MINISTRY OF PLANNING AND INVESTMENT DIEN BIEN PROVINCIAL
DEPARTMENT OF PLANNING AND INVESTMENT DIEN BIEN PROVINCIAL
HEALTH DEPARTMENT

UNITED NATIONS CHILDREN'S FUND

CITIZEN REPORT CARD
ON PUBLIC HEALTH SERVICES
AT COMMUNE LEVEL

DIEN BIEN PHU CITY

April 2014

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ACRONYMS

ANC	Antenatal Care
BKH	Ministry of Planning and Investment
BYT	Ministry of Health
CHS	Commune Health Stations
CRC	Citizen Report Card
BCG	Vaccine for prevention of Tuberculosis
VGB	Vaccine for Hepatitis B prevention
DPT-VGB-Hib	Vaccine for prevention of diphtheria, pertussis, tetanus, hepatitis B and pneumonia, meningitis caused by Hemophilic influenza type b bacteria
IEC	Information, Education and Communication
MHC	Maternal and Child Healthcare
OPV	Oral Vaccine for prevention of Polio
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
USAID	US Agency for International Development

EXECUTIVE SUMMARY

The Health Department of Dien Bien province, with financial and technical support from UNICEF, has undertaken a survey on customer satisfaction to communal public health services using Citizen Report Card (CRC) tool in 6 communes of 3 districts covering Thanh Yen and Noong Luong (Dien Bien district); Chieng So and Keo Lom (Dien Bien Dong district); Nam Ke and Quang Lam (Muong Nhe district).

Surveying service users' feedback and satisfaction levels of the health services provided at commune level and using CRC in Dien Bien aims at 2 specific objectives:

- To collect feedback on service quality and user satisfaction levels with the communal health services including: (1) Antenatal care, (2) Medical check-up, (3) Vaccination, (4) Maternal and Child healthcare during and after birth (5) Communication.
- To provide specific recommendations for monitoring and evaluating the implementation of the 5-year provincial socio-economic development plan and Health plan against objectives and targets as well as suggestions to improve the quality of health services at commune level.

This research collects users' feedback and evaluates users' satisfaction for 05 healthcare services provided by CHS (Commune Health Clinics) on 7 aspects including:

i) Availability of the services;

ii) Accessibility to the services;

iii) Use of the services;

iv) Quality of the services;

v) Users' satisfaction;

vi) Problems encountered by users of the services;

vii) Recommendations for improvements.

This is a sociological survey with the participation of the people who used 5 services, using quantitative, cross and descriptive statistical method. Respondents were 300 mothers with small children (these were the users of 4 services including Pregancy check-up and conselling, MCHC during and after the labor, vacinnation and communication) and 300 users of diagnostic and treatment services at CHS (including 188 mothers repeated from the first group, 34 women and 78 men).

Significant findings of the survey are the followings:

Availability and use of the services: People currently have no difficulty in accessing health services at commune level. The percentage of people who are using five services provided by CHS is at a high level. For medical check-up service, 92.0% of 300 respondents said CHS are their first choice for medical check-up when they are sick. For other 4 services, out of 300 mothers were interviewed, 65.0% had ANC service, 93.0% had MCH service; 74.3% had their children vaccinated and 49.7% exposed to IEC materials and/or activities. When using the services, most people neither have to wait for long time nor pay any fees.

Attitude of health workers of CHS: The majority of service users gave positive feedback about the caring and attentive attitude of health workers at CHS in the 05 health services. The percentage of respondents assessed

that the CHS workers caring/ attentive to them in medical check-up service was 74.0%, in ANC service was 73.8%, in MCH service was 68.5%; and this was 73.5% for vaccination service. In terms of average scores on the attitude of health workers in providing these services, 3.77 (on a scale of 5) was shown, in which the average score on the attitude of health workers in ANC services is 3.84; that in MCH service during and after birth is 3.68, that in vaccination service is 3.77 and that in medical check-up service is 3.79. Almost none or very few people using the service complained about the cold attitude of health workers. However, fewer people using these services rated the attitude of health workers "very caring and attentive".

Quality of services provided by CHS: Most service users rated the quality of 5 services provided by CHS as "fairly good" and "good". The percentage of people rating the quality of check-up service at the "good" level accounts for 65%, that of ANC is 70.8%, of maternal and child care service during and after birth is 57.3%, of vaccination service is 72.6% and that of communication is 58.4%. Calculation of average point showed that the average point of the quality of medical services at commune level reached 4.51 (on a scale of 5), in which the average scores for the quality of antenatal care services is 4.61; that of maternal and child care service during and after birth is 4.34, that of vaccination service is 4.69; that of medical check-up service is 4.5 and that of communication is 4.42. Although not many people complained about the poor quality of service, not many people assessed the quality of service at the "very good" level. This shows that it is still necessary to focus on improving quality of these services, especially antenatal care service at CHS.

Level of satisfaction of users with CHS services: This study shows that the level of satisfaction of users with each service is quite high. In particular, the 78.3% of service users were satisfied with health care services; 83.6% of them were satisfied with antenatal care, 87.9% with vaccination services, 81.2% with methods of communication and 79.2% were satisfied with IEC content. When calculating the average point, it is shown that the average point for the level of satisfaction with medical services at commune level reaches 3.83 (on a scale of 5), in which the average score for satisfaction with ANC service is 3.91; for maternal and child care service during and after birth is 3.73; for vaccination services is 3.9; for the medical check-up service is 3.77 and that for communication is 3.84. However, there are very few people who use these services rated each service "very satisfactory".

Antenatal care service: The percentage of pregnant women accessed to the ANC services at health facilities is 75.3%, of which 195 mothers - 65,0% said they received the ANC from CHS and 31 monthers - 10.3% had the services provided by district hospitals, regional polyclinics, provincial hostpial, at home by midwives or hamlet nurses. The remaining 24.7% (74 mothers) did not go for antenatal care. This group mainly comprises Mong mothers (58 mothers -78.3%) and Thai ones (8 mothers -10.8%) and belongs to the poor household group (55 of them – 74.3%) and they are mostly uneducated (53 of them – 71.6%).

Majority of the mothers were satisfied with the ANC service at CHS (83.6%) and gave positive feedback about the health workers' attitude (73.8% respondents rated health workers were caring and attentive to them) and quality of the service (70.8% rated at "good" level). The percentage of mothers rated the service "fairly good" was 11.8% and "very good" at 2.6%.

The percentage of women who had antenatal care 3 times and more accounts for 41.5%, in which the percentage of pregnant women who had 3 times in 3 phases of pregnancy accounts for 32.8%. The percentage of mothers who were vaccinated against tetanus is 60.3% and that of mothers who took iron tablets during pregnancy is 61.7%.

There are still approximately 27.7% (83 mothers) of the total 300 mothers in this study did not receive any advice or guidance about pregnancy knowledge from CHS during ANC service as well as from the IEC activities in general. Majority of this group are Mong mothers (60 people – 72.2%) and Thai (9 mothers – 10.8%) and other ethnic groups (11 mothers – 13.2%) and uneducated (53 mothers – 63.8%) and from poor households (57 mothers – 68.6%).

Maternal and child care service during and after birth: The percentage of mothers satisfied with the services is 73.8% and 57.3% users rated the quality of maternal and child care service as "good". The percentage of mothers having birth at health facilities is 47.0% (141 mothers) and having birth at home is 53.0% (159

mothers). Among 141 mothers who gave birth at health facilities, there was 19 mothers delivered at CHS (6.3% of the total sample and 13.5% of mothers gave birth at health facilities). Among 159 mothers gave birth at home, only 16 were attended by health workers, accounted for 10.1%. The percentage of mothers and infants being examined before leaving for home is 78.9%. The percentage of mothers and infants being examined once within 1 week after birth and at least two times in the first 6 weeks after birth is very low (35.0% and 15.3% respectively). The percentage of infants injected with hepatitis B vaccine within 24 hours after birth is 68.4%.

IEC service: The percentage of those who received any IEC from CHS accounts for 49.7% of the interviewed mothers. This showed that there are still a significant proportion of people who do not have access to this service. In addition, there are a lot of IEC content, guidance and counseling that have not been provided to the people such as the prevention of dengue fever; social diseases and other serious illnesses; tuberculosis; and patient care, which have not been given due attention. The percentage of women who used the service said to have received IEC content is from 30.0% to 60.0%. The IEC service equipping people with knowledge about pregnancy and afterbirth were taken care of but still need further attention, especially those related to the recognition of danger signs and projected prevention of common diseases. Direct forms of communication have been used but need extra attention in the form of visual aids and using local languages in areas with a high proportion of ethnic minorities.

Most users have a positive assessment of the health workers' attitude and the quality of communication services at CHS. The percentage of mothers who rated communication quality as "good" is 58.4%. This study shows that almost none or very few people complained about the cold attitude of the health workers or rated the quality as "poor". However, there are few who rated the quality and attitude as "very good".

Vaccination service: The percentage of users assessing the quality of services at the "good" level accounts for 72.6 %. Most people did not have difficulty in accessing this service. Level of satisfaction with the service and positive assessment of the service's quality are quite high (87.9 %). However, a drawback of this service is that it requires actively compliance with the vaccination procedures and special attention to explaining the effects of vaccines and vaccines' conditions as well as reminding people after injection. There is still a small percentage who have yet got access to the service, especially those in disadvantaged areas of the province hence it is necessary to increase the scope of service. Also pay attention to public advocacy and campaigning to raise people's awareness of the meaning and effects of vaccination activities.

Medical check-up service: Generally people did not have difficulty in accessing health care services at CHS. Most people who rated the service attitude as "caring" (74.0 %) and the quality of service as "good" (72.6 %). Most people said that they did not have to wait long for their turns. Most people gave positive evaluation on the service attitude and quality of service. However, in order to improve the quality of health care, it is essential to pay more attention to the content of counseling and instructed knowledge. In practice, advice and guidelines for patient are relatively poor. Although not many people complained about the quality of service, not many rated this service high. This will be a major challenge in improving services to enhance people's confidence in using this service at commune level.

Key recommendations of the research include:

Dien Bien Provincial Health Department: (1) Review results/findings of this survey in comparison with the results/findings in the administrative reports of the three surveyed districts and the remaining districts of Dien Bien province, so as to have an overview of the quality of service, from the perspective of service users; (2) Carry out the assessment of public expenditure of Health Sector to examine the relationship between recurrent and capital expenditures, between total expenditure and operating results the Health Sector, to come up with a reasonable allocation of resources (currently available and based on forecasts) for the local prior targets, to ensure fairness, transparency, effectiveness and sustainability, paying special attention to vulnerable groups including children, the poor remote areas and ethnic minorities; and (3) Strengthening capacity of health workers at commune level to improve the service quality and attract more users to CHS services.

Health centers of districts: (1) Strengthen supervision and technical support to CHS to enhance the quality of medical check-up and ANC services, lessening the load in health facilities at higher levels and limiting people from going directly there; (2) Proactive in gathering, processing, analyzing information and using feedback from service users in healthcare plan to ensure that the needs of people are better met; and (3) Assist the organization of IEC activities to raise people's awareness and changing unhealthy behaviors.

Commune Health Clinics: (1) Expand content and improve quality of medical counseling and health care awareness-raising for people; (2) Regularly discuss, attend training and supervision to improve attitude and skills of health workers at commune level, enhancing them to fulfill their responsibility in service delivery; and (3) Promote the delivery of medical check-up at patients' home.

FOREWORD

Improving quality of healthcare services is one of strategic targets in the 5 year socio-economic development plan 2011-2015 of Dien Bien province. To reach the target, there are specific results that the province aims to achieve by 2015, including "under-one full vaccination coverage of 94%, infant mortality rate of 34 per 1,000 alive children, under-five mortality rate of 38 per 1,000 alive children, maternal mortality rate of 70 per 100,000 alive children and under-five malnutrition rate below 20%" [1].

The Five year socio-economic development plan (2011 – 2015) of Dien Bien province also mentioned a number of measures to be implemented to achieve the set targets and results, including measures to improve the quality of healthcare services such as "improvement and development of health network from commune and district level for better primary healthcare service delivery and preventive medicine; organizational development for health sector, with priority given to commune/ ward health clinics; promoting training activities and strengthening technical skills, fostering ethic, attitude and willingness of health staff in serving the patients; promoting health information and education"[2].

Decision 555/2007/QD-BKH of the Ministry of Planning and Investment regulated a monitoring and evaluation framework based on the results of the implementation of the socio-economic development plan regulates that Dien Bien provincial People's Committee and Department of Health have to report periodically the performance: "2.2. Strengthening healthcare services and improvement of people's health status" against specific health indicators. However, the monitoring and evaluation task has currently faced some difficulties, due to the lack of complete, timely and accurate information on interventions implemented and their results. In addition to that, the absence of an effective mechanism for soliciting comments and feedback from people who used the services on the services' quality also explains obstacles in monitoring and evaluating health care services.

Besides, Decision numbered 4448/QD-BYT of the Ministry of Health on 6 November 2013 approving the scheme on "Methodology for measuring people's satisfaction on public health services" was promulgated in accordance with the Government's Resolution 30c/NQ-CP dated 8 November 2011 on the Master program on public administration reform 2011 – 2020, which emphasizes on "measuring of people's satisfaction to overcome shortcomings in public health service provision". This is an important legal framework for the implementation of CRC in health care services provided at commune level in Dien Bien province.

Dien Bien province has been receiving supports from UNICEF and implementing the second phase of the Child Friendly Project from 2012 to 2016. The project has contributed and helped the province in achieving targets set in the socio-economic development plan for 2011-2015, National programme of Action for Children 2011-2020 and Dien Bien Provincial Child Protection Programme 2011-2015, especially in social policy and governance, education, maternal and children health care and protection. The objective of the Project is by 2016, the most vulnerable and disadvantaged children of Dien Bien province will benefit from improved public services in the areas of health and nutrition, sanitation and hygiene, preschool and basic education and protection. The project, particularly within the components of Social Policy and Governance and Child Survival and Development, has supported the provincial Department of Planning and Investment and Department of Health in implementing the survey using Citizen Report Card (CRC) tool to obtain users' perception and ideas of the quality of health care services at commune level in order to improve it for the benefit of the people, especially for vulnerable groups (poor, ethnic minorities, remote and difficult areas etc.).

Citizen Report Card (CRC) was initiated in Bangalore, India in 1993. This is one of the efficient social audit tools used for soliciting people's feedback on public services, including healthcare. CRC was introduced to

1 *Decision 781/QD-UBND date 18/8/2011 of Dien Bien Provincial People's committee approving the 5 year socio-economic development plan of Dien Bien Province for 2011-2015*

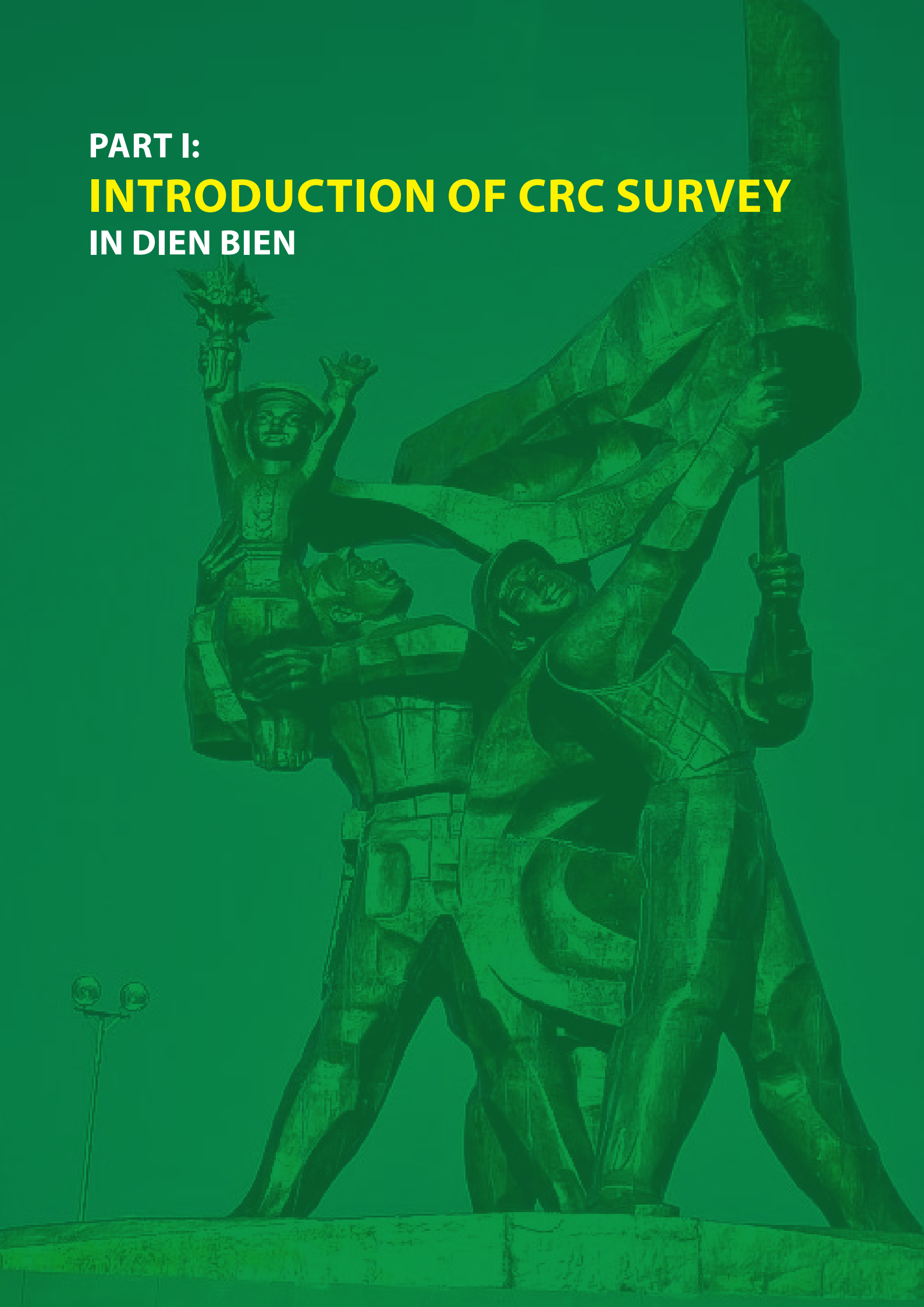
2 *Decision 781/QD-UBND date 18/8/2011 of Dien Bien Provincial People's committee approving the 5 year socio-economic development plan of Dien Bien Province for 2011-2015*

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. In 2011, with the assistance from UNICEF, CRC was implemented in Muong Cha district of Dien Bien province to survey the use of healthcare services by households with children under 6 and in 2013 CRC was implemented in Dong Thap to survey 6 healthcare services provided at commune level.

The implementation of CRC encourages people/ right holders to exercise their rights by providing comments, feedback and recommendations related to quality of the services they have experienced. CRC results will help the authorities/ duty bearers review the quality of the services they have provided from the users' viewpoints and planning appropriate measures to improve service quality to better meet people's demand.

This report was prepared by the CRC working group lead by the Dien Bien Provincial Department of Health with the assistance from two national consultants. The report introduces objectives of the study, implementation steps and significant findings in surveying users' feedback and satisfaction with healthcare services provided at commune level as well as specific recommendations for improving quality of the services.

PART I:
INTRODUCTION OF CRC SURVEY
IN DIEN BIEN



PART I:
INTRODUCTION OF CRC SURVEY IN DIEN BIEN

1. General information about the surveyed area

Dien Bien is a mountainous province in the north-west border of Vietnam, with natural area of 9562.9 km2, having contiguous borders with Laos and China. The province has 10 administrative units (including 01 town, 01 city and 08 districts, including 01 newly split district since July 2013 and 05 poor districts according to the criteria of the Government Resolution 30a. The whole province has 130 communes, towns and townships, 96 communes of which are in special difficulties (commune in area III). Among 130 communes/ wards in the province, 22 communes haven't got medical stations (including 18 clinics of the newly split communes and 4 clinics are now temporarily placed in headquarters of other offices or in other regional clinics).

The whole province has 1,725 hamlets and population groups, 877 hamlets of which are in special difficulties. The population of the province is more than 520 thousand people, including 19 ethnic groups living together and over 80 % of the population are ethnic minorities, including 37.99 % of Thai ethnic group, 34.80 % of Mong, 18, 42 % of Kinh, 3.30 % of Khmu, and the rest are other different ethnicities. In 2013, the provincial poverty rate was 35.06 % (in which the poverty rate of Dien Bien Dong district was 58.91 %; Dien Bien district: 20.82 % and Muong Nhe district was 54.09 %).

ADMINISTRATION MAP OF DIEN BIEN PROVINCE

Maternal mortality ratio per 100,000 live births in the province is at 64.38. Mortality rate of children under 1 year of age tends to increase from 27.90o/oo in 2010 to 36.8o/oo in 2012 and to 48.78 o/oo in 2013. Similarly, the mortality rate of children under 5 years old also tended to increase from 43.5o/oo in 2012, to 57.44o/oo in 2013. Percentage of children under 5 malnourished recorded 20.23 % in 2013[3]. Dien Bien province's health sector set a target to reduce the mortality rate of children under 1 year of age to 31.0 o/oo by 2015 and to under 20.0o/oo by 2020. Also the mortality rate of children under 5 years of age will have decreased to 38.0o/oo by 2015 to below 30.0o/oo by 2020[4].

Dien Bien district is a mountainous border area, located in the south-west of Dien Bien province, with the natural area of 1639.26 km2 and the population of 112,496 people. There are 10 ethnic groups living together in the area, including 53.72 % of Thai ethnic, 27.86 % of Kinh, 8.51 % of Mong , 5% of Khmu and the remaining are other ethnicities . The district has 25 communes and 100 % of the communes have clinics. The district has 12 communes bordering with Laos and adjacent to Dien Bien Dong district. The topography of the district is divided into two distinct areas: (1) the concave is comprised of 11 communes and (2) the area of high

3 *Dien Bien statistics 2013*

4 *The scheme to adjust the master development plan of health sector of Dien Bien province for 2013 – 2020 period with a vision to 2030.*

mountains (the outer region) of 14 communes, which are especially difficult communes. Two communes of Thanh Yen and Noong Luong, selected in this survey are both concave communes, representing the regions of wealthier economy of Dien Bien province. Economic and cultural life of the people of Dien Bien district is generally much lower than that in urban areas of the province. The level of people's awareness is still limited in upland areas; transportation is very difficult, especially in the rainy season. The network of health workers of the district and communes include 315 people (including 34 doctors). The percentage of female health workers is 67.3 % and 45.1 % of those come from ethnic minorities. In addition, there are 446 hamlet health workers in the total of 463 hamlets of the whole district (the ratio of hamlets having health workers accounts for 96.3 %). Maternal mortality ratio per 100,000 live births is at 0. Infant mortality rate is at 9.8o/oo; mortality in children under 1 year of age is 22.6o/oo and mortality rate for infants under 5 years old is at 33.9o/oo[5]

Dien Bien Dong, separated from Dien Bien district, is a poor upland district of the province, having a natural area of 1208.98 km2 and a population of 60,536 people. The literacy rate of the population accounts for 40.0 % and 60.0% of them know Vietnamese[6]. Currently there are 212 health workers in the whole district, 36 of whom are doctors. Percentage of health workers from ethnic minorities is 55.7 %. Currently the district meets with difficulties in vaccination because people do not have the habit of having their children vaccinated at clinics, as social health workers used to come to their home to give the injections to their children, which is very difficult because of the wide terrains, villages being far apart, difficult traffic especially during the rainy season and people's limited awareness. A considerable number of Mong people who follow Christian, do not have their children vaccinated although health workers have provided vaccination service to every hamlet which is far away from the clinics. Antenatal Care (ANC) also currently meets difficulties: 100 % of women received antenatal care right in their homes, very few of them have enough 3 times of antenatal check-up, and the majority of women gave birth at home. People seemed to come to clinics for antenatal care only for the past two years. Medical equipment/ instruments of many clinics are still sketchy. According to communes' statistics, the number of people having health care is very low. Maternal mortality ratio per 100,000 live births in the district is at 0o/oo. Infant mortality rate of the district is 14.13o/oo. Mortality rate of children under 1 year old is at 95.5o/oo and tends to increase: in 2010 this rate was at 50.2 o/oo but in 2011 it increased to 63.0 o/oo and to 86.5 o/oo by 2012. Mortality rate in children under 5 years old is currently at 105.6o/oo and these also tend to increase through the years (2010: 75.3 o/oo; 2011: 72.0 o/oo and 2012: 97.8 o/oo)[7]. Two communes were selected for this survey are Chieng So and Keo Lom.

