**Questionnaire for Health Facility Manager**

**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.

|  |  |
| --- | --- |
| NAME OF VILLAGE TRACT/WARD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOWNSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  STATE/REGION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NAME OF HEALTH FACILITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TYPE OF HEALTH FACILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IS THIS FACILITY RUN BY GOVERNMENT (01), PRIVATE (02) OR CHARITY/RELIGIOUS (03)? *(Enumerator: Enter or Check Code)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IF NON-GOVERNMENT WHO IS THE OWNER?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ENUMERATOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **DATE : \_\_\_/\_\_\_/\_\_\_** |

|  |  |  |
| --- | --- | --- |
| **GENERAL QUESTIONS: (please 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 |
| 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. ~~Nursing school~~  4. University  5. 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) |
| 4. What is your present function (position) 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff** | Female | Male | total | Don’t know |
| 6. Please list the number and function of all medical staff working in this health facility at the moment according to sex |  |  |  |  |
| a. Doctor/Medical Officer |  |  |  |  |
| b. Nurse/head nurse |  |  |  |  |
| c. Health Assistant |  |  |  |  |
| d. Lady Health Visitor |  |  |  |  |
| e. Midwife |  |  |  |  |
| f. Public Health Supervisor |  |  |  |  |
| g. Lab/radiology technician |  |  |  |  |
| h. Other (please specify) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | yes | no | If yes, how many? | Don’t know |
| 7. Did you have over the last year any structural vacancies in this health facility (meaning that a position was vacant for more than 3 months)? |  |  |  |  |
| 8. Is it difficult to get the right qualified medical staff who are willing to work in the health facility? |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 9**.** What has been over the last completed year… *(please mention the number or rate)* | Number or rate | Don’t know |
| a. The catchment area in terms of number of people served by this facility (please estimate) |  |  |
| b. The total number of patient consultations? |  |  |
| c. The number of patients helped with reproductive health care or family planning? |  |  |
| d. The number of babies delivered? |  |  |
| e. The vaccination rate for polio 1.2.3 for babies? |  |  |

10. Who is ultimately responsible for the following tasks? *(Please mention the selected number in column two (more than one answer is possible):*

|  |  |  |
| --- | --- | --- |
|  | 1 = health facility manager  2 = all health staff  3 = Township Health Officer  4 = District Health officer  5 = (if non-government) the owner of the facility  6 = Other (if so specify)  7 = No one / not applicable  99 = Don’t Know | *Space for specifying if answer is “Other”* |
| 1. Drafting the annual plan of this health facility |  |  |
| 1. Management of health workers in this health facility |  |  |
| 1. Order/purchase of essential medical supplies and drugs |  |  |
| 1. Small repairs of the building |  |  |
| 1. Order medical supplies and drugs |  |  |
| 1. Checking management of medical supplies and stock |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 11. **Does this medical facility have enough of the following** (i.e. in accordance with the standard): *Please tick the right box:* | Never available | Partially  available | Always available | Not applicable | Don’t know |
| a. Clothing for medical staff (like aprons, gloves, etc.)? |  |  |  |  |  |
| b. Basic diagnostic equipment (like thermometer, stethoscope, scale, etc.)? |  |  |  |  |  |
| c. Birth delivery kits? |  |  |  |  |  |
| d. A steriliser and a refrigerator? |  |  |  |  |  |
| e. Basic medical consumables like syringes, bandages, soap, etc.? |  |  |  |  |  |
| f. Essential drugs and medical supplies |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | no | Sometimes | Don’t know |
| 12a. Do patients have to pay for treatment or a consultation? |  |  |  |  |
| b. If 12a = yes or sometimes, is that the same amount for everyone? |  |  |  |  |
| c. If 12b = no, how do you decide who pays how much fees? (please describe) |  | | | |
| d. If 12a = sometimes, when does a patient have to pay and when not? (please describe) |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | no | Sometimes | Don’t know |
| 13a. Do patients have to pay for essential drugs or medical supplies? |  |  |  |  |
| b. If 13a = yes or sometimes, is that the same amount for everyone? |  |  |  |  |
| c. If 13b = no, how do you define the right amount? (please describe) |  | | | |
| d. If 13a = sometimes, when does a patient have to pay and when not? (please describe) |  | | | |

14. If a patient makes a voluntary donation (gift) to any of the staff at this facility, what happens to that money or these goods? (Please circle the corresponding number in the right row)

|  |  |
| --- | --- |
| The person receiving the donation is allowed to keep it him/herself | 1 |
| The amount or goods are shared among all staff members | 2 |
| The money or goods are recorded and are used for buying equipment or supplies | 3 |
| The money or goods are recorded and handed over to the township health officer | 4 |
| Other (please specify) | 5 |
| I don’t know | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | Yes but not active | no | Don’t know |
| 15. a. Is there a Village Health Facility in this village tract/ward? |  |  |  |  |
| b. If yes, since when? (please mention year) |  | | | |

*If there is an active Village Health Committee please jump to question 18 and leave 16 and 17 empty*

16. If there is no Village Health Committee or it is not active, why not?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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17. If there is no Village Health Committee or it is not active, do you think it would be useful to you as manager of this health facility if there would be one and how would that help you?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If there is no Village Health Committee please jump to question 26 and leave question 18-25 empty*

