**Bangladesh National Health Accounts 2016 - 2019**

*Survey of Enterprises 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 enterprises 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:

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| --- | --- | --- |
| **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 |  | *Confidential*  *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.* |

# Identification of interviewer

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Q1 | Interviewer name: | | | | | | | ID1 |  | | |
| Q2 | Date of interview: | Date | ID2 |  |  |  |  |  |  |  |  |
|  | | | | d | d | M | M | Y | Y | Y | Y |

Identification of organization

|  |  |  |
| --- | --- | --- |
| Q3 | Name of organization |  |
| Q4 | Name of respondent |  |
| Q5 | Designation of respondent |  |
| Q6 | Telephone: Fax no: | |
| Q7 | E-mail: | |
| Q8 | Year of establishment: | |

Q9. Do you spend on Health-related activities? 1. Yes [ ] 2. No [ ] If No, End the Interview

Q 10 If your organization spend on Health related activities, please complete the following table disclosing source of fund and total amount spent on health related activities from each source of fund?

(Amount in lac Taka)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Serial | Sources | **2016** | **2017** | **2018** | **2019** |
| Q10A | Own funding on Health Care |  |  |  |  |
| Q10B | Own funding from Corporate Social Responsibility (CSR) fund |  |  |  |  |
| Q10C | Grant from Government of Bangladesh |  |  |  |  |
| Q10D | Donations from Official Sources |  |  |  |  |
| Q10D | Local Private Donation |  |  |  |  |
| Q10E | Insurance company |  |  |  |  |
| Q10F | Total |  |  |  |  |

Q11.For what type of health-related activities did you spend? Please provide total expenditure incurred for each option .

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of health-related activities** | | **Amount in Lac Taka** | | | |
| **2016** | **2017** | **2018** | **2019** |
| **A. Providing health care services to employees and their dependents** | | | | | |
| Q11A | Through own health facilities |  |  |  |  |
| Q11B | Through private insurance |  |  |  |  |
| Q11C | Through contracted medical providers |  |  |  |  |
| Q11D | Through work place health programs (e.g. Prevention) |  |  |  |  |
| Q11E | Through Reimbursing treatment expenses |  |  |  |  |
| Q11F | Through Reimbursing foreign treatment expenses |  |  |  |  |
| Q11G | Health CSR activities for other – (NOT employees or their dependents) |  |  |  |  |
| Q11H | Other (Please specify) |  |  |  |  |

Q 12. If you provide Health Care service from your own facility, please give a breakdown of expenditures incurred at your own facility. (Amount in lac Taka)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Serial** | **Expenditure** | **2016** | **2017** | **2018** | **2019** |
| Q12A | Doctors Salary |  |  |  |  |
| Q12B | Nurses Salary |  |  |  |  |
| Q12C | Other Staff Salary |  |  |  |  |
| Q12D | Medicine |  |  |  |  |
| Q12E | Medical and Surgical Supplies |  |  |  |  |
| Q12F | Laboratory and diagnostic services |  |  |  |  |
| Q12G | Imaging |  |  |  |  |
| Q12H | Diet |  |  |  |  |
| Q12I | Other (specify) |  |  |  |  |
| Q12J | Total |  |  |  |  |

Q 13 If you provide inpatient (e.g. overnight stay) services at your own health care facility what percent of your total own facility health expenditure is for inpatient services? \_\_\_\_\_\_\_\_%

Q 14 During the years of 2016 to 2019, how much money have you invested in your health care facility?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Expenditure (in Lac Taka)** | | **2016** | **2017** | **2018** | **2019** |
| Q14A | Capital expenditure |  |  |  |  |
| Q14B | Land and Buildings |  |  |  |  |
| Q14C | Equipment and Machineries |  |  |  |  |
| Q14D | Transport |  |  |  |  |
| Q14E | Depreciation |  |  |  |  |
| Q14F | Repair and maintenance cost |  |  |  |  |
| Q14G | Utility service cost |  |  |  |  |
| Q14H | Others (pl. specify) |  |  |  |  |