

HEALTH AND EDUCATION SERVICES SURVEY

LK, IR, IKP, IP, RB, TKS, KG, KF,
LG, AM, OV, KP, PG, OL, CP

BOOK 3 COMMUNITY HEALTH CENTRE

COMMUNITY HEALTH CENTRE ID

____ 6 ____
EA QX NO

Respondent is Head of Community Health Centre (Puskesmas), Midwife Coordinator, Medical/Vaccine Room Officer, and Administration Officer.

Name of Community Health Centre :

ENUMERATOR, EDITOR AND SUPERVISOR

	Enumerator	Editor	Supervisor
Names and Codes of Officers	_____	_____	_____

RESULTS OF VISITS

	First Visit	Second Visit	Third Visit
Date	____/____/2008	____/____/2008	____/____/2008
Time started / Time completed	____:____ / ____:____	____:____ / ____:____	____:____ / ____:____
Results of Visits	1. Completed 2. Partly completed, _____ 3. Respondent declined/absent/not available	1. Completed 2. Partly completed, _____ 3. Respondent declined/absent/not available	1. Completed 2. Partly completed, _____ 3. Respondent declined/absent/not available

RESULTS OF INSPECTION

Inspection by Supervisor	Observation by Supervisor	Checked up by Editor
1. Yes 3. No	1. Yes 3. No	1. Entry made, without error 3. Entry made, with correction

READ OUT THE VERBAL CONSENT SHEET BEFORE STARTING THE INTERVIEW

My name is I am a surveyor from Pusat Penelitian Kependudukan dan Kebijakan Universitas Gadjah Mada. Currently, we are collecting data for 2009 Health and Education Service Survey. The survey is intended to collect information on public access to and the availability of health and education facilities in Indonesia.

As part of this research, we would like to conduct an interview with you. Your health facility was selected for the interview based on a random lottery. We would like to ask your permission for the interview. If you choose to continue with the interview, you or your staff can choose not to respond to any or all of the questions we ask. All of your responses will be used for research purposes only, and are guaranteed to be kept confidential. Your name and your answers will not be disclosed to anyone.

We apologize for the time it will take and for any interruption this may cause to you and your staff. The length of this interview is approximately two hours. Although your participation in this research will not benefit this health facility directly, the information you provided will be beneficial for the future of health and education services throughout Indonesia.

Do you understand this explanation? If so, may we continue with the interview?

If you feel you have been treated unfairly, or you have questions or concerns you may contact:

Drs. Sukamdi, M.Sc

Centre for Population and Policy Research, Gadjah Mada University

Tel: 0274-563079 atau Email: secretary@cpps.or.id

ORAL CONSENT OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

I understand the procedures described above and agree to be interviewed.

_____ Oral consent: 1. Yes 3. No
(Name of Subject)

SIGNATURE OF INTERVIEWER

In my judgement the subject is voluntarily and knowingly giving informed consent and possesses the legal capacity to give informed consent to participate in this research study.

_____ Date _____
Signature of Interviewer

LK. LOCATION

LK01	PROVINCE	32. WEST JAVA 35. EAST JAVA 53. NUSA TENGGARA TIMUR	71. NORTH SULAWESI 75. GORONTALO	CODE: <input type="text"/>
LK02	DISTRICT/CITY	CODE: <input type="text"/>		
LK03	SUBDISTRICT	CODE: <input type="text"/>		
LK04	Village/borough	CODE: <input type="text"/>		
LK09	Address of Community Health Centre	<input type="text"/>		
LK10	Telephone/Cell	A. Tel. <input type="text"/> - <input type="text"/> B. Cell <input type="text"/> - <input type="text"/> W. NOT APPLICABLE		
LK11	LOCATIONS COORDINATES	a. LATITUDE : <input type="text"/> ° <input type="text"/> ', <input type="text"/> b. LONGITUDE : <input type="text"/> ° <input type="text"/> <input type="text"/> ', <input type="text"/> c. ELEVATION: <input type="text"/> . <input type="text"/> Meter Above Sea Level d. ACCURACY: <input type="text"/> METER		

IR. IDENTITY OF RESPONDENT

IR01	Name of the principal respondent	<input type="text"/>
IR02	Position of respondent	1. Head of Community Health Centre 2. Physician at Community Health Centre (Not head of community health centre) 3. Dentist 4. Nurse/paramedic 5. Coordinating midwife 6. Community health centre midwife/traditional birth attendant 7. Other community health centre officers

IR03	What is the name of the office who is responsible for the [...] section?
a. Administration	<input type="text"/>
b. Patient registration	<input type="text"/>
c. Mother and Child Health Care (KIA)	<input type="text"/>
d. Family planning	<input type="text"/>
e. Space/Storage for community health centre medicines	<input type="text"/>
f. Vaccine storage	<input type="text"/>

IKP. IDENTITY OF HEAD OF COMMUNITY HEALTH CENTRE

Next we would appreciate it if you could give us information on the education and experience of the head of the community health centre.

