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 universities/educational institutes 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: 9586821 | Fax: 9582207  E-mail: [fpbnha@heu.gov.bd](mailto: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.* |

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| N.B. For your convenience a word copy of this questionnaire can be downloaded from the following link:  Htpps://  **PART A. IDENTIFICATION INFORMATION OF RESPONDENT** | | | | |
| Q 01 | Name of respondent | |  | |
| Q 02 | 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: 2016 to 2019 | | | | |
| Q 05 | Name of Firm/Entity |  | | |
| Q 06 | Address (Postal) |  | | |
| Q 07 | Phone number |  | | |
| Q 08 | Fax number |  | | |
| Q 09 | Percent of entity owned by 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 2019) | |  |
| 2. Fiscal Year (e.g. July 2018 – June 2019) | |  |
| 3. Others (specify) | |  |

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| **For all responses please use the following time period: 2016 to 2019** | | | | | |  |
|  | | **TYPE OF EMPLOYEE** | **2016** | **2017** | **2018** | **2019** |
| 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) |  |  |  |  |

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| For all responses please use the following time period**: 2016 to 2019** | | | | |  |
|  | **Sources of Revenue** | **2016** | **2017** | **2018** | **2019** |
| 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 | | | | | |

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| **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 | **Inpatient** |  |  |  |  |
| **Outpatient** |  |  |  |  |
| 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) |  |  |  |  |

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

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| Q 27 | From this amount (Q 25), how much did you spend on providing services using the factors of provision breakdown (please consult attachment for a detailed description on factors of provision in the last page) |  | **2015/16** | **2016/17** | **2017/18** | **2018/19** |
| FACTORS OF PROVISION | Amount in Lac Taka | | |  |
| Compensation of employees |  |  |  |  |
| Health care services |  |  |  |  |
| 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 25 PLEASE ADD ADDITIONAL ROW IF NECESSARY. | | | | | | |

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|  |  |  | **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 |  |  |  |  |
| OR If you cannot provide an amount please provide the approx. % of total health expenditures (as entered in Q 17 and Q18) | % | % | % |  |

| Q 29 | Please provide breakdown of capital expenditures mentioned under Q 28 by Type of Capital Expenditure as requested in the next column |  | **2015/16** | **2016/17** | **2017/18** | **2018/19** |
| --- | --- | --- | --- | --- | --- | --- |
| 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. | | | | |

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| Q 30 | If your organization pays for treatment abroad, please report the Amount paid in Lac Taka |  |  |  |  |

**Factors of provision**

1. Compensation of employees:
   1. 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.
   2. Social contribution: contributions for insurance, pensions other retirement benefits on behalf of employee
   3. 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:
   1. Expenditure on pharmaceuticals: Includes all medicines, vaccines, serums
   2. 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:
   1. 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.
   2. 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
   1. 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.
   2. 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.