B-1 Survey on the Situation of Health Service Providers

Study on The Restructuring of
Health and Medical System
in Republic of Uzbekistan

Date	
Interviewer	

Survey on the Situation of Health Service Providers

This questionnaire is quite confidential and your privacy is highly protected. Please answer the question freely.

Identification

Name of Interviewee	(Not obligation)
Sexuality	☐ Male ☐ Female
Age	☐<20 ☐20<30 ☐30<40 ☐40<50 ☐50<60 ☐60<
Oblast	☐Tashkent ☐Samarkand ☐Bukhara ☐Navoi ☐Karakalpakstan
Rayon	
Name of health facility	
Division	
Position	
License	
Contact Tel. No.	
Contact Fax. No.	
Contact e-mail address	

1. Working Condition

1-1	What is your last official education?	☐1.High school ☐2.Medical college ☐3.University/Institute ☐4.Advanced/ Postgraduate
1-2	How long do you work as this profession?	☐0<5 years ☐5<10 ☐10<15 ☐15<20 ☐20<
1-3	Have you ever change jobs? How many times?	☐ Yes, ☐1<3 times ☐3<5 ☐5<10 ☐10< ☐ No
1-4	Did the medical work experience interrupted?	☐ Yes ☐ No
1-5	How do you find the present job?	☐Assignment ☐Yourself ☐Acquaintance ☐Job Center ☐Other ( )
1-6	Do you have a side business/ part time job now?	☐ Yes ☐ No
1-7	What kind of additional job do you have?	☐ The same work in an other state medical facility ☐ The private medical facility ☐ Private practice ☐ Non-medical private business ☐ Other

1-8	How much is the ratio in working hour between main job and side work?	☐Main = Side ☐Main > Side ☐Main < Side
1-9	How much is your monthly salary for main job? (without TAX)	☐<10000sum ☐<50000 ☐<100000 ☐100000<
1-10	How much is your total income per month? (without TAX)	☐<10000sum ☐<50000 ☐<100000 ☐100000<
1-11	Are you satisfied with your present job?	☐ Yes ☐ No Because of ☐status ☐salary ☐expertise ☐relationship ☐working condition ☐environment
1-12	What do you want first to improve your work?	☐Training ☐Equipment ☐Facility ☐Salary
1-13	If possible, do you want to change job? What kind of?	☐Yes ☐ No ☐The same work in an other state medical facility ☐The private medical facility ☐Private practice ☐Non-medical private business ☐Other

2. Education and Training

2-1	Do you know any re-training system?	☐ Yes (go to 2-2) ☐ No (go to 2-5)
2-2	Who is the target?	☐Doctor ☐Nurse ☐Co-medical ☐Administration
2-3	Who is the organizer?	☐Ministry of health ☐Other ministry ☐Donor ☐NGO ☐International Agency (UNICEF, etc.)
2-4	Project "Health-I": do you know this training course?	☐ Yes, I participate it. ☐ Yes, but I don't participate it. ☐ No, but I am interested in it. ☐ No, and I don't care it.
2-5	Have you ever participate any kind of re-training?	☐ Yes (go to 2-6) ☐ No (go to 2-8)
2-6	Where was it?	☐ My work place ☐ In the same oblast where I live ☐ In the other oblast where I live ☐ Tashkent City
2-7	Do you need to pay for the training? If yes, for what items?	☐ Yes ☐ No ☐Transportation ☐Living cost ☐Training expense
2-8	Do you want to study again?	☐ Yes (go to 2-9) ☐ No (go to 2-10)
2-9	Why do you want to study more?	☐Skill up ☐Salary up ☐Obligation ☐Interest
2-10	Why don't you want to study again?	☐Enough ☐No time ☐No interest ☐No chance ☐Difficult to turn new knowledge in old environment

2-11	When you received re-training, how you were sent?	☐By your own wish ☐By nomination ☐By competition ☐Other ( )
2-12	Did you find that re-training courses useful for you? If yes, what percent of knowledge and practical skills could you implement to your routine practice?	☐ Yes ☐ No ☐<20% ☐20<40% ☐40<60% ☐60<80% ☐80%<
2-13	What was especially useful for during re-training courses? (Mark several points important for you)	☐Up grading of new information and knowledge ☐Skill up in technology ☐Accessibility to modern literature in library ☐Opportunity to communicate with colleagues and change with experience ☐Other ( )
2-14	Have your status/ welfare standards changed after finished the re-training courses?	☐Yes, it has become better ☐No, it still the same ☐It has become worse ☐Difficulty to answer
2-15	Did the re-training coursed change your attitude to your work?	☐Yes ☐ No ☐The satisfaction by my work increased ☐The relationship to patients has become better ☐The relationship to personnel has become better (doctors, nurses, non-medical staff and others) ☐The quality of diagnostics and treatment have been improved ☐I found new opportunities for CME (Continued Medical Education) ☐Other ( )
2-16	What would you like to change in your work?	☐To improve the quality of diagnostics and treatment ☐To improve the prevention work ☐ To improve communication skills and relations with patients ☐ To improve relationship with colleagues and personnel ☐To receive more opportunities for CME ☐To have more opportunities to meet with colleagues and change with experience ☐Other ( )

2-17	Do you follow CME?	☐ Yes ☐ No
2-18	What kind of continued medical education do you take after starting to work?	☐Self-education in library ☐Mentorship of a colleague ☐Cases study ☐Conferences and seminars ☐Training course ☐Other ( ) ☐Never trained
2-19	How does it influence to your practice?	☐Improve the quality of my diagnostics and treatment ☐Help to escape (prevent) mistakes in future ☐Improve communication with patients ☐Improve relationship with colleagues and personnel ☐Other ( ) ☐Doesn't influence
2-20	Did you make some notes on your CME?	☐ Yes ☐ No

3. Providing Medical Service

3-1	What is "Medical Service" for you? Please choose 3 items and put 1 by the most important and so on down to 3.	☐ **A**. To communicate enough with patient ☐ **B**. To provide high technological diagnosis ☐ **C**. To perform precise treatment/ operation ☐ **D**. To give patient a cost-effective treatment ☐ **E**. To do the professional work as medical worker ☐ **F**. To satisfy the patient's desire ☐ **G**. To provide enough drug ☐ **H**. To relieve from pain of patient ☐ **I**. To consider the quality of life of patient
3-2	Can you provide a good "Medical Service"?	☐Excellent ☐Satisfactory ☐Not enough ☐Poor
3-3	In which point you can serve to patient? In which point you can't serve to patient? Please tick you can =○, can't=× in **A** - **I**.	☐**A** ☐**B** ☐**C** ☐**D** ☐**E** ☐**F** ☐**G** ☐**H** ☐**I**
3-4	Do you want to improve your service?	☐ Yes (if yes, go to 3-5) ☐ No (if no, go to 3-6)
3-5	How do you want to change?	☐ Increasing medical knowledge ☐ Technical practice for new equipment ☐ Following new health reform system ☐ Other process ( )
3-6	Why don't you want to change?	☐Enough ☐No time ☐No interest ☐No chance ☐Difficult to turn new knowledge in old environment
3-7	Do you want patients to aware of medical issue?	☐ Yes (if yes, go to 3-8) ☐ No (if no, go to 3-9)

3-8	Why do you want them to change?	☐ I can't explain everything. ☐ I want to shorten consulting time. ☐ Patient should be scientific and logical. ☐ To take care themselves, better to have basic knowledge. ☐ To bring up their families, better to understand the importance of medicine.
3-9	Why do you want patients to be same?	☐ Patient must follow medical specialists. ☐ A little learning is a dangerous thing. ☐ No need, because I provide enough knowledge. ☐ Others ( )

4. Health Service Management

4-1	Do you know the structure of the management in healthcare system?	☐ Yes ☐ No
4-2	Who develop the rules and orders for you?	☐Ministry of Health ☐Oblast Health department ☐Rayon Health department ☐Chief doctor of the facility ☐Chief doctor of the department ☐I don't know
4-3	Do you know your qualification standards and professional requirements and rights?	☐ Yes ☐ No
4-4	If yes, who developed them?	☐Ministry of Health ☐Oblast Health department ☐Rayon Health department ☐Chief doctor of the facility ☐Chief doctor of the department ☐I don't know
4-5	Do you participate in the management and organization work?	☐ Yes (If yes go to 4-6) ☐ No (If yes go to 4-7)
4-6	Can you specify your responsible area?	☐Personnel management ☐Administrative work ☐Pharmaceutical management ☐Treatment guidelines development ☐Other ( )
4-7	If now, do you want to participate in the management and organization work?	☐ Yes ☐ No

