

# Vietnam - District and Commune Health Facility Survey 2015

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# Sampling

## Sampling Procedure

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The Vietnam District and Commune Health Facility Survey 2015 was conducted in the same locations with the Household survey to assess inequity in health status and health service utilization in Vietnam (which was simultaneously conducted to collect information on demand side of Vietnam health system) to ensure the linkage in analyzing the relationship between the health seeking behavior and the quality of local providers.

The study consists of six provinces locating in six geographical regions of Vietnam: Dien Bien, Hanoi, Binh Dinh, Dak Lak, Dong Nai, and Dong Thap. Four and a half provinces (Binh Dinh, Dak Lak, Dong Nai, Dong Thap, and the new half of Hanoi which was the “formal Ha Tay” ) were selected as a “typical” of their corresponding regions based on criteria of provincial average income per capita and provincial poverty rates. To assess the equality of healthcare services, one poor and ethnic minority province (Dien Bien), and a major city (the original half of the capital Hanoi) were also included.

The sample of the health facility survey were commune health stations and district hospitals locating in the communes and districts that were corresponding with the selected enumeration areas (clusters) in the Household Survey (Household survey to assess inequity in health status and health service utilization in Vietnam). Specifically in urban areas of Hanoi, where multiple central level hospitals concentrate, some districts do not have district hospitals. In this case, the corresponding city level hospitals or polyclinics were selected. In each facility, besides facilities’ overall information, data of a sample of doctors and inpatients and outpatients were collected.

# Questionnaires

## Overview

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The 2015 Vietnam health survey consists of 5 components including: (i) facility questionnaire; (ii) health worker interviews; (iii) exit patient interviews (iv) clinical vignettes; (v) clinical observation. Except clinical observation, the core instruments of four remaining modules were modeled along the Service Delivery Indicators (SDI), with the integration of the Service Availability and Readiness Assessment (SARA) and 2001-2002 Vietnam National Health Survey tools, and adapted to Vietnam contexts. The module clinical observation, specifically, used Generalizable Reducible Metrics (GRM) method which was based on direct observation of clinical practice. The clinical observation analysis was mostly based on data collection instrument tools implemented successfully in other settings including India and Tanzania.

### 1. Facility Questionnaire:

- Collected general information about the health facility, utilization, waste management, facility infrastructure, availability of equipment, materials, drugs and supplies, offered laboratory and diagnostic services.
- Collected revenues and expenditure by source, information on clinical audits, supervision visits, availability of guidelines.

### 2. Health worker interviews

- Collected data of district hospital doctors' and commune health station all staff's characteristics, training opportunities, income, dual practices, satisfaction, and policy suggestions.

### 3. Clinical vignettes

- Assessed the clinical knowledge of doctors and/or assistant doctors using medical vignettes.

### 4. Clinical observations

- Assessed the practices of doctors and assistant doctors. Collected information on consultation time, number of history questions, performance of examinations, prescribed medicines, given treatments, given tests.

### 5. Exit patient interviews

- Collected information on patient experience (waiting time, services of receive, procedures carried out, payments, etc.), socio-economic characteristics, source of health financing, and provider preferences and expectations (reason for choosing facility.)

## Data Collection

### Data Collection Dates

Start	End	Cycle
2015-05-17	2015-07-01	N/A

### Data Collection Mode

Face-to-face [f2f]

#### DATA COLLECTION NOTES

Methods of Data Collection:

1. Module 1- Facility Questionnaire: Mail Questionnaire (and then double check at field on the survey day)
2. Module 2- Health worker interviews: Face-to-face interviews
3. Module 3- Clinical vignettes: Face-to-face interviews
4. Module 4- Clinical observations: Direct observation
5. Module 5- Exit patient interviews: Face-to-face interviews

### Data Collectors

Name	Abbreviation	Affiliation
The Health Strategy and Policy Institute	HSPI	

#### SUPERVISION

All phases of the study including study design and preparation, training, piloting, data collection, and data entry and cleaning were supervised closely by the World Bank project team.

# Data Processing

## Data Editing

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All completed forms were double entered by HSPI's data entry specialists; checked by HSPI's data managers and by the World Bank's technical staff.

# Data Appraisal

No content available



## Related Materials

### Questionnaires

#### Questionnaires in English

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Title Questionnaires in English  
 Date 2015-01-01  
 Country Viet Nam  
 Language English  
 Description Commune and District Questionnaires  
 Filename English.zip

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#### Questionnaires in Vietnamese

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Title Questionnaires in Vietnamese  
 Date 2015-01-01  
 Country Viet Nam  
 Language Vietnamese  
 Description Commune and District Questionnaires (BV HUYEN and TYT XA)  
 Filename Vietnamese.zip

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### Reports

#### Quality and Equity in Basic Health Care Services in Vietnam

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Title Quality and Equity in Basic Health Care Services in Vietnam  
 subtitle Findings from the 2015 Vietnam District and Commune Health Facility Survey  
 Author(s) The World Bank  
 Date 2016-06-01  
 Country Viet Nam  
 Language English  
 Filename vietnam\_health\_report\_june\_27\_final\_with\_cover\_page\_002\_.pdf

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