MINISTRY OF PLANNING AND INVESTMENT

DEPARTMENT OF PLANNING AND
INVESTMENT OF GIA LAI PROVINCE

unicef

CITIZEN REPORT CARD

SURVEY ON USER SATISFACTION

WITH MATERNAL AND CHILD HEALTHCARE AT DIFFICULT COMMUNES IN GIA LAI PROVINCE

PLEIKU CITY

June 2016

CITIZEN REPORT CARD

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LIST OF ACRONYMS

ANC	Antenatal care
CHS	Commune Heath Station
CRC	Citizen Report Card
DPI	Department of Planning and Investment
DPC	District People's Committee
IEC	Information, Education, Communication
MPI	Ministry of Planning and Investment
PMU	Project Management Unit
PPC	Province People Committee
SEDP	Socioeconomics Development Plan
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Program
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

UNICEF has supported the Department of Planning and Investment, Department of Health of Gia Lai province in deploying Citizen Report Card (CRC), a social audit tool, in a survey on user satisfaction with healthcare services at commune level. The objective of this survey is to improve the quality of primary healthcare for the people, especially vulnerable groups (children, the poor, ethnic minorities residing in remote and mountainous areas, etc.), in 6 communes of 3 districts, including H'ra and A Yun communes (Mang Yang district); Krong and Dak Rong (Kbang District); Chu Rcam and Uar (Krong Pa).

The specific objectives of the study are:

- Applying a social audit tool – CRC to **record feedback and opinions** of people about selected healthcare services at commune level;
- **Measuring** the satisfaction of people using commune healthcare services;
- Recommending and sharing effectively with stakeholders in order to improve the quality of services to best meet the demand of people, especially the disadvantaged group (poor people and children in difficult circumstances);
- Contributing to **monitoring** and **evaluation** of the annual and 5 year plans of socio-economic development and health sector; providing recommendations for improvement of health service quality at commune level. in Gia Lai province.

This study records and analyzes feedback from people who used 5 healthcare services for mothers and children at commune level, including:

1. Antenatal care;
2. Postpartum care;
3. Vaccination/Immunization;
4. The maternal and child healthcare;
5. Health IEC

Aspect studied and analyzed include:

1. Accessibility
2. The availability of public services / provision capacity of public services
3. The supply and use of services
4. Quality of Services
5. Attitude of service providers
6. Satisfaction with the services
7. Recommendations to improve service quality

Healthcare services at commune level and the users: This study records and analyzes the feedback of 300 mothers whose children were born from February 2014 to February 2016, who have received or are receiving

antenatal care (ANC) or/and tetanus vaccination with 5 primary healthcare services for mothers and children at commune level, including (1) ANC; (2) postnatal care; (3) medical checkup; (4) Immunization and (5) Heath IEC. Survey results show that 100% of mothers were equipped with knowledge about health care, 98% of them had their children vaccinated, 98% of them received antenatal care and tetanus vaccination, 68.7% of them used medical checkup services within recent 12 months. The coverage of postpartum care is the most limited, with 41.3% of mothers said that they have been provided with the service.

The availability of the services: Survey results show that 83% of mothers met medical staff regularly and got help when needed and 17% of them did not regularly meet medical staff as required. Readiness levels are similar in 3 district groups and did not differ between ethnic groups.

Cost of services: 100% of mothers did not have to pay any fee for home medical visit by commune health stations staff, vaccination for children, tetanus vaccination at CHSs, antenatal care or health care at to commune health stations. A number of mothers went for private healthcare service and public health care establishments at higher levels when they wanted to use ultrasound, X-rays and medical checkup service and more careful consultation paid for the services. This phenomenon shows that the cost of using services is not a barrier to them.

User satisfaction with commune health care services: in general, mothers were satisfied with 5 health services for mothers and children at commune level, with the satisfaction rate higher than 80%. Mothers were most satisfied with postpartum care (88.3%) and least satisfied with prenatal care (80.2%). User satisfaction with health services, immunization and communications are respectively 86.8%, 83.7% and 82.7%. There remained users who are not satisfied with 3 commune public health services, including postnatal care (0.8%), health care (1.5%) and communications (0.3%). Communication service has the best opportunity to improve the quality with 14.8% of users were fairly satisfied. Prenatal care has the second best opportunity to improve (11.9% of users were fairly satisfied). Opportunities to improve the quality of postpartum care, vaccination and medical examination are similar.

Antenatal care (ANC): there were 82.3% of mothers (247 mothers) using antenatal care services at CHSs. 53 mothers, accounting for 17.7%, did not go to CHSs for ANC of which 32 mothers were from non-poor households. 105 mothers (46.7%) used antenatal care at least 3 times; including 40 mothers used ANC 3 times in all trimesters of the pregnancy. Thus, the rate of mothers using ANC 3 times in all trimesters of the pregnancy is low. Mothers who used ANC 3 times in all trimesters of the pregnancy include 26 mothers in Kbang district, 8 mothers in Mang Yang district, and 6 mothers in Krong Pa district. The quality under this criterion is rated as below the required standard (under 50% of women receive antenatal care 3 times in 3 quarters of the pregnancy); 294 mothers receiving antenatal care/ tetanus vaccination at CHSs said health staff were. Particularly, 51.7% of mothers said that medical staff were attentive and caring; 42.5% of mothers commented that health workers behaved normally to them, and 5.8% said that the health staff were very enthusiastic. In general, almost all mothers were satisfied with prenatal care services at CHSs. Out of 294 mothers who used the service, 80.3% of mothers were satisfied; 7.8% of mothers were very satisfied and 11.9% of mothers (about 35 mothers) felt fairly satisfied with the service. The overall satisfaction rating by the mothers with this service is 3.96.

Postpartum care: 124 mothers received postpartum care, including mothers giving births at CHSs and other places. Regarding places of birth delivery, 34 mothers gave births at local CHSs; accounting for 11.3% and 2 mothers gave births at neighboring CHS that's closer to their home. 100 mothers, accounting for 33.3%, gave birth at home, of which 4 mothers were assisted by medical staff, 61 mothers were helped by midwives and 35 mothers were helped by their family members. 164 mothers gave birth at district hospitals and regional health care clinics, accounting for 54.7%. 70 mothers (56.5%) said that health workers attentive and caring, 8 mothers said that the staff was very attentive and caring, 45 mothers said that they were taken care normally and only one mother said that health care staff were grumpy and yelled at the patients. There was no difference in attitude rating among ethnic groups or economic situations among mothers or among districts. The score of mothers' satisfaction with the services was 4.01 points, meaning that users were satisfied with the service. The proportions of mother satisfied with, very satisfied with, and fairly satisfied with the service were 88.7%, 6.5%, and 4% respectively

Vaccinations: In the survey, there were 294 children immunized, including 200 children (66.7%) injected at CHSs and 94 children (31.3%) injected at the vaccination site organized by CHSs. There were six children without immunization (2%) including a child died of pneumonia when he was 7 days old (the mother was 7 months pregnant when participating in the survey), 1 child going with her mother to the field and missing vaccination event and 4 children had not been yet vaccinated. Mothers had good comments about the attitude of the medical staff, with 132 mothers said their attitude was right and 137 said medical staff were enthusiastic, accounting for 44.9% and 46.6% respectively. In 5 surveyed services, mothers were satisfied the most with immunization service with 4.01 points - Satisfied. Particularly, there were 246 mothers satisfied with the service, 26 mothers very satisfied and 22 mothers fairly satisfied. No mother was not satisfied with the service despite there were 2 mothers reflecting the negative attitude of medical staff.

Medical check-up services: People did not face any problem in access to health care services at CHSs. Fever was the leading reason that made mothers took their children/family members to CHSs for medical checkup, with 87 cases, accounting for 42.2%. Abdominal pain was the second important reason (36 cases, 17.5%). Going to see the doctor, they did not have to wait long. They receive advice on how to use the drug (185, 93.9%), nutrition care (142 people, 72.1%), and hygiene and disease prevention (133, 67.5%). 91.7% of people had to take medicine, 4.9% of people did not have to take medicine, and 3.4% of people had been referred to health facilities at higher levels. People had positive feedback about medical staff. 46.6% of them said the medical staff had quite satisfactory attitude and 45.6% said medical staff were caring and attentive at work. Users were satisfied with the quality of service (86.9% satisfied, 6.3% very satisfied, 5.3 fairly satisfied and 1.5% dissatisfied).

Health IEC service: according to 300 mothers participating in the survey, they have been equipped with knowledge about 14 health care issues. Totally, there were 2.853 times of mothers provided information about different health care topics. On average, each mother could remember 9 IEC topics. Family planning and immunization (271 people, 90.3%) are the two topics that mostly memorized by mothers (272 people, 90.7%). Tuberculosis (TB) prevention was the least mentioned (114 people, 38%). Information were usually spread through villages' meetings, groups' communication meetings, loudspeakers, flyers / posters, home consultation, during medical checkup, antenatal care time, immunization time, and through newspapers, radios, and internet. The most favored communication channel was face-to-face consultation at home, normally done when health workers came to send invitation to immunization. 129 people (43%) said that they liked direct communication, 77 people (25, 7%) liked group communication organized by village's health workers and 74 people (24. 7) liked information sharing at villages' meetings. Mothers were satisfied with information received on health care with satisfaction score at around 3.41 - 4.20 points. Mothers satisfied with communication topics and communication methods were of the same number (248 mothers). The satisfaction score of communication topics and communication methods were 3.88 points and 3.86 points respectively.

The CRC Survey Gia Lai 2016 proposes the following recommendations:

Province People's Committee (PPC) and District People's Committee (DPC)

- Continuing investment in facilities for CHS to ensure the quality and quantity of function rooms and supporting facilities to meet the requirements; creating favorable conditions for commune to achieve national health service criteria; promoting the primary health service for people;

- Based on the needs, the specific circumstances of each CHS, the ability to operate medical equipment, considering increased investment in diagnosis and treatment equipment in CHS including: blood testing equipment, urine testing equipment, blood glucose meter, nebulizer, etc. which regulated by the Ministry of Health. This will help to reduce the load on hospitals at higher levels and improve the quality of people's health services as well as the ability to provide health services to people at the commune level;

- DPC to regularly guide and check the situation of health insurance cards in each commune and report and propose to Social Insurance at the district to provide the health insurance card to people in time, especially children.

- Using the available survey results[1] together with conducting satisfaction surveys as the mechanisms to improve the quality of public services;

- Strengthening the monitoring of the publicizing and implementation processes and criteria for evaluating health services' quality at all levels to ensure that medical staff understand their responsibility in providing the services meeting required standards/ processes. Based on those, people will make more accurate feedbacks, especially on communication / health education and counseling;

- Providing more benefits for local midwives in village;

- DPC directing CPCs to stabilize the medical labor force at the villages;

- Ensuring the smooth of inter-village and inter-commune transportation connection so that people can go to CHS easier without any challenges during rainy season. Similarly, ensuring that commune's loudspeaker systems provide the updated information, including medical information to all people smoothly.

Department of Health of Gia Lai Province

- Applying the Citizen Report Card (CRC) at provincial and district level, and expanding to commune level;

- Strengthening the implementation of national criteria for commune health service until 2020 at CHS associated with national target program on new rural development.

- Mobilizing investment resources for Commune health care service to upgrade their facilities and equipment; ensuring the sufficiency of drugs, medical supplies in order to meet the needs of medical and epidemic prevention at requirement for the community level.

- Using CRC survey's results to review the medical performance indicators (the percentage of child under 1 year old having full vaccination services, the percentage of women having ANC fully 3 times during their 3 quarters of pregnancy, the percentage of children born in CHS, the percentage of child malnutrition, etc.). Updating the Health sector plans and health indicators related to SEDP 2016-2020;

- Training to improve the communication skill with people, and patient for medical staff, especially at CHS.

- Reviewing, updating and announcing the upgrading of CHS's facilities plans to District Health Centers, so that, people in the commune can approach and maximize the utilization.

- Promptly training and retraining the CHS's staff; conducting the training for village medical staff complied with the Ministry of Health's standards;

- Training to improve communication skills with people, patients for staff, especially in the CHS.

District Health Centre

- Actively advising the DPC to plan and monitor national achievement targets of public health service to commune;

- Strengthening line monitoring activities, especially supporting the commune to improve their ability to conduct medical check-up and treatment activities as well as implement the program for health service & population target at community level.

1 *For example PAPI - Sociological survey about effectiveness of management and public administration, including the important content of public service: http://papi.org.vn/gioi-thieu-ve-papi*

- Ensuring the efficient supplies of medicine and medical equipment for medical treatment and disease prevention at the community level;

- Monitoring and supporting CHSs that do not have pharmacist to make sure that the responsibility of this personnel is fully fulfilled;

- Actively collecting opinions from people using health service, analyzing and using the results to build up an action plan and prioritize resources;

- Cooperating/ collaborating (with media center for health education, and CHS) to organize health care education activities in order to raise the awareness and change behaviors that are harmful to people's health;

Commune Health Station

Antenatal Care Service

- Actively promoting the communication, counseling, education of health-care knowledge to pregnant mothers during ANC or any meeting chances;

- Applying 9 steps for prenatal care properly as required;

- Conducting proteinuria test and providing iron / micronutrient supplement to women attending ANC;

- Working closely with medical staff/ village's midwives to increase the number of mothers using ANC, intrapartum care and postpartum care.

Postpartum Care

- Actively exchanging information with mothers to recognize their needs and suggestions to improve the service's quality.

- Encouraging women/ families to inform about the birth to village/ CHSs' medical staff to increase the proportion of women giving birth with the care from medical staff and improving postpartum care at home carried out by CHSs and village's medical staff (especially the examination during the first week and the first six weeks after delivery of birth);

- Actively communicating with mothers to recognize the opinions and suggestions to improve the service quality.

Vaccination Services

- Enhancing communication/counselling for mothers to increase the proportion of children getting vaccination service, especially direct communication carried out by the collaborators, medical staff at village;

- Explaining clearly about the condition of vaccine before injecting and, mild reactions after injecting vaccine and advise mothers to not apply anything to the injected skin area;

- Guiding mothers to track vaccination schedule and take their children to get vaccination service accordingly;

- Researching and recommending the vaccination schedule based on population clusters, so that mothers do not have to wait long time;

- Providing enough seating places, fans in the summer and wind prevention facility in the winter at vaccination service place;

- Distributing the vaccination schedule to mothers and encouraging them to stick the schedule to an eye-catching place at home, so that they can remember to take their children to vaccination points.

Medical check-up service

- Combining traditional treatment with modern treatment; Building a medical plant garden with full 8 plant groups complied with Circular 40/2013 / TT-BYT dated 18/11/2013

- Estimating the amount of medicines, medical supplies by disease patterns, by month and by season. Ensuring sufficient inventory of medicines for timely prevention and treatment;

- Actively integrating the health IEC into health care services

- Regularly exchanging, participating in training courses to improve the service quality at the community level.

Health IEC service

- Strengthening the communication, guidance, education activities in order to prevent and control the disease, and changing people's perceptions and behaviors to improve their health.

- Enhancing the integrated communications (direct communication at home, during ANC service, during vaccination service, at the village meetings, etc.);

- Designing more user-friendly leaflets, mainly containing illustrations and distributing them to households.

FOREWORD

The political report of the 10th Central Committee of Vietnam's Communist Party at the 11st National Party Congress stated that *"Improving the health care for people, population works, family planning, protection and health care services for mothers and children; Paying more attention to preventive health care and people's health care; Strengthening and enhancing grassroots health care network, improving the capacity of hospitals at district and provincial levels, modernizing some leading hospitals"*

Improving healthcare services for people is considered as a strategic target in the plan of socio-economic development and national security and defense in period 2016-2020 of Gia Lai province. This target has been materialized with important indicators in period 2016 – 2020 including "61.3% of communes/towns/wards meet the national standards of health care and there are 8 doctors per ten thousand people, 90.1% of population are covered by health insurance"[1].

The plan of socio-economic development and national security and defense in period 2016-2020 of Gia Lai province also recommends series of solutions to reach setforth targets and indicators with solutions to improve the quality of health care services, including: *"Improve the quality of health care services at all levels; promote primary health care and prevention health care actively to discover and prevent diseases to avoid outbreaks of epidemic; strive to reach a target of 61.3% CHSs meeting the national standards by 2020; develop health care human resources; enhance responsibility and medical ethics of health care staff; promote communication activities, encourage people to implement policies related to health care such as health care insurance for all people, to implement population policy – family planning, improving the quality of population; continue promoting socialization and encouraging the participation of all economic sectors in providing health care services for people"*[2].

Decision No. 555/2007/QD-BKH by Ministry of Planning and Investment (MPI) stipulating results-based monitoring and evaluation framework for Socio-economic development plan (SEDP) regulates that Gia Lai Provincial People's Committee and Gia Lai Department of Health must periodically monitor, evaluate, and report on the real situation of implementation results of "Enhancing health care services of people including health care targets in provincial SEDP". However, this task has been facing a lot of difficulties because of lack of information on implementation process and results. In addition, **lack of an effective mechanism** of collecting information and feedback from health care service users, resulting in difficulties in **monitoring and evaluation** of the quality of health care service.

Citizen Report Card (CRC) is a tool to collect and use feedbacks and comments of users on public services in order to continuously improve the quality of services. Citizen Report Card (CRC) was initiated in Bangalore, India in 1993. CRC was introduced to Vietnam in 2003 in public administrative services, environment and sanitation, health and education, in Ho Chi Minh City and then widely deployed with the assistance and support of the World Bank, UNDP, UNICEF and USAID. CRC was introduced by UNICEF through an initiative with MPI to improve the potential of social auditing method in supporting current mechanism for planning, implementation, monitoring and evaluation of SEDPs. Using CRC helps people implement their rights of citizen through providing their opinions, aspirations, and feedback about information related to the quality of services. Thanks to that, public service providing agencies can review the results of their public service provision from the view of service users and have solutions to improve the quality of services in order to better meeting the demand of people. Within the framework of Child Friendly Project, UNICEF has supported to pilot CRC in Dong Thap, An Giang, Dien Bien, Kon Tum, and Lao Cai.

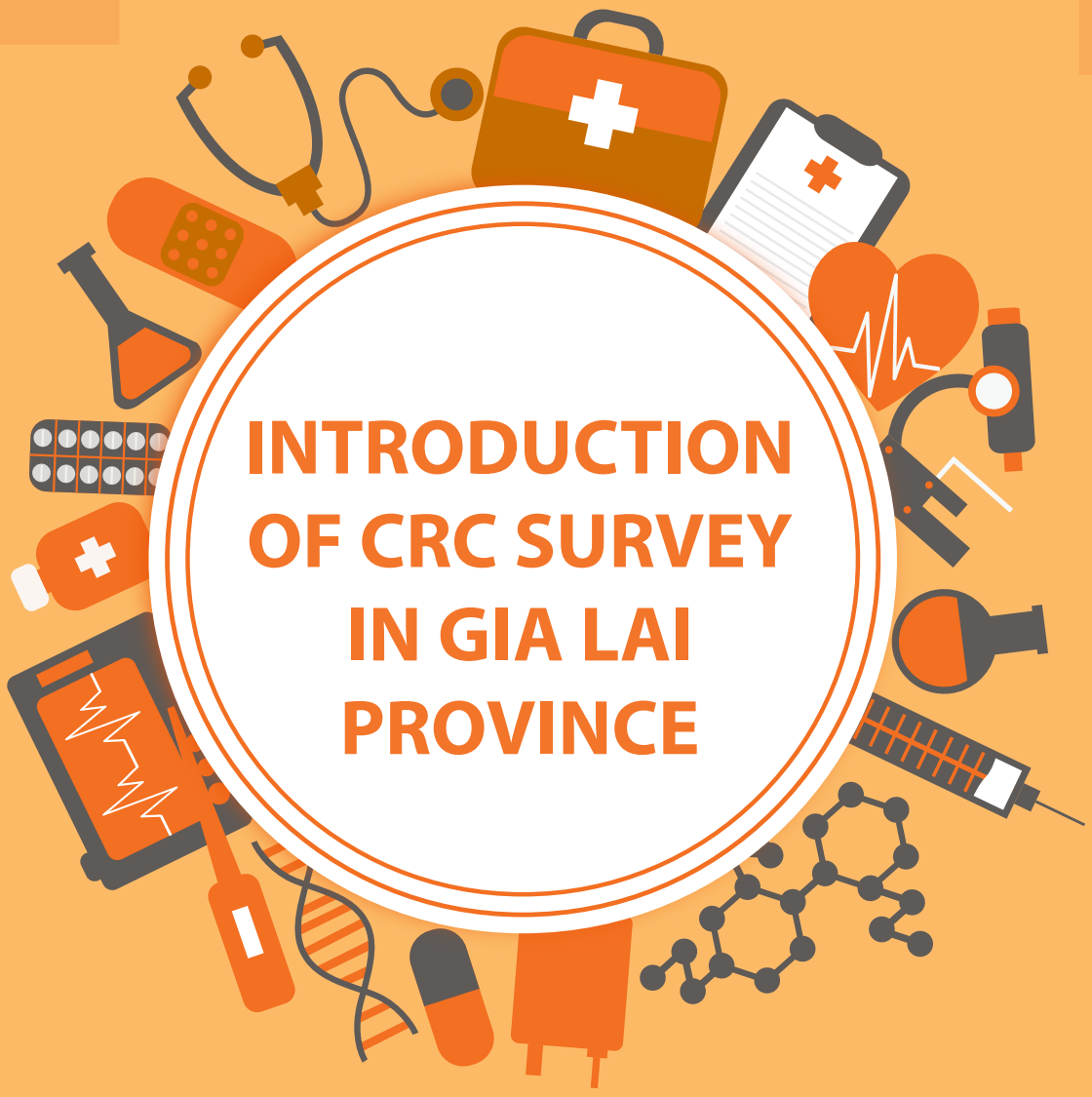
1 *Decision no. 54/QD-UBND dated 04/02/2016 by Gia Lai Provincial People's Committee on implementing Resolution no. 148/2015/NQ-HDND dated 11/12/2015 by the 10th Gia Lai Provincial People's Council at the 11st meeting on implementing indicators period 2011 - 2015 ; Gia Lai's 5 year SEDP, ensuring provincial security and defense in period 2016-2020.*

2 *Document no. 397/KH-UBND dated 04/02/2016 by Gia Lai Provincial People's Committee on 5 year SEDP ensuring provincial security and defense in period 2016-2020.*

The legal foundation creating conditions for applying CRC to survey on the satisfaction of people using health care services including (i) Deicision no. 4448/QD-BYT dated 6/1/2013 by Ministry of Health on approving the project *"Identifying measuring method for the satisfaction of people with public health care services";* (ii) Decision no. 2151/QD-BYT dated 4/6/2015 by Ministry of Health on approving implementation plan "Reforming the style, attitude of health care staff toward the satisfaction of patients"; (iii) Decision no. 4276/QD-BYT dated 14/10/2015 by Ministry of Health to approve the national action program on enhancing capacity in managing the quality of health care services from now to 2025, including activity "periodical evaluation on the satisfaction of patients".

Within the framework of Child Friendly Project *(Social policies and governance component and Child survival and development component),* UNICEF has supported Gia Lai Department of Planning and Investment (DPI) and Gia Lai Department of Health to apply CRC to survey the satisfaction of people with commune health care services in order to improve the quality of initial health care for people, especially disadvantage groups (children, poor people, minority ethnics, people living in remote areas, etc.).

This report has been written by members of the management board of Gia Lai Child Friendly Project, component of social policies and governance and component of child survival and development with technical support of a national consultant team. The report provides detailed information on the purpose of study, implementation steps and main findings related to survey on the views and satisfaction of people using commune health care services in Gia Lai province as well as some specific recommendations related to improving the quality of services.



INTRODUCTION OF CRC SURVEY IN GIA LAI PROVINCE

1. INTRODUCTION OF CRC SURVEY IN GIA LAI PROVINCE

1.1. Overview of the surveyed area

Gia Lai is a mountainous province located to the north of Central Highland region. The province has 90 km long of border with Cambodia on the West. This province also shares the border with Kon Tum province on the North and with Dak Lak province on the South, and with Quang Ngai, Phu Yen, and Binh Dinh provinces on the East. The province has 01 city, 02 towns, and 14 districts with 222 communes, wards, and towns, divided into 2.160 villages and residential clusters. Natural area is 15,536.93 km2. Total population in 2015 was 1,399,736, including 34 ethnic groups, of which minority ethnics are 622,833 people, accounting for 40, 6%, mainly are Barnah and Jrai ethnics. Number of poor households of minority groups are 53,573, accounting for 83.59% total poor households in the province[3].

For 3 years from 2013-2015, Gia Lai was the province having the highest number of neonatal tetanus incidences and deaths nationwide (29 cases). The proportion of children under one year old injected with all kinds of vaccines in the expanded vaccination program was low, accounting for 94.2%[4]; tetanus vaccinations for pregnant women was 79.9%; malnutrition rate among children under 5 years old was still high, underweight malnutrition was 24.5%, stunting malnutrition was 35.1%, highly concentrating in rural areas. Number of maternal deaths related to pregnancy was high (30 cases in 3 years from 2013 to 2015)[5]. Provincial rate of households using clean water and sanitary latrines remained low. According to data from water and sanitation monitoring system in rural areas in 2015, the proportion of households using clean water was 88.96%, of which very few people had access to piped water, the proportion of households having latrines was 67.62% and only 43.53% having sanitary latrines and 32.38% of households did not have latrine completely.

