**Questionnaire for Professional Health Staff**

**Introduction:**

This interview is conducted by the Myanmar Survey Research on behalf of UNDP, which is an international organisation that is part the United Nations. UNDP provides development assistance to the people and the government of Myanmar. UNDP is not part of the Myanmar government and it is not a political party. UNDP is helping your government to improve the services it provides to the people of Myanmar like education, health and water.

The Government of Myanmar and UNDP are working together to improve the quality of basic health services provided to the people of Myanmar. In order to start this process we first need to know what the present challenges are in the health sector; what is going well and what needs to be improved? The research team will therefore interview various groups that are involved in basic health care. We will interview citizens who are the users and beneficiaries of these facilities. In addition, we will interview managers and staff of a large number of primary health facilities to listen to their perspective and identify areas that you want to see improved. **Your opinion as a front line service provider is therefore very important to your government in its attempt to improve basic health care in Myanmar.**

Before answering the questions below, please note that:

1. This survey is about the quality of the basic health care system in general, and **not** about your or anyone’s else individual performance or the performance of this particular health facility. We are only interested in the performance of all basic health care facilities combined. The information that you will provide will be treated **confidential** by the research team. **Nobody** (including your supervisor) will be able to trace your answers back to you. You can therefore be honest and frank and feel free to comment on anything that you think is not functioning well in the health care system.

2. If you don’t understand a question, please ask the enumerator for clarification. They are there to help you. If you don’t know the answer to a question it is important that you circle the 0 in the “I don’t know” box instead of guessing. For us that is very important information as well.

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| NAME OF VILLAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOWNSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  STATE/REGION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NAME OF HEALTH FACILITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TYPE OF HEALTH FACILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NAME OF ENUMERATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **DATE : \_\_\_/\_\_\_/\_\_\_** |

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| **GENERAL QUESTIONS: (please tick the appropriate box):** | | |
| 1. What is your sex? | 1. Male: | 2. Female: |
| 2. What is your age group? | 1. Below 18  2. between 18-35 | 3. Between 36-55  4. Above 55 |

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| 3. (a) What is your last **completed** level of formal education (for which you have a certificate)? | 1. Primary school  (Grade 1-5)  2. Middle school  (Grade 6-9)  3. High School  (Grade 10-11) | 4. University  96. Other (specify)  ------------------------------------- |
| (b) What additional qualifications do you have (certificate or diploma)? | 1. Midwife training  2. Health Assistant training | 3. Nursing School  4. Other (specify) |

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| 4. What is your present function in this medical facility | 1. Health Assistant  2. Lady Health Visitor  3. Midwife  4. Nurse/head nurse | 5. Public Health  Supervisor  6. Doctor  7. Administrative staff  8. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. For how many years have you been working in this function/position (not necessarily in this health facility)? | 1. less than 3 years  2. between 3-5 years | 3. between 6-10 years  4. between 11-20 years  5. More than 20 years |

**TO WHAT EXTENT DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS RELATED TO THIS HEALTH FACILITY**

***CIRCLE OR FRAME ONE ANSWER:* e.g.:** If I DON’T KNOW OR HAVE NO OPINION: ***CIRCLE THE 0.***

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| **A.** **ENABLING ENVIRONMENT** | | | | | | |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | I don’t know |
| 1. I RECEIVE A FAIR SALARY FOR THE WORK THAT I AM DOING | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. MY SALARY IS USUALLY PAID ON TIME (THERE IS NO DELAY IN PAYMENTS) | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. THE QUALITY OF THE INFRASTRUCTURE (building quality, number of rooms) OF THIS HEALTH FACILITY IS GOOD | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. I AM PROVIDED WITH GOOD ACCOMODATION BY THIS HEALTH FACILITY | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. THIS HEALTH FACILITY HAS COMMUNICATION (OFFICE TELEPHONE) FACILITIES FOR ITS STAFF | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. THE TOWNSHIP HEALTH OFFICER IS UNDERTAKING REGULAR SUPERVISION AND SUPPORT VISITS TO THIS HEALTH FACILITY | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. THE SUPPORT RECEIVED FROM THE MINISTRY OF HEALTH TO RUN THIS HEALTH FACILITY IS ADEQUATE | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. THE SAFETY AND SECURITY OF BOTH PATIENTS AND HEALTH WORKERS OF THIS HEALTH FACILITY IS ENSURED | 1 | 2 | 3 | 4 | 5 | 0 |

