

Tajikistan Health Sector PETS Central Rayon Hospital Questionnaire

Section 0: Preliminary information

		Name	Code
1	Enumerator		_ _ _
2	Supervisor		_ _ _
3	Data entry Operator		_ _ _
4	Oblast		_ _ _ _
5	Rayon		_ _ _ _
6	Type of Rayon	Rayon under Republican Subordination = 1 Rayon under Oblast Subordination = 2	_

	Date of Visit	Day	Month	Year	Time at start of Interview (hh: mm)	Result
7	First Visit	_ _	_ _	_ _	_ _ : _ _	_
8	Second Visit	_ _	_ _	_ _	_ _ : _ _	_

Supervision		Day	Month		<u>Survey Result</u> Questionnaire completed = 1 Incomplete questionnaire = 2 Temporary Absence = 3 Prolonged absence = 4 Unavailability = 5 Refusal to answer = 6
11	Completion of interview	_ _	_ _	_	
10	Confirmation	_ _	_ _	_	
Data Entry Section		Day	Month	Result	
9	Date of Data Entry	_ _	_ _	_	

Section I : Staffing

1.	What is the total number of facilities in this rayon?	_ _ _		
2.	Could you please tell me how many of facilities by type and location are in this rayon?			
		(1)	(2)	(3)
		Rural	Urban	Total
a)	Hospitals	_ _	_ _	_ _
b)	Maternity	_ _	_ _	_ _
c)	Polyclinic	_ _	_ _	_ _
d)	Dispensary	_ _	_ _	_ _
e)	SUB	_ _	_ _	_ _
f)	SVA	_ _	_ _	_ _
g)	Medical house/FAP	_ _	_ _	_ _
h)	Other: _____	_ _	_ _	_ _
i)	Total	_ _	_ _	_ _ _

3.	Who approved the number of stavkas for medical facilities in this rayon in 2005?	MoH/Staffing norms =1 Oblast Chairman =2 Rayon Chairman =3 CRH Chief Doctor =4	_
4.	What criteria were used for determining the number of stavkas for medical positions in this rayon?	MoH Staffing Norms =1 Request from the rayons =2 None =3 Don't Know =4 Other (specify) =5	_
5.	In 2005, did health workers in this rayon work more than 1 load (stavkas) in this rayon in 2005?	Yes =1 No =2	_ If No → 8
6.	What was the average number of loads (stavkas) of health workers in this rayon?	_ . _	
7.	What was the percentage of health workers that had more than 1 load (stavkas)?	_ _ _ %	
8.	Do you have a list for all health workers in this rayon for 2005?	Yes =1 No =2	_

9. What was the approved and executed amount of stavkas and salaries per type of health worker in 2005 in this rayon?					
		(1)	(2)	(3)	(4)
		Number of Approved Positions	Total Budgeted Salary Approved	Number of Occupied Positions	Total Salary Paid
a)	Head Doctor	_ _ _ _ . _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ . _	_ _ _ _ _ _ _ _ _ _ _
b)	Other doctors	_ _ _ _ . _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ . _	_ _ _ _ _ _ _ _ _ _ _
c)	Nurses	_ _ _ _ . _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ . _	_ _ _ _ _ _ _ _ _ _ _
d)	Feldshers	_ _ _ _ . _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ . _	_ _ _ _ _ _ _ _ _ _ _
e)	Other medical personnel (e.g., laboratory technicians)	_ _ _ _ . _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ . _	_ _ _ _ _ _ _ _ _ _ _
f)	Administrative Staff (non-medical staff only)	_ _ _ _ . _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ . _	_ _ _ _ _ _ _ _ _ _ _
g)	Others _____	_ _ _ _ . _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ . _	_ _ _ _ _ _ _ _ _ _ _
h)	Total:	_ _ _ _ . _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ . _	_ _ _ _ _ _ _ _ _ _ _