Muong Nhe district has a natural area of 2,499.50 km2 (before separation). This is a wide bordering district, difficult transportation, and limited educational level. The district has a quite high rate of ethnic minorities (70.0 %), mainly Mong. Since June 2013, the district has established 5 new communes, which bringing their total to 21 communes in the whole province. According to the statistical report of the Personnel Section of Dien Bien Medical Department, the district has 174 health workers, including 92 female, 117 from the ethnic minority and 18 doctors. Percentage of health workers who come from ethnic minorities is 81.6 %. When the district had been split, 5 communes and 2 local clinics of Muong Nhe district were transferred to the district of Nam Po and Muong Nhe district's remaining 11 communes and 1 regional clinic. Only 1 of these 11 communes achieved national set of criteria for CHS. The number of inpatient cases of the district line multiplied by 2.5 times within 5 years: from 2,214 in 2008 to 5,614 cases in 2013). Maternal mortality ratio per 100,000 live births in the district is 327.87. Infant mortality rate in the district is currently at 12.2 o/oo; Mortality rate of children under 1 is at 52.46 o/oo and mortality rate of children under 5 at 67.76 o/oo[8]. Ethnic minorities' awareness of health in the district has changed dramatically; from just praying or getting rid of the evil spirits when sick, to now sending for doctors, or visiting health facilities for examination and treatment.

With the target to improve the quality of health services provided by CHS, the Department of Health of Dien Bien Province and stakeholders conducted the survey on people's satisfaction of communal health care service and on the using of citizen report cards (CRC). This research is conducted in three districts of Dien Bien province, including Dien Bien (representing the low region with rather good socio-economic conditions

5 *Dien Bien statistics 2013*

6 *Dien Bien Dong district health centre. Report on Reproductive health in 2013*

7 *2013 Annual report of the Center for Reproductive Health of Dien Bien Dong district*

8 *Dien Bien province annual statistics 2013*

of the province), Dien Bien Dong (representing the highland with difficult socio-economic conditions) and Muong Nhe (representing border districts, remote areas with very difficult socio-economic conditions). Information was collected from 6 communes selected from these 3 districts (2 communes each). They are communes of Noong Luong and Thanh Yen (in Dien Bien district); Chieng So and Keo Lom (in Dien Bien Dong district); Nam Ke and Quang Lam (in Muong Nhe district).

2. Objectives of the CRC in Dien Bien

Surveying service users' feedback and satisfaction on health services provided at commune level using CRC tool in Dien Bien aims at the following 2 specific objectives:

- To collect feedback on service quality and measure users' satisfaction with the communal health services including: (1) Antenatal care, (2) Medical check-up, (3) Vaccination, (4) Maternal and Child Healthcare (5) Health Information Education and Communication.
- To provide specific recommendations for monitoring and evaluating the implementation of the objectives and targets set out in the plan of socio-economic development of the province of Dien Bien, plan of the Health Department of Dien Bien province as well as the suggestions to improve the quality of health services at commune level.

3. Scope of the CRC

This research collects users' feedback and evaluates users' satisfaction for 05 healthcare services provided by CHS (Commune Health Stations) on 7 aspects including:

- Availability of the services;
- Accessibility to the services;
- Use of the services;
- Quality of the services;
- Users' satisfaction;
- Problems encountered by users of the services;
- Recommendations for improvements.

This research selects five health services provided by CHS to collect service user feedback and evaluation of satisfaction of services including:

1. Antenatal care
2. Maternal and child healthcare during and after birth
3. Vaccination
4. Health information, education and communication (IEC)
5. Medical check-up

4. Research Methodology

This research is a social survey with participation of people who have used the 5 surveyed services. Quantitative research method was employed, with cross descriptive statistics, under the application of random sampling method, after secondary data research and group discussions with stakeholders on the scope of research. In the process of surveying, quantitative information collected by questionnaires was complemented by interviews with 7 communal health officials by 2 consultants and the survey team. Investigators have also performed household observations and recorded information shared by the people in interviews that were not included in the questionnaire.

5. Respondents

Respondents selected for the interviews in the research are those who have used at least one of 05 health services provided by CHS for about a year. Two main target groups were selected including (1) mothers of young children: these are those who have used at least 4 in 05 services selected for the survey and (2) those who had medical checkup recently, including mothers of young children above and those who came to CHS for medical checkup in the last 12 months.

There were 300 interviews with 300 mothers of young children, who have used at least 4 in 05 services selected for the survey including (1) antenatal care, (2) vaccination; (3) communication and (4) maternity and child care during and after birth; and 300 interviews with 300 people who had medical checkup in the last 12 months, among whom were 188 mothers having small children mentioned above, 34 women and 78 other men. Characteristics of the sample/ respondents are shown in table 1 and table 2 below:

Table 1: Summary of respondents using 4 services (mothers having small children)

Grouping	Total	Number of users by service			
		Antenatal care	Maternal and Child Healthcare	Vaccination	IEC
Household groups					
Poor	142	77	128	89	44
Near Poor	19	15	18	15	15
Others (average, non-poor)	139	103	133	119	90
Gender					
Male	-	-	-	-	-
Female	300	195	279	223	149
Ethnic					
Thai	110	87	108	105	84
Mong	115	50	97	50	23
Kinh	40	32	39	39	30
Others	35	26	35	29	12
Education					
Illiterate	111	48	96	54	22
Primary	52	40	48	42	30
Lower Secondary	74	58	72	66	47
Higher Secondary	63	49	63	61	50
Ages					
Below16	4	1	4	3	
16 to 21	113	75	108	84	50
22 to 30	152	103	142	117	88
Above 30	31	16	25	19	11
Surveyed Area					
Dien Bien district	106	87	104	106	98
Dien Bien Dong district	109	62	93	71	26
Muong Nhe	85	46	82	46	25
TOTAL	**300**	**195**	**279**	**223**	**149**

Source: Dien Bien CRC in Commune Healthcare Services, 2013

Table 2: Summary of respondents in Medical check-up service

Grouping	Total
Type of Health Insurance Card	
Poor household	142
Near poor household	7
Voluntary	22
Compulsory	8
Social Policies	108
Without card	13
Gender	
Male	78
Female	222
Ethnic	
Thai	108
Mong	118
Kinh	38
Others	36
Education	
Illiterate	89
Primary	72
Lower Secondary	79
Higher Secondary	60
Age	
Below16	
16 to 21	82
22 to 30	151
Above 30	67
Survey Area	
Dien Bien district	106
Dien Bien Dong district	109
Muong Nhe	85
TOTAL	**300**

Source: Dien Bien CRC in Commune Healthcare Services, 2013

In this research no one refused to participate in the survey. However, due to the permanent residence registration and child birth registration as well as the businesses, 57 women who had been officially listed weren't at home when the household survey team came. 32 women in the replacement list and 25 mothers outside the list (both official and preservative) have participated in the interviews.

6. Research Tools

This research uses 02 questionnaires to collect information. One was used to collect information from users of 5 health services surveyed. This questionnaire consists of 127 questions (including closed questions and open ended ones) to collect both general and specific information related to opinions and satisfaction of service users of 5 health care services currently provided by CHS.

In addition, a short questionnaire was used to collect information from the staff of CHS on the facilities and human resources of the CHS.

7. CRC Process

The survey was organized and implemented in the following steps:

Step 1: Technical Workshop

Technical workshop was held on 25 October 2013, chaired by the Department of Health and with technical assistance from two national consultants. Twelve key officials representing Project Management Board of Child Friendly Project of Dien Bien Province, the Department of Planning and Investment, the Statistics Office, CRC working group, Health Department and its affiliated centers and directors of Health Centres from 3 districts participated in the workshop. The main objective of the workshop were (1) to exchange and share the information on the socio-economic situation of Dien Bien Province, the objectives of the Health Sector in the 5-year Socio-economic Development Plan; (2) to raise awareness for the partner agencies of CRC and how to use CRC results; (3) to discuss the purpose and scope of survey on the people's satisfaction of health services in the province of Dien Bien.

Step 2: Building research tools

After reaching the agreement on the objective and scope of the survey (people's satisfaction with health services at commune level), in the period from 25 October 2013 to 25 November 2013, members of the CRC working group under the Department of Health and related departments exchanged information with 2 national consultants to draft the questionnaire for household, the questionnaire for commune health staff and a guideline for investigators and enumerators in collecting and processing the data.

Step 3: Technical training for deployment of CRC survey

A technical training for the core team including 36 technical staff from various provincial departments and related agencies at district level was carried out in 3 days (from 26th to 28th November 2013). The training course was designed for hands-on method, by a combination of theory and practice, including a half day field work to test the questionnaire with 20 households in Thanh Luong commune, Dien Bien district.

Step 4: Data collection

The commission consists of 30 officers selected from the relevant departments and offices of the province and selected districts. The survey team was divided into 9 groups and each group consisted of 2 investigators and one supervisor.

Groups of investigators and supervisors carried out their tasks on data collecting and monitoring the data collection in the field assigned from 10 to 16 December 2013. During data collection period, the provincial groups of investigators received direct technical support from 2 national consultants. The groups of investigators interviewed 300 people and 4 managers of 4 CHS. The national consultants interviewed 2 CHS managers (Thanh Yen and Noong Luong) and 1 CHS deputy manager (Keo Lom).

Step 5: Data entry, processing and report writing

The whole 300 questionnaires were cleared and cleaned by supervisors and data entry was made in Excel (from 15th to 25th January 2014). After receiving the raw data file by the four provincial supervisors and 300 questionnaires, the consultant team reviewed the entire questionnaires, cleared and cleaned them. Then, the consultant team imported the data into SPSS 17.0 for statistical analysis (from 14th to 28th February 2014) and drafting the report. The draft report was sent to the Dien Bien Department of Health, the project management board and UNICEF representatives for comments.

Step 6: Consultation on the draft report and finalizing report

The draft report was sent to the stakeholders at the provincial level, the project management board and UNICEF for comments and suggestions. The national consultant team has finalised the draft report based on the comments and suggestions of stakeholders. There will be a seminar to share the findings of the CRC with the participation of local and provincial authorities.

8. Sampling method

The sample size

The determination of sample size for this survey was calculated by the consultant team based on the formula for calculating sample sizes which are commonly used in sociological survey nowadays; that is:

$$n = \frac{z^2(p.q)}{e^2}$$

In which, the reliability is 95 %, then z = 1.96; e is the level of acceptable error, which was 5% in this survey; p is the proportion of people satisfied with the health services being surveyed and q = 1 - p. p is unknown, so we applied p = q = 0.5 for all p, q, then p*q max = 0.25.

Solving the formula we have the scientific sample size is **384 samples,** acceptable to all populations of N. According to William G. Cochran (1977), Sampling Techniques, 3rd Edition, John Wiley and Sons, the sample size is calculated when we know the size of the population of N is ***n' = n / (1 + n / N)***

Sampling

The survey was conducted in 3 districts of Dien Bien, Dien Bien Dong and Muong Nhe, for the purpose of improving quality of healthcare services in specific areas and in line with the framework of the UNICEF- Dien Bien province child friendly project. These three districts were purposively selected based on geographic and economic conditions and not representing all districts of the province. Similarly, the selection of communes was purposive and conducted considering the following criteria:

- CHS must have accommodation
- There was no district hospital or regional clinic in the commune.

- There were more than 50 mothers raising children under 1 year of age;

Based on these criteria, the research team selected 06 communes for this survey:

- Thanh Yen and Noong Luong communes (Dien Bien district);
- Chieng So and Keo Lom communes (Dien Bien Dong district);
- Nam Ke and Quang Lam communes (Muong Nhe district).

Survey unit was the household. Respondents were mothers with children under 1 year old (as of 30/09/2013) and people who had medical checkup at the CHS during 01/01/2013 and 30/09/2013. The sample frame was the list of mothers with children under 1 in the surveyed communes. The samples – households with nursing mothers, were systematic randomly selected from the list.

With the total number of mothers with children under 1 year of age in 6 communes of 3 districts N = 677; n' is calculated to be 245 samples. To prevent the risk of not meeting the target mothers, the sample size accommodated approximately 20 % extra mothers, making the total sample size for this survey of 300 households/ mothers. The sample was distributed as follows:

Table 3: Distribution of Sample by surveyed area

Dien Bien District		Dien Bien Dong District		Muong Nhe District	
Thanh Yen	Noong Luong	Chieng So	Keo Lom	Nam Ke	Quang Lam
56	50	39	70	58	27

Apart from the official list of 300 mothers, there was also a redundant list of 60 mothers (20%), to be interviewed when mothers in the official list are not available. Mothers in the redundant list are the mother next to the mother in the official list.

Respondents were determined as follow: when investigators come to a household, they would interview the nursing mother (those who probably have used 4 in 5 medical services provided by commune health stations) and a family member who had medical checkup service at the CHS if the mother had not used it. If the household does not have any one who had medical checkup at the CHS recently, investigators would select randomly from 3 neighbouring households (referring to the list of people visited CHS in September 2013) for an interview for medical checkup service. The replacement households/ respondents were clearly marked in the questionnaire to test the reliability when needed.

PART II:

DIEN BIEN CRC RESULTS

PART II:
DIEN BIEN CRC RESULTS

I. GENERAL FINDINGS

1. Facilities and human resource of CHS

Based on the National Criteria for Communal Health Station in 2011-2020, in order to be rated as a standard CHS, the CHS must meet all 10 criteria, including criteria for facilities, health personnel and the medical equipment. According to this set of criteria, by the end of 2013, the number of communes had standard CHS in Dien Bien province was 18, taking up 13.8%.

Among the 6 communes surveyed, none had standard CHS. As far as facilities and medical equipment were reviewed, Nam Ke and Quang Lam communes (Muong Nhe district), had better conditions and meeting more criteria than the rest: with 8/13 specialized rooms and met approximately 51.1 % and 69.3 % equipment list respectively. Facilities of all the communes were in equally bad condition. Chieng So and Keo Lom communes were the worst of them with 4/13 specialized rooms and met 14.2 % equipment list; and 5/13 specialized rooms, and met 32% equipment list, respectively. Thanh Yen and Noong Luong had higher rates of equipment than 2 communes of Dien Bien Dong district, but in fact the equipment of these 2 CHS of Dien Bien district was also very old. Most of the instruments were used for more than 10 years.

5 out of 6 CHS had emergency vehicles. 01 commune did not have emergency vehicle, which was Thanh Yen commune (Dien Bien district). 3 out of 6 CHS had clean water (natural water filtered and processed), 3 other CHS used natural water without filter. 5 out of 6 CHS had places for medical waste treatment but the main method of treatment is burning. The place used for medical waste treatment of Thanh Yen commune was very simple, being simply a deep hole for dumping medical waste, only burnt when full. With such condition, Quang Lam answered "no place for medical waste". 100 % CHS had toilets with water.

According to the criteria of the Ministry of Health, standard norm of health personnel is one health worker per 1000 inhabitants. 5 out of 6 communes surveyed met this rate and only 01 commune lacked health workers, which was Thanh Yen commune (Dien Bien district). The commune has a population of about 8000 but it had 5 health workers, as such 3 staff has not yet been mobilized. Despite the lack of staff, Thanh Yen had a doctor whereas the other 3 CHS did not have any doctor (2 communes of Muong Nhe district and Noong Luong commune of Dien Bien district).

5 out of 6 CHS had midwives and / or obstetrical physicians and the CHS without any was Thanh Yen (Dien Bien district). Thus Thanh Yen commune was the weakest in terms of health workforce among those six communes: lack of both quantity and professional staff needed.

2. Accessibility to Healthcare services of the people

This survey selected 5 of the medical services of CHS including: (1) antenatal care, (2) maternal and child healthcare during and after birth, (3) vaccination, (4) health IEC and (5) medical check-up. These are the basic medical services provided by CHS and are used to measure people's accessibility to these services as well as users' feedback and satisfaction level.

When considering the accessibility or the use of CHS services it was shown: The percentage of people using 5 health services of CHS was rather high. For health care (medical check-up) services, 92.0 % of 300 respondents questioned said they had selected CHS as primary clinic for health care and treatment. As for the remaining 4 services, 65% of a total of 300 mothers interviewed, used antenatal care services at CHS; 93% mothers selected maternal and child care during and after birth; 74% mothers used vaccination services; 49.7% mothers received the health information.

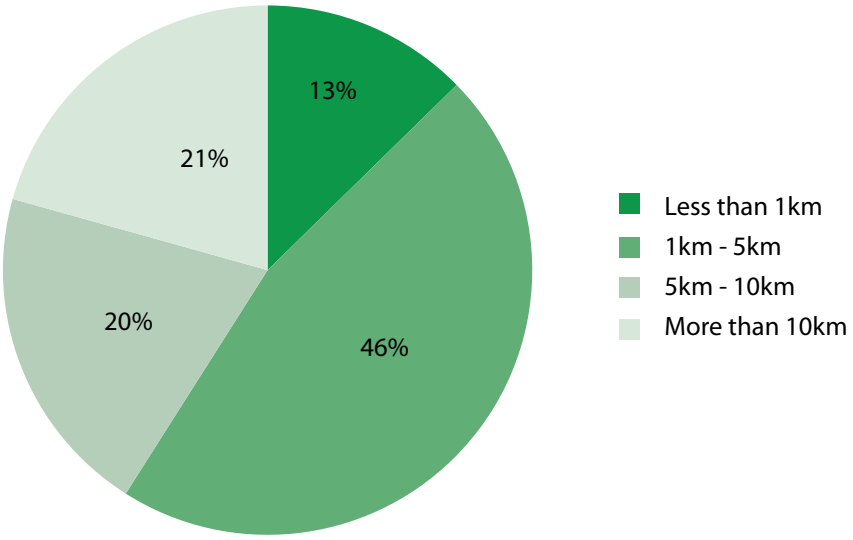
Table 4: Level of using health services provided by CHS

Services at CHS	Frequency	Rate (%)
1. Antenatal care	195	65,0
2. Maternal and child care	279	93,0
3. Vaccination	223	74,3
4. IEC	149	49,7
5. Medical checkup	300	100

Source: Dien Bien CRC in Commune Healthcare Services, 2013

Considering the distance from home to CHS, 12.7% or 38 of 300 mothers who said they lived near CHS (under 1km away). In addition, 139 respondents (46.3%) lived between 1 km and 5 km away from CHS and and 61 respondents (20.3%) lived between 5km and 10km away. Notably, there were 62 respondents (21.0%) said they lived over 10km away from CHS.

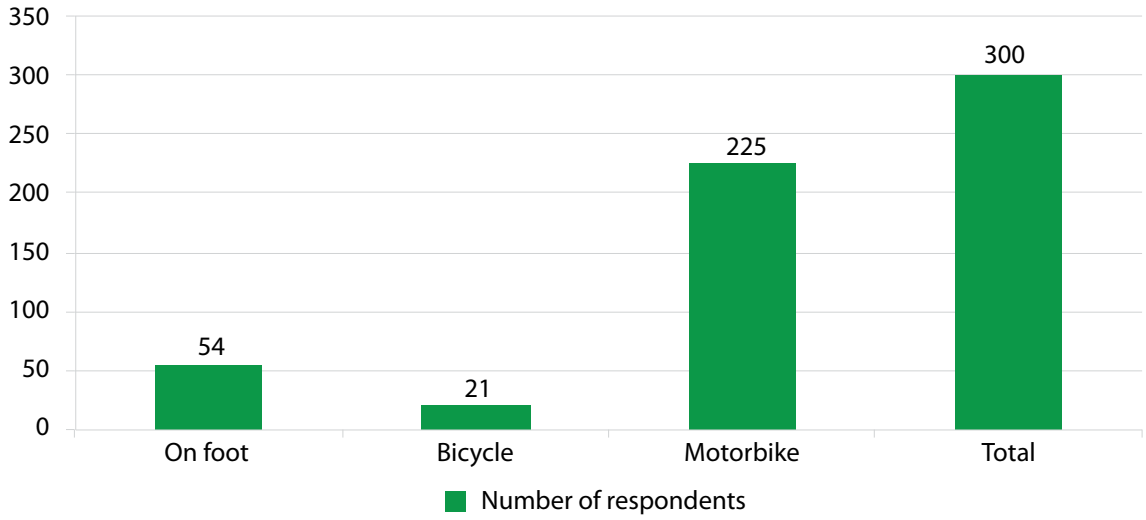
Figure 1: Distance from home to CHS



Source: Dien Bien CRC in Commune Healthcare Services, 2013

Currently, the common means of transportation used by households to CHS are motorcycles. In addition, there is a lower rate of those who often walk or use bicycles.

Figure 2: Means of transportation to CHS



Source: Dien Bien CRC in Commune Healthcare Services, 2013

Considering the travel time, it took most households less than 30 minutes to get to CHS from home. However, 36% of the households have to spend at least 30 minutes to under 60 minutes to reach CHS. Especially it took 5.7% of households 60-90 minutes and 2.3% households over 90 minutes to go to CHS from home.

Table 5: Time to CHS by household, ethnicity and district

Tim from home to CHS		Household group, 2012			Ethnicity				Total
		Poor	Near poor	Non-poor	Thai	Mong	Kinh	Others	
Less than 30 minutes	Dien Bien	8	9	77	61	0	31	2	94
	Dien Bien Dong	28	1	12	13	15	1	12	41
	Muong Nhe	15	2	16	8	14	7	4	33
From 30 – under 60 minutes	Dien Bien	3	3	6	11	0	1	0	12
	Dien Bien Dong	38	3	10	10	35	0	6	51
	Muong Nhe	32	1	12	2	36	0	7	45
Over 60 – under 90 minutes	Dien Bien	0							
	Dien Bien Dong	7		4	4	5		2	11
	Muong Nhe	4		2	0	5		1	6
Over 90 minutes	Dien Bien	0							
	Dien Bien Dong	6			1	4		1	6
	Muong Nhe	1			0	1			1
TOTAL		142	19	139	110	115	40	35	300

Source: Dien Bien CRC in Commune Healthcare Services, 2013

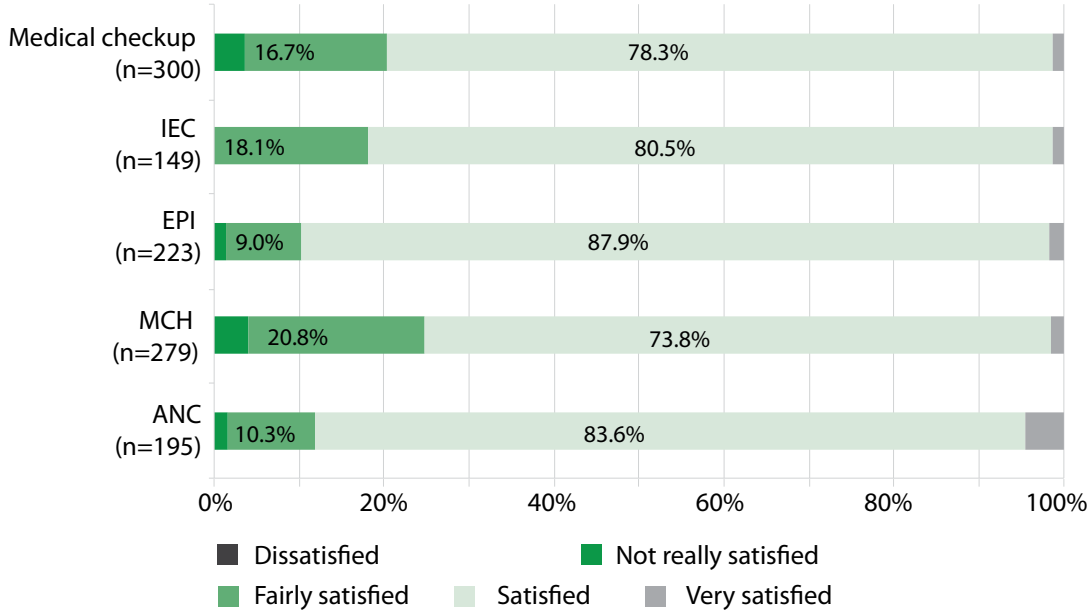
The table above shows the number of households that were taken at least 30 minutes to 90 minutes to travel from home to the main CHS, who are from poor households, ethnic minorities (Mong and Thai), living in Dien Bien Dong district and Muong Nhe district.

In the surveyed areas, as for residents' commuting time to CHS, the most difficult communes to mention were in Dien Bien Dong district, particularly CHS of Keo Lom commune, with the distance from the farthest household was over 20km. Characterized as a mountainous district, road travel in this district is particularly difficult, even when people have motorcycles. In the sample of all households in Dien Bien province, it was reported that it took 7 households more than 90 minutes to get to CHS, 6 of the households are in Dien Bien Dong district (including 5 households in Keo Lom). 39 households in this district out of 62 households live over 10 km away from the CHS, (26 households of which are in Keo Lom).

3. Level of satisfaction with healthcare services at commune level

When comparing the proportion of user satisfaction for each medical service it showed that the service with the highest satisfaction level was vaccination services (87.9 %), followed by antenatal care services (83.6 %); communication services (including methods and information content). The service which received the lowest user satisfaction level was maternal and child care services during and after birth. Only a very low percentage, ranging from 1 % to 5 % of service users found no satisfaction with any medical service provided by CHS.

