

HEALTH AND EDUCATION SERVICES SURVEY

LK, IR, PH, YK, LG,
AM, OV, POS, PG, CP

BOOK 4 MIDWIVES

MIDWIFE ID

_____ 7 _____
 EA QX NO

Respondents are (a) Community Health Centre Midwife Practising Privately, (b) Village Midwife, and (c) Private Midwife.

COV1. Name of Respondent:

COV3. INTERVIEWER SHOULD CHECK FORM PF:
STATUS OF FACILITY?

1. PANEL FACILITY

3. NEW FACILITY

ENUMERATOR, EDITOR AND SUPERVISOR

	Enumerator	Editor	Supervisor
Name and Code of Officer	_____	_____	_____

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 INSPECTIONS

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

VERBAL CONSENT

My name is I am a surveyor from Pusat Penelitian Kependudukan dan Kebijakan Universitas Gadjah Mada. Currently, we are collecting data for 2008 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. This Village Maternity hut/private clinic was selected for the interview based on a random lottery. If you choose to continue with the interview, you 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. The length of this interview is approximately one-and-a-half-hours. Although your participation in this research will not benefit your 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 or 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	<input type="text"/>		CODE: <input type="text"/>
LK03	SUBDISTRICT	<input type="text"/>		CODE: <input type="text"/>
LK04	Village/borough	<input type="text"/>		CODE: <input type="text"/>
LK09	Address of private practice	<input type="text"/>		
LK10	Telephone/cell phone	A. Tel. <input type="text"/> - <input type="text"/> B. Cell <input type="text"/> - <input type="text"/> W. NOT APPLICABLE		
LK11	LOCATION 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 DPL d. ACCURACY: <input type="text"/> METER		
LK13	INTERVIEW LOCATION	1. COMMUNITY HEALTH CENTRE 2. AUXILIARY HEALTH CENTRE 3. VILLAGE MATERNITY CLINIC 4. PRIVATE PRACTICE 5. RESPONDENT'S HOUSE 6. VILLAGE OFFICE/MEETING HALL 7. INTEGRATED SERVICE POST 95. OTHER, <input type="text"/>		

IR. IDENTITY OF RESPONDENT

IR01	Name of respondent	_____		
IR02	How old are you?	____ year		
IR02a	INTERVIEWER SHOULD CHECK: COV 3 = 1. PANEL FACILITY?	1. YES → IR10	3. NO	
IR03	What is the highest level of education you completed?	1. D1/Midwife 2. D2 3. D3/3-year diploma	4. D4/4-year diploma 5. Midwife school SMA equivalent 95. Other, _____	
IR04	When did you graduate?	_____		
IR05	Are you a member of a medical profession association ?	1. Yes	3. No → IR07	
IR06	Which medical professional association do you belong to?	A. Ikatan Bidan Indonesia (IBI) B. Persatuan Perawat Nasional Indonesia (PPNI)	C. Ikatan Bidan Delima V. Other, _____	
IR07	Village/borough, subdistrict and district/city <u>where you live</u>	a. Village/borough _____	b. Subdistrict _____	c. District/city _____ d. Province _____
IR08	Are you a native of this district/city?	1. Yes → IR10	3. No	
IR09	Are you a native of this province?	1. Yes	3. No	

Main Work Place

IR10	Do you work at <u>government</u> health care facility?	1. Yes	3. No → IR17a	
IR11	What is the name of the government health care facility where you work?	1. Community health centre, _____ → IR13 4. Government hospital → IR13 2. Integrated service post, _____ 3. Village maternity clinic, _____		
IR12	What is the name of the community health centre that oversees the integrated health post/village maternity clinic where you work?	Community health centre _____		
IR13	What is your status at the government health care facility?	1. Civil servant 2. Temporary civil servant 3. On contract with district/city government	4. Hired by the day 5. Volunteer	6. Wiyata Bhakti 95. Other, _____
IR14	What is your position at the government health care facility?	1. Head of facility 2. Coordinating midwife	3. Midwife 4. Village midwife	