4-8	If yes, what would you like to be involved in?	☐Personnel management ☐Administrative work ☐Pharmaceutical management ☐Treatment guidelines development ☐Other ( )

Thank you to answer this questionnaire. We appreciate your cooperation very much. ☺

B-2 Medical Facility Survey

Medical Facilities Survey

Study on The Restructuring of
Health and Medical System
in Republic of Uzbekistan

Date	2E
Interviewer	

Medical Facilities Survey

A. Administration Section

Identification

Name of Interviewee	
Sexuality	☐Male ☐ Female
Age	☐<20 ☐20<30 ☐30<40 ☐40<50 ☐50<60 ☐60<
Position	
Oblast	☐Tashkent ☐Samarkand ☐Bukhara ☐Navoi ☐Karakalpakstan
Rayon	
Name of hospital	
Address	
Contact Tel. No.	
Contact Fax. No.	
Contact e-mail address	

A1. Outline of the Hospital

1-1	How many years passed since the facility has built?	Years
1-2	How many years passed the facility has worked as hospital?	Years
1-3	How many beds hospital has?	1.Total 2. Pay bed 3. Free bed
1-4	Hospital opening hour (day shift)	Hours/ From : - To :
1-5	Does emergency unit open 24 hours?	☐Yes ☐No
1-6	Covering area (Dimension of Rayon is acceptable)	Km^2
1-7	How much population hospital has in covering area? (size of Rayon is acceptable)	1. Total 2. Male 3. Female
1-8	How many times ambulances in the hospital are sent out?	1. Average /day 2. Average /month

A2.Referral System

2-1	Is there any rule/ regulation for transfer?	☐Yes ☐No
2-2	Does medical-information transmit with a conveyed patient?	☐Yes ☐No
2-3	If yes, how is the patient's medical-information transmitted to the connected referral facility?	☐1.Brought by patient ☐2.Telephone ☐3.Facsimile ☐4.Others ( )
2-4	Is the share of expenditure/medical cost decided in advance between the connected hospitals?	☐Yes ☐No
2-5	Does this hospital send community health workers/ general practitioner (GP) to the communities or SVP?	☐Yes ☐No
2-6	If yes, what kind and how many?	☐1.Health workers ☐2.General practitioners ☐3.Health volunteers How many ____ persons
2-7	Please fill in numbers of referred patient in 2002.	
	This hospital → Other rayon hospital	Times/year
	This hospital → Oblast hospital	Times/year
	This hospital → Oblast emergency hospital	Times/year
	This hospital →Tashkent emergency hospital	Times/year
	SVP → This hospital	Times/year
	Ambulance center → This hospital	Times/year
	Other rayon hospital → This hospital	Times/year

A3. Human Personnel (please give interviewer the organization chart of hospital.)

3-1. Number of Personnel of Administration and General please put numbers in each department.

Director/Vice director	/
Clark	
Accountant	
Secretary	
Cleaning	
Driver	
Others	

3-2. Number of personnel of medical staff please put numbers in each department.

	Internal medicine	Surgery/ Traumatology	Pediatrics	Obstetrics/Gynecology	Urology/Genital system	Orthopedics	Dermatology	Ophthalmology	Otolaryngology	Stomatology	Operation theater	ICU/ Reanimation	Emergency room	Laboratory	Radiology	Physiotherapy	Pharmacy	Others ( )
Doctor*																		
Nurse																		
Midwife																		
Laboratory technician																		
X-ray technician																		
Pharmacist																		
Assistant in pharmacy																		
Medical engineer																		
Mechanical electrical engineer																		
Nutritionist																		
Others ( )																		

* Doctor includes general, pediatrics, laboratory and dentist.

A4. Finance

4-1.General Revenue (actual)

	2000	2001	2002
MOH subsidization			
Provincial government			
Donation			
Payment from patient			
Others			
Total			

4-2.General Expenditure (actual)

	2000	2001	2002
Salary			
Pharmáceutical			
Social security			
Utility			
Food			
Major and minor maintenance			
Equipment and furniture			
Others			
Total			

A5. Number of Health Services Performance (2002)

		July	Aug	Sep	Oct	Nov	Dec
No. of out-patient	0<1						
	1<14						
	15<						
No. of in-patient	0<1						
	1<14						
	15<						
No. of emergency case							
No. of CT scan							
No. of X-ray test							
No. of endoscopes							
No. of ultrasound echogram							
No. of ECG							
No. of EEG							
No. of spirometer							
Lab. Exam. (No. of teat)	Biochemistry						
	Hematology						
	Serological						
	Urine/stool						
	Bacteriology						
	Others						

A6. Disease Pattern

Please fill in the total number (in-patient and out-patient) of prevalence of each disease.

Number of cases	2000	2001	2002
Respiratory disease			
Pneumonia			
Influenza			
Common cold			
ARI			
Tuberculosis			
Lung cancer			
Others ( )			
Gastrointestinal disease	2000	2001	2002
Dysentery			
Abdominal typhoid			
Salmonellosis			
Diarrhea			
Acute intestinal disease			
Gastric ulcer			
Gastric cancer			
Others ( )			
Hepatic/biliary	2000	2001	2002
Viral hepatitis			
Type A			
Type B			
Type C			
Hepatic cirrhosis			
Alcoholic			
Hepatic cancer			
Others ( )			
Cardiovascular disease	2000	2001	2002
Myocardial disease			
Cerebrovascular disease			
Hypertension			
Brain tumor			
Others ( )			
Infection preventive by vaccine	2000	2001	2002
Diphtheria			
Pertussis			
Tetanus			
Poliomyelitis			
Measles			
Mumps			
Rubella			
Other infection	2000	2001	2002
STD			
HIV			
Parasitic infestation			
Others ( )			

Nutritional disease	2000	2001	2002
Iodine Deficiency			
Anemia			
Diabetes			
Malnutrition			
Others ( )			
Ophthalmologic disease			
Otolaryngologic disease			
Dermatological disease			
Urinary disease			
Dental disease			
Case of Operation	2000	2001	2002
Abdominal			
Lung			
Brain			
Orthopedic			
Trauma			
Burn			
Others ( )			

Thank you for your cooperation. We appreciate your support very much. ☺

B. Facility and Maintenance Section

Identification

Name of Interviewee	
Sexuality	☐Male ☐ Female
Age	☐<20 ☐20<30 ☐30<40 ☐40<50 ☐50<60 ☐60<
Position	
Oblast	☐Tashkent ☐Samarkand ☐Bukhara ☐Navoi ☐Karakalpakstan
Rayon	
Name of hospital	
Address	
Contact Tel. No.	
Contact Fax. No.	

B1. Scale of facility

1-1	Structure of Building	☐ Reinforced Concrete ☐ Brick ☐ Wooden ☐ Others ( )
1-2	How many buildings is the hospital composed?	☐single ☐complex ☐Separate (city type)
1-3	How many floors and how much floor area is in each building, if the hospital has complex building?	Buildings total area m^2 Main Building Floors, m^2 Building No.2 Floors, m^2 Building No.3 Floors, m^2 Building No.4 Floors, m^2 Building No.5 Floors, m^2

B2. Electricity

2-1	Sub-station		☐Yes ☐No
2-2	Receiving electric capacity		Total kVA
2-3	Source of supply (Power source from where?)		Name of Power station:
2-4	Stability of electricity		☐Good ☐No good
2-5	Supply voltage	Single-phase	AC V Hz
		Three-phase	AC V Hz
2-6	Actual supply voltage	Single-phase (in Laboratory room)	AC V Hz
		Three-phase (in X-ray Dept.)	AC V Hz
2-7	Condition of cable		☐Good ☐No good
2-8	Power failure (How often do you have power cut?)		Frequency / month, /year
2-9	Time of length for Power failure in average		Approximately hours
2-10	Do you have generator for emergency power?		☐Yes ☐No
2-11	Capacity of generator		kVA
2-12	No. of unit(s) of generator		units
2-13	Manufacturer of generator		☐Russian made ☐Others ( )
2-14	How old is your generator? Produced year is		☐70s ☐80s ☐90s ☐After 2KY
2-15	Range of supply area of generator		☐Operation, ICU, laboratory ☐Others ( )
2-16	Performance Record of generator		Total hour(s)/ year(s)

