



PODES11-LISTING FASKESDIK

Kept in Regency/City BPS

REPUBLIC OF INDONESIA
STATISTICS INDONESIA (BPS)
2011 VILLAGE/SUB-DISTRICT POTENTIALITY DATA
COLLECTION
REGISTRATION OF HEALTH AND EDUCATION FACILITIES

Confidential

I. SITE IDENTIFICATION					
NO.	DETAILS	NAME			Code (During Census)
101	Province				
102	Regency/City *)				
103	District				
104	Village/Sub-District*)				
105	Regional Status	Urban – 1 Rural – 2			
II. RECAPITULATION					
201	Number of Public Elementary Schools/its Equal	<input type="text"/> <input type="text"/> <input type="text"/>	206	Number of Auxiliary Community Health Center (Pustu)	<input type="text"/> <input type="text"/> <input type="text"/>
202	Number of Public Junior High Schools/its Equal	<input type="text"/> <input type="text"/> <input type="text"/>	207	Number of Village Health Post (Poskesdes)	<input type="text"/> <input type="text"/> <input type="text"/>
203	Number of Public Senior High Schools/its Equal	<input type="text"/> <input type="text"/> <input type="text"/>	208	Number of Village Maternity House (Polindes)	<input type="text"/> <input type="text"/> <input type="text"/>
204	Number of Public Vocational High Schools/its Equal	<input type="text"/> <input type="text"/> <input type="text"/>	209	Number of Integrated Service Post (Posyandu)	<input type="text"/> <input type="text"/> <input type="text"/>
205	Number of Community Health Center (Puskesmas)	<input type="text"/> <input type="text"/> <input type="text"/>	210	Number of Integrated Service Post (Posyandu) having a separate building/room	<input type="text"/> <input type="text"/> <input type="text"/>
III. REGISTRATION OFFICER INFORMATION					
301	Name of Officer				
302	Officer's Civil Service Reg. Number	<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"/> <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"/> <input type="text"/> <input type="text"/>			
303	Date of Registration				
304	Officer's Signature				

*) Delete as applicable

**THIS LIST MAY NOT BE FILLED OUT DIRECTLY BY
VILLAGE/SUB-DISTRICT APPARATUS OR OTHER
RESOURCE PERSONS, BUT MUST BE FILLED OUT
BY BPS OFFICERS BASED ON THE RESULTS OF THE
INTERVIEW**

.....2011

Acknowledged
Village/Sub-District Head*)

Name and Seal

IV. REGISTRATION OF HEALTH AND EDUCATION FACILITIES

No.	Name of Facilities	Type of Facilities *)	If column (3) = 9 There is a separate building/room	Serial Number of Facilities per Type of Facilities	Address and Local Environment Unit
(1)	(2)	(3)	(4)	(5)	(6)

*) Code for **Column (3)**

Elementary School/its Equal

- 1

Community Heath Center (Puskesmas)

- 5

Posyandu

- 9

Junior High School/its Equal

- 2

Auxiliary Community Health Center (Pustu)

- 6

Senior High School/its Equal

- 3

Village Health Post (Poskesdes)

- 7

Vocational High School

- 4

Village Maternity House (Polindes)

- 8

) Code for **Column (4)

There is a separate building/room - 1

There is no separate building/room - 2



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STATISTICS INDONESIA (BPS)
2011 VILLAGE/SUB-DISTRICT POTENTIALITY DATA
COLLECTION
SUPPLEMENT TO HEALTH AND EDUCATION FACILITIES

Confidential

I. SITE/SCHOOL LOCATION IDENTIFICATION												
101		102		103		104		105		106		
PROVINCE		REGENCY/ CITY		DISTRICT		VILLAGE/SUB- DISTRICT/NAGARI *)		TYPE OF FACILITIES		SERIAL NUMBER		
□ □		□ □		□ □ □ □		□ □ □ □		<div style="text-align: center;">□</div> Elementary School – 1 Junior High School – 2 Senior High School – 3 Vocational School – 4		□ □		
107		Name of school										
108		Address of school										
109		a. School Statistic Number (NSS)										
		b. National School Registration Number (NPSN)										
110		a. Telephone/mobile phone number *)										
		b. Name of the mobile phone's owner (if there is no telephone)										
111		Government-owned school (public)				General school - 1 Islamic School (<i>Madrasah</i>) - 2					□	
II. OFFICER INFORMATION												
NO.		DETAILS		CENSUS TAKER		NO.		DETAILS		SUPERVISOR/EXA MINER		
201		Name of Census Taker				205		Name of Supervisor/Examiner				
202		Civil Servant Reg. Number		□ □ □ □ □ □ □ □		206		Civil Servant Reg. Number		□ □ □ □ □ □ □ □		
203		Signature				207		Date of Supervision				
204		Visits		II II III				Date of Examination				
		Date				208		Signature				

	Resource Person		209	Name of Facilitator			
	Position		210	Visits	I	II	III
	Signature			Date			
				Facilitator's Signature			

*) Delete as applicable

**THIS LIST MAY NOT TO BE FILLED OUT DIRECTLY
BY SCHOOL ADMINISTRATION, BUT MUST BE
FILLED OUT BY BPS OFFICERS BASED ON THE
RESULTS OF THE INTERVIEW**

