HEALTH SERVICE AND EDUCATION SURVEY		
LK, IR, PH, YK, AM, OV, POS, CP	**BOOK 4** **MIDWIFE**	**MIDWIFE ID** ⎿⎿⎿⏌ 7 ⎿⎿⏌

Respondent is (a) Puskesmas Midwife who has private practice, (b) Traditional birth attendant, and (c) Private practice midwife.
Name of Respondent:

ENUMERATOR, EDITOR AND SUPERVISOR

	Enumerator	Editor	Supervisor
Names and Codes of Officers	_____ ⎿⎿⎿⎿⏌	_____ ⎿⎿⎿⎿⏌	_____ ⎿⎿⎿⎿⏌

RESULTS OF VISITS

	First Visit	Second Visit	Third Visit
Date	⎿⎿⏌/⎿⎿⏌/ 2007	⎿⎿⏌/⎿⎿⏌/ 2007	⎿⎿⏌/⎿⎿⏌/ 2007
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	Check up by Editor
1. Yes 3. No	1. Yes 3. No	1. Entry made, without error 3. Entry made, with correction

LK. LOCATION

LK01	PROVINCE	31. DKI JAKARTA 32. WEST JAVA 35. EAST JAVA	53. NUSA TENGGARA TIMUR 71. NORTH SULAWESI 75. GORONTALO	CODE: ⌑⌑
LK02	DISTRICT/CITY	_____		CODE: ⌑⌑
LK03	SUBDISTRICT	_____		CODE: ⌑⌑⌑
LK04	Village/Ward	_____		CODE: ⌑⌑⌑
LK09	Address of Place of Private Practice	_____ _____		
LK10	Telephone/Handphone	A. Phone ⌑⌑⌑⌑⌑ – ⌑⌑⌑⌑⌑⌑⌑ B. Handphone ⌑⌑⌑⌑⌑ – ⌑⌑⌑⌑⌑⌑⌑ W. NOT APPLICABLE		
LK11	LOCATIONS COORDINATES	a. LATITUDE: ⌞S/N⌟ ⌑⌑ ° ⌑⌑ , ⌑⌑⌑ ' b. LONGITUDE : ⌞E⌟ ⌑⌑⌑ ° ⌑⌑ , ⌑⌑⌑ '	c. ELEVATION: ⌑⌑⌑ . ⌑⌑⌑ Meter Above Sea Level d. ACCURACYI: ⌑⌑ METER	
LK12	RESPONDENT SELECTED BASED ON	1. LIST OF Community Health Facility PUSKESMAS MIDWIVES 2. LIST OF MIDWIVES FROM THE RESPONDENT/ VILLAGE HEAD/WARD HEAD OR HOUSEHOLD RESPONDENT		
LK13	LOCATION OF INTERVIEW	1. PUSKESMAS [Community Health Facility] 2. PUSTU [Auxililiary Community Health Facility] 3. POLINDES [Village Maternity Clinic]	4. PRIVATE PRACTICE PLACE 5. RESPONDENT HOUSE 95. OTHER, _____	

INTRODUCTION

We are from . . . We are doing a study on health service and development in this subdistrict. You have been selected as respondent for this study. We would appreciate if you could spare some time to answer some questions from us. We assure you that any data you give us will be kept confidentia.

IR. RESPONDENT IDENTITY

IR01	Name of respondent	_____
IR02	How old are you?	└─┴─┘ year
IR03	What is the highest level of education you completed?	1. D1 [1-year diploma program]/Midwife 4. D4 [4-year diploma program] 2. D2 [2-year diploma program] 95. Other, _____ 3. D3 [3-year diploma program]
IR04	When did you graduate?	└─┴─┴─┴─┘
IR05	Do you belong an association of medical profession?	1. Yes 3. No ➔ **IR07**
IR06	Which medical profession association do you belong to?	A. Indonesia Midwife Association (IBI) V. Other, _____ B. Indonesian National Unity Midwife Association (PPNI)
IR07	Village/Ward, Subdistrict and District/City you reside in.	a. Village/Ward _____ └─┴─┴─┘ b. Subdistrict _____ └─┴─┴─┘ c. District/City _____ └─┴─┘ d. Province _____ └─┴─┘
IR08	Are you originally from this district/city?	1. Yes ➔ **IR10** 3. No
IR09	Are you from this Province?	1. Yes 3. No