In this CRC survey, Gia Lai province prioritized to improve the quality of health care services for mothers and children in disadvantaged areas, with many ethnic minorities living. Therefore, districts meeting these conditions are reviewed and discussed. The prerequisites for implementing CRC include the involvement of stakeholders and the desire to improve the quality of services. These were also discussed at the technical seminar. Krong Pa, Kbang and Mang Yang districts were selected as the sample to the survey.

Mang Yang district is the fifth poorest district in Gia Lai province. It is closed to Kbang district to the North, to Chu Se and Ia Pa districts to the South, to Dak Doa district to the East, and to Dak Po and Kong Chro to the West. The district has total natural area of 1.126,77 Km^2, with population of 60.852 people, of which minority ethnics account for 2/3 and distribute in every commune and town but concentrate in 5 difficult communes on the south of the district (Barnah minority group accounts for 57%, next is King people accounting for 39%). Mang Yang has 12 administrative units (1 town and 11 communes). In 2015, the district had 4.628 poor households accounting for 32,3%[6].

Kbang is a remote and mountainous district, located on the northeast of Gia Lai province, 120 km far away from the central of province, closed to Quang Ngai province to the North, to An Khe and Dak Po districts to the South, and to Dak Doa and Mang Yang districts to the West, and to Binh Dinh province to the East. The district covers a natural area of 184 185 hectares with a population of 65,292 people. The district has many ethnic groups living together, of which Kinh people accounts for the largest proportion of 52%, followed by ethnic Barnah accounting for 40%[7]. The district has 15 communal administrative units (1 town and 14 communes) and the poverty rate (26.72%) ranked no. 3 out of 17 district administrative units of the province.

3 *According to porverty line period 2016-2020 in Decision no.263/QD-UBND dated 15/4/2016 of Provincial People's Committee.*

4 *In 2015, the proportion was 97%*

5 *Operation result report 2014 and tasks in 2015 of Gia Lai Department of Health*

6 *Statistic book 2014 and Decision no. 263/QD-UBND dated 15/4/2016 of Provincial People's Committee on approving survey results on poor households and marginally poor households 2015 and poor households and marginally poor households according to poverty line period 2016-2020*

7 *Decision no. 263/QD-UBND dated 15/4/2016 by provincial people's committee on approving survey results on poor households and marginally poor households 2015 and poor households and marginally poor households according to poverty line period 2016-2020*

Krong Pa district is a remote district, located in the southwest of Gia Lai province, closed to Ia Pa district and Phu Yen province to the North, to Dak Lak province to the south, to Phu Yen province to the East, and to Dak Lak province and Ayun Pa towns to the West. The district covers a natural area of 1628.14 square kilometers with a population of 78,637 people, living in one town and 13 communes with a total of 133 villages, of which Jrai ethnic accounts for 67% of, Kinh accounts for 32% and with the poverty rate of households of 40.23% - this is the district with the second highest poverty rate in the province.[8]

In difficult areas, CHSs[9] currently are facing some following problems:

- Backward customary practices *(swidden seasonal sleep, giving births at home with the supports of their family members therefore infant mortality rate was high),* low educational level, economic difficulties, no sense of health care for themselves and their families, especially with pregnant women and raising children, taking care before, during and after giving births have not been paid enough attention;

- There are villages not having clean water;

- Benefits for collaborators are low so they are not enthusiastic in their work and have always fluctuated and changed, affecting the results of operations;

- Communication to educate about health care has not been conducted in wide area;

- Lack of medical equipment, budget for grassroots health care is limited;

- The capacity of grassroots health care staff and collaborators is limited;

- Administrative procedures are complicated, the investigation and outdated statistical activities about insurance card provision for people leading to the proportion of children under six having health insurance card low;

- Poor medical box;

- Local government did not pay enough attention to health care activities.

Data on the implementation results of some important indicators on the health care for mothers and children in Gia Lai province are presented in Annex 5.2.

1.2. Purpose of CRC survey in Gia Lai province

To investigate the satisfaction of people using commune health care services, using CRC in Gia Lai province with some following objectives:

- Applying social auditing tool – CRC to **record feedback and opinions** of people about selected commune health care services;

- **Measuring** the satisfaction of people using commune health care services;

- Recommending and sharing effectively with all stakeholders in order to improve the quality of services to best meet the demand of people, especially the disadvantage group (poor people and children in difficult status);

- Contributing to plan, **monitor, and evaluate** the 5 year SEDP in period 2016-2020 and annual SEDP.

8 *Statistic book 2014 and Decision no. 263/QD-UBND dated 15/4/2016 of Provincial People's Committee on approving survey results on poor households and marginally poor households 2015 and poor households and marginally poor households according to poverty line period 2016-2020*

9 *Initial documents prepared by 3 district heath care centers*

1.3. Scope of the study

This study records and analyzes feedback from people in using 5 health care services for mothers and children at commune level:

1. ANC service;
2. Postpartum care;
3. Vaccination/Immunization;
4. The maternal and child health care service;
5. Health Service

Services studied and analyzed include:

1. Levels of access
2. The availability of public services / provision capacity of public services
3. The situation of the supply and use of services
4. Quality of Services
5. Attitude of service providers
6. Satisfaction with the services
7. Recommendations to improve services

Considering the nature of 5 services interested by all stakeholders, study contents, the compatibility with the objectives of project, Gia Lai province's priorities, this survey targeted mothers **having children up to 2 years old,** staying in the surveyed area for at least 6 months, having used commune health care services. Those mothers probably remember information related to health care services that they have used recently and have opinions about their experience.

1.4. Study methods and tools

Study method

This research is a sociological survey with participation of stakeholders (service users, service providers, management agencies), with technical support from independent consultants using cross-sectional descriptive analysis method.

This survey have been designed and implemented with thorough reference to the Citizen Report Card Manual - a publication of UNICEF and the Ministry of Planning and Investment.

Information collection tools

The survey was about the satisfaction of residents with the commune health services by using CRC.

The tool set includes **questionnaire for mothers** (Annex 5.3); **questionnaire[10] for medical staff** (Annex 5.4)

10 There were 12 questionaires for medical staff and 30 questionairs for service users in order to identify services that people and medical staff care most and prioritize at commune level.

and **questionnaire for service users** (Appendix 5.5). The questionnaire used to interview mothers included 67 questions (including closed and open questions) divided into 7 sections, in which the first part was for collecting general information, 5 sections corresponding to the 5 surveyed services and 1 part recorded the opinions of the mothers to improve the quality of 5 services.

Survey diary were also designed for investigators to record observations and qualitative information about the interviewed cases in details to support data analysis and report writing.

Data processing methods

After surveying in six communes in three districts, the questionnaires were cleaned and data input was made twice into SPSS software independently. This helps discover and handle errors during data entry, ensuring high accuracy of the information recorded on the questionnaire[11]. The data set was then analyzed in SPSS to determine the percentage, the average value of the indicators related to 5 surveyed health services.

Interpretation of the results

In each service, the users were asked about their opinions on the service they used. The answers on (i) attitude of medical staff and (ii) satisfaction were analyzed by percentage and average point based on the Likert rating scale. The quality of the services was evaluated and judged based on service delivery (compared with the standards guided by the Minnistry of Health) and the attitude of medical staff.

The proportion of users satisfied with services has been directly calculated from the number of answers "strongly dissastisfied", "not satisfied", "fairly", "satisfied ", "highly satisfied" in total users of services.

User satisfaction also measured by the Likert rating scale, from 1 to 5, in which 5 is the highest and 1 is the lowest. According to this method, the results are weighted average of the ratings by service users and the scores are as follows:

Table 1: Meaning of average score

Average	Meaning
1-1.80	Grumpy, yell at the patients / Strongly dissatisfied
1.81-2.60	Speaking impolitely, do not pay attention to patients/ Dissatisfied
2.61-3.40	Normal, acceptable /fair
3.41-4.20	Care and watchful / satisfied
4.21-5	Much care, enthusiastic / highly satisfied

The advantage of this indicator calculation method is easy to compare between geographical areas, groups, or different services, stimulating public service suppliers to constantly improve the quality to raise satisfaction index.

11 *Two independent times of data entry and exchange questionaires among groups. The data of two times entry were transfered to Exel soft ware to compare. When there were deviations, consultants informed and suggested data entry group to check and correct.*

1.5. Survey sample

Survey sample has been selected through following steps:

Select districts to survey

Gia Lai province prioritizes to improve the quality of health care services for mothers and children in the difficult areas with high concentration of ethnic minority people. Therefore, districts meeting these conditions will be considered and discussed. Necessary conditions to implement CRC, including the participation of stakeholders and desire to improve the quality of services, also were discussed by participants in the Technical Seminar. Finally, participants agreed to select Mang Yang district (least difficult district), Kbang district (average difficult district) and Krong Pa (the most difficult district), representing three district groups with different level of difficulties (refer to Figure 1 below), to survey.

Select communes to survey

Surveyed communes were selected through following steps:

- Assigned number to communes in districts
- Select 2 communes in each districts randomly
- The results are below:

DISTRICT	Commune 1	Commune 2
Mang Yang	H'ra	A Yun
Kbang	Dak Rong	Krong
Krong Pa	ChuRcam	Uar

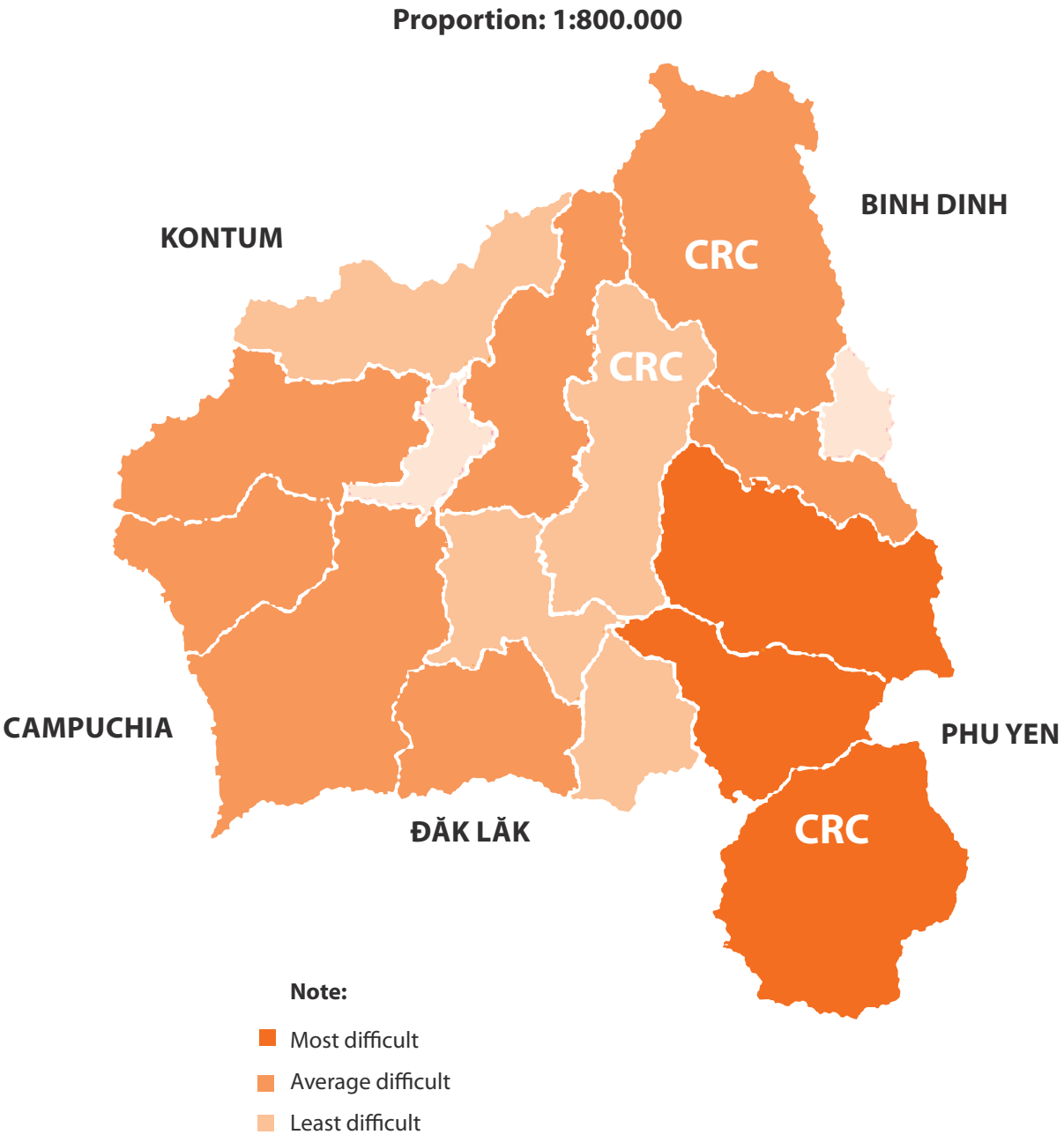
Sample frame

- The mothers who used services of antenatal care and tetanus vaccination at CHSs in 2014 and 2015, currently residing in the surveyed area were people likely using all 5 surveyed services and could be able to provide information.
- Information (address, most recent date of giving birth, number of children they had), on those mothers was available in ANC records/pregnancy management records or tetanus vaccination records.

Select analysis unit

- Unit of the survey : households (living in the surveyed area at least 6 months)
- Interviewees: mothers raising children up to 2 years old

Figure 1: Districts by level of difficulty



Sample size identification

- The minimum size to be able to apply statistical tools: 30 observations (Hair et al., 1998)
- The minimum size to be able to deduce the index of a sample into the overall index with a 95% confidence interval: at least 385 observations (Hair et al., 1998), when not able to determine the size of the study sample and select single random sample (sample design effect is 1).
- Normal size for conventional regression analysis, correlation, or group testing: from 100 observations or more (according to experience of many researchers).
- Sample size (OpenEpi, http://www.openepi.com/SampleSize/SSPropor.htm) was calculated with following numbers:
  - Sample size is the number of children under 2 years old in Gia Lai province: 62,425 children
  - Expected satisfaction proportion: 80%
  - Confidence interval (95%)/significance level 5%
  - Sample design effect (Normally from 1 to 4): 1,2[12]

The calculated result of sample size was 294 observations. Therefore, the planned sample size was 300 meeting the requirements of the above sample design.

Sample distribution in the survey area

Sample was evenly distributed in the 3 surveyed districts, interviewed 100 mothers per district, 50 mothers per commune.

Select mothers to survey

CHSs selected in CRC survey was guided to build lists of mothers to be interviewed. The official list included 50 mothers were randomly selected by entering the required information into the website: http://www.random.org/integer-sets/. In cases that randomly selected mothers were no longer lived in the selected area, mothers right in the front and right behind in the list would be selected instead.

This survey has interviewed 300 mothers, of which the proportion of substituted sample was under 10%. One mother refused to be interviewed[13], replaced by a mother living in another village. Details of surveyed sample are presented in table 1.5 Annex 5.1.

1.6. Study implementation process

Survey on the satisfaction of people with commune health care services in Gia Lai province has been conducted as follows:

Step 1: Learning experience from Child Friendly Project in Dien Bien province

In March 2014, the Management Board of Child Friendly Projects (PMU) in Gia Lai province had a study tour on social auditing in health care services in Dien Bien province. Lessons learnt from Child Friendly Project in Dien Bien include (i) The support and active participation of departments/provincial agencies and the

12 *Saifuddin Ahmed, Dept. of Biostatistics, School of Hygiene and Public Health, Johns Hopkins University, Methods in Sample Surveys (140.640) - Cluster Sampling. This parameter in MICS survey of UNICEF in Vietnam is 2.*

13 *Kret Krot, H'ra commune, Mang Yang district, the mother who has Ha Mon religion was shy, ran to hide in her house, and insisted of not participating in interview.*

people; (ii) The questionnaire must be simple, closed to the real situation of locality; (iii) Technical training on interviewing and data entry; (iv) Identify a common agency to evaluate the results to ensure the objectivity; and (v) budget support from the project.

Step 2: Technical Seminar

A technical seminar was held on 02/03/2016, under the chair of the PMU and technical assistance from the consultant group. There were 15 staffs representing the PMU of Child Friendly project in Gia Lai province, the Department of Planning and Investment, Department of Health, leaders and staff from medical centers of the 3 surveyed districts and the survey steering committee. The main objectives of this workshop were that (i) to introduce CRC; (ii) to identify the objectives, scope and objects of study; (iii) to discuss the main contents and details of the survey questionnaire; (iv) to achieve the consensus on sampling methods; (v) to discuss and agree a detailed survey plan.

Step 3: Building study tools

Questionnaires for a quick survey about the opinions of medical staff and people were completed and sent to the PMU on 4/2/2016.

From 15/2/2016 to 22/2/2016, representatives from survey steering committee together with consultant group drafted the questionnaires. These questionnaires were sent to UNICEF and PMU for comments, amended at the technical seminar, and revised at technical training workshop after the pilot survey (on 3/3). After 4 times of being revised, the questionnaires were finalized on 16/3/2016.

The survey minutes have been designed, and then investigators can write all detailed information of the interview, supporting the process of data analysis and writing report.

Step 4: Training technique of CRC survey

From 3-4/3/2016, there was training course on technique of CRC survey for 17 technical staff, including investigator group, supervisors from survey steering committee/ CRC working group (PMU, Department of Health, Reproductive health care center, health care education communication center, health care prevention center), district health care center (selected to survey) and CHSs. The training course spent a day to pilot the survey tools, interviewed 16 mothers in Dak Djrang, Mang Yang district. Participants were also trained technique on implementation of CRC survey, sample framework, sample list/sample selection, survey conduction, data entry, and data control.

Step 5: Site survey

Site survey group included 12 members (Annex 5.6), including a group leader, 3 supervisors and 5 investigators from provincial level and 3 investigators from district health care centers.

The investigation teams consisted of two members interviewing mothers to collect information and the supervisors randomly watched those interviews and at the same time reviewed and suggested the investigators to add missing information at the site and accepted the completed questionnaires. Collection of primary information by interviewing by questionnaires was carried out from March 19 to April 1, 2016. Beside filling the questionnaires, special information *(for example, mothers having children under 2 years old did not take their children to vaccination points because their children died after 7 days because of pneumonia, died at district hospitals, preferred private health services because there was supersonic service, they came from village with Ha Mon religion, etc)* were also recorded by investigators.

Consultant group supervised and provided technical supports from 19 to 21/3/2016.

Step 6: Data entry, data processing, and writing the report

The questionnaires were cleaned, and then data was entried and analyzed by SPSS software after being encoded by location.

	LOCATION	Location code	Questionnaire code
District	**Mang Yang**	**1**	
	Hra	11	1101 to 1150
	A Yun	12	1201 to 1250
District	**Kbang**	**2**	
	Dak Rong	21	2101 to 2150
	Krong	22	2201 to 2250
District	**Krong Pa**	**3**	
	Chu Rcam	31	3101 to 3150
	Uar	32	3201 to 3250

The entire 300 questionnaires were cleaned and entried 2 times by 04 staff (days 10-26 / 04/2016). After receiving raw data from data entry group, consultants transferred the data to Excel software and compared the results of 2 times of data entry. The difference between 2 times of data entry and other errors were discovered and informed to data entry group to review and complete the data set. Checking and cleaning data after entrying data took place from 2/5 to 5/13/2016. A survey report was prepared by staff team from the PMU with supports from consulting group. In the process of data analysis, consultants examined the confidence of measurement (Cronbach's alpha) and tested ANOVA, T-test (for the mean), Chi-square and Phi and Cramer's V (with the percentage). The draft of report was sent to officials of provincial relevant agencies, the PMU, and UNICEF for comments.

Step 7: Collecting comments on the draft report and completing the report

The first drafted report was sent to the stakeholders at the provincial level, the PMU and UNICEF on 24/05/2016. The 2nd draft was completed on 10/06/2016. Workshop to share survey results was held on 21/06/2016 with the participation of all stakeholders. Final version of the report was completed on 23/6/2016.

1.7. Limitations of the study

CRC survey introduced an effective mechanism to enforce the people's right to participate in improving the quality of public services. CRC survey in Gia Lai province in 2016 was coordinated and implemented by the PMU of Child Friendly Project, an independent unit with the service providers formed and operated under the project. While the independence and objectivity of this CRC survey were guaranteed, its sustainability is a challenge, compared with CRC Health care survey in Child Friendly Projects in other provinces which were led by Departments of Health. Moreover, the mechanism of satisfaction survey and the quality assessment of the current services have mainly been piloted in the hospitals at district and the provincial levels and there is no budget to implement at the commune level. Therefore, this activity is hardly maintained.

The satisfaction of the people can be affected by differences in the level of awareness and their understanding, especially understanding of the right to be provided with free services and the processes of supplying and implementing those services. They were pleased when having care and often dissatisfied when medical staff had inappropriate behaviors or had to wait too long to be served. The high number of users satisfied with the services do not necessarily 100% reflects good quality of services.

Apprehension and shy feeling existed in almost all minority ethnic mothers, especially mothers from remote areas[14]. The problem was even more serious when mothers were not able to speak the national language. Even though there was an interpreter, in interviews with mothers who spoke local language, little information was obtained and the answers were "perfunctory".

Mothers felt more convenient when they were interviewed with other mothers. When mothers were together, their answers were affected by "mass psychology".

Because CHSs did not have internet connection, in the first day of survey, investigators did not have the sample list of mothers from A Yun commune, Mang Yang district. Although all mothers prepared their vaccination number and had invitations of CHSs, consultants, supervisors, and leaders of survey faced difficulties in controlling the schedule and the quality of interviews.

Beside the above limitations, the CRC survey 2016 in Gia Lai province was conducted and completed on time as planned.

14 *At H'ra commune, Mang Yang there are some people have Ha Mon religion. Mothers here did not want to separate groups. At Đăk Krong commune,Kbang, situation is the same.*

STUDY RESULTS

2. STUDY RESULTS

2.1. GENERAL FINDINGS

2.1.1. Facilities and human resources of CHS

Based on the national criteria set on commune health care from now to 2020 (according to decision no. 4667/QD-BYT dated 07/11/2014 by Ministry of Health), in order to meet the standards, commune health care services must meet all 10 criteria, including criteria on physical facilities, health care human resources and the medical equipment. According to this criteria set, to the end of 2015, Gia Lai province currently has 98 communes, wards, towns meeting the national health care standards[15] (accounting for 44,14% of total communes, wards, and towns in the province).

There are only 6 out of all surveyed communes meeting the standards, including Dak Krong commune in Kbang district. This commune was recognized to meet the national standards in 2014. In general, physical facilities of all communes were of low quality. Except Ayun commune (Mang Yang), all 5 remaining communes did not have any CHSs having area at up to 250 m2 with at least 9 function rooms as stipulated in the criteria set; the commune with the poorest physical facility conditions was Hra commune (Mang Yang district), the CSH of this commune was built as old model, then was expanded in other locations, therefore, all function rooms were asynchronous and incoherent to each other.

In terms of equipment, no station had enough 70% of the list of equipment as prescribed by the Ministry of Health; all the 06 stations were not equipped with treatment systems of solid and liquid waste. The disposal point of the communes was only a 2-3 meter deep hole to burn garbage.

All communes had stretchers for transporting patients. Emergency transportation of patients to higher level medical units was done by patients' family members, or called the ambulance from medical centers, or rent private car (almost all roads were easy).

All the 6 communes had portable water sources, however the water was just the natural water which had not been filtered and treated. 100% of CHSs had hygienic latrines with good condition to use.

According to criteria on health care human resources of the Ministry of Health, there must be one medical staff per 1000 people; all the 6 surveyed communes met the requirement. All 6 communes had doctors and midwives but there were 2 communes having no pharmacist (Krong and Dak Rong communes in Kbang district).