Figure 3: Users' Satisfaction on 5 healthcare services



Source: Dien Bien CRC in Commune Healthcare Services, 2013

II. FINDINGS BY HEALTHCARE SERVICE

1. Antenatal Care

Antenatal care is one of the primary health care services provided by CHS. Enhancing the quality of antenatal care services at CHS will be an important contribution to ensuring quality health care for mothers before birth, contributing to reducing maternal and infant mortality due to stroke risk obstetrics, especially in areas where the risk of maternal and infant mortality is high.

This survey showed that currently, there was a rather large proportion of pregnant women had ANC at health facilities: 226 out of 300 women interviewed, (representing 75.33 %). 65.0 % of these mothers (195) had antenatal care at CHS and 35.0 % (corresponding to 105 mothers) did not have antenatal care at CHS. 31 mothers (10.3%) among these 105 mothers had antenatal care in other places such as district hospitals, general hospital, provincial hospital, at home by the local midwives or nurses. The remaining 24.7 % (equivalent to 74 mothers) had no antenatal care anywhere. This group was mainly Mong mothers (58 mothers - 78.3%) and Thai (8 women – 10.8%) and poor group (55 women -74.3%) and mostly non-school groups (53 mothers -71.6%).

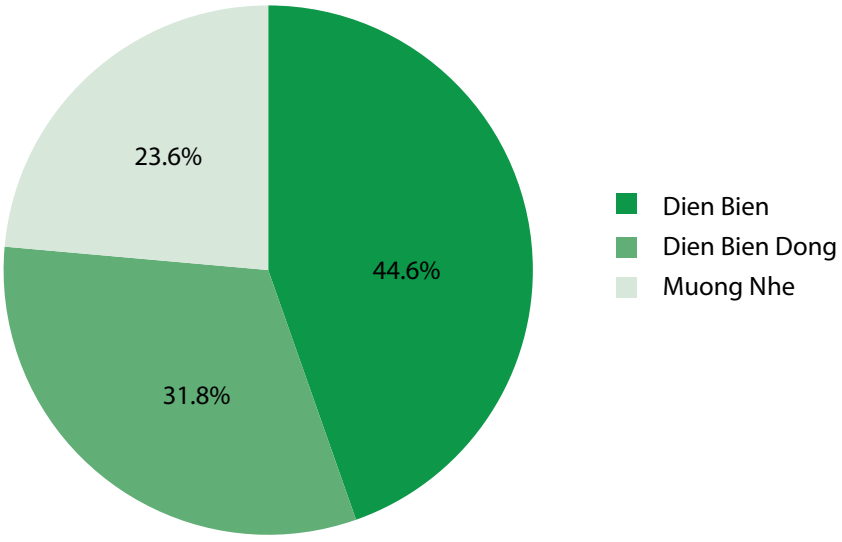
Table 6: Place of antenatal care in the nearest pregnancy

No	Antenatal Care place	Frequency	%
1.	CHC	195	65,0
2.	Had no antenatal care	74	24,7
3.	Private clinic	14	4,7
4.	District Hospital	8	2,7
5.	At home by local midwives, or nurse	4	1,3
6.	Other commune CHS	1	0,3
7.	General regional Hospital	1	0,3
8.	Provincial Hospital	1	0,3
9.	Regional Clinic	1	0,3
10.	Center for Reproductive Health care	1	0,3
	TOTAL	**300**	**100**

Source: Dien Bien CRC in Commune Healthcare Services, 2013

Comparison to the proportions of women using antenatal services at CHS showed the difference[9] between the three districts. Of the total of 195 pregnant women arriving for antenatal care at each CHS, Dien Bien district had the highest percentage (44.6%). Dien Bien Dong district had lower rates (31.8%) and the lowest was Muong Nhe district (23.6%).

Figure 4: Percentage of mothers attending ANC at CHS by location



Source: Dien Bien CRC in Commune Healthcare Services, 2013

9 *Statistical test shows relation between locality and the use of Antenatal services with $p < 0.05$*

Of the 195 mothers who used antenatal services of CHS, the proportion of women attending antenatal clinics three times was 41.5 %. There were 64 pregnant women attending antenatal clinics 3 times in 3 phases of pregnancy, accounted for 32.8 %. Particularly, 7.2 % of the users had antenatal care services more than 3 times during their recent pregnancy. This showed improved awareness of the population and major effort of the medical stations to enhance quality of antenatal care services at CHS. According to the World Health Organization's standard, there should be 4 prenatal visits in a pregnancy, and these do not necessarily in 3 phases as recommended by Vietnam. Meanwhile, Vietnam recommends at least three times and clearly defined 3 points in 3 phases (1st time in the first trimester, 2nd time in the second trimester and the last time in the last trimester).

When asked about the content of examination for pregnant women at health stations it showed that a total of 195 mothers came to CHS, most pregnant women had the fetal heart checked (representing 52.3 %); weight checked (45.0 %) and heart rate measured, blood pressure checked (42.3 %). Survey results also showed that no mothers had prenatal ultrasound done at CHS because none of the 6 communes surveyed currently has ultrasound machines. Other examination contents such as urine test or gynecological examination are hardly implemented.

Table 7: Instruments for Antenatal Care at CHS

Instruments	District			Total
	Dien Bien	Dien Bien Dong	Muong Nhe	
1. Blood pressure, heart rate monitor	61	34	32	127
2. stethoscope	78	45	34	157
3. Thermometers	16	15	18	49
4. Scales	72	36	27	135
5. Other (specify instrument)	44	15	7	66
Measuring tape	43	12	6	61
Blood tests	1		0	1
Pregnancy testing sticks	0	0	1	1
Do not remember, check by hand	0	3	0	3

Source: Dien Bien CRC in Commune Healthcare Services, 2013

Currently pregnant women were guided by health workers from CHS and given advice on a number of content such as: (1) antenatal care 3 times in 3 phases of pregnancy and having birth at health facilities; (2) hygiene and sanitation during pregnancy; (3) proper nutrition care and eliminate practices that are harmful to the health of mothers and children; (4) breastfeeding their children; (5) identify abnormalities (risk of obstetric complications). Of the 195 antenatal mothers who visited CHS, the proportion of pregnant women was guided by health workers to deliver birth at health facilities accounted for 54.7%, the highest rate; followed by the guidance on breastfeeding. Content which was least guided was to recognize abnormal signs of pregnancy, birth and after-birth and treatments (36.0%).

Table 8: Counselling received during ANC

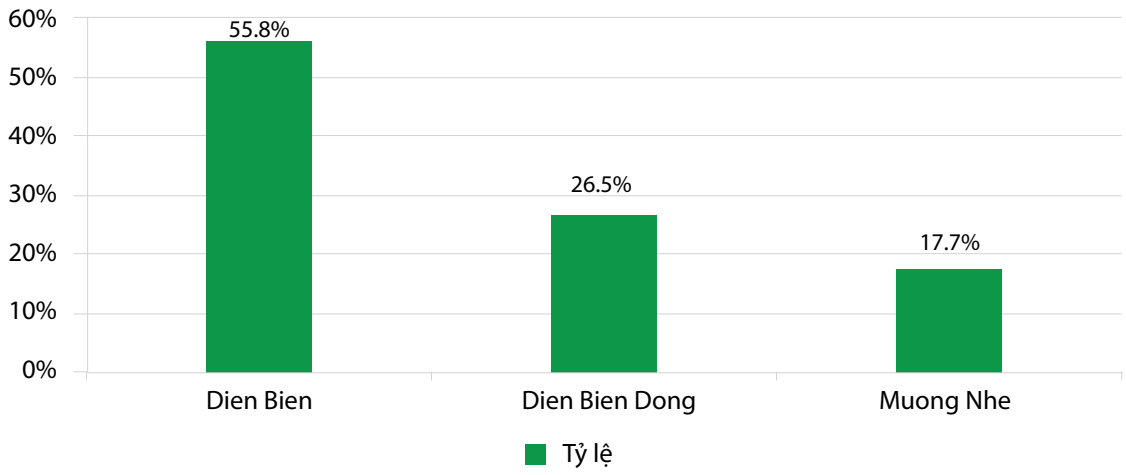
Counseling	Dien Bien	Dien Bien Dong	Muong Nhe	Total
Antenatal care 3 times in 3 phases and childbirth at clinics	96	35	33	164
Hygiene and sanitation	93	20	24	137
Appropriate Nutrition	85	18	25	128
Exclusive breastfeeding in first 6 month	94	27	30	151
Signs of abnormality	70	14	24	108
Total	**106**	**109**	**85**	**300**

Source: Dien Bien CRC in Commune Healthcare Services, 2013

181 women out of the 300 women interviewed, (equivalent to 60.3%) had been vaccinated against tetanus in the medical facility. Among them, the majority of mothers were twice tetanus vaccinated (72.9%).

There are differences[10] among the three districts surveyed in the proportion of pregnant women being vaccinated against tetanus. Leading is 181 mothers who had been vaccinated against tetanus at CHS of Dien Bien district (55.8%); followed by Dien Bien Dong district (representing 26.5%) and last was Muong Nhe with the lowest proportion of pregnant women vaccinated against tetanus (17.7%).

Figure 5: Percentage of women vaccinated against tetanus by locality

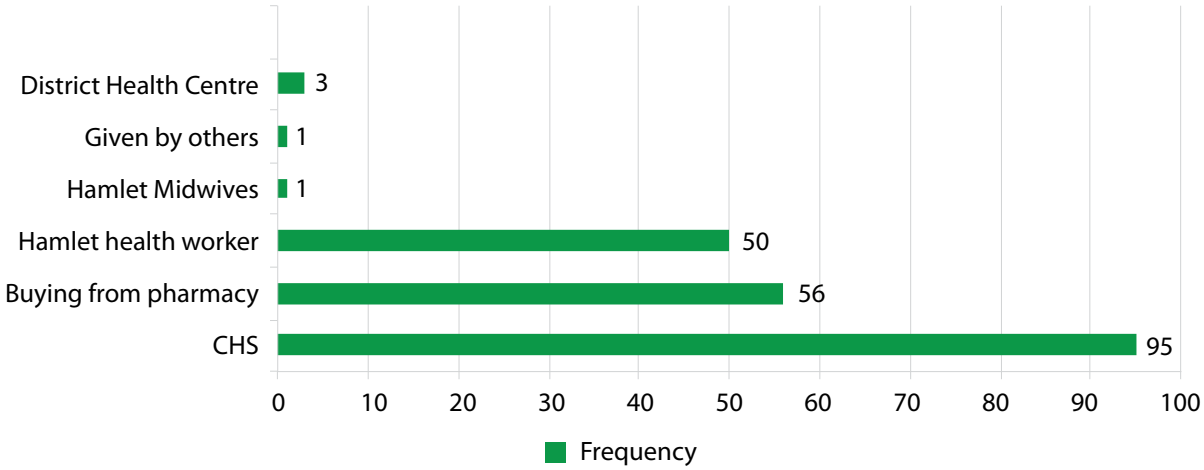


Source: Dien Bien CRC in Commune Healthcare Services, 2013

Survey results also showed that 185 out of 300 mothers asked (equivalent to 61.7%) said they were taking iron supplements or multi-micronutrients during their pregnancy. The source of Iron supply mainly came from CHS staff or village health workers. Besides, there was a small percentage of mothers who bought iron tablets on their own.

10 *Statistical test shows relation between locality and the use of tetanus vaccine with $p < 0.05$*

Figure 6: Source of iron tablets supply



Source: Dien Bien CRC in Commune Healthcare Services, 2013

Almost all of the mothers who had used antenatal care services at CHS did not have to pay anything to use antenatal care services at CHS. Only 2 among the total of 195 mothers who used antenatal care at CHS said that they had to pay the costs 20.000d for pregnancy-test sticks.

The survey results also showed that currently people do not have to spend too much time waiting for antenatal care at CHS. The majority of the 195 mothers attending ANC at CHS had to wait less than 15 minutes and 30.3 % of mothers said they only wait 15-30 minutes to receive ANC.

The keeping track and management of pregnant women has also been taken care of in these health facilities. Most mothers attending ANC at these health facilities were tracked up in document for mothers and children. 72.7 % of mothers out of 300 women interviewed were tracked up at the maternal and child health facilities. A total of 168 mothers out of 195 mothers who had antenatal care at CHS, (approximately 86.2 %) were tracked up in document for maternal and child care at CHS.

One of the concerns of this survey is to collect feedback and measure the quality of antenatal care services provided by CHS. Therefore, this survey was conducted to collect the opinions of the people about the attitude of health workers to service users as well as satisfaction levels of service users to medical services for pregnant provided by CHS.

Generally, most women using antenatal care services at CHS supposed that the commune health workers' attitude and caring for them when attending ANC was dedicated. 73.8 % out of the total 195 mothers using antenatal services at CHS, said health officials here were interested and attentive to them. No mother reflected health officials had snubbed their attitude.

Table 9: Health Workers' attitudes during Antenatal care

Attitude of health personnel	Frequency	Rate (%)
Normal	41	21.0
Caring, thoughtful	144	73.8
Very interested, attentive	10	5.1
Total	195	100.0

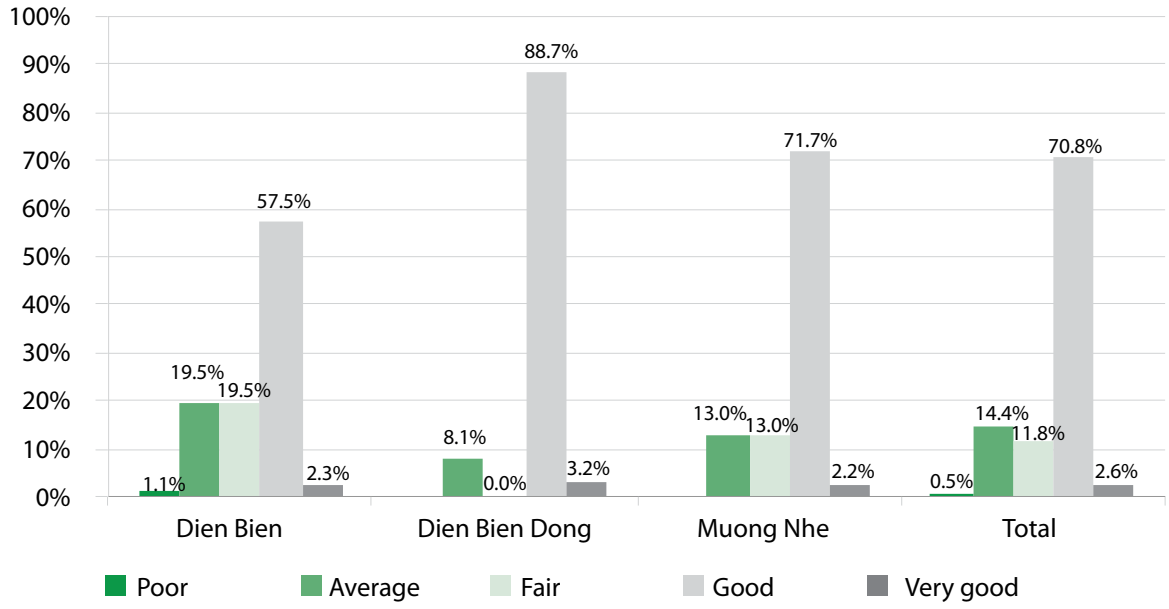
Source: Dien Bien CRC in Commune Healthcare Services, 2013

144 mothers said health workers were caring , and rating of poor households accounted for the highest group (85.7 %), followed by a group of mothers of near poor households (66.7 %) and the lowest rate among mothers was of non-poor households (66.0 %). Statistical test results showed a correlation between the groups of households and the rating attitude of health workers, with p values was less than 0.05.

The positive comments and encouraging attitude when rating health workers includes *"getting careful examination, full antenatal care, tetanus vaccination, to be cared for soon when arriving, being given relevant drug, getting full guidance on pregnancy care, easy to understand instructions, taking iron supplements, accurate diagnosis of pregnancy ..."*

The majority of pregnant mothers gave positive evaluation of the quality of antenatal care services here. Up to 70.8 % of 195 mothers getting antenatal care at CHS, (corresponding to 138 people) said that the quality of antenatal care services at the commune level was good, and 11.8 % (equivalent to 23 mothers) supposed the service quality was quite good; Only 14.4 % (28 mothers, respectively) interviewed rated the quality of antenatal care services was at average level.

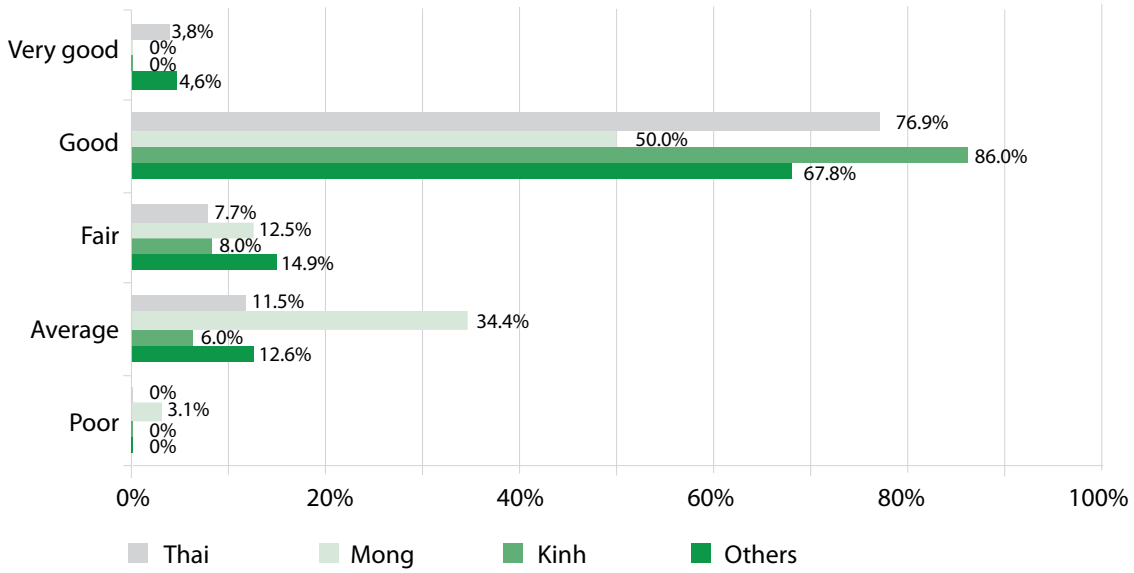
Figure 7: Quality of antenatal care at CHS by locality



Source: Dien Bien CRC in Commune Healthcare Services, 2013

The survey results showed some difference[11] in the evaluation about service quality antenatal care among mothers of different ethnic groups. 62.5% Kinh mothers rate the quality of antenatal care services was fair and good; 82.8% Thai mothers rated the quality of services of antenatal was fair and good, and 94.0% Mong rated the service at fair and good level.

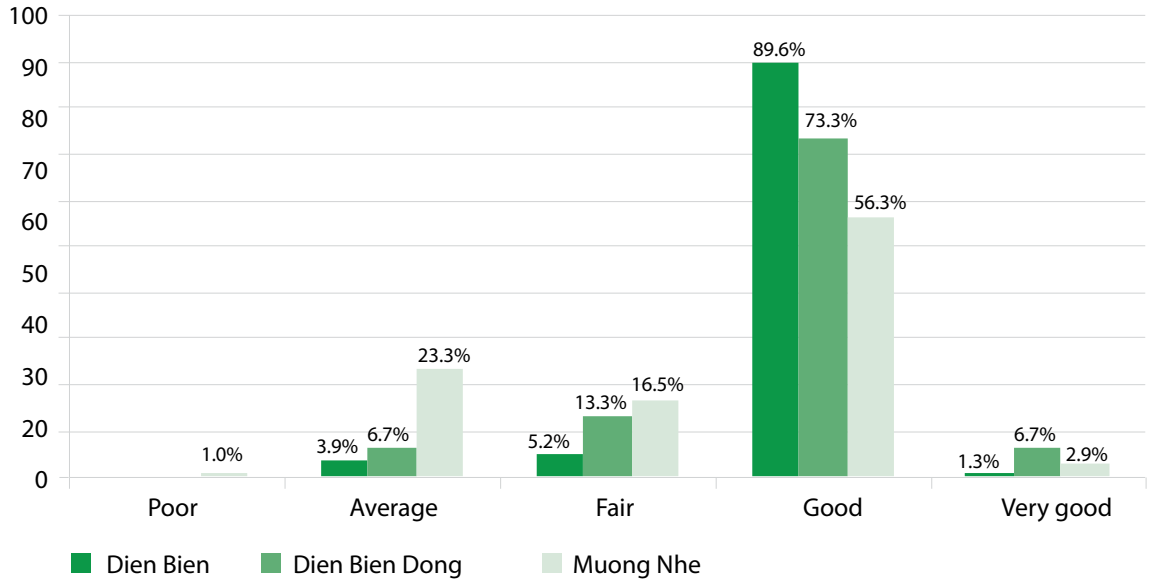
Figure 8: Quality of Antenatal care by ethnic groups



Source: Dien Bien CRC in Commune Healthcare Services, 2013

Comparing results of quality rating of antenatal care services by household groups showed that the proportion of poor mothers rated that the quality of antenatal care were fair and good was higher than that of those of near poor and non-poor households.

Figure 9: Quality of Antenatal care by household group

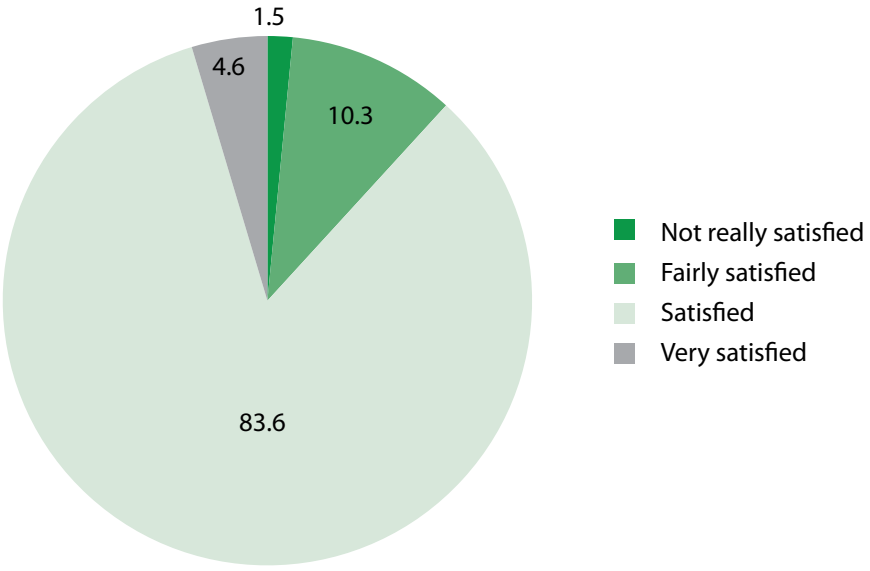


Source: Dien Bien CRC in Commune Healthcare Services, 2013

11 Regression analysis shows correlation between quality perception and ethnic groups and statistical test has $p < 0.05$.

The percentage of service users satisfied with antenatal care services in CHS in this survey was rather high. 83.59% of 195 mothers who had antenatal care at health stations said they were satisfied with antenatal care services here. Very few mothers were dissatisfied with the service (1.53%) and only 10.26% of them temporarily satisfied with antenatal care services given by CHS.

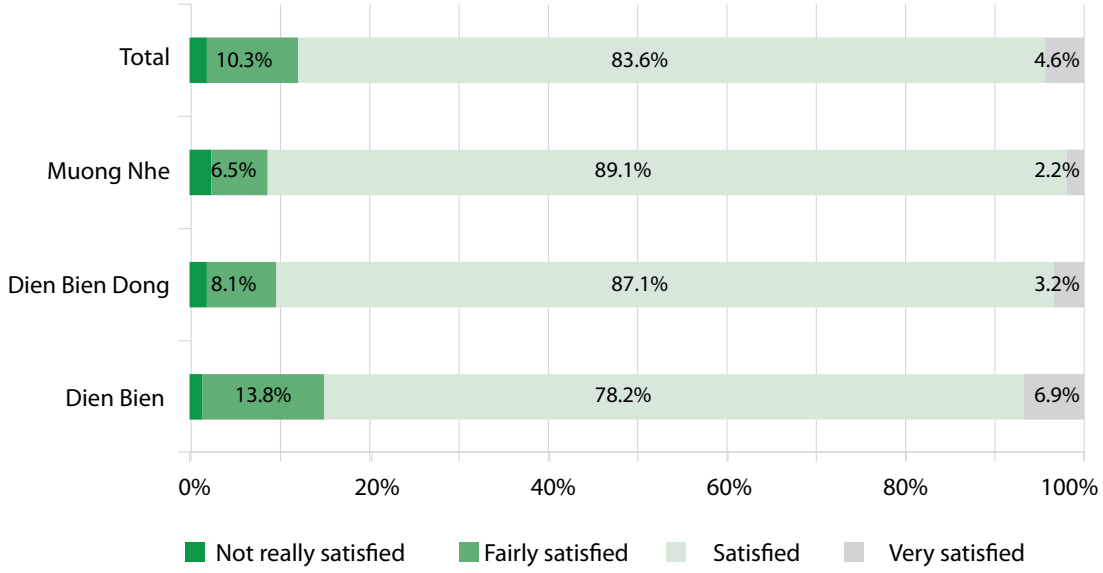
Figure 10: Level of satisfaction with Antenatal care



Source: Dien Bien CRC in Commune Healthcare Services, 2013

The percentage of mothers satisfied with antenatal care services at CHS in Dien Bien Dong district accounted for 87.1%; that of Muong Nhe district was 89.1% and that of Dien Bien district was estimated at 78.0%.