Principal work place

IR10	Do you work at government health service facility/?	1. Yes 3. No ➔ **IR17**
IR11	What is the name of the government health service facility you work for?	1. Puskesmas [Community Health Facility], _____ └─┴─┴─┘ └─┘ └─┴─┘ ➔ **IR13** 2. Pustu [Auxiliary Puskesmas], _____ 3. Polindes [Village Maternity Clinic], _____ 4. Government hospital ➔ **IR13**
IR12	What is the name of the Community Health Facility having jurisdiction on Auxiliary Puskesmas / Village Maternity Clinic where you work?	Community Health Facility _____ └─┴─┴─┘ └─┘ └─┴─┘
IR13	What is your status in that government health service facility?	1. Civil Servant 3. District/city contract worker 2. Temporary Civil Servant 95. Other, _____
IR14	What is your position in that government health service facility?	1. Head of facility 3. Midwife 2. Coordinating midwife 4. Village midwife
IR15	When did you start to work at that government health service facility?	Month └─┴─┘ Year └─┴─┴─┴─┘
IR16	How far is the place of your practice to that government health service facility?	└─┴─┘ , └─┴─┘ Kilometer

Place of private practice

IR17	What is the status of ownerhip of this place of private practice?	1. Govenment owned facility (Puskesmas/Pustu/Polindes) 2. Private property 3. Official residence 4. Rented/contracted/profit sharing house	5. Other place, own place 6. Other place, rent/contract/profit sharing 7. Place provided by community 95. Other,_____
IR18	What is the main source of water for this place of practice?	1. Piped water (PAM) 2. Pumped well 3. Well 4. Rain water 5. Lake	6. Spring 7. River/canal 8. Mineral water /Aqua 95. Other, _____
IR19	Where is that main source of water?	1. Inside the house ➔ **IR21**	3. Outside the house
IR20	What is the distance between this place of practice and that source of water, one way?	└┴┘ . └┴┴┘ meter	
IR21	What type of latrine is in use in the place of practice?	1. Own latrine with septic tank 2. Latrine without septic tank 3. Common latrine	4. Public latrine 6. NO LATRINE
IR22	Is there electricity at the private practice place?	1. Yes	3. No ➔ **IR24**
IR23	What it the main source of electricity?	1. PLN [State Electricity Enterprise] 2. Puskesmas generator 3. Village/ward community generator	4. Own generator 5. Private business 95. Other, _____
IR24	How many beds are available at the private practice place?	└┴┘ bed	
IR25	How many assist you in your work?	A. └┴┘ Midwife B. └┴┘ Nurse/male nurse	V. └┴┘ Other, _____ W. NONE
IR26	**INTERVIEWER CHECK IR10. DOES RESPONDENT WORK AT GOVERNMENT SERVICE FACILITIES?**	1. YES	3. NO ➔ **IR28**
IR27	Do you keep separate books/administrative arrangement between private service and government service?	1. Yes	3. No

Relations with Outsiders

IR28	Have you ever worked together with village midwife in delivery service?	1. Yes	3. No
IR29	When was the last time your place of practice visitedi/supervised by Puskesmas?	1. Month └┴┘ Year └┴┴┴┘	6. NEVER ➔ **IR31**