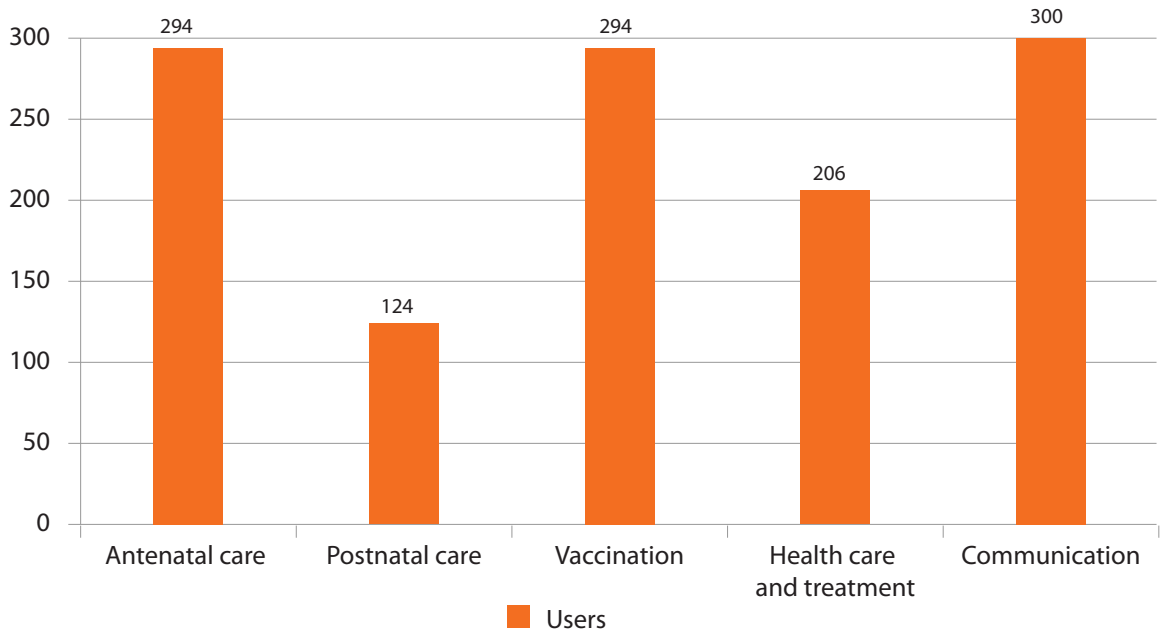
2.1.2. Commune healthcare services and users

This study records and analyzes feedback of 300 mothers having children from 2/2014 to 2/2016, **having been or being taken care of before giving birth** (*Antenatal care and tetanus vaccination),* about 5 commune health care services for mothers and children, including *(1) ANC service; (2) postpartum care; (3) medical check-up service; (4) vaccination/ immunization and (5) Heath IEC service.*

The survey results shows that 100% of mothers have been educated about health care, 98% of mothers have children vaccinated, 98% of mothers have received antenatal care and tetanus vaccination, 68.7% of mothers have used medical services within recent 12 months. Postpartum care has the narrowest coverage, with only 41.3% of mothers said they had been taken care of.

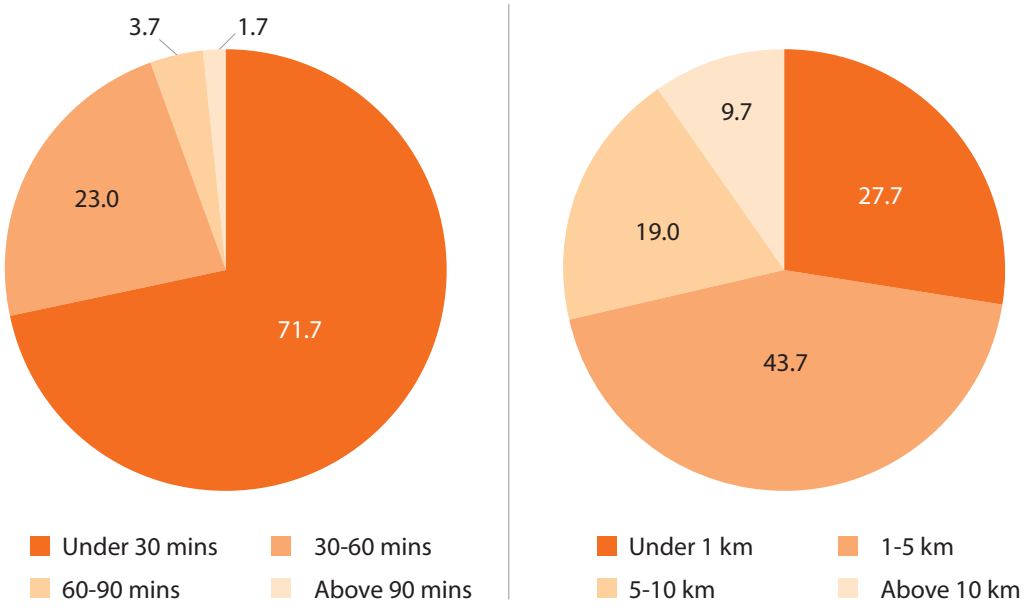
15 *A commune will be recognized to meet the national standards if (i) achieve from 80% of total points; (iii) not have " paralysis point" and (iii) achieve minimum 50% points for each criteria.*

Figure 2: Number of people using healthcare services in surveyed sample



Source: CRC survey on commune health care services in Gia Lai province, 2016

Figure 3: Distance and time to CHSs

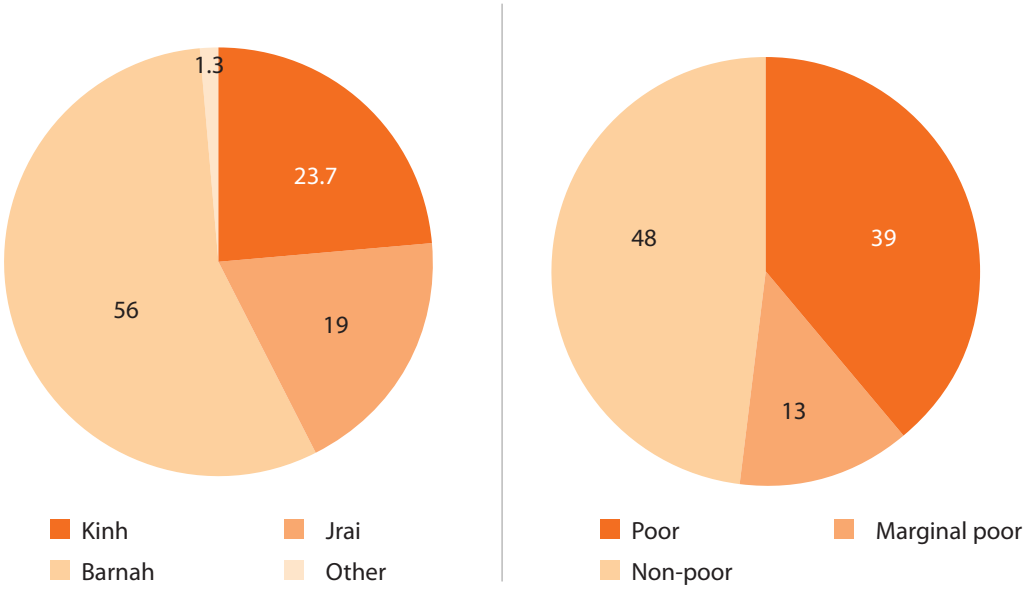


In terms of distance from home to CHSs, there were 131 mothers (43.7%) living within a radius of 5 km, 83 mothers (27.7%) living very near the station (<1 km), 57 mothers (19%) living about 5-10km from the station and 29 mother (9.7%) living very far from CHS (over 10km). Time to go to the CHSs of majority mothers (71.7%) was less than 30 minutes. Mothers mostly went to CHSs by motorcycle (204 mothers, 68%), 24% of mothers walked there, the remaining went there by bike or other vehicles.

Out of 300 mothers having children under 2, the youngest was born in 2000 (having a baby born in 2/2016, Kinh ethnic, living in Uar commune, Krong Pa district). The highest number of children that a mother here had was 9. They were children of 3 Barnah mothers born in 1970, 1976 and 1977 respectively in H'ra commune, MangYang district.

23,7% of surveyed mothers were Kinh people (71), 19% were Jrai people (57), 56% were Barnah people (168) and 1,3% remaining were Muong (1), Thai (1), and Kdong (2).

Figure 4: Ethnics and economic characteristics of the sample



The high rate of illiteracy mothers (55/300) and incomplete primary education mothers (78/300) have a large effect on the ability to change bad behavior in health care, making it difficult for communication, requiring appropriate measures. The proportion of mothers in poor and near poor households accounted for 52% of the study sample, 83% of mothers had health insurance.

More detailed information about 300 mothers is presented in Annex 5.1 – detailed data table.

2.1.3. The readiness of the services

The availability of health services for mothers and children at the commune level were evaluated based on (1) the presence of medical staff when mothers came and (2) The availability of medical staff when mothers needed services. Survey results shows that 83% of mothers said they always met medical staff and got help when needed; 17% did not meet health care staff as needed. The readiness levels are quite similar in 3 districts and there was no difference between ethnic groups.

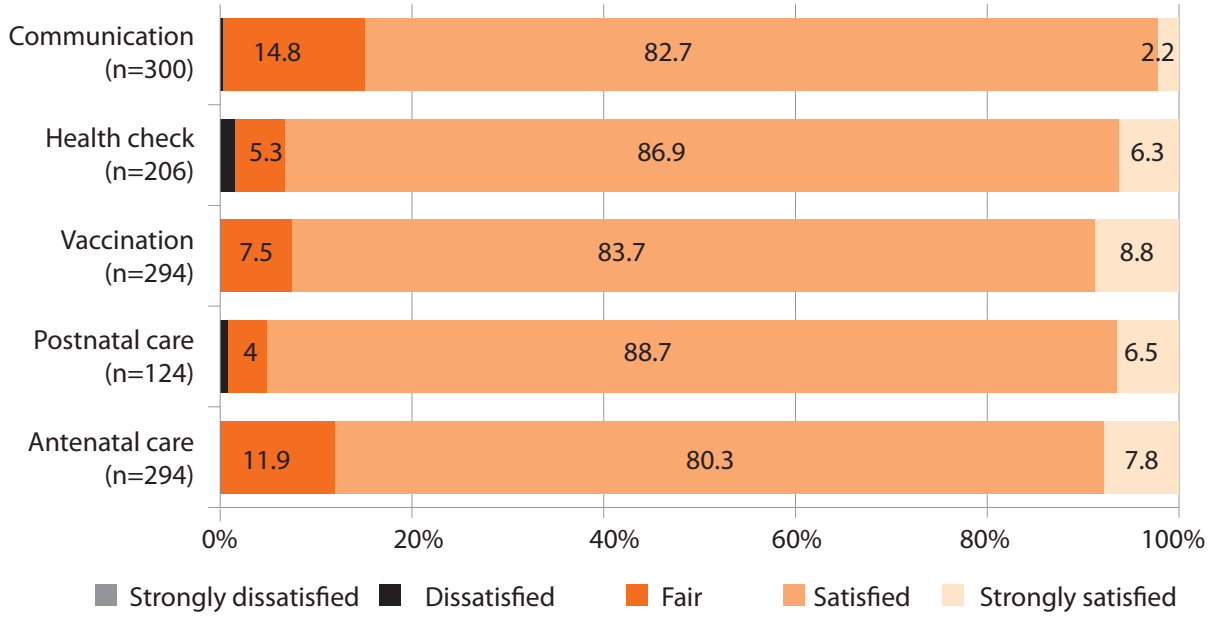
2.1.4. Cost of Services

100% of mothers did not have to pay fee when the medical staff visited them for medical service at home, when they took their children to communal vaccination points for vaccination, when they took their children to commune health stations for tetanus vaccination, when they came to commune health stations for antenatal care or health care. Only for antenatal care or health care, surveyed mother said they paid when using the services in private health care units or in public health care units at higher levels because they wanted to know more about the health status of them and of their children *(based on the results of ultrasound, X-ray film, more detailed examination and consultation)*. Costs of using those services are not a barrier for them.

2.1.5. User satisfaction with commune health care services

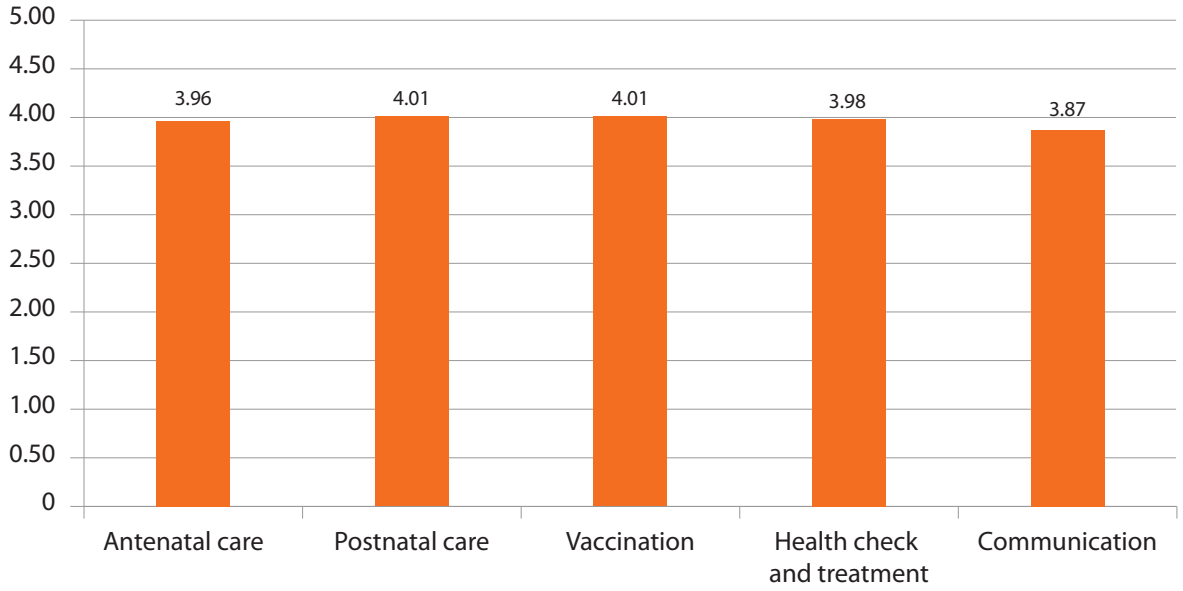
In general, mothers were satisfied with 5 health services for mother and children at commune level, with satisfaction rate was more than 80%. Mothers were most satisfied with postpartum care (88.3%). A service that mothers were least satisfied with is prenatal care (80.2%). Proportion of users satisfied with health services, immunization and communications, respectively accounted for 86.8%, 83.7% and 82.7%. The proportion of mother who was unsatisfied is low, 0.8% for postpartum care, 1.5% for health care, and 0.3% for communication. The highest proportion of mothers who were fairly satisfied is for communication (14.8%). This user group may be satisfied or unsatisfied. Therefore, communication is the service having the best opportunity to improve the quality but it also faces the challenge of "relegation" (the proportion of satisfaction with the service was under 80%). Antenatal care has the second best opportunity to improve the quality with 11.9% of users temporarily satisfied. The opportunity to improve the quality of postpartum, immunization, and health care are quite the same. Figure 6 reflects satisfaction scores based on the Likert measurement (1-5). According to this measurement, satisfaction score of people with 5 health care services are at satisfied level (3.41- 4.2).

Figure 5: Satisfaction of users with 5 services



Source: CRC survey on commune health care services in Gia Lai province, 2016

Figure 6: Satisfaction score of 5 services



Source: CRC survey on commune health care services in Gia Lai province, 2016

2.1.6. Expectation of service users

Despite the high satisfaction rate, the surveyed mothers desired health care for mothers and children at the community level to be improved. There were 96 mothers proposing the following opinions:

- ***In terms of physical facilities:*** Many CHSs lack equipment, their areas are under standards, they do not have enough function rooms, the mothers wanted CHSs to have more waiting seats (vaccinations), to add more equipment (ultrasound, X-ray), to expand the medical rooms, to donate balances to village health care, and to fix loudspeaker (unable to hear clearly)

- ***In terms of medicine:*** supplementing iron tablets for pregnant women; improving medicine cabinet, then people do not have to buy more outside; supplementing nutritional powder for children, tonic, and better medicine so that children can be cured faster.

- ***Service and human resource network:*** medical staff comes to villages to provide health care services with higher frequency; improving the roads to CHSs; periodical health examination, immunization for children at villages; there should be more than one doctor and one midwife per CHS.

- ***The quality of services:*** One of the reasons mothers chose private health services or health services at higher levels (district, province) was that they did not assured about the quality of health care services at CHSs. They want to have good midwives, then mothers can be trusted to give births to their children at CHSs; they hope that after vaccinated, their children do not have fever; they wish to be examined by doctors; after giving birth and coming back home, they want the medical staff come to their home to examine their health; they want better services at CHSs; so that they do not have to go to private health care units, not to spend time and money; they want village medical staff to have better skills, be more enthusiastic, and more stable.

- ***In terms of medical staff attitude:*** they want medical staff are nice and enthusiastic when giving health examination, give medicines and guide to use medicine, not scold the patients; they want medical staff to listen to the patients about their health status.

- ***In terms of information and knowledge on health care:*** enhancing communication on reproductive health, family planning, cleaning hands by soap, expanded immunization program; When consulting, consultants should speak slowly and use understandable words; Communication should be in local languages when they visit local households; if group communication or meetings with people are in national language, pictures/flyers should be in national language.

2.2. FINDINGS BY HEALTH CARE SERVICE

2.2.1. Antenatal care

The Child Law approved by the National Assembly in December 4/2016 regulates clearly about health care for pregnant women, early and comprehensive health care for children. "2. The State guarantees periodical health examination for pregnant women; 3. Health care, protection, consultation and nutrition for pregnant women must be prioritized; 4. The State has policy and measures for advice, screening, diagnosis, treatment for mothers in prenatal period and newborn period; reducing child mortality rates, especially infant mortality; abolishing customs and practices harmful to the health of children "(quoted Article 43, Child Law 2016). These are important legal regulations on prenatal care activities for pregnant mothers or pregnant preparation.

In terms of technical aspect, antenatal care has been guided and implemented based on the professional materials on guiding health care at CHSs attached in the decision no. 2919/QD-BYT dated 6/8/2014 by Ministry of Health.

Antenatal care service guided through communication include 6 steps (meeting, questioning, introduction, helping, explaining and re-meeting) and the process of **pregnancy checkup of 9 steps** *(1) Questioning, 2) body checkup, 3) antenatal examination, 4) urine testing, 5) tetanus immunization, 6) providing essential drugs, 7) pregnancy hygiene education, 8) records for pregnancy management 9) conclusions, reminding),* detect high-risk pregnancy and pregnancy management.

Improving the quality of ANC service in CHSs contributes to reducing maternal and infant mortality rates due to obstetric complications.

Communication and advice to mothers before and during pregnancy

Communicating and advising to mothers before and during pregnancy is one of the content standardized at CHSs, including: *using safe drugs for the fetus; tetanus vaccination and iron supplementation; antenatal examination at least 3 times in 3 pregnancies; Nutrition during pregnancy (increased dietary by 25%); Working regime during pregnancy; body hygiene; abnormality signs; Signs of labor, about to give birth; birth at health facilities; breastfeeding within 1 hour after giving birth and exclusively breastfeeding for at least 06 months after birth; the postpartum contraception.*

Out of 300 mothers asked about the issues of communication, one mother was not communicated/ consulted, 13 mothers could not remember what they were communicated; the remaining 286 mothers were communicated/consulted from 01 to 11 issues mentioned above. Of which, 25% of mothers (75) were communicated all 11 issues. Number of mothers consulted from 1 to 5 issues accounted for 28% (84). On average, each mother was communicated about 7 issues, **accounting for 66% of** issues needed to be consulted/ communicated. With 75% of mothers have not been communicated about all 11 issues, the communication has not met the requirement. 92% of pregnant women were communicated about tetanus vaccination and iron supplements. This is the issue which has been communicated about the most. The issue that has been communicated the least is the postpartum contraception. Details about issues which have been communicated by area are presented below.

Table 2.2.1.1: Contents of communication for pregnant women

Order	Contents	Mang Yang	Kbang	Krong Pa	Total
1	Using drugs safe for fetus	43	43	50	136
2	Tetanus vaccination and iron supplements	87	94	95	276
3	Antenatal care at least 3 times in 3 quarters of the pregnancy	76	94	87	257
4	Nutrition during pregnancy	65	78	82	225
5	Working regime during pregnancy	68	72	84	224
6	Body hygiene	56	73	73	202
7	Abnormalities	57	62	74	193
8	Signs of labor, about to give birth	50	55	67	172
9	Giving birth at health facilities	58	76	75	209
10	Breastfeeding within 1 hour after giving birth and fully breastfeeding by mothers' milk	55	42	52	149
11	Postpartum contraception	42	37	48	127
12	No communication and no consultation	0	0	1	1
13	Do not remember	8	3	2	13
	Total	**100**	**100**	**100**	**300**

Source: CRC survey on commune health care services in Gia Lai province, 2016

Level of access to services

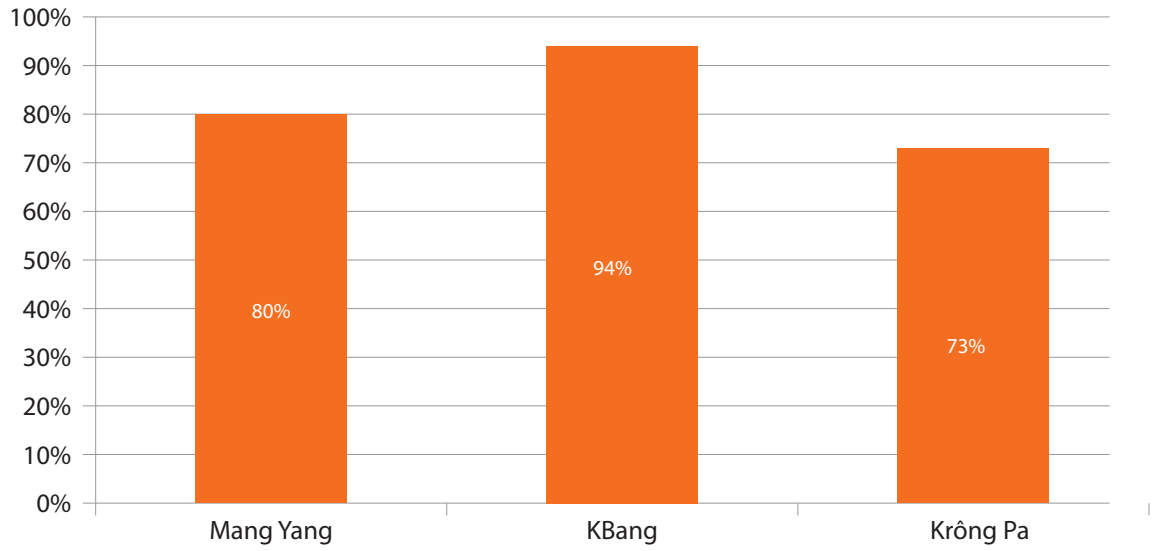
Out of 300 mothers coming to CHSs for antenatal care and tetanus vaccination, having children under 2 years old or being pregnant interviewed, 82.3% of them (247 mothers) have used antenatal care at CHSs. Group of mothers who did not go to CHSs for antenatal care include 53 mothers, accounting for 17.7%, of which 32 mothers came from not poor households, 19 mother are Barnah people, and 27 mother came from Krông Pa district. Not poor mothers afford to go to health care units at higher levels or private health care units because there are enough medical equipment and medicine when poor mothers and mothers of minority ethnic groups said that they felt well and no need to go to doctors.

In this survey, levels of using services of mothers in different surveyed areas, in different household groups (2015) and in different minority groups were different[16].

Kbang district has the highest proportion of mother coming to CHSs for antenatal care (94 mothers, accounting for 94%), the next is Mang Yang district (80 mothers, accounting for 80%), and the lowest proportion is of Krong Pa district (73 mothers, accounting for 73%).

16 *Chi-Square test with result is that p<0,05*

Figure 2.2.1.1: Using antenatal care at local CHSs



Source: CRC survey on commune health care services in Gia Lai province, 2016

Mothers from poor households go to CHSs for antenatal care more often than mothers from not poor households (82,1% compared to 77,8%). The proportion of Barnah mothers went to CHSs for antenatal care is higher (88,7%) than Kinh mothers (79,8%) and Jrai mothers (73,7%).

The quality of services

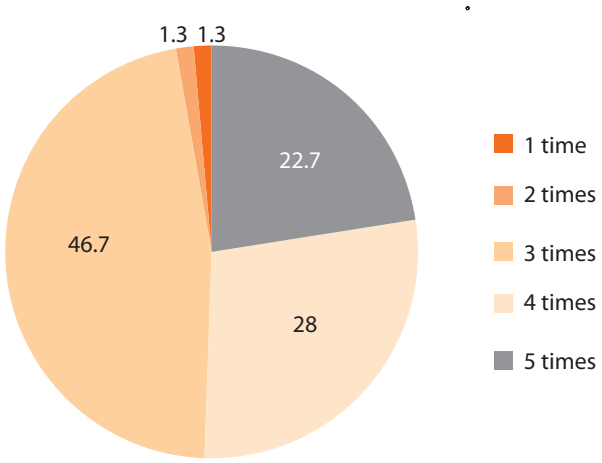
Service quality was assessed by grading the issues (i) The number of antenatal visits; (ii) Issues that medical staff asked during antenatal examination; (iii) what were examined (full body and obstetrics); (iv) if medical staff set any appointment for re-examination; (v) ensuring the privacy when antenatal examination; and (vi) waiting time to be served.

Issues of tetanus vaccination do not count because those mothers may have enough doses of anti-tetanus injection before pregnancy and no need any injections during this pregnancy.