B3. Water Supply

3-1	Amount of supply water	☐Enough ☐Not enough
3-2	Capacity of reservoir	m^3
3-3	Water source	☐City water ☐Well water ☐Artesian well
3-4	General pipe diameter ø	mm
3-5	Material of Pipe	☐Steel(iron) ☐Aluminum ☐Others ( )
3-6	Hardness of water	☐Hard ☐Normal ☐Soft
3-7	General pressure of water	kg/cm^2

B4. Sewage

4-1	Condition of sewage disposal	☐Direct to sewage ☐Sewage after self-treatment ☐Others ( )
4-2	Material of Pipe	☐Steel (iron) ☐Aluminum ☐Others ( )
4-3	General pipe diameter ø	mm
4-4	Do you have the tank for dirty water (underground)?	☐Yes ☐No
4-5	If yes, how often you call sewage car to take them out?	☐1time/week ☐1-2 times/month ☐less frequently

B5. Medical Gas

5-1	Gas supply system	☐Central ☐Cylinder
5-2	If you have central gas system, what is the material of gas pipe?	☐Steel (iron) ☐Copper ☐Others ( )
5-3	Range of gas supply area	☐ Operation theatre, ICU, ward, emergency, ☐ Others ( )

B6. Heating

6-1	Heating System	☐Central ☐Individual ☐Central &Individual
6-2	Fuel	☐Gas ☐Heavy oil ☐Electric ☐Others ( )
6-3	Capacity of tank for fuel	Liters
6-4	Times of maintenance in a year	Times/year
6-5	Capacity of boiler	Kcal/hour

B7. Communication

7-1	No. of city telephone lines	☐1Lines ☐2Lines ☐2<Lines ( )

B8. Medical waste disposal

8-1	How do you make medical waste disposal?	☐Governmental collection ☐Private collection ☐neglect
8-2	Do you have the incinerator?	☐Yes ☐No
8-3	If yes, how is its capability?	☐Enough ☐Not enough

Thank you for your cooperation. We appreciate your support very much. ☺

C. Equipment and Maintenance Section

Identification

Name of Interviewee	
Sexuality	☐Male ☐ Female
Age	☐<20 ☐20<30 ☐30<40 ☐40<50 ☐50<60 ☐60<
Position	
Oblast	☐Tashkent ☐Samarkand ☐Bukhara ☐Navoi ☐Karakalpakstan
Rayon	
Name of hospital	
Address	
Contact Tel. No.	
Contact Fax. No.	
Contact e-mail address	

C1. Existing Equipment

1-1. Please fill in the blank and tick the column;

- Q'ty: Quantity of equipment, Please describe the number of equipment that you have clearly.
- Country of origin: Please check whether it is a product manufactured in which country. Then tick the column.
- Manufacturing year: Please mark the corresponding years to the list after confirming manufacturing year of equipment.
- Operational condition: Could you check present condition of equipment, then paint out the column blacking it.

1-2. Please encircles the equipment name if its equipment is donated by donors (ex: UNICEF, JICA, NGOs).

	Equipment Name	Q'ty	Country of origin			Manufacturing year	Operational condition		
			Europe /USA	Russia	Other	1.80-85, 2.86-90, 3.91-95, 4.96s-00, 5.01-02	Useable	Repair able	Out of Use
A.	X-ray								
A-1	General X-ray apparatus		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
A-2	Fluoroscopy		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
A-3	Dental X-ray apparatus		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
A-4	Mobile X-ray apparatus		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
A-5	Film developing machine		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
A-6	X-ray film illuminator		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
A-7	Ultrasound apparatus		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
B.	Laboratory								
B-1	Biochemistry analyzer		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
B-2	Spectrophotometer		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
B-3	Blood cell counter		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
B-4	Electrolyte analyzer		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
B-5	Blood gas analyzer		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
B-6	Microscope		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
B-7	Centrifuge		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
B-8	Refrigerator		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
B-9	Incubator		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
B-10	Distillator		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
B-11	Analytical balance		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐

C.	Diagnostic Out patient								
C-1	Stethoscope		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
C-2	Ophthalmoscope		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
C-3	Otoscope		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
C-4	Blood pressure apparatus		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
C-5	Height measuring scale		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
C-6	Weighting scale		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
C-7	ECG apparatus		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
C-8	Spirometer		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
D.	Obstetrics and gynecology								
D-1	Examination table		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
D-2	Basic instrument set		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
D-3	Colposcope		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
D-4	Operation mobile light		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
D-5	Delivery bed		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
D-6	Fetal monitor		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
D-7	Vacuum extractor		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
D-8	Infant incubator		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
D-9	Infant warmer		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
D-10	Baby scale		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
E.	Emergency								
E-1	Ambulance vehicle		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
E-2	Stretcher		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
E-3	Reanimation set		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
E-4	Defibrillator		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
E-5	Laryngoscope		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
E-6	Aspirator		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
E-7	Instrument (minor surgery)		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
E-8	Examination light		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
F.	Central supply								
F-1	Sterilizer/ Autoclave		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
F-2	Instrument cabinet		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
G.	Dental								
G-1	Dental chair unit		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
H.	Endoscopy								
H-1	Gastro-fiberscope		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
H-2	Colono-fiberscope		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
I.	Operation theatre								
I-1	Operation table		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
I-2	Operation ceiling light		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
I-3	Anesthetic apparatus		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
I-4	Ventilator		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
I-5	Patient monitor		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
I-6	Electric coagulator		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
I-7	Suction unit		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
I-8	Surgical instrument set		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐

Thank you for your cooperation. We appreciate your support very much. ☺

D. Pharmacy Section

Identification

Name of Interviewee	
Sexuality	☐Male ☐ Female
Age	☐<20 ☐20<30 ☐30<40 ☐40<50 ☐50<60 ☐60<
Position	
Oblast	☐Tashkent ☐Samarkand ☐Bukhara ☐Navoi ☐Karakalpakstan
Rayon	
Name of hospital	
Address	
Contact Tel. No.	
Contact Fax. No.	
Contact e-mail address	

D1. Drug Procurement Budget

Please state amount of money in each year for drug procurement budget

	2000	2001	2002
Drug budget in the hospital			
Donation (Cash)			
Donation (Drugs) If you can convert into money			
Others			
Total			

D2. Drug supply

2-1	How much did you spend for purchasing drugs in the year of 2002?	Purchase from:	How much
		Dori Darmon	
		Others	
2-2	Please state 3 main names of drugs (write in generic) that are always enough supplied from Dori Darmon when you make requests.		
2-3	Please state 3 main names of drugs (write in generics) were not supplied or short-supplied from Dori Darmon in 2002 *even though you made requests.*		
2-4	In the year of 2002, how much percent of your request did Dori Darmon satisfy?		%
2-5	In the year of 2002, how much percentage of drugs account for supplying to SVPs/SVAs of all stocked drugs, approximately?		%
2-6	How much percentage of patients who have to buy drugs by themselves due to the lack of drugs in the hospital, approximately?		%
2-7	Please state 3 main names of drugs (write in generics), which patients have to buy by themselves due to the lack of drugs in the hospital.		

D3. Drug inventory/stock

3-1	Do you have an essential drug list in your pharmacy?	☐ Yes ☐ No
3-2	What kind of training have you ever taken on drug management after starting to work?	☐1.Pharmacy management ☐2.Inventory management ☐3.Essential drug ☐4.Treatment guideline ☐5. Other ( ) ☐6.Never trained
3-3	Please tick the columns of 2 biggest problems in your pharmacy.	☐1.Budget is not enough to meet the drug demand. ☐2.Supply from Dori Darmon is not enough as requested ☐3.Information on drug from MOH does not come (or always delay). ☐4.Number of staff in pharmacy is not enough. ☐5.Drug request from SVP/SPA is not well planed. ☐6.Training on drug management is not enough. ☐7.Other ( )

3-4 How many kinds of each category of drugs are there in your pharmacy?

Drugs	Number	No. of Essential Drug
Internal use		
Injection		
Produced in the pharmacy		
Total		

3-5 Please fill the table.
What kinds of drugs are commonly prescribed in the following disease in your hospital? (Please state drug's name in generic, dosage, and duration of taking the drug.)

	Drug name	Form: 1:Tablet, 2:capsule, 3:ample, 4:bottle	Volume/ dosage (mg)	Times/day	Period of dosage (day)
Diarrhea					
1					
2					
3					
Pneumonia					
1					
2					
3					
Common Cold					
1					
2					
3					

3-6. Drug Stock

Please fill the table in choosing the number below on stock situation for each drug during the year of 2002.

If you have something to comment on the specific drug, please write remarks.

(Drug names are stated in generic names. If you stock the same drug in brand name, please state the name beside the generic name and fill the table.)

