

BANGLADESH NATIONAL HEALTH ACCOUNTS 2016-2019

SURVEY OF AUTONOMOUS BODIES 2020

GENERAL INSTRUCTIONS

- The Health Economics Unit, Health Services Division, Ministry of Health and Family Welfare conduct this survey in order to improve the availability of statistics on the contribution of autonomous institutions to the health services in Bangladesh.
- Please be kind enough to fill in all questions which are appropriate to your institution. If question is not applicable, please mark it as N/A and kindly avoid leaving a blank space.
- We appreciate if you could complete the questionnaire by 31 October 2020. A research personnel from the Bangladesh National Health Accounts team will visit the respondent to collect the completed questionnaire.
- It is of great benefit if copies of any relevant documents e.g. brochures or leaflets with detailed information about your institution's/company's health expenditure policy can be attached to this questionnaire.
- We deeply appreciate your cooperation in completing this questionnaire. If you have any queries regarding this exercise, please contact:

For queries please contact:

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Confidential

The information collected in this survey will be strictly confidential and individual or firm level information will not be divulged by HEU to any person or agency. Only aggregate statistics are ever reported by HEU in Bangladesh National Health Accounts.

N.B. For your convenience a word copy of this questionnaire can be downloaded from the following link:

[Https://](https://)

PART A. IDENTIFICATION INFORMATION OF RESPONDENT

Q 01	Name of respondent	
Q 02	Designation/Position of respondent	
Q 03	Contact phone number of respondent (cell no.)	
Q 04	E-mail address of respondent	

PART B. FIRM/ENTITY GENERAL INFORMATION

For all responses please use the following time period: 2015/16 to 2018/19		
Q 05	Name of Autonomous body	
Q 06	Address (Postal)	
Q 07	Phone numbers	
Q 08	Fax number	
Q 09	What percentage of this establishment owned by the government	

Q 10	Principle Activity	
Q 11	Number of Full Time Employees	
Q 12	Number of Part Time Employees	
Q 13	Do you incur expenditure on the following? [Code: Yes=1 No=2]	1. Providing health benefits to your employees
		2. Corporate Social Responsibility (CSR) on health
Q14	Which time period do you follow in recording your health expenditure? [Code: Yes=1 No=2]	1. Calendar Year (e.g. January – December)
		2. Fiscal Year (e.g. July – June)
		3. Others (specify)

For all responses please use the following time period: 2015/16 to 2018/19

		TYPE OF EMPLOYEE	2015/16	2016/17	2017/18	2018/19
Q 15	If you provide health benefits to your employees (i.e. yes to (Q 14) , who was entitled to receive these benefits? [Code: yes=1; no=2]	1. Full Time Employees				
		2. Part Time Employees				
		3. Other: (please specify)				
		TYPE OF BENEFIT				
Q 16	What types of health benefit(s) did you offer to your employees? [Code: yes=1; no=2]	A. Own health facilities				
		B. Private Insurance				
		C. Contract with Medical Care Providers				
		D. Reimburse expenses to employees				
		E. Treatment Abroad				
		F. Workplace programs (e.g. prevention)				
		G. Other: (please specify)				
		H. Other: (please specify)				
Q 17	How much, in total, did you spend on providing health care for your own employees?	[AMOUNT IN LAC TAKA] (Excluding Capital Expenditures)				
Q 18	What was the total amount of money that you spent as CSR on health?					
		TOTAL (Q17 + Q18)				

For all responses please use the following time period: 2015/16 to 2018/19

	Sources of Revenue	2015/16 (Taka in Lac or %)	2016/17 (Taka in Lac or %)	2017/18 (Taka in Lac or %)	2018/19 (Taka in Lac or %)
Q 19	Revenue Budget				
Q 20	Development Budget				
Q 21	Donations from Official Sources/Donors				

Q 22	Private Donations/Contributions				
Q 23	Own funding				
Q 24	Own funding from CSR				
	TOTAL				
N.B. If you cannot provide an amount, please provide % breakdown. TOTAL should be equal to 100% or total amount should be equal amount reported, PLEASE ADD ADDITIONAL ROWS IF NECESSARY					

