာများပါရှိပါက မဆွေးနွေးဘဲ နေနိုင်ကြောင်း သိရှိရပါသည်။

ဤသုတေသနတွင် ကျွန်ုပ်သည် အထက်ဖော်ပြချက်များကို ဖတ်ရှုပြီးဖြစ်ပါသည်။ မရှင်းလင်းသည့် မေးခွန်းများကိုလည်းမေးမြန်းနိုင်၍ ၎င်းတို့ကို ကျွန်ုပ် ကျေနပ်သည်အထိ ဖြေဆိုပေးပါသည်။

ကျွန်ုပ်၏ ဆန္ဒအလျောက် ဤသုတေသန လုပ်ငန်းတွင် ပါဝင်ရန် သဘောတူပါသည်။

သုတေသနတွင် ပါဝင်သူအမည် _____

သုတေသနတွင် ပါဝင်သူလက်မှတ် _____

နေ့စွဲ _____

သုတေသီ၏အမည် _____

လက်မှတ် _____

ရက်စွဲ _____

Data Extraction Format

Sr.	Items
1.	Source of Tender, by Ministry and by Department
2.	Budget allocation for Construction Projects in Yangon Region
3.	Categories of Construction Projects by Departments, Staff Quarters, Office, Rural Health Centers, Hospitals, etc.
4.	<p data-bbox="395 689 715 719">I. Tender calling process</p> <ul data-bbox="443 741 1401 994" style="list-style-type: none"><li data-bbox="443 741 1401 826">▪ Instruction of Tender calling from Ministry and respective Departments<li data-bbox="443 853 1114 882">▪ Announcement of Tender calling via newspaper<li data-bbox="443 909 906 938">▪ Report to Regional Government<li data-bbox="443 965 979 994">▪ Approval form Regional Government <p data-bbox="395 1021 906 1050">II. Tender Committee Forming Process</p> <ul data-bbox="443 1072 1401 1326" style="list-style-type: none"><li data-bbox="443 1072 1161 1102">▪ Formation of Tender Committees at Regional Level<li data-bbox="443 1128 1401 1158">▪ Nomination of Tender Committees from Regional Health Department<li data-bbox="443 1184 900 1214">▪ Forming of Tender Committees<li data-bbox="443 1240 1401 1326">▪ Approval of Tender Committee members by Regional Government by name and designation <p data-bbox="395 1352 772 1382">III. Tender Selection Process</p> <p data-bbox="443 1404 1241 1433">a) Tender Selection Process by Tender Selection Committee</p> <ul data-bbox="491 1456 1002 1657" style="list-style-type: none"><li data-bbox="491 1456 852 1485">▪ Field visit by joint team<li data-bbox="491 1512 815 1541">▪ First Tender opening<li data-bbox="491 1568 954 1597">▪ Screening and Tender Selection<li data-bbox="491 1624 1002 1653">▪ Second Tender calling and opening <p data-bbox="443 1680 1401 1765">b) Tender Selection Process (by Tender Selection Committee without representative of Yangon Regional Health Department)</p> <ul data-bbox="491 1787 1059 1984" style="list-style-type: none"><li data-bbox="491 1787 1059 1816">▪ Review and Revise the marking scheme<li data-bbox="491 1843 932 1872">▪ Second time selection process<li data-bbox="491 1899 975 1928">▪ Announcement of contract award<li data-bbox="491 1955 810 1984">▪ Signing the Contract

Sr.

Items

- Starting the projects
 - Payment System
5. Time taken from Announcement of Tender award to Projects began
- Time taken from Announcement of Tender Award and Contract
 - Duration between Contract and Project Beginning
6. Completion of Construction Project under Specific Departments

In-Depth Interview Guideline

Background characteristics

Sr.	Name	Age	Education Level	Experience of Construction Project
1.				
2.				
3.				
4.				
5.				

