**BANGLADESH NATIONAL HEALTH ACCOUNTS 2016-2019**

***SURVEY OF CITY CORPORATION/MUNICIPALITY 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 city corporation/municipality 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 CellHealth Economics Unit (HEU)Ministry of Health and Family Welfare14/2 Topkhana Road (3rd Floor), Dhaka 1000.Telephone: 9586049 | Fax: 9582207E-mail: fpbnha@heu.gov.bd cc: 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:

Htpps://

# Identification of interviewer

|  |  |  |  |
| --- | --- | --- | --- |
| A1 | Interviewer name: |  |  |
| A2 | Date of interview: |  |  |  |  |  |  |  |  |
|  | d | d | m | m | y | Y | y | y |

1. **Identification of Organization**

|  |  |  |
| --- | --- | --- |
| **B1** | Name of City Corporation/Municipality |  |
| **B2** | Address |  |
| **B3** | Telephone no. |  |
| **B4** | Mobile no. |  |
| **B5** | Fax no. |  |
| **B6** | Name of the Respondent  |  |
| **B7** | Designation of the RespondentCell phone and email of Respondent |  |

1. **Types of Service (Amount in lac Taka**)

|  |  | **2016** | **2017** | **2018** | **2019** |
| --- | --- | --- | --- | --- | --- |
| **C1** | What was your total expenditure on health-related activities directly delivered by your organization? (*excluding Capital expenditure*) |  |  |  |  |

1. **Which of the following health services did you deliver in these years?** (Expenditure % share)

|  |  | **2016** | **2017** | **2018** | **2019** |
| --- | --- | --- | --- | --- | --- |
| **D1** | Inpatient curative care  |  |  |  |  |
| **D2** | Outpatient curative care |  |  |  |  |
| **D3** | Occupational healthcare |  |  |  |  |
| **D4** | Family Planning service |  |  |  |  |
| **D5** | Immunization program (EPI) |  |  |  |  |
| **D6** | Prevention of communicable diseases |  |  |  |  |
| **D7** | Mosquito Control |  |  |  |  |
| **D8** | Health Awareness creation |  |  |  |  |
| **D9** | Other service (Specify)\_\_\_\_\_\_\_ |  |  |  |  |
|  | **Total** | **100%** | **100%** | **100%** | **100%** |

1. If you provide Outpatient care please specify the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **2016** | **2017** | **2018** | **2019** |
| **E1** | Number of Outdoor clinics  |  |  |  |  |
| **E2** | Number of Outpatient visits |  |  |  |  |

1. If you directly delivered Inpatient services, please specify the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **2016** | **2017** | **2018** | **2019** |
| **F1** | Number of Hospitals |  |  |  |  |
| **F2** | Number of Hospital Beds |  |  |  |  |
| **F3** | Number of Inpatients admitted |  |  |  |  |
| **F4** | Bed Occupancy rate (%) |  |  |  |  |
|  | **Employment profile**  |  |  |  |  |
| **F5** | Number of full-time doctors |  |  |  |  |
| **F6** | Number of part-time doctors |  |  |  |  |
| **F7** | Number of nurses |  |  |  |  |
| **F8** | Number of other medical staff |  |  |  |  |
| **F9** | Number of non-medical staff |  |  |  |  |

1. Capital investment

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **2016** | **2017** | **2018** | **2019** |
| **G1** | Capital investment (in lac Taka) |  |  |  |  |
| **G2** | Depreciation (in lac Taka) |  |  |  |  |

1. Sources of Income/ Funding (Health related)

 (Amount in lac Taka)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Sources | **2016** | **2017** | **2018** | **2019** |
| **H1** | Revenue Budget |  |  |  |  |
| **H2** | Development Budget |  |  |  |  |
| **H3** | Donations (Official Sources/ Donors) |  |  |  |  |
| **H4** | Private Donations/Contributions |  |  |  |  |
| **H5** | Outdoor Ticket |  |  |  |  |
| **H6** | Admission Fees |  |  |  |  |
| **H7** | Bed Rent |  |  |  |  |
| **H8** | Surgery Charges |  |  |  |  |
| **H9** | Imaging and Laboratory Charges |  |  |  |  |
| **H10** | Medicine |  |  |  |  |
| **H11** | Ambulance Rent |  |  |  |  |
| **H12** | Other Charges (specify)\_\_\_\_\_\_\_\_ |  |  |  |  |
|  | **Total** |  |  |  |  |