

# BANGLADESH NATIONAL HEALTH ACCOUNTS 2016-2019

## SURVEY OF PRIVATE HOSPITALS/CLINICS 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 private hospitals/clinics 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:**

Dr. Subrata Paul, Focal Point BNHA Cell  
Health Economics Unit (HEU)  
Ministry of Health and Family Welfare  
14/2 Topkhana Road (3rd Floor), Dhaka 1000.  
Telephone: 9586049 | Fax: 9582207  
E-mail: [fpbnha@heu.gov.bd](mailto:fpbnha@heu.gov.bd)  
cc: [subrata.mohfw@gmail.com](mailto:subrata.mohfw@gmail.com)

***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://\_\_\_\_\_

**Part 1: Identification of Interviewer**

<b>ID1</b>	Interviewer name							<b>ID1</b>				
<b>ID2</b>	Date of interview	Date	<b>ID2</b>									
				d	d	m	m	y	y	y	y	

**Part 2: Identification of Organization**

<b>ID3</b>	Name of hospital/clinic										
<b>ID4</b>	Address Upazila/Thana District Division										
<b>ID5</b>	Telephone					Mobile					
<b>ID6</b>	Fax					E-mail					
<b>ID7</b>	Name of respondent										
<b>ID8</b>	Designation of respondent Contact telephone and email address of respondent										

**Part 3: General Information**

<b>ID9</b>	<b>Legal Status of Ownership</b> code: Sole Proprietorship=1; Partnership=2; Private Limited Company=3; Public Limited Company=4; NGO=5; Trustee=6; Other=7; (specify)_____										
<b>ID10</b>	Year of establishment										
<b>ID11</b>	Year of registration (if registered)										
<b>ID12</b>	If not registered, have you applied for registration? Code: Yes =1, No =2										
<b>ID13</b>	If rented building, monthly rent (in Taka)										

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### Part 4: Availability of Services; please put tick marks (✓)

Service		2016	2017	2018	2019
<b>ID14</b>	In-house pharmacy				
<b>ID15</b>	Pathology lab				
<b>ID16</b>	Radiology lab				
<b>ID17</b>	Coronary Care Unit (CCU)				
<b>ID18</b>	Intensive Care Unit (ICU)				
<b>ID19</b>	Kidney Dialyzer Machine				
<b>ID20</b>	Generator				
<b>ID21</b>	Blood bank				
<b>ID22</b>	Emergency outdoor				
<b>ID23</b>	24 hour in-house registered nurse				
<b>ID24</b>	24-hour in-house MBBS doctor – Male				
<b>ID25</b>	24-hour in-house MBBS doctor– Female				
<b>ID26</b>	Vaccination				
<b>ID27</b>	Artificial Ventilator				
<b>ID28</b>	Others (please specify)				

\* PLEASE ADD ADDITIONAL ROWS IF NECESSARY, IN A SEPARATE PAGE

### Part 5: Facilities; please provide number of functional units

Facilities and equipment		2016	2017	2018	2019
<b>ID29</b>	Total beds (AC)				
<b>ID30</b>	Total beds (Non-AC)				
<b>ID31</b>	Total beds (CCU/ICU)				
<b>ID32</b>	Operation theaters (OT)				
<b>ID33</b>	Ambulances				
<b>ID34</b>	X-ray machines				
<b>ID35</b>	Electrocardiogram (ECG)				
<b>ID36</b>	Ultra-sonogram				
<b>ID37</b>	Computed Tomography (CT) scanners				

<b>ID38</b>	Magnetic Resonance Imaging (MRI)				
<b>ID39</b>	Mammography units				
<b>ID40</b>	Lithotripters				
<b>ID41</b>	Others (pl. specify)				
<b>ID42</b>	Others (pl. specify)				

\* PLEASE ADD ADDITIONAL ROWS IF NECESSARY, IN A SEPARATE PAGE

**Part 6: Employment Profile**

<b>Staff Details</b>		<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
<b>ID43</b>	Number of full-time doctors				
<b>ID44</b>	Number of part-time private doctors				
<b>ID45</b>	Number of part-time Govt. doctors				
<b>ID46</b>	Number of registered nurse (part/full)				
<b>ID47</b>	Number of other nurses				
<b>ID48</b>	Number of medical/health technologist (part/full)				
<b>ID49</b>	Number of salaried administrative staff				
<b>ID50</b>	Number of aya/ward boy				
<b>ID51</b>	Number of other support staff				
<b>ID52</b>	Others (pl. specify)				

\* PLEASE ADD ADDITIONAL ROWS IF NECESSARY, IN A SEPARATE PAGE

**Part 7: Service Statistics; please provide numbers**

<b>Patient Statistics</b>		<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
<b>ID53</b>	Admissions (Inpatient)				
<b>ID54</b>	Outpatient visits				
<b>ID55</b>	Deliveries (Normal)				
<b>ID56</b>	Deliveries (C-section)				
<b>ID57</b>	Hemo (Kidney) dialysis				
<b>ID58</b>	Surgery				
<b>ID59</b>	Bed occupancy rate				
<b>ID60</b>	Others (pl. specify)				
<b>ID61</b>	Others (pl. specify)				

\* PLEASE ADD ADDITIONAL ROWS IF NECESSARY, IN A SEPARATE PAGE

**Part 8: Revenue and Expenditure**

<b>Revenue and expenditure</b>		<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
	<b>Percentage of revenue by service</b>				
<b>ID62</b>	Inpatient (%)				
<b>ID63</b>	Outpatient (%)				
<b>ID64</b>	Laboratory and imaging (%)				
<b>ID65</b>	Pharmacy sales (%)				
<b>ID66</b>	Other activities (specify)_____				
		100%	100%	100%	100%
<b>ID67</b>	<b>Total revenue (in lac Taka)</b>				
		<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
	<b>Expenditure (in lac Taka)</b>				
<b>ID68</b>	Capital expenditure				
<b>ID69</b>	Depreciation				
<b>ID70</b>	Human Resource expenditure (salaries, wages, allowance etc.)				
<b>ID71</b>	Medicine				
<b>ID72</b>	Medical supplies and accessories				
<b>ID73</b>	Electricity, Fuel and other utility charges				
<b>ID74</b>	Repair and Maintenance cost				
<b>ID75</b>	Cleaning and Hygiene				
<b>ID76</b>	Advertising/Printing/Stationery				
<b>ID77</b>	Rent				
<b>ID78</b>	Others (pl. specify)				

\* PLEASE ADD ADDITIONAL ROWS IF NECESSARY, IN A SEPARATE PAGE