

HEALTH AND EDUCATION SERVICES SURVEY

LK, IR, IDP, JP, TK, AMP, PG, PM, CP

BOOK 6 POSYANDU CADRES

Posyandu ID

_____ 9 _____
 EA QX NO

RESPONDENT IS THE CHAIRMAN OR THE MOST ACTIVE/SENIOR CADRE OF *POSYANDU* (INTEGRATED SERVICE POST)

Name of Posyandu Cadre: _____

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 INSPECTIONS

Inspection by Supervisor	Observation by Supervisor	Checked up by Editor
1. Yes	1. Yes	1. Entry made, without error
3. No	3. No	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 regarding activities at this *Posyandu*. This *Posyandu* 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. The 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 *Posyandu* 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"/>
LK05	HAMLET/VICINITY/RW/RT	a. HAMLET/VICINITY/RW : <input type="text"/>		CODE: <input type="text"/>
		b. RT : <input type="text"/>		
LK09	Address (WRITE DOWN NAMES OF STREET, ALLEY, HOUSE)	<input type="text"/> <input type="text"/>		
LK10	Telephone/Cell	A. Tel. <input type="text"/>	W. NOT APPLICABLE	
		B. Cell <input type="text"/>	NAME <input type="text"/>	

IR. IDENTITY OF RESPONDENT

IR01	Name of respondent		
IR02	Age	1. <input type="text"/> years	8. DO NOT KNOW
IR03	Sex	1. male	3. female
IR04	Position/status of [...] at <i>Posyandu</i> in this village/borough	1. Posyandu head	3. Posyandu cadre
IR05	How long have you been active at this <i>Posyandu</i> ?	1. <input type="text"/> years	8. DO NOT KNOW
IR06	What is the highest level of education you have completed?	01. SD uncompleted 02. SD/MI 03. SMP/MT/equivalent 04. SMA/MA/equivalent 05. D1/D2/D3	06. D4/S1 07. S2/S3 08. Never attended school 95. Other: _____
IR07	How long have you lived in this village/borough?	1. <input type="text"/> years	8. DO NOT KNOW

IDP. BASIC INFORMATION ON POSYANDU

IDP01	When did this <i>Posyandu</i> begin to carry out activities?	1. <input type="text"/>	8. DO NOT KNOW
IDP02	Is this <i>Posyandu</i> open every month?	1. Yes	3. No
IDP03	<u>During the last year</u> , how many times did this <i>Posyandu</i> carry out activities?	<input type="text"/> times	
IDP04	How many cadres participated actively in each <i>Posyandu</i> activity?	<input type="text"/> cadres	
IDP05	Does the <i>Posyandu</i> cadres conduct sweeping to ensure that every mother and child go to the <i>posyandu</i> ?	1. Yes	3. No → IDP07
IDP06	<u>During the last year</u> , how many times did they conduct sweeping?	<input type="text"/> times	
IDP07	Does this <i>Posyandu</i> provide transportation allowance or honorarium for its cadres?	1. Yes, <input type="text"/> persons	3. No → IDP09
IDP08	What is the amount of transportation allowance or honorarium each cadre gets?	Rp <input type="text"/> . <input type="text"/> per <input type="text"/> month	
IDP09	What is the level of the work area of this <i>Posyandu</i> ?	1. All village/borough 2. Hamlet 3. RW	4. RT 95. Other, _____ 98. DO NOT KNOW
IDP10	How many households are there in the work area of this <i>Posyandu</i> ?	<input type="text"/> . <input type="text"/> households	