IR30	Who made the visit/conducted the supervision?	A. Community Health Facility doctor D. Nurse B. Non-doctor Community Health Facility head V. Other, _____ C. Coordinating midwife
IR31	Whom do ask for advice/assistance if you face a problem of [...]:	A. Officer from district/city health service E. Other village midwife B. Community Health Facility head F. Indonesia midwife association C. Coordinating midwife G. Village head /lurah D. Other Community Health Facility officer V. Other, _____
	a. Technical (such as when a patient has complication, etc..)	A B C D E F G V_____ Y. Do not know
	b. Medicine/vaccine/medical equipment	A B C D E F G V_____ Y. Do not know
	c. Personnel administration (such as contract, salary/honorarum payment, etc.)	A B C D E F G V_____ Y. Do not know
	d. Career development (such as promotion, furthering of education, etc.)	A B C D E F G V_____ Y. Do not know
	e. Work network (such cooperation with village/ward officer, etc.)	A B C D E F G V_____ Y. Do not know
	f. Placement (such as mutation, relocation)	A B C D E F G V_____ Y. Do Not Know

PH. TIME ALLOCATION AND INCOME

PH01	**INTERVIEWER CHECK : IF IR10 = 1 ?**	1. YES	3. NO ➔ **PH02d**

Now we would like to ask you about your activities during the last 3 days

PH02	How long did you spend each day during the last 3 days for activity [...]?	Last Day -1	Last Day -2	Last Day -3
	a. Services at Community Health Facility /Auxiliary Community Health Facility/Village Maternity Clinic	└─┴─┴─┘ hour	└─┴─┴─┘ hour	└─┴─┴─┘ hour
	b. Services at Posyandu [Integrated Health Post]	└─┴─┴─┘ hour	└─┴─┴─┘ hour	└─┴─┴─┘ hour
	c. Public services (e.g. health extension/promotion, UKS, midwife 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		Activities list
Time	Activities you carried out at [...]		A. Official duties outside Community Health Facility /Auxiliary Community Health Facility/Village Maternity Clinic (meeting with district health office head, follow training, etc.
a. 06.00-07.00	A B C D E F G H V _____		
b. 07.00-08.00	A B C D E F G H V _____		B. Community Health Facility /Auxiliary Community Health Facility/Village Maternity Clinic staff meeting
c. 08.00-09.00	A B C D E F G H V _____		
d. 09.00-10.00	A B C D E F G H V _____		C. Do administrative work
e. 10.00-11.00	A B C D E F G H V _____		D. Services at Community Health Facility /Auxiliary Community Health Facility/Village Maternity Clinic
f. 11.00-12.00	A B C D E F G H V _____		
g. 12.00-13.00	A B C D E F G H V _____		E. Services outside Community Health Facility /Auxiliary Community Health Facility/Village Maternity Clinic (e.g. extension work at village, Integrated Health Post, school, etc.)
h. 13.00-14.00	A B C D E F G H V _____		
i. 14.00-15.00	A B C D E F G H V _____		
j. 15.00-16.00	A B C D E F G H V _____		F. Services at private practice place
k. 16.00-17.00	A B C D E F G H V _____		G. Rest/meals
l. 17.00-18.00	A B C D E F G H V _____		H. Personal activities
m. 18.00-19.00	A B C D E F G H V _____		V. Other, _____
n. 19.00-20.00	A B C D E F G H V _____		
o. 20.00-21.00	A B C D E F G H V _____		