- i. How did you decide to compete the tender? how many projects did they apply for bidding, and why?
- ii. Allowed duration for bid preparation being enough
- iii. how many projects did they apply for bidding, and why?
- iv. Did you estimate the budget for each constructions? Any difficulties in deciding designs, structure and labour and general expenses? 'project profitability', 'project risk' and 'competition due to project conditions'
- v. Features of the project and dynamically changing situations
- vi. Two basic elements: (1) the estimate of direct job cost, which includes direct labor costs, material costs, equipment costs, and direct field supervision; and (2) the markup or return, which must be sufficient to cover a portion of general overhead costs and allow a fair profit on the investment
- vii. Open procedure or restricted procedure (Enshassi et.al, 2010)
- viii. Strength and weakness of the process
- ix. Lesson learnt
- x. Suggestions to be improved the process

Appendix - 3

A contractor, 45-year-old, graduated, who has 10 years experienced on Construction Project with Ministry of Health said

“.....တကယ်တော့ တင်ဒါဈေးနှုန်းကို ကျွန်တော်တို့မသိကြပါဘူး.....Deposit တင်ရမယ့် Amount ကနေပြီး ပြန်မှန်းဆရသလိုပါပဲ... အဲ့ဒီအပြင် တစ်ချို့ပုံတွေကလည်း တကယ်လိုအပ်တဲ့အချက်အလက် မပါဘူး....”

55-year-old, graduated, general manager from the construction company and who has 15 years' experience in working with Government project responded that

“.....တင်ဒါဈေးတာမှာ အသုံးပြုတဲ့ အမှတ်ပေးပုံကိုကြိုတင်မသိရတဲ့အတွက် အခြား ပြိုင်ဘက် (Competitors) ကုမ္ပဏီများနဲ့ ယှဉ်ပြိုင်ရာမှာ အခက်အခဲရှိပါတယ်.....”

50-year-old, graduated, general manager from the construction company and who has more than 20 years' experience in working with Government project pointed that

“...ကျွန်တော်တို့ ကုမ္ပဏီက တင်ဒါ (၅) ခုဝင်ပြိုင်တာ (၂) ခုရတယ်....ပက (၁) ခု၊ ကုသ (၁) ခု.....အခက်အခဲတွေကတစ်မျိုးစီပါကပဲ.....ရုန်းကန်ရတာပေါ့ဗျာ...”

48-year-old, graduated, director form the construction company said

“..အများအားဖြင့်တော့ ဆောက်လုပ်ရေးကုမ္ပဏီတွေ တင်ဒါပြိုင်ရင် အနည်းဆုံး (၂) ခု၊ (၃) ခု ပြိုင်လေ့ရှိကြပါတယ်....ဒါပေမယ့် ကြမ်းခင်းဈေးရဲ့ ၅% ကို Deposit တင်ရတော့ အဲ့ဒီမှာလည်း အခက်အခဲ တစ်ခုပါပဲ....”

A contractor, 45-year-old, graduated, who has 10 years experienced on Construction Project with Ministry of Health said

“...အဆောက်အဦဒီဇိုင်းနဲ့ပတ်သက်ပြီး ကျန်းမာရေးဝန်ကြီးဌာနက သူတို့အတည်ပြု ပြီးသားဒီဇိုင်းမှာ အပြောင်းအလဲဖြစ်သွားတာနဲ့ အခက်အခဲတွေဖြစ်သွားပြန်တယ်။ ဥပမာ-

ယခင်က ကားပါကင်ဒီဇိုင်းနဲ့ တွက်ချက်မှုမပါဘူး။ ပြီးမှ ကားပါကင်ထည့်မယ်၊ ထပ်တိုး လုပ်ငန်းအဖြစ်တင်ပါ လို့ပြောတယ်။ ပြီးရင် အဲဒါတွေ ကိုအဆင့်ဆင့်ပြန်တင်ရတယ်။ အလုပ်ကလည်းအချိန်ကန့်သတ်ချက် ရှိပြန်တယ်။ ပြီး ပိုက်ဆံ ပြန်တင်ရရင်လည်း ခက်ပြန်တယ်။.....”

36-year-old, graduated, director form the construction company said

“...ကျွန်တော်တို့ ပရောဂျက် က အစတုန်းက လမ်းပိုင်းမပါဘူး....ဒါပေမယ့် လုပ်ငန်း လိုအပ် ချက် အရ လမ်းဖောက်ဖို့လိုလာတယ်...အဲဒီအခါကျမှ ကျွန်တော်တို့ဘာသာ ဒီဇိုင်းဆွဲ၊ ကျသင့်ငွေတွက်ပြီး အရင်စိုက်ထားပြီး....နောက်မှပြန်တောင်းရတယ်.... အမှန်တော့စီမံခန့်ခွဲ ရတာ တော်တော် ခက်တယ်.....”

