

Tajikistan Health Sector PETS Facility Questionnaire

Section 0: Preliminary information

		Name	Code
1.	Enumerator		_ _
2.	Supervisor		_ _
3.	Data entry Operator		_ _
4.	Oblast		_ _ _
5.	Rayon		_ _ _
6.	Jamoat		_ _ _
7.	Name of the facility		_ _
8.	Type of facility	Oblast Hospital = 1 ; CRH = 2 ; Maternity Hospital = 3 Other Hospital = 4 ; Polyclinic = 5 ; SUB = 6, SVA = 7, Medical house/FAP = 8, Other _____ = 9	_

	Date of Visit	Day	Month	Year	Time at start of Interview (hh: mm)	Result
9.	First Visit	_ _	_ _	_ _	_ _ : _ _	_
10.	Second Visit	_ _	_ _	_ _	_ _ : _ _	_

	Supervision	Day	Month	Result
11.	Confirmation	_ _	_ _	_
12.	Completion of interview	_ _	_ _	_
	Data Entry Section	Day	Month	Result
13.	Date of Data Entry	_ _	_ _	_

Survey Result

Questionnaire completed = 1
 Incomplete questionnaire = 2
 Temporary Absence = 3
 Prolonged absence = 4

Unavailability = 5
 Refusal to answer = 6

**INCLUDE HERE AN INTRODUCTORY PARA THE ENUMERATOR SHOULD READ TO THE RESPONDANT.
INCLUDING THE CONFIDENTIALITY CLAUSE AND PROPOSING TO SHARE THE REPORT WHEN AVAILABLE IF
THE RESPONDANT IS INTERESTED**

Section I: General Information of the facility

1. Please write the name and position of all the respondents. (The persons being interviewed)

	(1)	(2)
	Can I please ask your Name?	Which position do you occupy in this facility?
		Chief Doctor = 1 Deputy Chief Doctor = 2 Administrative In-charge = 3 Nurse = 4 Other (please specify) _____ = 5
(a)	_____	_ _
(b)	_____	_ _

2.	What is the type of this medical facility?	Oblast Hospital = 1 ; CRH = 2 ; Maternity Hospital = 3 ; Other Hospital = 4 ; Polyclinic = 5 ; SUB = 6, SVA = 7, Medical house/FAP = 8, Other _____ = 9	_ _
3.	What was the type of this medical facility in 2005?		_ _
4.	Is the medical facility rural or urban?	Rural = 1 Urban = 2	_ _
5.	What is the target population of the facility?	_ _ / _ _ / _ _ / _ _ / _ _ / _ _ /	
6.	What is the size of the catchment area of the facility? (in km2)	_ _ / _ _ / _ _ / _ _ / _ _ /	
7.	How many beds does this facility have?	_ _ / _ _ / _ _ /	
8.	How far from the central rayon hospital is the facility? (in km)	_ _ / _ _ / _ _ / _ _ /	
9.	How far from the oblast hukumat is the facility? (in km)	_ _ / _ _ / _ _ / _ _ /	
10.	How far from Dushanbe is the facility? (in km)	_ _ / _ _ / _ _ / _ _ /	

11.	When was this built?	Year, Don't Know= 9999	_ _ _ _ _ _ _	
12.	When did this facility begin operating?	Year, Don't Know= 9999	_ _ _ _ _ _ _	
13.	Has this building ever been renovated?	Yes = 1, No= 2, Don't Know = 9	_	If No → 16
14.	What year has the last renovation taken place?	Year, Don't Know= 9999	_ _ _ _ _ _ _	
15.	Who was the main financier of that renovation?	Facility Budget = 1 Oblast = 2 Rayon = 3 Jamoat = 4 Community served by facility= 5 International Donors = 6 Private company = 7 Others (Specify) _____ = 8 Don't know = 9	_	

16.		(1)	(2)	(3)
		Is the facility opened during	Opening time	Closing time
		Yes = 1, No = 2 → next line	hh : mn	hh : mn
(a)	Monday to Friday	_	_ _ _ : _ _ _ _	_ _ _ : _ _ _ _
(b)	Saturday	_	_ _ _ : _ _ _ _	_ _ _ : _ _ _ _
(c)	Sunday	_	_ _ _ : _ _ _ _	_ _ _ : _ _ _ _