	Drug Name	Form	Stock Situation*	Remarks
1	Aminophylline 25mg/ml	Injection		
2	Salbutamol 0.1mg/dose	Injection		
3	Ampicillin 500mg	Injection		
4	Gentamicin 40mg/ml	Injection		
5	Acetylsalicylic acid 500mg	Tablet		
6	Propranolol 40mg	Tablet		
7	Glyceryl trinitrate (Nitroglycerin) 0.5mg	Tablet		
8	Verapamil 40mg	Tablet		
9	ORS (Rehydron® 66)	Packet (Powder)		
10	Diazepam 5mg/ml	Injection		
11	Promethazine 25mg/ml	Injection		
12	Prednisolone 5mg	Tablet		
13	Insulin	Injection		
14	Oxytocin 1mg	Injection		
15	Glucose 5%	Intravenous Injection		

Remarks*: **Stock Situation**

1:Always full supplied and no problems on stock.

2:Full supplied in almost all times, but no supply on rare occasions.

3:Sometimes no stock/supply instead of demands.

4:No stock in most of time, rarely in stock/supplied.

5:Never supplied instead of demands.

6:No demands.

Thank you for your cooperation. We appreciate your support very much. ☺

Medical Facilities Survey (SVP/SVA)

Study on The Restructuring of
Health and Medical System
in Republic of Uzbekistan

Date	
Interviewer	

Medical Facilities Survey (SVP/SVA)

A. Administration Section

Identification

Name of Interviewee	
Sexuality	☐Male ☐ Female
Age	☐<20 ☐20<30 ☐30<40 ☐40<50 ☐50<60 ☐60<
Position	
Oblast	☐Tashkent ☐Samarkand ☐Bukhara ☐Navoi ☐Karakalpakstan
Rayon	
Name of health facility	
Address*	
Contact Tel. No.	
Contact Fax. No.	
Contact e-mail address	

Remark*: Please draw a simple location map and point out the facility site.

A1. Outline of the Health Facility

1-1	How many years passed since the health facility has built?	Years
1-2	Which category is this health facility?	☐Category-1 ☐Category-2 ☐Category-3 ☐Don't know
1-3	How many years passed the health facility has worked as hospital?	Years
1-4	How many day-care beds the health facility has?	Beds
1-5	Opening hour (day shift) of the health facility	Hours/ From : - To :
1-6	Does emergency unit open 24 hours?	☐Yes ☐No
1-7	Covering area (Dimension of Rayon is acceptable)	Km^2
1-8	How much population the health facility has in covering area? (size of covering kishlaks is acceptable)	1. Total 2. Male 3. Female
1-9	How many times ambulances in the health facility are sent out?	1. Average /day 2. Average /month

A2.Referral System

2-1	Is there any rule/ regulation for conveyance?	☐Yes ☐No
2-2	Does medical-information transmit with a conveyed patient?	☐Yes ☐No
2-3	If yes, how is the patient's medical-information transmitted to the connected referral facility?	☐1.Brought by patient ☐2.Telephone ☐3.Facsimile ☐4.Others ( )

2-4	Is the share of expenditure/medical cost decided in advance between the connected hospitals?	☐Yes ☐No
2-5	Does this health facility send general practitioner (GP)/ nurse to communities or home?	☐Yes ☐No
2-6	If yes, what kind and how many?	☐1.Health workers ☐2.General practitioners ☐3.Health volunteers How many ____ persons
2-7	Please fill in numbers of referred patient in 2002.	
	This facility →Other SVP/SVA	Times/year
	This facility → Rayon hospital	Times/year
	This facility → Oblast emergency hospital	Times/year
	This facility → Oblast hospital	Times/year
	Ambulance center → This facility	Times/year

A3. Human Personnel

Please put actual numbers in each section, and encircle the person who is person in charge of this health facility.

	General/ GP	Pediatrics	Ob/Gy	Stomatologist	Laboratory
Doctor					
Nurse					
Administration					
Others					

A4. Finance

4-1.General Revenue (actual)

	2000	2001	2002
MOH subsidization			
Provincial government			
Donation			
Others			
Total			

4-2.General Expenditure (actual)

	2000	2001	2002
Salary			
Pharmaceutical			
Social security			
Utility			
Food			
Major and minor maintenance			
Equipment and furniture			
Others			
Total			

A5. Number of Health Services Performance (2002)

		July	Aug	Sep	Oct	Nov	Dec
No. of out-patient	0<1						
	1<14						
	15<						
No. of in-patient	0<1						
	1<14						
	15<						
No. of death case							
No. of delivery							
No. of lab.examination							
No. of home visit/ month							
No. of health promotion activity							
No. of MCH activity*							
No. of vaccination							
No. of dispensarization**							

MCH activity*=mother and child health care (maternal care, pre/ post-natal care, neonatal care, etc.)
Dispensarization**=follow up/ monitoring chronic disease

A6. Disease Pattern

Please fill in the total number (in-patient and out-patient) of prevalence of each disease.

Number of cases	2000	2001	2002
Respiratory disease			
Pneumonia			
Influenza			
Common cold			
ARI			
Tuberculosis			
Lung cancer			
Others ( )			
Gastrointestinal disease	2000	2001	2002
Dysentery			
Abdominal typhoid			
Salmonellosis			
Diarrhea			
Acute intestinal disease			
Gastric ulcer			
Gastric cancer			
Others ( )			
Hepatic/biliary	2000	2001	2002
Viral hepatitis			
Type A			
Type B			
Type C			
Hepatic cirrhosis			
Alcoholic			
Hepatic cancer			
Others ( )			

Cardiovascular disease	2000	2001	2002
Myocardial disease			
Cerebrovascular disease			
Hypertension			
Brain tumor			
Others ( )			
Infection preventive by vaccine	2000	2001	2002
Diphtheria			
Pertussis			
Tetanus			
Poliomyelitis			
Measles			
Mumps			
Rubella			
Other infection	2000	2001	2002
STD			
HIV			
Parasitic infestation			
Others ( )			
Nutritional disease	2000	2001	2002
Iodine Deficiency			
Anemia			
Diabetes			
Malnutrition			
Others ( )			
Ophthalmologic disease			
Otolaryngologic disease			
Dermatological disease			
Urinary disease			
Dental disease			
Case of Operation	2000	2001	2002
Abdominal			
Lung			
Brain			
Orthopedic			
Trauma			
Burn			
Others ( )			

B. Facility and Maintenance Section

B1. Scale of facility

1-1	Structure of Building	☐ Reinforced Concrete ☐ Brick ☐ Wooden ☐ Others ( )
1-2	How many buildings, floor and area?	Buildings, total area m^2

B2. Electricity

2-1	Actual supply voltage	Single-phase (in Laboratory room)	AC V Hz
		Three-phase (in X-ray Dept.)	AC V Hz
2-2	Condition of cable		☐Good ☐No good
2-3	Power failure (How often do you have power cut?)		Frequency / month, /year
2-4	Time of length for Power failure in average		Approximately hours

B3. Water Supply

3-1	Amount of supply water	☐Enough ☐Not enough
3-2	Capacity of reservoir	m^3
3-3	Water source	☐City water ☐Well water ☐Artesian well
3-4	General pipe diameter ø	mm
3-5	Material of Pipe	☐Steel(iron) ☐Aluminum ☐Others ( )
3-6	Hardness of water	☐Hard ☐Normal ☐Soft
3-7	General pressure of water	kg/cm^2

B4. Sewage

4-1	Condition of sewage disposal	☐Direct to sewage ☐Sewage after self-treatment ☐Others ( )
4-2	Material of Pipe	☐Steel (iron) ☐Aluminum ☐Others ( )
4-3	General pipe diameter ø	mm
4-4	Do you have the tank for dirty water (under the ground)?	☐Yes ☐No
4-5	If yes, how often you call sewage car to take them out?	☐1time/week ☐1-2 times/month ☐less frequently

B5. Heating

5-1	Heating System	☐Central ☐Individual ☐Central &Individual
5-2	Fuel	☐Gas ☐Heavy oil ☐Electric ☐Others ( )
5-3	Capacity of tank for fuel	Liters
5-4	Times of maintenance in a year	/year
5-5	Capacity of boiler	/year

B6. Communication

6-1	No. of city telephone lines	☐1Lines ☐2Lines ☐2<Lines ( )

B7. Medical waste disposal

7-1	How do you make medical waste disposal?	☐Governmental collection ☐Private collection ☐neglect

C. Equipment and Maintenance Section

C1. Existing Equipment

1-1. Please fill in the blank and tick the column;

- Q'ty: Quantity of equipment, Please describe the number of equipment that you have clearly.
- Country of origin: Please check whether it is a product manufactured in which country. Then tick the column.
- Manufacturing year: Please mark the corresponding years to the list after confirming manufacturing year of equipment.
- Operational condition: Could you check present condition of equipment, then paint out the column blacking it.