INTERVIEWER'S NOTE : QUESTIONS ON THE IDENTITY OF THE HEAD OF COMMUNITY HEALTH CENTRE SHOULD ALWAYS BE ASKED EVEN IF THE RESPONDENT IS NOT A HEAD OF COMMUNITY HEALTH CENTRE.	
IKP01 Name of the head of the community health centre	_____
IKP02 What sex is the head of the community health centre	1. Male 3. Female
IKP03 How old is the head of the community health centre?	___ year
IKP04 What is the job title of the head of community health centre?	1. General practitioner 2. Specialist, specify: _____ 3. Dentist 4. Nurse 5. Midwife 95. Other _____
IKP 05 What is the highest level of education completed by the head of the community health centre?	1. Midwifery school equivalent to senior high school 6. General medical school 2. Diploma 1/nurse/midwife 7. S3/specialist 3. Diploma 2 95. Other , _____ 4. Diploma 3/bachelors 98. DO NOT KNOW 5. Diploma 4/ masters/medicine
IKP06 In what year did the head of the community health centre finish his/her highest level of education?	1. _____ 8. DO NOT KNOW
IKP07 How far is the head of the community health centre's house to this community health centre?	1. _____ , ___ km 8. DO NOT KNOW
IKP08 How long does it take to go from the house of the head of the community health centre to this community health centre, one way?	1. ___ hour ___ minute 8. DO NOT KNOW
IKP09 Is the head of the community health a native of this district/city?	1. Yes → IKP11 3. No
IKP10 Is the head of the community health a native of this province?	1. Yes 3. No
IKP11 What is the employment status of this head of the community health centre?	1. Civil Servant 4. Part timer 95. Other , _____ 2. Central government contract 5. Volunteer 3. Local government contract 6. Wiyata Bhakti
IKP12 When did the head of the community health centre start working at this community health centre?	Month ___ year _____

IP. BASIC INFORMATION ON COMMUNITY HEALTH CENTRE

IP02	The work area of this community health centre is :	
	a. Number of villages/boroughs	___ Village/borough
	b. Size of work area	___ . ___ km ²
	c. Size of the population	___ . ___ person
	d. Number of households	___ . ___ family head
	f. Number of households holding Kartu Askeskin (health insurance for the poor card/Jamkesmas (community health insurance)	1. ___ . ___ person 3. ___ . ___ KK
	g. Number of people or households holding Kartu Jaminan Kesehatan Masyarakat Daerah (regional community health insurance)	1. ___ . ___ person 3. ___ . ___ KK
IP03	Number of Puskesmas Pembantu (auxiliary community health centre)	___
IP04	Number of mobile/floating community health centres	___
IP05	Number of village midwives	___
IP06	Number of Pos Pelayanan Terpadu/ <i>Posyandu</i> (integrated service post)	___
IP07	Number of active integrated service posts/ <i>Posyandu</i>	___
IP08	Number of active cadres of integrated service post / <i>Posyandu</i>	___
IP09	Number of village maternity huts	___
IP10	Is there electricity at the community health centre?	1. Yes 3. No
IP20	Does this community health service provide Emergency Obstetric and Neonatal Care (as a PONED Puskesmas)?	1. Yes 3. No→ IP 22
IP21	How many villages/boroughs receive a guidance from this community health centre regarding emergency referral system for pregnant mothers, mothers in labour, neonates and their mothers (less than 1 month)?	a. ___ village/borough in work area b. ___ village/borough in work area

IP22. Name of village/borough in work area	IP 23. Number of <i>Posyandu</i> in the village/borough of [...]
a. _____ [] [] [] []	_____ [] [] [] []
b. _____ [] [] [] []	_____ [] [] [] []
c. _____ [] [] [] []	_____ [] [] [] []
d. _____ [] [] [] []	_____ [] [] [] []
e. _____ [] [] [] []	_____ [] [] [] []
f. _____ [] [] [] []	_____ [] [] [] []
g. _____ [] [] [] []	_____ [] [] [] []
h. _____ [] [] [] []	_____ [] [] [] []
i. _____ [] [] [] []	_____ [] [] [] []
j. _____ [] [] [] []	_____ [] [] [] []
k. _____ [] [] [] []	_____ [] [] [] []
l. _____ [] [] [] []	_____ [] [] [] []
m. _____ [] [] [] []	_____ [] [] [] []
n. _____ [] [] [] []	_____ [] [] [] []
o. _____ [] [] [] []	_____ [] [] [] []
p. _____ [] [] [] []	_____ [] [] [] []
q. _____ [] [] [] []	_____ [] [] [] []
r. _____ [] [] [] []	_____ [] [] [] []
s. _____ [] [] [] []	_____ [] [] [] []
t. _____ [] [] [] []	_____ [] [] [] []