Number of antenatal visits

105 mothers (46.7%) took antenatal check 3 times and above, of which 4o mothers took antenatal check 3 times during three quarters of the pregnancy. Therefore, **proportion of mothers had been antenatal examined enough three times in 3 quarters of the pregnancy in the surveyed areas is low** (Data on the proportion of mothers using antenatal care enough 3 times in 3 quarter of the pregnancy is higher because it includes pregnant women using antenatal care enough 3 times in 3 quarter of the pregnancyat CHSs, district and provincial hospitals and private health care units) while the survey data only counted mothers using antenatal care at CHSs). Mothers using antenatal care enough 3 times include 26 mothers from Kbang district, 8 mothers from Mang Yang district and 6 mothers from Krong Pa district. According to these criteria, the quality does not meet the standard (under 50% pregnant women using antenatal care enough 3 times in 3 quarter of the pregnancy).

Figure 2.2.1.2: Number of times that mother went to CHSs for antenatal examination



Source: CRC survey on commune health care services in Gia Lai province, 2016

The issues that medical staff asked during pregnancy checking process for mothers

Considering the aware capacity of mothers and their language capacity, issues should be asked during pregnancy check has been shorten to 8 *(refer to A5 question, questionnaire for mothers)*. Out of 247 mothers using antenatal care at CHSs, 37 mothers were asked about full 8 issues and 10 mothers said that they were asked about only 1 issue. Asking about only 1 issue is abnormal because at least 2 issues must be asked about including (i) the history of obstetrics and (ii) the recent menstruation and symptoms of morning sickness. On average, each mother was asked 5 issues when being checked up, including personal information of mothers which was asked the most by medical staff (98,4% of mothers having pregnant checkup were asked for this information); information on their health status *(if they are having any disease, disease history)* was asked the second most (96,4%). Information was asked the least is the history of gynecological history (41,3%).

What were mothers checked?

Going to CHSs for health checking, mothers were checked *the whole body and pregnancy.* The surveyed results in 3 districts shows that almost all mothers had their *pulse counted and blood pressure measured (95.5%), Scales (93.9%), waist circumference measured(90.1%), fetal heart rate check (84.8%), uterus height measured (67, 9%)*. There were 40.1% of mothers had breast examined when attending antenatal clinics.

Out of required steps of pregnancy check-up, 2 steps were not conducted at CHSs because of resource constraints, including step 4 *(urine testing)* and step 6 *(providing essential drugs such as iron / folic)*. In terms of those 2 steps, manual on health care services at CHSs stipulates that (i) **Urine testing** is conducted "every time for every mother when taking pregnancy checkup". It was not reasonable when medical staff thought it was not appreciated, the blood pressure of mothers were not high, or mothers did not have diabetes, then they did not take urine test and (ii) providing **iron/folic** tablets "as soon as possible, one table per day during pregnancy and 42 days after giving birth. Before giving birth, a mother should take **iron/folic** tablets at least 90 days. If pregnant women have clear signs of anemia, then they should take from 2 to 3 iron/folic tablets per day and be consulted about diet". These are two important steps, helping prevent iron deficiency anemia and obstetric complications which is dangerous to the lives of mothers and children. **The quality of** pregnant checkup service **did not meet the requirements** when missing those two steps.

90.7% of mothers who have used pregnant checkup at CHSs said that the medical staff gave them **re-appointment**.

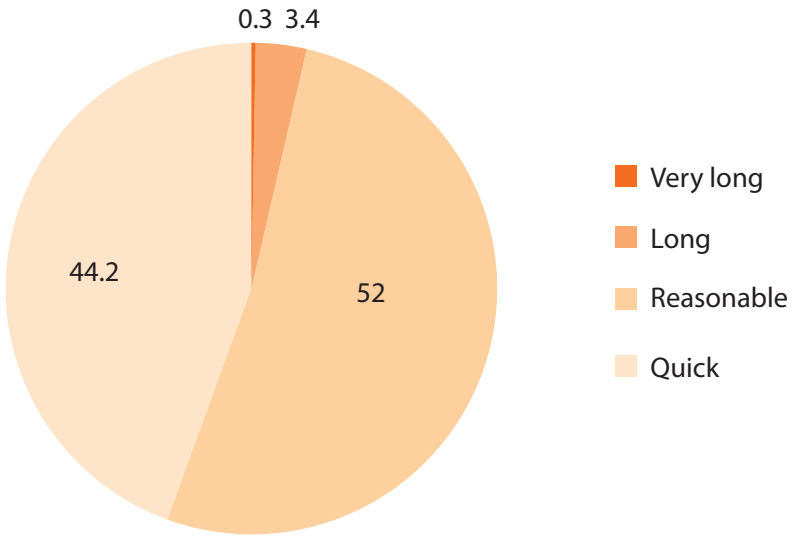
78.1% (193 mothers) felt **safe and private** when going to CHSs for pregnant checkup while 21, 9% (54 mothers) felt shy, afraid when being pregnant checked at CHSs.

90.6% mothers said that they were **tetanus vaccinated** at CHSs in their recent pregnancy. 28 mothers (accounting for 9.4%) were not tetanus vaccinated. Those mothers distribute quite even in 3 districts and among poor households, marginally poor households, and not poor households; they are Kinh people (4 mothers), Jrai people (5 mothers) and Barnah people (19 mothers).

Waiting time

52.0% mothers said that waiting time for pregnant checkup and tetanus vaccinated at CHSs was acceptable. 44.2% of surveyed mothers said that waiting time was short, 11 mothers (accounting for 3.7%) said the waiting time was long and too long. It is able to conclude that CHSs were willing to provide pregnant checkup services and mothers thought that waiting time was reasonable.

Figure 2.2.1.3: Waiting time for pregnant checkup/ tetanus vaccination



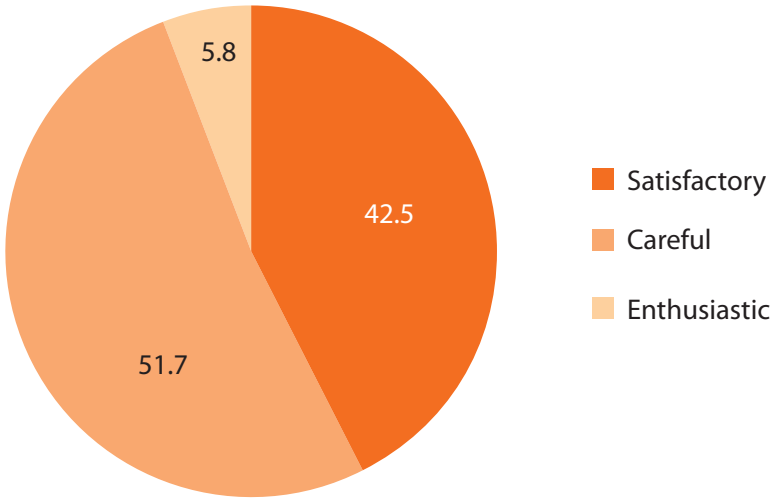
Source: CRC survey on commune health care services in Gia Lai province, 2016

Based on analysis of different aspects and the isues of antenatal care, the study group assessed the quality of antenatal services at a fairly average level. Issues that need to be improved are consulting mothers to use antenatal care service enough 3 times in 3 quarters of the pregnancy, asking mothers enough information before the examination, urine tests and iron / folic tablet provision.

Attitude of medical staff

294 mothers who had antenatal care / tetanus vaccination at CHSs said that the medical staff took care of them attentively. Particularly, 51.7% of mothers said that the medical staff took care of them attentively, 42.5% said they have normal attitudes and 5.8% of mothers said that medical workers was very attentive and guide enthusiastically.

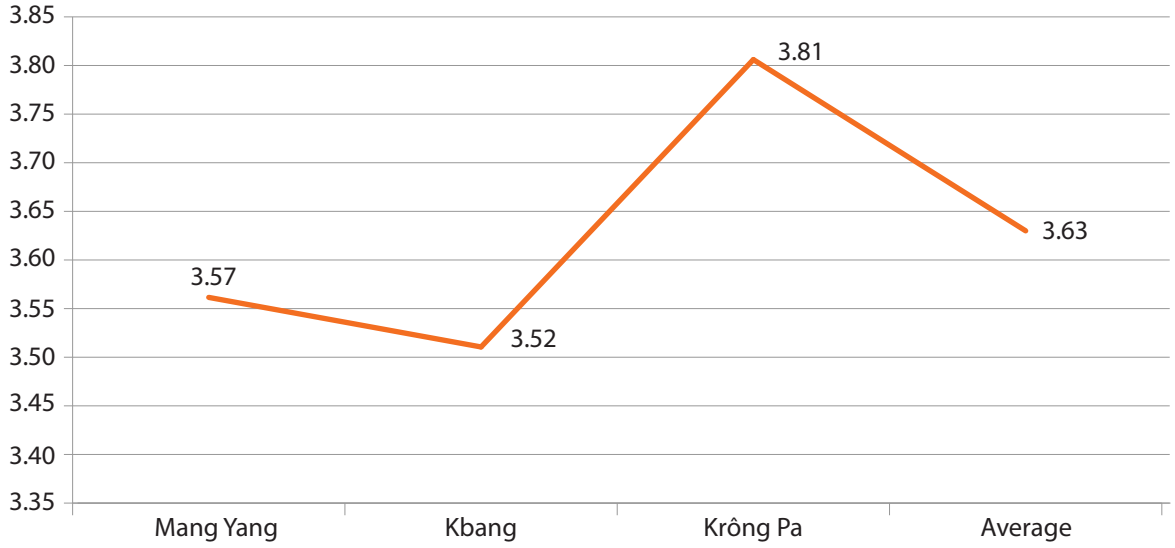
Figure 2.2.1.4: Comments on the attitude of medical staff



Source: CRC survey on commune health care services in Gia Lai province, 2016

According to opinions of interviewees, medical staff from Krong Pa district[17] (group 1) were more attentive than medical staff from Mang Yang and Kbang districts[18] (group 2) (refer to the score in the below figure).

Figure 2.2.1.5: Score evaluating the attitude of medical staff by location



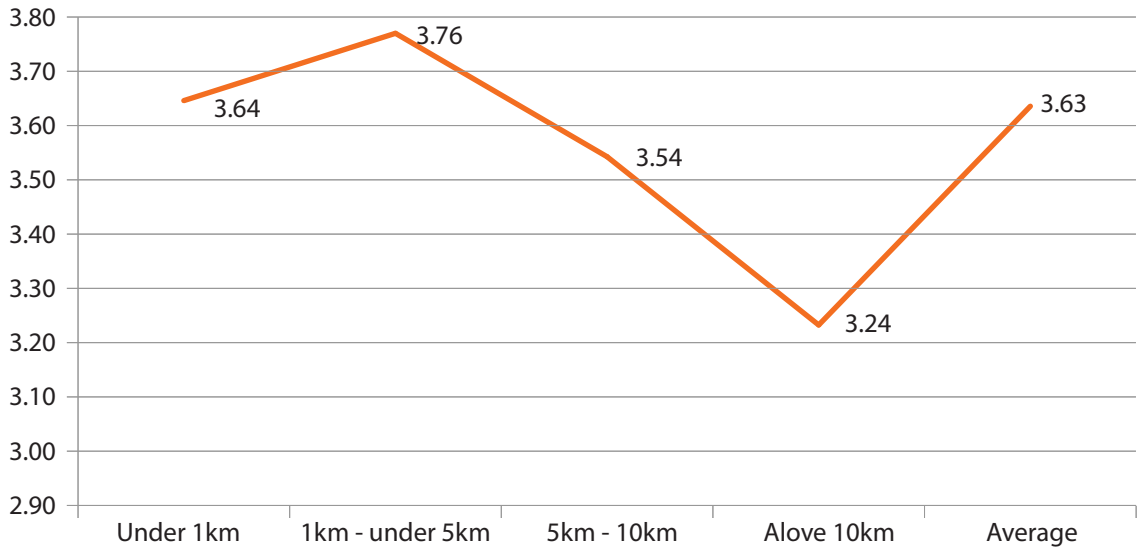
Source: CRC survey on commune health care services in Gia Lai province, 2016

Mothers living in different place with different distance to CHSs had different evaluation about the attitudes of medical staff. Mothers living under 10km far away from CHSs had better comments for medical staff than mothers living in places more than 10km away from CHSs.

17 *Group 1 and group 2 are to distinct them not to categorize low or high levels*

18 *Statistics test shows that, p<0,05*

Figure 2.2.1.6: Score evaluating the attitude of medical staff by distance from their houses to CHSs

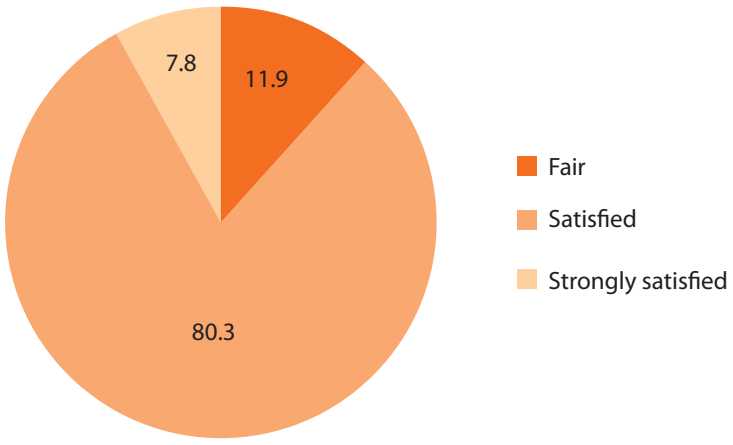


Source: CRC survey on commune health care services in Gia Lai province, 2016

Satisfaction level

In general, almost all mothers were satisfied with prenatal care services at CHS. Out of 294 mothers who used the service, 80.3% of them were satisfied; 7.8% of them were very satisfied and 11.9% of them (corresponding to 35 mothers) were fairly satisfied with the services. The overall score of mothers for this service is 3.96.

Figure 2.2.1.7: Mothers' satisfaction with prenatal care services



Source: CRC survey on commune health care services in Gia Lai province, 2016

Survey results about users' satisfaction with antenatal care services are similar to quick survey results conducted with 12 health care workers (from 6 CHSs of surveyed communes) and 30 service users (from 6 surveyed communes). Both quick and comprehensive surveys show that users were satisfied with antenatal care / ANC but the satisfaction level was lower than that of postnatal care and immunization and similar to health care services and better than communication activities.

2.2.2. Postnatal care

In this survey, postnatal care is medical care for mothers and newborns within 24 hours of birth, the first week and 6 weeks after giving birth, treating obstetric complications for mothers such as hemorrhage, pain, infections, breastfeeding counseling, and nutrition for children rising period, advices on newborn care and family planning. Commune and village health workers are the most suitable people to provide this service; ideally examination is conducted every 1-2 week

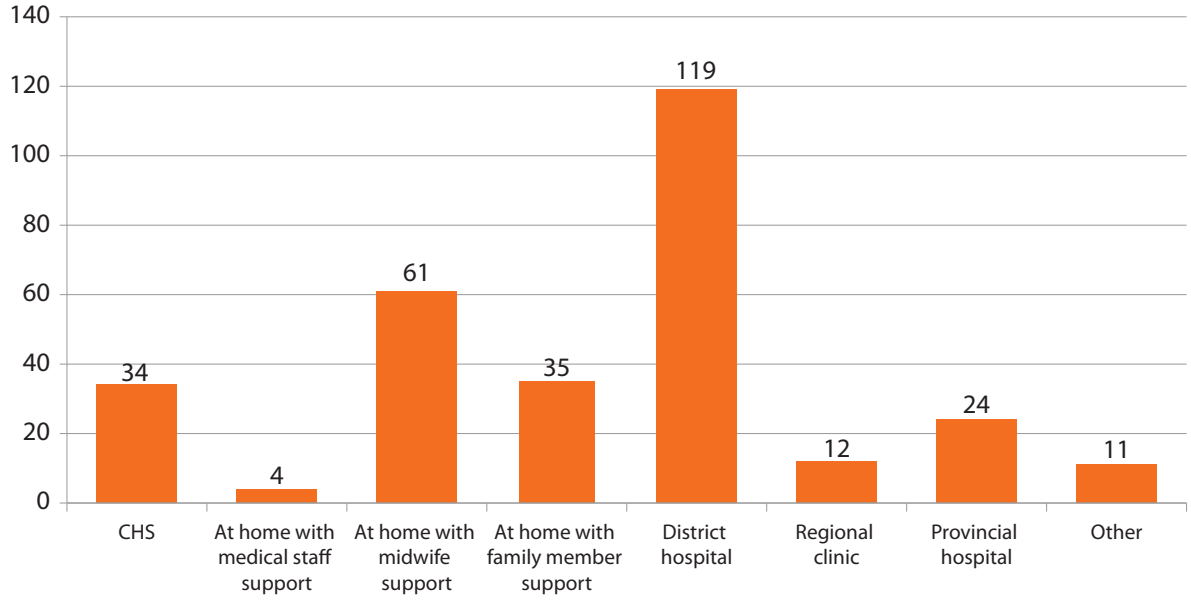
Level of access and using the service

There were 124 couples of mothers and their children taken care, of which 34 mothers gave births at CHSs and 90 did not.

Giving birth places

Hospitals are the place where many mothers have chosen to give births. In the most recent births, there were 34 mothers giving births at local CHSs, accounting for 11.3% and 2 mothers giving birth in other CHSs closer to their home. 100 mothers, accounting for 33.3%, gave birth at home, of which 4 mothers were supported by health care workers, 61 were supported by traditional midwives, and 35 people were supported by their family members. 164 mothers gave births at district hospitals and medical units at higher level, accounting for 54.7%.

Figure 2.2.2.1: Recent birth places



Source: CRC survey on commune health care services in Gia Lai province, 2016

In terms of location, districts under group 2 (average difficult) had the highest number of mothers giving birth at CHSs (32 out of 34 mothers) while districts under group 1 (least difficult) had the highest number of mothers giving birth at provincial hospitals (20 mothers, accounting for 83,3% of mothers giving birth at provincial hospitals) and districts under group 3 (the most difficult) have the highest number of mothers giving birth at district hospitals (71 mothers, accounting for 59,7% of mothers giving birth at district hospitals). Surprisingly, the proportion of mothers giving birth at home was the highest in group 1.

Why not giving birth at CHSs?

There are **19 reason**s explaining why mothers did not give birth at CHSs. The main reason is that mothers and their families did not believe in the quality of services, no ultrasound, insufficient medicine, unavailability of midwives when they came (69 mothers, 25,9%), difficult to give birth (47 mothers, 17.7%), caesareans, must be transferred to or chose to give birth at higher level of hospitals. Two equivalent reasons are local customs (29 mothers, accounting for 10.9%) and were not able to come CHSs in time (28 mothers, accounting for 10.5%). Detailed information about the number of mothers and reasons that they did not give birth at CHSs is presented in table 5.1.3 at annex 5.1.

The quality of service

In this survey, the quality of reproductive health care services at commune level was evaluated based on the sanitary conditions of the birth rooms, types of services for newborns, number of times that mothers were examined after giving birth, the issuess that mothers were consulted when they were examined. The contents[19] of questions and examinations for mothers and children who had not been investigated.

In terms of sanitary condition of birth rooms, almost all mother agreed that the rooms were clean (33/34). Only one mother said that the room was not clean.

The contents of taking care of newborn baby include: wiping dry, keeping warm, recovering, mucus suction; neonatal cord care; injection of vitamin K; Hepatitis B vaccination; re-checking before leaving. Survey results shows that the CHSs have done all the care issues. 33/34 mothers said that their children were wiped dry, kept warm and 1 mother said she did not know. 30/34 mothers said their children were injected with Vitamin K, 29/34 children were vaccinated for hepatitis B and 28/34 children were re-examined before leaving.

In this survey, the proportion of mothers provided with health examination within 2 first weeks and 6 first weeks after giving birth is 37,3% (112 mothers) at their home. They are Kinh people (28 mothers, accounting for 25%), Jrai people (30 mothers, accounting for 26.8%) and Barnah people (54 mothers, accounting for 48.2%). Noticeably, there were 12 mothers giving birth at CHSs but were not provided with health examination after giving birth. This was due to health examination is conducted at home while there was only one midwife in each CHS and she had different tasks at the same time therefore she did not have enough time to take care of mothers and their children after giving birth.

There was difference[20] in visiting for postnatal care among district groups. The proportion of mothers in group 2 districts (47%) and group 3 districts (42%) visited for health care is higher than that of group 1 districts (23%).

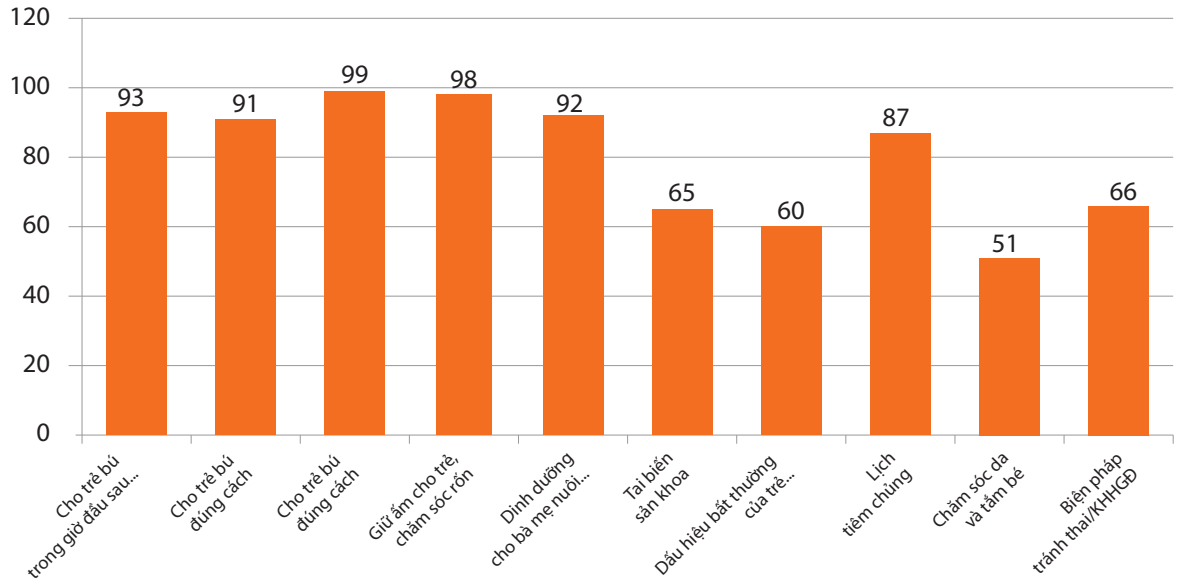
In terms of visiting time and number of visits, 2 mothers did not remember the time when they were visited; 58 mothers said that they were visited once in the first week after giving birth; 39 mothers were visited once in the first week and once after that within 6 weeks after birth; 13 mothers were visited once within 6 weeks after giving birth. Therefore, 13% mothers and children were visited for postnatal care sufficiently. There were 87% of mothers were not visited for postnatal care with enough required times after giving birth.

Mothers who were visited after giving birth said that they were adviced on breastfeeding their children in the first hour after giving birth, breastfeeding their children in the right manners, breastfeeding their children exclusively in the first 6 months, keep their children warm, neonatal care, nutrition for mothers, postpartum period complications, abnormalities of infants, vaccination schedule for newborns, taking care of their skin and giving them shower and contraceptive methods (10 issuess). There were 802 times of mothers who were consulted about postnatal care, on average, each mother was consulted about 7 issues. 37 mothers (33%) were consulted all about 10 issues and 1 was consulted about only 2 issues (breastfeeding children within one hour after giving birth and breastfeeding children exclusively in the first 6 months).

19 *Detailed contents are stipulated in manual on medical service at CHS in page 195 and page 198.*

20 *Chi Square test resulting in P=0.001*

Figure 2.2.2.2: Number of mothers consulted by issue



Source: CRC survey on commune health care services in Gia Lai province, 2016

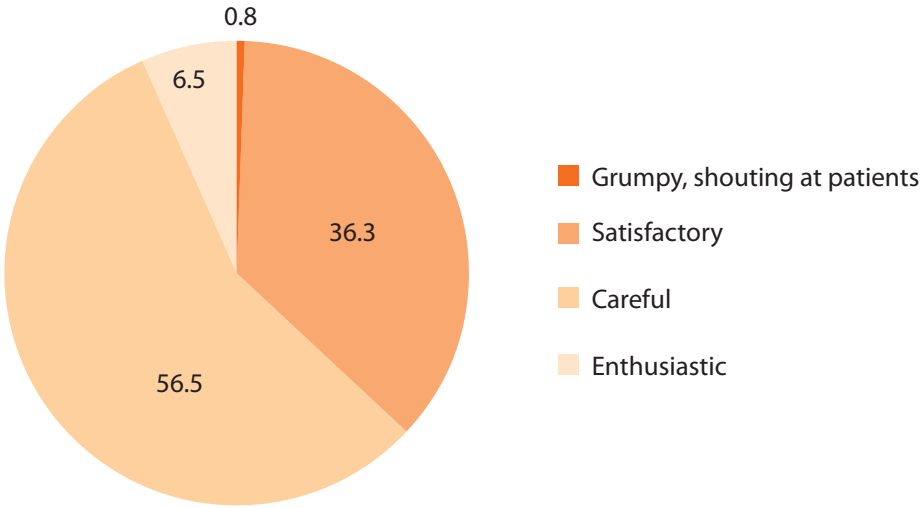
Mothers were provided with the most consultation on"breastfeeding children exclusively within the first 6 months" with 99 mothers consulted. "Taking care of children's skin and giving them shower" were consulted the least with 51 mothers provided with consultation.