48-year-old, graduated, director form the construction company said

“တကယ်တော့ အမြတ်အနေနဲ့ရတယ်လို့ ပြောဖို့ခက်တယ်။ ကျွန်တော်တို့အနေနဲ့ အမြတ်အစွန်းဆိုတာထက် ကိုယ့်ဝန်ထမ်းတွေကို အလုပ်ပေးနိုင်အောင်ရယ်၊ သူတို့ စားဝတ်နေရေးအဆင်ပြေဖို့ အတွက်သာပါ ပဲ။”

50-year-old, graduated, general manager from the construction company and who has more than 20 years’ experience in working with Government project pointed that

“...ငွေဈေး နဲ့ Exchange Rate မငြိမ်ရင် ပြည်တွင်းဆောက်လုပ်ရေးပစ္စည်းတွေဖြစ်တဲ့ အုတ်၊ သဲ၊ ကျောက်၊ သံ စတာတွေ ဈေးတက်တဲ့အတွက် တွက်ချေမကိုက်ပြန်ဘူး။ အလုပ်သမား ခတွေ၊ ငှားရမ်းခတွေကလည်း ဈေးတက်တယ်ဗျ.....”

36-year-old, graduated, director form the construction company said

“.....စာရွက်၊စာတမ်းကိစ္စတွေအလုပ်လုပ်ရတာသိပ်ကြာတယ်ဗျ။ အမှားခဏ၊ ခဏ ပြင်ရတာလည်း ပါတယ်။ ရုံးချုပ်ရောက်သွားမှ မှားလို့ပြန်ပြင်ပါဦးဆိုသွားပြီ။ ပြီးတော့

Cheque ပဲဖြစ်ဖြစ်၊ ကျန်းမာရေး ဝန်ကြီးဌာနကိုတင်ရတဲ့ ငွေတောင်းခံလွှာဖြစ်ဖြစ်၊ ကြာမှကြာပဲ.....”

50-year-old, graduated, general manager from the construction company and who has more than 20 years' experience in working with Government project pointed that

“...PAE

အရမ်းနည်းပါတယ်...တစ်စတုရန်းပေပေါ်တွက်ချက်တဲ့ဈေးနှုန်းပေါ့ဗျာ...ပြင်ပအဆောက်အ ဦ တွေမှာ အနည်းဆုံး ၁ စတုရန်းပေ ကို ၅၀,၀၀၀-၁၅၀,၀၀၀ လောက်ရှိပြီး အစိုးရတင်ဒါတွေမှာ ၂၅,၀၀၀ ကနေ ၃၀,၀၀၀ ခန့်သာပါတယ်။ PAE နည်းတဲ့အတွက် အရည်အသွေးပိုင်း ထိန်းသိမ်းရာမှာ အခက် အခဲရှိပါတယ်.....”

36-year-old, graduated, director form the construction company said

“...ငွေထုတ်တဲ့စနစ်ကလည်း လုပ်ငန်းပြီးစီးမှုအပေါ်မူတည်ပြီး ၂၅%၊ ၅၀%၊ ၇၀%၊ ၁၀၀%...တစ်ရစ်ပြီးမှ တစ်ရစ် ထုတ်ရတဲ့အတွက်.... တောင်းခံတဲ့အခါမှာလည်း ကြန့်ကြာတဲ့အတွက် အခက်အခဲတွေ ဖြစ်ရပါတယ်.....”

48-year-old, graduated, director form the construction company said

“...Bank guarantee 5% ကို အဆောက်အဦပြီးလို့ ...အပ်ပြီးလို့...တောင်းခံတဲ့အခါမှာ အခက်အခဲတွေ အများကြီးရှိပြန်ရော.....တခါတရံ ၃-၄ နှစ်တောင်ကြာတတ်တာကလည်း မကောင်းဘူး....”

50-year-old, graduated, general manager from the construction company and who has more than 20 years' experience in working with Government project pointed that

“...လုပ်ငန်းစတင်တဲ့ အချိန်က မိုးဝင်ခါနီးဖြစ်နေတော့ အလုပ်စတာခက်တယ်....ဥပမာအားဖြင့် အဆောက် အဦဆောက်တဲ့နေရာမှာရော.....ပစ္စည်းတွေ..အုတ်တွေ၊ သဲတွေ...စုပုံထားရတာ

တွေရော ပေါ့.....မိုးတွင်း ဆိုတော့ တုပ်ကွေးရာသီလည်းဖြစ်တော့ အလုပ်သမားတွေ ဖျားတာ..နာတွေလည်း ရှိတော့ မိုးမကျခင် အလုပ်စချင်တယ် ခင်ဗျ....”