A. OWN HEALTH FACILITIES

*** Only answer if you provide health care to your own employees at facilities that you own and operate.**

For all responses please use the following time period: **2015/16 to 2018/19**

No.	QUESTIONS	2015/16	2016/17	2017/18	2018/19
Q 25	If you have own health facilities, what was the total amount of non-capital expenditures that you spent providing health care to your own employees at your own health facilities?	AMOUNT IN LAC TAKA OR If you cannot provide an amount, then please provide the approximate % of total health expenditures (as entered in Q 17 and Q18)			
	From this amount (Q 25), how much was spent on Inpatient/Outpatient services	<u>Inpatient</u>			
		<u>Outpatient</u>			
Q 26		HEALTH SERVICES	AMOUNT IN LAC TAKA		
	From this amount (Q 25), how much was spent on providing the following services	1. Fees and Salaries			
		2. Medicine and medical-surgical supplies			
		3. Laboratory and diagnostics			
		4. Imaging (X-Ray, CT Scan etc.)			
		5. Preventive services/Awareness creation			
		6. Diet			
		7. Family Planning Services			
		8. Utility			
		9. Other: please specify			
		TOTAL (in lac Taka)			

N.B. If you cannot provide an amount, please provide % breakdown; TOTAL should be equal to 100% or total amount should be equal amount reported in 25 PLEASE ADD ADDITIONAL ROWS IF NECESSARY

Check if the organization has Doctors, Nurses and other health service providers at its payrolls

Q 27	From this amount (Q 25), how much did you spend on providing services using the factors of provision breakdown (please	2015/16	2016/17	2017/18	2018/19
		FACTORS OF PROVISION			
		AMOUNT IN LAC TAKA			
	Compensation of employees				
	Health care services				

consult attachment for a detailed description on factors of provision in the last page)?	Pharmaceuticals and other health care goods				
	Non-health care services and goods				
	Ambulance services				
	Other items of spending (please specify)				
	TOTAL				

N.B. If you cannot provide an amount, please provide % breakdown. TOTAL should be equal to 100% or total amount should equal amount reported in Q 25 PLEASE ADD ADDITIONAL ROW IF NECESSARY.

			2015/16	2016/17	2017/18	2018/19
Q 28	In addition to this amount (Q 25) how much did you spend on capital expenditures at your own health facilities?	AMOUNT IN LAC TAKA				
		<u>OR</u> If you cannot provide an amount please provide the approx. % of total health expenditures (as entered in Q 17 and Q18)	%	%	%	

			2015/16	2016/17	2017/18	2018/19
Q 29	Please provide breakdown of capital expenditures mentioned under Q 28 by Type of Capital Expenditure as requested in the next column	TYPES OF CAPITAL EXPENDITURE	ESTIMATED COST IN LAC TAKA			
		Building/infrastructure				
		Medical equipment and machinery				
		Non-medical equipment and machinery				
		Vehicles including Ambulance				
		Other (please specify)				
		Other (please specify)				
		TOTAL				
		N.B. If you cannot provide an amount, please provide % breakdown TOTAL should be equal to 100% or total amount should equal amount reported in Q 28 PLEASE ADD ADDITIONAL ROW IF NECESSARY.				

B. Only answer if you provide private health insurance to your own employees

No.	QUESTIONS	2015/16	2016/17	2017/18	2018/19
Q 30	Name of the company provided insurance scheme. (Name):				
Q 31	How many employees/beneficiaries were covered under this insurance scheme? (Number)				
Q 32	What was the TOTAL <u>employer</u> contribution to this insurance scheme? (in Taka)				
Q 33	What was the TOTAL <u>employee</u> contribution to this insurance scheme? (in Taka)				

C. Only answer if you have contract with medical care providers to give healthcare for your own employees					
<i>(Please note that if you have contract with a medical care provider to provide health care at your own facility, then that must be recorded in PART E completed earlier)</i>					
No.	QUESTIONS	2015/16	2016/17	2017/18	2018/19
Q 34	Name of the healthcare provider				
Q 35	What was the total amount of money spent in contracting with medical providers to provide health care for your own employees? [AMOUNT IN LAC TAKA]				
Q 36	From this amount (Q35), how much was spent on providing the following services	HEALTH SERVICES		AMOUNT IN LAC TAKA	
		1. Outpatient Care			
		2. Inpatient Care			
		3. Drugs dispensed at company pharmacies (exclude drugs associated with in-patient or out-patient visits, those drugs should be included in the outpatient and inpatient amounts)			
		4. Preventive Care			
		5. Other: pl. specify here			
		TOTAL (in lac Taka)			
N.B. If you cannot provide an amount, please provide % breakdown. TOTAL should be equal to 100% or total amount should equal amount reported in 35. PLEASE ADD ADDITIONAL ROW IF NECESSARY.					