1-2. Please encircles the equipment name if its equipment is donated by donors (ex: UNICEF, JICA, NGOs).

	Equipment Name	Q'ty	Country of origin			Manufacturing year	Operational condition		
			Europe /USA	Russia	Other	1.80-85, 2.86-90, 3.91-95, 4.96s-00, 5.01-02	Useable	Repair able	Out of Use
A.	X-ray								
A-1	General X-ray apparatus		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
A-2	Fluoroscopy		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
A-3	Dental X-ray apparatus		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
A-4	Mobile X-ray apparatus		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
A-5	Film developing machine		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
A-6	X-ray film illuminator		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
A-7	Ultrasound apparatus		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
B.	Laboratory								
B-1	Biochemistry analyzer		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
B-2	Spectrophotometer		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
B-3	Blood cell counter		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
B-4	Electrolyte analyzer		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
B-5	Blood gas analyzer		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
B-6	Microscope		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
B-7	Centrifuge		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
B-8	Refrigerator		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
B-9	Incubator		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
B-10	Distillator		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
B-11	Analytical balance		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
J.	Physiotherapy								
J-1	Ultrasound therapy unit		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
J-2	Microwave therapy unit		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
J-3	Interferential therapy unit		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
J-4	Magnet therapy unit		☐	☐	☐	1. 2. 3. 4. 5.		☐	☐
J-5	Laser therapy unit		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
J-6	Electro-stimulator		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
K.	Obstetrics and gynecology								
K-1	Gynecological exam. table		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
L.	Injection & Preventive vaccination								
L-1	Infant scale		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
L-2	Stethoscope		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
L-3	Blood pressure apparatus		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐

L-4	Height measuring rod		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
L-5	Weighting scale		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
L-6	Microscope		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
L-7	Centrifuge		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
M.	Sterilizing Room								
M-1	Refrigerator		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
M-2	Incubator		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐
M-3	Distillator		☐	☐	☐	1. 2. 3. 4. 5.	☐	☐	☐

D. Pharmacy Section

D1. Drug Procurement Budget

Please state amount of money in each year for drug procurement budget

	2000	2001	2002
Drug budget in the health facility			
Donation (Cash)			
Donation (Drugs) If you can convert into money			
Others			
Total			

D2. Drug supply

2-1	Where and how much did you spend for purchasing drugs in the year of 2002? (If you get free, please describe as '0'.)	☐ Rayon hospital	sum
		☐ Dori Darmon	sum
		☐ Purchase	sum
		☐ Others	sum
2-2	Please state 3 main names of drugs (write in generics) that are always enough supplied from Rayon hospital when you make requests		
2-3	Please state 3 main names of drugs (write in generics) were not supplied or short-supplied from Rayon hospital in 2002 even though you made requests.		
2-4	In the year of 2002, how much percent of your request did Rayon hospital satisfy?		%
2-5	In the year of 2002, how much percentage of drugs account for supplying to SVPs/SVAs of all stocked drugs, approximately?		%
2-6	How much percentage of patients who have to buy drugs by themselves due to the lack of drugs in the SVP/SVA, approximately?		%
2-7	Please state 3 main names of drugs (write in generics), which patients have to buy by themselves due to the lack of drugs in the SVP/SVA.		

D3. Drug inventory/stock

3-1	Do you have an essential drug list in your pharmacy?	☐ Yes ☐ No
3-2	What kind of training have you ever taken on drug management after starting to work?	☐1.Pharmacy management ☐2.Inventory management ☐3.Essential drug ☐4.Treatment guideline ☐5.Other ( ) ☐6.Never trained
3-3	Please tick the columns of 2 biggest problems in your pharmacy.	☐1.Budget is not enough to meet the drug demand. ☐2.Supply from Dori Darmon is not enough as requested ☐3.Information on drug from MOH does not come (or always delay). ☐4.Number of staff in pharmacy is not enough. ☐5.Drug request from SVP is not well planed. ☐6.Training on drug management is not enough. ☐7. Other ( )

3-4	How many kinds of each category of drugs are there in your pharmacy?	Drugs	Number	No. of Essential Drug
		Internal use		
		Injection		
		Produced in the pharmacy		
		Total		

3-5	Please fill the table. What kinds of drugs are commonly prescribed in the following disease in your hospital? (Please state drug's name in generic, dosage, and duration of taking the drug.)		Drug name	Form: 1.Tablet, 2.capsule, 3.ample, 4.bottle	Volume/ dosage (mg)	Times/day	Period of dosage (day)
		Diarrhea					
		1					
		2					
		3					
		Pneumonia					
		1					
		2					
		3					
		Common Cold					
		1					
		2					
		3					

3-6. Drug Stock

Please fill the table by choosing the number below on stock situation for each drug during the year of 2002.
If you have something to comment on the specific drug, please write remarks.
(Drug names are stated in generic names. If you stock the same drug in brand name, please state the name beside the generic name and fill the table.)

	Drug Name	Form	Stock Situation*	Remarks
1	Aminophylline 25mg/ml	Injection		
2	Salbutamol 0.1mg/dose	Injection		
3	Ampicillin 500mg	Injection		
4	Gentamicin 40mg/ml	Injection		
5	Acetylsalicylic acid 500mg	Tablet		
6	Propranolol 40mg	Tablet		
7	Glyceryl trinitrate (Nitroglycerin) 0.5mg	Tablet		
8	Verapamil 40mg	Tablet		
9	ORS (Rehydron® 66)	Packet (Powder)		
10	Diazepam 5mg/ml	Injection		
11	Promethazine 25mg/ml	Injection		
12	Prednisolone 5mg	Tablet		
13	Insulin	Injection		
14	Oxytocin 1mg	Injection		
15	Glucose 5%	Intravenous Injection		

Remark*: **Stock Situation**

1:Always full supplied and no problems on stock.
2:Full supplied in almost all times, but no supply on rare occasions.
3:Sometimes no stock/supply instead of demands.
4:No stock in most of time, rarely in stock/supplied.
5:Never supplied instead of demands.
6:No demands.

Thank you for your cooperation. We appreciate your support very much. ☺

Medical Facilities Survey (Supplemental Research)

Study on The Restructuring of
Health and Medical System
in Republic of Uzbekistan

Date	
Interviewer	

Medical Facilities Survey

A. Administration Section

Identification

Name of Interviewee	
Sexuality	☐Male ☐ Female
Age	☐<20 ☐20<30 ☐30<40 ☐40<50 ☐50<60 ☐60<
Position	
Oblast	☐Tashkent ☐Samarkand ☐Bukhara ☐Navoi ☐Karakalpakstan
Rayon	
Name of hospital	
Address	
Contact Tel. No.	
Contact Fax. No.	
Contact e-mail address	

Bed Occupancy

First, please choose 3 names of consultation department where keeps mostly long hospital stay in your hospital from under group and fill in ( ):

01.Surgery, 02.Traumatology, 03.Burn, 04.Urology, 05.Therapy, 06.gastro-enterology, 07.Cardiology, 08.Maternal, 09.Obstetrics/Gynecology, 10.Pediatrics

In second, please fill in the numbers of each month

	1.( )		2. ( )		3. ( )	
Month	No. of patient	Average of stay	No. of patient	Average of stay	No. of patient	Average of stay
7/2002						
8/2002						
9/2002						
10/2002						
11/2002						
12/2002						
1/2003						
2/2003						
3/2003						
4/2003						
5/2003						
(6/2003)						

A5. Number of Health Services Performance (2003)

		Jan	Feb	Mar	Apr	May	(June)*
No. of out-patient	0<1						
	1<14						
	15<						
No. of in-patient	0<1						
	1<14						
	15<						
No. of emergency case							
No. of CT scan							
No. of X-ray test							
No. of endoscopes							
No. of ultrasound echogram							
No. of ECG							
No. of EEG							
No. of spirometer							
Lab. Exam. (No. of teat)	Biochemistry						
	Hematology						
	Serological						
	Urine/stool						
	Bacteriology						
	Others						

Remarks *: about the data in June 2003, please report after submission this report.

Thank you for your cooperation again. We appreciate your support very much. ☺

B-3 Household Survey

Study on The Restructuring of
Health and Medical System
in Republic of Uzbekistan

Date	3E
Interviewer	

Household Survey

This questionnaire is quite confidential and your privacy is highly protected. Please answer the question freely.