10. Could you please tell me the what was the number of stavkas per health worker in Hospital Services (5.1) in this rayon in 2005?					
	Functional Classification	(1)	(2)	(3)	(4)
	HOSPITAL SERVICES (5.1)	Number of Approved Positions	Total Budgeted Salary Approved	Number of Occupied Positions	Total Salary Paid
a)	Head Doctor	_ _ _ . _	_ _ _ _ _ _ _ _ _ _	_ _ _ . _	_ _ _ _ _ _ _ _ _ _ _
b)	Other doctors	_ _ _ . _	_ _ _ _ _ _ _ _ _ _	_ _ _ . _	_ _ _ _ _ _ _ _ _ _ _
c)	Nurses	_ _ _ . _	_ _ _ _ _ _ _ _ _ _	_ _ _ . _	_ _ _ _ _ _ _ _ _ _ _
d)	Feldshers	_ _ _ . _	_ _ _ _ _ _ _ _ _ _	_ _ _ . _	_ _ _ _ _ _ _ _ _ _ _
e)	Other medical personnel (e.g., laboratory technicians)	_ _ _ . _	_ _ _ _ _ _ _ _ _ _	_ _ _ . _	_ _ _ _ _ _ _ _ _ _ _
f)	Administrative Staff (non-medical staff only)	_ _ _ . _	_ _ _ _ _ _ _ _ _ _	_ _ _ . _	_ _ _ _ _ _ _ _ _ _ _

g)	Others _____ _____	_ _ _ . _	_ _ _ _ _ _ _ _ _	_ _ _ . _	_ _ _ _ _ _ _ _ _
(h)	Total:	_ _ _ . _	_ _ _ _ _ _ _ _ _	_ _ _ . _	_ _ _ _ _ _ _ _ _

11. Could you please tell me the what was the number of stavkas per health worker in Polyclinic Service (5.2) in this rayon in 2005?					
	Functional Classification	(1)	(2)	(3)	(4)
	POLYCLINIC SERVICES (5.2)	Number of Approved Positions	Total Budgeted Salary Approved	Number of Occupied Positions	Total Salary Paid
a)	Head Doctor	_ _ _ . _	_ _ _ _ _ _ _ _ _	_ _ _ . _	_ _ _ _ _ _ _ _ _
b)	Other doctors	_ _ _ . _	_ _ _ _ _ _ _ _ _	_ _ _ . _	_ _ _ _ _ _ _ _ _
c)	Nurses	_ _ _ . _	_ _ _ _ _ _ _ _ _	_ _ _ . _	_ _ _ _ _ _ _ _ _
d)	Feldshers	_ _ _ . _	_ _ _ _ _ _ _ _ _	_ _ _ . _	_ _ _ _ _ _ _ _ _
e)	Other medical personnel (e.g., laboratory technicians)	_ _ _ . _	_ _ _ _ _ _ _ _ _	_ _ _ . _	_ _ _ _ _ _ _ _ _
f)	Administrative Staff (non-medical staff only)	_ _ _ . _	_ _ _ _ _ _ _ _ _	_ _ _ . _	_ _ _ _ _ _ _ _ _
g)	Others _____ _____	_ _ _ . _	_ _ _ _ _ _ _ _ _	_ _ _ . _	_ _ _ _ _ _ _ _ _
(h)	Total:	_ _ _ . _	_ _ _ _ _ _ _ _ _	_ _ _ . _	_ _ _ _ _ _ _ _ _

12. Could you please tell me the what was the number of stavkas per health worker for the following facilities in this rayon in 2005?			
		(1)	(2)
1.	Facility: Code: _ _ _ _ _ _	Number of Approved Positions	Number of Occupied Positions
a)	Head Doctor	_ _ _ . _	_ _ _ . _
b)	Other doctors	_ _ _ . _	_ _ _ . _
c)	Nurses	_ _ _ . _	_ _ _ . _
d)	Feldshers	_ _ _ . _	_ _ _ . _
e)	Other medical personnel (e.g., laboratory	_ _ _ . _	_ _ _ . _