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| **B.** **AVAILAIBILITY OF FURNITURE, HEALTH EQUIPEMENTS AND MATERIALS** | | | | | | |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | I don’t know |
| 1. THIS HEALTH FACILITY HAS ADEQUATE HEALTH INSTRUCTIONS AND PROTOCOLS | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. THIS HEALTH FACILITY HAS ADEQUATE FURNITURE AND OFFICE SUPPLIES | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. THIS HEALTH FACILITY HAS ADEQUATE HEALTH EQUIPMENTS AND MATERIALS | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. THIS HEALTH FACILITY HAS IN GENERAL AN ADEQUATE STOCK OF ESSENTIAL MEDICAL SUPPLIES AND DRUGS FOR THIS TYPE OF FACILITY | 1 | 2 | 3 | 4 | 5 | 0 |

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| **C.** **STAFF AVAILABILITY AND CAPACITY** | | | | | | |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | I don’t know |
| 1. THIS HEALTH FACILITY HAS AN ADEQUATE **NUMBER** OF QUALIFIED MEDICAL STAFF FOR ITS DAILY OPERATIONS | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. THE HEALTH WORKERS OF THIS FACILITY ARE ALL PROPERLY QUALIFIED FOR THEIR JOB (meaning that they don't have to carry out medical acts for which they do not have the right qualifications) | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. I RECEIUVE REGULAR IN SERVICE TRAINING IN ACCORDANCE WITH MY LEVEL OF QUALIFICATION | 1 | 2 | 3 | 4 | 5 | 0 |

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| **D.** **STAFF ATTITUDE** | | | | | | |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | I don’t know |
| 1. I KNOW THE CODE OF CONDUCT OF THE MINISTRY OF HEALTH | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. THE HEALTH WORKERS OF THIS HEALTH FACILITY ADHERE IN GENERAL TO THE CODE OF CONDUCTS OF THE MINISTRY OF HEALTH | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. THIS HEALTH FACILITY DOESN’T HAVE A PROBLEM OF ABSENTEEISM (i.e. except for regular leave and sickness the staff is always present during working hours) | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. THE HEALTH STAFF OF THIS FACILITY ARE ALWAYS POLITE WHEN PROVIDING SERVICES TO THE PATIENTS | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. THE HEALTH STAFF OF THIS FACILITY ALWAYS RESPECT PATIENTS' PRIVACY AND CONFIDENTIALITY | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. EVERY PATIENT DISREGARDING HIS/HER RACE OR ETHNICITY, SEX, RELIGION, OR DISABILITY IS TREATED IN THE SAME WAY IN THIS HEALTH FACILITY | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. NO CASE OF SEXUAL ABUSE OR OTHER FORM OF ABUSE HAS BEEN OR CAN BE REPORTED IN THIS HEALTH FACILITY | 1 | 2 | 3 | 4 | 5 | 0 |

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| **E.** **QUALITY OF SERVICES** | | | | | | |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | I don’t know |
| 1. THE OVERALL QUALITY OF HEALTH SERVICES PROVIDED BY THIS HEALTH FACILITY IS SATISFACTORY AS COMPARED TO OTHER SIMILAR HEALTH FACILITIES IN THE STATE/REGION | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. THE PUBLIC IS IN GENERAL SATISFIED WITH THE MOTHER AND CHILD HEALTH SERVICES IN THIS HEALTH FACILITY | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. THE PUBLIC IS IN GENERAL SATISFIED WITH THE EXTERNAL CONSULTATION (REFERRAL TO OTHER FACILITIES) IN THIS HEALTH FACILITY | 1 | 2 | 3 | 4 | 5 | 0 |