Identification

Name of Interviewee	
Sexuality	☐ Male ☐ Female
Age	☐<20 ☐20<30 ☐30<40 ☐40<50 ☐50<60 ☐60<
Oblast	☐Tashkent ☐Samarkand ☐Bukhara ☐Navoi ☐Karakalpakstan
Rayon	
Address	
Contact Tel. No.	

1. Characteristic of Dwelling

1-1	What kind of dwelling do you live?	☐House, owner ☐House, rented ☐Apartment, owner ☐Apartment, rented
1-2	How many rooms do you have (except kitchen and bath)?	☐1 ☐2-5 ☐5-10 ☐10<
1-3	What is the material of dwelling?	☐Earth ☐Cement ☐Brick ☐Others
1-4	What is the main source of electricity?	☐Legal connection to system ☐Illegal connection to system ☐Generator ☐No electricity
1-5	What is the main source of water supply?	☐Tap ☐Well ☐River ☐Feed tank
1-6	What kind of fuel for cooking?	☐Central natural gas ☐Cylinder gas ☐Electricity ☐Fire wood ☐Charcoal fire
1-7	What is the heating system?	☐Central heating ☐Electric heater ☐Stove/Oven ☐No heater
1-8	What do you use foe excrement disposal?	☐Flush toilet ☐Outhouse
1-9	What is the situation of your kishlak? (multiple answer is available)	☐Urban ☐Suburb ☐Dessert ☐Farming area☐ Industrial area

2. Composition of Household (HH)

2-1. Please let me know about the each member of the household. (Fill out the following table.)

No	Full name	Relation to HH	Age	Sex 1:Male 2:Female	Marital status	Ethnic Group	Religion	Level of education	Occupation	Average earnings /month	Health condition in last month	Prevention /Control*
1												
2												
3												
4												
5												
6												
7												
8												

Remark*: In the last 3months has anyone in your family visited a health facility or medical professional?

CODES:

Relation to Household:
1:Head of household (HH)
2:Spouse of HH
3:Child of HH
4:Parents of HH
5:Sibling of HH
6:Grandchild of HH
7: Parents in law of HH
8: Other relatives
9:No relation

Marital status:
1:Single
2:Married
3:Cohabitation
4:Widow/er
5:Divorced
6:Separated

Ethnic Group:
1:Uzbek
2:Russian
3:Tadjik
4:Others

Religion:
1:Muslim
2:Orthodox
3:Catholic
4:Protestant
5:Other
6:None
7:Unknown

Level of education:
1:None
2:Primary
3:Secondary
4:Advanced

Occupation:
1:Farming
2:Self-employed
3:Civil servant
4:Private sector employee
5:Housewife
6:Part-time job
7:Student
8:Unemployed
9:Pension
10:Other

Health condition in last month:
1:Good health
2:Was ill once
3:Was ill twice
4:Chronic illness
5:Disabled

Prevention/Control:
1: Prenatal care
2: Postnatal cares
3: Vaccination
4: Growth and development care
5: Family planning
6: Treatment for diabetes
7: Treatment for hypertension
8: Treatment for Tuberculosis
9: None

3. Livelihood

3-1	How much is the total income par month of whole household?	☐<10000sum ☐<50000 ☐<100000 ☐100000<
3-2	If income is composed by several sources, please put ranking from 1 by the most important.	☐Wages/salary ☐Side business ☐Rent/interest ☐Remittance ☐Pension ☐Others
3-3	Did you have exceptional incomes this year? If yes, what kind of?	☐Yes ☐No ☐Sales of goods ☐Debt ☐Exceptional remittance ☐Severance pay ☐Lottery ☐Others

3-4	Household spending (%)		Amount spent in last month	Amount spent in last year
	Food		%	%
	Housing	Rent of house payment	%	%
		Electricity	%	%
		Water	%	%
		Fuel (kitchen/heating)	%	%
		Others	%	%
	Transportation	Own vehicle	%	%
		Public transportation	%	%
	Clothing		%	%
	Education		%	%
	Medical costs		%	%
	Recreation/ family event		%	%
	Alcohol/cigarettes/tobacco		%	%

4.General Knowledge and Use of Health Services

4-1. Knowledge of available health services

	Health service	Know?	Use this year?*	Frequency of visit in 2002	Distance (km)	Time (hrs:min)	Means of transport ation**	Travel cost
1	SVP/SVA	☐Yes ☐No	☐Y ☐N ☐?			:		
2	FAP	☐Yes ☐No	☐Y ☐N ☐?			:		
3	Traditional healer	☐Yes ☐No	☐Y ☐N ☐?			:		
4	Birth attendant	☐Yes ☐No	☐Y ☐N ☐?			:		
5	Policlinic	☐Yes ☐No	☐Y ☐N ☐?			:		
6	Rayon hospital	☐Yes ☐No	☐Y ☐N ☐?			:		
7	Maternal hospital	☐Yes ☐No	☐Y ☐N ☐?			:		
8	Pediatric hospital	☐Yes ☐No	☐Y ☐N ☐?			:		
9	Oblast hospital	☐Yes ☐No	☐Y ☐N ☐?			:		
10	Special hospital	☐Yes ☐No	☐Y ☐N ☐?			:		

11	NGO clinic	☐Yes ☐No	☐Y ☐N ☐?			:		
12	Private clinic	☐Yes ☐No	☐Y ☐N ☐?			:		
13	Pharmacy	☐Yes ☐No	☐Y ☐N ☐?			:		
14	Other	☐Yes ☐No	☐Y ☐N ☐?			:		

Remarks *: Y=Yes, N=No, ? =Don't know

**: 1:On foot, 2:Bicycle or motorcycle, 3:Vehicle, 4:Bus, 5:Train, 6:Others

4-2. Habitual use of health services: when you have health problem, where do you go? Why do you choose it?

	Problem	Provider	Criteria
1	Severe isolated fever		
2	Common cold		
3	Pneumonia/ severe respiratory problem		
4	Diarrhea/ digestive problem		
5	Cardiovascular problem		
6	Skin problem		
7	Eye problem		
8	Dental problem		
9	Bone, joint problem		
10	Minor accident/ injury		
11	Serious accident/ injury		
12	Urinary problem		
13	Venereal disease		
14	Gynecological problem		
15	Pregnancy care		
16	Normal delivery		
17	Child growth mentoring		
18	Vaccination		
19	Poisoning		
20	Mental/nervous problem		

Provider:
1:SVP/SVA
2:Traditional healer
3:Birth attendant
4:Policlinic
5:Rayon hospital
6:Maternal hospital
7:Pediatric hospital
8:Oblast hospital
9:Specific hospital
10:NGO clinic
11:Private hospital/clinic
12: Pharmacy
13: Other

Criteria:
1:Only source available
2:Doctor present
3:Adequate care
4:Trusts the center/person
5:Close to home
6:Friendly, helpful
7:Inexpensive
8:high quality service
9:Short waiting time
10:Traditional beliefs
11:Supply of drug
12:always available
13:Other

4-3. Responsibility for family health: please choose adequate key person.

1	When one of the families is ill, who in the household decides to use medicine?	
2	When one of the families is ill, who in the household decides to go to health facility?	
3	Generally how many days do you need to decide to go?	days
4	When one of the families is ill, who takes care sick person?	
5	When medical expense is needed, who in the household pays for it?	

Key person:
1:Head of household (HH)
2:Spouse of HH
3:Child of HH
4:Parents of HH
5:Sibling of HH
6:The person himself/herself
7:Other

4-4. Methodical choice of heath service:

From whom/where do you seek care? Please tick 1 column where the most important.

		Accident	Sudden illness	Severe illness	Chronic illness	Child sickness	Delivery/ mother care
1	Friend/ relative	☐	☐	☐	☐	☐	☐
2	Traditional healer	☐	☐	☐	☐	☐	☐
3	Pharmacy	☐	☐	☐	☐	☐	☐
4	Ambulance center	☐	☐	☐	☐	☐	☐
5	Visitor doctor/ nurse/ birth attendant	☐	☐	☐	☐	☐	☐
6	Policlinic	☐	☐	☐	☐	☐	☐
7	SVP/SVA	☐	☐	☐	☐	☐	☐
8	Private doctor/ clinic	☐	☐	☐	☐	☐	☐
9	NGO clinic	☐	☐	☐	☐	☐	☐
10	Rayon level hospital*	☐	☐	☐	☐	☐	☐
11	Oblast emergency center	☐	☐	☐	☐	☐	☐
12	Other	☐	☐	☐	☐	☐	☐

Remark *: Rayon level hospital includes central, gynecology and pediatric hospitals.