	technicians)		
f)	Administrative Staff (non-medical staff only)	_ _ . _	_ _ . _
g)	Others _____	_ _ . _	_ _ . _
(h)	Total:	_ _ . _	_ _ . _
2.	Facility: Code: _ _ _	Number of Approved Positions	Number of Occupied Positions
a)	Head Doctor	_ _ . _	_ _ . _
b)	Other doctors	_ _ . _	_ _ . _
c)	Nurses	_ _ . _	_ _ . _
d)	Feldshers	_ _ . _	_ _ . _
e)	Other medical personnel (e.g., laboratory technicians)	_ _ . _	_ _ . _
f)	Administrative Staff (non-medical staff only)	_ _ . _	_ _ . _
g)	Others _____	_ _ . _	_ _ . _
(h)	Total:	_ _ . _	_ _ . _
3.	Facility: Code: _ _ _	Number of Approved Positions	Number of Occupied Positions
a)	Head Doctor	_ _ . _	_ _ . _
b)	Other doctors	_ _ . _	_ _ . _
c)	Nurses	_ _ . _	_ _ . _
d)	Feldshers	_ _ . _	_ _ . _
e)	Other medical personnel (e.g., laboratory technicians)	_ _ . _	_ _ . _
f)	Administrative Staff (non-medical staff only)	_ _ . _	_ _ . _
g)	Others _____	_ _ . _	_ _ . _
(h)	Total:	_ _ . _	_ _ . _
4.	Facility: Code: _ _ _	Number of Approved Positions	Number of Occupied Positions

a)	Head Doctor	_ _ _ . _	_ _ _ . _
b)	Other doctors	_ _ _ . _	_ _ _ . _
c)	Nurses	_ _ _ . _	_ _ _ . _
d)	Feldshers	_ _ _ . _	_ _ _ . _
e)	Other medical personnel (e.g., laboratory technicians)	_ _ _ . _	_ _ _ . _
f)	Administrative Staff (non-medical staff only)	_ _ _ . _	_ _ _ . _
g)	Others _____	_ _ _ . _	_ _ _ . _
(h)	Total:	_ _ _ . _	_ _ _ . _
5.	Facility: Code: _ _ _ _ _	Number of Approved Positions	Number of Occupied Positions
a)	Head Doctor	_ _ _ . _	_ _ _ . _
b)	Other doctors	_ _ _ . _	_ _ _ . _
c)	Nurses	_ _ _ . _	_ _ _ . _
d)	Feldshers	_ _ _ . _	_ _ _ . _
e)	Other medical personnel (e.g., laboratory technicians)	_ _ _ . _	_ _ _ . _
f)	Administrative Staff (non-medical staff only)	_ _ _ . _	_ _ _ . _
g)	Others _____	_ _ _ . _	_ _ _ . _
(h)	Total:	_ _ _ . _	_ _ _ . _
6.	Facility: Code: _ _ _ _ _	Number of Approved Positions	Number of Occupied Positions
a)	Head Doctor	_ _ _ . _	_ _ _ . _
b)	Other doctors	_ _ _ . _	_ _ _ . _
c)	Nurses	_ _ _ . _	_ _ _ . _
d)	Feldshers	_ _ _ . _	_ _ _ . _
e)	Other medical personnel (e.g., laboratory technicians)	_ _ _ . _	_ _ _ . _

f)	Administrative Staff (non-medical staff only)	.	.
g)	Others _____	.	.
(h)	Total:	.	.
7.	Facility: Code:	Number of Approved Positions	Number of Occupied Positions
a)	Head Doctor	.	.
b)	Other doctors	.	.
c)	Nurses	.	.
d)	Feldshers	.	.
e)	Other medical personnel (e.g., laboratory technicians)	.	.
f)	Administrative Staff (non-medical staff only)	.	.
g)	Others _____	.	.
(h)	Total:	.	.
8.	Facility: Code:	Number of Approved Positions	Number of Occupied Positions
a)	Head Doctor	.	.
b)	Other doctors	.	.
c)	Nurses	.	.
d)	Feldshers	.	.
e)	Other medical personnel (e.g., laboratory technicians)	.	.
f)	Administrative Staff (non-medical staff only)	.	.
g)	Others _____	.	.
(h)	Total:	.	.

9.	Facility: Code: __ __ __	Number of Approved Positions	Number of Occupied Positions
a)	Head Doctor	_ _ _ . _	_ _ _ . _
b)	Other doctors	_ _ _ . _	_ _ _ . _
c)	Nurses	_ _ _ . _	_ _ _ . _
d)	Feldshers	_ _ _ . _	_ _ _ . _
e)	Other medical personnel (e.g., laboratory technicians)	_ _ _ . _	_ _ _ . _
f)	Administrative Staff (non-medical staff only)	_ _ _ . _	_ _ _ . _
g)	Others _____	_ _ _ . _	_ _ _ . _
(h)	Total:	_ _ _ . _	_ _ _ . _
10.	Facility: Code: __ __ __	Number of Approved Positions	Number of Occupied Positions
a)	Head Doctor	_ _ _ . _	_ _ _ . _
b)	Other doctors	_ _ _ . _	_ _ _ . _
c)	Nurses	_ _ _ . _	_ _ _ . _
d)	Feldshers	_ _ _ . _	_ _ _ . _
e)	Other medical personnel (e.g., laboratory technicians)	_ _ _ . _	_ _ _ . _
f)	Administrative Staff (non-medical staff only)	_ _ _ . _	_ _ _ . _
g)	Others _____	_ _ _ . _	_ _ _ . _
(h)	Total:	_ _ _ . _	_ _ _ . _