RB. FEE

RB01	What was the amount of targeted fee revenue from this community service centre in the <u>2007 Budget</u> ?	1. Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. NO TARGET → RB03
RB02	Was the targeted fee revenue in the <u>2007 Budget</u> achieved?	1. Yes 3. No
RB03	What was the total budget of community health centre in the <u>2007 Budget</u> ?	Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
RB04	What was the total budget allocation that originated from the capitation at community health centre in the <u>2007 Budget</u> ?	1. Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. NO ALLOCATION

TKS. COMMUNITY HEALTH CENTRE HUMAN RESOURCES

Next we would like to ask you about the number of people who serve in the work area of this community health centre, including those who serve at auxiliary community health centres/ village maternity clinics.

TKSTYPE	TKS01	TKS01a	TKS02	TKS02a
Types of Personnel	Numbers fulltime [...]	Numbers fulltime [...] who is present today	Numbers parttime [...]	Numbers parttime [...] who is present today
a. General practitioner	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person
b. Dentist	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person
c. Nurse/paramedic	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person
d. Dental care specialist	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person
e. Midwife	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person
f. Village midwife	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person
g. Nutritionist/assistant nutritionist	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person
h. Pharmacist/assistant pharmacist	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person
i. Other health personnel	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person
j. Employee	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person
k. Administrative personnel	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person
l. Cleaning service/driver/night watchman/errand-boy	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person
v. Other , _____	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person	<input type="text"/> person
TKS03 INTERVIEWER SHOULD CHECK: NUMBER OF FULL TIMERS [a - f] AND PART TIMERS (TKS01 + TKS02)				<input type="text"/> person

INTERVIEW INSTRUCTIONS:

1. INSERT PRE-PRINTED COMMUNITY HEALTH CENTRE SAMPLE
2. READ OUT ONE BY ONE THE NAMES OF THE HEALTH PERSONNEL ON THE LIST
3. IF THERE IS A NEW NAME OR A NAME THAT HAS NOT YET BEEN READ OUT, WRITE IT DOWN ON THE AVAILABLE BLANK LINE

LIST OF PHYSICIANS, MIDWIVES AND NURSES IN THE WORK AREA OF COMMUNITY HEALTH CENTRE

TKS 04	TKS05	TKS06	TKS07	TKS07a	TKS07b	TKS08	TKS09	TKS09a	TKS10	TKS11
	Full Name	CODE of person nel	When did [...] start serving at this community health centre?	What is the work status of [...] at this community health centre?	When did [...] transfer/retire from this community health centre? (Month/year)	What is the work status of [...] ?	In what section does [...] work/was assigned to ?	Is [...] at this community health centre at this very moment?	Does [...] have a private practice?	How far is it from community health centre/ sub-centre/ village maternity hut?
01		1 2 3 4	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. TT	1. Panel → TKS08 3. New → TKS08 2. Transfer/retired	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↓	1 2 3 4 5 6 7 8 9 95 _____	1 2 → TKS10 3 → TKS10	1. Yes 3. No, outside service 95. Other, _____ 96. NOT APPLICABLE	1. Yes 3. No↓	0 1 2 3 4
02		1 2 3 4	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. TT	1. Panel → TKS08 3. New → TKS08 2. Transfer/retired	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↓	1 2 3 4 5 6 7 8 9 95 _____	1 2 → TKS10 3 → TKS10	1. Yes 3. No, outside service 95. Other, _____ 96. NOT APPLICABLE	1. Yes 3. No↓	0 1 2 3 4
03		1 2 3 4	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. TT	1. Panel → TKS08 3. New → TKS08 2. Transfer/retired	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↓	1 2 3 4 5 6 7 8 9 95 _____	1 2 → TKS10 3 → TKS10	1. Yes 3. No, outside service 95. Other, _____ 96. NOT APPLICABLE	1. Yes 3. No↓	0 1 2 3 4
04		1 2 3 4	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. TT	1. Panel → TKS08 3. New → TKS08 2. Transfer/retired	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↓	1 2 3 4 5 6 7 8 9 95 _____	1 2 → TKS10 3 → TKS10	1. Yes 3. No, outside service 95. Other, _____ 96. NOT APPLICABLE	1. Yes 3. No↓	0 1 2 3 4
05		1 2 3 4	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. TT	1. Panel → TKS08 3. New → TKS08 2. Transfer/retired	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↓	1 2 3 4 5 6 7 8 9 95 _____	1 2 → TKS10 3 → TKS10	1. Yes 3. No, outside service 95. Other, _____ 96. NOT APPLICABLE	1. Yes 3. No↓	0 1 2 3 4
06		1 2 3 4	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. TT	1. Panel → TKS08 3. New → TKS08 2. Transfer/retired	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↓	1 2 3 4 5 6 7 8 9 95 _____	1 2 → TKS10 3 → TKS10	1. Yes 3. No, outside service 95. Other, _____ 96. NOT APPLICABLE	1. Yes 3. No↓	0 1 2 3 4