PH04	How much did you earn from the government health service facilities last month?	1. Rp ⎩⎭.⎩⎭⎩⎭.⎩⎭⎩⎭	6. NOT APPLICABLE
PH05	How much did you receive in reimbursement from the government/ Integrated Health Post last month for [...]?		
	a. Transport	1. Rp ⎩⎭.⎩⎭⎩⎭.⎩⎭⎩⎭	6. NOT APPLICABLE
	b. One time medicine/vaccine/materials	1. Rp ⎩⎭.⎩⎭⎩⎭.⎩⎭⎩⎭	6. NOT APPLICABLE
	c. Medical intruments/equipment	1. Rp ⎩⎭.⎩⎭⎩⎭.⎩⎭⎩⎭	6. NOT APPLICABLE
	d. Health service for the poor program (Askeskin)	1. Rp ⎩⎭.⎩⎭⎩⎭.⎩⎭⎩⎭	6. NOT APPLICABLE
	v. Other, _____	1. Rp ⎩⎭.⎩⎭⎩⎭.⎩⎭⎩⎭	6. NOT APPLICABLE
PH06	What is the basis for determining the sum of reimbursement for transport, medicines and instruments/equipment?	A. Amount of expenses to be reimbursed B. Percentage per service expense C. Equal division based on income D. Sum is fixed V. Other, _____ W. NOT APPLICABLE Y. Do Not Know	
PH07	How much did you earn from your private practice last month?	Rp ⎩⎭⎩⎭.⎩⎭⎩⎭⎩⎭.⎩⎭⎩⎭⎩⎭	
PH08	How much did you earn from your other activities which are still related to your work as medical officer last month?	1. Rp ⎩⎭.⎩⎭⎩⎭.⎩⎭⎩⎭	6. NOT APPLICABLE
PH09	How much did you spent last month for […]?		
	a. Transport	Rp ⎩⎭.⎩⎭⎩⎭.⎩⎭⎩⎭	
	b. Medicines/vaccine/ one time material	Rp ⎩⎭.⎩⎭⎩⎭.⎩⎭⎩⎭	
	c. Medical instruments/equipment	Rp ⎩⎭.⎩⎭⎩⎭.⎩⎭⎩⎭	
	v. Other, _____	Rp ⎩⎭.⎩⎭⎩⎭.⎩⎭⎩⎭	
PH10	How much do you pay per month to Community Health Facility / Puskesmas for the use of Puskesmas' medicine/instruments/supplies?	1. Rp ⎩⎭.⎩⎭⎩⎭.⎩⎭⎩⎭	6. NOT APPLICABLE

YK. HEALTH SERVICES

YK1TYPE	YK01	YK02a	YK02b	YK03
Types of services	Do you provide servicew for [...]?	How much is the cost of government services for […] ?	How much is the cost of private services for […] ?	UNIT
a. General treatment	1. Yes 3. No ↓	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	per visit
b. Pregnancy check up	1. Yes 3. No ↓	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	per examination
c. Normal delivery	1. Yes 3. No ↓	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	per delivery
d. Delivery with complication	1. Yes 3. No ↓	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	per delivery
e. BCG (for babies)	1. Yes 3. No ↓	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	per injection
f. Anti Polio (for babies)	1. Yes 3. No ↓	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	per injection
g. DPT (for babies)	1. Yes 3. No ↓	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	per injection
h. Measle (for babies)	1. Yes 3. No ↓	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	per injection
i. Hepatitis B (for babies)	1. Yes 3. No ↓	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	per injection.
j. Tetanus Toxoid (for pregnant mother)	1. Yes 3. No ↓	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	per injection
k. Familiy planning consultation/extension	1. Yes 3. No ↓	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	per visit
l. Familiy planning pills	1. Yes 3. No ↓	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	per birth control strip
m. Family planning injection	1. Yes 3. No ↓	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	per injection.
n. IUD insertion	1. Yes 3. No ↓	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	per insertion
o. IUD retraction	1. Yes 3. No ↓	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	per retraction
p. Subcutaneous contraceptive insertion	1. Yes 3. No ↓	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	per insertion
q. Subcutaneous contraceptive retraction	1. Yes 3. No ↓	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	per retraction
r. Contraceptive side effects /IUD control	1. Yes 3. No ↓	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	Rp ⌴ . ⌴⌴⌴⌴ . ⌴⌴⌴⌴	per visit