13.	What is the distance to the closet health facility from the rayon hospital?	_ _ _ _ _ _ Km.
14.	What is the distance to the farthest health facility from the rayon hospital?	_ _ _ _ _ _ Km.

Section II: Budget Preparation and Execution

1.	Was the overall budget for the CRH published in local newspaper?	Yes = 1 No = 2	<input type="checkbox"/>	
2.	In 2005, after the overall budget of the CRH was approved who made the final decision in the allocations for each line-item?	MoH/MoF =1 Oblast = 2 Rayon =3 CRH =4 Other =5	<input type="checkbox"/>	
3.	Did each facility have its own budget in 2005?	Yes = 1 No = 2	<input type="checkbox"/>	If NO → 5
4.	Who prepared the budget for each medical facility in the rayon in 2005?	MoH/MoF =1 Oblast = 2 Rayon =3 CRH =4 Jamoat =5 Facility itself =6 Other =7	<input type="checkbox"/>	
5.	Was the allocation for PHC determined separately from the rest of the health allocation in 2005?	Yes = 1 No = 2	<input type="checkbox"/>	
6.	Once the overall budget of the CRH was approved in 2005, could funds be reallocated across line items?	Yes = 1 No = 2	<input type="checkbox"/>	If NO → 9
7.	Who had the authority to reallocate funds across line items?	MoF/MoH =1 Oblast Chairman = 2 Rayon Chairman =3 CRH Chief Doctor =4 Other =5	<input type="checkbox"/>	
8.	Could funds budgeted for the following items be reallocated? (Interviewer, Please read options)			
a)	Salaries	Yes = 1 No = 2	<input type="checkbox"/>	
b)	Drugs	Yes = 1 No = 2	<input type="checkbox"/>	
c)	Food	Yes = 1 No = 2	<input type="checkbox"/>	

d)	Fuel	Yes = 1 No = 2	<input type="checkbox"/>	
e)	Utilities	Yes = 1 No = 2	<input type="checkbox"/>	
f)	Public Investments	Yes = 1 No = 2	<input type="checkbox"/>	
9.	Once the overall budget of CRH was approved in 2005, could funds be reallocated from one facility to another?	Yes = 1 No = 2	<input type="checkbox"/>	If NO → 11
10.	Who had the authority to reallocate funds from one facility to another?	MoF/MoH =1 Oblast Chairman = 2 Rayon Chairman =3 CRH Chief Doctor =4 Jamoat Chairman =5 Other =6	<input type="checkbox"/>	
11.	In 2005, was the payment of wages/salaries for facility based on approved stavkas or actually occupied stavkas?	Approved = 1 Occupied = 2	<input type="checkbox"/>	If Occupied → 18
12.	Did the fund from the free stavkas was returned?	Yes = 1 No = 2	<input type="checkbox"/>	If YES → 16
13.	Who had the authority to reallocate funds from free stavkas?	MoF/MoH =1 Oblast Chairman = 2 Rayon Chairman =3 CRH Chief Doctor =4 Jamoat Chairman =5 Head of Facility =6 Other =7	<input type="checkbox"/>	
14.	Was it compulsory that the funds from free stavkas were used in the same health facility?	Yes = 1 No = 2	<input type="checkbox"/>	
15.	Could funds from free stavkas be used in the following items? (Interviewer, Please read options)			
a)	Bonuses	Yes = 1 No = 2	<input type="checkbox"/>	
b)	Contractual health employees	Yes = 1 No = 2	<input type="checkbox"/>	
c)	Drugs	Yes = 1 No = 2	<input type="checkbox"/>	