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| **F.** **PARTICIPATION, TRANSPARENCY AND ACCOUNTABILITY** | | | | | | |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | I don’t know |
| 1. THIS HEALTH FACILITY IS REPORTING ADEQUATELY (ON TIME, COMPLETE AND TRUTHFUL) ON THE USE OF ITS SUPPLIES TO THE TOWNSHIP HEALTH OFFICE | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. STOCK MANAGEMENT OF ESSENTIAL DRUGS AND MEDICAL SUPPLIES IN THIS HEALTH FACILITY IS ADEQUATE | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. ESSENTIAL DRUGS AND MEDICINES ARE ACTUALLY AND PROPERLY DISBURSED TO PATIENTS IN THIS HEALTH FACILITY WHICH MEANS THEY ARE NOT SOLD PRIVATELY | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. COMPLAINTS MADE BY PUBLIC/USERS ARE TAKEN SERIOUSLY BY THE MANAGEMENT OF THIS HEALTH FACILITY AND ACTED UPON IMMEDIATELY | 1 | 2 | 3 | 4 | 5 | 0 |

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| **G.** **EQUITY** | | | | | | |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | I don’t know |
| 1. THE CONCERNS AND NEEDS OF MEN AND WOMEN (LIKE SEPARATE TOILETS, ETC) ARE TAKEN INTO ACCOUNT IN THIS HEALTH FACILITY? | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. STAFF OF THIS HEALTH FACILITY APPROACH PEOPLE LIVING WITH A DISABILITY ACTIVELY TO PROVIDE THEM WITH THE MOST APPROPRIATE HEALTH SERVICES | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. ADOLESCENTS BENEFIT FROM THE HEALTH SERVICES PROVIDED BY THIS HEALTH FACILITY REGULARLY | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. POOR PEOPLE BENEFIT IN THE SAME WAY AS ANYONE ELSE FROM THE SERVICES PROVIDED BY THIS HEALTH FACILITY | 1 | 2 | 3 | 4 | 5 | 0 |

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| **H.** **OVERALL STATEMENT** | | | | | | |
|  | None or Very Bad | Bad | OK Normal | Good | Very good | I don’t know |
| 1. HEALTH AND SOCIAL WELFARE IS VERY IMPORTANT FOR THE GOVERNMENT OF MYANMAR | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. THE PUBLIC HEALTH FACILITIES IN MYANMAR ARE IN GENERAL FREE FROM CORRUPTION | 1 | 2 | 3 | 4 | 5 | 0 |
| 1. THE PUBLIC IS ADEQUATELY INVOLVED IN THE PLANNING PROCESS IN THE HEALTH SECTOR | 1 | 2 | 3 | 4 | 5 | 0 |

**Please answer the following questions as well:**

1. What happens with a voluntary donation in money or kind paid by patient to a medical staff in this facility?

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1. Have the health services in this village/ward improved, worsened or stayed more or less the same over the last 3 years?

worsened: no change: improved:

1. According to you, what are the most important reasons for this improvement or worsening (or lack of change)?

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1. According to you, what are the three most important challenges for this health facility to further improve the quality of its health services? (please mention in order of importance, the most important one first)

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1. What would be the most important cost effective improvement (activities with small money but providing high impact) for this health facility to further improve the quality of its health services?

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47. Will a more active involvement of the people in this village/ward in the provision of health services improve the health situation in this village tract/ward? If yes, how?

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48. What could the ministry of health do better to improve the quality of health care in this village tract/ward?

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49. Do you have any other comments or suggestions you want to share with us regarding health care in your village tract/ward?

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**Thank you very much for your cooperation!!**