

FORM ID	Province ID		District ID		Commune ID	

**FORM 4: INFORMATION ABOUT HEALTH SERVICES PROVIDED BY
THE COMMUNE HEALTH CENTER IN 2014**

BACKGROUND	
Province	.....
District	.....
Commune health center (CHC)	.....
Reported by:	.....
Tel	.....
Email	.....
Data provided on	Date Month Year

Informants: The information in this form will be reported by the head of the commune health center or person in charge of service delivery at the CHC.

How this form should be filled out?

- **For CHCs that are offering services:** For every service listed in the “**Question**” column:
 - + If the CHC is providing the service → Circle 1
 - + If the CHC is not providing the service → Circle 2. In this case, as the CHC is not offering the service, reasons for not providing it will be given in the right column.
- **If the CHC does not offer the service, say why:**
 - + Give reasons that are relevant to what’s going on at the CHC in reference to the suggested reasons in this column by circling the corresponding numbers. Notes: respondents may circle more than one answers if the CHC has different reasons for not providing the service.
 - + If there are other reasons not listed in the form, the CHC can specify such reasons in the last column – “**5. Others**”.
 - + For specific services, the CHC may need to provide data on the number of users/cases for which the service is provided, if the CHC does offer the service.

EXAMPLE

Mã CH	Câu hỏi	Có cung cấp dịch vụ	Nếu không cung cấp được, lý do tại sao (có thể khoanh nhiều đáp án)					
		1. Có 2. Không	1. Thiếu nhân lực	2. Không có đủ TTB	3. Không đủ thuốc, VTYT	4. Không được BHYT thanh toán	5. Khác	
D1	Trạm y tế cung cấp các dịch vụ đỡ đẻ và chăm sóc sơ sinh nào dưới đây?							
D1.1	Khám thai và quản lý thai	1	2	1	2	3	4	5
D1.2	Tiêm phòng uốn ván cho phụ nữ mang thai	1	2	1	2	3	4	5
D1.3	Đỡ đẻ thường ngôi chòm	1	2	1	2	3	4	5
D1.3.1	Nếu có TYT có dịch vụ tiêm phòng viêm gan B cho trẻ trong 24 giờ đầu sau sinh không?	1	2	1	2	3	4	5
D1.3.2	Nếu có, trạm y tế thực hiện bao nhiêu ca đỡ đẻ thường trong năm 2014?	...18.... (ca)						

Form ID	Question	The CHC is offering this service	If the CHC does not offer the service, say why <i>(MULTIPLE choices are allowed)</i>				
D1	Which birth attendance and newborn care below is the CHC providing?	1. Yes 2. No ↳	1. Lack of staff	2. Lack of equipment	3. Insufficient drugs and supplies	4. Not covered by HI	5. Others (specify)
D1.1	Antenatal care and pregnancy management	1 2	1	2	3	4	.....
D1.2	Tetanus vaccination for pregnant women	1 2	1	2	3	4	.....
D1.3	Attended vertex presentation normal delivery	1 2	1	2	3	4	.....
D1.3.1	Does the CHC offer Hepatitis B vaccination for infants within the first 24 hours after birth?	1 2	1	2	3	4	.....
D1.3.2	How many normal deliveries did the CHC attend to in 2014?	..... (cases)					
D2	What following child care services are available at the CHC?	1. Yes 2. No ↳	1. Lack of staff	2. Lack of equipment	3. Insufficient drugs and supplies	4. Not covered by HI	5. Others (specify)
D2.1.1	Child acute diarrhea diagnosing and treatment	1 2	1	2	3	4	.....
D2.1.2	How many child acute diarrhea cases were treated in 2014?	..... (cases)					
D2.2.2	Child pneumonia diagnosing and treatment	1 2	1	2	3	4	.....
D2.2.2	How many child pneumonia cases were treated in 2014?	..... (cases)					
D3	What following diabetes Type II management and drug dispense services are available at the CHC?	1. Yes 2. No ↳	1. Lack of staff	2. Lack of equipment	3. Insufficient drugs and supplies	4. Not covered by HI	5. Not part of the National program

Form ID	Question	The CHC is offering this service	If the CHC does not offer the service, say why <i>(MULTIPLE choices are allowed)</i>				
D3.1	Involvement in community-based screening	1 2	1	2	3	4	5
D3.2	Management of risk groups on papers	1 2	1	2	3	4	5
D3.3	Care management and observation	1 2	1	2	3	4	5
D3.3.1	Number of patients under management	(patients)					
D3.4	Periodical drug dispense	1 2	1	2	3	4	5
D3.4.1	Number of patients receiving drugs	..... (patients)					
D4	Is care management for hypertensive patients available at the CHC?	1. Yes 2. No ↓	1. Lack of staff	2. Lack of equipment	3. Insufficient drugs and supplies	4. Not covered by HI	5. Not part of the National program
D4.1	Involvement in community-based screening	1 2	1	2	3	4	5
D4.2	Management of risk groups on papers	1 2	1	2	3	4	5
D4.3	Care management and observation	1 2	1	2	3	4	5
D4.3.1	If yes, provide the number of patients under management	..... (patients)					
D4.4	Periodical drug dispense	1 2	1	2	3	4	5
D4.4.1	If yes, provide the number of patients receiving drugs	..... (patients)					

(Please fill out the next page also)

Form ID	Question	The CHC is offering this service			If the CHC does not offer the service, say why <i>(MULTIPLE choices are allowed)</i>				
D5	What following vaccination services are available at the CHC?	<i>1. Yes, under EPI</i>	<i>2. Yes, through fee-based immunization</i>	<i>3. Unavailable</i> 	<i>1. Lack of staff</i>	<i>2. Lack of equipment</i>	<i>3. Insufficient vaccines</i>	<i>4. Not part of the National program</i>	<i>5. Others</i>
D5.1	Hepatitis B vaccination	1	2	3	1	2	3	4	.....
D5.2	Rubella vaccination	1	2	3	1	2	3	4	.....
D5.3	Diphtheria-Pertussis-Tetanus vaccination	1	2	3	1	2	3	4	.....
D5.4	Cholera vaccination	1	2	3	1	2	3	4	.....
D5.5	TB vaccination	1	2	3	1	2	3	4	.....
D5.6	Oral polio vaccination (OPV)	1	2	3	1	2	3	4	.....
D5.7	Japanese encephalitis vaccination	1	2	3	1	2	3	4	.....
D5.8	Typhoid vaccination	1	2	3	1	2	3	4	.....
D5.9	DPT-VGB-Hib vaccination	1	2	3	1	2	3	4	.....

Thank you!