IDP11	Where does this Posyandu carry out its activities?	1. Village meeting hall 2. Village maternity hut 3. Village apparatus house 4. Cadre's house	5. Posyandu headquarters 6. Out side (in open air) 98. DO NOT KNOW 95. Other, _____
IDP12	During the last 12 months, how many times did the health officer from the community health centre or the village midwife visit this Posyandu?	1. <input type="text"/> times	6. NEVER → JP01 8. DO NOT KNOW → JP01
IDP13	Who came to participate in the activities of this Posyandu during the last 12 months?		
	a. Nurse	1. Yes 3. No	6. NOT APPLICABLE
	b. Village midwife (from this village)	1. Yes 3. No	6. NOT APPLICABLE
	c. Village midwife (from another village)	1. Yes 3. No	6. NOT APPLICABLE
	d. Puskesmas (community health centre) midwife	1. Yes 3. No	6. NOT APPLICABLE
	e. Immunisation worker	1. Yes 3. No	6. NOT APPLICABLE
	f. Physician	1. Yes 3. No	6. NOT APPLICABLE
	v. Other, _____	1. Yes 3. No	6. NOT APPLICABLE

JP. TYPES OF SERVICE

Next, we would like to ask you about the services provided by this Posyandu

JP01	How much is the charge/contribution for a visit to the Posyandu?	1. Rp _____	8. DO NOT KNOW
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JPTYPE	JP02	JP02a	JP03	JP04
TYPES OF SERVICE	Does this Posyandu provide [...]?	When did this Posyandu provide [...] for the last time?	How many mothers/children visited this Posyandu to get the last [...]?	What is the charge for [...]?
a. Baby/child weighing	1. Yes 3. No ↓	____ / _____ Month/Year	1. ____ . _____ 8. DO NOT KNOW	1. Rp. ____ . _____ 3. No charge
b. Supplemental food	1. Yes 3. No ↓	____ / _____ Month/Year	1. ____ . _____ 8. DO NOT KNOW	1. Rp. ____ . _____ 3. No charge
c. Immunisation	1. Yes 3. No ↓	____ / _____ Month/Year	1. ____ . _____ 8. DO NOT KNOW	1. Rp. ____ . _____ 3. No charge
d. Pregnancy examination	1. Yes 3. No ↓	____ / _____ Month/Year	1. ____ . _____ 8. DO NOT KNOW	1. Rp. ____ . _____ 3. No charge
e. Iron pills	1. Yes 3. No ↓	____ / _____ Month/Year	1. ____ . _____ 8. DO NOT KNOW	1. Rp. ____ . _____ 3. No charge
f. Vitamin A	1. Yes 3. No ↓	____ / _____ Month/Year	1. ____ . _____ 8. DO NOT KNOW	1. Rp. ____ . _____ 3. No charge
g. Family Planning pills	1. Yes 3. No ↓	____ / _____ Month/Year	1. ____ . _____ 8. DO NOT KNOW	1. Rp. ____ . _____ 3. No charge
h. Family planning injection (3 months)	1. Yes 3. No ↓	____ / _____ Month/Year	1. ____ . _____ 8. DO NOT KNOW	1. Rp. ____ . _____ 3. No charge

TK. CADRES

Next, we would like to ask you about all workers/cadres at this Posyandu currently.

TK01	TK02	TK03	TK04	TK05	TK06	TK07		
Names (START WITH CHAIRMAN OF CADRES)	Sex 1. Male 3. Female	What is the highest level of education [...] completed? 01. SD incomplete 02. SD/MI 03. SMP/MTS/equivalent 04. SMA/MA/equivalent 05. DI/D2/D3 06. D4/S1 07. S2/S3 08. Never attended school 98. DO NOT KNOW	Since when did [...] administer services at this Posyandu?	Did [...] participate in the last activities of this Posyandu? 1. Yes 3. No	Did [...] ever get a training? 1. Yes 3. No	Training for Posyandu Cadres		
						a. When did the last training take place?	b. For how long?	c. What training material did the training provide the trainees? A. Child growth monitoring service (TKA) B. Old people care C. Family planning service V. Other_____
1. _____	1 3	01 02 03 04 05 06 07 08 98	____/_____ MONTH/YEAR	1 3	1 3 ↓	1. Year _____ 8. DO NOT KNOW	____ days	A B C V_____
2. _____	1 3	01 02 03 04 05 06 07 08 98	____/_____ MONTH/YEAR	1 3	1 3 ↓	1. Year _____ 8. DO NOT KNOW	____ days	A B C V_____
3. _____	1 3	01 02 03 04 05 06 07 08 98	____/_____ MONTH/YEAR	1 3	1 3 ↓	1. Year _____ 8. DO NOT KNOW	____ days	A B C V_____
4. _____	1 3	01 02 03 04 05 06 07 08 98	____/_____ MONTH/YEAR	1 3	1 3 ↓	1. Year _____ 8. DO NOT KNOW	____ days	A B C V_____
5. _____	1 3	01 02 03 04 05 06 07 08 98	____/_____ MONTH/YEAR	1 3	1 3 ↓	1. Year _____ 8. DO NOT KNOW	____ days	A B C V_____
6. _____	1 3	01 02 03 04 05 06 07 08 98	____/_____ MONTH/YEAR	1 3	1 3 ↓	1. Year _____ 8. DO NOT KNOW	____ days	A B C V_____
7. _____	1 3	01 02 03 04 05 06 07 08 98	____/_____ MONTH/YEAR	1 3	1 3 ↓	1. Year _____ 8. DO NOT KNOW	____ days	A B C V_____
8. _____	1 3	01 02 03 04 05 06 07 08 98	____/_____ MONTH/YEAR	1 3	1 3 ↓	1. Year _____ 8. DO NOT KNOW	____ days	A B C V_____