CODE TKS06 : 1. Physician 2. Nurse/paramedic 3. Midwife 4. Village midwife	Code TKS08 : 1. Civil servant 2. Public service duty 3. On contract with local 4. Daily paid worker 5. Volunteer 6. Wiyata Bhakti 7. Internship/part time 8. ABDI personnel 9. Regional civil servant 95. Other, specify ____	Code TKS09: 1. Community health centre 2. Auxiliary health centre 3. Village maternity hut /village midwife	Code TKS11 : 0. At community health centre/sub-centre/village maternity clinic, or in the compound 1. Less than or the same as 1 km 2. 2-5 Km 3. 6-10 Km 4. More than 10 km
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KG. ACTIVITIES OF THE HEAD OF COMMUNITY HEALTH CENTRE AND THE COORDINATING MIDWIFE

Next, we would like to ask you about your activities last Tuesday in order to know how much time you have spent doing health service work

KGTYPE	KG01	KG02
Time	Activities carried out by the [HEAD OF COMMUNITY HEALTH CENTRE] at [...]	Activities carried out by the [COORDINATING MIDWIFE] at [...]
a. 06.00-07.00	A B C D E F G H I J K L M N P V _____ W Y	A B C D E F G H I J K L M N P V _____ W Y
b. 07.00-08.00	A B C D E F G H I J K L M N P V _____ W Y	A B C D E F G H I J K L M N P V _____ W Y
c. 08.00-09.00	A B C D E F G H I J K L M N P V _____ W Y	A B C D E F G H I J K L M N P V _____ W Y
d. 09.00-10.00	A B C D E F G H I J K L M N P V _____ W Y	A B C D E F G H I J K L M N P V _____ W Y
e. 10.00-11.00	A B C D E F G H I J K L M N P V _____ W Y	A B C D E F G H I J K L M N P V _____ W Y
f. 11.00-12.00	A B C D E F G H I J K L M N P V _____ W Y	A B C D E F G H I J K L M N P V _____ W Y
g. 12.00-13.00	A B C D E F G H I J K L M N P V _____ W Y	A B C D E F G H I J K L M N P V _____ W Y
h. 13.00-14.00	A B C D E F G H I J K L M N P V _____ W Y	A B C D E F G H I J K L M N P V _____ W Y
i. 14.00-15.00	A B C D E F G H I J K L M N P V _____ W Y	A B C D E F G H I J K L M N P V _____ W Y
j. 15.00-16.00	A B C D E F G H I J K L M N P V _____ W Y	A B C D E F G H I J K L M N P V _____ W Y
k. 16.00-17.00	A B C D E F G H I J K L M N P V _____ W Y	A B C D E F G H I J K L M N P V _____ W Y
l. 17.00-18.00	A B C D E F G H I J K L M N P V _____ W Y	A B C D E F G H I J K L M N P V _____ W Y
m. 18.00-19.00	A B C D E F G H I J K L M N P V _____ W Y	A B C D E F G H I J K L M N P V _____ W Y
n. 19.00-20.00	A B C D E F G H I J K L M N P V _____ W Y	A B C D E F G H I J K L M N P V _____ W Y
o. 20.00-21.00	A B C D E F G H I J K L M N P V _____ W Y	A B C D E F G H I J K L M N P V _____ W Y

Code KG01 and KG02

- | | |
|--|---|
| A. Official business outside the community health centre/village maternity clinic/auxiliary health centre (meeting with head of district health office, participate in a training, etc.) | J. Morning roll call/afternoon roll call |
| B. Community health centre/village maternity clinic/auxiliary health centre staff meeting | K. Cleaning community health centre/village maternity clinic/auxiliary health |
| C. Do administrative work | L. Do home visit |
| D. Provide service at community health centre/village maternity clinic/auxiliary health centre | M. Sick/absent/leave/holiday |
| E. Provide service outside community health centre/village maternity clinic/auxiliary health centre (e.g. extension assignment in village, at integrated service post, at school, etc.) | N. Help with delivery |
| F. Provide private practice service | P. Attend class/lecture |
| H. Personal activity | V. Other, _____ |
| I. Provide service at hospital/clinic | W. NOT APPLICABLE |
| | Y. DO NOT KNOW |