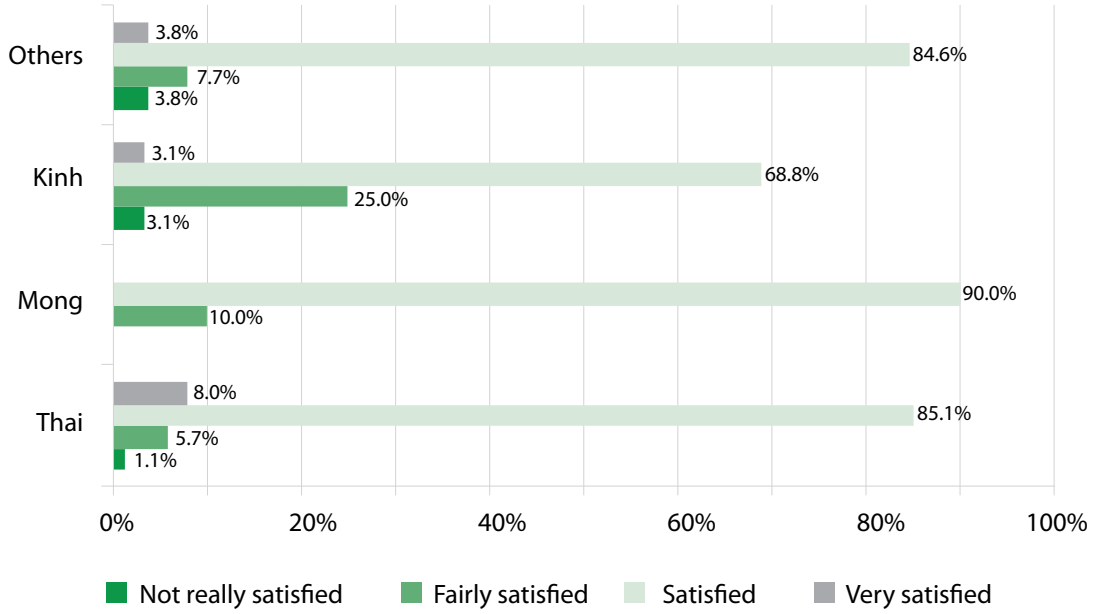
Figure 11: Satisfaction with Antenatal care at CHS by locality



Source: Dien Bien CRC in Commune Healthcare Services, 2013

Level of satisfaction of antenatal care services differs among ethnic groups[12]: Level of satisfaction of Mong mothers with antenatal care services accounted for 90.0%; that of Thai mothers group was 85, 0%; that of mothers of Kinh group accounted for 67.8% and other mother groups was 68.7% (this group consisted of those coming from ethnic minorities such as the Sinh Mun, Cong, Dao, Kho Mu, Muong, Nung ..)

Figure 12: Satisfaction with Antenatal Care by ethnic groups



Source: Dien Bien CRC in Commune Healthcare Services, 2013

Regression analysis of the factors affecting the level of satisfaction with antenatal care services at CHS revealed 02 factors that affected closely with the general level of satisfaction with maternal care services. That is (1) the attitude of health workers when giving antenatal care (2) the quality of antenatal care services. Statistical test result has p value was less than 0.05.

As for **suggestion to improve the quality of antenatal care services at CHS,** in this survey the majority of service users wanted to have more doctors, ultrasound machines, more careful examination from health workers, more specific instructions/ guidance for mothers during antenatal care, enough medicine supply to people and better communication and advice to pregnant mothers.

2. Maternal and Child Healthcare

Maternal and Child Healthcare Service (MCH) during and after birth is one of the essential services provided by the CHS to mothers and children. MCH during and after birth considered in this survey include a lot of specific contents such as midwifery services; advice and knowledge and instructions to mothers during and after birth; Hepatitis B vaccination immediately after birth and tetanus vaccination. Improving the quality of services of MCH during and after birth will effectively contribute to the reduction of risk of maternal mortality due to obstetric complications and infant mortality.

Survey results showed that the proportion of mothers using midwifery services at CHS was very low. Only 19 mothers out of 300 mothers interviewed, (representing 6.3%) gave birth at CH during the past year. There was a high percentage of mothers (40.3%) choosing birth services at district hospitals, regional clinics or provincial hospitals. 16.3% of them decided to give birth at home with the help of traditional birth

12 *Statistical test shows correlation between ethnic groups and satisfaction with Antenatal care services with $p < 0.05$*

attendants. In addition, a significant proportion of mothers (representing 31.7%) selected reproductive healthcare services elsewhere including other district hospital or home birth assisted by the other family members.

Table 10: Place of birth delivery

Place of birth delivery	Frequency	Rate (%)
CHS	19	6.33
At home with health workers' support	16	5.33
At home assisted by traditional birth attendants	49	16.33
At home, with family-support	93	31.00
District Hospital	64	21.34
Regional Clinic	7	2.33
Provincial Hospital	51	17.0
Adoptions	1	0.33
Total	**300**	**100**

Source: Dien Bien CRC in Commune Healthcare Services, 2013

With the active support from the Government, during recent years, equipment to serve birth and care after birth at the commune level has been upgraded and considerably improved. Most people having used the MCH service during and after the birth at CHS said sanitary condition of the delivery room was good (94.7 % of the respondents). Service users of CHS also said they did not have to wait long to use midwifery services and postnatal care here. A total of 73.7 % of people who used to use this service at CHS said when they arrived here; they only had to wait for less than 15 minutes before getting examined and prenatal counseling before birth. However, the main reason why many mothers refused to give birth at CHS was that (1) they didn't trust the quality of midwifery services here; or (2) they were too late to arrive for birth, or (3) they had to be transited to higher medical levels on the risk of dystocia, and (4) other reasons. Among other reasons given, there are notable examples when 5 of these women arrived at the CHS and they were not met by the nurse or midwife because the staff had gone for further study (2 % of the entire samples).

Although not many mothers gave birth at CHS but 19 of these notified that what most popular content of child health care applied to babies here was dry and warm incubation (representing 94.7 %); followed by neonatal cord care, early detection of signs of umbilical cord infection (78.9 %) and re-examination before leaving (78.9 %). The rate of infants having hepatitis B vaccination within 24 hours of birth was 68.4%.

Table 11: Services for mother and child during birth delivery at CHS

No.	Service	Dien Bien	Dien Bien Dong	Muong Nhe	Total
1	Clean and incubation	10	2	6	18
2	Intensive care	4	1	2	7
3	Viscous Suction	7	2	1	10
4	Newborn umbilical cord care, early detection of signs of umbilical cord infection	11	1	3	15
5	Vaccination (hepatitis B)	10	1	2	13
6	Check up before leaving	9	2	4	15
7	Other	1		1	2

Source: Dien Bien CRC in Commune Healthcare Services, 2013

Analysis of the contents of counseling to mothers showed (in 300 mothers being interviewed): content instructed most was the guides to growth chart (representing 65.7%) and the content which was the least guided was the way how redundant common diseases met in children, such as malnutrition, diarrhea, respiratory infections, rickets, vitamin A deficiency, malaria (24.3%).

Table 12: Knowledge and Guidance provided by CHS to mothers

No	Content	Frequency	%
1	Guide to Breastfeeding	166	55.3
2	Guidelines for appropriate complementary feeding after 4-6 months	134	46.7
3	Children's weight and growth chart	126	42.0
4	Instruction to use children's growth charts to mothers	103	34.3
5	Instructions to mothers on how to back up the disease: malnutrition, diarrhea, acute respiratory infections, rickets, vitamin A deficiency, malaria	73	24.3
6	Vaccination schedule guides for children	147	49.0
7	Signs of abnormal babies which leads to examination and treatment at health station	123	41.0

Source: Dien Bien CRC in Commune Healthcare Services, 2013

Most mothers do not have to pay any cost for the use of midwifery services or care to the infants when born at CHS. 26.3 % of 19 mothers who had used midwifery services at CHS said they had to pay for midwifery services and the cost is usually not covered by health insurance or services users had no medical insurance card (11 in the total of 300 mothers asked had no health insurance card).

Quality of service and MCH service during and after birth also was reflected in the proportion of children examined at least once during the first week after birth and at least twice during the first 6 weeks after birth. These visits had great significance in the identification of risk for the prevention and treatment to reduce the risk of infant mortality (especially mortality within the first 7 days and 48 days after birth).

The rate of mothers and children examined at least once after birth and at least twice in the first 6 weeks after birth was very low. 35.0 % in the total of 300 mothers interviewed said they had been examined within 1 week after birth, and only 15.3 % of them at least twice within 6 weeks after birth.

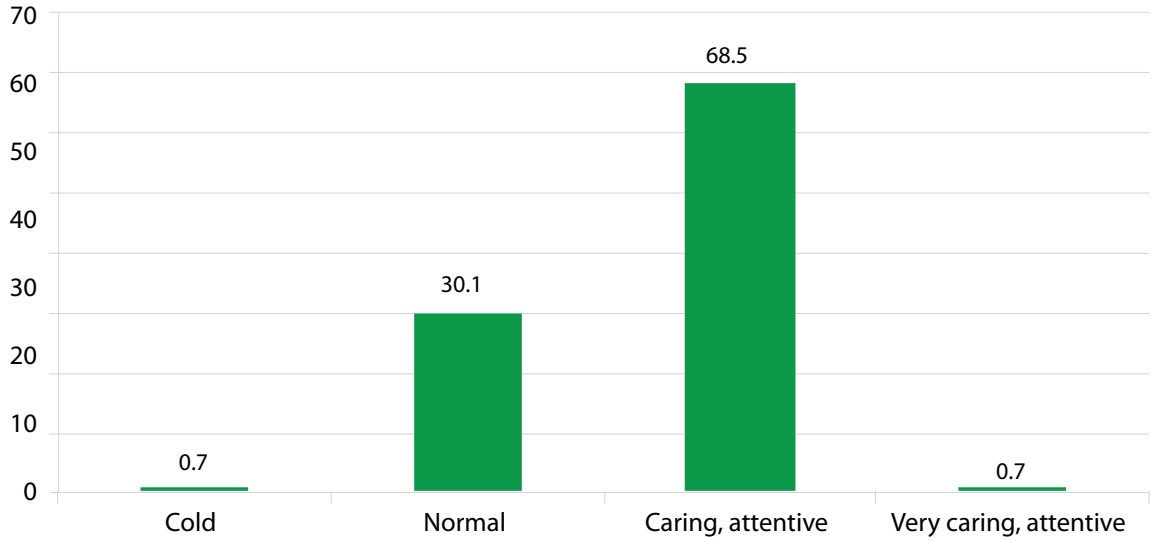
Table 13: Rate of mother and newborn were examined after birth

Service	Frequency	Hamlet health service	By midwife	Hamlet health service and midwife	Others
Examined once in one week after birth	105	85	9	3	8
Examined twice in 6 weeks after birth	46	41	5	0	0

Source: Dien Bien CRC in Commune Healthcare Services, 2013

Commenting on the attitude of the health workers on MCH service during and after birth at CHS also showed that the majority of respondents felt the concern from social health officials when mothers giving birth in CHS and used MCH service during and after the birth in CHS. There are 68.5 % in the total of 279 mothers (who had used at least one service in the package contents of health care services for mothers and children during and after birth in CHS) said that health workers were caring and attentive to the patient. Only very few people (0.7 % out of the total 279 users) said that health workers had the cold shoulder.

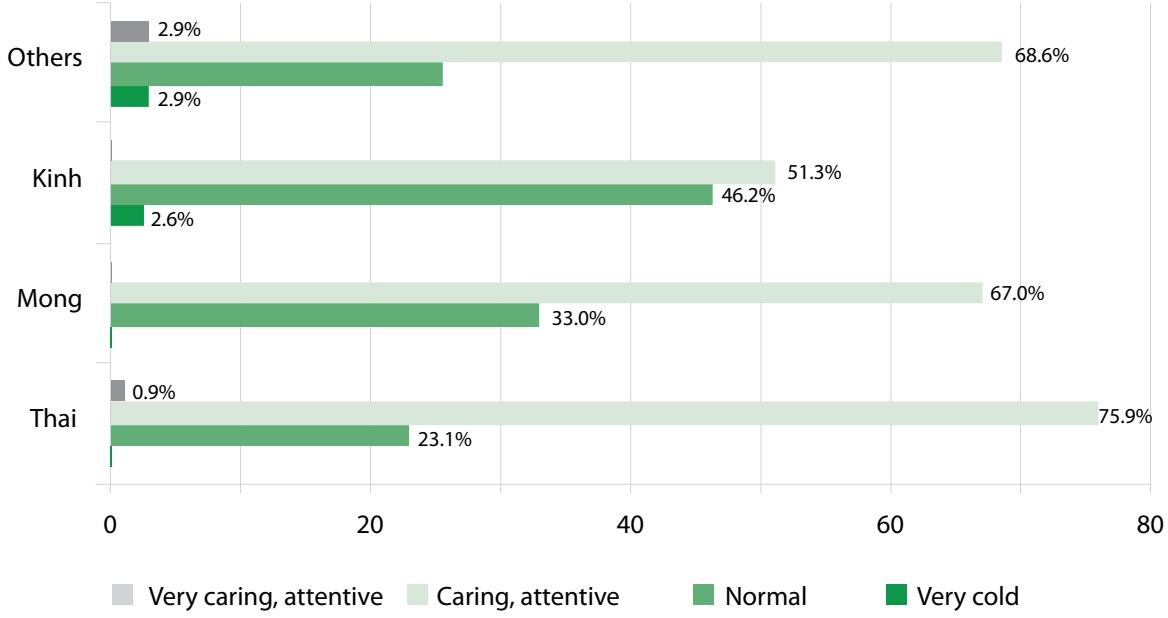
Figure 13: Attitude of Health staff in MCH during and after birth



Source: Dien Bien CRC in Commune Healthcare Services, 2013

The comparison of the results of the evaluation on the attitude of health workers when supplying services of MCH during and after birth with ethnic groups of mothers showed the differences[13]: The proportion of mothers from ethnic minority evaluated the attitude of health workers communal higher than Kinh mothers group. Survey results showed that 75.9% of the total number of Thai mothers who had used MCH during and after birth at CHS; next came the Mong and the other maternal groups (both ethnic minorities such as the Sinh Mun, Cong, Dao, Kho Mu, Muong and Nung etc.). Meanwhile, such proportion of Kinh women accounted for only 51.3%.

Figure 14: Feeback of Attitude of Health Staff by ethnic group

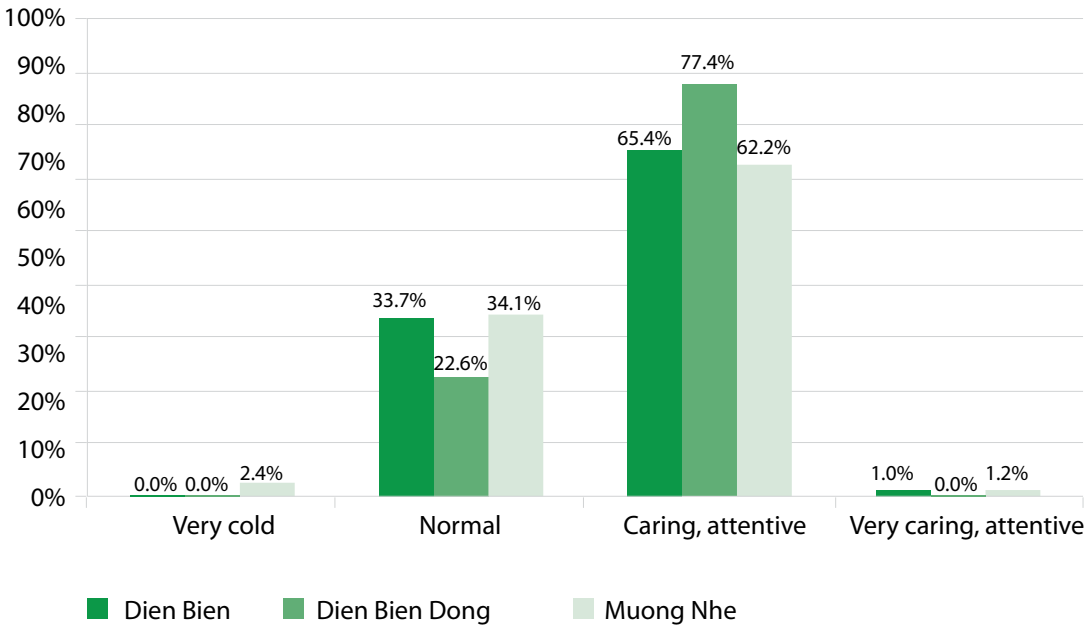


Source: Dien Bien CRC in Commune Healthcare Services, 2013

13 *Statistical test shows correlation between ethnic groups and feedback on the attitude of health workers with $p < 0.05$*

The study results also showed the differences[14] between Dien Bien Dong district with other districts in the assessment of the attitude of health workers. 77.4%, mothers in Dien Bien Dong district said that health workers were caring and attentive while those in the district of Muong Nhe and of Dien Bien accounted for 65.3% and 62.2% respectively.

Figure 15: Health workers' attitude by locality



Source: Dien Bien CRC in Commune Healthcare Services, 2013

Survey results showed that 57.3% of 279 mothers had at least once received maternal and child health care services given by CHS, rated the quality and service was good while 17.6% of them supposed fairly good, 23.7% said average and only 2 mothers stated that the quality of services was poor.

Table 14: Quality of MCH services by CHS

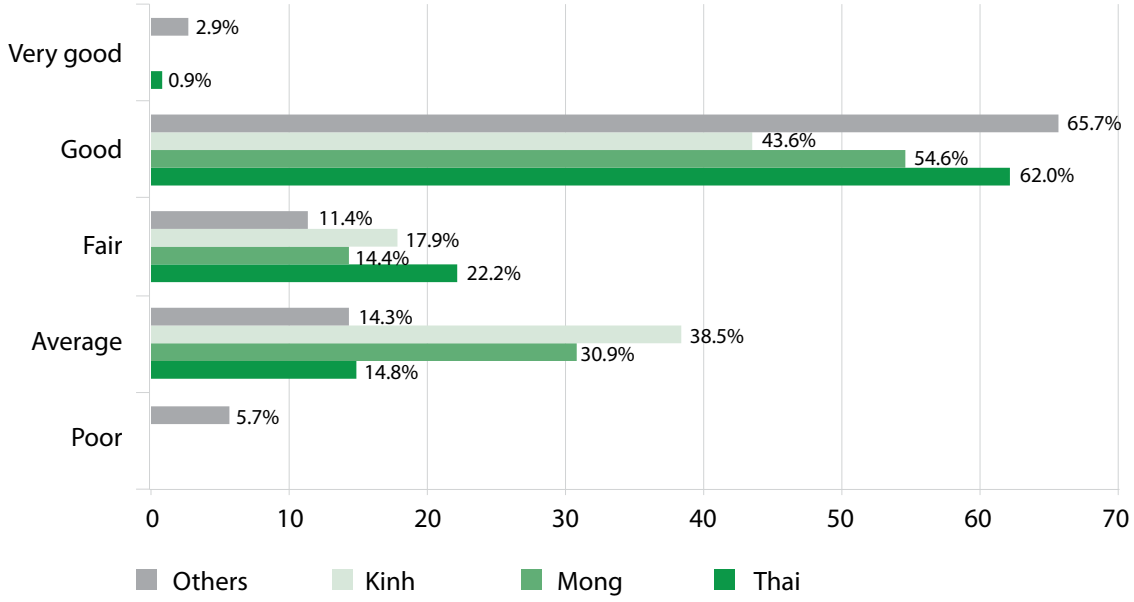
Quality level	Frequency	Rate %
Poor	2	0.7
Average	66	23.7
Fairly good	49	17.6
Good	160	57.3
Very Good	2	0.7
Total	279	100.0

Source: Dien Bien CRC in Commune Healthcare Services, 2013

14 Statistical test shows correlation between locality and feedback on the attitidue of health workers with $p < 0.05$

Comparing among different ethnic groups, it was shown that: the proportion of mothers who rated the service quality at the 'fairly good' and 'good' level from the Kinh ethnic group was lower than that of mothers from the ethnic minority groups[15].

Figure 16: Quality of MCH services by ethnic group

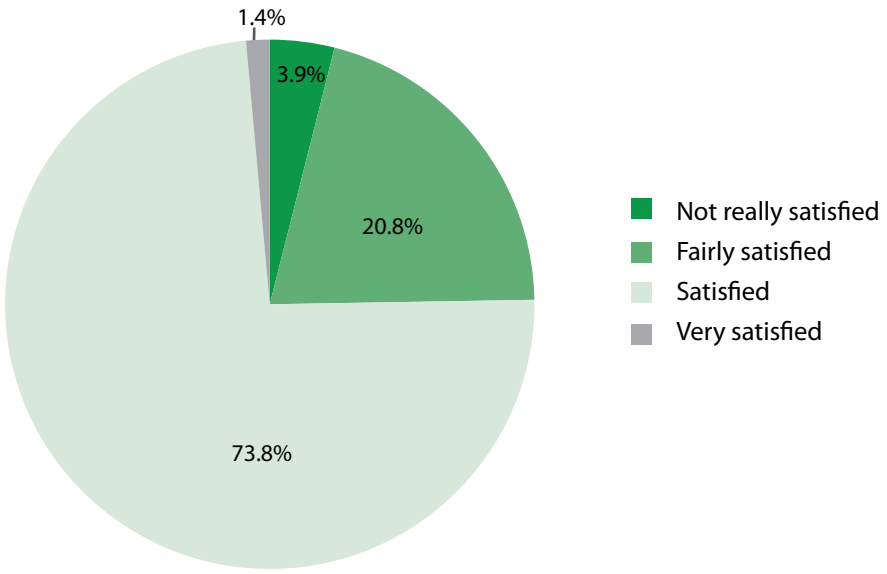


Source: Dien Bien CRC in Commune Healthcare Services, 2013

Most mothers who used the MCH services during and after birth at clinics were satisfied with the service. Out of 279 who used at least one MCH service during and after birth at clinic: 73.8% of them were pleased with the services offered by Communal Health Clinic (CHC). Besides, there were still 20.8% of them who were temporarily satisfied with this service. Especially, 3.9% of them were not satisfied with this service's quality. However, there were very few people who were very satisfied with the service (1.4%).

15 *Statistical test showed the correlation between feedback on quality of the service and ethnic groups, with $p < 0.05$*

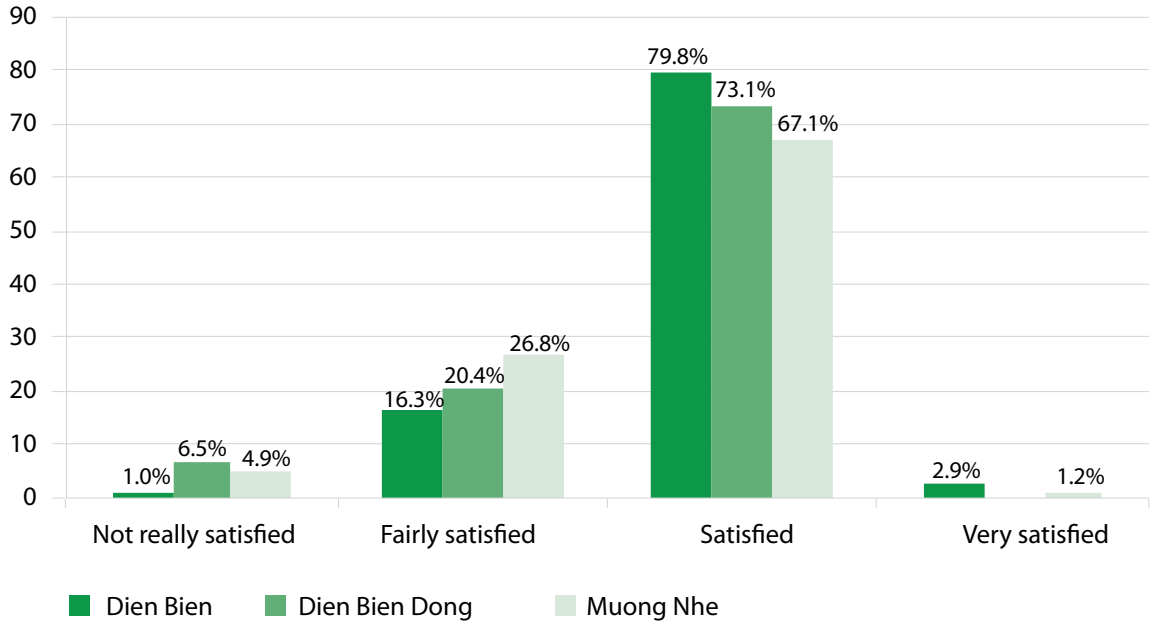
Figure 17: Level of satisfaction with MCH services



Source: Dien Bien CRC in Commune Healthcare Services, 2013

Level of satisfaction with MCH services during and after birth is different in 3 surveyed districts[16]. 79.8% respondents in Dien Bien district satisfied with MCH services. This rate in Dien Bien Dong is 73.1% and 67.1% in Muong Nhe district.

