

## 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 (Puskemas), 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	_____ _____ _____		
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"/> 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	_____	
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	_____
	b. Patient registration	_____
	c. Mother and Child Health Care (KIA)	_____
	d. Family planning	_____
	e. Space/Storage for community health centre medicines	_____
	f. Vaccine storage	_____

### 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 <span style="float:right">3. Female</span>
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 <span style="float:right">6. General medical school</span> 2. Diploma 1/nurse/midwife <span style="float:right">7. S3/specialist</span> 3. Diploma 2 <span style="float:right">95. Other , _____</span> 4. Diploma 3/bachelors <span style="float:right">98. DO NOT KNOW</span> 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. _____ <span style="float:right">8. DO NOT KNOW</span>
IKP07 How far is the head of the community health centre's house to this community health centre?	1. _____, ___ km <span style="float:right">8. DO NOT KNOW</span>
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 <span style="float:right">8. DO NOT KNOW</span>
IKP09 Is the head of the community health a native of this district/city?	1. Yes → IKP11 <span style="float:right">3. No</span>
IKP10 Is the head of the community health a native of this province?	1. Yes <span style="float:right">3. No</span>
IKP11 What is the employment status of this head of the community health centre?	1. Civil Servant <span style="float:right">4. Part timer</span> <span style="float:right">95. Other , _____</span> 2. Central government contract <span style="float:right">5. Volunteer</span> 3. Local government contract <span style="float:right">6. Wiyata Bhakti</span>
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 <sup>2</sup>
	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 <u>the 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"/> <input type="text"/>	6. NO TARGET → RB03
RB02	Was the targeted fee revenue <u>in the 2007 Budget</u> achieved?	1. Yes	3. No
RB03	What was the total budget of community health centre <u>in the 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"/> <input type="text"/> <input type="text"/>	
RB04	What was the total budget allocation that originated from the capitation at community health centre <u>in the 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"/> <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
<b>TKS03</b>	<b>INTERVIEWER SHOULD CHECK: NUMBER OF FULL TIMERS [a - f] AND PART TIMERS (TKS01 + TKS02)</b>			<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. _____ 8. TT	1. Panel → TKS08 3. New → TKS08 2. Transfer/retired	____/____ ____↓	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. _____ 8. TT	1. Panel → TKS08 3. New → TKS08 2. Transfer/retired	____/____ ____↓	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. _____ 8. TT	1. Panel → TKS08 3. New → TKS08 2. Transfer/retired	____/____ ____↓	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. _____ 8. TT	1. Panel → TKS08 3. New → TKS08 2. Transfer/retired	____/____ ____↓	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. _____ 8. TT	1. Panel → TKS08 3. New → TKS08 2. Transfer/retired	____/____ ____↓	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. _____ 8. TT	1. Panel → TKS08 3. New → TKS08 2. Transfer/retired	____/____ ____↓	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

<b>CODE TKS06 :</b> 1. Physician 2. Nurse/paramedic 3. Midwife 4. Village midwife	<b>Code TKS08 :</b> 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 ____	<b>Code TKS09:</b> 1. Community health centre 2. Auxiliary health centre 3. Village maternity hut /village midwife	<b>Code TKS11 :</b> 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 _____ . _____	Per injection
m. DPT Hep B Combo immunisation	1. Yes 3. No↓	Rp _____ . _____	Per injection
n. Hepatitis B immunisation for children under 5 years old	1. Yes 3. No↓	Rp _____ . _____	Per injection
o. Hepatitis B immunisation for over 5 years old patients	1. Yes 3. No↓	Rp _____ . _____	Per injection
p. Tetanus Toxoid [TT] immunisation for pregnant mothers	1. Yes 3. No↓	Rp _____ . _____	Per injection
q. Family planning pills	1. Yes 3. No↓	Rp _____ . _____	Per family planning pill stripe
r. IUD insertion	1. Yes 3. No↓	Rp _____ . _____	Each insertion
s. IUD retraction	1. Yes 3. No↓	Rp _____ . _____	Each retraction
t. Implant insertion	1. Yes 3. No↓	Rp _____ . _____	Each insertion
u. Implant retraction	1. Yes 3. No↓	Rp _____ . _____	Each retraction
v. Family planning injection (3 months)	1. Yes 3. No↓	Rp _____ . _____	Per injection
w. Side effects of use of contraceptives/IUD control	1. Yes 3. No↓	Rp _____ . _____	Per check up
x. Inpatient treatment	1. Yes 3. No↓	Rp _____ . _____	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. [ ] [ ] [ ] [ ] person	8. DO NO KNOW
b. Other community health centre	1. Yes	3. No↓	8. TT ↓	1. [ ] [ ] [ ] [ ] person	8. DO NOT KNOW
c. Private practice	1. Yes	3. No↓	8. TT ↓	1. [ ] [ ] [ ] [ ] person	8. DO NOT KNOW
d. Laboratory	1. Yes	3. No↓	8. TT ↓	1. [ ] [ ] [ ] [ ] 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 [ ] [ ] Year [ ] [ ] [ ] [ ]
--	------------------------------------