IR15	When did you start working at the government health care facility?	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IR16	How far is it from your place of practice to the government health service facility?	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> kilo meter

Private Practice or Practice Outside Government Office Hours

IR16b	Do you provide private services?	1. Yes	3. No → IR28
IR16c	Is the location of your private practice separate from the government health care facility where you work?	1. Yes	3. No
IR16d	Do you keep separate records for your private practice patients?	1. Yes	3. No
IR16e	Do you keep separate financial records for your private practice?	1. Yes	3. No
IR16f	Do you have separate medical supplies for your private practice?	1. Yes	3. No
IR16g	Do you prescribe different types of medicines for your private practice?	1. Yes	3. No
IR16h	Do you set separate tariffs for you private practice?	1. Yes	3. No
IR17a	INTERVIEWER SHOULD CHECK: COV 3 = 1. PANEL FACILITY?	1. YES	3. NO → IR17
IR17b	Is the place of your private practice the same as the place of your private practice in 2007?	1. Yes	3. No → IR17
IR17c	Are the conditions (e.g. building status, building conditions, clean water facility, etc) of your present place the same as those in 2007?	1. Yes → IR25 3. No	

IR17	What is the status of ownership of the place of practice?	1. Government-owned building (community/auxiliary health centre/village maternity clinic) 2. Private/family-owned house 3. Official residence 4. Rented/contracted/profit-sharing house	5. Another place, private/family-owned 6. Another place, rented/contracted/profit-sharing 7. Place provided by the community 95. Other, _____
IR18	What is the main source of water used at the place of practice?	1. Piped water (PAM) 2. Pumped-well 3. Well 4. Rain water 5. Lake	6. Spring 7. River/stream 8. Mineral water/Aqua 95. Other, _____
IR19	Where is the main water intake?	1. Inside the house → IR21	3. Outside the house
IR20	How far is it from this place of practice to the main water intake (one trip)?	┌┐ . ┌┌┌┌ meter	
IR21	What is the type of latrine used at the practice place?	1. Own latrine with septic tank 2. Own latrine without septic tank 3. Shared latrine	4. Public latrine 6. NO LATRINE
IR22	Is electricity available at the place of practice?	3. No → IR24 1. Yes	
IR23	What is the main source of electricity?	1. State power company (PLN) 2. Community health centre generator 3. Village/borough community generator 4. Own generator	5. Private power company 6. Solar electricity generation 7. Regional power company (PLD) 95. Other, _____
IR24	How many beds are available at the place of practice?	┌┌┌ bed	
IR25	How many people help you in providing services?	A. ┌┌┌ midwife B. ┌┌┌ nurse/paramedic C. ┌┌┌ physician D. ┌┌┌ traditional birth attendant	E. Integrated service post cadres V. ┌┌┌ Other, _____ W. NONE

Relations with Outsiders

IR28	Do you have the cooperation of the traditional birth attendant when handling a delivery?	1. Yes	3. No
IR29	When was the last time your place of practice visited/supervised by the community health centre?	1. Month ┌┌┌ Year ┌┌┌┌┌┌	6. NEVER → SECTION PH

IR30 Who made the visit or conduct the supervision?	A. Community health centre physician D. Nurse B. Non-physician head of community health centre V. Other, _____ C. Coordinating midwife
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PH. TIME ALLOCATION AND INCOME

PH01 INTERVIEWER SHOULD CHECK: WHETHER IR10 = 1 ?	3. NO → PH02d 1. YES
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Now we would like to ask you about your activities in the last three days

PH02 How much time did you spent every day for the last 3 days on [...]?	Last day -1	Last day -2	Last day -3
a. Services at the community health centre, auxiliary health centre, village maternity clinic	□□□□ hour	□□□□ hour	□□□□ hour
b. Services at the integrated service post	□□□□ hour	□□□□ hour	□□□□ hour
c. Public service (e.g. health extension/promotion, school health promotion, traditional birth attendant training, etc.)	□□□□ hour	□□□□ hour	□□□□ hour
d. Private services	□□□□ hour	□□□□ hour	□□□□ hour
e. Total time	□□□□ hour	□□□□ hour	□□□□ hour

Next we would like to ask you about your activities last Tuesday .