KF. ACTIVITIES OF COMMUNITY HEALTH CENTRE

Outpatient service time schedule at Community Health Centre

KF1TYPE	KF01	KF02
Day	What time does the community health centre open on [...]?	What time does the community health centre close on [...]?
a. Monday	___ : ___	___ : ___
b. Tuesday	___ : ___	___ : ___
c. Wednesday	___ : ___	___ : ___
d. Thursday	___ : ___	___ : ___
e. Friday	___ : ___	___ : ___
f. Saturday	___ : ___	___ : ___

Services Inside the Building

KF2TYPE	KF03	KF04	KF05
Type of Service	Is there any service for [...]?	How much is the cost for [...]? [incl. ticket for new patients]	Unit
a. New visit (ticket)	1. Yes 3. No↓	Rp ____ . ____	Per visit
b. Repeat visit (ticket)	1. Yes 3. No↓	Rp ____ . ____	Per visit
c. Pregnant mother check up by midwife	1. Yes 3. No↓	Rp ____ . ____	per examination
d. Pregnant mother check up by physician	1. Yes 3. No↓	Rp ____ . ____	per examination
e. Delivery assisted by midwife	1. Yes 3. No↓	Rp ____ . ____	per delivery
f. Delivery assisted by physician	1. Yes 3. No↓	Rp ____ . ____	per delivery
g. Delivery room	1. Yes 3. No↓	Rp ____ . ____	per delivery
h. Vacuum extraction/forceps	1. Yes 3. No↓	Rp ____ . ____	per delivery
i. BCG immunisation	1. Yes 3. No↓	Rp ____ . ____	Per injection
j. DPT immunisation	1. Yes 3. No↓	Rp ____ . ____	Per injection
k. Anti polio immunisation	1. Yes 3. No↓	Rp ____ . ____	Per injection

KF2TYPE	KF03	KF04	KF05
Type of Service	Is there any service for [...]?	How much is the cost for [...]? [incl. ticket for new patients]	Unit
l. Measles immunisation	1. Yes 3. No↓	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Per injection
m. DPT Hep B Combo immunisation	1. Yes 3. No↓	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Per injection
n. Hepatitis B immunisation for children under 5 years old	1. Yes 3. No↓	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Per injection
o. Hepatitis B immunisation for over 5 years old patients	1. Yes 3. No↓	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Per injection
p. Tetanus Toxoid [TT] immunisation for pregnant mothers	1. Yes 3. No↓	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Per injection
q. Family planning pills	1. Yes 3. No↓	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Per family planning pill stripe
r. IUD insertion	1. Yes 3. No↓	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Each insertion
s. IUD retraction	1. Yes 3. No↓	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Each retraction
t. Implant insertion	1. Yes 3. No↓	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Each insertion
u. Implant retraction	1. Yes 3. No↓	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Each retraction
v. Family planning injection (3 months)	1. Yes 3. No↓	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Per injection
w. Side effects of use of contraceptives/IUD control	1. Yes 3. No↓	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Per check up
x. Inpatient treatment	1. Yes 3. No↓	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Per day

Referrals

KF3TYPE	KF06			KF09	
Nearest Facility	If you have to refer a patient, do you refer the patient to [...]?			Last month, how many patients were referred to [...]?	
a. Hospital	1. Yes	3. No↓	8. TT ↓	1. <input type="text"/> person	8. DO NO KNOW
b. Other community health centre	1. Yes	3. No↓	8. TT ↓	1. <input type="text"/> person	8. DO NOT KNOW
c. Private practice	1. Yes	3. No↓	8. TT ↓	1. <input type="text"/> person	8. DO NOT KNOW
d. Laboratory	1. Yes	3. No↓	8. TT ↓	1. <input type="text"/> person	8. DO NOT KNOW

LG. REPORT ON ACTIVITIES

INSTRUCTION FOR INTERVIEWER: COPY THE MONTHLY REPORT OF COMMUNITY HEALTH CENTRE (LB3 AND LB4, THE MOST RECENT MONTH)

LG01	THE FOLLOWING DATA ARE BASED ON REPORTS ON ACTIVITIES	Month <input type="text"/>	Year <input type="text"/>
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Types of patients		Number
LG02	New patients	<input type="text"/> . <input type="text"/>
LG03	Former/repeat patients	<input type="text"/> . <input type="text"/>
LG04	General patients	<input type="text"/> . <input type="text"/>
LG05	Family planning patients	<input type="text"/> . <input type="text"/>
LG06	Mother Child Health service patients	<input type="text"/> . <input type="text"/>
LG07	Health Card/health care insurance for the poor patients	<input type="text"/> . <input type="text"/>
LG08	Number of auxiliary health centres that submit reports	<input type="text"/>
LG09	Number of village maternity clinics that submit reports	<input type="text"/>