Although the number of mothers received postnatal care was low, medical staff have taken full advantage of each visit for health examination to consult and advise on health care for mothers and children.

The attitude of medical staff

There were 124 mothers gave comments on the attitude of medical staff. Opinions of users are summarized in the below figure.

Figure 2.2.2.3: Attitude of medical staff when providing postnatal care services



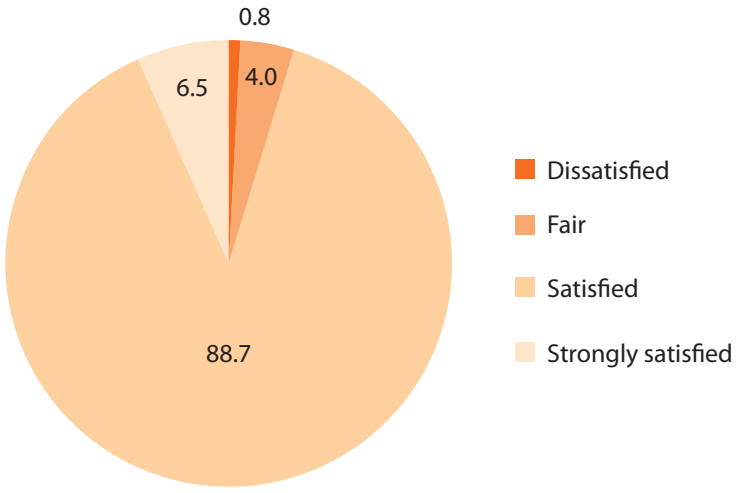
Source: CRC survey on commune health care services in Gia Lai province, 2016

Mothers said that medical staff took care of them and their children attentively and watchfully. The score for attitude of medical staff is 3.68. 70 mothers (56.5%) said that staff took care of them and their children attentively and watchfully, 8 mothers said that medical staff took care of them enthusiastically, 45 mothers thought that medical staff did their job satisfactorily and only one mother said that medical staff were grumpy and yelling at patients. There was no difference in score for medical staff's attitude among groups of peoples, economic status and among district groups.

Satisfaction level

Although not many mothers were provided with health care and examination after birth, almost all surveyed mothers were satisfied with the services they received. This service achieved the highest satisfaction score of 4.01 points, the same score as health care service. There were 110 mothers satisfied, 8 mothers very satisfied, 5 fairly satisfied and only 1 mother not satisfied (in Krong commune, Kbang District, she was the mother who said medical staff was irritable with patients).

Figure 2.2.2.4: Satisfaction of users



Source: CRC survey on commune health care services in Gia Lai province, 2016

There were no difference in satisfaction among locations, ethnic groups, and income groups.

2.2.3. Vaccination Service

Vaccination activity for children was conducted by CHSs under Project 2 – expanded vaccinations within the National Target Program on Health Care. The result indicator of this activity is the percentage of children under 1 year old fully vaccinated in the expanded program of immunization. This is a criterion to assess the situation of disease prevention and health care for children of local health care sector.

The local vaccination must comply with the procedure of prescribing vaccination and consulting before vaccination in expanded program of immunization under Decision No. 678 / QD-VSDTTU dated 06/07/2013 and plan to strengthen safety in immunization issued under Decision No. 3029 / QD-BYT dated 21/08/2013.

Although the proportion of children under 1 year old fully vaccinated in Gia Lai province and in 3 surveyed districts met the requirements, recently, the number of cases infected or death of diseases in the vaccination programs tend to rise. This fact requires enhancing monitoring and evaluation to improve the quality of vaccination activities.

Communication and consultation

Out of 300 surveyed mothers, 298 mothers (99.3%) remembered basic contents of communication on vaccination and 2 mothers did not remember the contents of communication. Out of mothers who remembered the issues communicated, 276 mothers (92.6%) knew vaccination schedule, 264 mothers (88.6%) said they were communicated about keeping vaccination records. However, the proportion of mothers was communicated about the normality and complications after vaccination was low with only 135 mothers remembered this content, accounting for 45.3%.

Mothers were able to remember the benefits and schedule of vaccination because medical staff from CHSs and village medical staff have directly communicated to them many times. All mother in the surveyed areas received invitation to take their children to CHSs for vaccination. Many mothers were communicated about vaccination, but they did not keep the vaccination records, therefore CHSs are now keeping all vaccination records for them.

Issues related to vaccination were communicated directly at home (175 mothers, 32.8%[21]), at group communication meetings by village health care staff organized (128 mothers, 24%), and at village meetings (116 mothers, 21.8%). Remaining 21.4% of mothers said that they got the information on vaccination through flyers, radios or directly at CHSs/vaccination events.

Vaccination communication channel most favored by mothers was direct communication at home (40.3%), the second most favored channel was group communication by village medical staff (27.2%) and the third was communication at village meetings (24.8%).

Levels of access and use of services

In the survey, 294 children were vaccinated, including 200 children (66.7%) were injected at CHSs and 94 children (31.3%) were injected at the vaccination site organized by CHSs. There were six children who were not vaccinated (2%) including a child died of pneumonia after 7 days born (the mother had been pregnant for 7 months when she was surveyed), 1 child went with his mother to the field missing vaccination event and 4 children have not been yet vaccinated.

The quality of service

The quality of immunization service was assessed by vaccination site conditions, waiting time, processes and procedures for vaccination.

Vaccination Venues

Vaccination venues were prepared according to the instructions, including all required items. 289 (98.3%) mothers confirmed that there were people guiding or signposts of all steps of vaccination at vaccination sites. The other conditions are listed in the following table.

21 Number of answers about communication methods. A mother can receive information from different channels.

Table 2.2.3.1: Vaccination venues

Conditions	Yes	Intermittent	No
A sign or staff guiding vaccination steps	289	3	2
Waiting seats before injection	292	2	0
Reception table	192	1	1
Examination, prescription, and consultation table before injection	292	2	0
Vaccination table, recording vaccination information	293	0	1
Waiting seats after injection	289	5	0

Source: CRC survey on commune health care services in Gia Lai province, 2016

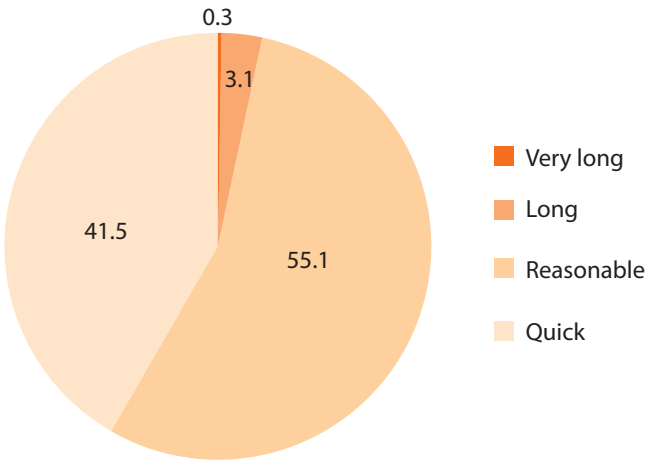
In general, CHSs have well prepared vaccination conditions.

However, in this survey, 22 mothers said that they met some mothers with children who came home without vaccination because of **running out of vaccines** (13 mothers in Mang Yang district, 2 mothers in Kbang district and 7 mothers in Krong Pa district).

Waiting time

Mothers generally did not have to wait long. 162 mothers said that the waiting time was reasonable, 122 mothers found it quick, 9 mothers said it was long and 1 mother said it was too long (mothers in Uar commune, Krong Pa district, Kinh, from poor households).

Figure 2.2.3.1: Waiting time for vaccination



Source: CRC survey on commune health care services in Gia Lai province, 2016

Vaccination procedure

Mothers were asked about some issues before their children were vaccinated. The table below lists all issues that mothers were asked.

Table 2.2.3.2: Asked before injection

No.	Issues	Number of mothers asked
1	Health status of children	289
2	Questions and check vaccination records	264
3	Disease history and history of allergy	154
4	Questioning about the allergy history with vaccine of parents, brothers, sisters	98
5	Not remember	3

Source: CRC survey on commune health care services in Gia Lai province, 2016

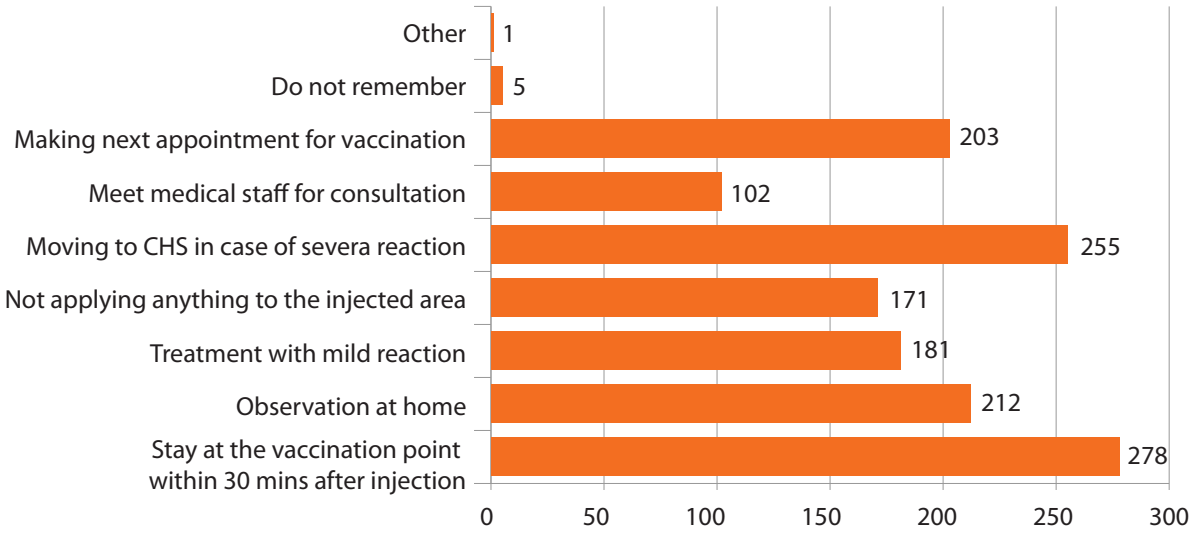
The table shows the issues that mothers were asked the most (98.3%) was health situation of children, 89.8% of mothers were asked and checked vaccination records (mothers who were not asked include those who were helped keeping vaccination records by CHSs). Regarding the issues of the mothers asked, 89 mothers were asked about 4 basic issues (30.3%) 61 mothers were asked about 3 contents (20.7%),

The results show that CHSs have implemented all asking steps in the vaccination procedure.

98% of children were **examined before injection** and 87.1% of mothers were noticed about the name of vaccine to be injected to children. Mothers were explained about the benefits of the vaccine (236 people, accounting for 80.3%), the status of vaccine (100 people, accounting for 33.3%), the normal response (261 people, accounting 88.8%) and severe reaction (145 people, accounting for 49.3%) after injection.

97.6% of the mothers were advised by medical staff after injection. Issues advised and number of mothers advised are shown in the following figure:

Figure 2.2.3.2: Issues which were advised mother after injection for their children



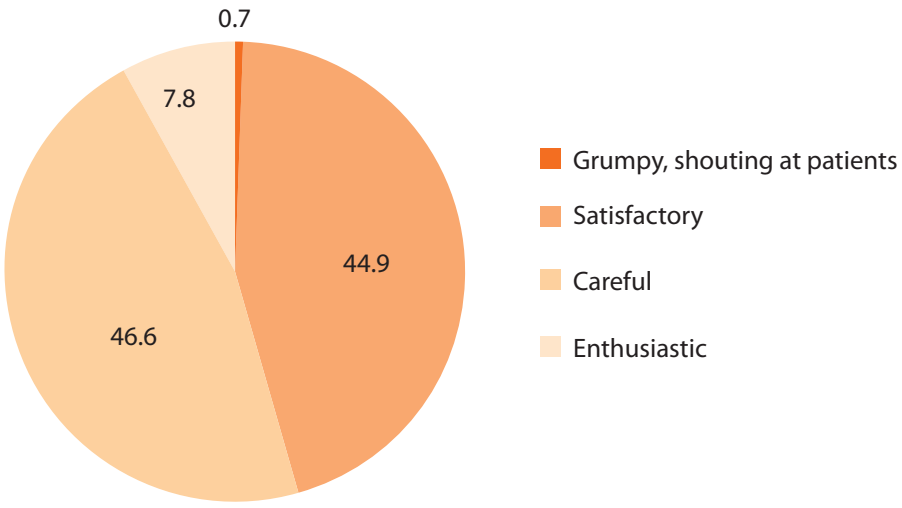
Source: CRC survey on commune health care services in Gia Lai province, 2016

Many mothers were advised on 3 important issues. First, mothers and their children should stay at the vaccination points to monitor for 30 minutes after injection (278 mothers, accounting for 96.5%). Second, when the children had a severe reaction dangerous to their lives, they should take their children to CHSs immediately (255, 88.5%). Third is monitoring children at home after vaccination (212, 73.6%). It is better to have high number of mothers advised about how to deal with small reaction after injection and not cover anything on the injected spot *(currently only about 60% of mothers were advised on these 2 issues, failing to meet the requirements)*

Attitude of medical staff

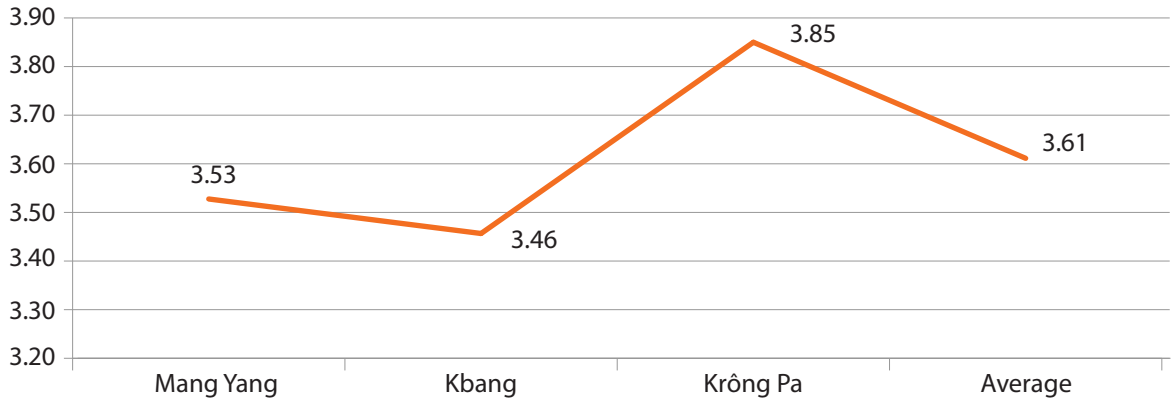
Mothers had good comments about the attitude of the medical staff, with the number of comments of satisfactory attitude and comments of watchful attitude are similar, respectively 132 and 137 mothers, accounting for 44.9% and 46.6%. 2 mothers said that medical staff were irritable to them. 23 mothers said health workers were attentive when vaccinating.

Figure 2.2.3.3: Attitude of medical staff when injecting



Source: CRC survey on commune health care services in Gia Lai province, 2016

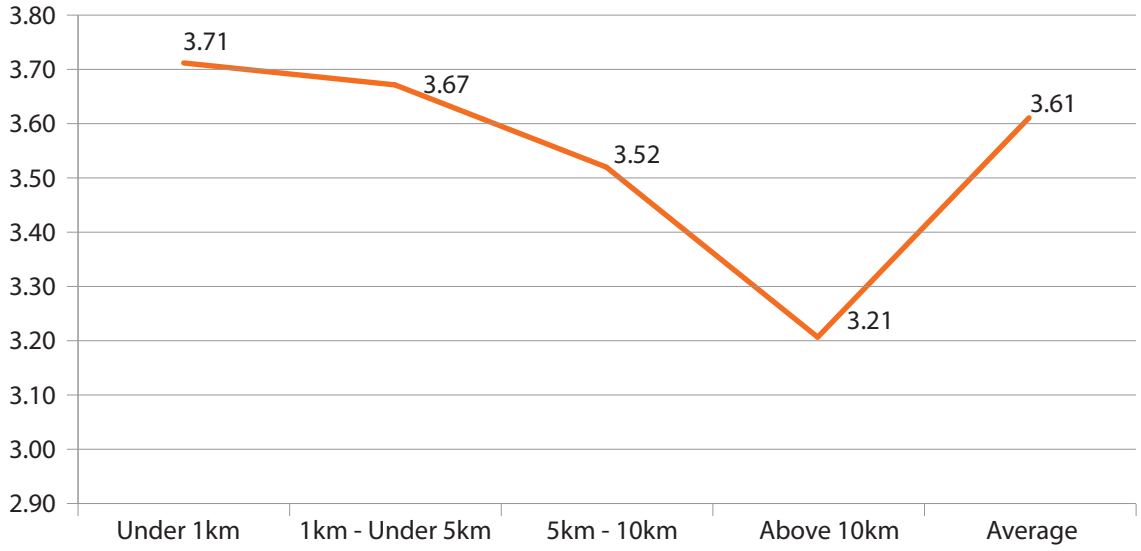
Figure 2.2.3.4: Score for attitude of medical staff when injecting by location



Source: CRC survey on commune health care services in Gia Lai province, 2016

Score for medical staff's attitude is 3.61. Krong Pa mothers (group 3) evaluated the attitude of medical staff in the district (3.85) was better than that in Mang Yang district (group 1, 3.53 points) and Kbang district (group 2, 3.46 points).

Figure 2.2.3.5: Score for attitude of medical staff by distance beween home and CHSs



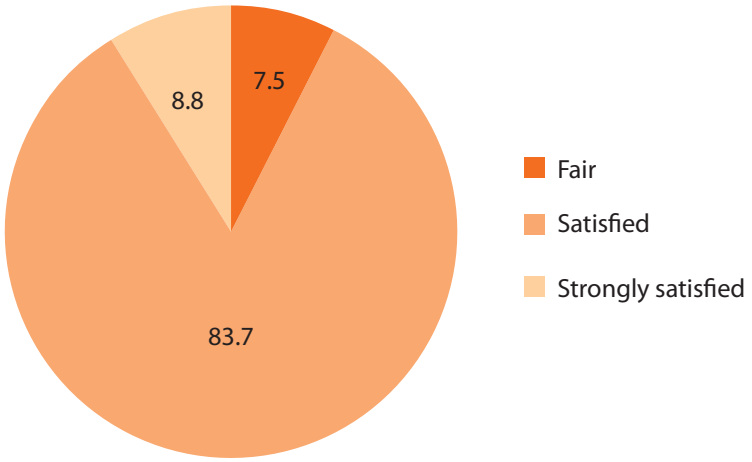
Source: CRC survey on commune health care services in Gia Lai province, 2016

Mothers living far away from CHSs said that medical staff paid little attention to them than mothers living near CHS. The score of those mothers for medical staff was 3.21 (*normal, satisfactory) with overall score was* 3.61 *(attentive, watchful).*

Satisfaction level

In 5 surveyed services, mothers were most satisfied with immunization services. Satisfaction score for this service was 4.01 - Satisfied. Particularly, there were 246 mothers satisfied with the service, 26 mothers very satisfied and 22 mothers fairly satisfied. There was no mother who was not satisfied with the service, despite 2 mothers reported on the negative attitude of health workers.

Figure 2.2.3.6: Satisfaction of mothers with vaccination service



Source: CRC survey on commune health care services in Gia Lai province, 2016

The satisfaction of mothers did not depend on the location where they live, ethnic groups and their economic conditions. Mothers were satisfied with this service and would be more satisfied if the vaccination site was wider with enough waiting seats and fans. Mothers would not worried if they were explained and told more about the vaccine status, mild reactions after vaccination, or not applying anything onto the injected area.

With current conditions of infrastructure and manpower, the results of vaccination reflects the efforts of sectoral agencies at all levels, including the key role of health care workers. In order for effectuve vaccination, if it is possible, the State should increase human and material resources or reduce the number of children vaccinated in a vaccination session.

2.2.4. Medical check-up service

Article 14 of the Child Law 2016 by the National Assembly on 05/04/2016 stipulates that "Children are entitled to the best care for their health and aregiven priority in access to preventive and medical examination services". Children under 6 are granted with health insurance cards and free health care services at medical units in stipulated areas. More specifically, the Child Law stipulates: State has policy in line with timely socio-economic conditions to support and ensure that every child is able to access to health care services, with priority for children in special circumstances, children from poor households and marginally poor households, children from ethnic minority groups, children living in the border communes, mountainous communes and island communes, and especially difficult communes *(Article 43 ensuring the health care for children)*.

At CHSs, children without health insurance cards were examined and treated initially with simple medicines (antipyretic, rehydration, enzymes etc.). **Children were not treated with specific drugs even when they were seriously ill** as pneumonia, allergic rashes, intestinal infections etc. and families could not afford to take their children to hospitals at higher levels for treatment. This is a significant shortcoming and should be paid more attention to find reasonable solutions for the problem that ill children do not receive suitable medical treatment due to lack of health insurance.

Levels of access to services

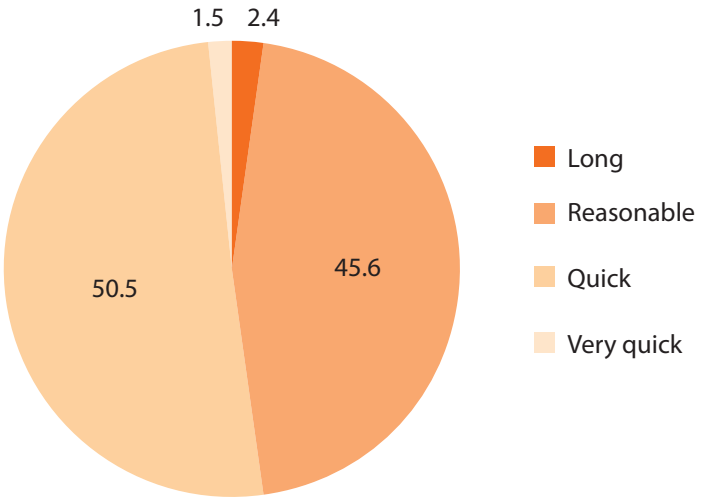
206 mothers have come to CHSs for medical care for the past year. 149 children were provided with health check and 57 mother/their family members were checked. According to feedback from mothers, they came to CHSs to seek treatment for common diseases such as flu, fever (including typhus), cough, pneumonia,

diarrhea, etc. Fever was the leading cause that mothers took their children to CHSs for health care treatment with 87 cases, accounting for 42.2% of treatment cases at CHSs. The second leading reason was abdominal pain (36 cases, 17.5%). 26 mothers took their children to CHSs because they had both cough and fever.

The quality of service

In terms of waiting time for medical examination, 104 mothers said such waiting time was short, 94 mothers found it was acceptable, 3 said it was very short, and 5 mother complained that they had to wait long.

Figure 2.2.4.1: Waiting time for medical examination



Source: CRC survey on commune health care services in Gia Lai province, 2016

Health examination results

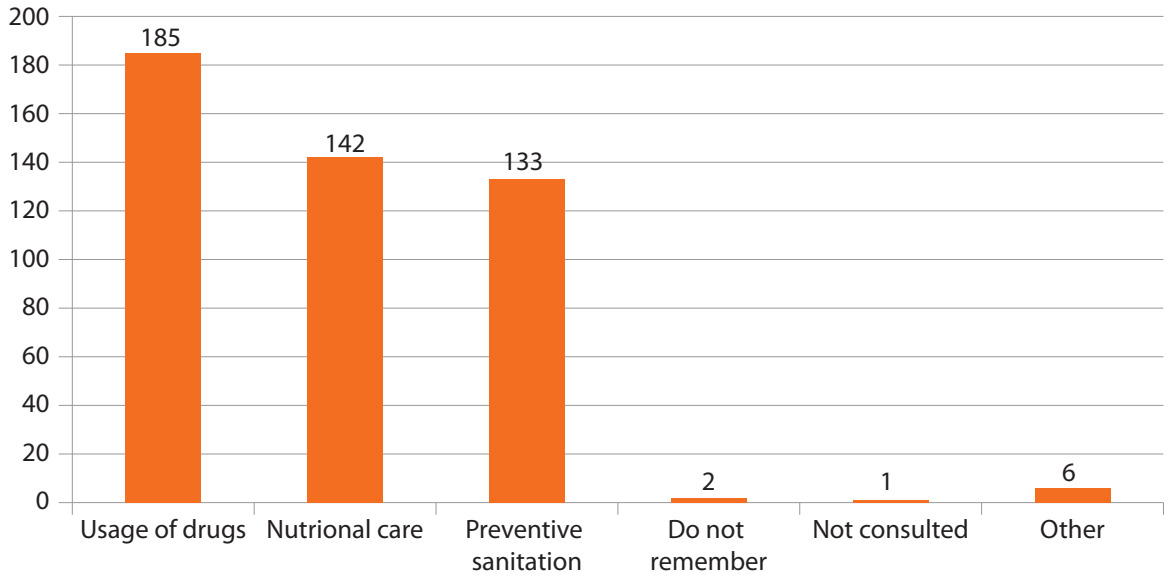
In of their last health examination, 189 people had to take medicine (91.7%), 10 people did not have to take medicine (4.9%) and 7 cases must be transited (3.4%) to higher levels. 176 cases (93.1%) were grantedwith full prescribed drugs and 13 cases (6.9%) were granted with only medicines without the prescription.