36-year-old, graduated, director form the construction company said

“ငွေတောင်းခံရတာလည်းခက်တယ်ဗျ..အဆင့်တွေကလည်းများတယ်...ကုမ္ပဏီကလုပ်ငန်း ပြီးစီးကြောင်းတင်ရင် တိုင်းကျန်းကနေ တိုင်းအစိုးရ၊ တိုင်းအစိုးရ ကနေ တိုင်းကျန်း၊ ပြီးမှ ကျွန်တော်တို့ ထုတ်ခွင့်ရ တယ်..အနည်းဆုံး (၁) လကနေ (၁) လခွဲလောက်ကြာတယ်ဗျ... ၂၅%၊ ၅၀% စသည်ဖြင့်... ကုသဘက် ကတော့တိုင်းအစိုးရခွင့်ပြုချက် မဟုတ်ဘူးဗျ.... ဝန်ကြီးဌာနခွင့်ပြုရင်ရပြီ...ဝန်ကြီးဌာန တစ်ခုထဲဖြစ်ပြီး စနစ်ကတူမနေဘူးဗျ... ဒါကိုလည်း ပြုပြင်ပေးစေချင်ပါတယ်ဗျ....”

A contractor, 45-year-old, graduated, who has 10 years experienced on Construction Project with Ministry of Health said

“...ပြောရရင်ကျွန်တော်တို့က လုပ်ငန်းစချိန်မှာ ကိုယ့်ပိုက်ဆံနဲ့ကိုယ်စိုက် လုပ်ရတာဗျ.... ပိုက်ဆံ ပြန်တင် ရင်လည်းကြာတယ်လေ... အချိန်ကန့်သတ်ချက်ရှိတော့ ပိုက်ဆံရမှ အလုပ်စလို့ရတာ မဟုတ်ဘူးဗျ.... ကန်ထရိုက်တန်ဖိုးကြီးလေ စိုက်သုံးရတာများလေ ဆိုတော့ ဘဏ်ကချေးရတယ်... အဲ့တော့ အမြတ် ဆိုတာထက် အတိုးကြေဖို့နဲ့ အကြွေးနည်းအောင် မနည်းရုန်းကန်ရတယ်ဗျ.... ဘဏ်အတိုး နှုန်းကိုလည်း အစိုးရ Project တွေလုပ်တဲ့လုပ်ငန်းရှင်တွေအတွက် သက်သာအောင် လုပ်ပေးစေ ချင်ပါတယ်ဗျ....”

48-year-old, graduated, director form the construction company said

“..ကျွန်တော်အကြံပေးလိုတာကတော့ စာချုပ်ထဲမှာအဆောက်အဦရဲ့ အခြေခံလိုအပ် ချက်တွေ... ရေ၊မီး၊ မိလ္လာ၊ Air-con၊ မီးစက်၊ မီးကြိုး၊ Furniture တွေပါစေချင်တယ်... နောက်မှထပ်တိုးတော့ မလိုအပ်တဲ့ Transaction cost တွေရှိလာတယ်....”

36-year-old, graduated, director form the construction company said

“..အခု ဘတ်ဂျက်နှစ်က အောက်တိုဘာကနေ စက်တင်ဘာဆိုတော့ ကျွန်တော်တို့ တင်ဒါစတင် ထားပြီး စာချုပ်ချုပ်တဲ့အချိန်က ၄ လ လောက်ကြာပြီး.....သင်္ကြန်မတိုင်မီ အလုပ်စနိုင်အောင် မနည်း ကြိုးစားရ တာဗျ... အလုပ်လုပ်ဖို့အချိန်က ၅ လ- ၆ လ လောက်ပဲရတော့တာ... အဲ့ဒါကိုလည်း ပြုပြင်ပြောင်းလဲပေး နိုင်ရင်ကောင်းမယ်ဗျ... လုပ်ရကိုင်ရအဆင်ပြေသွားအောင်လို့လေ....”