AMP. POSYANDU HEALTH CARE EQUIPMENT

Next, we would like to ask you about health care equipment used by this Posyandu.

AMPTYPE	AMP01	AMP02	AMP03	AMP04
TYPES OF EQUIPMENT	Does this Posyandu uses [...]?	How many [...] are available for services at this Posyandu?	When did this posyandu buy/procure [...] for the last time? (WRITE DOWN THE CODE "TB" IF THE POSYANDU DOES NOT HAVE [...])	What were the sources of fund for the purchase of [...]: A. Routine monthly contribution from the villagers B. Village/borough budget C. Contribution from community health centre D. Contribution for Community Health Fund E. Contribution from Program PNPM-PPK/PNPM Generasi /PNPM P2KP V. Other _____ Y. DO NOT KNOW W. NOT APPLICABLE
a. Baby weighing scales	1. Yes 3. No ↓	□□□	Year □□□□□	A B C D E V _____ Y W
b. Regular weighing scales	1. Yes 3. No ↓	□□□	Year □□□□□	A B C D E V _____ Y W
c. Height measurer	1. Yes 3. No ↓	□□□	Year □□□□□	A B C D E V _____ Y W
d. Tensimeter	1. Yes 3. No ↓	□□□	Year □□□□□	A B C D E V _____ Y W
e. Toys for children	1. Yes 3. No ↓	□□□	Year □□□□□	A B C D E V _____ Y W
f. Guide book for families with under-fives	1. Yes 3. No ↓	□□□	Year □□□□□	A B C D E V _____ Y W
g. Cooking utensils	1. Yes 3. No ↓	□□□	Year □□□□□	A B C D E V _____ Y W
h1. Posyandu furniture (TABLE)	1. Yes 3. No ↓	□□□□ tables	Year □□□□□	A B C D E V _____ Y W
h2. Posyandu furniture (CHAIR)	1. Yes 3. No ↓	□□□□ chairs	Year □□□□□	A B C D E V _____ Y W
i. Posyandu cadre uniforms	1. Yes 3. No ↓	□□□□ persons	Year □□□□□	A B C D E V _____ Y W
j. Microphone and sound system	1. Yes 3. No ↓	□□□	Year □□□□□	A B C D E V _____ Y W
v1. Other _____	1. Yes 3. No ↓	□□□	Year □□□□□	A B C D E V _____ Y W
V2. Other _____	1. Yes 3. No ↓	□□□	Year □□□□□	A B C D E V _____ Y W