PHTYPE	PH03																		
Time	Activity you did on [...]																		
a. 06.00-07.00	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	V	_____	Y
b. 07.00-08.00	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	V	_____	Y
c. 08.00-09.00	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	V	_____	Y
d. 09.00-10.00	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	V	_____	Y
e. 10.00-11.00	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	V	_____	Y
f. 11.00-12.00	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	V	_____	Y
g. 12.00-13.00	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	V	_____	Y
h. 13.00-14.00	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	V	_____	Y
i. 14.00-15.00	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	V	_____	Y
j. 15.00-16.00	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	V	_____	Y
k. 16.00-17.00	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	V	_____	Y
l. 17.00-18.00	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	V	_____	Y
m. 18.00-19.00	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	V	_____	Y
n. 19.00-20.00	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	V	_____	Y
o. 20.00-21.00	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	V	_____	Y

Code PH03

- | | |
|--|---|
| <ul style="list-style-type: none"> A. Official duties away from the community health centre/village maternity clinic/auxiliary health centre (meeting with the head of the local government health section, participating in a training, etc.) B. Meeting with the staff of the community health centre/auxiliary health centre/village maternity clinic. C. Doing administrative work D. Providing services inside the community health centre/auxiliary health centre/village maternity clinic E. Providing services outside the community health centre/auxiliary health centre/village maternity clinic (e.g. doing extension work in the village, at integrated service post, at school, etc.) F. Providing private practice services G. Break/meals H. Personal activities I. Providing services at hospital/clinic | <ul style="list-style-type: none"> J. Morning/afternoon roll call K. Cleaning the community health centre/integrated service post/village maternity clinic L. Making home visits M. Sick/absent with permission/leave/holiday N. Assisting delivery O. On the way to some place P. At school/attending lectures V. Other, _____ Y. DO NOT KNOW |
|--|---|

PH04	How much did you earn from <u>the government facility/services</u> last month?	1. Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	6. NOT APPLICABLE
PH05	How much did you get in reimbursements from the government/community health centre <u>last month for [...]</u> ?		
	a. Transport	1. Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	6. NOT APPLICABLE
	b. Medicine/vaccine/disposables	1. Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	6. NOT APPLICABLE
	c. Equipment/medical supplies	1. Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	6. NOT APPLICABLE
	d. Health insurance for the poor services	1. Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	6. NOT APPLICABLE
	e. Non-health insurance for the poor services	1. Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	6. NOT APPLICABLE
	f. Delivery	1. Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	6. NOT APPLICABLE
	g. Integrated service post activities	1. Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	6. NOT APPLICABLE
	h. Watch duty	1. Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	6. NOT APPLICABLE
	v. Other, _____	1. Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	6. NOT APPLICABLE
PH06	What is the basis for determining the amounts of reimbursements for transport, medicines, and equipment?	A. Amount of expense to be reimbursed B. Percentage of service cost C. Average of funds received D. Amount is already fixed E. Available funds F. Mutual agreements G. Local government regulations/technical guidance V. Other, _____ W. NOT APPLICABLE Y. DO NOT KNOW	
PH07	How much did you earn from your <u>private practice</u> last month?	Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
PH08	How much did you earn from your other activities related to your work as a medical worker last month?	1. Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	6. NOT APPLICABLE
PH09	How much was your <u>expense</u> last month for [...]		
	a. Transport	Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
	b. Medicine/vaccine/disposables	Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
	c. Equipment/medical supplies	Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
	d. Electricity/telephone	Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
	e. Payments to workers who assisted	Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
	f. IBI dues or other dues	Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
	g. Stationary/photocopies and non-medical supplies	Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
	v. Other, _____	Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
PH10	What is the monthly amount you submit as payments to the community health centre for the use of its medicine/proprietary equipment/supplies ?	1. Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	6. NOT APPLICABLE