Please allow me to ask few questions about the utilities access and use in this facility

17.		(1)	(2)	(3)	(4)
		Does the facility have any access to (____)?	The Main Source	Who pays the bill?	What amount was spent per month on (____)? (somon)
		Yes = 1 No =2 → Next line		Code = 1 or 3, → next line	
(a)	Electricity	____	____	____	____ ____ ____ ____
(b)	Heating	____	____	____	____ ____ ____ ____
(c)	Water	____	____	____	____ ____ ____ ____
(d)	Telephone	____		____	____ ____ ____ ____
(e)	Radio	____			
Code s	Electricity: State Electric Company =1, Facility Generator =2, Other: _____ = 3 Heating: Central heating =1, Gas = 2, Oil/Petrol = 3, Wood/Coal = 4, Other: _____ = 5 Water: Piped water inside = 1, Piped water outside = 2, Water bought from Truck= 4 ; Other: _____ = 5				
	(5) Financing: Directly by CRH=1 Funds received from CRH = 2 Directly by Hukumat = 3 Funds received from Hukumat = 4 The Community = 5 Donor = 6, The facility's own revenue = 7 Other: _____ =8 Don't Know = 9				

Please allow me to ask further questions about the number of hours you have access to electricity and heating.

18.	From	Please tell us the number of hours the facility has access to (____) during (____) in (____) season			
		Winter Season		Summer Season	
		9:00 to 21:00	21:01 to 8:59	9:00 to 21:00	21:01 to 8:59
		(1)	(2)	(3)	(4)
(a)	Electricity	____	____	____	____
(b)	Heating	____	____	____	____
Code Hours of Access: All 12 hours =1, 8 to 12 hours = 2, 4 to 8 hours = 3 1 to 4 hours = 4, 1 hour or less = 5 No access at all = 6					

Could you please tell us more about the following vehicles the facility operates?

		(1)	(2)	(3)	(4)
19.		How many () does the facility operate?	What is it used most frequently for?	Did you get funds for fuel and maintenance?	Who pays the bill?
		If 0 → Next Line		Yes = 1 No =2 → Next line	
(a)	Ambulance				
(b)	Car				
(c)	Motorcycle				
(d)	Bicycle				
(e)	Other: _____				
Code s	Use (2): Outreach = 1, Supervision = 2, Collect drugs/vaccines = 3 Patients transportation = 4 , Meetings = 5 Other: _____ = 6, Don't Know = 7				
	Source of Funds (4): Directly by CRH=1, Funds received from CRH = 2, Directly by Hukumat = 3, Funds received from Hukumat =4, Community = 5, Donor = 6, facility's revenue = 7, Other: _____ =8, Don't Know = 9				

Could you please tell us more about travel load including visit to the CRH and outreach and supervision activities of the facility?

		(1)	(2)	(3)
20.		How many trips per quarter in 2005 (enter 0 if non)	Did you receive funding for fuel or per-diem?	From whom?
		If 0 → Next Line	Yes = 1 No =2 → Next line	
(a)	Outreach			
(b)	Supervision			
(c)	Visit to the CRH			

Code s	Financing: Directly by CRH=1 Funds received from CRH = 2 Directly by Hukumat = 3 Funds received from Hukumat = 4 The Community = 5, Donor = 6, The facility's own revenue = 7, <u>Other</u> =8, Don't Know = 9
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Section II: Personnel

Please allow me to ask you few questions about the employees and their work in this facility

1.	How many employees (medical and non-medical staff) work in this facility?	_ _ _ _ _
2.	How many of them are women?	_ _ _
3.	How many employees were recruited by this facility during the year 2005?	_ _ _
4.	How many health workers were fired in 2005?	_ _ _
5.	How many employees in this facility retired in 2005?	_ _ _
6.	How many health staff were transferred to other facilities or resigned in 2005?	_ _ _
7.	How many employees of this facility died in 2005?	_ _ _