INSTRUCTIONS FOR INTERVIEWER: ASK ABOUT 3 MOST RECENT DELIVERIES ASSISTED BY THE RESPONDENT

		a. Most Recent Delivery	b. Second Most Recent Delivery	c. Third Most Recent Delivery
YK04	Date of delivery (Date/Month/Year)	└─┴─┘ / └─┴─┘ / └─┴─┴─┴─┘	└─┴─┘ / └─┴─┘ / └─┴─┴─┴─┘	└─┴─┘ / └─┴─┘ / └─┴─┴─┴─┘
YK05	Did the patient use health insurance card (health service for the poor program)?	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No
YK06	Sex of newly born baby	1. Boy 3. Girl	1. Boy 3. Girl	1. Boy 3. Girl
YK07	Was there complication in delivery?	1. Yes 3. No ➔ **YAK**	1. Yes 3. No ➔ **YAK**	1. Yes 3. No ➔ **YAK**
YK08	Types of complication	A. Prolonged labor B. Hemorrhage C. Obstructed labor D. Hypertensive disorder, eclamsia or pre-eclamsia E. Infection V. Other, _____	A. Prolonged labor B. Hemorrhage C. Obstructed labor D. Hypertensive disorder, eclamsia or pre-eclamsia E. Infection V. Other, _____	A. Prolonged labor B. Hemorrhage C. Obstructed labor D. Hypertensive disorder, eclamsia or pre-eclamsia E. Infection V. Other, _____
YK09	How much do you earn for [...] rendered?	Rp └─┴─┘ . └─┴─┴─┘ . └─┴─┴─┘ ➔ **COLUMN b**	Rp └─┴─┘ . └─┴─┴─┘ . └─┴─┴─┘ ➔ **COLUMN c**	Rp └─┴─┘ . └─┴─┴─┘ . └─┴─┴─┘

LG. REPORTS ON ACTIVITIES

INSTRUCTIONS FOR INTERVIEWER: COPY FROM MIDWIFE MONTHLY REPORT

LG01	THE FOLLOWING DATA REFER TO REPORT ON ACTIVITIES	Month └─┴─┘ Year └─┴─┴─┴─┘

LGTYPE	LG02a	LG02b
Activties one month ago	Number served for Government Service	Number served for Private Service
a. Baby (0-11 months) BCG vaccination	└─┴─┴─┘	└─┴─┴─┘
b. Baby (0-11 months) Anti Polio vaccination	└─┴─┴─┘	└─┴─┴─┘
c. Baby (0-11 months) Hepatitis B vaccination	└─┴─┴─┘	└─┴─┴─┘
d. Baby (0-11 months) DPT vaccination	└─┴─┴─┘	└─┴─┴─┘
e. Baby (0-11 months) measle vaccination	└─┴─┴─┘	└─┴─┴─┘
f. Baby (0-11 months) DPT-Hb Combo vaccination	└─┴─┴─┘	└─┴─┴─┘
g. Pregnant mother given TT vaccination	└─┴─┴─┘	└─┴─┴─┘
h. K1 pregnant mother visit (prenatal check up)	└─┴─┴─┘	└─┴─┴─┘
i. K4 pregnant mother visit (prenatal check up)	└─┴─┴─┘	└─┴─┴─┘
j. Pregnant mother with complication/ high risk treated	└─┴─┴─┘	└─┴─┴─┘
k. Pregnant mother with complication/ high risk referred	└─┴─┴─┘	└─┴─┴─┘
l. Mother in labour with complication/ high risk treated	└─┴─┴─┘	└─┴─┴─┘
m. Mother in labour with complication/ high risk referred	└─┴─┴─┘	└─┴─┴─┘
n. Delivery	└─┴─┴─┘	└─┴─┴─┘
o. Neonatal visit	└─┴─┴─┘	└─┴─┴─┘
p. Child under 5 weighed	└─┴─┴─┘	└─┴─┴─┘
q. Child under 5 with weight under the Red Line of Health Monitoring Card	└─┴─┴─┘	└─┴─┴─┘
r. Mother in confinement given high dose vitamin A	└─┴─┴─┘	└─┴─┴─┘
s. Pregnant mother given blood regeneration tablets (Fe)	└─┴─┴─┘	└─┴─┴─┘
t. Mother in confinement given blood regeneration tablets (Fe3)	└─┴─┴─┘	└─┴─┴─┘

LG03	How many children were given high dose vitamin A during the last 6 months	└─┴─┴─┘ child
LG04	To whom do you submit your monthly report	1. Community Health Facility Puskemas _____ └─┴─┴─┘ └─┘ └─┴─┘ 2. District office of the Ministry of Health 6. NEVER SUBMIT REPORT

AM. MEDICAI EQUIPMENT

AM00	To whom belong the equipment used in this private practice:	A. Government B. Own property