Types of patients	Number
LG02 New patients	[ ] [ ] . [ ] [ ] [ ] [ ]
LG03 Former/repeat patients	[ ] [ ] . [ ] [ ] [ ] [ ]
LG04 General patients	[ ] [ ] . [ ] [ ] [ ] [ ]
LG05 Family planning patients	[ ] [ ] . [ ] [ ] [ ] [ ]
LG06 Mother Child Health service patients	[ ] [ ] . [ ] [ ] [ ] [ ]
LG07 Health Card/health care insurance for the poor patients	[ ] [ ] . [ ] [ ] [ ] [ ]
LG08 Number of auxiliary health centres that submit reports	[ ] [ ]
LG09 Number of village maternity clinics that submit reports	[ ] [ ]

Vaccination/Immunisation/Family Planning

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

**Nutrition**

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

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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Week
b. Disposable syringe 2.5 ml	Set	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Week
c. Disposable syringe 5 ml	Set	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Week
d. Amoxillin capsule 250 mg	Capsule	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Week
e. Amoxillin caplet 500 mg	Caplet	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Week
f. Amoxillin dry syrup 125 mg/5ml	Bottle	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Week
i. Antalgin (Metampiron) Tablet 500 mg	Tablet	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Week
k. Paracetamol syrup 120mg/5ml – 60 ml	Bottle	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Week
m. Paracetamol tablet 500 mg	Tablet	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Week
n. Vitamin A for children under 5 years old	Capsule	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Week
o. BCG	Ampoule	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Week
p. DPT	Ampoule	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Week
q. DPT Hepatitis B Combo	Ampoule	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Week
r. Polio	Ampoule	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Week
s. Hepatitis B	Ampoule	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Week
t. Measles	Ampoule	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Week
u. Tetanus Toxoid	Ampoule	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Week
a1. Oxytosin 10 IU	Ampoule	1. Yes	3. No	6. NOT APPLICABLE ↓	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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: █ █ █	█ █ █	1. _____ █ █ █ █    6. _____ █ █ █ █ 2. _____ █ █ █ █    7. _____ █ █ █ █ 3. _____ █ █ █ █    8. _____ █ █ █ █ 4. _____ █ █ █ █    9. _____ █ █ █ █ 5. _____ █ █ █ █    10. _____ █ █ █ █
7. _____ TKS 04: █ █ █	█ █ █	1. _____ █ █ █ █    6. _____ █ █ █ █ 2. _____ █ █ █ █    7. _____ █ █ █ █ 3. _____ █ █ █ █    8. _____ █ █ █ █ 4. _____ █ █ █ █    9. _____ █ █ █ █ 5. _____ █ █ █ █    10. _____ █ █ █ █
8. _____ TKS 04: █ █ █	█ █ █	1. _____ █ █ █ █    6. _____ █ █ █ █ 2. _____ █ █ █ █    7. _____ █ █ █ █ 3. _____ █ █ █ █    8. _____ █ █ █ █ 4. _____ █ █ █ █    9. _____ █ █ █ █ 5. _____ █ █ █ █    10. _____ █ █ █ █
9. _____ TKS 04: █ █ █	█ █ █	1. _____ █ █ █ █    6. _____ █ █ █ █ 2. _____ █ █ █ █    7. _____ █ █ █ █ 3. _____ █ █ █ █    8. _____ █ █ █ █ 4. _____ █ █ █ █    9. _____ █ █ █ █ 5. _____ █ █ █ █    10. _____ █ █ █ █
10. _____ TKS 04: █ █ █	█ █ █	1. _____ █ █ █ █    6. _____ █ █ █ █ 2. _____ █ █ █ █    7. _____ █ █ █ █ 3. _____ █ █ █ █    8. _____ █ █ █ █ 4. _____ █ █ █ █    9. _____ █ █ █ █ 5. _____ █ █ █ █    10. _____ █ █ █ █

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	<b>INTERVIEWER SHOULD CHECK: IS THIS SUBDISTRICT A PNPM GENERASI SUBDISTRICT?</b>	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)	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	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 , _____

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