18. What support does the Village Health Committee provide to the health facility? *(Please circle/tick the right number, more answers are possible).*

|  |  |  |
| --- | --- | --- |
| 1 = It provides labour / small repairs for the health facility | 2 = It helps with transport for patients/staff | 3 = It provides food for patients |
| 4 = It provides non-medical care to patients | 5 = It assists in stock management of drugs and medical supplies | 6 = It checks the stock of the health facility |
| 7 = It checks the quality of health services | 8 = It visits out patients |  |
| 9 = Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 99 = Don’t know |

19. How do you rate the performance of the Village Health Committee (VHC) in general? *(Please circle/tick the right answer)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 very bad | 2 bad | 3 not good or bad | 4 good | 5 very good | 99 = Don’t know |

20. How many members of the VHC are women? *(Please circle/tick the right answer)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 = None | 2 = less than half | 3 = More than half | 4 = almost all | 99 = Don’t know |

21. How frequently does the VHC meet*? (Please circle/tick the nearest answer)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 = every month | 2 = every 3 months | 3 = 1 or 2 times a year | 4 = never | 99 = Don’t know |

22. What is the appointment procedure of the VHC? *(Please circle/tick the nearest answer)*

|  |  |  |  |
| --- | --- | --- | --- |
| 1 = election | 2 = appointment | 3 = a mix of election and appointment | 99 = Don’t know |

23. If members of the VHC are appointed/selected, who appoints them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

24. Is the VHC **well aware** of its duties?

|  |  |  |  |
| --- | --- | --- | --- |
| 1 = very well | 2 = not good not bad | 3 = not enough | 99 = Don’t know |

25. Is the VHC **capable** of fulfilling its role and tasks?

|  |  |  |  |
| --- | --- | --- | --- |
| 1 = very well | 2 = not good not bad | 3 = not enough | 99 = Don’t know |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 26. How many visits were made to this health facility by the following officials in 2013 up to now? | 27. What was the purpose of the last visit? (write n*umber)*  1 = Staff inspection  2 = Advisory visit  3 = Routine inspection  4 = Stock control/audit  5 = Training or mentoring  6 = Other *(specify in next column)*  9 = Don’t know | *Space for specifying if answering “Other”* |
| a. Health Assistant |  |  |  |
| b. Station Hospital Officer |  |  |  |
| c. Township Medical Officer (or his deputy/ representative) |  |  |  |
| d. District Health Officer |  |  |  |
| e. State Medical officer |  |  |  |
| f. Representative from the Ministry of Health |  |  |  |
| g. (if non-government) the owner  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| h. Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

Have you encountered any of the following problems during 2013? If yes, have you complained and to whom? If not, why not?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 28 | 29 | 30 | 31 | 32 |
|  | Did you  experience the following shortages or problem during 2013?  1= Yes  2 = No  *If “No” go to next row, if “Yes” go to column “29”* | Did you make a request/complaint to the authorities?  1 = Yes  2 = No  3 = I am going to do it  9 = Don’t know  *If “yes” go to column “30 and 31”. If “no” go to column “32”, if “going to do it” go to next row* | To whom was the request/complaint addressed?  1= Health Assistant  2= Station Health Officer  3 = Township Health Officer  4 = District Health Officer  5 = State/Region Health  6 = Village administrator  7 = the owner  8 = Other (Specify in cell)  99 = Don’t know  *More answers possible* | Was your request/ complaint successful?  1 = Fully Successful  2 = Partially Successful  3 = Not Successful  4 = Request is Pending  99 = Don’t know | If no request/complaint was made, why not?  1= Requests are never successful  2 = Problem was not serious  3 = Procedure too complex  4 = Costs too much time  5 = I did not know who to turn to  6 = Fear of reprisals  7 = Problem resolved internally  8 = Other (Specify in the cell)  99 = Don’t know |
| 1. Lack of health worker manuals |  |  |  |  |  |
| 1. Lack of drugs or medical supplies |  |  |  |  |  |
| 1. Not enough qualified health workers |  |  |  |  |  |
| 1. Health workers absenteeism |  |  |  |  |  |
| 1. Health workers’ salaries too low |  |  |  |  |  |
| 1. Delay in health workers’ salary payment |  |  |  |  |  |
| 1. High case load (too many patients) |  |  |  |  |  |
| 1. Poor conditions of buildings |  |  |  |  |  |
| 1. Lack of toilet facilities |  |  |  |  |  |
| 1. Lack of chairs, desks, beds |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Violence or harassment of staff |  |  |  |  |  |
| 1. Sexual abuse of patients or staff |  |  |  |  |  |
| 1. Resources for your health facility do not reach you |  |  |  |  |  |
| 1. Other problem (specify):   \_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

33. How do you qualify the support you receive in managing this health facility *(please tick one box and only where applicable)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Very poor | Poor | Not good not bad | good | Very good | Don’t know |
| a, Your colleagues at this health facility |  |  |  |  |  |  |
| b Township Health Office |  |  |  |  |  |  |
| c. District Health Office |  |  |  |  |  |  |
| d. MOH at Union level |  |  |  |  |  |  |
| e. Township administration |  |  |  |  |  |  |
| f. (if non-government) the owner |  |  |  |  |  |  |
| g. Others (if so, specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |

34. What is the most important kind of support you would like to receive, and by whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**35. Do you have any Other remarks about the functioniNg of this health facility or the support you receive from higher leveLs?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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