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

PG01	INTERVIEWER SHOULD CHECK: THIS SUBDISTRICT IS:	1. PNPM MANDIRI-PPK SUBDISTRICT → SECTION PM 2. PNPM GENERASI SEHAT DAN CERDAS SUBDISTRICT 3. No PNPM MANDIRI-PPK OR PNPM GENERASI → SECTION PM
PG02	Have you ever heard about activities/programmes called PNPM Generasi?	1. Yes 3. No → SECTION PM
PG03	Were there activities in this village funded by PNPM Generasi Phase 1 in the months of August 2007 - April 2008?	1. Yes 3. No → PG09
PG04	What activities were funded by PNPM Generasi Phase 1 in this village in the months of August 2007 - April 2008?	A. HEALTH INFRASTRUCTURE AND FACILITY B. MATERIAL FOR <i>POSYANDU</i> C. INCENTIVE PAYMENTS FOR <i>POSYANDU</i> CADRES D. TRANSPORT FOR MOTHERS/CHILDREN T HEALTH CARE FACILITY E. TRANSPORT FOR HEALTH WORKERS F. HEALTH CARE EXPENSES G. EDUCATION INFRASTRUCTURE AND FACILITY H. SCHOLARSHIP I. UNIFORM/SATCHEL/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	Was there any Posyandu cadre who attended the meeting/gathering/consensus building in [...] to select activities to propose to PNPM Generasi Phase 1 in the months of August 2007 – April 2008?	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 – 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 ↓	1. Yes 3. No ↓	□□□□ times	1. Yes 3. No
b Village	1. Yes 3. No ↓	1. Yes	□□□□ times	1. Yes 3. No
c. Subdistrict	1. Yes 3. No ↓	1. Yes	□□□□ times	1. Yes 3. No
d. Other, _____	1. Yes 3. No ↓	1. Yes	□□□□ times	1. Yes 3. No

PG08	Did you feel that the decision on the implementation of the activities funded by PNPM Generasi Phase 1 represented the needs of the community in this village?	1. Fully represented the community needs 2. Represented the community needs 3. Poorly represented the community needs	4. Very poorly represented community needs 8. DO NOT KNOW
PG09	Did you receive assistance from PNPM Generasi Phase 1 for Posyandu services or health care 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 for health care services or activities in the months of August 2007 – April 2008?	A. Financial assistance B. Incentive payment / transportation C. Medicines	D. Supplemental food E. Health care equipment V. Other, _____
PG11	What was the total amount of cash assistance you received in the months of August 2007 – April 2008?	1. Rp <input type="text"/> . <input type="text"/> . <input type="text"/>	6. NOT APPLICABLE
PG12	Are you satisfied with PNPM Generasi programme?	1. Very satisfied 2. Satisfied	3. Not satisfied 8. DO NOT KNOW

PM. Family Connections

Next, we would like to ask you about people you [chairman of Posyandu, chairman of cadres, or the main respondent] know closely

PMTYPE Position	PM01 Do you know [...] closely?	PM02 What is your relation to [...]?
		A. ART (household member) B. Core family (sibling, father/mother, son daughter) C. Extended family (cousins, niece nephew, uncle, etc.) D. Work mate/business partner E. Neighbour F. Friend V. Other, _____
a. Village/borough head or his/her spouse	1. Yes 3. No ↓ 6. NOT APPLICABLE ↓	A B C D E F V _____
b. Village/borough secretary or his/her spouse	1. Yes 3. No ↓ 6. NOT APPLICABLE ↓	A B C D E F V _____
c. BPD/Borough Council/LPM chairman or member	1. Yes 3. No ↓ 6. NOT APPLICABLE ↓	A B C D E F V _____
d. Hamlet/RW head or his/her spouse	1. Yes 3. No ↓ 6. NOT APPLICABLE ↓	A B C D E F V _____
e. RT chairman or his/her spouse	1. Yes 3. No ↓ 6. NOT APPLICABLE ↓	A B C D E F V _____
g. One of the village facilitators (ONLY FOR PNPM GENERASI/PPK SUBDISTRICT)	1. Yes 3. No ↓ 6. NOT APPLICABLE ↓	A B C D E F V _____
h. Chairman/coordinator of Activity Management Team or Advisory Team (ONLY FOR PNPM GENERASI/PPK SUBDISTRICT)	1. Yes 3. No ↓ 6. NOT APPLICABLE ↓	A B C D E F V _____