When going to see doctors, 185 cases were advised on how to use the drugs, 142 cases were consulted about nutritional care, 133 cases were consulted about hygiene and disease prevention and 2 cases did not remember what they were advised[22]. Out of 197 people remembered what they were consulted, 23.9% (47 cases) were consulted about 1 issue, 15.7% (31 cases) were consulted about 2 issues, 58.9% (116 case) were consulted about 3 issues and 3 cases (1.5%) were consulted about all 4 issues.

Besides this, there was a mother saying that she was not consulted about anything when she came to CHSs for health care services (she was a Barnah mother, finished Grade 2, not from a poor household, H'ra commune, Mang Yang district).

22 *A mother can be consulted many contents*

Figure 2.2.4.2: Issues consulted when coming to CHSs



Source: CRC survey on commune health care services in Gia Lai province, 2016

Other consulted issues include:

- "There were other issues but I do not remember"
- "Go to pharmacies to buy more medicines because I did not had health insurance card"
- "Go to pharmacies to buy medicine as this prescription" (2)
- "Go to pharmacies to buy more medicines because CHSs did not have these medicines"
- "If you have lower abdominal pain or white discharge, you must come for re-examination"

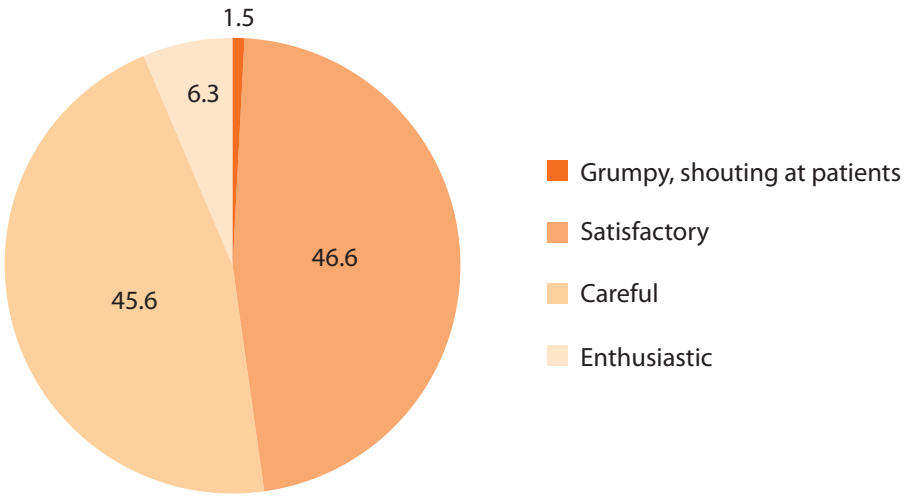
This consultation results show that there are only some basic medicines at CHSs. There is no special medicines and the most worrying thing is that medicines to grant children without health insurance cards are very limited.

The quality of health care services at commune level, according to mothers, reflects the positive and enthusiastic working attitude of medical staff at CHSs. The opinions of mothers shows that there are many opportunities to improve and enhance the quality of health care, such as it is necessary to implement full procedure of health care, examine health carefully and professionally, CHSs must be equipped with more modern and provided with sufficient medicines.

The attitude of medical staff

96 mothers said medical personnel had satisfactoryattitude to patients, 94 people thought that medical staff were caring, 13 mothers commented that medical staff were very caring and 3 mothers said that health care workers were grumpy and shouting at patients.

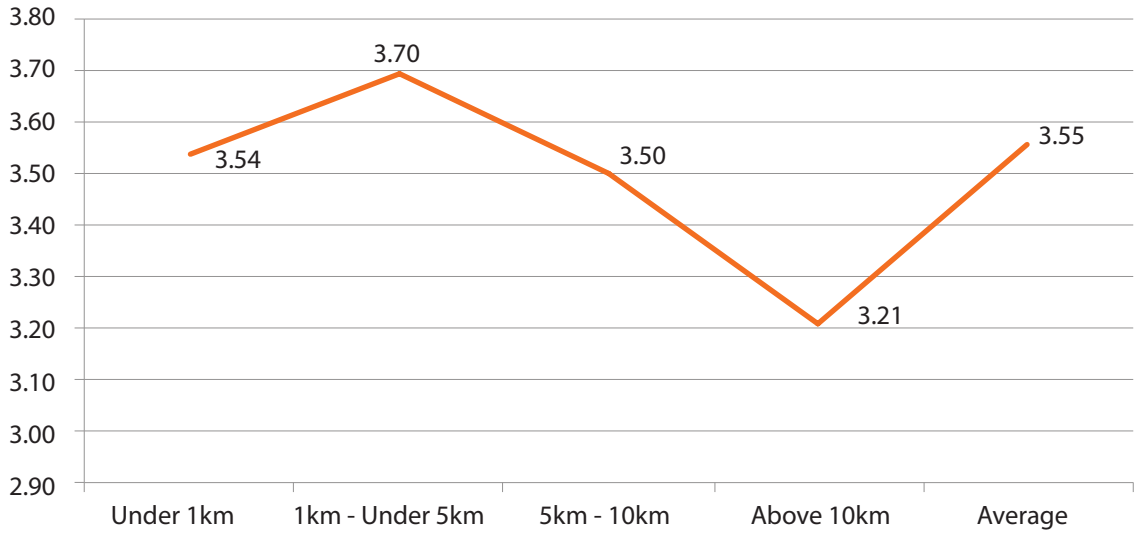
Figure 2.2.4.3: Attitude of medical staff



Source: CRC survey on commune health care services in Gia Lai province, 2016

Score for attitude of medical staff is 3.55, *caring, watchful, quite closed to "normal, satisfactory" (3.41 points).* Comments of mothers about the attitude of medical staff were different[23] by distance from home to CHSs. Mothers living more than 10km far away from CHSs score 3.21 for medical staff's attitude. Mothers living in other different distances from home to CHSs had similar evaluation. The evaluation score by distance is presented below.

Figure 2.2.4.4: Comments on the attitude of medical staff by distance from home to CHSs



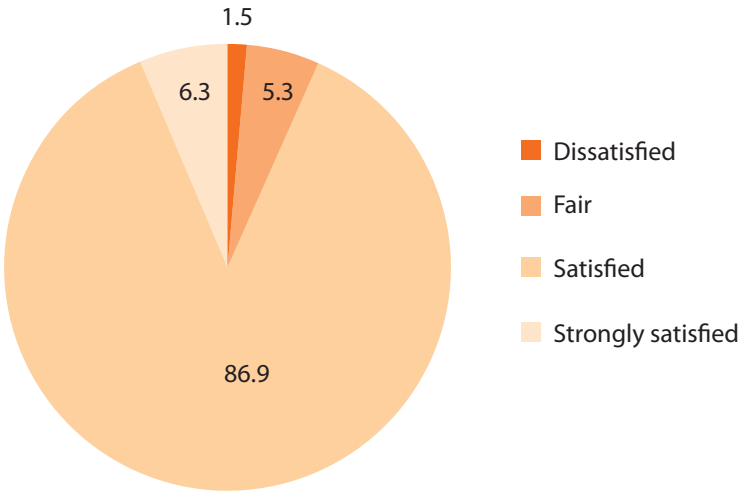
Source: CRC survey on commune health care services in Gia Lai province, 2016

23 *ANOVA test, P=0,017*

Satisfaction level

Mothers in this survey were satisfied with health care services. Satisfaction score was 3.98. This average score is the results of comments of 206 mothers, of which 179 mothers were satisfied with health care services, 13 mothers were very satisfied, 11 mothers were fairly satisfied and 3 mothers were not satisfied.

Figure 2.2.4.5: Satisfaction of mothers with health care services at CHS



Source: CRC survey on commune health care services in Gia Lai province, 2016

The difference in locations, living addresses, ethnic groups, education levels or households' economic status did not affect the satisfaction of mothers with heath care services.

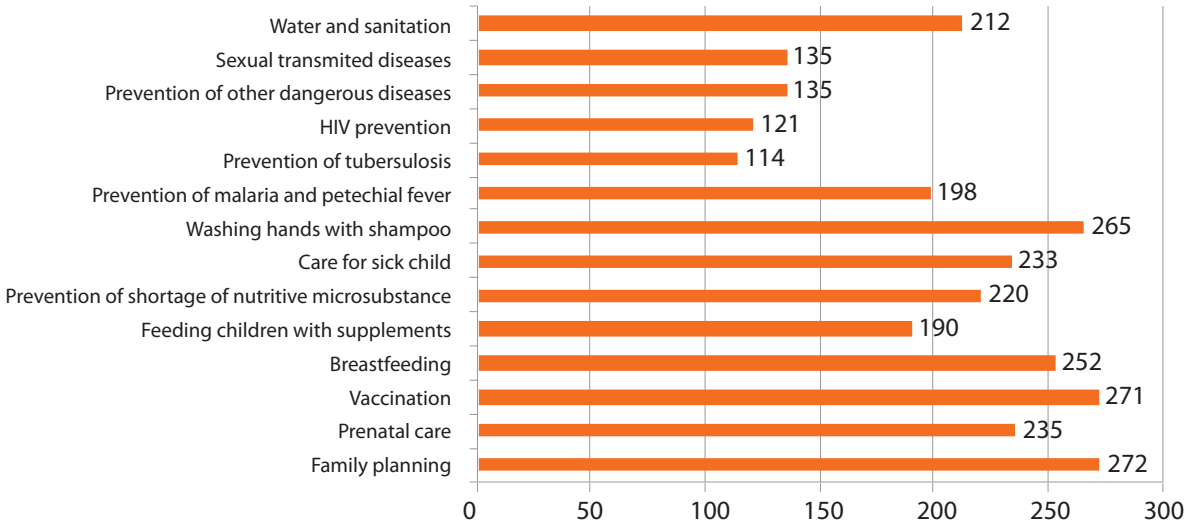
2.2.5. Health IEC Service

Communication is very important activities, helping people to raise awareness, changing attitudes and behavior of health care. Health IEC is done through a variety of channels and different media methods. In this study, we investigated the communication done by the health sector for the beneficiaries who are local people. Commune communication staff can be medical staff from CHSs, village health care staff, nutrition collaborators and population collaborators. The mother's comments about communication are presented below.

Contents of communication

According to 300 surveyed mothers, 14 issues were communicated. There were total 2,853 times of mothers communicated with the different communication issues. On average, each mother remembered 9 communication issues. The communicated issues remembered the most by mothers were family planning (272) and vaccination (271). The issue mentioned least was terabyte prevention (114).

Figure 2.2.5.1: Communication topics



Source: CRC survey on commune health care services in Gia Lai province, 2016

73 mothers said that they were communicated about all 14 issues and 4 mothers remembered that they were communicated about 1 issue (vaccination (3 mothers) and breastfeeding children by mothers' milk (1 mother)).

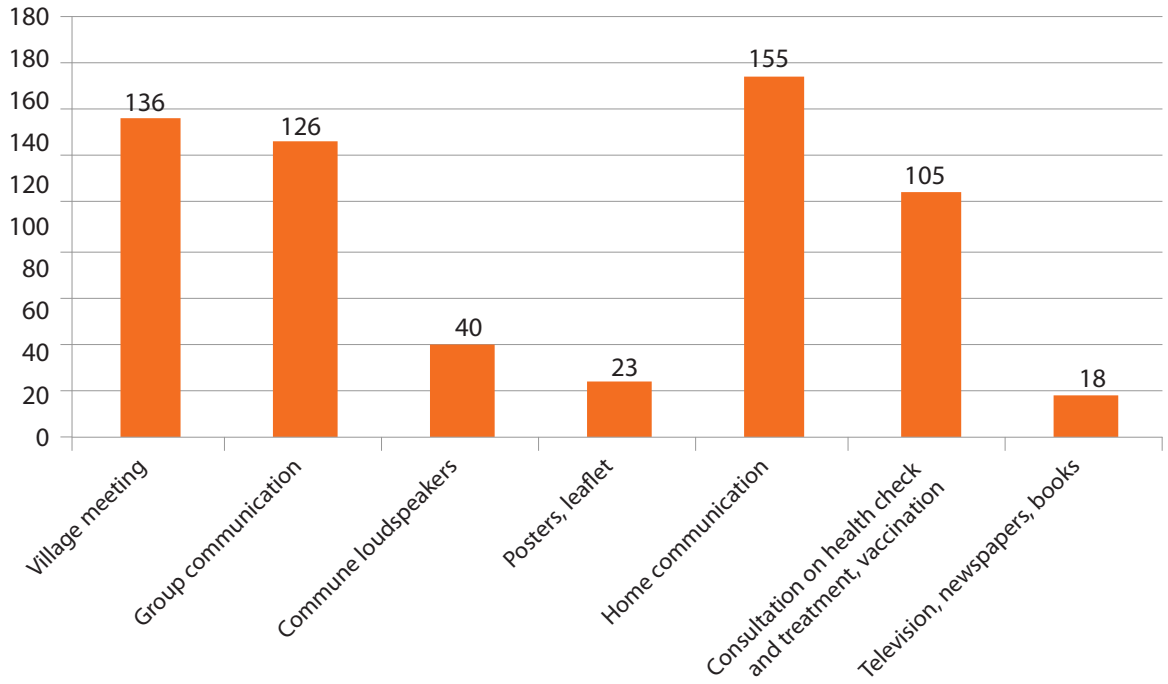
The quality of service

According medical staff and people's opinion, the communication through loudspeakers is ineffective because of inappropriate broadcasting time and the sound quality was poor for hearing.

Many mothers said that communication helped them to approach the information about the health care. They said the communication channel was very rich, including village meetings, publication, media groups, loudspeakers, flyers/ posters, direct counseling at home, integrating with medical check-up, ANC, postnatal care, tetanus vaccinations, and through newspapers, radio, and internet.

The most popular communication channel is direct counseling at home; about 155 mothers said they had received healthcare information through this channel. Only 18 mothers said they received information through brochures, posters, 40 people heard from the loudspeaker system at the commune. Integrating with medical check-up, ANC, postnatal care, tetanus vaccinations, and through newspapers, radio, and internet were the popular channels that 105 mothers received information through.

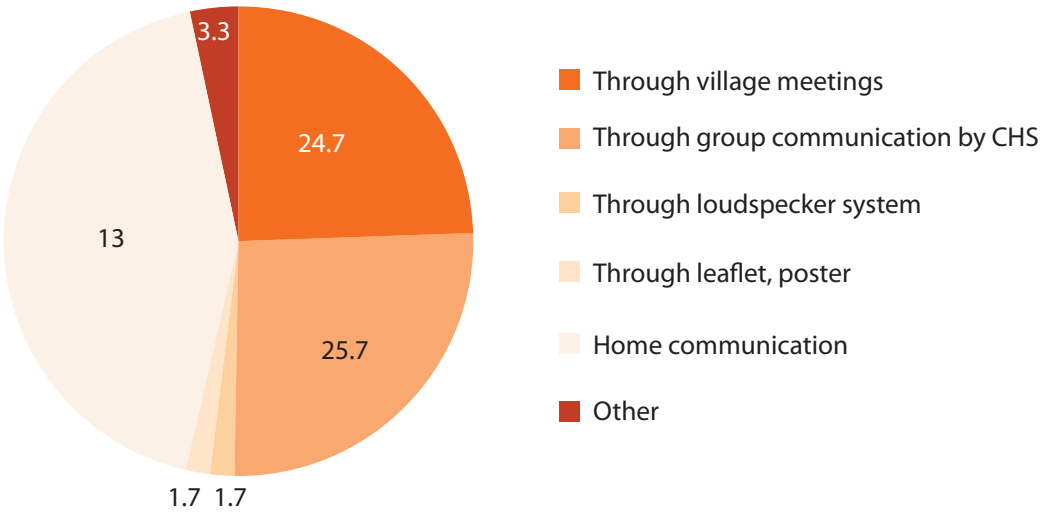
Figure 2.2.5.2: Communication channels



Source: CRC survey on commune health care services in Gia Lai province, 2016

There were 7 mothers receiving information through 6 communication channels, 127 mothers only received information through one communication channel and 100 mothers received information from two communication channels. When asked about the most preferred communication channels, up to 129 people (43%) said they preferred to be communicated directly, 77 people preferred the communication through group channel organized by village's health station and 74 people preferred receiving the information at village meetings. Not many mothers preferred the remaining communication channels (5-10 mothers for each channel). The preferred level of each communication channel was shown in the following figure.

Figure 2.2.5.3: Preferred communication channels



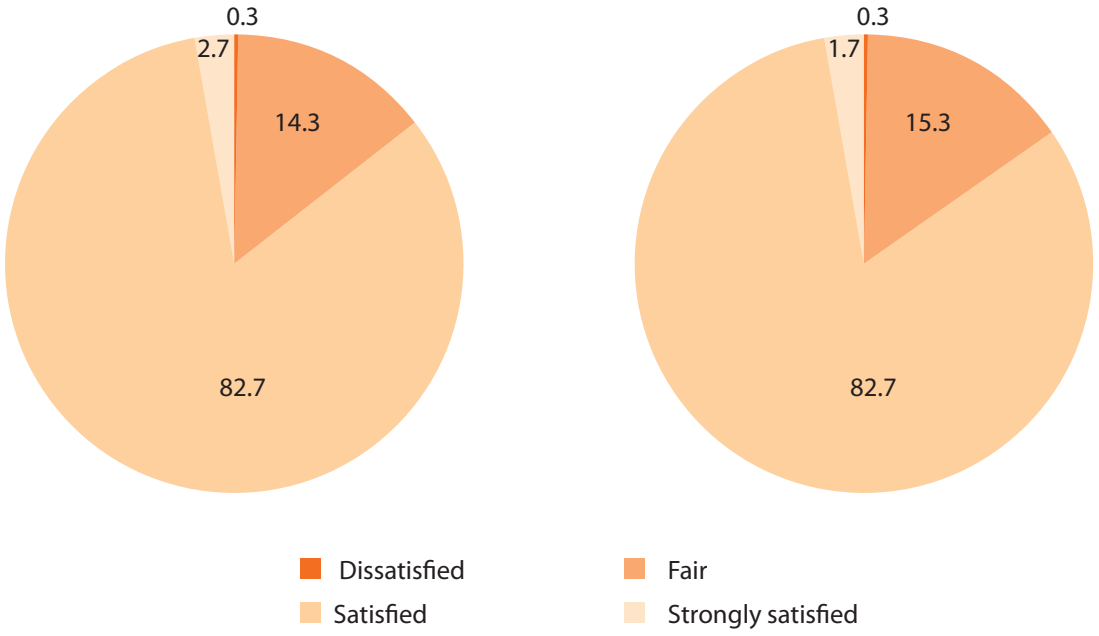
Source: CRC survey on commune health care services in Gia Lai province, 2016

The survey result shows that communication channels at commune were suitable with people's preference.

Regarding the language for communication channel, 181 mothers (accounted for 60.3%) preferred communication in local languages and 119 mothers preferred communicating in official Vietnamese while the proportion of minority ethnic mothers accounted for 76.3%. This result showed that there was a part of minority ethnic mothers preferred official Vietnamese for communication.

Satisfaction level

Figure 2.2.5.4: Satisfaction level with communication channel



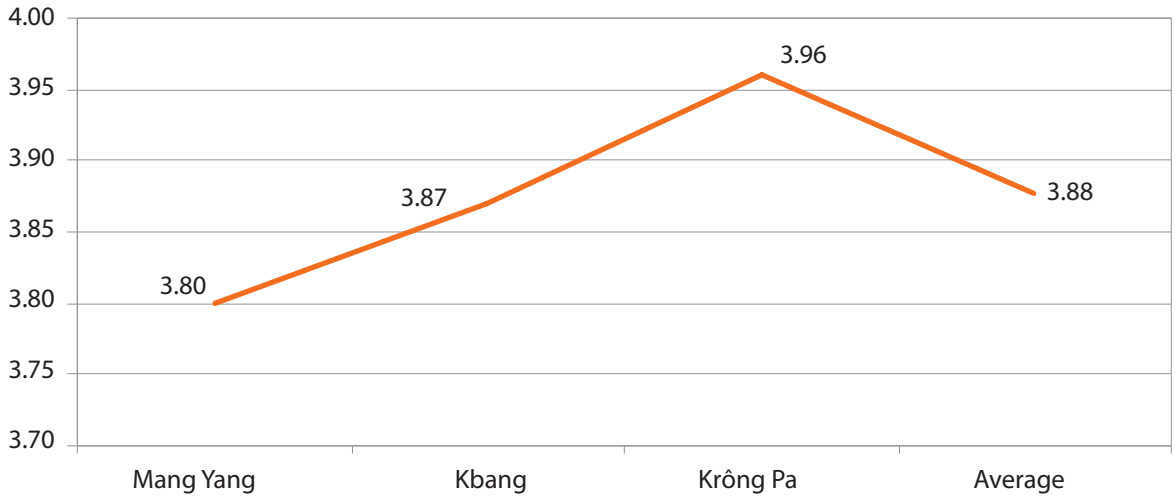
Source: CRC survey on commune health care services in Gia Lai province, 2016

The survey showed that mothers were satisfied with the health-service information through communication channels they received with about 3.41 to 4.20 satisfaction points. 248 mothers were satisfied with communication contents , which is quite consistent with the number of mothers who were satisfied with communication channel (248 mothers). About the satisfaction scores, communication content got 3.88 points and communication channels got point 3.86 for satisfaction.

There are differences in the level of satisfaction with communication content between regions. In particular, there are more satisfied mothers in group 3 than in group 1[24]. The difference between group 1 and group 2, group 2 and group 3 has no statistical meaning.

24 *ANOVA test, P = 0.022*

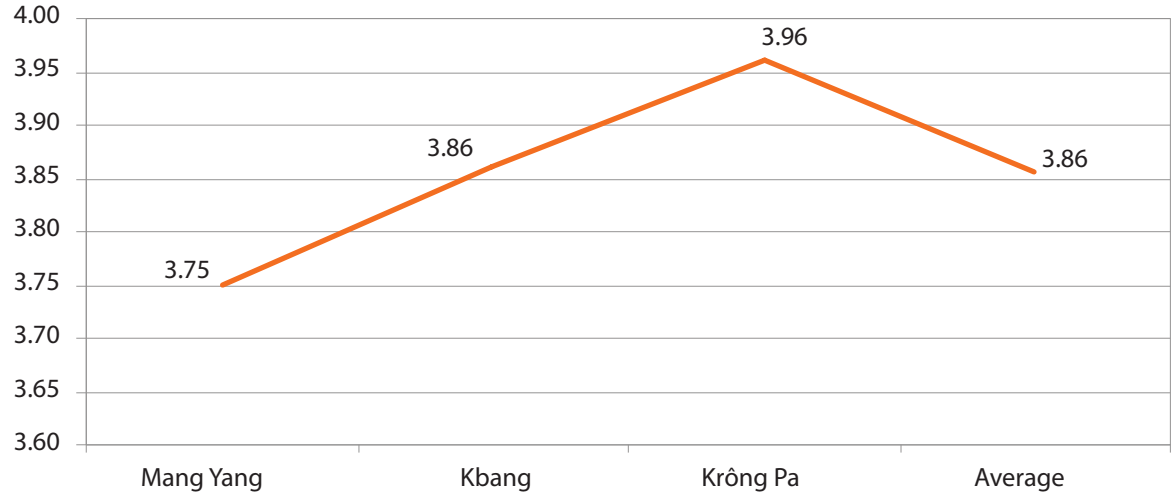
Figure 2.2.5.5: Satisfaction level with communication content by region.



Source: CRC survey on commune health care services in Gia Lai province, 2016

Similarly, the mothers in the districts under group 3 were also more satisfied[25] with communication methods, with higher satisfaction scores than mothers under group 1 and group 2. The difference between group 1 and group 2 has no statistical meaning.

Figure 2.2.5.6: Satisfaction level about communication methodologies by region



Source: CRC survey on commune health care services in Gia Lai province, 2016

Although satisfaction point of communication is quite high, mothers are still complaining about inefficient loudspeaker system (inappropriate broadcasting time, unclear language, difficult to listen). Mothers said they would like to listen to communication content in official Vietnamese on the speaker, radio, and at meetings because it was clearer for them to hear the official Vietnamese. In contrast, when receiving the direct consultation, they preferred local language because it was easier to understand. They also would like to get leaflet / communication materials with more pictures, no or fewer words so that they could remember information better.