d)	Food	Yes = 1 No = 2	<input type="checkbox"/>
e)	Fuel	Yes = 1 No = 2	<input type="checkbox"/>
f)	Utilities	Yes = 1 No = 2	<input type="checkbox"/>
g)	Public Investment	Yes = 1 No = 2	<input type="checkbox"/>
16.	Who had the authority to allocate free stavkas to the health workers in 2005?	MoF/MoH =1 Oblast Chairman = 2 Rayon Chairman =3 CRH Chief Doctor =4 Jamoat Chairman =5 Head of Facility =6 Other =7	<input type="checkbox"/>
17.	What criteria were used to allocate additional stavkas for a health worker? (Interviewer, Please read all options)		
a)	Number of patients or hours worked	Yes = 1 No = 2 Don't Know = 3	<input type="checkbox"/>
b)	Number of beds or target population	Yes = 1 No = 2 Don't Know = 3	<input type="checkbox"/>
c)	Based on request by staff	Yes = 1 No = 2 Don't Know = 3	<input type="checkbox"/>
e)	To improve salaries	Yes = 1 No = 2 Don't Know = 3	<input type="checkbox"/>
18.	Who had the authority to fire/hire health staff in the rayon in 2005?	MoF/MoH =1 Oblast Chairman = 2 Rayon Chairman =3 CRH Chief Doctor =4 Jamoat Chairman =5 Head of Facility =6 Other =7	<input type="checkbox"/>

19.	In 2005, did unspent funds of the CRH have to be returned to Rayon Treasury at the end of the year?	Yes = 1 No = 2	<input type="checkbox"/>	If YES → 21
20.	Who had the authority to reallocate unspent fund of the overall budget of the CRH?	MoF/MoH =1 Oblast Chairman = 2 Rayon Chairman =3 CRH Chief Doctor =4 Other =5	<input type="checkbox"/>	
21.	Within the health budget, did the rayon reallocate any funds in 2005?	Yes = 1 No = 2	<input type="checkbox"/>	If NO → 23
22.	What funds were reallocated? <i>(Interviewer, please read)</i>			
a)	From Free Stavkas	Yes = 1 No = 2	<input type="checkbox"/>	
b)	Across Line items	Yes = 1 No = 2	<input type="checkbox"/>	
c)	Across Facilities	Yes = 1 No = 2	<input type="checkbox"/>	
d)	From Save Funds	Yes = 1 No = 2	<input type="checkbox"/>	
23.	How many health workers were hired in the rayon in 2005?	<input type="text"/> <input type="text"/>		
24.	How many health workers were fired in the rayon in 2005?	<input type="text"/> <input type="text"/>		

Section III: Expenditures for 2005

1.	Was the CRH responsible for financing medical facilities in 2005?	Yes = 1 No = 2	_	IF NO, → 9
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2.	What was the <u>total health budget by functional classification for the Central Rayon Hospital for 2005 (in somonis)?</u>				
	Budget Code	FUNCTIONAL CLASSIFICATION	Approved Budget	Revised Budget	Execution
			(1)	(2)	(3)
(a)		TOTAL EXPENDITURES	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(b)	5.1	Hospital affairs and services	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(c)	5.2	Polyclinics affairs and services	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(d)	5.3	Public health affairs and services	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(e)	5.4	Other healthcare affairs and services	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _

3. What was the <u>total 2005 overall budget of this Central Rayon Hospital</u> (in somonis)?					
			(1)	(2)	(3)
	Budget Code	ECONOMIC CLASSIFICATION	Approved Budget	Revised Budget	Execution
(a)		TOTAL EXPENDITURES	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(b)	1.	Labor compensation and employer contribution	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(c)	1.1	Labor compensation	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(d)	1.1.1	Wage and Salaries (including allowances, supplement, and bonuses)	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(e)	2.1	Purchases of Goods and Services	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(f)	2.1.1	Purchases of Stationary, Textbooks, and Visual Aids	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(g)	2.1.6	Food	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(h)	2.1.7	Fuel and Lubrication	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(i)	2.1.9	Medicines, dressing materials	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(j)	2.2	Payment for communal services (Electricity, gas, heating, garbage/sewage, water, etc)	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _

(k)	2.3	Maintenance and Repair	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(l)	2.4	Communication services	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(m)	5	Acquisition Of Fixed Capital Assets	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(n)	5.1	Centralized Capital Investments	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _

4. What was the <u>2005 health budget for Hospitals Services (5.1) in the Central Rayon Hospital Budget (in somonis)?</u>					
			(1)	(2)	(3)
	Budget Code	ECONOMIC CLASSIFICATION	Approved Budget	Revised Budget	Execution
(a)		TOTAL EXPENDITURES	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(b)	1.	Labor compensation and employer contribution	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(c)	1.1	Labor compensation	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(d)	1.1.1	Wage and Salaries (including allowances, supplement, and bonuses)	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(e)	2.1	Purchases of Goods and Services	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(f)	2.1.1	Purchases of Stationary, Textbooks, and Visual Aids	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(g)	2.1.6				

		Food	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(h)	2.1.7	Fuel and Lubrication	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(i)	2.1.9	Medicines, dressing materials	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(j)	2.2	Payment for communal services (Electricity, gas, heating, garbage/sewage, water, etc)	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(k)	2.3	Maintenance and Repair	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(l)	2.4	Communication services	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(m)	5	Acquisition Of Fixed Capital Assets	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(n)	5.1	Centralized Capital Investments	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _

5.	What was the <u>total 2005 health budget for General Polyclinics (5.2.1) in the Central Rayon Hospital Budget</u> (in somonis)?				
			(1)	(2)	(3)
	Budget Code	ECONOMIC CLASSIFICATION	Approved Budget	Revised Budget	Execution
(a)		TOTAL EXPENDITURES	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(b)	1.	Labor compensation and employer contribution	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(c)	1.1	Labor compensation	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _

(d)	1.1.1	Wage and Salaries (including allowances, supplement, and bonuses)	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(e)	2.1	Purchases of Goods and Services	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(f)	2.1.1	Purchases of Stationary, Textbooks, and Visual Aids	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(g)	2.1.6	Food	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(h)	2.1.7	Fuel and Lubrication	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(i)	2.1.9	Medicines, dressing materials	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(j)	2.2	Payment for communal services (Electricity, gas, heating, garbage/sewage, water, etc)	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(k)	2.3	Maintenance and Repair	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(l)	2.4	Communication services	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(m)	5	Acquisition Of Fixed Capital Assets	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(n)	5.1	Centralized Capital Investments	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _

6. What was the <u>total 2005 health budget for Dispensaries (5.2.2) in the Central Rayon Hospital Budget</u> , in somonis)?					
			(1)	(2)	(3)
	Budget Code	ECONOMIC CLASSIFICATION	Approved Budget	Revised Budget	Execution
(a)		TOTAL EXPENDITURES	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(b)	1.	Labor compensation and employer contribution	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(c)	1.1	Labor compensation	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(d)	1.1.1	Wage and Salaries (including allowances, supplement, and bonuses)	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(e)	2.1	Purchases of Goods and Services	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(f)	2.1.1	Purchases of Stationary, Textbooks, and Visual Aids	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(g)	2.1.6	Food	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(h)	2.1.7	Fuel and Lubrication	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(i)	2.1.9	Medicines, dressing materials	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(j)	2.2	Payment for communal services (Electricity, gas, heating, garbage/sewage, water, etc)	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _

(k)	2.3	Maintenance and Repair	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(l)	2.4	Communication services	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(m)	5	Acquisition Of Fixed Capital Assets	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(n)	5.1	Centralized Capital Investments	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _

7. What was the <u>total 2005 health budget for Medical Houses (5.2.4) in this rayon (in somonis)?</u>					
			(1)	(2)	(3)
	Budget Code	ECONOMIC CLASSIFICATION	Approved Budget	Revised Budget	Execution
(a)		TOTAL EXPENDITURES	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(b)	1.	Labor compensation and employer contribution	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(c)	1.1	Labor compensation	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(d)	1.1.1	Wage and Salaries (including allowances, supplement, and bonuses)	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(e)	2.1	Purchases of Goods and Services	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(f)	2.1.1	Purchases of Stationary, Textbooks, and Visual Aids	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _

(g)	2.1.6	Food	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(h)	2.1.7	Fuel and Lubrication	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(i)	2.1.9	Medicines, dressing materials	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(j)	2.2	Payment for communal services (Electricity, gas, heating, garbage/sewage, water, etc)	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(k)	2.3	Maintenance and Repair	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(l)	2.4	Communication services	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(m)	5	Acquisition Of Fixed Capital Assets	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(n)	5.1	Centralized Capital Investments	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _

8.	What was the <u>total 2005 health budget for Other Polyclinics (5.2.5) in this rayon</u> (in somonis)?				
			(1)	(2)	(3)
	Budget Code	ECONOMIC CLASSIFICATION	Approved Budget	Revised Budget	Execution
(a)		TOTAL EXPENDITURES	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(b)	1.	Labor compensation and employer contribution	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _

(c)	1.1	Labor compensation	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(d)	1.1.1	Wage and Salaries (including allowances, supplement, and bonuses)	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(e)	2.1	Purchases of Goods and Services	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(f)	2.1.1	Purchases of Stationary, Textbooks, and Visual Aids	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(g)	2.1.6	Food	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(h)	2.1.7	Fuel and Lubrication	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(i)	2.1.9	Medicines, dressing materials	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(j)	2.2	Payment for communal services (Electricity, gas, heating, garbage/sewage, water, etc)	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(k)	2.3	Maintenance and Repair	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(l)	2.4	Communication services	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(m)	5	Acquisition Of Fixed Capital Assets	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(n)	5.1	Centralized Capital Investments	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _

9. What was the <u>2005 budget allocated specifically for this Central Rayon Hospital</u> (in somonis)?					
			(1)	(2)	(3)
	Budget Code	ECONOMIC CLASSIFICATION	Approved Budget	Revised Budget	Execution
(a)		TOTAL EXPENDITURES	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(b)	1.	Labor compensation and employer contribution	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(c)	1.1	Labor compensation	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(d)	1.1.1	Wage and Salaries (including allowances, supplement, and bonuses)	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(e)	2.1	Purchases of Goods and Services	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(f)	2.1.1	Purchases of Stationary, Textbooks, and Visual Aids	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(g)	2.1.6	Food	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(h)	2.1.7	Fuel and Lubrication	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(i)	2.1.9	Medicines, dressing materials	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(j)	2.2	Payment for communal services (Electricity, gas, heating, garbage/sewage, water, etc)	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(k)					

	2.3	Maintenance and Repair	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(l)	2.4	Communication services	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(m)	5	Acquisition Of Fixed Capital Assets	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
(n)	5.1	Centralized Capital Investments	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _

Section IV: Other Sources of Revenues for 2005

1.	In 2005, did the CRH receive any financial support from agencies or organizations other than local and central governments for the health sector?	Yes = 1 No = 2	<input type="checkbox"/>	If No → 3
2.	Could you please give the names of the most important such organizations or agencies that provide financial support to the CRH in 2005?	What is the type of this organization (See Codes)?		Could you please estimate the value of the financial support this organization provided (in Somoni) ?
	(1)	(2)	(3)	
a)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NGO= 1 ;
 International Donor = 2
 Local community = 3
 Private Donor = 4
 Other (Specify) = 5

Code Type Organization

3.	In 2005, did the CRH receive any in-kind support from agencies or organizations other than local and central governments for the health sector?		Yes = 1 No = 2	__	If No → Section V	
4.	Could you please give the names of the most important such organizations or agencies that provide financial support in-kind to the CRH in 2005?	What is the type of this organization (See Codes)?	Can you provide the estimated value of in kind support? YES =1 NO =2; If NO, →Col. (5)	Estimated Value (in Somoni)		What is the most important type of in-kind resource it provided? (See Codes below)
	(1)	(2)	(3)	(4)		(5)
a)		__	__	_ _ _ _ _ _ _ _		__
b)		__	__	_ _ _ _ _ _ _ _		__
c)		__	__	_ _ _ _ _ _ _ _		__
d)		__	__	_ _ _ _ _ _ _ _		__
e)		__	__	_ _ _ _ _ _ _ _		__
f)		__	__	_ _ _ _ _ _ _ _		__
g)		__	__	_ _ _ _ _ _ _ _		__

Code Type Organization:

- NGO= 1 ;
- International Donor = 2
- Local community = 3
- Private Donor = 4
- Other (Specify) = 5

Code for in-kind resource:

- Drugs =1 ; Training / Technical Assistance =2;
- Material and Equipments = 3; Renovations = 4; Other (Specify) = 5;
- Specify in-kind resource: _____