YK. HEALTH SERVICES

INTERVIEW INSTRUCTION:

GOVERNMENT SERVICES IN SECTIONS YK, LG, OV ARE THOSE GIVEN AT PRIVATE FACILITIES

PRIVATE SERVICES IN SECTIONS YK, LG, OV ARE THOSE THAT ARE NOT GIVEN BY THE GOVERNMENT

YK1TYPE	YK01	YK02A	YK02B	YK03
Types of Service	Do you provide [...]?	How much is the charge for government service for [...] ?	How much is the charge for private service for [...] ?	UNIT
a. General treatments	1. Yes 3. No ↓	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	per visit
b. Pregnancy examination	1. Yes 3. No ↓	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	per check up
c. Normal delivery	1. Yes 3. No ↓	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	per delivery
d. Delivery with complications	1. Yes 3. No ↓	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	per delivery
e. BCG (for babies)	1. Yes 3. No ↓	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	per injection
f. Anti Polio (for babies)	1. Yes 3. No ↓	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	per injection
g. DPT (for babies)	1. Yes 3. No ↓	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	per injection
h. Measles (for babies)	1. Yes 3. No ↓	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	per injection
i. Hepatitis B (for babies)	1. Yes 3. No ↓	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	per injection
j. Tetanus Toxoid (for pregnant mothers)	1. Yes 3. No ↓	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	per injection
k. Family planning consultation/extension	1. Yes 3. No ↓	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	per visit
l. Family planning pills	1. Yes 3. No ↓	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	per stripe KB pills
m. 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"/>	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	per injection
n. Contraception insertion	1. Yes 3. No ↓	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	per insertion
o. Contraception extraction	1. Yes 3. No ↓	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	per extraction
p. Subcutaneous contraception insertion	1. Yes 3. No ↓	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	per insertion
q. Subcutaneous contraception extraction	1. Yes 3. No ↓	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	per extraction
r. Side effects of use of contraception/IUD control	1. Yes 3. No ↓	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	per visit

INTERVIEW INSTRUCTION: ASK ABOUT 3 LAST DELIVERIES ASSISTED BY THE RESPONDENT

	A. Last delivery	B. Second last delivery	C. Third last delivery
YK04 Delivery date (Date/Month/Year)	□□ / □□ / □□□□	□□ / □□ / □□□□	□□ / □□ / □□□□
YK05 Did the patient use health subsidy card/ health insurance for the poor?	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No
YK06 Sex of the baby	1. Male 3. Female	1. Male 3. Female	1. Male 3. Female
YK07 Were there complications in [...] delivery?	1. Yes 3. No → YK09	1. Yes 3. No → YK09	1. Yes 3. No → YK09
YK08 Type of complications	A. Prolonged labour B. Haemorrhage C. Obstructed labour D. Hypertensive disorder, eclampsia or pre-eclampsia E. Infections V. Other, _____	A. Prolonged labour B. Haemorrhage C. Obstructed labour D. Hypertensive disorder, eclampsia or pre-eclampsia E. Infections V. Other, _____	A. Prolonged labour B. Haemorrhage C. Obstructed labour D. Hypertensive disorder, eclampsia or pre-eclampsia E. Infections V. Other, _____
YK08a Did you use a partograph when assisting the delivery of [...]?	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No
YK09 How much did you receive as a fee for the delivery (of [...])	Rp □□ . □□□ . □□□	Rp □□ . □□□ . □□□	Rp □□ . □□□ . □□□
YK10 Where did you assist delivery?	1. Government hospital 2. Private hospital 3. Community health centre/auxiliary health centre 4. Village maternity clinic/village midwife 5. Private physician clinic/practice/house 6. Private midwife clinic/practice/house 7. Traditional birth attendant house 8. Patient's house/relative's house 9. Nurse/paramedic clinic/practice/house 95. Other, _____	1. Government hospital 2. Private hospital 3. Community health centre/auxiliary health centre 4. Village maternity clinic/village midwife 5. Private physician clinic/practice/house 6. Private midwife clinic/practice/house 7. Traditional birth attendant house 8. Patient's house/relative's house 9. Nurse/paramedic clinic/practice/house 95. Other, _____	1. Government hospital 2. Private hospital 3. Community health centre/auxiliary health centre 4. Village maternity clinic/village midwife 5. Private physician clinic/practice/house 6. Private midwife clinic/practice/house 7. Traditional birth attendant house 8. Patient's house/relative's house 9. Nurse/paramedic clinic/practice/house 95. Other, _____
YK11 In which village did you assist delivery?	_____ □□□□ → YK04 COLUMN B	_____ □□□□ → YK04 COLUMN C	_____ □□□□