D. REIMBURSE EMPLOYEEES					
<i>*Only answer if you reimburse your own employees for their health expenditures other than Health Insurance</i>					
No.	QUESTIONS	2015/16	2016/17	2017/18	2018/19
Q 37	How much in total did you reimburse your own employees for health services upon presentation of receipts? [AMOUNT IN LAC TAKA]				

E. TREATMENT ABROAD					
<i>*Only answer if you provide benefits to employees who received treatment abroad</i>					
No.	QUESTIONS	2015/16	2016/17	2017/18	2018/19
Q 38	What was the total employer contribution to the treatment abroad? [AMOUNT IN LAC TAKA]				

F. WORKPLACE PROGRAMS						
<i>*Only answer if you provide health care to your own employees through workplace programs (other than the amount reported in Part E "own health facilities" section)</i>						
No.	QUESTIONS		2015/16	2016/17	2017/18	2018/19
Q 39	What was the total amount of money that you spent providing health care to your employees through workplace programs (do not report any amount that was previously reported in Part E)?	AMOUNT IN LAC TAKA				
		OR provide the approx. % of total health expenditures (as entered in Q 17 and Q18)	%	%	%	%
Q 40	From this amount (Q39), how much was spent on the following types of workplace programs. Please include all workplace programs by using the "Other" cell and specifying the type of program it is?	HEALTH SERVICES	AMOUNT IN LAC TAKA			
		1. Malaria Awareness Programs				
		2. TB Awareness Programs				
		3. HIV Awareness Programs				
		4. Bed Net Distribution Programs				
		5. Diabetes				
		6. Hypertension				
		7. Maternal and child Health				
		8. Reproductive Health				
		9. Other: please specify				
		10. Other: please specify				
	TOTAL (in lac Taka)					
Q 41	From this amount (Q39), how much did you send on providing services using the factors of provision breakdown (please consult attachment provided before PART: F for a detailed description on factors of provision)?	FACTOR OF PROVISION	2015/16	2016/17	2017/18	2018/19
			AMOUNT IN LAC TAKA			
		Compensation of employees				
		Health care services				
		<i>Pharmaceuticals and other health care goods</i>				
		<i>Non-health care services and goods</i>				
		Other items of spending (please specify)				
	TOTAL (in lac Taka)					
N.B. If you cannot provide an amount, please provide % breakdown. TOTAL should be equal to 100% or total amount should equal amount reported in 39. PLEASE ADD ADDITIONAL ROW IF NECESSARY.						

			2015/16	2016/17	2017/18	2018/19
Q 42	In addition to this amount (Q39) how much did you spend on capital expenditures at your own health facilities?	<u>OR</u> If you cannot provide an amount: What is it, a the approx. % of total health expenditures (as entered in Q25)	Amount in Lac Taka			
			%	%	%	
Q 43	From this amount (Q 42) how did you spent capital expenditures?	TYPES OF CAPITAL EXPENDITURE	ESTIMATED COST IN LAC TAKA			
		Building/infrastructure				
		Medical equipment				
		Non-medical equipment				
		Vehicles				
		Other (please specify)				
		Other (please specify)				
		TOTAL				
N.B. If you cannot provide an amount, please provide % breakdown. TOTAL should be equal to 100% or total amount should equal amount reported in 42. PLEASE ADD ADDITIONAL ROW IF NECESSARY.						

G. OTHER 1						
<i>*Only answer if you provide specified OTHER 1 benefits to your employees that you specified in Q 16</i>						
No.	QUESTIONS		2015/16	2016/17	2017/18	2018/19
Q 44	What was the total amount of money that you spent on OTHER 1?					
Q 45	Out of this amount (Q44), how much was spent on providing the following services?	HEALTH SERVICES	AMOUNT IN LAC TAKA			
		1. Outpatient Care				
		2. Inpatient Care				
		3. Other: please specify				
		4. Other: please specify				
		5. Other: please specify				
		TOTAL*				
N.B. If you cannot provide an amount, please provide % breakdown. TOTAL should be equal to 100% or total amount should equal amount reported in Q. 44. PLEASE ADD ADDITIONAL ROW IF NECESSARY.						