AMTYPE	AM01
Types of instruments and materials	How many […] belong to this private practice?
a. Hb Meter (HB Sahli Set)	└─┴─┘
b. Forceps	└─┴─┘
c. Vaginal Speculum	└─┴─┘
d. Tenaculum	└─┴─┘
e. Uterus Sonde	└─┴─┘
f. Gynecological table	└─┴─┘
g. Straignt and curved clamps	└─┴─┘
h. Oxygen canister	└─┴─┘
i. Incubator	└─┴─┘
j. Weighing kit	└─┴─┘
k. Thermos/vaccine carrier	└─┴─┘

OV. MEDICAL SUPPLIES AT THE PLACE OF PRIVATE PRACTICE

OVTYPE	OV1	OV2	OV3	OV4	OV5	OV6
Name of medicines	Unit	Is […] available at present?	Number of [...] at present for government health service	Number [...] at present for private health service	During the last 2 months, for how many weeks did supplies of […] for government service run out?	During the last 2 months, for how many weeks did supplies of […] for private service run out?
a. Disposable syringe 1ml	Set	1. Yes　3. No →OV5　6. No service ↓	∟_∟_∟	∟_∟_∟	∟_∟ Week	∟_∟ Week
b. Disposable syringe 2,5 ml	Set	1. Yes　3. No →OV5　6. No service ↓	∟_∟_∟	∟_∟_∟	∟_∟ Week	∟_∟ Week
c. Disposable syringe 5 ml	Set	1. Yes　3. No →OV5　6. No service ↓	∟_∟_∟	∟_∟_∟	∟_∟ Week	∟_∟ Week
d. Amoxicillin capsule 250 mg	Capsule	1. Yes　3. No →OV5　6. No service ↓	∟_∟_∟	∟_∟_∟	∟_∟ Week	∟_∟ Week
e. Amoxicillin capulet 500 mg	Capulet	1. Yes　3. No →OV5　6. No service ↓	∟_∟_∟	∟_∟_∟	∟_∟ Week	∟_∟ Week
f. Amoxicillin dry syrup 125 mg/5ml	Bottle	1. Yes　3. No →OV5　6. No service ↓	∟_∟_∟	∟_∟_∟	∟_∟ Week	∟_∟ Week
g. Ampicillin capulet 500 mg	Caplet	1. Yes　3. No →OV5　6. No service ↓	∟_∟_∟	∟_∟_∟	∟_∟ Week	∟_∟ Week
h. Ampicillin dry syrup 125 mg/5ml	Bottle	1. Yes　3. No →OV5　6. No service ↓	∟_∟_∟	∟_∟_∟	∟_∟ Week	∟_∟ Week
i. Antalgin (Metampiron) Tablet 500 mg	Tablet	1. Yes　3. No →OV5　6. No service ↓	∟_∟_∟	∟_∟_∟	∟_∟ Week	∟_∟ Week
j. Antalgin Injection 250mg/ml – 2 ml	Ampoule	1. Yes　3. No →OV5　6. No service ↓	∟_∟_∟	∟_∟_∟	∟_∟ Week	∟_∟ Week
k. Paracetamol syrup 120mg/5ml – 60 ml	Bottle	1. Yes　3. No →OV5　6. No service ↓	∟_∟_∟	∟_∟_∟	∟_∟ Week	∟_∟ Week
l. Paracetamol tablet 100 mg	Tablet	1. Yes　3. No →OV5　6. No service ↓	∟_∟_∟	∟_∟_∟	∟_∟ Week	∟_∟ Week
m. Paracetamol tablet 500 mg	Tablet	1. Yes　3. No →OV5　6. No service ↓	∟_∟_∟	∟_∟_∟	∟_∟ Week	∟_∟ Week
n. Vitamin A for children under 5	Capsule	1. Yes　3. No →OV5　6. No service ↓	∟_∟_∟	∟_∟_∟	∟_∟ Week	∟_∟ Week

POS. POSYANDU [Integrated Health Service Post]