Figure 18: Level of Satisfaction with MCH services by locality



Source: Dien Bien CRC in Commune Healthcare Services, 2013

16 *Statistical test showed the correlation between level of satisfaction with the services and locality, with $p < 0.05$*

The regression analysis showed that the level of satisfaction with MCH services during and after birth is affected by the quality of services. Moreover, the quality of services is affected by the attitude of health workers in providing the service.

Suggestion and expectation from citizens

Although there are not many, the suggestions to improve the quality of maternal and child care service during and after birth focus more on advising the health workers to come to the mothers' homes for check-up, counsel and give childcare and vaccination instructions within the first 6 weeks (10/19 suggestions).

3. Vaccination Service

Vaccination is, currently, a popular service provided by CHS. This service ensures the sufficient supply of qualified vaccines according to regulations by the expanded vaccination programme (including BCG, Hepatitis B, DPT-VGB-Hib; OPV and Measles) and also advocates and encourages parents to get their children vaccinated at right ages, with enough injections as regulated and lastly, ensures the provision of safe vaccination service.

This research's result showed that 223 (equivalent to 74.3%) out of a total of 300 surveyed mothers whose children were under one confirmed that they used the periodic vaccination service for their children at CHS or assembly points held by them within that past 1 year.

In the list of vaccines for vaccination at CHS, the percentage of mothers who confirmed that their children were injected with the tuberculosis prevention vaccine (BCG) was the highest (56.0%); the percentage of children injected with DPT-VGB – Hib vaccines was 47.5%, in which only 17.4% have had enough 3 injections. The low percentage of DPT-VGB – Hib injection was temporarily due to the Decision by Ministry of Health to pause this vaccination nation-wide to re-check the quality of this vaccine from May to October, 2013. The percentage of taking OPV vaccine was 44.1% and that of Hepatitis B vaccine injection was 36.3%. The percentage of mothers who ascertained that their children were injected with Measles vaccines was 38.6% (71 out of 184 children of 9-month age and above were vaccinated). Measles vaccination was at lower percentage mainly because of the people's lack of awareness.

Table 15: Number of children getting vaccination at CHS

Vaccine	Once	Twice	Thrice	4 times	Total
BCG	168				168
Hepatitis B	108		1		109
DPT-VGB-Hib	33	59	49		141
OPV	11	32	88		131
Measles	71				71
Japanese encephalitis B	19	4			23

Source: Dien Bien CRC in Commune Healthcare Services, 2013

The surveyed CHS provide vaccination on a specific date in a month. The case in which children brought to injections have to go home because of vaccine shortage still happens, but at a low percentage (5.4%)

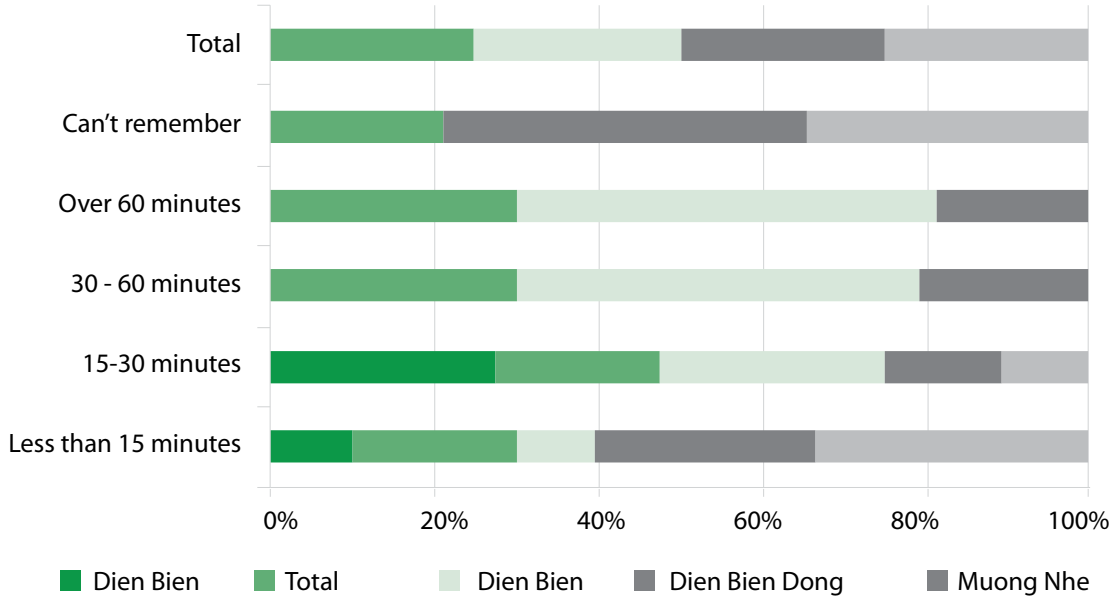
The survey result also showed that most children do not have to wait long when they come to CHS for vaccination. There were 223 out of 300 mothers responded that their children were vaccinated by the CHS. In 223 mothers had their child vaccinated, 44.4% said they usually had to wait for less than 15 minutes; 43.9% had to wait for 15-30 minutes to get their children injected at CHS. Most respondents said that such waiting time was reasonable (93.7%).

Table 16: Waiting time during vaccination at CHS

Waiting time	District						Total sample Dien Bien	
	Dien Bien		Dien Bien Dong		Muong Nhe			
	N	%	N	%	N	%	N	%
Less than 15 minutes	23	21.7	42	59.2	34	73.9	99	44.4
From 15 minutes to < 30 minutes	65	61.3	22	31.0	11	23.9	98	43.9
30 - 60 minutes	14	13.2	4	5.6	0	0.0	18	8.1
More than 60 minute	4	3.8	1	1.4	0	0.0	5	2.2
Can't remember	0	0.0	2	2.8	1	2.2	3	1.3
Total	**106**	**100.0**	**71**	**100.0**	**46**	**100.0**	**223**	**100.0**

Source: Dien Bien CRC in Commune Healthcare Services, 2013

Figure 19: Waiting time during vaccination at CHS



Source: Dien Bien CRC in Commune Healthcare Services, 2013

Considering the vaccination procedure, this study also showed a rather positive feedback result about certain steps in this procedure. There was a high percentage of mothers who said that the children were given check-up by the health workers before getting injection (78.0%). Compared to the result of a similar study in Dong Thap, this percentage in Dien Bien was higher (the percentage of children getting check-up before vaccination in Dong Thap was 64.0%). Similarly, most mothers (80.3% of the surveyed mothers) confirmed that the health workers advised them after giving their children injection.

Table 17: Children getting checkup before injection

Checked up before injection	Overall		District					
			Dien Bien		Dien Bien Dong		Muong Nhe	
	n	%	n	%	n	%	N	%
Yes	174	78.0	89	84.0	53	74.6	32	69.6
Sometimes	6	2.7	4	3.8	2	2.8	0	0.0
No	43	19.3	13	12.3	16	22.5	14	30.4
Total	223	100.0	106	100.0	71	100.0	46	100.0

Source: Dien Bien CRC in Commune Healthcare Services, 2013

Table 18: Explanation was given to mothers before their children's injection

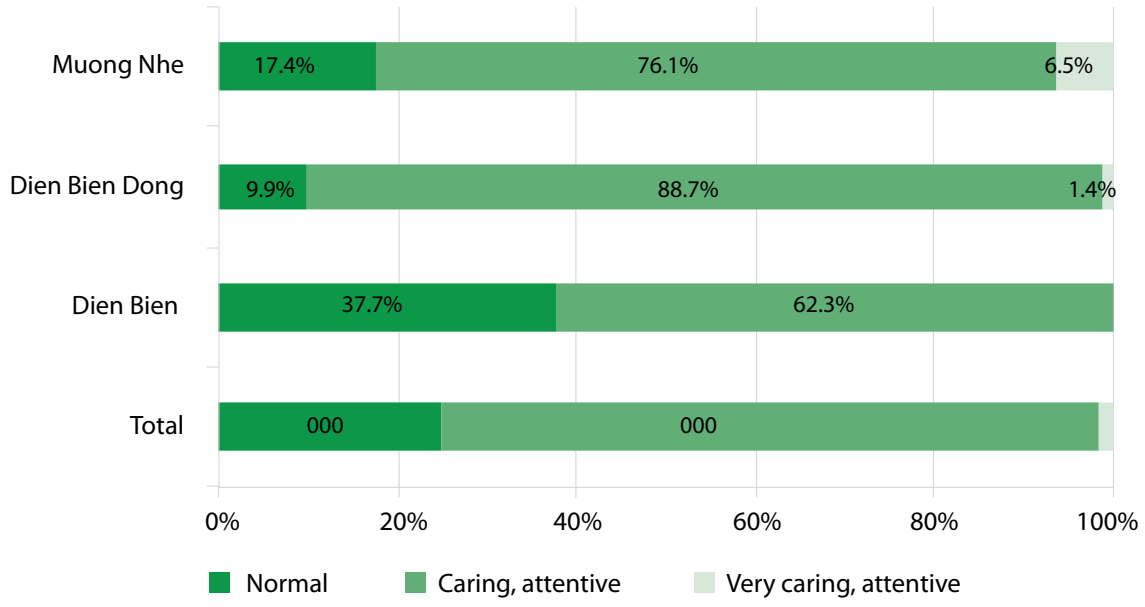
Explanation was given to mothers before injection	Overall		District					
			Dien Bien		Dien Bien Dong		Muong Nhe	
	n	%	n	%	n	%	N	%
Yes	169	75.8	83	78.3	53	74.6	33	71.7
Sometimes	13	5.8	7	6.6	6	8.5	0	-
No	41	18.4	16	15.1	12	16.9	13	28.3
Total	223	100	106	100	71	100	46	100

Source: Dien Bien CRC in Commune Healthcare Services, 2013

The study result also showed that 75.8% of the surveyed mothers confirmed that health workers explained some contents of vaccination to them before giving injection. The contents explained by the workers mainly were: (1) effects of vaccines, vaccines' conditions (not expired yet and stored as required) and (2) complications after injection. Among the mothers who were given explanation before injection, 43.1% of them said that the health workers explained about the effects of vaccines; only 7.6% said that the workers explained about the vaccines' conditions. Likewise, the explanation of complications after injection only reaches the 38.4% rate. The percentage of mothers confirming that their children had Vitamin A intake was 65.5%.

According to the mothers' feedback, the households currently do not have to pay for any vaccination service at CHS. Most mothers (73.5%) who used the vaccination service at CHS appraised the health workers' caring manner when giving the children injections. None said that the workers were apathetic to them.

Figure 20: Staff's attitude when giving injection

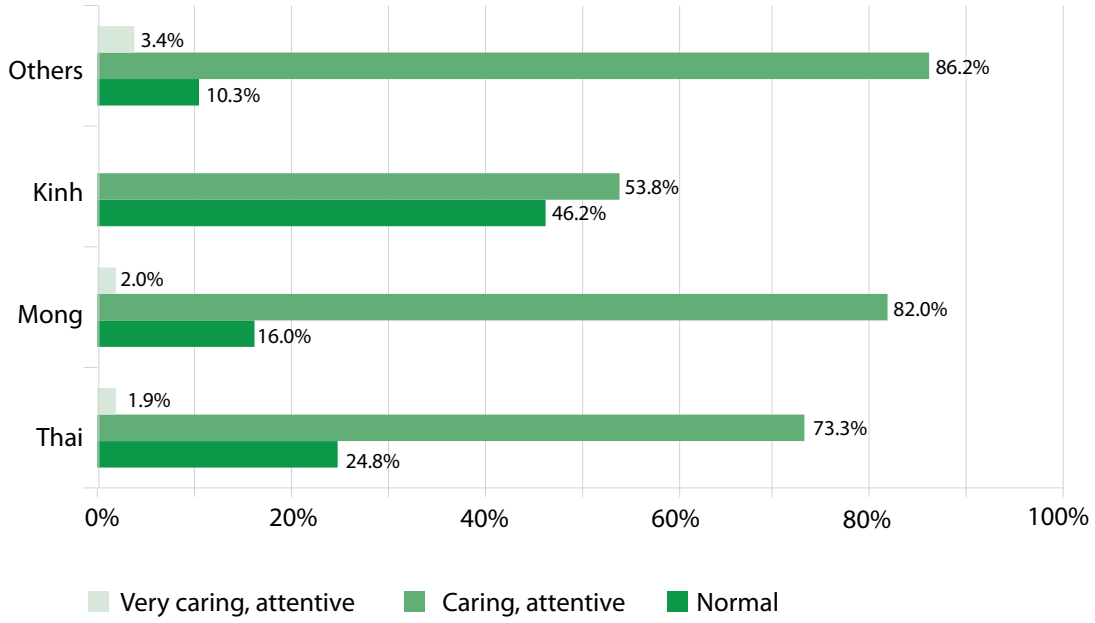


Source: Dien Bien CRC in Commune Healthcare Services, 2013

Comparison among the three studied districts showed a quite clear difference[17] in the mothers' assessment of the health workers' attitude when giving injections. The proportion of mothers who said that the workers were caring and attentive of Dien Bien Dong district was the highest (88.7%), next was that of Muong Nhe (76.1%) and the lowest was Dien Bien's (62.3%). Especially, the majority of the 1.8% of the mothers who said that the health workers were very caring and attentive was those from Muong Nhe district.

Comparison between different ethnic groups showed a quite clear difference1 among the Kinh mothers and those of other races in assessing the health workers' attitude when providing the vaccination service. The percentage of Kinh mothers who rated the staff's attitude at the "caring and attentive" level was 53.8%; whereas this percentage of Thai mothers group was 73.3% and that of Mong mothers group was 82.0% and that of other ethnic groups was 86.2%.

Figure 21: Health workers' attitude when giving injection, by ethnic groups

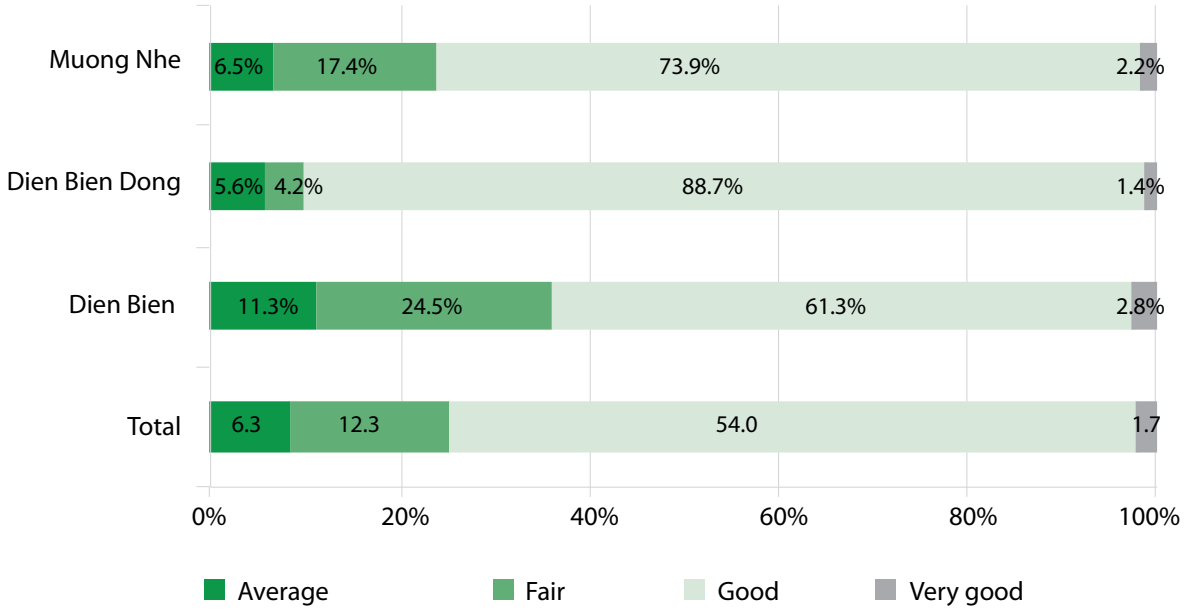


Source: Dien Bien CRC in Commune Healthcare Services, 2013

Result of the assessment on quality of the vaccination service at CHS showed that a majority of this service's users rated it good and fairly good. Among a total of 233 mothers with children under 1, who used the vaccination service at Clinics, 72.6% rated the service quality at the "good" level and 16.6% rated it "fairly good". In addition, 2.2% rated it "very good". Only 8.5% rated it "average".

17 *Statistical test showed the correlation between feedback on the attitude of health workers and locality, with $p < 0.05$*

Figure 22: Assessing the quality of vaccination service

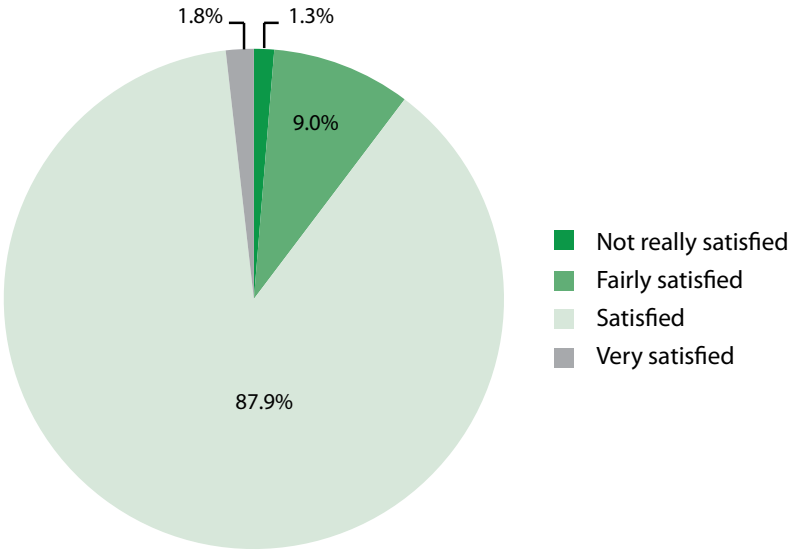


Source: Dien Bien CRC in Commune Healthcare Services, 2013

Comparison among the three surveyed districts showed that there was a difference[18] among them in the assessment of the service quality. In a total of 72.6% who rated this vaccination service "good", Dien Bien district got the highest percentage (88.7%), next was Muong Nhe (73.9%) and the lowest was Dien Bien (61.3%)

Similarly, the study result showed a relatively high percentage of users' satisfaction with the vaccination service. Out of 223 mothers who used this service, 87.9% of them said they were satisfied with the vaccination service for children at CHS. Only a very small proportion (1.3%) said they were not satisfied with this service.

Figure 23: Level of satisfaction with the quality of vaccination service



Source: Dien Bien CRC in Commune Healthcare Services, 2013

18 Statistical test showed the correlation between feedback on the quality of the service and locality, with $p < 0.05$

Comparison among the three surveyed districts showed that the two districts Dien Bien Dong and Muong Nhe have relative high percentage of mothers being satisfied with the quality of vaccination service (90.2% and 91.3% respectively). Meanwhile, that of Dien Bien was lower (84.0%)

This study also showed a difference in the level of satisfaction the mothers with the vaccination service at CHS when comparing 3 types of household groups. Mothers from the poor household group has the highest level of satisfaction with the vaccination service (93.3%); next was the group of mothers from non-poor households (84.9%) and the mothers who belong to the near-poor household group give the lowest satisfaction level (80.0%).

Suggestion and Expectation from citizens: when asking mothers who had their child vaccinated about their suggestion to improve the service or their expectation, 147 mothers (accounted for 65.9%) had no idea and 25 mothers (accounted for 11.2%) said no further improvement was needed. There were 54 mothers, or 22.9%, expected more health workers providing vaccination service, vaccination provided at a point closer to their home, to be counseled before and after vaccination, notified of the vaccination schedule at home and receiving more education/ communication on benefits of vaccination, having fans and chairs at the waiting area, rotated vaccination schedule among hamlets/ groups and maintaining the service as it was etc.

4. Health Information Education and Communication

Health Information-Education-Communication plays an important role in taking care of people's health. This is a rather popular activity carried out by many commune-level clinics. Strengthening the communication service means a lot to the people in terms of disease prevention, improving their health conditions.

As mentioned in the overall assessment, this was the service least chosen by users out of the 5 service selected in the survey. The assessment result showed that only 149 out of 300 surveyed mothers (49.7%) used to use this service of CHS.

According to the feedback from the mothers who used the communication service of CHS, the main IEC contents provided to the mothers include: (1) IEC on population, family planning; (2) pregnancy, maternal and child care; (3) vaccination; (4) Breastfeeding; (5) HIV prevention. These accounted for 70.0% of the IEC contents.

Table 19: Contents Communicated by CHS

Contents	Dien Bien	Dien Bien Dong	Muong Nhe	Total
1. Population, family planning	89	8	19	116
2. Pregnancy and health care	87	12	19	118
3. Vaccination	91	12	21	124
4. Breastfeeding	86	12	21	119
5. Supplementary child feeding	73	10	17	100
6. Preventing vitamin deficiency	67	4	13	84
7. Taking care of sick child	60	3	14	77
8. Dengue Prevention	36	0	12	48
9. Tuberculosis Prevention	48	0	17	65
10. HIV Prevention	83	3	22	108
11. Social disease Prevention	42	1	6	49
13. Can't remember	1	6	2	9

Source: Dien Bien CRC in Commune Healthcare Services, 2013

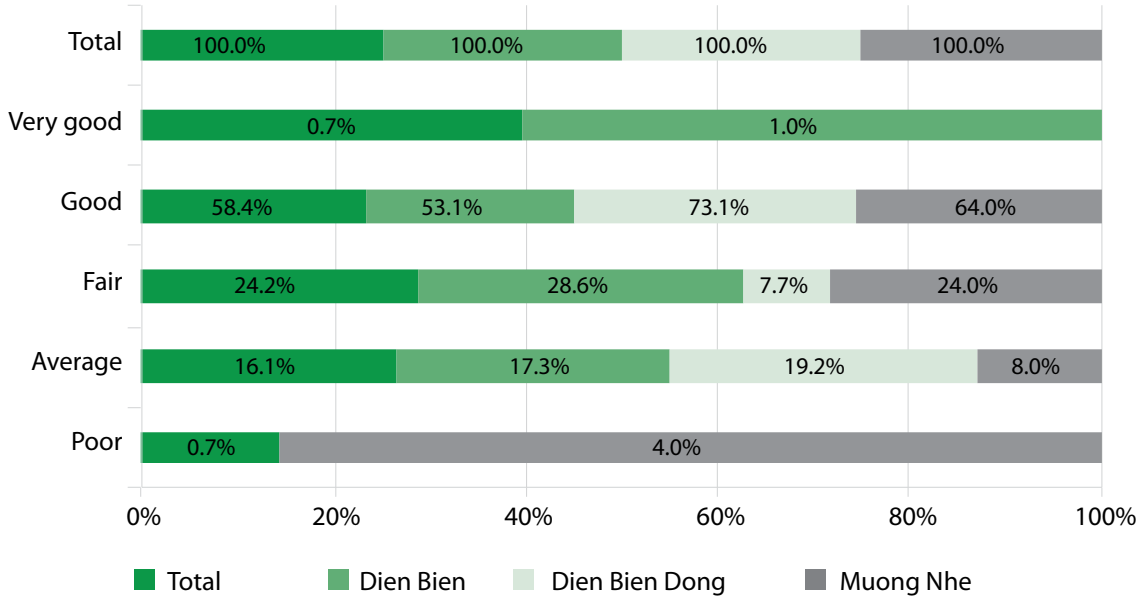
The IEC contents that were given to the mothers at lower frequency were: (1) Dengue fever prevention, (2) social diseases and other dangerous diseases; (3) tuberculosis prevention; and (4) Taking care of sick child. The rates of mothers who used the service said that they received information of these contents were only from 30.0% to less than 60.0%.