LG. REPORT ON ACTIVITIES

INTERVIEW INSTRUCTION: COPY FROM THE MIDWIFE'S MONTHLY REPORT

LG01 THE FOLLOWING DATA REFER TO ACTIVITY REPORT DATA	Month <input style="width: 30px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; border: none; border-bottom: 1px solid black;" type="text"/> Year <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
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LGTYPE Activity Last Month	LG02A Number served by government services (IF DO NOT GIVE SERVICE WRITE TB)	LG02B Number served by private services (IF DO NOT GIVE SERVICE WRITE TB)
a1. General practice	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
a. Babies (0-11 months) given BCG vaccination	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
b. Babies (0-11 months) given Anti Polio vaccination	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
c. Babies (0-11 months) given Hepatitis B vaccination	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
d. Babies (0-11 months) given DPT vaccination	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
e. Babies (0-11 months) given measles vaccination	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
f. Babies (0-11 months) given DPT-Hb Combo vaccination	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
g. Pregnant mothers given TT vaccination	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
h. K1 visits by pregnant mothers	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
i. K4 visits by pregnant mothers	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
j. Antenatal care for pregnant mothers with complications/high risks attended	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
k. Antenatal care for pregnant mother with complications/high risks referred	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
l. Mothers in childbirth with complications/high risks attended	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
m. Mothers in child birth with complications/high risks	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
n. Delivery	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
o. Postnatal care	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
p. Children under 5 years old weighed	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
q. Children under 5 years old with body weight Below the Red Line (BGM) according to the growth chart	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
r. Mothers in confinement given high dose Vitamin A	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
s. Pregnant mothers given blood regeneration tablets (Fe)	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
t. Mothers in confinement given blood regeneration tables (Fe3)	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
u. Family planning pills	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>
a2. Family planning injection – 3 months	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/>

LG03	How many children received high doses Vitamin A in <u>the last 6 months?</u>	□□□□ child
LG04	Where did you send the monthly report?	1. Community health centre _____ □□□□□□ 2. Health section 6. NEVER SUBMIT REPORT

AM. MEDICAL EQUIPMENT

AM00	Does this service delivery place use the equipment from:	A. Government B. Own property
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AMTYPE	AM01
Type of equipment and material	How many [...] are there at this service delivery point?
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 SUPPLIES AT THE SERVICE DELIVERY PREMISES