A contractor, 45-year-old, graduated, who has 10 years experienced on Construction Project with Ministry of Health said

“...ကျွန်တော်က UNICEF ရဲ့ တခြားတိုင်းနှင့်ပြည်နယ်တွေမှာ ဆောက်တဲ့ဆောက်လုပ်ရေး လုပ်ငန်း တွေလုပ်ခဲ့ဖူးပါတယ်ခင်ဗျ။ သူတို့က Online system သုံးတယ်ဗျ.....လိုချင်သမျှ ဒေတာ ဘယ်သူ့ဆီကမှ တောင်းစရာမလိုဘူး။ Download ဆွဲရင်ရတယ်....email ရယ်...online application ရယ်ပဲ သုံးသွားတာ...လွယ်လည်းလွယ်..အကျိုးလည်း ရှိတယ်ဗျ.....အစိုးရဌာနတွေက ဘာလို့ Online စနစ်မသုံးသလဲဆိုတာကျွန်တော်တော့ နားမလည်ဘူးဗျ.....”

36-year-old, graduated, director form the construction company said

“...တကယ်တော့ကျွန်တော်တို့ က ၂၅ ရာနှုန်းပြီးရင်ပိုက်ဆံထုတ်လို့ရပြီဆိုပေမယ့် ပိုက်ဆံတစ်ခါထုတ်ဖို့အရေး လန့်ချီကြာတယ်ဗျ.....ပိုက်ဆံမရမချင်း အလုပ်ကလည်းရပ်ပြီး စောင့်လို့ မရဘူးလေ... အဲ့တော့ ၂၅ ရာနှုန်းဆိုပေမယ့် ၃၅-၄၀ ရာနှုန်းလောက်ပြီးမှ ၂၅ ရာနှုန်းစာရတဲ့ သဘောမျိုးဖြစ်တယ်... ကျွန်တော်တို့အခက်အခဲကို အစိုးရကမကြည့်ဘူးဗျ.... ကျွန်တော်တို့ အမြတ်ရသလား..လည်း စိတ်မဝင်စားဘူး.....ငွေကြေးစီးဆင်းမှုက ကျွန်တော်တို့... Subcon တွေနဲ့ အလုပ်သမားတွေအတွက် အရေးကြီးတယ်ဗျ...”

Appendix - 4**Budget allocation for Central Hospitals and Yangon Regional Medical Services Department**

Sr.	Hospital Name	Staff Housing/ Hospital/ Others	Budget allowed (Kyats in Million)
1.	Ears, Nose and Throat, Head Surgical Hospital	Staff Housing	300,000
2.	Yangon Eyes Specialist Hospital	Staff Housing	260,000
3.	Yangon Eyes Specialist Hospital	Extension Building	500,000
4.	Yangon Regional Health Department	Staff Housing	200,000
5.	South Okkalapa Women and Children Hospital	Staff Housing	180,000
6.	New Dagon (Seikkan) Township	Staff Housing	180,000
7.	Mental Health Hospital	Staff Housing	180,000
8.	Mental Health Hospital	Staff Housing	200,000
9.	New Dagon (East) Township	Staff Housing	360,000
10.	New Dagon (South) Township	Hospital	250,000
11.	New Dagon (North) Township	Staff Housing	200,000
12.	East Yangon General Hospital	Staff Housing	300,000
13.	East Yangon General Hospital	Renovation (Major)	150,000
14.	North Okkalapa General Hospital	Staff Housing	390,000
15.	Waibergi Specialist Hospital	Staff Housing	295,000
16.	Yankin Children Hospital	Staff Housing	295,000
17.	Thingangyun Sanpya General Hospital	Staff Housing	180,000
18.	Thingangyun Sanpya General Hospital	OPD building	22,000
19.	Taikkyi Township Hospital	Staff Housing	180,000

Sr.	Hospital Name	Staff Housing/ Hospital/ Others	Budget allowed (Kyats in Million)
20.	Htan Ta Pin Township Hospital	Staff Housing	180,000
21.	Mingalardon Specialist Hospital	Staff Housing	180,000
22.	Mingalardon (Pearl) Hospital	Staff Housing	180,000
23.	Hlegu Township Hospital	Staff Housing	180,000
24.	Hlegu Township, Phaung Gyi Station Hospital	Staff Housing	82,000
25.	Hlaingtharyar Public Hospital	Medical store	63,000
26.	Shwe Pyi Thar Township Hospital	Staff Housing	167,000
27.	Universities Hospital	Staff Housing	38,000
28.	Orthopaedic Hospital	Staff Housing	180,000
29.	West Yangon General Hospital	Staff Housing	300,000
30.	CMSD	Staff Housing	180,000
31.	Yangon Children Hospital	Staff housing	180,000
32.	Yangon Children Hospital	Major Renovation	665,700
33.	Daw Khin Kyi Women Hospital	Staff Housing	300,000
34.	Hmawbi Township Hospital	X-ray department	63,000
35.	Hmawbi Township Hospital	Staff Housing	200,000
36.	Yangon Specialist Hospital (500-bedded)	Staff Housing	180,000
37.	New Yangon General Hospital	Staff Housing	300,000
38.	Yangon General Hospital	Radiation Department	490,000
39.	National Rehabilitation Hospital	Staff Housing	180,000
40.	National Rehabilitation Hospital (Lab)	Staff Housing	180,000
41.	Central Women Hospital	Staff Hospital	180,000
42.	Central Women Hospital	Staff Hospital	225,000
43.	Konchangone Township Hospital	Staff Housing	180,000