The IEC contents were mainly provided to the mothers via direct communication (87.9%) or via flyers (37.6%) and loudspeakers (24.2%). The communication option via CD/DVD was hardly paid attention to (4.0%)

According to the mothers' feedback, direct communication was prioritized by most mothers as the 1st choice (40.0%). Other options like flyers or loudspeakers were picked at lower rates.

The rates of mothers rating the quality of communication as "fairly good" and "good" took majority, at 24.2% and 58.4% respectively, given by those who used the service at CHS. In addition, 16.1% of the mothers rated this service "average". Almost no one rated the quality of communication as "poor" or "very good".

Figure 24: Assessing the quality of IEC service by CHS



Source: Dien Bien CRC in Commune Healthcare Services, 2013

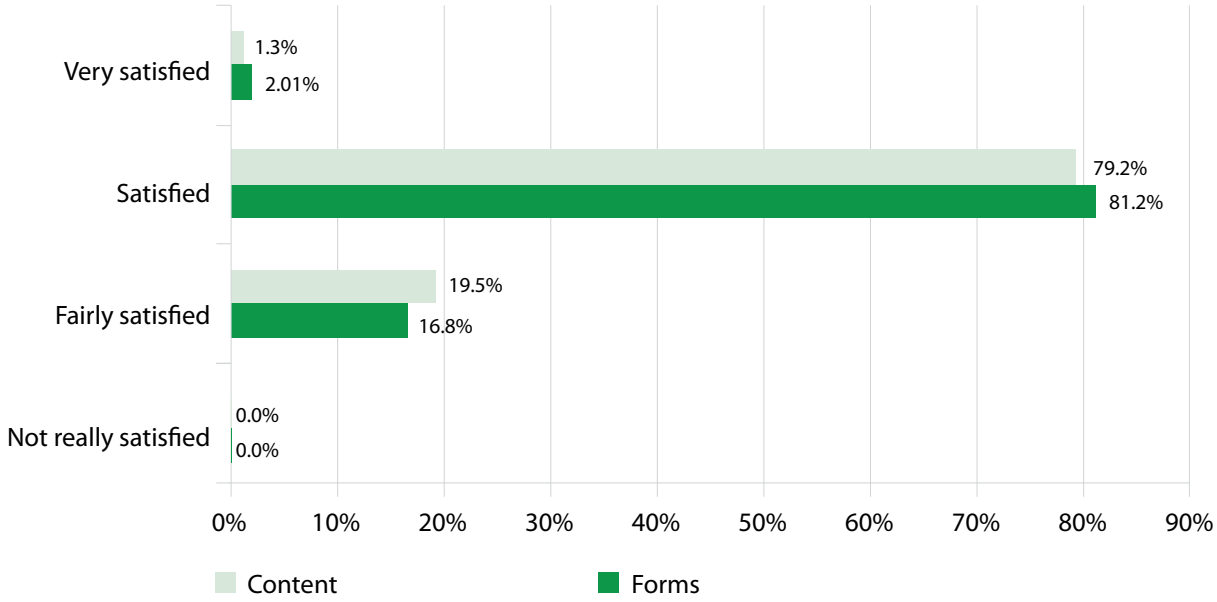
Based on assessment by the mothers who used the service here, it was shown that Dien Bien Dong district was leading in the percentage of mothers rating the quality of communication service as "good" (71.3%). The remaining two districts Muong Nhe and Dien Bien have similar rates (64.0% and 63.3% respectively)[19].

This study also showed a quite obvious difference in the quality assessment of IEC service provided by CHS among three types of household group. The percentage of mothers from the near-poor group that rated this service "good" was the highest (73.3%); next was the poor household group (59.1%) and the lowest percentage belongs to the group of mothers from non-poor group (55.6%).

Most mothers who received IEC service of CHS satisfied with the method and contents of communication provided by them (79.2% of the mothers were satisfied with the communication methods and 81.2% of them were satisfied with the IEC contents). Besides, 19.5% of them were temporarily satisfied with the contents and 16.8% were temporarily satisfied with the IEC methods. None of them felt dissatisfied with the contents and methods of communication. Currently, there were very few mothers who were very satisfied with this service.

19 *Verified results shows a correlation between quality assessment results and IEC services in surveyed areas, with value p <0.05*

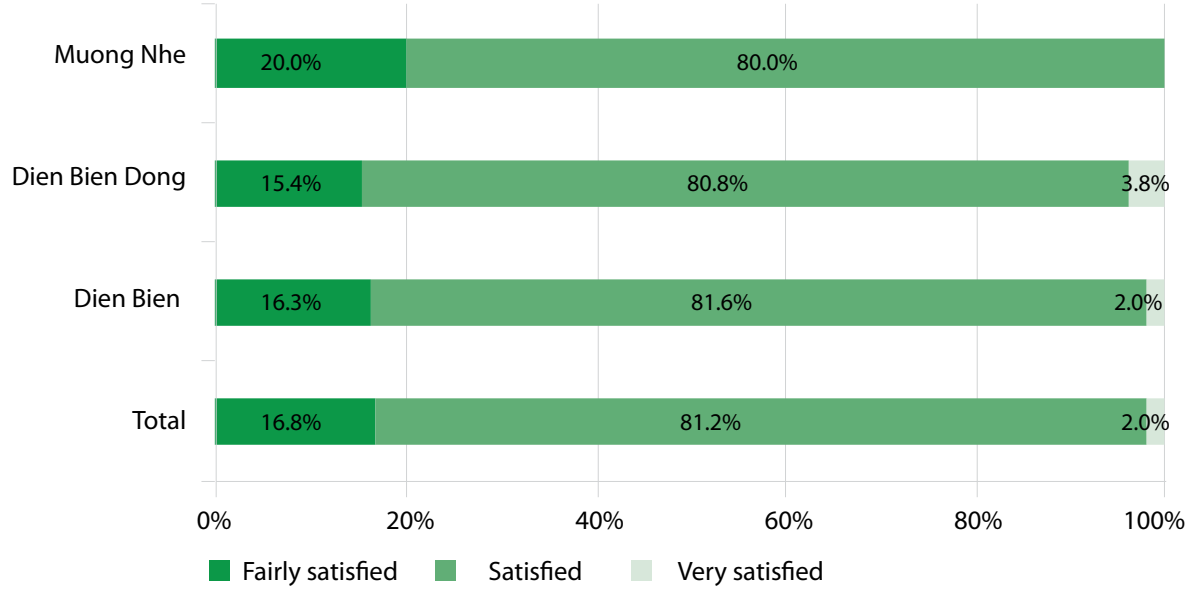
Figure 25: Level of satisfaction with the IEC contents and forms



Source: Dien Bien CRC in Commune Healthcare Services, 2013

Comparison among the three districts showed a difference among the three districts in the level of satisfaction of the mothers with communication service. The mother's level of satisfaction with communication service in Dien Bien Dong district was at the highest percentage (73.1%); the second was that of Muong Nhe district (64.0%) and the lowest was that of Dien Bien district (53.1%).

Figure 26: Level of satisfaction with IEC Form by CHS



Source: Dien Bien CRC in Commune Healthcare Services, 2013

When being asked for suggestions to improve the quality of IEC service, 74 respondents gave their opnions (49.7%). The people wish to receive more direct communication right at village in the evening, gathering

people for discussion (21 suggestions). 25 people suggested to increase communication via CD/DVD, projector and 18 peopl wished to have more communication via the loudspeaker system. 7 out of 74 people wished to receive communication in their mother tongues.

5. Medical checkup Service

Medical service is one of the most important primary health care services of commune-level clinics. Therefore, improving the quality of medical service not only contributes to the enhanced quality of healthcare but also helps control diseases, reducing the mortality risk due to diseases within community and the workload for the higher level healthcare centers.

This study surveyed 300 people from the three districts, including 188 mothers (62.7%) from households with under-1 children, 34 females (11.3%) and 78 males (26%) from households with under-1 children or the selected households in the surrounding areas.

Among the 300 respondents, 276 people (92.0%) said that they usually came to CHS for medical checkup when they fell sick. Only 3.4% of them said to have used medical service provided by regional polyclinics or district hospitals. The proportion of people who cured themselves at home was very small.

Table 20: Medical checkup service by districts and gender

Commonly visited place for medical checkup	N	Rate (%)			
		Overall	Dien Bien	Dien Bien Dong	Muong Nhe
Self-cure minor illnesses	14	4.7	0	11.9	1.2
CHCs	276	92.0	99.1	80.7	97.6
District Hospital	5	1.7	0.9	2.8	1.2
Regional polyclinics	5	1.7	0	4.6	0
Total	**300**	**100**	**100**	**100**	**100**

Source: Dien Bien CRC in Commune Healthcare Services, 2013

The proportion of the service's users owning health insurance cards was fairly high (95.7%). Among those people with health insurance cards, the majority belongs to the poor household group (49.5%) or those under preferential treatments (near-poor, 135 Commune, children under 6, ethnic minorities or elderly) (40.1%); the remaining 7.7% use the service with voluntary health insurance and 2.8% have compulsory health insurance. Only 4.3% (13 respondents) do not have insurance cards at the moment, in which 9 were Thai (6 non-poor and 3 near-poor), and the other 4 were Mong (poor), Dao (poor), Nung (poor) and Kinh (not poor).

The percentage of people who picked CHS as the primal place for medical service varied across the 3 districts. The study result showed that the percentage of people choosing medical service at CHS in Dien Bien district was apparently the highest (99.1%), next was that in Muong Nhe (97.6%) and Dien Bien Dong was the one with the lowest percentage (80.7%)

Among those who did not pick the clinics as the primary place for medical service, the percentage of people who self-cure their minor illnesses in Dien Bien Dong was the highest (11.9%) while that in Dien Bien was 0% and that in Muong Nhe was 1.2%. Concurrently, Dien Bien Dong also has the highest percentage of people who come to polyclinics or district hospital for medical service (6.3%) while in the other 2 districts, the rates were lower than 2%.

In the view of the service's users, most of them do not have to wait long for medical service at CHS. Among the 300 people who use this service at CHS, most of them said that they usually had to wait only 15 minutes (69.0%) or 15-30 minutes (27.0%) for their checkup turns. Very few people (3.0%) said to have waited more than 30 minutes and only 0.7% of them had to wait more than 60 minutes.

Table 21. Readiness of medical service of CHS

Waiting time for a turn of medical check-up	N	Rate %			
		Overall	Dien Bien	Dien Bien Dong	Muong Nhe
Less than 15 minutes	207	69.0	53.8	66.1	91.8
15 - 30 minutes	81	27.0	38.7	32.1	5.9
30 – 60 minutes	9	3.0	5.7	0.9	2.4
60 minutes	2	0.7	1.9	0	0
Can't remember	1	0.3	0.	0.9	0
Total	300	100	100	100	100

Source: Dien Bien CRC in Commune Healthcare Services, 2013

Regarding the equipment used for medical service, the study showed that people who come to CHS for this service were, in general, checked up with simple medical instruments.

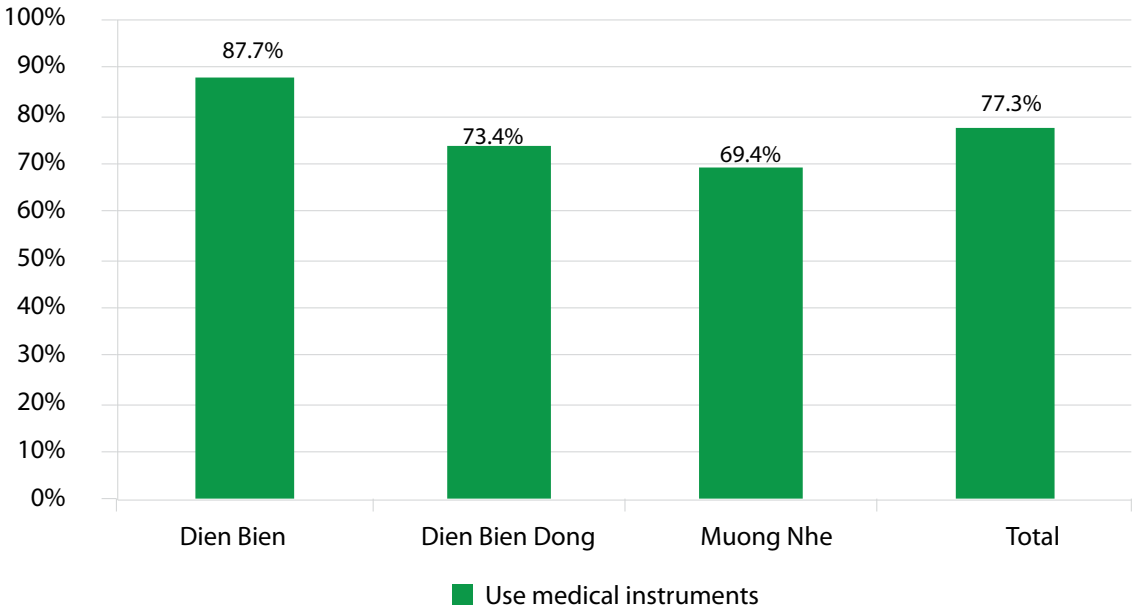
Table 22: Medical íntrument used for medical check-up at CHS

Instrument	District			Total
	Dien Bien	Dien Bien Dong	Muong Nhe	
Total No. of people coming for medical check-up	106	109	85	300
Used medical instruments	93	80	59	232
Sphygmomanometer	34	55	35	124
Cardiopulmonary stethoscope	66	59	34	159
Thermometer	64	38	39	141
Weighing Balance	12	5	1	18
Unknown instruments	7	12	14	33
Did not use medical instruments	13	29	26	68
Used other instruments	30	0	0	30
Pressing tongue	27			27
Checking eyes	1			1
Belly-button checking tool	2			2
Can't remember	4	1	0	5

Source: Dien Bien CRC in Commune Healthcare Services, 2013

The above table showed that out of the 300 people who came to Clinics for medical service, 232 people (77.3%) said that the health workers gave them check-up using different medical instruments. The degree of using medical instruments for 1 check-up varied based on the patient's condition. Compared to the overall percentage of people getting check-up with supporting medical instruments of 77.3%, the percentage of Dien Bien was the highest (87.7%), those of Dien Bien Dong and Muong Nhe were lower (73.4% and 69.4% respectively).

Figure 27: Percentage of people getting check-up with medical instruments



Source: Dien Bien CRC in Commune Healthcare Services, 2013

This study also showed that most people who come to Clinics for medical check-ups needed not get hospitalized but usually be given medicines for at-home treatment (87.7%). Only a very small percentage (2.3%) of patients hospitalized at clinic and only 5.3% of the patients were shifted to higher-level healthcare center; 4.7% did not need medications.

Table 23: Results of the most recent medical check-up

Medical Check-up result	Overall sample		District					
			Dien Bien		Dien Bien Dong		Muong Nhe	
	N	%	n	%	N	%	n	%
Yes, receive medications without in-patient treatment	263	87.7	91	85.8	102	93.6	70	82.4
Yes, stay at clinic for treatment	7	2.3	4	3.8	1	0.9	2	2.4
Yes, moved to higher level	16	5.3	8	7.5	2	1.8	6	7.1
No need medication and treatment	14	4.7	3	2.8	4	3.7	7	8.2
Total	**300**	**100**	**106**	**100**	**109**	**100**	**85**	**100**

Source: Dien Bien CRC in Commune Healthcare Services, 2013

Of the three surveyed districts, Dien Bien Dong has the highest percentage of patients who were not hospitalized for treatment (93.6%). That of Dien Bien and that of Muong Nhe were lower (85.8% and 82.4% respectively).

Most respondents said that they were given enough medications prescribed by doctors (97.3%). This percentage does not very much across the three surveyed districts. 5 people who were given medications were those without medical insurance cards who were checked up for free and given prescription to buy medicines at pharmacists' outside.

Table 24: Giving medicines to the patients, by localities

Result of medication prescriptions	Overall Sample		District					
			Dien Bien		Dien Bien Dong		Muong Nhe	
	n	%	n	%	N	%	n	%
Yes, sufficient as prescribed	256	97.3	86	94.5	100	98.0	70	100
Yes, but insufficient/ not as prescribed	2	0.8	1	1.1	1	1.0	0	0.0
No	5	1.9	4	4.4	1	1.0	0	0.0
Total	**263**	**100**	**91**	**100**	**102**	**100**	**70**	**100**

Source: Dien Bien CRC in Commune Healthcare Services, 2013

Patients who came for medical check-up got hospitalized at clinic accounted for a very small proportion. Only 7 out of 300 respondents said to have stayed at CHS for treatment and most of them were only hospitalized for less than 1 day. Besides, there were 17 respondents moved to higher-level healthcare centers after check-up and 1 person moved to district hospital after 5 days of ineffective treatment at the CHS. Most patients (12/17) were moved to district hospitals; 2 were moved to regional hospital, 2 were moved to provincial hospital and 1 was moved to regional polyclinic.

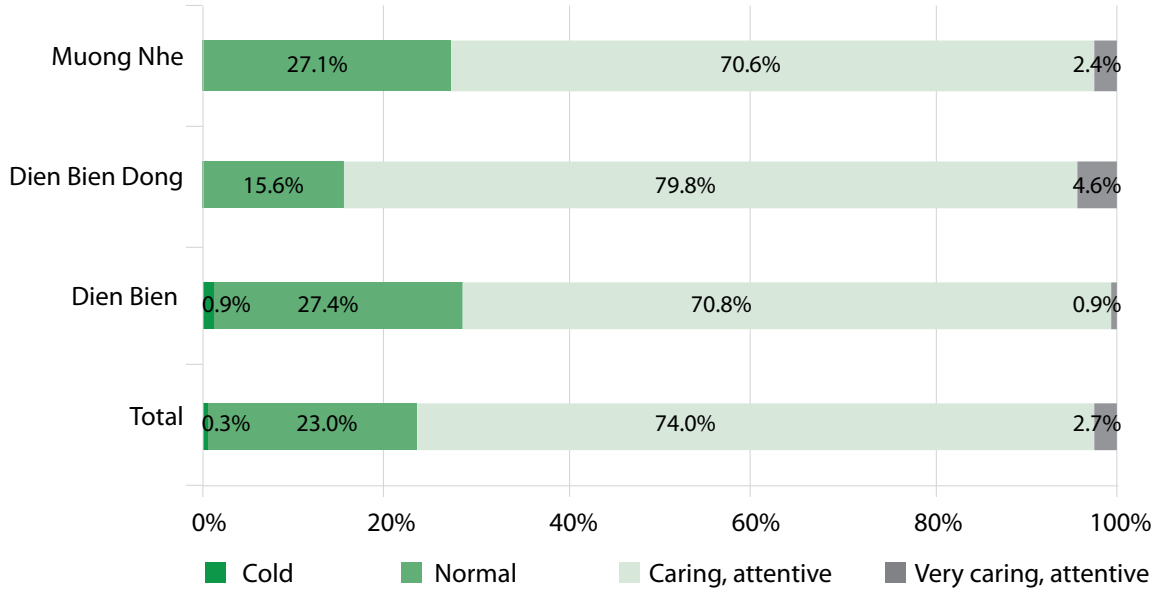
There were 243 respondents, or 81.0% users of medical service at CHS said that they were counseled about drug use, 79.0% were counseled about suitable nutrition, and 80.0% were counseled about sanitation to prevent diseases. In addition, 2.3% service users were explained about different causes of diseases to prevent them, and counseled about nutrition and drug usage during pregnancy. Only a small proportion (1.7%) of the users said to have not received any counseling upon medical check-up at CHS.

Comparison among the three surveyed districts showed that the percentage of patients getting advice on drug use was the highest in Dien Bien district (87.7%) whereas that of Dien Bien Dong and Muong Nhe were lower (73.4% and 82.4% respectively). Similarly, regarding to the counseled contents about nutritional care and sanitation for disease prevention, Dien Bien takes the first place. Muong Nhe was behind Dien Bien Dong in the nutritional care content and leads the latter in the percentage of people counseled about sanitation for disease prevention.

Most service users said that did not have to pay for the medical service at CHS. Only 7 people (2.3%), 5 of which were from Dien Bien Dong, 2 from Muong Nhe, had to pay when using medical service at CHS; however, most of them were costs incurred besides those already paid by health insurance.

The study result showed that most service users claimed that commune health workers were caring and attentive to people who came for check-up (74.0%). Besides, 23.0% of the users said that the workers showed normal attitude. Only 1 respondent (0.3%) said that the workers were cold during the check-up. However, the proportion of users who rated the staff's attitude as "very caring and attentive" was very small (2.7%).

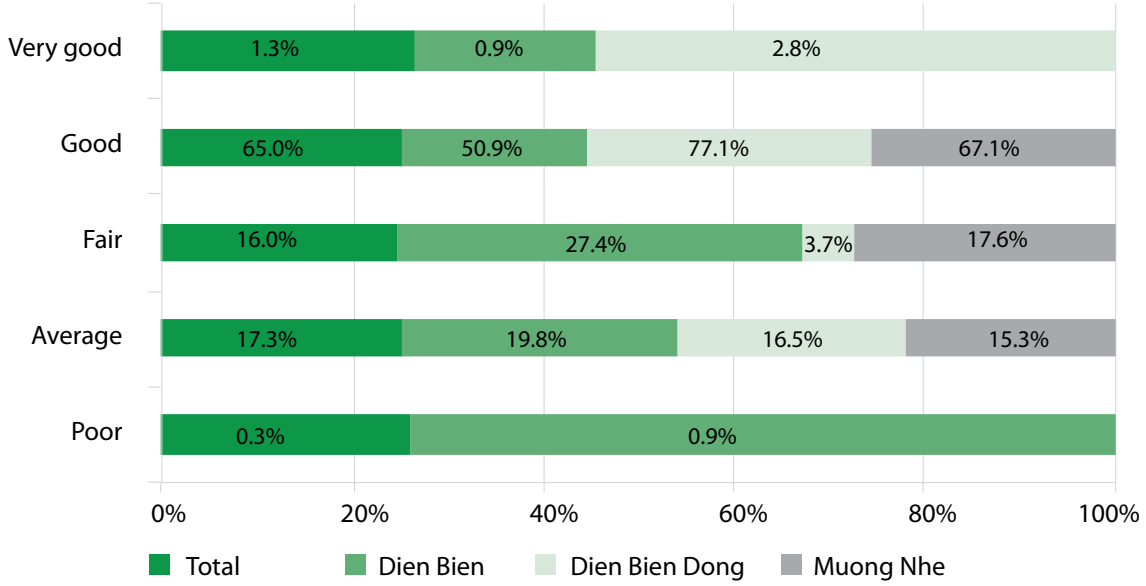
Figure 28: Assessing the staff's attitude, by districts



Source: Dien Bien CRC in Commune Healthcare Services, 2013

The percentage of users who assessed the staff's attitude as "caring and attentive to people" during medical service at CHS was the highest in Dien Bien Dong district (79.8%). The percentage in Dien Bien and that in Muong Nhe were similar (70.8% and 70.6% respectively)[20].