8.	Health Workers Distribution by Type. Please allow me to ask few questions on the personnel in this facility by category of worker.					
		(1)	(2)	(3)	(4)	(5)
	Category of the agent	Number of Approved Stavkas	Total Budgeted Salary Approved	Number of Occupied Stavkas	Total Salary Paid (Somoni)	Actual Number of Employees
(a)	Head Doctor	_ _ _ _ .	_ _ _ _ _ _ _	_ _ _ _ .	_ _ _ _ _ _ _	_ _ _ _
(b)	Other Doctors	_ _ _ _ .	_ _ _ _ _ _ _	_ _ _ _ .	_ _ _ _ _ _ _	_ _ _ _
(c)	Nurses	_ _ _ _ .	_ _ _ _ _ _ _	_ _ _ _ .	_ _ _ _ _ _ _	_ _ _ _
(d)	Feldsher	_ _ _ _ .	_ _ _ _ _ _ _	_ _ _ _ .	_ _ _ _ _ _ _	_ _ _ _
(e)	Other Medical Personnel	_ _ _ _ .	_ _ _ _ _ _ _	_ _ _ _ .	_ _ _ _ _ _ _	_ _ _ _
(f)	Administrative Personnel	_ _ _ _ .	_ _ _ _ _ _ _	_ _ _ _ .	_ _ _ _ _ _ _	_ _ _ _

(g)	Other Personnel	_ _ _ ._ _	_ _ _ _ _ _	_ _ _ ._ _	_ _ _ _ _ _	_ _ _ _
(i)	Total	_ _ _ ._ _	_ _ _ _ _ _	_ _ _ ._ _	_ _ _ _ _ _	_ _ _ _

9.	Health Workers Roster in 2006.							
	Please allow me to ask few questions about each employee who worked in this facility starting with you.							
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Name of the agent	Gender	Position in the facility	Number of Approved Stavkas	Monthly Base Salary (Somoni)	Other monthly Allowances (Somoni)	Is () in the facility today ?	Reason Absence
		Male = 1 Female = 2	See Code				Yes = 1 → Next Line, No = 2	See Code
(a)		_ _	_ _	_ _ . _ _	_ _ _ _ _	_ _ _ _ _	_ _	_ _
(b)		_ _	_ _	_ _ . _ _	_ _ _ _ _	_ _ _ _ _	_ _	_ _
(c)		_ _	_ _	_ _ . _ _	_ _ _ _ _	_ _ _ _ _	_ _	_ _
(d)		_ _	_ _	_ _ . _ _	_ _ _ _ _	_ _ _ _ _	_ _	_ _
(e)		_ _	_ _	_ _ . _ _	_ _ _ _ _	_ _ _ _ _	_ _	_ _
(f)		_ _	_ _	_ _ . _ _	_ _ _ _ _	_ _ _ _ _	_ _	_ _
(g)		_ _	_ _	_ _ . _ _	_ _ _ _ _	_ _ _ _ _	_ _	_ _
(h)		_ _	_ _	_ _ . _ _	_ _ _ _ _	_ _ _ _ _	_ _	_ _
(i)		_ _	_ _	_ _ . _ _	_ _ _ _ _	_ _ _ _ _	_ _	_ _
(j)		_ _	_ _	_ _ . _ _	_ _ _ _ _	_ _ _ _ _	_ _	_ _
(k)		_ _	_ _	_ _ . _ _	_ _ _ _ _	_ _ _ _ _	_ _	_ _

(l)				•				
(m)				•				
(n)				•				
(o)				•				
(p)				•				
(q)				•				
(r)				•				
(s)				•				
(t)				•				
(u)				•				
(v)				•				
(w)				•				
(x)				•				
(y)				•				
(z)				•				
(aa)				•				

Position	Reason of the absence	ABSENCE
Head Doctor = 1 ; Other Doctors = 2 Nurses = 3 ; Feldshers = 4 Other Medical Personnel = 5; Administrative Personnel = 6 Other Personnel = 7	Sick leave = 1; In training = 2 Official mission = 3; Approved absence = 4 Annual leave = 5; Not his/her shift = 6 Not approved Absence = 7; Gone to retrieve salary=8 Other (to specify) = 9	If absence (9) To specify: () ()