4-5. Evaluation of health service: Have you ever been disappointed with health services? How and why?

	Health service	Disappointed?	How much?	Why?
1	SVP/SVA	☐Yes ☐No	☐quite ☐some ☐little	
2	Traditional healer	☐Yes ☐No	☐quite ☐some ☐little	
3	Policlinic	☐Yes ☐No	☐quite ☐some ☐little	
4	Rayon hospital	☐Yes ☐No	☐quite ☐some ☐little	
5	Maternal hospital	☐Yes ☐No	☐quite ☐some ☐little	
6	Pediatric hospital	☐Yes ☐No	☐quite ☐some ☐little	
7	Oblast hospital	☐Yes ☐No	☐quite ☐some ☐little	
8	Oblast emergency center	☐Yes ☐No	☐quite ☐some ☐little	
9	Special hospital	☐Yes ☐No	☐quite ☐some ☐little	
10	NGO clinic	☐Yes ☐No	☐quite ☐some ☐little	
11	Private hospital/clinic	☐Yes ☐No	☐quite ☐some ☐little	
12	Pharmacy	☐Yes ☐No	☐quite ☐some ☐little	
13	Other ( )	☐Yes ☐No	☐quite ☐some ☐little	

Reasons why:
1:too far distance
2:wait too long
3:shortage of drug
4:lack of equipment
5:not enough explanation
6: undiagnosed
7: misdiagnosed
8: not enough treatment
9: attitude of medical staff
10:too expensive treatment
11:too expensive medication
12:others

4-6	If you are quite disappointed with health services, do you want to continue using this health facility?	☐Yes, I want. ☐Yes, because no choice. ☐No, I will change. ☐No, I don't go anywhere.

5. Pattern in the Use of Prevention and Control Services

5-1. What kind of prevention or control diseases activity you sought? Please tick the column.

From whom and why? Please choose number from the category.

	Activity		Provider	Criteria
1	Family planning	☐Y ☐N ☐?		
2	Prenatal control	☐Y ☐N ☐?		
3	Postnatal care	☐Y ☐N ☐?		
4	Vaccination	☐Y ☐N ☐?		
5	Child growth and development	☐Y ☐N ☐?		
6	Tuberculosis	☐Y ☐N ☐?		
7	Diabetes	☐Y ☐N ☐?		
8	Hypertension	☐Y ☐N ☐?		
9	Renal disease	☐Y ☐N ☐?		
10	Asthma	☐Y ☐N ☐?		
11	Epilepsy	☐Y ☐N ☐?		
12	Alcohol dependence	☐Y ☐N ☐?		
13	Other ( )	☐Y ☐N ☐?		

Provider:
1:SVP
2:Traditional healer
3:Bierh attendant
4:Policlinic
5:Rayon hospital
6:Maternal hospital
7:Pediatric hospital
8:Oblast hospital
9:Specific hospital
10:NGO clinic
11:Private
12:hospital/clinic
13:Pharmacy
14:Other

Criteria:
1:Only source available
2:Doctor present
3:Adequate care
4:Trusts the center/person
5:Close to home
6:Friendly, helpful
7:Inexpensive
8:high quality service
9:Short waiting time
10:Traditional beliefs
11:Supply of drug
12:always available
13:Other

Y=Yes, N=No, ? =Don't know

5-2	Are you interested in the prevention and control services?	☐Yes ☐No ☐Don't know
5-3	Do you want to receive the prevention and control services?	☐Yes ☐No ☐Don't know
5-4	If yes, in what condition will you take action for it?	☐ I need it anyway ☐ Free of charge ☐ Cost a little ☐ if it's interesting ☐ Easy to learn ☐ Easy to do
5-5	If the prevention of disease costs, how much do you be willing to pay?	☐<100sum ☐<500 ☐<1000 ☐1000<

Thank you to answer this questionnaire. We appreciate your cooperation very much.☺

B-4 Sociologic and Medical Anthropologic Survey

Study on The Restructuring of
Health and Medical System
in Republic of Uzbekistan

Date	
Interviewer	

Sociologic and Anthropologic Survey

This questionnaire is quite confidential and your privacy is highly protected. Please answer the question freely.

Identification

Name of Interviewee	
Sexuality	☐ Male ☐ Female
Age	☐<20 ☐20<30 ☐30<40 ☐40<50 ☐50<60 ☐60<
Oblast	☐Tashkent ☐Samarkand ☐Bukhara ☐Navoi ☐Karakalpakstan
Rayon	
Address	
Contact Tel. No.	

1. Definition of health: What does 'being healthy' mean to you?

Tick any of the statements which seem to you to be important aspects of your health in **A**. Then, tick the six statements which are the most important aspects of 'being healthy' to you by ranking – put 1 by the most important and so on down to 6 in **B**.		**A**	**B**
1-1	Enjoying being with my family and friends		
1-2	Living to a ripe old age		
1-3	Feeling happy most of the time		
1-4	Having a job		
1-5	Hardly ever taking tablets or medicines		
1-6	Being the ideal weight for my height		
1-7	Taking regular exercise		
1-8	Feeling at peace with myself		
1-9	Never smoking		
1-10	Never suffering from anything more serious than a mild cold, flu or stomach upset		
1-11	Not getting things confused or out of proportion-assessing situations realistically		
1-12	Being able to adapt easily to big changes in my life such as moving house or new job		
1-13	Drinking only moderate amounts of alcohol or none of at all		
1-14	Enjoying my work without too much stress		
1-15	Having all the parts of my body in good working condition		
1-16	Getting on well with other people most of the time		

1-17	Eating the 'right' foods		
1-18	Enjoying some form of relaxation or recreation		

2. Attention for health

How do you concern your health?

Tick any of the statements which seem to you to be important aspects of your health in **A**. Then, tick the six statements which are the most important aspects of 'being healthy' to you by ranking – put 1 by the most important and so on down to 6 in **B**.		**A**	**B**
2-1	Try not smoking too much		
2-2	Try not drinking too much		
2-3	Try not eating too much		
2-4	Consider to eat a balanced diet (even for my family)		
2-5	Lead a well-regulated life		
2-6	Do sports to be healthy		
2-7	Go to see a doctor before symptoms go serious		
2-8	Take a medicine soon when I get a slight illness		
2-9	Stop working/ going to school when I feel bad or fever		
2-10	Talk to doctor frankly about illness		
2-11	Discuss with my family about symptoms frankly		
2-12	Not mind to spend money to keep my health (even for my family)		
2-13	Try to have a regular health check		
2-14	Try to see or read health information in TV, advertisement and magazine		

3. Socialism and religion

Please tick the column following your feeling.

Degree: 1.Not at all (0%), 2.A little (20%), 3.Moderate (50%), 4.Quite (70%), 5.Completely (90-100%)

3-1	Do you feel you are under the influence of tradition in your daily life?	☐1. ☐2. ☐3. ☐4. ☐5.
3-2	Do you feel you are under the influence of religion in your daily life?	☐1. ☐2. ☐3. ☐4. ☐5.
3-3	Do you feel you are under the influence of socialism in your daily life?	☐1. ☐2. ☐3. ☐4. ☐5.
3-4	Do you feel you are under the influence of tradition in your married life?	☐1. ☐2. ☐3. ☐4. ☐5.
3-5	Do you feel you are under the influence of religion in your married life?	☐1. ☐2. ☐3. ☐4. ☐5.
3-6	Do you feel you are under the influence of tradition in work system?	☐1. ☐2. ☐3. ☐4. ☐5.
3-7	Do you feel you are under the influence of socialism in work system?	☐1. ☐2. ☐3. ☐4. ☐5.
3-8	Do you feel the gap between now and the period of former Soviet Union?	☐1. ☐2. ☐3. ☐4. ☐5.
3-9	Where do you feel advantages and disadvantages now and period of former Soviet Union? Mark 'O' for advantage, 'X' for disadvantage.	☐1.Income ☐2.Work condition ☐3.Relationship with neighbor ☐4.Family ties

3-10	What is the value of *husband* for you? Please choose important 3. Your position is: ☐ father in law ☐ mother in law ☐ wife	☐ Race ☐ Appearance ☐ Partnership/ compatibility ☐ Wealthy ☐ Healthy ☐ Youth ☐ Intelligence ☐ Cooperation to housework ☐ Economic power ☐ Social position of family
3-11	What is the value of *wife* for you? Please choose important 3. Your position is: ☐ father in law ☐ mother in law ☐ wife	☐ Race ☐ Appearance ☐ Partnership/ compatibility ☐ Dowry ☐ Healthy ☐ Youth ☐ Intelligence ☐ Ability to housework ☐ Economic power ☐ Social position of family

4. Gender

Please tick the column following your feeling.