25 *ANOVA test, P = 0.001*

CONCLUSION AND RECOMMENDATION

3. Conclusion and Recommendation

3.1. Conclusion

Basically, the survey result shows that the condition of the facilities and manpower at 6 CHS met the requirements of primary health services and providing health services to the people. However, the adequacy and availability of the above conditions are different among the CHS.

The condition of infrastructure has been gradually improving. The traffic conditions and the location of CHS in Gia Lai's communes where CRC survey was conducted are convenient for people to approach their existing services. The ratio of 80% mothers satisfied with the service reflects CHS's performance result. This positive result should continue to be further promoted.

The service that was least used at CHS is giving birth (34 mothers, accounted for 11.3%). There are 19 reasons for this phenomenon, in which the most notable reason is the mother did not trust service's quality at CHS (69 mothers, accounted for 25.9%).

Health IEC was evaluated as the worst service by both people and medical staff. The satisfaction ratio and satisfaction scores of this service was the lowest ones even though the communication contents were delivered to people through many different communication channels / methods.

The improvement of transportation conditions and huge investment in upline public health facilities, and the development of regional private clinics are also challenges for public health services at community level. Besides vaccination services and communications, which successfully approached to people with high number of users, the postpartum care (41.3%) and medical health check-up services (68, 7%) are less favored.

In short, there is still large space for improving the quality of ANC service, postpartum care, vaccination service, medical check-up service, and health IEC service, for an early and comprehensive child health care, contributing to the implementation of the health sector's objectives.

3.2. Recommendation

Based on the feedbacks of people, the opinions of medical staffs at commune/ district, the conditions and obligations of the CHS, the suggestions from provincial stakeholders, PMU and UNICEF, CRC Survey for Gia Lai 2016 would like to propose the following recommendations in order to improve health services' quality for the mother and child at the community level.

Province People's Committee (PPC) and District People's Committee (DPC)

- Continuing investment in facilities for CHS to ensure the quality and quantity of function rooms and supporting facilities to meet the requirements; creating favorable conditions for commune to achieve national health service criteria; promoting the primary health service for people;

- Based on the needs, the specific circumstances of each CHS, the ability to operate medical equipment, considering increased investment in diagnosis and treatment equipment in CHS including: blood testing equipment, urine testing equipment, blood glucose meter, nebulizer, etc. which regulated by the Ministry of Health. This will help to reduce the load on hospitals at higher levels and improve the quality of people's health services as well as the ability to provide health services to people at the commune level;

- DPC to guide and check the situation of providing health insurance card in each commune and report and propose to Social Insurance at district to provide the health insurance card to people, , especially children, in time.

- Using the available survey results[26] together with conducting satisfaction surveys as the mechanisms to improve the quality of public services;

- Strengthening the monitoring of the publicizing and implementation processes and criteria for evaluating health services' quality at all levels to ensure that medical staff understand their responsibility in providing the services meeting required standards/ processes. Based on those, people will make more accurate feedbacks, especially on communication / health education and counseling;

- Providing more benefits for village midwives;

- DPC directing CPCs to stabilize the village medical labor force;

- Ensuring the smooth of inter-village and inter-commune transportation connection so that people can go to CHS easier without any challenges during rainy season. Similarly, ensuring that commune's loudspeaker systems provide the updated information, including medical information to all people smoothly.

Department of Health of Gia Lai Province

- Applying the Citizen Report Card (CRC) at provincial and district level, and expanding to commune level;

- Strengthening the implementation of national criteria for commune health service until 2020 at CHS associated with national target program on new rural development.

- Mobilizing investment resources for Commune health care service to upgrade their facilities and equipment; ensuring the sufficiency of drugs, medical supplies in order to meet the needs of medical and epidemic prevention at requirement for the community level.

- Using CRC survey's results to review the medical performance indicators (the percentage of child under 1 year old having full vaccination services, the percentage of women having ANC fully 3 times during their 3 quarters of pregnancy, the percentage of children born in CHS, the percentage of child malnutrition, etc.). Updating the Health sector plans and health indicators related to SEDP 2016-2020;

- Training to improve the communication skill with people, and patient for medical staff, especially at CHS.

- Reviewing, updating and announcing the upgrading of CHS's facilities plans to District Health Centers, so that, people in the commune can approach and maximize the utilization.

- Promptly training and retraining the CHS's staff; conducting the training for village medical staff complied with the Ministry of Health's standards;

- Training to improve communication skills with people, patients for staff, especially in the CHS.

District Health Centre

- Actively advising the DPC to plan and monitor national achievement targets of public health service to commune;

- Strengthening line monitoring activities, especially supporting the commune to improve their ability to conduct medical check-up and treatment activities as well as implement the program for health service & population target at community level.

- Ensuring the efficient supplies of medicine and medical equipment for medical treatment and disease prevention at the community level;

26 *For example PAPI - Sociological survey about effectiveness of management and public administration, including the important content of public service: http://papi.org.vn/gioi-thieu-ve-papi*

- Monitoring and supporting CHSs that do not have pharmacist to make sure that the responsibility of this personnel is fully fulfilled;

- Actively collecting opinions from people using health service, analyzing and using the results to build up an action plan and prioritize resources;

- Cooperating/ collaborating (with media center for health education, and CHS) to organize health care education activities in order to raise the awareness and change behaviors that are harmful to people's health;

Commune Health Station

Antenatal Care Service

- Actively promoting the communication, counseling, education of health-care knowledge to pregnant mothers during ANC or any meeting chances;

- Applying 9 steps for prenatal care properly as required;

- Conducting proteinuria test and providing iron / micronutrient supplement to women attending ANC;

- Working closely with medical staff/ village's midwives to increase the number of mothers using ANC, intrapartum care and postpartum care.

Postpartum Care

- Actively exchanging information with mothers to recognize their needs and suggestions to improve the service's quality.

- Encouraging women/ families to inform about the birth to village/ CHSs' medical staff to increase the proportion of women giving birth with the care from medical staff and improving postpartum care at home carried out by CHSs and village's medical staff (especially the examination during the first week and the first six weeks after delivery of birth);

- Actively communicating with mothers to recognize the opinions and suggestions to improve the service quality.

Vaccination Services

- Enhancing communication/counselling for mothers to increase the proportion of children getting vaccination service, especially direct communication carried out by the collaborators, medical staff at village;

- Explaining clearly about the condition of vaccine before injecting and, mild reactions after injecting vaccine and advise mothers to not apply anything to the injected skin area;

- Guiding mothers to track vaccination schedule and take their children to get vaccination service accordingly;

- Researching and recommending the vaccination schedule based on population clusters, so that mothers do not have to wait long time;

- Providing enough seating places, fans in the summer and wind prevention facility in the winter at vaccination service place;

- Distributing the vaccination schedule to mothers and encouraging them to stick the schedule to an eye-catching place at home, so that they can remember to take their children to vaccination points.

Medical check-up service

- Combining traditional treatment with modern treatment; Building a medical plant garden with full 8 plant groups complied with Circular 40/2013 / TT-BYT dated 18/11/2013

- Estimating the amount of medicines, medical supplies by disease patterns, by month and by season. Ensuring sufficient inventory of medicines for timely prevention and treatment;

- Actively integrating the health IEC into health care services

- Regularly exchanging, participating in training courses to improve the service quality at the community level.

Health IEC service

- Strengthening the communication, guidance, education activities in order to prevent and control the disease, and changing people's perceptions and behaviors to improve their health.

- Enhancing the integrated communications (direct communication at home, during ANC service, during vaccination service, at the village meetings, etc.);

- Designing more user-friendly leaflets, mainly containing illustrations and distributing them to households.

4. Lessons learnt

The involvement of CHSs in making the survey form and the list of samples and sending invitations to mothers before interviewing are very helpful. CHS's staff also helps to divide target mothers in to subgroups of mothers to have a good schedule for the survey team. Thanks to this well preparation, the sample replacement rate is quite low (<10%), information collected is completed and highly reliable. The interviewer is more active when they have a list of samples before interviewing.

Cleaning the questionnaire is a very important stage because it would affect the quality of the data. Reviewing, checking the questionnaires daily to promptly add more information, find out lessons to learn and improve the way conducting the interview will make the questionnaire's cleaning process more simple. However, because interviewers did not pay reasonable attention to this stage there was still 9% of questionnaires which were not clean before inputing the data.

The information from the questionnaires was independently input for 2 times. This approach would reduce the inputing errors. However, as the software used to input data did not have the function of informing error of input we had to continue cleaning the data when analyzing the data. At a result, it extended the reporting period. Therefore, in next surveys, the input file should be set automatically to detect the error.

With limited resources, the application of CRC will be more sustainable if it was done by the expert organization or the planning and statistics office. The quality of this CRC survey should be improved over time if the survey are conducted more often. Once this activity becomes sustainable, people will become familiar and more active in making comments and suggestions. The survey results will be more objective and useful to organizations in providing and managing services.

5. APPENDIX

5.1. Data table

Table 5.1.1: Research Target

Group	Total	Number of people by service				
		ANC service	Postpartum Care	Vaccination service	Medical check-up service	Communication
Households group						
Poor	117	114	52		88	117
Marginally poor	39	39	21		35	39
Not poor	144	141	51		83	144
Ethnic Group						
Kinh	71	71	29		31	71
Jrai	57	55	30		40	57
Barnah	168	164	65		132	168
Other	4	4	0		3	4
Education level						
Uneducated	55	54	27		41	55
Finished elementary school	78	76	33		59	78
Finished secondary school	123	120	47		81	123
Finished high school	44	44	17		25	44
Child age						
0-1 month old	35			31		
2 months old	22			22		
3 months old	18			18		
4 months old	23			23		
From 5-8 months old	62			62		
From 9-17 months old	92			91		
Above 17 months old	48			47		
Parent						
From 16 to 21 years old	73	71	26		51	73
From 22to30 years old	156	154	68		106	156
Above 30 years old	71	69	30		49	71
Location						
Mang Yang	100	96	24	99	64	100
Kbang	100	100	57	98	86	100
Krong Pa	100	98	43	97	56	100
Total sample	300	294	124	294	206	300

Source: CRC survey on commune health care services in Gia Lai province, 2016

Table 5.1.2: Time from home to CHSs

Time consumption CHSs		Household group in 2015			Ethnic group of mother				Total
		Poor	Near-poor	Not poor	Kinh	Jrai	Barnah	Other	
Under 30 mins	Mang Yang	27	5	42	23	0	50	1	**74**
	Kbang	32	12	13	4	0	53	0	**57**
	Krong Pa	20	10	54	38	43	2	1	**84**
30mins-60 mins	Mang Yang	6	4	11	2	0	17	2	**21**
	Kbang	19	2	12	1	0	32	0	**33**
	Krong Pa	4	1	10	2	13	0	0	**15**
60mins-90mins	Mang Yang	1	0	0	0	0	1		**1**
	Kbang	3	5	1	1	0	8		**9**
	Krong Pa	0	0	1	0	1	0		**1**
Over 90mins	Mang Yang	4					4		**4**
	Kbang	1					1		**1**
	Krong Pa								
Total		**117**	**39**	**144**	**71**	**57**	**168**	**4**	**300**

Source: CRC survey on commune health care services in Gia Lai province, 2016

Table 5.1.3: Reasons to not give birth at CHSs

No.	Reasons to not give birth at CHSs	Amount	Ratio (%)
1	Do not have enough time to go to CHSs	28	10,5
2	Do not know CHSs having midwifery services	2	0,8
3	Know that CHSs have midwifery services, but do not trust the service's quality	69	25,9
4	CHSs are too far away	4	1,5
5	Do not have transport vehicle	2	0,8
6	Husband and his family do not like it	15	5,6
7	Local customs	29	10,9
8	Family member knows midwifery	18	6,8
9	Dystocia, caesarean section	47	17,7
10	Medical staff advise to switch hospital	24	9,0
11	Easy to give birth	7	2,6
12	House nearby hospital, having health insurance in upline hospital	7	2,6
13	Do not have money	6	2,3
14	Giving birth at countryside	2	0,8
15	Have family member working at district hospital	2	0,8
16	Headache before giving birth	1	0,4
17	Want to give birth at district hospital	1	0,4
18	Give birth at midnight	1	0,4
19	Prefer to give birth at home	1	0,4
	Total	**266**	**100**

Source: CRC survey on commune health care services in Gia Lai province, 2016

5.2. The information on mother and child heathcare in Gia Lai province 2015

Reported ratio	Whole province	Mang Yang Province	H'ra Commune	A Yun Commune	Kbang district	Dak Rong Commune	Krong Commune	Krong Pa district	Chu Rcam Commune	Uar Commune
Population	1,399,736	66,102	8,515	8,735	65540	3,612	5154	80,650	6,009	4,790
Under 5 years old	74,569	8,064	1,142	911	6701	418	513	9,441	734	612
Under 2 years old	62,425	3,082	457	358	2734	168	237	3,713	318	242
Under 1 years old	35,331	1,435	210	196	1480	86	124	1,762	140	117
Ratio of children under 1 year old fully having vaccination service.	94,2	90	91	90	93,9	94,2	86,3	86,7	75,0	67,0
Ratio of children under 6 years old having health insurance card (%)	91,3	51,9	41,6	57,9	73,3	59,1	52,7	72,6	74,7	77,0
Ratio of underweight malnutrition in children under 5 years old (%) – 2014	24,5	20,53	23	18,2	18	27,7	30,08	25,79	27,57	27,45
Ratio of underweight malnutrition in children under 5 years old (%) – 2014	35,1	25,45	35,5	22,72	29	36,2	45,22	31,34	36,76	30,88
Ratio of women attending ANC service at least 3 times in three pregnancy periods (%)	77,49	48,7	15,5	87,2	53,2	90,47	86,17	82,0	72,0	77,0
Ratio of pregnant women were vaccinated fully against tetanus (%)	79,9	61,4	39,9	79,8	69,1	76,7	65,08	78,8	92,85	82,.76
Ratio of mothers and infants receiving heath service in the first week after birth (%)	88,38	51,46	27,7	75,37	89,8	6,66	38,0	91,0	85,0	80,34

Initial information about location to conduct survey[27]

No	Information	Gia Lai province	Kbang district (Third poorest among 17 districts) Dak Rong commune, Krong commune	Mang Yang district (Fifth poorest among 17 districts) Hra commune, Ayun commune	Krong Pa district (Poorest among 17 districts) ChuRcam commune; Uar commune
I. GENERAL INFORMATION					
1	Population, number of children under 5 years old, children under 1 year old (data in 2015)	**Provincial Population:** 1,399,736 (people) - The number of children under 5 years old: 154, 047 - The number of children under 1 year: 35, 322	**District Population:** 68,546 (people) - The number of children under 5 years: 6,423 - The number of children below 1 year: 1,243	**District Population**: 65,379 (people) - The number of children under 5 years: 8,064 - The number of children below 1 year: 1,435	**District Population:** 80,650 (people) - The number of children under 5 years: 9,441 - The number of children under 1 year: 1,762
2	Groups and ratio of main ethnic group's population at province/ district	Province has 39 ethnic groups living together including Kinh: 56,1% - Jrai: 29,1% - Barnah: 11,8% - Other: 3,0%	- Kinh: 35.644 accounted for 52% - Barnah: 27.076 accounted for 39,5 % - Other 5.826 accounted for 8,5%	- Barnah: 36.507 accounted for 55.8% - Kinh: 26.420 accounted for 40,4% - Tay: 1.322 accounted for 2,0% - Other 1.130 accounted for 0,8%	- Jrai: 56.987 accounted for 70, 6 %. - Kinh: 23.663 accounted for 29, 3 %.
3	Groups and ratio of main ethnic group's population in 2 communes		**Dak rong commune:** 3.065 people: - Kinh: 261 accounted for 8,5% - Barnah: 2,774 accounted for 90,5 % - Other: 3 accounted for 1% Krong commune: 5,165 people including: - Kinh: 501 accounted for, 9,7% - Barnah: 4,638 accounted for 89,8% - Other: 26 accounted for 0,5%	**Hra commune:** 8.364 people including: - Barnah: 5,642 accounted for67,5% - Kinh: 2,722 accounted for 32,5% Ayun commune: 8.299 people including: - Barnah: 5,099 accounted for 61,4% - Kinh: 3.146 accounted for 37,9% - Other: 54 accounted for 0,7%	**Uar commune:** 4.790 people including: - Jrai: 2.885 accounted for 60, 2%. - Kinh: 1.905 accounted for 39, 8%. Chu Rcam commune:6.009 people including : - Jrai: 3.721 accounted for 61, 7%. - Kinh: 2.288 accounted for 38, 3%.

27 *The entired information provided by 3 district health centers and DPI*

No	Information	Gia Lai province	Kbang district (Third poorest among 17 districts) Dak Rong commune, Krong commune	Mang Yang district (Fifth poorest among 17 districts) Hra commune, Ayun commune	Krong Pa district (Poorest among 17 districts) ChuRcam commune; Uar commune
4	Ration of poor household in the district / 2 communes	By the end of 2015, the poverty rate was19.71%[28] in the province with 64, 087 poor households.	**Overall poverty rate in the district:** 27.72% with 4352 poor households - Dak Rong: 50.1% (500 households) - Krong: 53.66% (660 households)	**Overall poverty rate:** 32.3% (4,628 households). - HRA commune: 42.26% (723 households) - A Yun commune: 35.66% (624 households)	**Overall poverty rate:** 40.23% (6,917 households) - UAR commune: 41.41% (381 households) - Chu Rcam commune: 41.52% (555 households).
II	**INFORMATION ON THE RESULTS OF HEALTH SERVICES FOR MOTHERS AND CHILDREN**				
1	The situation of infant mortality under 1, under 5 years old	- Infant mortality rate under 1 year old: 1,5% - Infant mortality rate under 5 year old: 2,1%	- Infant mortality rate under 1 year old: 1,3% - Infant mortality rate under 5 year old: 0,28%	- Neonatal mortality: 28 - Child mortality under 1 year old: 42 - Child mortality under 5 years old: 52	- Child mortality under 1 year old: 14 - Child mortality under 5 years old: 15
2	Situation of diseases, which have been vaccinated in 2015	- Diphtheria: 5 patients; death 1 (Krong) - Hepatitis B: 192 - Pertussis: 3 - Neonatal tetanus:1 - Inflammation of meningococcal: 2	- Diphtheria: 5 patients; 1 death (Krong) - Measles: 0 - Pertussis: 0 - Tetanus: 0	Vaccinated diseases: 0	Vaccinated diseases: 0
3	The general malnutrition situation in the district and 2 communes conducting the survey	The percentage of children under 5 years old with malnutrition (weight by age): 13 839/154 047 children accounted for 20%	- Entire district: weight /age 18%; Height / age 29% - Dak Rong: weight / age 27.7%; height / age: 36.2% - Krong: weight / age: 30.08%; height / age 45.2%	Situation of malnourish at children <5 years of age: - Entire district: 25.2% - H'ra commune: 23% - A Yun commune: 19%	- Entire district: total number of children <5 years old undernourished: 2435/9441. Undernourished ratio: 25.8%. - Uar commune: number of children <5 years old undernourished: 167/612 Undernourished ratios: 27.5%. - Chu Rcam commune: number of children <5 years old undernourished: 202/734 children. Undernourished ratio: 27.6%.

28 Source: Gia Lao province's DPI

No	Information	Gia Lai province	Kbang district (Third poorest among 17 districts) Dak Rong commune, Krong commune	Mang Yang district (Fifth poorest among 17 districts) Hra commune, Ayun commune	Krong Pa district (Poorest among 17 districts) ChuRcam commune; Uar commune
4	Group classified by CHS' service capacity	Province has98/222 communes meeting the national criteria for health service, accounted for 44, 14%.	- Communes in the district: above average - Dak Rong: above average - Krong: above average	**Under average group:** Dak Troi, Kon Chieng, Lo Pang, DakJoTar, DakTaLey, De Ar - On average group: Kon Dong, Dakdjrang, Dak Ya, H'Ra. - Above average group: Kon Thup, AYun.	- Under average group: Krong nang, Iarmok, Chudrang, IarSai. - On average group: Phu Tuc, Phu Can, IahDreh, Uar, Chu Ngoc, Dat Bang. - Above average group: IarSuom, ChuRcam. IaMlah, Chu Gu.
5	The health problems of mothers and children, which district / village are facing with.		- The number of pregnant women having 3 times of ANC service during pregnancy is not high (75%) - The number of pregnant women giving birth at health provided centers is not high (75%) - Minors health care	- Backward customs and habits, low literacy level, economic difficulties, lack of awareness about health care for themselves & their families, especially for pregnant women and women with children, the ANC and postnatal caretaking care has not been paid attention. - Sleeping habit at field by season and giving birth at home midwives by family member, so that the infant mortality is still quite high. - Health IEC activities has not been expended yet - The lack of necessary facility and no budget for local medical unit's activity - Local medical unit's capacity and collaborator's ability are still limited. - The paper work procedure is still complicated (health insurance); the amount of medicine is still limited. - The local authorities have not paid enough attention about health service activities, investigation activities, and unprompted health insurance card distribution record activities	- The remote district with high poverty rate - Backward customs and habits of mothers; in some village, there is no fresh water supply; - The benefit and policy scheme for collaborators are low and unstable

No	Information	Gia Lai province	Kbang district (Third poorest among 17 districts) Dak Rong commune, Krong commune	Mang Yang district (Fifth poorest among 17 districts) Hra commune, Ayun commune	Krong Pa district (Poorest among 17 districts) ChuRcam commune; Uar commune
6	The solutions proposed by district to solve the problem for Maternal and Child Healthcare in the district are and will be implementing for the issues mentioned in No. 9		**Communication**: + The involvement of government + Cooperation with authority's organizations **Health Education:** + In public + At school	- Improve the living standard and economy. - Strengthen the Health IEC activities, integrated with prenatal care and postnatal care services. Financial support for health activities at the medical units. - Provide training to improve local medical unit's staff - Need to get more attention from local authority	- Strengthen the monitoring and management from upline medical unit and local authority - Strengthen the medical cooperation among medical unit at districts &communes, collaborators and organizations. - Strengthen the Health IEC activities in public and school about Maternal and Child Healthcare
7	The results of the national target programs related to Maternal and Child Healthcare			- The ratio of pregnant women having vaccination service against tetanus, having prenatal care, giving birth at medical unit is low. The ratio of women having postnatal care service is low. - Ratio of children under 1 year old getting vaccination service has not been achieved - Pregnant women fully access to vaccination service against tetanus, prenatal care service, counseling about safe delivery places, and postnatal care services. - Infants are fully accessed to perinatal care, vaccinated according to schedule. Mothers are guided to raise their children scientifically. Children are weighed, monthly, and quarterly to track the growth.	- Observe and support program for Maternal and Child Healthcare at 14 communes/towns. - Bringing reproductive heal services to difficult regions achieved 100% - Support the products for pregnant women - Organize nutrition practice activities for mothers having child under 5 years old in the commune. The activities were well responded by mothers with the communication slogan's content about Maternal and Child Healthcare

5.3. Questionnaire for household

MINISTRY OF PLANNING AND INVESTMENT

DEPARTMENT OF PLANNING AND INVESTMENT OF GIA LAI PROVINCE

THE UNITED NATIONS CHILDREN'S FUND

CITIZEN REPORT CARD

SURVEY ON USER SATISFACTION WITH PUBLIC HEALTH SERVICES FOR MOTHERS AND CHILDREN IN GIA LAI PROVINCE

Questionnaire No.: .....☐☐☐☐☐

INTRODUCTION

My name is…… I am conducting the Satisfaction Survey of service users for public health services at the community level in 6 communes of 3 districts including Mang Yang, Kbang, and Krong Pa, representative of the most difficult areas in Gia Lai province.

The survey is sponsored by the United Nations Children's Fund (UNICEF) through technical and financial support to acknowledge the opinions of service users for services including (1) ANC service; (2) Maternal and child care service after birth; (3) Vaccination service; (4) Medical check-up services (5) Health IEC activities. The purpose is to continuously improve the quality of primary health service for people, especially poor children.

Your opinion will be treated confidential and only used for the research purpose mentioned above.

The interview time is about 40-45 minutes. We hope you will take the time to answer our questions.

Thank you for participating in the interview and let'sstart the interview!

Commune: ..... District. ..... Province: Gia Lai

Residential / village: ....

Interview time: from..... hour .... minute to ….. hour .... minute Date:..... ..... March 2016

Full name of interviewer:.....