10.	As the head of the facility, are you involved in the determination of the number of stavkas each employee performs in this facility?	Yes = 1 No = 2 DK = 3	()
11.	Who has the most say in determining the number of stavkas?	MoF/MoH = 1, Oblast = 2 Rayon = 3, CRH = 4 Jamoat = 5, Facility head = 6 Other: = 7 Don't Know = 8	()
12.	Are there criteria that are used to determine the additional stavkas?	Yes = 1 No = 2 DK = 3	()
13.	As the head of the facility, are you involved in the determination of the allocation of the bonuses to the employees of this facility?	Yes = 1 No = 2 DK = 3	()
14.	Who has the most say in the allocation of the bonuses?	MoF/MoH = 1, Oblast = 2 Rayon = 3, CRH = 4 Jamoat = 5, Facility head = 6 Other: = 7 Don't Know = 8	()
15.	Are there criteria that are used to determine the bonuses?	Yes = 1 No = 2 DK = 3	()
If No → 16			

16.	Are the following criteria used to compute bonuses?	(a)	Number of patients or hours worked	Yes = 1, No = 2, DK = 3	<input type="text"/>
		(b)	Number of beds or target population		<input type="text"/>
		(c)	Based on needs or requests		<input type="text"/>
		(d)	Number of overtime hours		<input type="text"/>
		(e)	To increase low salaries		<input type="text"/>

Section III: Budget Allocation and Execution

1.	Was there a budget for the facility for 2005?	Yes = 1, No= 2, DK = 9	<input type="text"/>	If No or DK → 6
2.	To whom was the 2005 budget proposal submitted?	MoF/MoH = 1, Oblast = 2 Rayon = 3, CRH = 4 Jamoat = 5, None = 6 Other: _____ = 7 Don't Know = 8	<input type="text"/>	
3.	Was there a separate budget prepared for Primary Health Care for 2005?	Yes = 1, No= 2, DK = 9	<input type="text"/>	
4.	In 2005 who determined the ceiling of the budget of the facility?	MoF/MoH = 1, Oblast = 2 Rayon = 3, CRH = 4 Jamoat =5, Facility head = 6 Other: _____ = 7 Don't Know = 8	<input type="text"/>	

Now please allow me to ask you more specifically about resources you received from the Local or Central Governments.

5.	For the year 2005, other than salaries, did the facility receive any financial or material (in cash or in kind) support from the CRH, Jamoat, Rayon, Oblast, or Ministry of Health/Finance?	Yes = 1 No = 2 DK = 9	<input type="text"/>	If No or Don't Know → Section 3 question 1
Financial Resources Received from Local or Central Governments Bodies				
		(1)	(2)	
6.	In 2005, did you receive any financial resources (cash), other than salaries, from ()	Yes = 1 No = 2 If No → Next line	Could you please approximately estimate the value of the financial support this agency provided (in Somoni) ?	
(a)	Central Rayon Hospital	<input type="text"/>	<input type="text"/>	
(b)	Jamoat	<input type="text"/>	<input type="text"/>	
(c)	Rayon Administration	<input type="text"/>	<input type="text"/>	
(d)	Oblast Administration	<input type="text"/>	<input type="text"/>	
(e)	Ministry of Health/Finance	<input type="text"/>	<input type="text"/>	

7.	For the year 2005 did the facility receive any material support (in kind) from the Central Rayon Hospital?	Yes = 1 No = 2 DK = 9	<input type="text"/>	If No or Don't Know → 9
		(1)	(2)	
8.	In 2005, did the CRH provide (____) to the facility	Yes = 1 No = 2 If No → Next line	Could you please approximately estimate the value of that support the CRH provided (in Somoni) ?	
(a)	Drugs and Medicines	<input type="text"/>	<input type="text"/>	
(b)	Food	<input type="text"/>	<input type="text"/>	
(c)	Fuel	<input type="text"/>	<input type="text"/>	
(d)	Any Other Material	<input type="text"/>	<input type="text"/>	