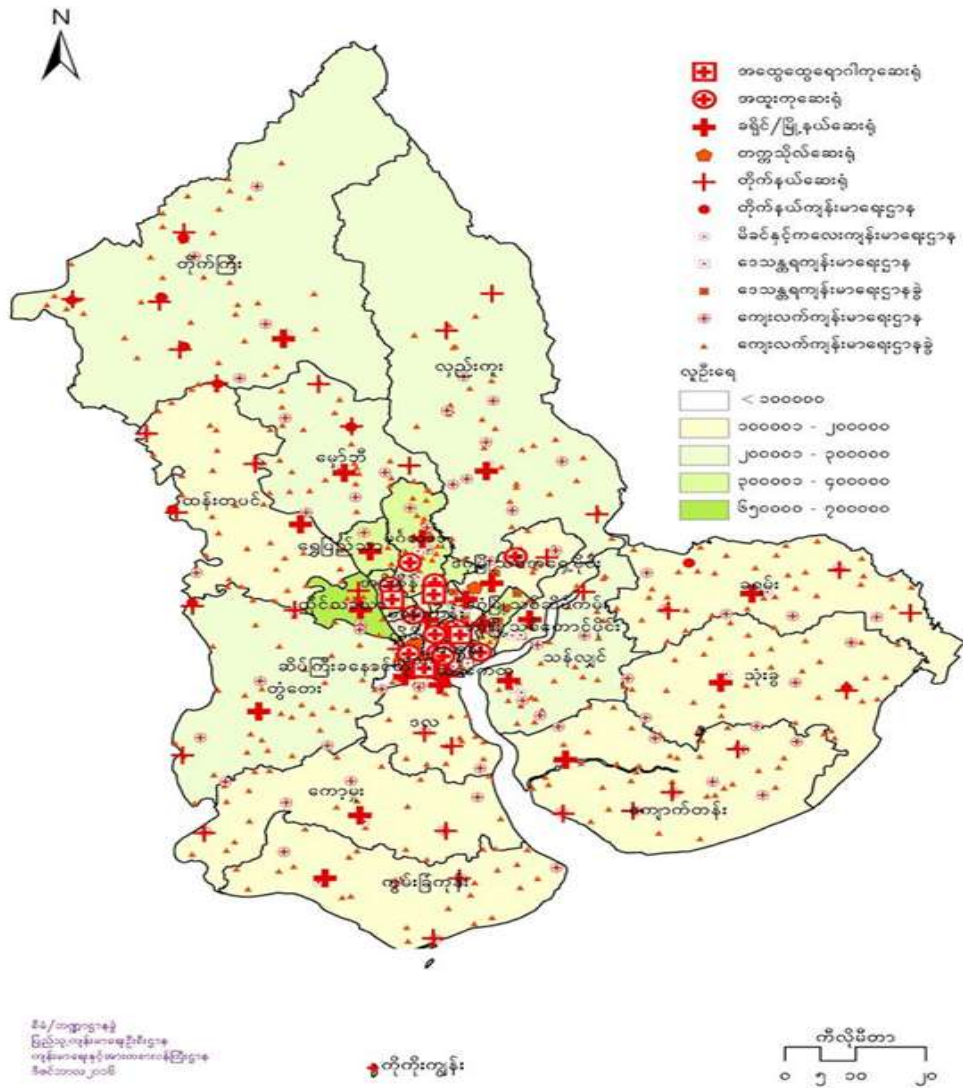
Sr.	Hospital Name	Staff Housing/ Hospital/ Others	Budget allowed (Kyats in Million)
44.	Konchangone Township, Let Kote Kone Station Hospital	Staff Housing	44,000
45.	Kyaunt Tan Township Hospital	Hospital extension building	225,000
46.	Kyaunt Tan Township Hospital	Staff Housing	180,000
47.	Kawmhu Township Hospital	Hospital extension building	225,000
48.	Kawmhu Township Hospital	Staff Housing	150,000
49.	Kawmhu Township, Kyite Htaw Station Hospital	Staff Housing	44,000
50.	Khayan Township Hospital	Staff Housing	180,000
51.	Seikkyi Kha Naungto Township Hospital	Staff Housing	180,000
52.	Tontay Township Hospital	Staff Housing	150,000
53.	Yangon General Hospital	Staff Housing	300,000
54.	Dalla Township Hospital	Staff Housing	210,000
55.	Dalla Township, Pyaw Bwae Gyi Station Hospital	Staff Housing	44,000
56.	Dalla Township, Ya Khine Chaung Station Hospital	Staff Housing	44,000
57.	Thonegwa Township Hospital	Staff Housing	210,000
58.	Thonegwa Township, Alan Kone Station Hospital	Staff Housing	44,000
59.	Thanlyin Public Hospital	Staff Housing	180,000
60.	Thanlyin Public Hospital	Extension Building	225,000
61.	Coco Island Township Hospital	Staff Housing	146,00
Total			12,386,700