Figure 29: Assessing the quality of medical service

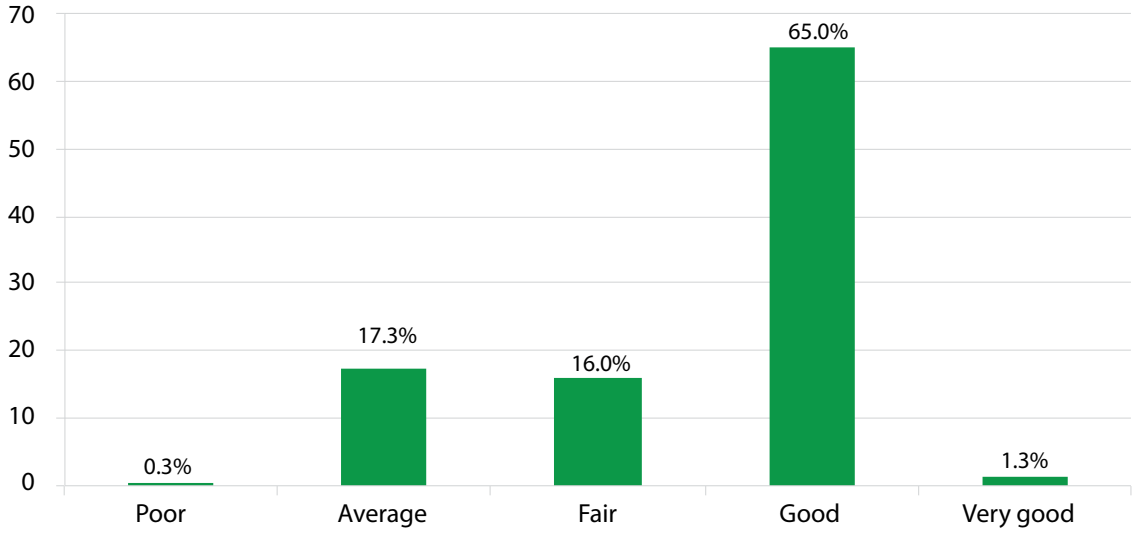


Source: Dien Bien CRC in Commune Healthcare Services, 2013

20 *Statistical test shows correlation between feedback on quality of the service and locality with p < 0,05*

Most service users rated the quality of medical service of CHS as "fairly good" and "good". Among the 300 respondents, 65.9% rated the service as "good" and 16% rated them as "fairly good". However, there was still 17.34% of them who rated the medical service quality as "average" and 0.33% rated it "poor". The proportion of people who rated the medical service quality as "very good" was rather limited (1.33%)

Figure 30: Assessing the quality of medical check-up Service

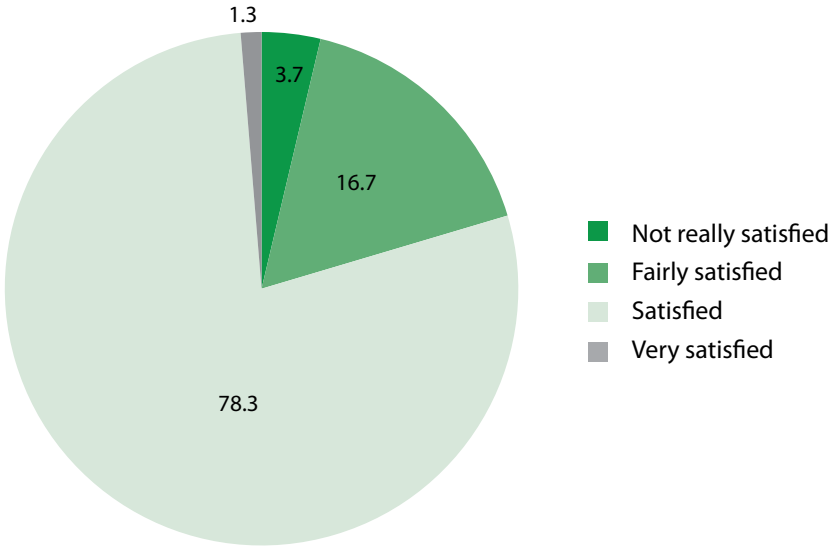


Source: Dien Bien CRC in Commune Healthcare Services, 2013

Among the 195 people who rated the quality of medical service as "good", only 7.6% were Kinh people; 44.6% were Mong; 34.5% were Thai and the rest (Cong, Sinh Mun, Dao, Nung…) accounted for 13.3%.

Most users were satisfied with the medical service of CHS. Among the 300 users, 78.3% of them felt satisfied with the service's quality and 16.7% said to be temporarily satisfied with this service. The proportion of people who rated this at "very satisfactory" level was very low (1.3%).

Figure 31: Users' Satisfaction with Medical check-up Service



Source: Dien Bien CRC in Commune Healthcare Services, 2013

Suggestions to improve the service and expectation of citizens: 59.3% respondents (178 service users) satisfied with medical check-up service and 40.7% (122) expect the service quality is improved. There was 9 % respondents or 27 persons expected that they were examined more carefully, counseled more detailed, health workers were more caring and attentive to people. 25% or 75 respondents said they expected more doctors at the CHS, better medical equipment for more precise diagnostic. 6% of the respondents (18 people) expected to have wider and better range of drugs/ medicines. The remaining 0.7% (2 people) expected to have health insurance card and more health communication/ education.

The survey result showed that the overall satisfaction point was 3.77(upon 5). Statistical analysis of the data showed difference in satisfaction with health care services among the surveyed areas (Dien Bien Dong scores 3.86, Dien Bien and Muong Nhe score 3.74 and 3.71 respectively). The difference in insurance card (have or have not, types of health insurance card: poor household, household under preferential treatment, voluntary or compulsory insurance), ethnicity, gender, age and education level do not directly affect the user satisfaction with the medical service.

Statistical analysis of the data points out 3 factors that directly affect the user satisfaction with the medical service, which were: medical equipment, health workers' attitude and quality of service .

Factors affecting user satisfaction with medical service

- **Quality of service**

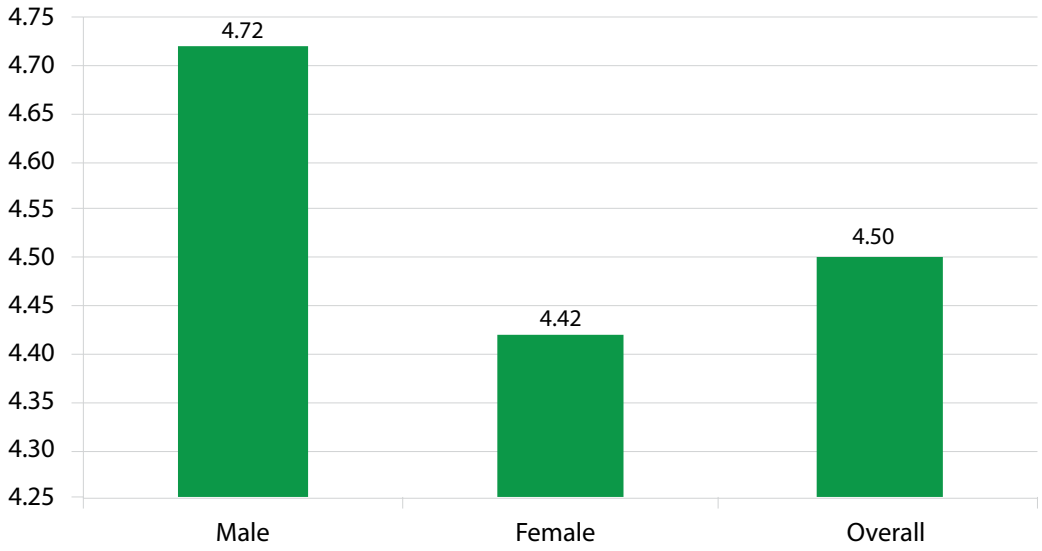
  The average point given to quality of service by the people was 4.5, which was rather high relative to the maximum point of 5. In particular, 65% of them rated the service's quality as "good", 16% rated it "fairly good", 1.33% rated it "very good" and only 0.33% rated it "poor" and the remaining 17.34% rated it "average".

  The analysis showed that the higher quality the service, the higher satisfaction. When the assessment of quality of service was increased by 1 unit, the level of satisfaction was increased by 0.46 units. The factors affecting the assessment result of the service's quality were:

  a. Gender

  Males and Females showed different assessment of the service's quality, in which females rated the service's quality lower, 0.299 units lower, to be specific (following the given scale).

Figure 32: Comparing average quality assessment points, by gender



b. Education level

The more educated the person, the lower he/she rated the quality.

The average point given to the service's quality by the uneducated respondents was 4.65 and the points given by those who have finished primary, secondary and high school were 4.56, 4.49 and 4.2 respectively.

c. Target groups using health insurance cards

Different target groups using health insurance cards have different assessments of the service's quality, in which the highest point was given by the poor household group (4.6 as compared to the overall average of 4.5) and the lowest was given by the Voluntary group (3.82). The more well-off, the people, the lower they rated the service.

d. Waiting time

Those who just had to wait less than 15 minutes when coming for medical check-up give the service's quality 4.55 points while those who had to wait about 30-60 minutes give 4.22 points and those who waited more than 60 minutes or could not remember only give 3 points.

- **Attitude of health worker**

The higher the assessment of health workers' attitude, the greater the satisfaction. When the assessment on health workers' attitude was increased by 1 unit, the level of satisfaction was increased by 0.557 units.

Factors affecting the assessment of health workers' attitude

Economic conditions of households (defined by types of health insurance card), ethnicity, education level, regions do not affect the assessment of health workers' attitude.

Those who waited more than 60 minutes rated the attitude at "average" level (3 points) and those who were checked up within 15 minutes rated the attitude of health workers 3.82 points, relative to an overall average of 3.79 of the entire sample.

PART III:
CONCLUSION AND RECOMMENDATIONS

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1. Conclusion

Ability to access and use service: The findings of this study showed that people currently have no difficulty in accessing health services such as medical care, antenatal care, maternal and child health care; vaccination and communication. When using this service, most people did not have to wait long and often do not pay at all. The percentage of people who were using the service of 05 CHS was at a high level. In particular, the services people use most were (1) health care and (2) maternal and child care during and after birth; followed by these services (3) vaccination and (4) antenatal care (ANC). The service with the lowest percentage of people using it was (5) communication. This showed that clinics need to pay more attention to enhancing people's access to communication services and education for people.

Assessing the attitude of health workers: The percentage of service users giving positive feedback about the caring and attentive attitude of the workers at CHS in the 05 health services at CHS was rather high. The majority of respondents assessed that the CHS workers were caring to them. When calculating average scores on the attitude of health workers in providing these services reached 3.77 (on a scale of 5), in which the average score on the attitude of health workers in ANC services was 3.84; that in maternal and child care service during and after birth was 3.68, that in vaccination service was 3.77 and that in medical check-up service was 3.79. Almost none or very few people using the service complained about the cold attitude of health workers. However, now fewer people using these services assess rated the attitude of health workers as "very caring and attentive". This also means that there is still a need to improve the attitude of health workers to gain people's trust in the communal health services.

Assessing the quality of service: Most service users rated the quality of 5 services provided by CHS "fairly good" and "good". The percentage of people rating the quality of check-up service at the "good" level for 65.%, that of ANC was 70.8%, of maternal and child care service during and after birth was 57.3%, of vaccination service was 72.6% and that of communication was 58.4%. Calculation of average point showed that the average point of the quality of medical services at commune level reached 4.51 (on a scale of 5), in which the average scores for the quality of antenatal care services was 4.61; that of maternal and child care service during and after birth was 4.34, that of vaccination service was 4.69; that of medical check-up service was 4.5 and that of communication was 4.42. Although not many people complained about the poor quality of service, not many people assessed the quality of service at the "very good" level. This showed that it is still necessary to focus on improving quality of these services, especially antenatal care service at health centers.

Level of satisfaction with services: This study showed that the level of satisfaction of users with each service was quite high. In particular, the percentage of service users who were satisfied with health care services accounted for 78.3%; that for antenatal care services for 83.6%, for vaccination services for 87.9%, for the IEC forms/ methods was 81.2% and that for IEC content was 79.2%. When calculating the average point, it was shown that the average point for the level of satisfaction with medical services at commune level

reaches 3.83 (on a scale of 5), in which the average score for the level of satisfaction with ANC service was 3.91; for maternal and child care service during and after birth was 3.73; for vaccination services was 3.9; for the medical check-up service was 3.77 and that for communication was 3.84. However, there were very few people who use these services rated each service "very satisfactory".

Antenatal care services: This study showed that there were still a significant percentage of pregnant women using antenatal services of CHS. Of the 300 surveyed women, 105 mothers (representing 35.0%) said that they did not use antenatal care services at CHS. Of the 105 antenatal mothers at CHS, 31 (corresponding to 10.3%) sought antenatal care at other places such as district hospitals, regional polyclinics, province hospital, or at home by the midwives or village nurses. The remaining 24.7% did not have antenatal care. This group mainly comprises Mong mothers (58 mothers – 78.3%) and Thai ones (8 mothers – 7.6%) and belongs to the poor household group (55 of them – 74.3%) and they were mostly uneducated (53 of them – 71.6%). This fact suggests that in the coming time, more attention should be given to the public advocacy of periodic antenatal care to raise people's awareness and encourage pregnant women to visit health center for ANC service, which will help reduce the risk of obstetric complications as well as maternal and infant mortality. At the same time, management skills in maternity and antenatal care of villages' health workers are to be strengthened.

The research result showed that the percentage of women who had antenatal care 3 times accounted for 41.5%, in which the percentage of pregnant women who visited CHS 3 times properly and adequately accounted for 32.8%. The percentage of mothers who were vaccinated against tetanus was 60.3% and that of mothers who took iron tablets during pregnancy was 61.7%.

There were still approximately 27.7% of the total 300 mothers in this study who did not receive any advice or guidance about pregnancy knowledge from CHS during ANC service as well as from the communication activities in general. This suggests that there was still a large group of community lacking access to counseling services and knowledge guidance from CHS related to prenatal care for pregnant mothers. This raises the need to improve the quality of counseling for pregnant mothers at health centers.

Majority of the mothers were satisfied with the ANC service at CHS and gave positive feedback about the health workers' attitude. The survey result showed that there were very few service users who rated the attitudes of health workers as "very caring and attentive" and or rated the quality of service as "very good" or "very satisfactory". While people's confidence in the quality of antenatal care services at health centers was still low, attention to these aspects to improve the quality of service is still essential.

Maternal and child care service during and after birth: Although the percentage of mothers satisfied with the services was relatively high (73.8%) and the majority of users rated the quality of maternal and child care service as "good" (57.3%). However, the percentage of pregnant women choosing midwifery services at CHS was currently very low (6.3%). Many of them did not deliver at health centers; 16.3% of the mothers gave birth at home with the help of traditional midwives. The percentage of mothers and infants being examined before leaving for home was 78.9%. The percentage of mothers and infants being examined once within 1 week after birth and at least two times in the first 6 weeks of birth was very low (35.0% and 15.3%n respectively) . The percentage of infants injected with hepatitis B vaccine within 24 hours after birth was 68.4%.

This showed that there were still a large proportion of people unable to access MCH service after birth of the CHS. This requires effort to enhance the outreach activities of CHS to remote areas and areas inhabited by ethnic minorities.

Despite the major degree of satisfaction with this service and the fact that most users rated the quality of maternal and child care service as "good", the level of satisfaction for this service was at the lowest level, in comparison with the other 4 services. This raises the need to improve the quality of services as well as the advocacy to raise people's awareness, especially in the remote areas to help reduce the risk of maternal and infant mortality and other mortality risk due to obstetric complications.

Health IEC activities: The percentage of those who received any IEC from CHS for 49.7% of the interviewed mothers. This showed that there were still a significant proportion of people who do not have access to this service. In addition, there were a lot of IEC content, guidance and counseling that have not been provided to the people such as the prevention of dengue fever; social diseases and other serious illnesses; tuberculosis; and patient care, which have not been given due attention. The percentage of women who used the service said to have received communications about this content was from 30.0% to 60.0%.

The IEC contents equipping people with knowledge about pregnancy and afterbirth were taken care of but still need further attention, especially those related to the recognition of danger signs and projected prevention of common diseases. Direct forms of communication have been used but need extra attention in the form of visual communication and using local languages in areas with a high proportion of ethnic minorities.

Most users have a positive assessment of the health workers' attitude and the quality of communication services at CHS. The percentage of mothers who rated communication quality as "good" was 58.4%. This study showed that almost none or very few people complained about the cold attitude of the health workers or rated the quality as "poor". However, there were few who rated the quality and attitude as "very good".

Thus, in the effort to improve the quality of communication services, CHS needs to draw attendance of the target groups to communication programs. Also focus on those IEC contents that have not been done much and pay more attention to Muong Nhe and Dien Bien.

Vaccination service: The percentage of users assessing the quality of services at the "good" level accounted for 72.6 %. Most people did not have difficulty in accessing this service. Level of satisfaction with the service and positive assessment of the service's quality were quite high (87.9 %). However, a drawback of this service was that it requires actively compliance with the vaccination procedures and special attention to explaining the effects of vaccines and vaccines' conditions as well as reminding people after injection. There is still a small percentage who have yet got access to the service, especially those in disadvantaged areas of the province hence it is necessary to increase the scope of service. Also pay attention to public advocacy and campaigning to raise people's awareness of the meaning and effects of vaccination activities.

Medical service: Generally people did not have difficulty in accessing health care services at CHS. Most people who rated the service attitude as "caring" (74.0 %) and the quality of service as "good" (72.6 %). Most people said that they did not have to wait long for their turns. Most people gave positive evaluation on the service attitude and quality of service. However, in order to improve the quality of health care, it is essential to pay more attention to the content of counseling and instructed knowledge. In practice, advice and guidelines for patient are relatively poor. Although not many people complained about the quality of service, but not many highly rated this service. This will be a major challenge in improving services to enhance people's confidence in using this service at commune level.

2. Recommendations

General proposal

- Enhance the quantity and quality of communication activities on health education, changing behaviors as well as diversify forms of communication and education for the people, especially the IEC forms that take cultural and gender sensitivity into consideration.

- Strengthen supportive supervision of CHS, enhance service attitude and quality of antenatal care, child delivery, postnatal care at home, in order to build people's confidence in health services at communal level, reducing the overcrowding in hospitals.

Dien Bien Provincial Health Department:

- Review results/findings of this survey in comparison with the results/findings in the administrative reports of the three surveyed districts and the remaining districts of Dien Bien province, so as to have an overview of the quality of service, from the perspective of service providers (duty bearers) and from service users (rights holders).
- Review public health expenditure, funding from donors and state budget in order to better met people's need in healthcare services, paying particular attention to vulnerable groups including children, the poor, remote areas and ethnic minorities.
- Make way for the communal and district health stations to participate in designing medical programs/ activities;
- Strengthen vertical supervision and mentoring;
- Consider rearranging technical support in the field of maternal care at CHS, to reduce the load at the higher level health facilities.
- Further consideration, guidance and support given to health centers to improve the quality of medical information management system from the communal (using computers, based on updated forms of health indicators)
- Execute the assessment of demand for training and organizing training courses, updating necessary knowledge and skills for health workers at localities.
- Hold periodic consultation with the people to acknowledge improvements and recognize emerging problems.
- Proactively participate in health sector projects and scheme as well as administrative reform assigned to Health Sector to improve the quality of public health services.
- Strengthen international cooperation to mobilize resources.

Health centers of the three districts

- Strengthen supervision and technical support to CHS to enhance the quality of medical and ANC services, lessening the load at higher level health centers and limiting people from moving to them.
- Participate in the planning of medical programs/projects/activities chaired by the Department of Health.
- Strengthen supervision and technical assistance support to CHS to enhance the quality of medical and ANC services, building trust in people to reduce the load at higher level health centers and limiting people from moving to them.
- Working closely with CHS to effectively provide communal services with demand (e.g. antenatal care service/ gynecology clinics/ family planning once/week by Family Planning Centre did not meet all the needs in some communes)
- Proactive in gathering, processing, analyzing information and using feedback from service users in health care plan to ensure that the needs of people are met
- Assist the organization of communication activities on health education, raising people's awareness and changing unhealthy behaviors.

Suggestions to commune health clinics

Medical check-up service:

- Increase content and improve quality of counseling activities and guidance of health care knowledge for people
- Regularly discuss, attend training and supervision to raise the service attitude at communal level, enhancing their attitude and responsibility upon providing the service.
- Promote the implementation of medical service at home

ANC service:

- Advocate to ensure all mothers have ANC at least 3 times in 3 phases throughout their pregnancy, to improve quality of service and serving attitude;
- Strengthen pregnancy management capacity and professional capability for village health workers;
- Continue to strengthen and standardize ANC activity, encouraging pregnant women to get ANC at CHS.
- Pay attention to the contents of advocacy, counseling and related guiding knowledge for pregnant women.
- Give more instructions on hygiene or abnormal signs during pregnancy;
- Monitor and update information on the pregnant mothers to raise the proportion of pregnant women getting vaccinated against tetanus and taking oral iron tablets.

Maternal and child care service

- Strengthen advocacy and campaigning to encourage mothers to deliver at health centers, reducing infant mortality rate that is on the rise in the past three years.
- Continue improving postnatal care services at home offered by CHS and village health workers (especially examination within 1 week after birth and 6 weeks after birth).
- Pay attention to IEC contents, providing sufficient instructions and knowledge of proper breastfeeding, monitoring child by charts and using growth charts, suitable supplementary nutrition, common diseases and monitoring their growth.
- Keen on communicating with the mothers to recognize their wishes and suggestions to improve the service's quality.

Vaccination service

- Regularly update the list of children within the vaccination age and monitoring their injection schedule, the ideal is to do on computer, based on a certain template.
- More active in advocating, monitoring and raising vaccination rate.
- Ensure the implementation of complete vaccination process with adequate explanation, counseling, examination and instruction before and after injection.

- Participate in designing content and format of the logbooks for vaccinations, which must have sufficient information for the mothers to track schedule and number of injections for their children, increasing the actual quantity and quality of vaccination, for disease prevention.

Health Education communication service:

- Participate in planning communication programs including IEC materials in both visual and direct forms
- Focus on IEC contents related to health care such as maternal and child care; disease prevention...
- Collect feedback on appropriate communication methods and channels (direct communication and other forms of gender-sensitive and culture-sensitive communication) for superior agencies.

3. Limitations and Lessons learnt

Dien Bien Commune's CRC Health Survey has received close guidance and consensus from the People's Committee of Dien Bien province, represented by the Department of Planning and Investment Dien Bien province. Dien Bien's Department of Health which chaired the survey expressed interest in measuring service quality, people's satisfaction through the comments and feedback, to improve the quality of healthcare services at the commune level, contributing to improving the quality of public services, a task being concerned authorities. The direct participation of officials from the Health Sector has created favorable conditions for the design and implementation of measures to improve quality and performance of these services.

The involvement of staff from the Department of Health in this survey to assess the quality of health services at communal level may not ensure the objectivity of the research's results. Therefore, to minimize this impact and enhance the objectivity, two independent experts were monitoring the scheduled surveys without announcing it to CHS staff in advance when conducting the household interviews. Members of each group were also investigating provincial-level officials from different agencies (Center for Disease Control and Prevention, Provincial Statistics Office, Center for Endocrine, Tuberculosis and Lung Hospital) that are not directly related to health services at commune level. The Steering Committee also directed to use local investigators instead of village health workers whenever possible, so that people were not afraid to speak out their views. Objectivity of research results have been seen as one of the priorities of top quality control.

The selection of surveyed sites was for improving the service quality at commune level in certain areas of Dien Bien province. The sites were not representative of the province in all aspects. Therefore, the findings of the research reflect the quality of services in surveyed areas that do not necessarily reflect the overall picture of the commune health services in Dien Bien province. In this survey, 3 selected districts represent geographical and economic conditions of the province that do not represent other districts in other aspects (e.g. ethnicity, education and custom – the factors may affect the accessibility, the use, and assessment on the quality of the services by the users).

Regarding the sample, adequate amount of time should be given for collecting initial information and consulting stakeholders to obtain a consensus on the representative of the sample and survey results. Local officials need to spend time in contacting people, making appointments with the households during the course of survey, so as to minimize replacements. If not, the selection of alternative households it will solely depend on the local officials' introduction, which reduces the representative as that of the original design.

Questions in the questionnaire have to be very accurate but also comprehensible for investigator to ask and for the respondents to answer correctly. More time should be given to designing the survey questionnaire to help the surveyors to exchange information more easily, and after that, help the staff to do data analysis

more easily. Data collecting group must be well trained and practice at least 2 times before participating in the survey. The questionnaire should be checked after each day to learn from experience and modify the way of asking the questions if necessary.

Since the survey was only practiced and experimented once, data collecting staff initially had difficulty in the official conduct of the survey and data analysis. Therefore, in the following studies, more time for practice and experimenting is needed.

Data entry officers must understand the data and data requirements. The data entry and data cleaning are to be done soon after the survey for prompt repair, additional, then hurry to check for additional data, even surveying those missing households or collecting missing information. Software for data entry needs to have test mode to avoid the wrong values. Since the design of this survey has not made detailed entry instructions, it is necessary to manually re-check quite a lot of entered date to correct the errors in data entry stage.

The people were enthusiastic in providing information as they understood that this was a good opportunity to provide feedback and evaluation on the quality of medical service as well as to be heard and propose their suggestions to improve the service's quality.

With the readiness in preparing for administrative reform of Dien Bien province and in implementing of the project on measuring people's satisfaction with public health services, the Citizen Report Card survey is a good practice for Dien Bien's Department of Health in tracking, monitoring and evaluating activities of subordinate units, in order to identify opportunities to improve quality of services. After this survey, identifying an agency to evaluate the services provided by their subordinate units is no longer a challenge, as long as there is inter-agency or section coordination between different service levels and locations.

ANNEX 1:
QUESTIONNAIRE FOR THE CITIZEN REPORT CARD IN DIEN BIEN

CITIZEN REPORT CARD

A SURVEY ON THE QUALITY OF PUBLIC HEALTH SERVICES AT COMMUNE LEVEL IN DIEN BIEN PROVINCE

Dien Bien provincial department of Health is carrying out a survey in selected communes to improve the quality of public health services at commune level, with technical and financial support from UNICEF Vietnam.

The objective of the survey is to collect feedback of the citizens on 5 public health services provided at commune level in order to assess the quality of the services and have appropriate measures in improving service quality.