9.	For the year 2005 did the facility receive any material support (in kind) from the Jamoat Administration?	Yes = 1 No = 2 DK = 9	<input type="text"/>	If No or Don't Know → 11
		(1)	(2)	
10.	In 2005, did the Jamoat provide (____) to the facility	Yes = 1 No = 2 If No → Next line	Could you please approximately estimate the value of that support the Jamoat provided (in Somoni)	
(a)	Drugs and Medicines	<input type="text"/>	<input type="text"/>	
(b)	Food	<input type="text"/>	<input type="text"/>	
(c)	Fuel	<input type="text"/>	<input type="text"/>	
(d)	Any Other Material	<input type="text"/>	<input type="text"/>	

11.	For the year 2005 did the facility receive any material support (in kind) from the Rayon Administration?	Yes = 1 No = 2 DK = 9	<input type="text"/>	If No or Don't Know → 13
		(1)	(2)	
12.	In 2005, did the Rayon administration provide (____) to the facility	Yes = 1 No = 2 If No → Next line	Could you please approximately estimate the value of that support the Rayon administration provided (in Somoni)	
(a)	Drugs and Medicines	<input type="text"/>	<input type="text"/>	
(b)	Food	<input type="text"/>	<input type="text"/>	
(c)	Fuel	<input type="text"/>	<input type="text"/>	
(d)	Any Other Material	<input type="text"/>	<input type="text"/>	

13.	For the year 2005 did the facility receive any material support (in kind) from the Oblast Administration?	Yes = 1 No = 2 DK = 9	<input type="text"/>	If No or Don't Know → 15
		(1)	(2)	
14.	In 2005, did the Oblast administration provide (____) to the facility	Yes = 1 No = 2 If No → Next line	Could you please approximately estimate the value of that support the Oblast administration provided (in Somoni) ?	
(a)	Drugs and Medicines	<input type="text"/>	<input type="text"/>	
(b)	Food	<input type="text"/>	<input type="text"/>	
(c)	Fuel	<input type="text"/>	<input type="text"/>	
(d)	Any Other Material	<input type="text"/>	<input type="text"/>	

Section IV: External Sources of Financing

1.	For the year 2005 did the facility receive any support in cash or in kind from organizations other than the CRH, Jamoat, Rayon, Oblast, or Ministry of Health?	Yes = 1 No = 2 DK = 9	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	If No or Don't Know → Section 4 question 1
2.	Could you please give the names of the most important such organizations or agencies that provide financial support to the facility 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)		_ _	_ _ _ _ _ _ _ _	
b)		_ _	_ _ _ _ _ _ _ _	
c)		_ _	_ _ _ _ _ _ _ _	
d)		_ _	_ _ _ _ _ _ _ _	
e)		_ _	_ _ _ _ _ _ _ _	

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;
 Materiel and Equipments = 3; Renovations = 4; Other (Specify) = 5;

Specify in-kind resource: _____

3.	In 2005, did the facility receive any in-kind support from agencies or organizations other than local and central governments for the health sector?		Yes = 1 No = 2	<input type="text"/>	If No → Section V
4.	Could you please give the names of the most important such organizations or agencies that provide in-kind support to the facility in cash 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)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	__

Section V: Service Delivery

Please allow us to ask you few questions about the activity of this facility during 2005

1.	In 2005 did the facility provide in-patients services?	Yes = 1 No = 2	<input type="text"/>	If No → 4
2.	If yes, what was the average length of stay, in terms of number of total days of hospitalization, for an in-patient in 2005?	<input type="text"/> <input type="text"/>		
3.	What was the total number of in-patients services the facility provided?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
4.	In 2005 did the facility provide out-patients services?	Yes = 1 No = 2	<input type="text"/>	If No → 6
5.	If yes, what was the total number of out-patients services the facility provided?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Please answer if the facility provides the following services

6.		(1)	(2)	(3)
		Was this service available in 2005?	How many patients received this service in 2005?	What was the average contribution that patients paid for this service? (In Somoni)
	Type of service	Yes = 1 No = 2 → (go to next service)		
A. In-patient 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