Budget allocation for Yangon Regional Public Health Department

Sr.	Name	Staff Housing/ Hospital/ Others	Budget allowed (Kyats in Million)
1.	Dawbon Township Public Health Department	Staff Housing	111,520
2.	Urban Health Centre, South Okkalapa Township Public Health Department	Staff Housing	533,700
3.	Ywar Thar Gyi RHC, Kuant Tan Township Public Health Department	Staff Housing	63,000
4.	Mya Kine RHC, Kuant Tan Township Public Health Department	Staff Housing	63,000
5.	Sittapin RHC, Kuant Tan Township Public Health Department	Staff Housing	63,000
6.	Aung Chan Thar RHC, Kuant Tan Township Public Health Department	Staff Housing	63,000
7.	Na Ywae Chaung RHC, Kuant Tan Township Public Health Department	Staff Housing	63,000
8.	Htan Ta Pin Township Public Health Department	Staff Housing	360,000
9.	Talineme RHC, Htan Ta Pin Township Public Health Department	Staff Housing	63,000
10.	Tarmwae Township Public Health Department	Staff Housing	520,850
11.	Nyaung Pin Kwin RHC, Khayan Township Public Health Department	Staff Housing	26,850
12.	Regional Public Health Department	Office building	480,000

Sr.	Name	Staff Housing/ Hospital/ Others	Budget allowed (Kyats in Million)
13.	Regional Public Health Department	Staff Housing	580,000
14.	Regional Public Health Department	Staff Housing	576,000
15.	West District Public Health Department	Office building	257,250
16.	HlaingTharYar Township Public Health Department	Office building	156,000
17.	Thanlyin Township Public Health Department	Office building, Staff Housing	300,000
18.	North Okkalapa Township Public Health Department	Staff Housing	273,600
19.	North Okkalapa Township Public Health Department (Waibergi Hospital Compound)	Staff Housing	396,360
20.	Kamaryut Township Public Health Department	Staff Housing	224,000
21.	Dagon Township Public Health Department	Staff Housing	520,800
22.	36 UHC, New Dagon (North) Township Public Health Department	Staff Housing	50,0400
23.	Alone Township Public Health Department	Staff Housing	215,000
24.	North District Public Health Department	Staff Housing	300,800
25.	Sanchaung Township Public Health Department	Staff Housing	350,000
Total			6,610,920

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(2014-2015), Public Health Specialist, Health and Disease Control Unit, Ministry of Defence, Nay Pyi Taw
(2015 July-2017 Jan) Deputy Director, Central Medical Store Depot, Department of Medical Services, Ministry of Health and Sports
(2017 Jan-2020 June) Deputy Director, Regional Health Department (Medical Services), Yangon Region
(2020, June- 2021, August) Deputy Director, Foreign Relation Section, Department of Medical

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8. Present Duty (2021, August to up till now) Director, Regional Health Department (Medical Services), Yangon Region
9. Research Experiences Thesis (MPH): A Study on management of Malaria among Military Personnel in Taikkyi Cantonment (2006)