OVTYPE	OV1	OV2	OV3	OV4	OV5	OV6
Name of Medicine	Unit	Are [...] available at this moment?	Number of [...] currently for government services	Number of [...] currently for private services	In the last 2 months, for how many weeks was [...] unavailable for government services?	In the last 2 months, for how many weeks was [...] unavailable for private services?
a. Disposable syringe 1ml	Set	1. Yes 3. No →OV5 6. No service ↓	□□□□	□□□□	□□□ Month	□□□ Month
b. Disposable syringe 2,5 ml	Set	1. Yes 3. No →OV5 6. No service ↓	□□□□	□□□□	□□□ Month	□□□ Month
c. Disposable syringe 5 ml	Set	1. Yes 3. No →OV5 6. No service ↓	□□□□	□□□□	□□□ Month	□□□ Month
d. Amoxillin capsule 250 mg	capsule	1. Yes 3. No →OV5 6. No service ↓	□□□□	□□□□	□□□ Month	□□□ Month
e. Amoxillin caplet 500 mg	caplet	1. Yes 3. No →OV5 6. No service ↓	□□□□	□□□□	□□□ Month	□□□ Month
f. Amoxillin dry syrup 125 mg/5ml	Bottle	1. Yes 3. No →OV5 6. No service ↓	□□□□	□□□□	□□□ Month	□□□ Month
i. Antalgin (Metampiron) Tablet 500 mg	Tablet	1. Yes 3. No →OV5 6. No service ↓	□□□□	□□□□	□□□ Month	□□□ Month
k. Paracetamol Syrup 120mg/5ml – 60 ml	Bottle	1. Yes 3. No →OV5 6. No service ↓	□□□□	□□□□	□□□ Month	□□□ Month
m. Paracetamol Tablet 500 mg	Tablet	1. Yes 3. No →OV5 6. No service ↓	□□□□	□□□□	□□□ Month	□□□ Month
n. Vitamin A for children under 5 years old	capsule	1. Yes 3. No →OV5 6. No service ↓	□□□□	□□□□	□□□ Month	□□□ Month
a1. Oxytosin 10 IU	Ampoule	1. Yes 3. No →OV5 6. No service ↓	□□□□	□□□□	□□□ Month	□□□ Month

OV07a INTERVIEWER SHOULD CHECK: PAGE 9. QUESTION YK01 LINE E – J DOES THE FACILITY PROVIDE IMMUNISATION?	1. YES 3. NO → SECTION POS
OV07 For vaccination, what kind of syringe is used?	1. Disposable (SYRINGE IS USED ONLY ONCE) → SECTION POS 2. Non disposable (SYRINGE COULD BE REUSED) 3. Both
OV08 What is the sterilisation used?	A. Steriliser B. Heat syringe in boiling water C. Soaked in alcohol D. Heat syringe with flame V. Other , _____ W. NO STERILISATION

POS. INTEGRATED SERVICE POST (*POSYANDU*)

POS01	Did you provide services at <i>Posyandu</i> <u>last month</u> ?	1. Yes	3. No → SECTION PG
POS02	How many <i>Posyandu</i> (s) did you visit <u>last month</u> ?	<input type="text"/> auxiliary health centre	
POS03	In which villages/boroughs are the <i>Posyandus</i> located? (WRITE DOWN THE NAMES OF VILLAGES/BOROUGHES AND SUBDISTRICTS)	1. _____	<input type="text"/> <input type="text"/>
		2. _____	<input type="text"/> <input type="text"/>
		3. _____	<input type="text"/> <input type="text"/>
		4. _____	<input type="text"/> <input type="text"/>
		5. _____	<input type="text"/> <input type="text"/>
		6. _____	<input type="text"/> <input type="text"/>
		7. _____	<input type="text"/> <input type="text"/>
		8. _____	<input type="text"/> <input type="text"/>
		9. _____	<input type="text"/> <input type="text"/>
		10. _____	<input type="text"/> <input type="text"/>
POS04	On average, how long did you provide services at <i>Posyandu</i> <u>every one visit</u> ?	<input type="text"/> hour <input type="text"/> minute	