We look forward to your cooperation and highly appreciate your participation in the survey. We commit that all information collected will only be used for the above mentioned purpose.

Thank you!

GENERAL INFORMATION **Questionnaire ID** ☐

INTERVIEWER

0.1 Interviewer:.....

0.2 Recorder's Full name:.....

0.3 Interview starts: …....hrs…....., Interview ends ……hrs…….., on ……. December 2013

0.4 Supervisor:…….Date of certifying……..Signature…….....

0.5 Questionnaire Quality reviewed by the Head of survey team:

1. ☐ Complete 2. ☐ Incomplete Signature .....

0.6 Full name of data entry officer: (the officer records their name when entrying data)

RESPONDENT

1. Group…….. 2. Hamlet:……

3. Commune:……...…… 4. District……..…..

5. According to the household economic classification in 2012, your household was?

1. ☐ Poor 2. ☐ Near poor 3. ☐ Other *(specify)*:……..

6. What is your household's main source of income? (select the income with largest share)

1. ☐ Cultivation 2. ☐ Livestock (fishery, poultry, cattle etc.)

3. ☐ Trade 4. ☐ Other, specify:……

7. Distance, means of transportation and time from your home to the CHS?

1. Distance		2. Transportation Mean?		3. Time	
1. ☐	< 1 km	1. ☐	On foot	1. ☐	< 30 minutes
2. ☐	1 km – to less 5 km	2. ☐	Bicycle	2. ☐	30 min. - less 60 min.
3. ☐	5 km – 10 km	3. ☐	Motorbike	3. ☐	60 min - less 90 min
4. ☐	Over 10 km	4. ☐	Other ….	4. ☐	Over 90 min.

PART I. ANTENATAL CARE

8. Full name of respondent:…… 9. Year of birth: .....

10. Ethnic: 1. ☐ Thai 2. ☐ Mong 3. ☐ Kinh 4. ☐ Other (specify)……

11. Education: ...../12

12. When was the latest delivery? month ……year……

13. This was your 1st /2nd/ 3rd/ …..th child

14. During this pregnancy, what knowledge were you instructed and who gave the instructions? (multiple answers accepted)

A. Instructed Contents	B. If "Yes", by whom?		
1. ☐ Antenatal examination 3 times and delivery at health facilities	1. ☐ CHS staff	2. ☐ Village health worker	3. ☐ Others….
2. ☐ Guidance on maternity sanitation	1. ☐ CHS staff	2. ☐ Village health worker	3. ☐ Others….
3. ☐ Guidance on suitable nutrition and elimination of traditional practices harmful to the health of the mothers and babies	1. ☐ CHS staff	2. ☐ Village health worker	3. ☐ Others….
4. ☐ Guidance on breast feeding	1. ☐ CHS staff	2. ☐ Village health worker	3. ☐ Others….
5. ☐ Guidance on the abnormal signals (with risks of complications) during pregnancy, delivery, post-delivery and appropriate reactions to these cases	1. ☐ CHS staff	2. ☐ Village health worker	3. ☐ Others….
6. ☐ No guidance was given			
7. ☐ Can't remember			

15. Do you know working time of the commune health Station?

1. ☐ Yes 2. ☐ No → *Skip to question 17*

16. As you observed, is the health staff's working enough time as regulated?

1. ☐ Yes 2. ☐ No 3. ☐ Don't know

17. Does the commune health Station provide emergency service at any time?

1. ☐ No 2. ☐ No 3. ☐ Don't know

18. In your latest pregnancy, were you given a mother and child log-book?

1. ☐ No 2. ☐ No 3. ☐ Can't remember

19. Did you go to commune health Station for antenatal care (ANC)?

1. ☐ Yes → *Skip to question 21* 2. ☐ No

20. If no, where did you normally go for ANC?

1. ☐ At home by midwives, obstetric nurses or village nurses → *Skip to question 23*

2. ☐ Regional clinic

3. ☐ District hospital

4. ☐ Others (specify):……..

(If the answer is 2, 3 or 4 → Skip to question 25)

21. How many times did you have ANC at CHS?

1. ☐ Onc 2. ☐ Twice 3. ☐ Thrice

4. ☐ More than 3 times 5. ☐ Can't remember

22. How much time did you normally have to wait for your turn of examination when you come to the CHS for ANC?

1. ☐ Less than 15 minutes 2. ☐ 15 – 30 minutes

3. ☐ 30 – 60 minutes 4. ☐ More than 60 minutes

5. ☐ Can't remember

23. At which periods of your pregnancy did you go for examination?

1. ☐ 1st time, in the …….month of pregnancy

2. ☐ 2nd time, in the …….month of pregnancy

3. ☐ 3rd time, in the …….month of pregnancy

4. ☐ More than 3 times: ….th,…th, ….th, …. months of pregnancy

5. ☐ Can't remember

24. Which medical equipment did the health staff use during the examination?

1. ☐ Blood pressure, heart rate monitor 2. ☐ Stethoscope

3. ☐ Thermometer 4. ☐ Balance

5. ☐ Others (specify)…… 6. ☐ No equipment

7. ☐ Don't know equipment's names

25. During your latest pregnancy, were you vaccinated against tetanus at the CHS?

1. ☐ Yes 2. ☐ No 3. ☐ Can't remember

(If the answer is 2 or 3 → Skip to question 28)

26. If yes, how many injections did you get?

1. ☐ Once 2. ☐ Twice 3. ☐ Other (specify): …….

27. At which periods did you get vaccinated?

1. ☐ 1st time, in the …….month of pregnancy

2. ☐ 2nd time, in the …….month of pregnancy

3. ☐ Other (specify): …….

28. Were you given iron or multiple vitamin-mineral pills?

1. ☐ Yes

2. ☐ No

3. ☐ Can't remember

(If answer is 2 or 3 → Skip to question 30)

29. Who provided you with the iron or multiple vitamin-mineral pills? (multiple answers accepted)

1. ☐ CHS staff 2. ☐ Village health staff 3. ☐ Purchase

4. ☐ Other (specify) ……..…….

30. Did you have to pay for the ANC services?

1. ☐ Yes 2. ☐ No → *Skip to question 32*

31. What was the mode of payment for your ANC services?

1. ☐ Entirely paid by yourself

2. ☐ Entirely covered by health insurance

3. ☐ Partially covered by health insurance and the remaining paid by yourself

4. ☐ Other (specify):.....

32. Besides the payments regulated by the CHS, did you have to pay the health staff for additional expenses? (under-the-table money, allowance etc.)?

1. ☐ No 2. ☐ Yes → Skip to question 35

33. If yes, please give an estimated total of additional payment made to the health staff?

Total: ……..VND

34. What was the reason you made this additional payment to the health staff?

1. ☐ Voluntary 2. ☐ Suggested by the health staff

3. ☐ Others (specify):……..

35. How did you find the health staff's attitude when giving you ANC service?

1. ☐ Very cold
2. ☐ Cold
3. ☐ Normal
4. ☐ Caring, attentive
5. ☐ Very caring, attentive

36. How did you find the quality of ANC service of the CHS?

1. ☐ Very poor
2. ☐ Poor
3. ☐ Average
4. ☐ Fairly good
5. ☐ Good
6. ☐ Very good

37. Why did you rate the quality of ANC service at the CHS?

.....

.....

38. Were you satisfied with the ANC service at the CHS?

1. ☐ Totally unsatisfied
2. ☐ Not really satisfied
3. ☐ Fairly satisfied
4. ☐ Satisfied
5. ☐ Very satisfied

(If the answer is 3, 4 or 5→ Skip to question 40)

39. Why were you not satisfied with the ANC service?

.....

.....

40. In your opinion, what improvements can be made to improve the quality of ANC at the CHS?

.....

.....

PART II. MATERNAL AND CHILD HEALTHCARE

41. Where did you have your latest birth delivery?

1. ☐ Commune Health Station → *Skip to question 43*
2. ☐ At home, assisted by health workers
3. ☐ At home, assisted by folk midwives
4. ☐ District hospital
5. ☐ Regional clinic
6. ☐ Provincial hospital
7. ☐ Other (specify).....

42. Why did you not give birth at the CHS?

1. ☐ Failed to arrive at the CHS in time
2. ☐ Did not know about the Station's maternity service
3. ☐ Knew about the service yet unsure about its quality
4. ☐ Home is too far away from the Station
5. ☐ No means of transportation
6. ☐ Other (specify) .....

(Finished this question→ Skip to question 51)

43. How long did you have to wait for examination and counseling before birth?

1. ☐ Less than 15 minutes
4. ☐ More than 60 minutes
2. ☐ 15 – 30 minutes
5. ☐ Can't remember
3. ☐ 30 – 60 minutes

44. How did you find the sanitary condition of the delivery room at the CHS?

1. ☐ Clean 2. ☐ Unclean 3. ☐ Did not notice

45. How were the newborns taken care of after birth?

	Contents	Answers		
1	Dried and warmed	1. ☐ Yes	2. ☐ No	3. ☐ Don't know
2	Incentive care	1. ☐ Yes	2. ☐ No	3. ☐ Don't know
3	Sputum suction	1. ☐ Yes	2. ☐ No	3. ☐ Don't know
4	Newborn umbilical cord care, early detection of umbilical cord infection signs	1. ☐ Yes	2. ☐ No	3. ☐ Don't know
5	Vaccination (hepatitis B)	1. ☐ Yes	2. ☐ No	3. ☐ Don't know
6	Re-examination before discharge	1. ☐ Yes	2. ☐ No	3. ☐ Can't remember
7	Others *(specify):*			

46. Did you have to pay for any expenses upon your delivery at the CHS?

1. ☐ Yes 2. ☐ No → Skip to question 48

47. What was the mode of payment for your delivery?

1. ☐ Entirely paid by yourself

2. ☐ Entirely covered by health insurance

3. ☐ Partially covered by health insurance and the remaining paid by yourself

4. ☐ Other *(specify)*:.....

48. Besides the payments regulated by the CHS, did you have to pay the health staff for additional expenses? (under-the-table money, allowance etc.)?

1. ☐ No 2. ☐ Yes → Skip to question 51

49. If yes, please give a rough total of additional payment made to the health staff?

Total: ……..VND

50. What was the reason you made this additional payment to the health staff?

1. ☐ Voluntary 2. ☐ Suggested by the health staff

3. ☐ Others (specify):……..

51. What knowledge was instructed to you and who gave the instructions?

A. Instructed Contents		B. By whom?					
1. ☐	Guidance on early breastfeeding after delivery, proper breastfeeding and exclusive breastfeeding within the first 6 months	1. ☐	CHS staff	2. ☐	Village health worker	3. ☐	Others
2. ☐	Guidance on suitable supplementary nutrition after first 6 months	1. ☐	CHS staff	2. ☐	Village health worker	3. ☐	Others
3. ☐	Guidance on measuring weight and recording growth chart of the child	1. ☐	CHS staff	2. ☐	Village health worker	3. ☐	Others
4. ☐	Guidance on the use of growth chart	1. ☐	CHS staff	2. ☐	Village health worker	3. ☐	Others
5. ☐	Guidance on the child's abnormal signs in need of check-up and treatment at health centres	1. ☐	CHS staff	2. ☐	Village health worker	3. ☐	Others
6. ☐	Guidance on the child's vaccination schedule	1. ☐	CHS staff	2. ☐	Village health worker	3. ☐	Others
7. ☐	Guidance on prevention of these diseases: malnutrition, diarrhea, acute respiratory infections, rickets, vitamin A deficiency, malaria	1. ☐	CHS staff	2. ☐	Village health worker	3. ☐	Others
8. ☐	Others (specify):						
9. ☐	No guidance was given						
10. ☐	Can't remember						

52. Upon getting home, was your child re-examined and by whom?

A. When		B. By whom?					
1. ☐	Re-examined 1 time within the first week of birth	1. ☐	Village health worker	2. ☐	Midwives	3. ☐	Others
2. ☐	Re-examined 2 time within the first 6 weeks of birth	1. ☐	Village health worker	2. ☐	Midwives	3. ☐	Others
3. ☐	Others (specify): ……..	1. ☐	Village health worker	2. ☐	Midwives	3. ☐	Others

53. Currently, is your child's growth measured and monitored periodically by health staff?

1. ☐ Yes 2. ☐ No

54. How was the attitude of the health staff when taking care of mothers and children?

1. ☐ Very cold 2. ☐ Cold

3. ☐ Normal 4. ☐ Caring, attentive 5. ☐ Very caring, attentive

55. How do you find the quality of maternal and child healthcare service?

1. ☐ Very poor 2. ☐ Poor 3. ☐ Average

4. ☐ Fairly good 5. ☐ Good 6. ☐ Very good

56. Why do you rate the quality of maternal and child care service as such?

.....

.....

57. Were you satisfied with the maternal and child care service of Commune Health Station?

1. ☐ Totally unsatisfied 2. ☐ Not really satisfied

3. ☐ Fairly satisfied 4. ☐ Satisfied 5. ☐ Very satisfied

(If pick options 3, 4 or 5 → Skip to question 59)

58. Why were you not satisfied with the maternal and child care service of the Commune Health Station?

.....

.....

59. In your opinions, what improvements can be made to improve the quality of the maternal and child care service at commune Station?

.....

.....

PART III. VACCINATION

60. From whom did you get information about vaccination?

1. ☐ Commune health workers 2. ☐ Village health workers

3. ☐ Others (specify) .....

61. Where does your child usually receive vaccination?

1. ☐ Commune Health Station
2. ☐ At a point held by Commune Health Station
3. ☐ Child is too young for injection
4. ☐ Others, *(specify)* .....

(If the answer is 3 or 4 → SKIP TO PART IV)

62. Do you keep the vaccination log-book of you latest child?

1. ☐ Yes
2. ☐ No

63. What kinds of vaccination have your child received and how many times?

	A. Vaccines:	B. No. of times
1. ☐	BCG	
2. ☐	Hepatitis B	
3. ☐	DPT-VGB-Hib	
4. ☐	OPV	
5. ☐	Measles	
6. ☐	Others *(specify):*	

64. Have you ever seen any children had to left due to the shortage of vaccines at the commune health Station?

1. ☐ Yes
2. ☐ No

65. How much time did you normally have to wait for your child's vaccination?

1. ☐ Less than 15 minutes
2. ☐ 15 – less than 30 minutes
3. ☐ 30 – 60 minutes
4. ☐ More than 60 minutes
5. ☐ Can't remember

66. Do you find such waiting time reasonable?

1. ☐ Yes
2. ☐ No

67. Was your child checked by health workers before vaccination?

1. ☐ Yes
2. ☐ At times
3. ☐ No

68. Before vaccination, did the health staff give any explanation?

1. ☐ Yes 2. ☐ At times 3. ☐ No → *Skip to question 70*

69. What did the health staff explain about?

1. ☐ Effects of Vaccine
2. ☐ Vaccine's conditions (not expired, properly stored)
3. ☐ Complications after vaccination
4. ☐ Others (specify):……
5. ☐ Can't remember

70. Were you advised by the health workers after your child's vaccination?

1. ☐ Yes 2. ☐ At times 3. ☐ No → *Skip to question 72*

71. What were you advised about?

1. ☐ Monitoring the child
2. ☐ Reactions to complications after injection
3. ☐ Can't remember
4. ☐ Others *(specify)*……...……

72. How many times have your child had Vitamin A intake within the past 1 year?

1. ☐ 1 time
2. ☐ 2 times
3. ☐ 3 times
4. ☐ Can't remember
5. ☐ Other (specify)……...……..

73. Did you have to pay vaccination fee at the commune Station?

1. ☐ Yes 2. ☐ No → *Skip to question 75*

74. What was your mode of payment for the vaccination fee?

1. ☐ Entirely paid by yourself
2. ☐ Entirely covered by health insurance
3. ☐ Partially covered by health insurance and the remaining paid by yourself
4. ☐ Other *(specify)*:.....

75. Besides the payments regulated by the Commune Stations, did you have to pay the health staff for additional expenses? (under-the-table money, allowance etc.)?

1. ☐ No 2. ☐ Yes → *Skip to question 78*

76. If yes, please give a rough total of additional payment made to the health staff?

Total: ……..VND

77. What is the reason you made this additional payment to the health staff?

1. ☐ Voluntary 2. ☐ Suggested by the health staff

3. ☐ Others *(specify):*……..

78. How was the attitude of the health staff upon providing your child with vaccination?

1. ☐ Very cold 4. ☐ Caring, attentive

2. ☐ Cold 5. ☐ Very caring, attentive

3. ☐ Normal

79. How do you find the quality of the vaccination service?

1. ☐ Very poor 3. ☐ Average 5. ☐ Good

2. ☐ Poor 4. ☐ Fairly good 6. ☐ Very good

80. Why do you rate the quality of vaccination service as such?

……

……

81. Were you satisfied with the vaccination service of Commune Health Station?

1. ☐ Totally unsatisfied 2. ☐ Not really satisfied

3. ☐ Fairly satisfied 4. ☐ Satisfied 5. ☐ Very satisfied

(If the answer is 3, 4 or 5 → Skip to question 83)

82. Why were you not satisfied with the vaccination service of the Commune Health Station?

……

……

83. In your opinions, what improvements can be made to improve the quality of the vaccination service at Commune Health Station?

……

……

PART IV. HEALTH IEC

84. Within the past one year, have you received any health IEC contents from Commune Health Station?

1. ☐ Yes
2. ☐ No → *SKIP TO PART V*

85. If Yes, what contents were communicated to you?

1. ☐ Population & Family Planning
2. ☐ Prenatal, maternal and baby care
3. ☐ Vaccination
4. ☐ Breastfeeding
5. ☐ Supplementary baby feeding
6. ☐ Prevention of micro-nutrient deficiencies
7. ☐ Taking care of babies with diseases
8. ☐ Prevention of Petechial fever
9. ☐ Prevention of Tuberculosis
10. ☐ Prevention of HIV
11. ☐ Prevention of social diseases and other dangerous epidemic diseases
12. ☐ Others (specify): ……
13. ☐ Can't remember

86. Who provided those contents?

1. ☐ Commune health workers
2. ☐ Village health workers
3. ☐ Other (specify): ……

87. In what ways were these contents communicated (multiple answers accepted)?

1. ☐ Direct communication
2. ☐ Video tapes, movies
3. ☐ Loud speakers
4. ☐ Flyers
5. ☐ Others *(specify):* ……

88. Which mode and language of communication and do you prefer? (rank by your preference, 1: most preferred, 5: least preferred)

Order	Mode of communication	Level of preference (a)	Language (specify) (b)
1	Direct communication from IEC staff		
2	Communication loud speakers		
3	Flyers		
4	Video tapes, movies		
5	Others (specify)……		

89. How do you find the quality of the health IEC activities?

1. ☐ Very poor 3. ☐ Average 5. ☐ Good

2. ☐ Poor 4. ☐ Fairly good 6. ☐ Very good

90. Why do you rate the quality of the IEC service as such?

……

……

91. Were you satisfied with the IEC contents of the Commune Health Station?

1. ☐ Totally unsatisfied 2. ☐ Not really satisfied

3. ☐ Fairly satisfied 4. ☐ Satisfied 5. ☐ Very satisfied

(If the answer is 3, 4 or 5 → Skip to question 93)

92. Why were you not satisfied with the IEC service of the Commune Health Station?

……

……

93. Were you satisfied with the IEC format provided by the Commune Health Station?

1. ☐ Totally unsatisfied 2. ☐ Not really satisfied

3. ☐ Fairly satisfied 4. ☐ Satisfied 5. ☐ Very satisfied

(If the answer is 3, 4 or 5 → Skip to question 95)

94. Why were you not satisfied with the IEC format provided by the CHS?

……

……

95. In your opinion, what improvements can be made to improve the effectiveness of the health IEC of the commune Station?

.....

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.....

PART V. MEDICAL CHECKUP

(Interviewing people who has visited CHS in the last 12 month)

96. Full name of respondent:……..

97. Gender: 1. ☐ Male 2. ☐ Female

98. Year of birth: ……

99. Ethnic: 1. ☐ Thai 2. ☐ Mong 3. ☐ Kinh 4. ☐ Other (specify)……..

100. Education...../12

101. Where do you usually go for diagnosis and treatment of your illnesses?

1. ☐ Self-treatment of minor illnesses
2. ☐ Commune Health Station
3. ☐ District hospital
4. ☐ Regional polyclinic
5. ☐ Private clinic
6. ☐ Others (specify)……

102. Do you have Health insurance card?

1. ☐ Yes
2. ☐ No → *Skip to question 104*

103. What type of Insurance Card do you own?

1. ☐ Poor household
2. ☐ Families under social policies
3. ☐ Voluntary
4. ☐ Others (specify)……..

104. When was the last time you went for check-up at the Commune Health Station?

Month …… Year ……

105. What disease(s) did you get check-up for? ……

106. How much time did you often have to wait for your turn of check-up?

1. ☐ Less than 15 minutes
2. ☐ 15 – less than 30 minutes
3. ☐ 30 – 60 minutes
4. ☐ More than 60 minutes
5. ☐ Can't remember

107. Which equipment did the Health Staff use for your check-up (multiple answers accepted)?

1. ☐ Blood pressure, heart rate monitor
2. ☐ Stethoscope
3. ☐ Thermometer
4. ☐ Balance
5. ☐ Don't know equipment's names
6. ☐ No equipment
7. ☐ Others (specify)……

108. Upon this check-up, did you get any treatment?

1. ☐ Yes, medications without hospitalization → *Skip to question 109*
2. ☐ Yes, hospitalized at commune health Station → *Skip to question 111*
3. ☐ Yes, transferred to higher level clinic → *Skip to question 112*
4. ☐ No treatment required → *Skip to question 113*

109. Were you prescribed with any medicines?

1. ☐ Yes
2. ☐ Yes → *Skip to question 113*

110. Were you given the medicines as prescribed?

1. ☐ Yes, sufficient
2. ☐ Yes but insufficient
3. ☐ No

(Finished this question → Skip to question 113)

111. How many days were you hospitalized?

1. ☐ Less than 1 day
2. ☐ Less than 3 days
3. ☐ Less than 5 days
4. ☐ Others *(specify)*:…….....
5. ☐ More than 5 days, then moved to higher level

(If the answer is 1 to 4 → Skip to question 113)

112. Where were you transferred to?

1. ☐ Regional polyclinic
2. ☐ Provincial hospital
3. ☐ District hospital
4. ☐ Others (specify):……..

113. What were you advised about upon your checkup (multiple answers accepted)?

1. ☐ Drugs usage
2. ☐ Nutrition
3. ☐ Sanitation against diseases
4. ☐ Can't remember
5. ☐ Others (specify):……

114. Do you know the daily working hours of the commune health Station (besides emergency cases)?

1. ☐ Yes
2. ☐ No → *Skip to question 116*

115. As you observe, is the health staff's working enough time as regulated?

1. ☐ Yes
2. ☐ No
3. ☐ Don't know

116. Does the commune health Station provide emergency service at any time?

1. ☐ Yes
2. ☐ No
3. ☐ Don't know

117. Did you have to pay any checkup fee at the commune health Station?

1. ☐ Yes
2. ☐ No → *Skip to question 119*

118. What was your mode of payment for the fee?

1. ☐ Entirely paid by yourself
2. ☐ Entirely covered by health insurance
3. ☐ Partially covered by health insurance and the remaining paid by yourself
4. ☐ Other (specify):.....

119. Besides the payments regulated by the Commune Stations, did you have to pay the health staff for additional expenses? (under-the-table money, allowance etc.)?

1. ☐ No
2. ☐ Yes → Skip to question 122

120. If yes, please give an estimated total of additional payment made to the health staff?

Total: ……..VND

121. What was the reason you made this additional payment to the health staff?

1. ☐ Voluntary
2. ☐ Suggested by the health staff
3. ☐ Others (specify):……..

122. How was the attitude of the health staff upon giving you medical checkup?

1. ☐ Very cold
2. ☐ Cold
3. ☐ Normal
4. ☐ Caring, attentive
5. ☐ Very caring, attentive

123. How do you find the quality of the medical check-up service?

1. ☐ Very poor
2. ☐ Poor
3. ☐ Average
4. ☐ Fairly good
5. ☐ Good
6. ☐ Very good

124. Why do you rate the quality of medical check-up service as such?

.....

.....

125. Were you satisfied with the medical checkup service of the Commune Health Station?

1. ☐ Totally unsatisfied
2. ☐ Not really satisfied
3. ☐ Fairly satisfied
4. ☐ Satisfied
5. ☐ Very satisfied

(If the answer is 3, 4, or 5 → Skip to question 127)

126. Why were you not satisfied with the medical check-up service of the Commune Health Station?

.....

.....

127. In your opinions, what improvements can be made to improve the quality of the medical checkup service at the Commune Health Station?

.....

.....

THANK YOU FOR YOUR PARTICIPATION!

SỞ KẾ HOẠCH ĐẦU TƯ
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