Full name of interviewee..... .... (Recorded based on the list)

GENERAL INFORMATION

1. Interviewee's name…….. Phone number…….

2. Year of birth…… 3. Number of children…..

4. Ethnic group 1. ☐ Kinh 3. ☐ Barnah 5. ☐ Tay

2. ☐ Jrai 4. ☐ Nung 6. ☐ other (detail)……

5. Education level

1. ☐ uneducated 3. ☐ College

2. ☐ Studied until grade ..... 4. ☐ University/Post graduate

6. Based on 2015 criteria, which is group your household belong to

1. ☐ Poor 2. ☐ Near poor 3. ☐ Not poor

7. What are the distance and vehicle from your house to CHS?

1. Vehicle?		2. How many minutes?		3. Distance in km?	
1. ☐	Walking	1. ☐	Under 30mins	1. ☐	Less than 1 km
2. ☐	Bicycle	2. ☐	30mins-60mins	2. ☐	1 km –5 km
3. ☐	Bike	3. ☐	60mins-90mins	3. ☐	5 km – 10 km
4. ☐	Other….	4. ☐	More than 90mins	4. ☐	More than 10 km

8. At CHS, did you receive the warm welcome and willing to support from staff?

1. ☐ Never 2. ☐ Sometimes 3. 0Always

9. When using ANC service, tetanus vaccination service, immunization service, medical check-up service, etc. did you

1. ☐ Pay money with receipt 3. ☐ Do not pay

2. ☐ Pay money without receipt

10. Do you you have health insurance card

1. ☐ Yes 2. ☐ No

A. ANC Service

A1 During pregnancy, did you receive any communication about?

(You can choose many options)

1. ☐ Using the safe medicine for fetus

2. ☐ Tetanus vaccination and iron supplements

3. ☐ Have ANC service at least 3 time

4. ☐ Nutrition during pregnancy (25% increase)

5. ☐ Working regime during pregnancy

6. ☐ Body hygiene

7. ☐ Abnormality signal (abdominal pain, bleeding, vaginal discharge increasing and smelly, fatigue, headache, loss of appetite, dizziness etc.)

8. ☐ Signal of labor, giving birth

9. ☐ Giving birth at medical units

10. ☐ Breastfeeding within the first 1 hour after giving birth and fully breastfed for child at least 6 months postpartum

11. ☐ The postpartum contraception

12. ☐ Do not receive any communication or guidance

13. ☐ Do not remember

A2. Did you receive ANC service from CHS/village's medical staff?

1. ☐ Yes 2. ☐ No → Move to A9

A3. How many times did you use ANC service?

1. ☐ Time..... 2. ☐ Do not remember → Move to A5

A4. How many times did you use ANC service? When?

1. ☐ First time, in month …….of pregnancy

2. ☐ Second time, in month ……of pregnancy

3. ☐ Third time, in month …… of pregnancy

4. ☐ More than 3times: month: ……..…….

5. ☐ Do not remember

A5. During ANC service, what kind of questions did you receive? (Can choose many options)

1. ☐ Personal information

2. ☐ Heath condition (existing disease, medical history)

3. ☐ Family (health condition, husband's age, parent's age, any family member is infected with contagious diseases, cancer, heart disease, mental problem, coagulopathy, etc.)

4. ☐ Marriage (marriage age, marriage time, name, occupation, health condition of husband)

5. ☐ Obstetric history (number of full-term birth, number of premature births, the number of miscarriage / abortion, number of children alive - PARA, the calving weight, children's gender)

6. ☐ Gynecological history (endocrine therapy, infertility, sexually transmitted diseases, gynecological tumors, gynecological surgery)

7. ☐ The contraceptive method used

8. ☐ Menstruation and symptoms of morning sickness

A6. What medical check-up did you receive? (Can choose many options)

Khám toàn thân	Khám sản khoa
1. ☐ Height	1. ☐ Listen to Baby's Heart Beat in Pregnancy
2. ☐ Weight	2. ☐ Measuring waist circumference
3. ☐ Heart rate and blood pressure measurement	3. ☐ Measuring the fundal height of the uterus
4. ☐ Breast examination	4. ☐ Adjusting child's skeleton
5. ☐ ther.....	5. ☐ ther.....
6. ☐ Do not remember	6. ☐ Do not remember

Whole body check-up Obstetricians

A7. Did medical staff make next appointment for you?

1. ☐ Yes 2.0No

A8. When receiving the ANC service, did you feel shy?

1. ☐ Yes 2.0No

A9. During this pregnancy, do you have the tetanus vaccination shot at CHS / village's medical unit?

1. ☐ Yes 2. ☐ No –If in A2, chose option 1, move to A10

If in A2, chose option 2, move to B1

A10. What do you think about the waiting time for ANC service and tetanus vaccination service?

1. ☐ Very long 3. ☐ Acceptable

2. ☐ Long 4. ☐ Fast

5. ☐ Very fast

A11. Did the medical staff:

1. ☐ Grumpy, yell at the patients
2. ☐ Speaking rudely, do not care
3. ☐ Normal
4. ☐ Care and watchful
5. ☐ Much care, enthusiastic

A12. What did you feel when getting ANC service?

1. ☐ Very unsatisfied
2. ☐ Unsatisfied
3. ☐ Fair
4. ☐ Satisfied
5. ☐ Very satisfied

B. POSTPARTUM CARE

B1. Your youngest child was born in (month)….. (year)……..

B2. In this time of birth, where will you give birth?

1. ☐ CHS → Move to B4
2. ☐ At home with service midwifed by medical staff/ midwife
3. ☐ At home midwifed by local midwife
4. ☐ At home midwifed by family member
5. ☐ District's hospital
6. ☐ Regional polyclinics
7. ☐ Province's hospital
8. ☐ Other (specific).....

B3. Why did not you give birth at CHS?

1. ☐ Do not have enough time to go to CHS
2. ☐ Do not know CHS having midwifery services
3. ☐ Know that CHS has midwifery services, but do not trust the service's quality
4. ☐ CHS is too far away
5. ☐ Do not have transport vehicle
6. ☐ Husband and his family do not like it
7. ☐ Local customs
8. ☐ Family member knows midwifery

9. ☐ Other (specific) .....

(After finishing this question → move to B6)

B4. What do you think about the hygiene of delivery room at CHS?

1. ☐ Clean 2. ☐ Not clean 3. ☐ Do not notice

B5. What kind postpartum care service do the infants receive?

1	Dry up and keep warm	1. ☐ Yes 2. ☐ No ☐ 3. Do not know
2	Recovery	1. ☐ Yes 2. ☐ No ☐ 3. Do not know
3	Suctioning child's nose	1. ☐ Yes 2. ☐ No ☐ 3. Do not know
4	Umbilical cord care in newborns, early detection of Umbilical cord infection symptoms.	1. ☐ Yes 2. ☐ No ☐ 3. Do not know
5	Injection of 1 mg vitamin K1	1. ☐ Yes 2. ☐ No ☐ 3. Do not know
6	Vaccinations (hepatitis B)	1. ☐ Yes 2. ☐ No ☐ 3. Do not know
7	Examination before going home	1. ☐ Yes 2. ☐ No ☐ 3. Do not know
8	Other (specific)	
9	Do not know ☐	

B6. After giving birth/ back home, did you and your child receive the postpartum care service at home?

1. ☐ Yes 2. ☐ No → Move to B9 if B2 chose 1

Move to C1 if B2 chose other option (not 1)

B7. How many times you and your child were visited and when?

1. ☐ Visited, exanimated during the first week after giving birth (…times)
2. ☐ Visited, exanimated during the 6 weeks after giving birth (…times)
3. ☐ Other (specific) .....

B8. After giving birth, what kind of guidance did medical staff give you? (Can choose many options)

1. ☐ Breastfeeding immediately, within one hour after giving birth
2. ☐ Breastfeed properly

3. ☐ Full breastfeeding in the first 6 months.
4. ☐ Keep the baby warm; take good care and hygiene for navel
5. ☐ Nutrition for mother during breastfeeding period
6. ☐ Symtoms such as hemorrhage and infection
7. ☐ Abnormal signal at infant that mother needs to take the child to medical unit to examination
8. ☐ Immunization schedule
9. ☐ baby skin care and bath for children
10. ☐ Appropriate contraceptive methods/ family planning
11. ☐ Other (specific) …….
12. ☐ Did not receive any guidance
13. ☐ Do not remember

B9. Medical staff did:

1. ☐ Grumpy, yell at the patients
2. ☐ Speaking rudely, do not care
3. ☐ Normal
4. ☐ Care and watchful
5. ☐ Much care, enthusiastic

B10. What do you think about postpartum care service?

1. ☐ Very unsatisfied
2. ☐ Unsatisfied
3. ☐ Fair
4. ☐ Satisfied
5. ☐ Very satisfied

C. VACCINATION SERVICE

C1. Did you receive any communication/ counselling about vaccination service's content?

(Can choose many options)

1. ☐ Benefits of vaccination and disease prevention by it
2. ☐ Vaccination schedule (time, location ...)
3. ☐ Keep vaccination tracking note/book and bring with the child for vaccination
4. ☐ Normal and abnormal symptoms after vaccinated
5. ☐ Other (specific):……..

C2. The mentioned above information, can you please tell me which communication channel did you receive?

1. ☐ Through village meeting
2. ☐ Through communication meeting organized by village's medical staff
3. ☐ Through loudspeakers
4. ☐ Through leaflets, posters
5. ☐ Counselling directly at home
6. ☐ Other (specific)……..

C3. Which channel do you prefer the most? (Choose only 1 option)

1. ☐ Through village meeting
2. ☐ Through communication meeting organized by village's medical staff
3. ☐ Through loudspeakers
4. ☐ Through leaflets, posters
5. ☐ Counselling directly at home
6. 0Other (specific)……..

C4. Where do you often bring your child to get vaccination service?

1. ☐ CHS
2. ☐ Meeting point organized by CHS
3. ☐ My child is too small to get vaccination
4. ☐ Other (specific)……

(If chose 3 or 4 –move to D1)

C5. At vaccination service place, was there any instruction or detail guidance for vaccination steps?

1. ☐ Yes 2. ☐ Sometime 3. ☐ No

C6. Vaccination service place has	1. Yes	2. Sometime	3. No
1. ☐ Waiting seat before vaccination	1. ☐	2. ☐	3. ☐
2. ☐ Reception table, instruction	1. ☐	2. ☐	3. ☐
3. ☐ Examination and consultancy table before vaccination	1. ☐	2. ☐	3. ☐
4. ☐ Vaccination service& vaccination record table	1. ☐	2. ☐	3. ☐
5. ☐ Waiting seat to observe vaccination service	1. ☐	2. ☐	3. ☐

C7. Do you keep vaccination tracking note/book for your child?

1. ☐ Yes 2. ☐ No

C8. When taking your child to vaccination service place, have you ever seen any people took their child home because of vaccination shortage?

1. ☐ Yes 2. ☐ No

C9. What do you think about waiting time to your turn?

1. ☐ Very slow
2. ☐ Slow
3. ☐ Acceptable/ reasonable
4. ☐ Fast
5. ☐ Very Fast

C10. Before using vaccination service for your child, which question below did you receive?

(Can choose many options)

1. ☐ Child's health situation (sick or not, eating, sleep, medical problem, medicine/ medical treatment, health problem)
2. ☐ Disease and allergy history (allergy to any drugs or food, chronic illness, disease)
3. ☐ Questioning and checking the vaccination history through vaccination tracking note/book
4. ☐ Asking allergy/severe reaction history to vaccines from parents and siblings in family
5. ☐ Other (specific) ……..

C11.Before vaccinating for your child, did medical staff examine (touching forehead thermometer, chest auscultation etc.) your child?

1. ☐ Yes 2. ☐ Sometime 3. ☐ No

C12. Before vaccination for your child, did medical staff inform you about the vaccination name?

C13.Before vaccination for your child, what were you explained? (Can choose many options)

1. ☐ What disease the vaccine prevents (Benefit of the vaccine)
2. ☐ Vaccine's condition (expiration date, stored in proper place)
3. ☐ Normal symptom after vaccinating (mild fever (<38, 5^{o}C), pain and mild swelling at the injection site)
4. ☐ Serious symptom after vaccinating (Anaphylaxis and some other severe reactions may occur depending on the type of vaccine. These cases can survive if they are monitored, detected early and treated in time)
5. ☐ Other (specific):……
6. ☐ Do not remember

C14.Did you get any notice from medical staff after getting injection for your child?

1. ☐ Yes 2. ☐ Sometime 3. ☐ No →Move to C16

C15. What was the notice's content? (can choose many options)

1. ☐ Stay at vaccination service place for 30mins to observe and have quick action if the child has any abnormal symptom
2. ☐ Observe at home at least one day after the child get vaccinated (body condition: mental, eating, drinking, sleeping, breathing, temperature, rash, reaction in injection site, defecation, abnormal signal)
3. ☐ What to do when the child has reactions after vaccinated(if your child has fever, and you should monitor the child's temperature closely, using drug to reduce fever based on guidance from medical's staff, giving the child more water to drink, etc.)
4. ☐ Do not cover anything on the injection site
5. ☐ Bringing the child to CHS immediately if the child has severe reactions and abnormal symptom after vaccination (fever> 39 ° C, convulsions, crying, cyanosis, dyspnea, exhausted, rash and other abnormal health symptom ... or normal react lasts more than 1 day).
6. ☐ Meet the medical staff for examination and advice if parents concern about the their child's health condition after vaccination
7. ☐ Make appointment for next vaccination
8. ☐ Do not remember
9. ☐ Other (specific) ……...…….

C16. Medical Staff

1. ☐ Grumpy, yell at the patients
2. ☐ Speaking rudely, do not care
3. ☐ Normal
4. ☐ Care and watchful
5. ☐ Much care, enthusiastic

C17. What do you feel when taking your child for vaccination service?

1. ☐ Very unsatisfied
2. ☐ Unsatisfied
3. ☐ Fair
4. ☐ Satisfied
5. ☐ Very satisfied

D. MEDICAL CHECK- UP SERVICE FOR MOTHER AND CHILD AT CHS

D1. Within previous 12 months, did you come to CHS for health check-up service?

1. ☐ Yes 2. ☐ No → Move to E1

D2. When was the last time you when to CHS?

1. ☐ ..... (Specific Month/year) 2. ☐ Do not remember

D3. At that time, who did you bring to CHS for medical check-up service?

1. ☐ Myself
2. ☐ My child, who was born in (year) .....
3. ☐ Other (Specific) .....

D4. What medical check-up service did you/ your family member use at CHS? .....

D5.What do you think about the waiting time to your turn:

1. ☐ Very slow 3. ☐ Acceptable/ reasonable
2. ☐ Slow 4. ☐ Fast
5. ☐ Very Fast

D6. At that time, the patient:

1. ☐ Had to take drug → move to D7
2. ☐ Did not have to take drug → move to D9
3. ☐ Switched to other medical unit line → move to D10

D7. Did the patient get the prescribed medication?

1. ☐ Yes 2. ☐ No → Move to D9

D8. Did the patient get the same drugs on the prescribed medication?

1. ☐ Yes, all of them 2. ☐ Yes, but not all 3. ☐ No

D9. When coming for medical health check-up service, what did staff advise you? (Can choose many options)

1. ☐ How to use drugs 4. ☐ Do not remember
2. ☐ Nutritional Care 5. ☐ Did not consult
3. 0Hygiene and disease prevention 6. ☐ Other (Specific):.....

D10.Medical staff:

1. ☐ Grumpy, yell at the patients 3. 0Normal
2. ☐ Speaking rudely, do not care 4. 0Care and watchful
5. ☐ Much care, enthusiastic

D11. What did you feel about medical check-up service at this time?

1. ☐ Very unsatisfied
2. ☐ Unsatisfied
3. ☐ Fair
4. ☐ Satisfied
5. ☐ Very satisfied

E. COMMUNICATION

E1. What communication's content have you received as below?

(Can choose many options)

1. ☐	Population - Family Planning	9. ☐	Dengue prevention
2. ☐	Maternal care during pregnancy	10. ☐	Tuberculosis prevention
3. ☐	Vaccination Service	11. ☐	HIV prevention
4. ☐	Breastfeeding by mother	12. ☐	Other dangerous disease prevention
5. ☐	Dietary supplements for child	13. ☐	The sexually transmitted infection
6. ☐	Prevention of micronutrient deficiency (vitamin A, iron, multi-micronutrient, iodine, etc.)	14. ☐	Clean water, sanitation
7. ☐	Child-care for patient	15. ☐	Other (detail): ……
8. ☐	Wash hands with water and soap		

E2. The mentioned above information, can you please tell me which communication channel did you receive? (Can choose many options)

1. ☐ Through village meetings
2. ☐ Through communication meetings organized by village's medical staff
3. ☐ Through loudspeakers
4. ☐ Through leaflets, posters
5. ☐ Counseling directly at home
6. ☐ Counseling during medical check-up service, health-care, vaccination service
7. ☐ Other (specific)……

E3. What is the most preferred communication channel? (Choose option 1)

1. ☐ Through village meetings
2. ☐ Through communication meetings organized by village's medical staff
3. ☐ Through loudspeakers
4. ☐ Through leaflets, posters
5. ☐ Counseling directly at home
6. ☐ Other (specific)……..

E4. What language for communication do you prefer the most?

1. ☐ In official Vietnamese
2. ☐ In local language

E5. Are you satisfied with the communication's content for health service?

1. ☐ Very unsatisfied
2. ☐ Unsatisfied
3. ☐ Fair
4. ☐ Satisfied
5. ☐ Very satisfied

E6. Are you satisfied with the communication's methodology for health service?

1. ☐ Very unsatisfied
2. ☐ Unsatisfied
3. ☐ Fair
4. ☐ Satisfied
5. ☐ Very satisfied

Do you have any other advice that you want to share in order to improve the quality of 5 services above?

.....

.....

.....

THANK YOU FOR PARTICIPATING IN OUR INTERVIEW!

Confirmation of observer	**Interviewer/ investigator**
(sign and write down full-name)	*(sign and write down full-name)*

5.4. Initial questionnaire - CHS

MINISTRY OF PLANNING AND INVESTMENT

DEPARTMENT OF PLANNING AND INVESTMENT OF GIA LAI PROVINCE

THE UNITED NATIONS CHILDREN'S FUND

SURVEY ON SATISFACTION

WITH PUBLIC HEALTH SERVICES IN GIA LAI PROVINCE
THE QUESTIONNAIRE FOR MEDICAL STAFF

Form 02

No: .....

In order to improve the quality of health services at community level, with the support UNICEF, Provincial Child Friendly Program conducted a survey to evaluate the people's satisfaction with five health services at commune including (1) Medical check-up services; (2) ANC service; (3) Vaccination service; (4) Maternal and child care service during and after birth; and (5) Health IEC activities, at 6 communes of 3 districts including Kbang, Krong Pa and Mang Yang.

The purpose of this survey is to recognize the opinions of the people / women who are raising children under 1 year old about five categories of public health services at the community level in order to assess and propose action plan to improve the service quality. We also want to acknowledge the opinions of medical staff, which directly provide services.

We would like to receive the cooperation and appreciate the participation of all interviewee in this Survey. We guarantee that all interviewed information is only used for the above purposes.

Thank you very much!

PERSONAL INFORMATION OF INTERVIWEE

0.1 Village.....Commune:…….....0.2 District: ……...

0.3 Gender: .....0.4 Year of Birth.....0.5 ethnic groups: ...……

SURVEY THE CONCERN OF SERVICE PROVIDER

1. What services below do you have provided? (Fulfill X to the box that you have provided)

1. Medical check-up services ..... ☐
2. ANC Service ..... ☐
3. Vaccination service..... ☐
4. Maternal and child care service during and after birth ☐
5. Health IEC activities ..... ☐

2. Among 5 below service, what service you think is the most important for children? (Write X to the box0)

1. Medical check-up services ..... ☐
2. ANC Service ..... ☐
3. Vaccination service..... ☐
4. Maternal and child care service during and after birth ☐
5. Health IEC activities ..... ☐

3. Please arrange the following services according to their importance level (number of 1,2,3,4, or 5 to the (.....), No. 1 is most important for children, No. 5 is the least important for children)

1. Medical check-up services.....(.....)
2. ANC Service. .....(.....)
3. Vaccination service.....(.....)
4. Maternal and child care service during and after birth. (.....)
5. Health IEC activities .....(.....)

4. What service do you think is the best implemented? (Write X to the box 0)

1. Medical check-up services ..... ☐
2. ANC Service ..... ☐
3. Vaccination service..... ☐
4. Maternal and child care service during and after birth ☐
5. Health IEC activities ..... ☐

5. What service do you think is the worst implemented? (Write X to the box 0)

1. Medical check-up services ..... ☐
2. ANC Service ..... ☐
3. Vaccination service..... ☐
4. Maternal and child care service during and after birth ☐
5. Health IEC activities ..... ☐

Thank you very much!

5.5. Initial questionnaire – Service user

MINISTRY OF PLANNING AND INVESTMENT

DEPARTMENT OF PLANNING AND INVESTMENT OF GIA LAI PROVINCE

THE UNITED NATIONS CHILDREN'S FUND

SURVEY ON USER SATISFACTION WITH

PUBLIC HEALTH SERVICES FOR MOTHERS AND CHILDREN IN GIA LAI PROVINCE

Form 01 No: ....

THE QUESTIONNAIRE FOR SERVICE USER

In order to improve the quality of health services at community level, with the support UNICEF, Provincial Child Friendly Program conducted a survey to evaluate the people's satisfaction with five health services at commune including (1) Medical check-up services; (2) ANC service; (3) Vaccination service; (4) Maternal and child care service during and after birth; and (5) Health IEC activities, at 6 communes of 3 districts including Kbang, Krong Pa and Mang Yang.

The purpose of this survey is to recognize the opinions of the people / women who are raising children under 1 year old about the five categories of public health services at the community level in order to assess and propose action plan to improve the service quality. We also want to acknowledge the opinions of medical staff, which directly provide services.

We would like to receive the cooperation and appreciate the participation of all interviewees in this Survey. We guarantee that all interviewed information is only used for the above purposes.

Thank you very much!

PERSONAL INFORMATION OF INTERVIWEE

0.1 Village.....Commune:…….....0.2 District: ……...

0.3 Gender: .....0.4 Year of Birth.....0.5 ethnic groups: ...……

SURVEY THE CONCERN OF SERVICE PROVIDER

1. What services below do you have provided? (Fulfill X to the box that you have provided)

1. Medical check-up services ..... ☐
2. ANC Service ..... ☐
3. Vaccination service..... ☐
4. Maternal and child care service during and after birth ☐
5. Health IEC activities ..... ☐

2. Among 5 below service, what service you think is the most important for children? (Write X to the box0)

1. Medical check-up services ..... ☐
2. ANC Service ..... ☐
3. Vaccination service..... ☐
4. Maternal and child care service during and after birth ☐
5. Health IEC activities ..... ☐

3. Please arrange the following services according to their importance level (number of 1,2,3,4, or 5 to the (.....), No. 1 is most important for children, No. 5 is the least important for children)

1. Medical check-up services.....(.....)
2. ANC Service. .....(.....)
3. Vaccination service.....(.....)
4. Maternal and child care service during and after birth. (.....)
5. Health IEC activities .....(.....)

4. What service do you think is the best implemented? (Write X to the box 0)

1. Medical check-up services ..... ☐
2. ANC Service ..... ☐
3. Vaccination service..... ☐
4. Maternal and child care service during and after birth ☐
5. Health IEC activities ..... ☐

5. What service do you think is the worst implemented? (Write X to the box 0)

1. Medical check-up services ..... ☐
2. ANC Service ..... ☐
3. Vaccination service..... ☐
4. Maternal and child care service during and after birth ☐
5. Health IEC activities ..... ☐

XIN CẢM ƠN ANH/CHỊ.

5.6. List of study group

No.	Full name	Agencies
1	Ms. Nguyen Thi Tuyet Nga	Deputy Director of Department of Planning and Investment, Head of Steering Committee
2	Mr. Tran Nhu Thao	Deputy Director of Child Friendly Project's Management Unit, Vice Head of Steering Committee
3	Mr. Dinh Ha Nam	Deputy Director of Department of Health- in charge of component "For survival and development of children, Vice Head of Steering Committee
4	Mr. Hoang Anh Tuan	Staff of Child Friendly Project's Management Unit, Secretary of Steering Committee
5	Ms. Duong Nhu Anh	Social and Cultural Division's official, Department of Planning and Investment, member
6	Ms. Ngo Thi Tuyet Minh	Reproductive Health Care Center- Department of Health, member
7	Ms. Nguyen Thi Quynh Anh	Preventive Health Care Center- Department of Health, member
8	Mr. Nguyen Trung Hieu	Health Education Communication Center - Department of Health, member
9	Ms. Le Thi Tham	Staff of Child Friendly Project's Management Unit, member
10	Ms. Mai Thi Kim Anh	Staff of Child Friendly Project's Management Unit, member
11	Mr. Phan Thanh Hoi	Staff of Child Friendly Project's Management Unit, Technical group leader
12	Mr. Dong Vinh Hieu	Planning and Financial Division's official- Department of Health, Technical group vice leader
13	Ms. Nguyen Thi Thu Hong	Mang Yang District Health Care Center
14	Ms. Le Thi Thu Ha	Kbang District Health Care Center
15	Ms. Phan Thi My Le	Krong Pa District Health Care Center
16	Ms. Vu Thi Yen	Research Assistant
17	Ms. Tran Thi Thu Huong	Technical advisor
18	Mr. Trinh Tien Dung	Consulting group leader

MINISTRY OF PLANNING AND INVESTMENT

DEPARTMENT OF PLANNING AND INVESTMENT OF GIA LAI PROVINCE

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