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

PG01	INTERVIEWER SHOULD CHECK: WHETHER THIS SUBDISTRICT IS A PNPM GENERASI SUBDISTRICT?	1. Yes	3. No → SECTION CP																		
PG02	Have you ever heard about activities/programmes called PNPM Generasi?	1. Yes	3. No → SECTION CP																		
PG03	Were there activities in your work area funded by PNPM Generasi in the months of August 2007 – April 2008?	1. Yes	3. No → PG09 8. DO NOT KNOW → PG09																		
PG04	What were the activities in your work area funded by PNPM Generasi in the months of August 2007 – April 2008? (DO NOT READ OUT CHOICES OF ANSWERS)	<table border="0"> <tr> <td>A. HEALTH FACILITY AND INFRASTRUCTURE</td> <td>J. TRANSPORTATION FOR STUDENTS TO SCHOOL</td> </tr> <tr> <td>B. MATERIAL FOR <i>POSYANDU</i> ACTIVITIES</td> <td>K. BICYCLE</td> </tr> <tr> <td>C. INCENTIVE PAYMENTS FOR <i>POSYANDU</i> CADRES</td> <td>L. ROAD/BRIDGE</td> </tr> <tr> <td>D. TRANSPORTATION FOR MOTHER/CHILD TO HEALTH CARE FACILITY</td> <td>M. CLEAN WATER FACILITY</td> </tr> <tr> <td>E. TRANSPORTATION FOR HEALTH WORKERS</td> <td>N. IRRIGATION</td> </tr> <tr> <td>F. HEALTH CARE EXPENSES</td> <td>O. BATH/WASH/TOILET/SANITATION</td> </tr> <tr> <td>G. EDUCATION FACILITY AND INFRASTRUCTURE</td> <td>P. CAPITAL FOR PRODUCTIVE ECONOMIC ACTIVITIES</td> </tr> <tr> <td>H. SCHOLARSHIP</td> <td>Q. SAVINGS FOR WOMEN</td> </tr> <tr> <td>I. UNIFORM/SACHEL/SHOES</td> <td>V. OTHER, _____</td> </tr> </table>		A. HEALTH FACILITY AND INFRASTRUCTURE	J. TRANSPORTATION FOR STUDENTS TO SCHOOL	B. MATERIAL FOR <i>POSYANDU</i> ACTIVITIES	K. BICYCLE	C. INCENTIVE PAYMENTS FOR <i>POSYANDU</i> CADRES	L. ROAD/BRIDGE	D. TRANSPORTATION FOR MOTHER/CHILD TO HEALTH CARE FACILITY	M. CLEAN WATER FACILITY	E. TRANSPORTATION FOR HEALTH WORKERS	N. IRRIGATION	F. HEALTH CARE EXPENSES	O. BATH/WASH/TOILET/SANITATION	G. EDUCATION FACILITY AND INFRASTRUCTURE	P. CAPITAL FOR PRODUCTIVE ECONOMIC ACTIVITIES	H. SCHOLARSHIP	Q. SAVINGS FOR WOMEN	I. UNIFORM/SACHEL/SHOES	V. OTHER, _____
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PGTYPE	PG05	PG06	PG07
Types of Meeting	Did you attend the meeting/gathering/consensus building in [...] to select activities to propose 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/consensus building?
a RT/RW/hamlet	1. Yes 3. No ↓	□□□□ times	1. Yes 3. No
b Village	1. Yes 3. No ↓	□□□□ times	1. Yes 3. No
c. Subdistrict	1. Yes 3. No ↓	□□□□ times	1. Yes 3. No
d. Other, _____	1. Yes 3. No ↓	□□□□ times	1. Yes 3. No

PG08	Did you feel that the decision on the implementation of the activities represented the needs of the village community you served?	1. Fully represented the community needs 2. Represented the community needs 3. Poorly represented the community needs	4. Very poorly represented the community needs 8. DO NOT KNOW
PG09	Did you receive any assistance from PNPM Generasi Phase 1 for health services or activities in the months of August 2007 – April 2008?	1. Yes	3. No → PG12
PG10	What was the form of assistance you received from PNPM Generasi Phase 1 as regards health services or activities in the months of August 2007 – April 2008?	A. Assistance funds B. Incentive payments/Transportation C. Medicines	D. Food for supplementary feeding programme (PMT) E. Medical equipment V. Other, _____
PG11	What was the total amount of cash assistance you received in the months of August 2007 – April 2008?	1. Rp □□.□□□□.□□□□	6. NOT APPLICABLE
PG12	How satisfied are you with PNPM programme?	1. Very satisfied 2. Satisfied	3. Not satisfied 8. DO NOT KNOW