Degree: 1.Not at all (0%), 2.A little (20%), 3.Moderate (50%), 4.Quite (70%), 5.Completely (90-100%)

4-1	House keeping is female's role	☐1. ☐2. ☐3. ☐4. ☐5.
4-2	Heavy physical work is male's role	☐1. ☐2. ☐3. ☐4. ☐5.
4-3	Couple should share house work equally	☐1. ☐2. ☐3. ☐4. ☐5.
4-4	The head of family means male	☐1. ☐2. ☐3. ☐4. ☐5.
4-5	If a family member is ill, female should take care	☐1. ☐2. ☐3. ☐4. ☐5.
4-6	Husband's income is through the assistance of his wife	☐1. ☐2. ☐3. ☐4. ☐5.
4-7	Due to housework, female's total working hour is longer than male	☐1. ☐2. ☐3. ☐4. ☐5.
4-8	Mother has more responsibility to bring up her children than father	☐1. ☐2. ☐3. ☐4. ☐5.
4-9	Father has more responsibility to protect his family than mother	☐1. ☐2. ☐3. ☐4. ☐5.
4-10	Salary must be equal due to one's performance, not by sexuality	☐1. ☐2. ☐3. ☐4. ☐5.
4-11	Male's salary must be higher because most of males support his family	☐1. ☐2. ☐3. ☐4. ☐5.
4-12	Female's smoking is unbecoming	☐1. ☐2. ☐3. ☐4. ☐5.
4-13	Female's chastity should be kept until her marriage	☐1. ☐2. ☐3. ☐4. ☐5.
4-14	Female should not dress scantily	☐1. ☐2. ☐3. ☐4. ☐5.
4-15	Male should be strong mentally and physically	☐1. ☐2. ☐3. ☐4. ☐5.

4-16	Male should learn basic housework as an independent manhood	☐1. ☐2. ☐3. ☐4. ☐5.
4-17	Sex discrimination exists in the society	☐1. ☐2. ☐3. ☐4. ☐5.
4-18	Disparity of earnings between the sexes exists in the society	☐1. ☐2. ☐3. ☐4. ☐5.
4-19	Gender gap exists in the society	☐1. ☐2. ☐3. ☐4. ☐5.
4-20	Society should change for equal rights for both sexes	☐1. ☐2. ☐3. ☐4. ☐5.

5. Society

5-1	Who's opinion does prevail in the family?	☐Father's opinion	☐Mother's opinion	☐Don't know
5-2	What do you do in case of contradiction of the principles of collective and your own principles?	☐I will follow my own principles.	☐I will follow the principles of the collective.	☐Don't know
5-3	During making any work do you make it by beforehand plan or without arranged plan?	☐I certainly make a plan.	☐Without any arranged plan.	☐Don't know
5-4	What do You prefer in the collective?	☐Rules of the collective	☐Human feelings and emotions	☐Don't know

Thank you to answer this questionnaire. We appreciate your cooperation very much. ☺

B-5 Survey on the Situation of Beneficiaries

Study on The Restructuring of
Health and Medical System
in Republic of Uzbekistan

Date	
Interviewer	

Survey on the Situation of Beneficiaries

This questionnaire is quite confidential and your privacy is highly protected. Please answer the question freely.

Identification

Name of Interviewee	
Sexuality	☐ Male ☐ Female
Age	☐<20 ☐20<30 ☐30<40 ☐40<50 ☐50<60 ☐60<
Oblast	☐Tashkent ☐Samarkand ☐Bukhara ☐Navoi ☐Karakalpakstan
Rayon	
Address	
Contact Tel. No.	

1. Present Health Problem

1-1	What was the problem or the primary reason you sought hospital care?	☐1.Illness ☐2.Health check	☐3.Accidental/ external cause ☐4.Other
1-2	Why did you choose this health facility, not another?	☐1.Only source available ☐2.Doctor present ☐3.Adequate care ☐4.Trusts the center/person ☐5.Close to home ☐6.Friendly, helpful ☐7.Inexpensive	☐8.High quality service ☐9.Short waiting time ☐10.Traditional beliefs ☐11.Supply of drug ☐12.Always available ☐13.Other
1-3	How did you come here?	☐1.On foot ☐2.Bicycle or motorcycle ☐3.Private vehicle ☐4.Taxi	☐5.Bus ☐6.Train ☐7.Ambulance ☐8.Others
1-4	How do you think about the distance between your home and the health facility?	☐1.Far ☐2.Moderate	☐3.Near ☐4.Don't know
1-5	How many times did you come this facility in 2002 (including this visit)?	☐1.1 time ☐2. 2-5 times	☐3. 6-10 times ☐4. 10 times <

1-6	How long did you wait for the consultation?	☐1. < 15 minutes ☐2. 15<30 minutes ☐3. 30 < 60 minutes	☐4. 1<2 hours ☐5. Longer
1-7	How long was the consultation?	☐1. <5 minutes ☐2. 5<15minutes	☐3. 15<30 minutes ☐4. Longer
1-8	Did the doctor/ health worker explain examination, diagnosis, treatment and prescription?	☐1.Excellently ☐2.Satisfactory	☐3.Not enough ☐4.Not at all
1-9	Were you satisfied with the treatment?	☐1.Very satisfied ☐2.Satisfied	☐3.Not much ☐4.Not at all
1-10	Would you return to the same health facility if you required care again?	☐1.Yes ☐2.No	☐3.Don't know

2. Attitude to Health Service

2-1	What would be your primary reason for returning to same health facility instead of another?	☐1.It's the best ☐2.I was satisfied ☐3.It's the least expensive	☐4.It's the closest ☐5.There is no other ☐6.Don't know
2-2	What would be your primary reason for 'Not' returning to same health facility?	☐1.They didn't cure me ☐2.I was treated poorly ☐3.In adequate cure ☐4.No medicine/drug ☐5.Poor equipment/ facility	☐6.Sanitation problem/ bad food ☐7.Deficient lodging ☐8.It's too far ☐9.It's very expensive ☐10.Don't know

3. Attitude for Health Expenditure

3-1	How much did you pay in this facility? (if the cost free, please put in '0'.)	Lowest: sum Highest: sum
3-2	Did you have to bring or donate anything to hospital/ medical staff?	☐1.Yes ☐2.No ☐3.Don't know
3-3	Did you pay for the examination, diagnosis, treatment and medication/ prescription?	☐1.Completely ☐2. Only share (go to 3-3) ☐3.Pay separately for examination, treatment, prescription ☐4. Not at all
3-4	Why can you pay only share?	☐1.Exemption ☐2.Health insurance ☐3.Employer reduction

3-5	If you have to pay for the health service, would you be willing to pay under what conditions?	☐1.Without condition, I am ready willing to pay. ☐2.If the quality of health care improves, I can pay. ☐3.If the cost is affordable, I can pay. ☐4.Never. I do not want to pay.
3-6	What method of payment do you prefer?	☐1.Payment after each care ☐2.Lump sum payment par month ☐3.Barter (ex:vegetable, chicken, etc) ☐4.Other solutions ( )
3-7	Of your conditions were met, how much would you be able to spend on health care per year?	☐<10000sum ☐10000<20000 ☐20000<50000 ☐50000<100000 ☐100000<

4. Have you ever heard anything the following health topics? If you have, by who?

	Health topics	Know?	Who?
1	Maternal health	☐Y ☐N ☐?	
2	Breast feeding	☐Y ☐N ☐?	
3	Nutrition and balanced diet	☐Y ☐N ☐?	
4	Family planning	☐Y ☐N ☐?	
5	Child health care	☐Y ☐N ☐?	
6	Vaccination	☐Y ☐N ☐?	
7	Prevention and control of diseases	☐Y ☐N ☐?	
8	Water and basic sanitation	☐Y ☐N ☐?	

Know?
Y=Yes
N=No
? =Don't know/ Don't remember

By who?
1:Relative
2:Neighor
3:Community leader
4: Traditional healer
5: SVP
6:Pharmacy
7:Private doctor
8:Hospital personnel
9:Radio
10:TV
11:Newspaper/ ad
12:Teacher
13: Other
14: Don't know

Thank you to answer this questionnaire. We appreciate your cooperation very much. ☺


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