POS01	Did you serve at integrated health post last month?	1. Yes 3. No ➔ **POS07**
POS02	At how many integrated health posts did you serve last month?	└─┴─┘ Intergrated Health Post
POS03	In which villages/wards are integrated health posts located? **(WRITE DOWN THE NAME OF VILLAGE/WARD AND SUBDISTRICT)**	1. _____ └─┴─┴─┘ └─┴─┴─┘ 2. _____ └─┴─┴─┘ └─┴─┴─┘ 3. _____ └─┴─┴─┘ └─┴─┴─┘ 4. _____ └─┴─┴─┘ └─┴─┴─┘ 5. _____ └─┴─┴─┘ └─┴─┴─┘ 6. _____ └─┴─┴─┘ └─┴─┴─┘ 7. _____ └─┴─┴─┘ └─┴─┴─┘ 8. _____ └─┴─┴─┘ └─┴─┴─┘ 9. _____ └─┴─┴─┘ └─┴─┴─┘ 10. _____ └─┴─┴─┘ └─┴─┴─┘
POS04	On average, how much time do you spend for each visit at integrated health post?	└─┴─┘ hour └─┴─┘ minute

The next question is about all Posyandu under your responsibility or you are serving.

POS05	What were the 3 main problems regarding Posyandu services during the last 12 months!	a. _____ b. _____ c. _____
POS06	On average, what percentage of the total number of babies/children under 5 years old are covered by integrated health post that made visits to integrated health post last month?	1. └─┴─┴─┘ percent 8. Do Not Know

If there is a case such as the following: Arief is 6 month old. He visits Posyandu (*or other health facilities*) regularly for weighing. Arief's Health Monitoring Card (KMS) is this [SHOW SUPPLEMENTARY HEALTH CARD]:		
POS07	What advice did you give Arief's mother in May? **(INSTRUCTIONS FOR INTERVIEW: ANSWER CAN BE MORE THAN ONE EXCEPT CHOICE W)**	A. To give him supplemental nutrition B. Advice on how to handle illness C. :Provided referral note to other Puskesmas/health facilities V. Other, _____ W. None, wait until the next month
POS08	What advice did you give Arief's mother in June? **(INSTRUCTIONS FOR INTERVIEW: ANSWER CAN BE MORE THAN ONE EXCEPT CHOICE W)**	A. To give him supplemental nutrition B. Advice on how to handle illness C. :Provided referral note to other Puskesmas/health facilities V. Other, _____ W. None, wait until the next month
POS09	What advice did you give Arief's mother in July? **(INSTRUCTIONS FOR INTERVIEW: ANSWER CAN BE MORE THAN ONE EXCEPT CHOICE W)**	A. To give him supplemental nutrition B. Advice on how to handle illness C. :Provided referral note to other Puskesmas/health facilities V. Other, _____ W. None, wait until the next month

CP. INTERVIEWER'S NOTES

CP01	WHAT LANGUAGE WAS USED DURING THE ENTIRE/MOST OF THE INTERVIEW?	1. INDONESIAS 5. MADÚRESE 9. GORONTALO 2. BETAWI 6. SASAK 10. BUGIS 3. SUNDANESE 7. MANDARIN 11. MAKASARESE 4. JAVANESE 8. MANADONESE 95. OTHER, _____
CP02	WAS ANY OTHER LANGUAGE USED?	1. YES, └┴┘,_____ (SELECTION CODE SIMILAR TO CP01) 3. NO
CP03	HOW WOULD THE ENUMERATOR EVALUATE THE APPROPRIATENESS OF THE RESPONDENT'S ANSWERS?	1. VERY GOOD 4. POOR 2. GOOD 5. VERY POOR 3. ADEQUATE
CP04	WHICH QUESTIONS MADE IT DIFFICULT FOR THE RESPONDENT TO ANSWER? (WRITE DOWN THE QUESTION NUMBER AND SHORT REMARKS)	_____ _____ _____
CP05	WHICH QUESTIONS HAVE NO DATA (WRITE DOWN QUESTION NUMBER AND SHORT REMARKS)	_____ _____

SECTION	NO	INTERVIEWER'S REMARKS