Vaccination/Immunisation/Family Planning

LG1TYPE	LG10
Activities Last Month	Number Served
a. Babies (0-11 months old) given BCG vaccination	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Babies (0-11 months old) given Polio vaccination	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Babies (0-11 months old) given Hepatitis B vaccination	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. Babies (0-11 months old) given DPT Hb Combo vaccination	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e. Babies (2-11 months old) given DPT vaccination	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f. Babies (9-11 months old) given measles vaccination	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
g. Pregnant mothers given TT vaccination	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
h. New visits by pregnant mothers (K1, first antenatal care visit) pure	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
i. New visits by pregnant mothers (K4, fourth antenatal care visit)	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
j. Antenatal care for pregnant mothers with complications/high risks attended	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
k. Antenatal care for pregnant mothers with complications/high risks referred	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
l. Mothers in child birth with complications/high risks attended	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
m. Mothers in child birth with complications/high risks referred	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
n. Deliveries assisted by health officers	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
o. Neonatal visits	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
p. Family planning pills	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
q. Family planning injection (3 months)	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Nutrition

LG2TYPE	LG11
Activities Last Month	Number served
a. Babies 0-11 months old weighed	<input type="text"/> . <input type="text"/>
b. Children 12-35 months old weighed	<input type="text"/> . <input type="text"/>
c. Children 36-59 months old weighed	<input type="text"/> . <input type="text"/>
d. Babies 0-11 months old below the dotted line and above the red line according to the growth chart	<input type="text"/> . <input type="text"/>
e. Children 12-35 months old below the dotted line and above the red line according to the growth chart	<input type="text"/> . <input type="text"/>
f. Children 36-59 months old below the dotted line and above the red line according to the growth chart	<input type="text"/> . <input type="text"/>
g. Babies 0-11 months old Below The Red Line [Bawah Garis Merah (BGM)] according to the growth chart	<input type="text"/> . <input type="text"/>
h. Children 12-35 months old Below The Red Line (BGM) according to the growth chart	<input type="text"/> . <input type="text"/>
i. Children 36-59 months old Below The Red Line (BGM) according to the growth chart	<input type="text"/> . <input type="text"/>
j. Babies 0-11 months old with Health Monitoring Card/Mother Child Health Book	<input type="text"/> . <input type="text"/>
k. Children 12-35 months old with Health Monitoring Card/Mother Child Health Book	<input type="text"/> . <input type="text"/>
l. Children 36-59 months old with Health Monitoring Card/Mother Child Health Book	<input type="text"/> . <input type="text"/>
m. Babies 6-11 months old given high dose Vitamin A	<input type="text"/> . <input type="text"/>
n. Children 1-5 years old given high dose vitamin A	<input type="text"/> . <input type="text"/>
o. Mothers in confinement given high dose Vitamin A	<input type="text"/> . <input type="text"/>
p. Pregnant mothers given high dose blood regeneration tablets (Fe3)	<input type="text"/> . <input type="text"/>
q. Mothers in confinement given high dose blood regeneration tablets (Fe3)	<input type="text"/> . <input type="text"/>
r. Mothers in confinement given high dose blood regeneration tablets (Fe)	<input type="text"/> . <input type="text"/>
LG12 Children given high dose Vitamin A for the last 6 months	<input type="text"/> . <input type="text"/>

AM. MEDICAL EQUIPMENT

AMTYPE	AM01
Types of Equipment and Materials	How many [...] are available at this community health centre?
a. Hb Meter (HB Sahli Set)	[[]]
b. Forceps	[[]]
c. Vaginal Speculum	[[]]
d. Tenaculum	[[]]
e. Uterus sounder	[[]]
f. Gynaecology table	[[]]
g. Straight and curved clamps	[[]]
h. Oxygen canister	[[]]
i. Incubator	[[]]
j. Weighing kit	[[]]
k. Thermos/vaccine carrier	[[]]

OV. MEDICAL AND VACCINE SUPPLY

INSTRUCTION FOR INTERVIEWER: ASK THE OFFICER IN CHARGE OF THE MEDICINE ROOM OR THE OFFICER IN CHARGE OF MEDICAL DISTRIBUTION