5.	Who had the authority to allocate resources from sources other than government?	Oblast Chairman = 1 Rayon Chairman =2 CRH Chief Doctor =3 Jamoat Chairman =4 Facility Head =5 Other =6	__
6.	Did you report the use of the funds to higher authorities?	Yes = 1 No = 2	__
7.	In 2005, did you share any of the support in cash or in kind from agencies or organizations with other health facilities in the rayon?	Yes = 1 No = 2	__

Section V. Financial Auditing and Monitoring

1.	Did the CRH receive financial reports from health facilities in 2005?	Yes = 1 No = 2	__	
2.	Did the CRH produce a financial report of the budget execution in 2005?	Yes = 1 No = 2	__	If No → 5
3.	Was the CRH financial report based on an aggregate expenditure, type of facilities or individual facility?	Aggregated = 1 By Type of facility = 2 By Each Facility = 3	__	
4.	To which agency did the CRH submit the financial report?	MoF/MoH = 1 Oblast = 2 Rayon Parliament = 3 Other = 4	__	
5.	Was the CRH's budget audited in 2005?	Yes = 1 No = 2	__	If No → Section VI
6.	Who audited the CRH budget?	MoF = 1 Oblast/Internal Audit = 2 State Financial Control Committee = 3 Other = 4	__	

Section VI. Drugs and Service Delivery

1.	Did the CRH send/provide drug supplies to other health facilities in the rayon?	Yes = 1 No = 2	<input type="text"/>	If NO → 5
2.	How often did you provide drugs to facilities?/	Monthly = 1 Every 3 Months = 2 Once a year = 3 Irregularly = 4	<input type="text"/>	
3.	Did the CRH send the drugs to the facility or the facility pick them up at CRH	Send = 1 Pick-up= 2	<input type="text"/>	
4.	Who procured the drugs for health facilities in this rayon in 2005?	Oblast = 1 Rayon = 2 CRH = 3 Jomoat = 4 Other = 5	<input type="text"/>	
5.	What was the total number of in-patients services the rayon provided in 2005?		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
6.	What was the total number of out-patients services the rayon provided in 2005?		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
7.	Please answer if the rayon provided the following services in 2005.			

	Type of service	Was this service available in 2005?	How many patients received this service in 2005?	What is the average contribution that patients pay for this service? (In Somoni)
		Yes = 1 No = 2 → Go to Next Service)		
A. Inpatient Services [SKIP TO B. OUTPATIENT IF NO INPATIENT SERVICES.]				
(a)	Burn treatment	_ _	_ _ _ _ _ _ _	_ _ _ _ _
(b)	Infectious Diseases (non HIV/AIDS)	_ _	_ _ _ _ _ _ _	_ _ _ _ _
(c)	Obstetrics/Gynecology (other than deliveries)	_ _	_ _ _ _ _ _ _	_ _ _ _ _
(d)	Deliveries	_ _	_ _ _ _ _ _ _	_ _ _ _ _
(e)	Pediatric Care	_ _	_ _ _ _ _ _ _	_ _ _ _ _
B. Outpatient Services				
(f)	Diarrhea disease treatment	_ _	_ _ _ _ _ _ _	_ _ _ _ _
(g)	Burn treatment	_ _	_ _ _ _ _ _ _	_ _ _ _ _
(h)	Family Planning	_ _	_ _ _ _ _ _ _	_ _ _ _ _
(i)	Infectious Diseases (no HIV/AIDS)	_ _	_ _ _ _ _ _ _	_ _ _ _ _
(j)	Pediatric Care	_ _	_ _ _ _ _ _ _	_ _ _ _ _

→ → → → → → → → GO NEXT PAGE

**PLEASE LET ME THANK YOU VERY MUCH
FOR YOUR KIND COOPERATION**

	Date of Visit	Day	Month	Year	Time at end of interview hh: mm	Result
1.	First Visit	_ _ _	_ _ _	_ _ _	_ _ _ : _ _ _	_ _
2.	Second Visit	_ _ _	_ _ _	_ _ _	_ _ _ : _ _ _	_ _

Survey Result

Questionnaire completed = 1
Incomplete questionnaire = 2
Temporary Absence = 3
Prolonged absence = 4
Unavailability = 5
Refusal to answer = 6