

VIET NAM 1998  
COMMUNE HEALTH CENTER QUESTIONNAIRE

1. COMMUNE/WARD: \_\_\_\_\_

CODE:

HEALTH CLINIC: \_\_\_\_\_

2. INTERVIEW DATE:

|     |       |      |
|-----|-------|------|
|     |       |      |
| DAY | MONTH | YEAR |

RESPONDENT NAME: \_\_\_\_\_

3. POSITION OF RESPONDENT:

- DIRECTOR OF HEALTH CENTER..... 1
- DOCTOR..... 2
- PHYSICIAN'S ASSISTANT..... 3
- NURSE..... 4
- NURSE'S AIDE..... 5
- OTHER PERSON..... 6

4. INTERVIEWER NAME: \_\_\_\_\_

CODE:

5. TIME INTERVIEW BEGAN:

|      |        |
|------|--------|
|      |        |
| HOUR | MINUTE |

6. TIME INTERVIEW ENDED:

|      |        |
|------|--------|
|      |        |
| HOUR | MINUTE |

7. REMARKS: \_\_\_\_\_

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**I. GENERAL SITUATION**

|  |  |  |   |  |   |
|--|--|--|---|--|---|
| NAME OF FIRST VILLAGE SELECTED IN THIS COMMUNE | 1. Is the commune health center located in [NAME OF FIRST VILLAGE] ? | 2. How far away from [NAME OF FIRST VILLAGE] is the commune health center?<br><br>KM | NAME OF SECOND VILLAGE SELECTED IN THIS COMMUNE | 3. Is the commune health center located in [NAME OF SECOND VILLAGE]? | 4. How far away from [SECOND VILLAGE] is the commune health center?<br><br>KM |
|  | YES..... 1 (>>3)<br>NO..... 2  |  |   | YES..... 1 (>>5)<br>NO..... 2  |   |
|  |  |  |   |  |   |

**II. HEALTH WORKERS AND HOURS OF OPERATION**

|   |                          |          |                 |   |                          |          |                 |   |   |
|---|--------------------------|----------|-----------------|---|--------------------------|----------|-----------------|---|---|
| 5. How many doctors, physician's assistants, nurses and nurses aides are permanent employees of this health center? |                          |          |                 | 6. How many people are working under contract with the commune health center? |                          |          |                 | 7. How many hours per week is this health center usually open?<br><br>HOURS | 8. In the past 7 days, how many hours was the health center operating?<br><br>HOURS |
| A. Doctors  | B. Physician's Assistant | C. Nurse | D. Nurse's Aide | A. Doctor   | B. Physician's Assistant | C. Nurse | D. Nurse's Aide |   |   |
|   |                          |          |                 |   |                          |          |                 |   |   |

**III. EQUIPMENT AND SERVICES**

|   |   |                       |                          |                       |                       |                       |                       |                       |                       |                           |                                       |
|---|---|-----------------------|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------|---------------------------------------|
| 9. How many in- patient beds are there in this commune health center?<br><br>BEDS | 10. Does this commune health center provide the following services: |                       |                          |                       |                       |                       |                       |                       |                       |                           |                                       |
|   | A. obstetrics   | B. IUD insertion      | C. expanded immunization | D. prenatal care      | E. child health exams | F. eastern medicines  | G. eye exams          | H. simple operations  | I. dental exam        | J. education on nutrition | K. abortion and menstrual regulation? |
|   | YES.....1<br>NO.....2   | YES.....1<br>NO.....2 | YES.....1<br>NO.....2    | YES.....1<br>NO.....2 | YES.....1<br>NO.....2 | YES.....1<br>NO.....2 | YES.....1<br>NO.....2 | YES.....1<br>NO.....2 | YES.....1<br>NO.....2 | YES.....1<br>NO.....2     | YES.....1<br>NO.....2                 |
|   |   |                       |                          |                       |                       |                       |                       |                       |                       |                           |                                       |

III. EQUIPMENT AND SERVICES (CONT.)

|                              | 11. Is [...] available at this facility? | 12. Is [...] currently serviceable? |
|------------------------------|--|-------------------------------------|
|                              | YES..... 1                               | YES..... 1                          |
|                              | NO..... 2                                | NO..... 2                           |
|                              | (>>NEXT ITEM)                            | (>>NEXT ITEM)                       |
| a) electricity               |  |                                     |
| b) clean water source        |  |                                     |
| c) sanitary toilet           |  |                                     |
| d) refrigerator              |  |                                     |
| e) sterilizing equipment     |  |                                     |
| f) child growth chart        |  |                                     |
| g) eye chart                 |  |                                     |
| h) blood pressure monitor    |  |                                     |
| i) delivery bed/table        |  |                                     |
| j) child scale               |  |                                     |
| k) microscope                |  |                                     |
| l) laboratory                |  |                                     |
| m) thermometer               |  |                                     |
| n) stethoscope               |  |                                     |
| o) examining table/bed       |  |                                     |
| p) family planning equipment |  |                                     |

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IV. ABILITY TO SUPPLY MEDICINES

| 13. To what extent are the following medicines readily available to satisfy the needs of the commune health center? | 14. What is the price charged for a [UNIT] of [MEDICINE]? | UNIT | THOUSAND DONG |
|---|---|------|---------------|
| ALWAYS OR ALMOST ALWAYS..... 1  |   |      |               |
| MORE THAN HALF THE TIME..... 2  |   |      |               |
| HALF THE TIME..... 3  |   |      |               |
| LESS THAN HALF THE TIME..... 4  |   |      |               |
| RARELY, OR NEVER..... 5   |   |      |               |
| a) Ampicillin tablets 250 mg, made in VN  | adult daily dose  |      |               |
| b) Penicillin tablets 400000UI made in VN   | adult daily dose  |      |               |
| c) Paracetamol tablets pack of 10 tables, 0.1 g made in Vietnam   | 1 tablet  |      |               |
| d) Rifampicin tablets 450 mg. treat TB  | adult daily dose  |      |               |
| e) Rimifon (Isoniazid) tablets (to treat TB) 150 mg jar of 100 domestic produced                                    | adult daily dose  |      |               |
| f) ORESOL (Oral rehydration salts)  | 1 packet  |      |               |
| g) Insulin for injections (to treat diabetes) 400 UI  | 1 vial  |      |               |
| h) Iron tablets 0.05 g, bottle of 250 tablets (for anemia)  | 1 tablet  |      |               |
| i) Vitamin A tablets 50,000 UI  | 1 tablet  |      |               |
| j) Trust Condoms, pack of 3   | 1 cycle   |      |               |

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V. FEES

| 15. How much does the health center charge for each of the following services or items?<br>THOUSAND DONG |                            |                                     |               |                    | 16. In the past month, about what percent of patients didn't have to pay any fees because of... |                          |                          | 17. Who makes the decision to allow exemptions from fees for poor patients? |                          |
|--|----------------------------|-------------------------------------|---------------|--------------------|---|--------------------------|--------------------------|---|--------------------------|
| A. Regular examination   | B. Un-complicated delivery | C. Abortion or Menstrual Regulation | D. Injections | E. Minor Operation | A. Poverty  | B. Less than 6 years old | C. Have health insurance | PEOPLE'S COMMITTEE.....   | HEALTH CENTER STAFF..... |
|  |                            |                                     |               |                    |   |                          |                          | 1   | 2                        |
|  |                            |                                     |               |                    |   |                          |                          | 3   |                          |