OVTYPE	OV01	OV02			OV03
Name of medicine	UNIT	At this moment, are [...] available at this community health centre?			In the last 2 months, how many weeks at this community health centre [...] ran out of stock ?
	Set	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="text"/> Week
b. Disposable syringe 2.5 ml	Set	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="text"/> Week
c. Disposable syringe 5 ml	Set	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="text"/> Week
d. Amoxillin capsule 250 mg	Capsule	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="text"/> Week
e. Amoxillin caplet 500 mg	Caplet	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="text"/> Week
f. Amoxillin dry syrup 125 mg/5ml	Bottle	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="text"/> Week
i. Antalgin (Metampiron) Tablet 500 mg	Tablet	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="text"/> Week
k. Paracetamol syrup 120mg/5ml – 60 ml	Bottle	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="text"/> Week
m. Paracetamol tablet 500 mg	Tablet	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="text"/> Week
n. Vitamin A for children under 5 years old	Capsule	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="text"/> Week
o. BCG	Ampoule	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="text"/> Week
p. DPT	Ampoule	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="text"/> Week
q. DPT Hepatitis B Combo	Ampoule	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="text"/> Week
r. Polio	Ampoule	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="text"/> Week
s. Hepatitis B	Ampoule	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="text"/> Week
t. Measles	Ampoule	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="text"/> Week
u. Tetanus Toxoid	Ampoule	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="text"/> Week
a1. Oxytosin 10 IU	Ampoule	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="text"/> Week

OV04	What vaccine storage facility is available at this community health centre?	A. SPECIAL COOLING BOX FOR VACCINE/COLD CHAIN B. FREEZER C. REFRIGERATOR W. NONE V. OTHER , _____
OV05	What kind of syringe is used for vaccine injection?	1. Disposable (SYRINGE IS USED ONLY ONCE) → SECTION KP 2. Non disposable (SYRINGE CAN BE REUSED) 3. Both
OV06	What sterilisation method is used at this community health centre?	A. Steriliser B. Heat syringe in boiling water C. Soaked in alcohol D. Heat syringe with flame W. NO STERILISATION V. Other , _____

KP. ACTIVITIES OF INTEGRATED SERVICE POST (POSYANDU)

INSTRUCTION FOR INTERVIEWER: ASK THE COORDINATING MIDWIFE ABOUT THE ACTIVITIES AT INTEGRATED SERVICE POST LAST MONTH

KP01	THE FOLLOWING DATA REFER TO THE ACTIVITIES OF INTEGRATED SERVICE POST	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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KP02	KP03	KP04
Names of the health officers who visited the <i>Posyandu</i> (physician, midwife/village midwife, nurse)	How many <i>Posyandu</i> did [...] visit <u>last month</u> ?	In which villages/boroughs are those <i>Posyandu</i> located?
1. _____ TKS 04: <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. _____ TKS 04: <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. _____ TKS 04: <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. _____ TKS 04: <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. _____ TKS 04: <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

KP02	KP03	KP04
Names of health officers (physician, midwife/village midwife, nurse)	How many <i>Posyandu</i> did [...] <u>last month</u> ?	In which villages/boroughs are those <i>Posyandu</i> located?
6. _____ TKS 04: <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. _____ TKS 04: <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. _____ TKS 04: <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9. _____ TKS 04: <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10. _____ TKS 04: <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PG PNPM Generasi Sehat dan Cerdas (Healthy and Bright Generation)

Next we would like to ask you about the activities of PNPM Healthy and Bright Generation in the work area of this community health centre in 2007/2008

PG01	INTERVIEWER SHOULD CHECK: IS THIS SUBDISTRICT A PNPM GENERASI SUBDISTRICT?	1. YES	3. NO → SECTION OL
PG02	Have you ever heard about activities/programs called PNPM Generasi?	1. Yes	3. No → SECTION OL
PG03	Are there any activities in the catchment areas of this community health centre funded by PNPM Generasi Phase 1 in the between August 2007 through April 2008?	1. Yes	3. No → SECTION OL
PG04	What activities were funded by PNPM Generasi Phase 1 at this community health centre or in the catchment areas of the community health centre between August 2007 and April 2008? (DO NOT READ OUT ANSWER OPTIONS AND ANSWERS COULD BE MORE THAN ONE OPTION)	<div style="display: flex; flex-wrap: wrap;"> <div style="flex: 50%;"> A. HEALTH INFRASTRUCTURE AND FACILITY B. MATERIAL FOR <i>POSYANDU</i> ACTIVITIES C. INCENTIVE FOR <i>POSYANDU</i> CADRES D. TRANSPORT FOR MOTHERS/CHILDREN TO HEALTH CARE FACILITY E. TRANSPORT FOR HEALTH WORKERS F. HEALTH CARE EXPENSES G. EDUCATION INFRASTRUCTURE AND FACILITY H. SCHOLARSHIP </div> <div style="flex: 50%;"> I. UNIFORM/BAG/SHOES J. TRANSPORT FOR STUDENTS TO SCHOOL K. BICYCLE L. ROAD/BRIDGE M. CLEAN WATER FACILITY N. IRRIGATION O. BATH/WASH/TOILET/SANITATION P. CAPITAL FOR PRODUCTIVE ECONOMIC ACTIVITIES Q. SAVINGS FOR WOMEN V. OTHER, _____ </div> </div>	