H. OTHER 2					
<i>*Only answer if you provide specified OTHER 2 benefits to your employees that you specified in Q 16</i>					
No.	QUESTIONS	2015/16	2016/17	2017/18	2018/19
Q 46	What was the total amount of money that you spent on OTHER2?				
Q 47	Out of this amount (Q46) how much was spent on providing the following services?	HEALTH SERVICES		Amount in Lac Taka	
		1. Outpatient Care			
		2. Inpatient Care			
		3. Other: please specify here			
		TOTAL (in lac Taka)			

CSR EXPENDITURE ON HEALTH CARE					
<i>*Only answer if you provide health care benefits under CSR program that you specified in Q 24</i>					
No.	QUESTIONS	2015/16	2016/17	2017/18	2018/19
Q 48	Do you have activities funded by your CSR funds? [Code: Yes=1 No=2] Skip Part N, if "No"				
Q 49	If answer to (Q 48) is Yes, then what types of health benefit(s) did you offer?	CSR PROGRAM		Amount in Lac Taka	
		1. Health awareness program			
		2. Eye camp			
		3. Free medical camp			
		4. Distribution of free medicines			
		5. Free mobile clinic			
		6. Free/subsidized hospital treatment			
		7. Donation (kind/cash) to hospitals			
		8. Health project (please specify)			
		9. Other (please specify)			
TOTAL (in lac Taka)					
N.B. If you cannot provide an amount, please provide % breakdown. TOTAL should be equal to 100% or total amount should equal amount reported in 18. PLEASE ADD ADDITIONAL ROW IF NECESSARY.					

				2015/16	2016/17	2017/18	2018/19
Q 50	Do you provide CSR funds to other organizations? [Code: Yes=1 No=2]						
Q 51	If answer to Q 50 is Yes, then which organizations received funding [Code: NGO=1 Private sector=2 Individuals=3] N.B. IN CASE OF NGO AND OR PRIVATE SECTOR ORGANIZATION PL. PROVIDE A LIST						
Q 52	If answer to Q 50 is Yes, then how much you provided:						
Project name ¹	Geographical location ²	Implementing Agency/Agencies ³	Target beneficiary ⁴	2015/16	2016/17	2017/18	2018/19

1. Name of the project. Whether money was spent on patient care/communicable disease/non-communicable disease prevention/construction of buildings or indirect spending on health such as Capacity building of health workers/Technical assistance programmes/Research and Development in the health sector etc.
2. Geographical locations: Whether rural or urban or both. Also list name of districts if project covers specific districts.
3. Name of the Agency that implements the project such as Ministry of Health and Family Welfare/Other ministry/UN Agency/NGO/private provider, etc.
4. The people who have benefited or have been served by the spending. These are the recipients of services or commodities, e.g. Children/ Adolescent/ Pregnant women/ Health workers/ Population with specific diseases/Poor/Specific vulnerable/marginalised groups, etc.

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Factors of provision

1) **Compensation of employees:**

- a) **Wages and salaries:** remuneration in cash or in kind – wages and salaries, allowances linked to housing, travel, or sickness benefits, bonuses, payments for overtime work, commissions, gratuities, value of in kind payments such as provision of uniform, meals and drinks, transportation.
- b) **Social contribution:** contributions for insurance, pensions other retirement benefits on behalf of employee
- c) **All other costs related to employees:** Specific incentives in monetary term and in kind also fringe benefits for example, provision of a car to employee or the provision of benefits so that employee obtains a car with major discount.

- 2) **Health care services:** value of goods and services used for the provision of health care goods and services (not produced in house) brought from other providers and other industries of the economy. Purchased by an entity to complement the package of health care services offered by the entity within same unit or a different one.

3) **Pharmaceuticals and other Health care goods:**

- a) **Expenditure on pharmaceuticals:** Includes all medicines, vaccines, serums
- b) **Other health care goods:** Includes medical consumables such as cotton, wound dressings and tools exclusively used for medical treatment or prevention such as gloves, protective mask, protective clothes, prostheses, medical appliances, equipment and other health related products

4) **Non-health care services and goods:**

- a) **Non health care services** that are purchased for health care services such as cleaning services of the hospital, ordinary maintenance of hospital buildings and medical equipment, outsourced hospital food, payment for rental of equipment and building, health related training, etc.
- b) **Non-health care goods:** These classes involve goods and services used for health care production, but of a non-specialised health care; such as software, pens, paper, kitchens, transport (oil and tools to operate vehicles) or other type of more general usage like electricity, water and the like.

5) **Other items of spending**

- a) **Taxes:** Taxes on production are taxes imposed on the producer that are neither applied to products nor levied on the producer's profits. Examples include taxes on the land or premises used in production or on the labour force being employed.
- b) **Other items of spending:** Include all transactions related to items not elsewhere classified. Included are property expenses, fines and penalties imposed by government, interest rates and costs for the use of loans; and non-life insurance premiums and claims.
- 6) **Capital expenditure:** Included are estimates on the use of buildings, equipment and other capital goods such as vehicles. Excluded are rentals paid on the use of equipment or buildings, and fees, commissions, royalties etc.