PGTYPE	PG05	PG05a	PG06	PG07
Types of Meeting	Did any officer of this community health centre attend the meeting/gathering/consensus building in [...] to select activities to propose PNPM Generasi Phase 1 between August 2007 and April 2008?	Did you attend the meeting/gathering/consensus building in [...] to select activities to be proposed to PNPM Generasi Phase 1 in the months of August 2007 through April 2008?	If you did, how many times did you attend the meeting/gathering/consensus building?	Did you speak in the meeting/gathering?
a RT/ RW hamlet	1. Yes 3. No↓	1. Yes 3. No↓	□□□□ times	1. Yes 3. No
b Village	1. Yes 3. No↓	1. Yes 3. No↓	□□□□ times	1. Yes 3. No
c. Subdistrict	1. Yes 3. No↓	1. Yes 3. No↓	□□□□ times	1. Yes 3. No
d. Other, _____	1. Yes 3. No↓	1. Yes 3. No↓	□□□□ times	1. Yes 3. No

PG08	Did you feel that the decision on the implementation of the activities [PG04] represented the needs of the community or the community health centre?	1. Fully represented the needs of the community or the community health centre 2. Represented the needs of the community or the community health centre 3. Poorly represented the needs of the community or the community health centre 4. Very poorly represented the needs of the community or the community health centre 8. DO NOT KNOW
PG09	How satisfied are you with the PNPM Generasi programme?	1. Very satisfied 3. Not satisfied 2. Satisfied 8. DO NOT KNOW

OL. DIRECT OBSERVATION**INSTRUCTION FOR INTERVIEWER: GO TO THE EXAMINATION ROOM OF THE PUBLIC CLINIC AND OBSERVE ITS CONDITIONS**

OL01	IS THE EXAMINATION ROOM COVERED?	1. YES	3. NO
OL02	WHAT IS THE CONDITION OF THE FLOOR OF THE EXAMINATION ROOM?	A. CLEAN B. DIRTY (DUSTY, FOOD REMNANTS AND/OR TRASH	C. GOOD D. DAMAGED
OL03	WHAT IS THE CONDITION OF THE WALL OF THE EXAMINATION ROOM?	A. CLEAN B. DIRTY (DUSTY, SMUDGES, DULL)	C. GOOD D. DAMAGED
OL04	WHAT IS THE CONDITION OF THE CEILING OF THE EXAMINATION ROOM?	A. CLEAN B. DIRTY (DUSTY, COBWEB, WATER MARKS)	C. GOOD D. DAMAGED
OL05.	WHAT IS THE CONDITION OF THE SPACE DIVIDER IN THE EXAMINATION ROOM?	1. CLEAN 2. DIRTY (SMUDGES, ETC.)	6. NO CURTAIN

CP. INTERVIEWER'S NOTES

CP01	WHAT LANGUAGE WAS USED DURING THE WHOLE/MOST OF THE INTERVIEW?	1. INDONESIAN 2. BETAWI 3. SUNDANESE 4. JAVANESE 5. MADURESE 6. SASAK 7. MANDARIN 8. MANADONESE 9. GORONTALO 10. BUGIS 11. MAKASSARESE 95. OTHER , _____
CP02	WERE THERE ANY OTHER LANGUAGES USED?	1. YES, <input type="checkbox"/> , _____ (SELECTION CODE SIMILAR TO CP01) 3. NO
CP03	FOR RESPONDENT WHO WAS NOT THE HEAD OF THE COMMUNITY HEALTH CENTRE, HOW WAS THE LEVEL OF UNDERSTANDING OF THE RESPONDENT REGARDING THE CONDITIONS/PROBLEMS AT THE COMMUNITY HEALTH CENTRE ?	1. UNDERSTAND 2. DO NOT QUITE UNDERSTAND 3. DO NOT UNDERSTAND 6. NOT APPLICABLE
CP04	WHICH QUESTIONS MADE IT DIFFICULT FOR THE RESPONDENT TO ANSWER? (WRITE DOWN QUESTION NUMBERS AND SHORT NOTES)	_____ _____ _____
CP05	WHICH QUESTIONS HAD NO DATA? (WRITE DOWN THE QUESTION NUMBER AND SHORT NOTES)	_____ _____

SECTION	QUESTION NO	INTERVIEWER'S REMARKS