.....2011

Acknowledged

Principal

Name and Seal

III. NUMBER OF STUDENTS AND TEACHERS													
301	Number of the existing registered students (2010-2011)	Grade 1		Grade 2		Grade 3		Grade 4		Grade 5		Grade 6	
	a. Male	a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	a.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	b. Female	b.	<input type="text"/>	<input type="text"/>	<input type="text"/>	b.	<input type="text"/>	<input type="text"/>	<input type="text"/>	b.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	c. Study Group	c.	<input type="text"/>	<input type="text"/>	<input type="text"/>	c.	<input type="text"/>	<input type="text"/>	<input type="text"/>	c.	<input type="text"/>	<input type="text"/>	<input type="text"/>
302	Number of teachers	Education: Diploma III and under						Education: DIV/Bachelor Degree and above					
		Male			Female			Male			Female		
	a. Permanent teachers	a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	a.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	b. Non-permanent/honorary teachers	b.	<input type="text"/>	<input type="text"/>	<input type="text"/>	b.	<input type="text"/>	<input type="text"/>	<input type="text"/>	b.	<input type="text"/>	<input type="text"/>	<input type="text"/>
IV. SCHOOL FACILITIES													
401	Type of rooms	Number of the existing rooms	Number of rooms used		Type of rooms	Number of the existing rooms		Number of rooms used					
	(1)	(2)	(3)		(4)	(5)		(6)					
	a. Classroom	a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	f. Teachers' bathroom/WC	f.	<input type="text"/>	<input type="text"/>				
	b. Laboratory	b.	<input type="text"/>	b.	<input type="text"/>	g. Students' bathroom/WC	g.	<input type="text"/>	<input type="text"/>				
	c. Library room	c.	<input type="text"/>	c.	<input type="text"/>	h. Exercise field	h.	<input type="text"/>	h.	<input type="text"/>			
	d. Principal's room	d.	<input type="text"/>	d.	<input type="text"/>	i. School Health Unit (UKS)	i.	<input type="text"/>	i.	<input type="text"/>			
	e. Teachers' room	e.	<input type="text"/>	e.	<input type="text"/>	j. Other rooms (Inter-School Student Organization (OSIS), Administration (TU)), warehouse, etc.)	j.	<input type="text"/>	<input type="text"/>				
402	Source of lighting:	Electricity of State Electricity Company (PLN)							<input type="text"/>				
	- 1	Electricity of Non-State Electricity Company (PLN) - 2											

	Non- electricity	- 3	
403	<p>a. Water availability for students' bathroom/WC: Available - 1 Not available - 2 → R404</p> <p>b. The main/mostly used source of water:</p> <p>Water Utility Company Spring - 4 Others _____ - (PAM)/Local Government- 7 Owned Water Utility (Write down) Company (PDAM) - 1</p> <p>Electric/hand pump - 2 River/lake/pond - 5</p> <p>Well - 3 Stormwater - 6</p> <p>c. Water facility (installation) is in the location of the school: Yes - 1 No - 2</p> <p>d. If water facility (installation) is not in the location (R403c is given the code 2), state the average time to reach water facilities: minute(s)</p>	<p>a. <input type="checkbox"/></p> <p>b. <input type="checkbox"/></p> <p>c. <input type="checkbox"/></p> <p>d. <input type="checkbox"/></p>	
404	<p>Building status:</p> <p>Self-owned - 1 Partly borrowed - 2 Completely borrowed - 3</p>	<input type="checkbox"/>	
405	<p>If the school building is completely borrowed (R403c is given the code 3), state the reason of borrowing:</p> <p>The school building is damaged - 1</p> <p>The school building is under construction - 2</p> <p>The school does not have any building - 3</p>	<input type="checkbox"/>	
VA. SCHOOL (OBSERVATION)			
501	<p>Type of the widest roof:</p> <p>Concrete - 1 Shingle - 3 Asbestos - 4 Others _____ - 7</p> <p>roof tile - 2 Zinc - 4 black sugar palm/sago palm fiber - 5</p>	<input type="checkbox"/>	
502	<p>The classes will leak if it rains : Yes - 1 No - 2</p>	<input type="checkbox"/>	
503	<p>Type of the widest floor:</p> <p>Ceramics – 1 floor tile/concrete - 2 Wood – 3 Soil - 4 → R505</p>	<input type="checkbox"/>	
504	<p>Condition of the widest floor:</p> <p>Good - 1 Lightly damaged - 2 Moderately damaged - 3 Heavily damaged - 4</p>	<input type="checkbox"/>	
505	<p>Type of the widest wall:</p> <p>Masonry - 1 Wood /plank - 2 Bamboo/cane - 3 Others _____ - 7</p>	<input type="checkbox"/>	
506	<p>Condition of the widest wall:</p> <p>Good – 1 Lightly damaged - 2 Moderately damaged - 3 Heavily damaged - 4</p>	<input type="checkbox"/>	

VB. BATHROOM/WC FOR STUDENTS (OBSERVATION)			
507	Condition of bathroom/WC for students: (compare it to <i>R401g column (6)</i>) No bathroom - 0 Working and clean - 1 Working but dirty - 2 Not working - 3		<div><div></div></div>
VC. CLASSROOM (OBSERVATION)			
508	Teacher's table in this class room:	Available - 1 Not available - 2	<div><div></div></div>
509	Board in this class room:	Available - 1 Not available - 2	<div><div></div></div>



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101		102		103		104		105		106			
PROVINCE		REGENCY / CITY		DISTRICT		VILLAGE/SUB-DISTRICT/ <i>NAGARI</i> *)		TYPE OF FACILITIES		SERIAL NUMBER			
<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>		<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>		<div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div>		<div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div>		<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> Community Heath Post (Puskesmas) - 1 Auxiliary Community Health Center (Pustu) - 2		<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>			
107	Name of Puskesmas/Pustu												
108	Address of Puskesmas/Pustu												
109	Code of Puskesmas/Pustu												
110	a. Telephone/mobile phone number *)												
	b. Name of mobile phone's owner (if there is no telephone)												
II. OFFICER INFORMATION													
NO.	DETAILS			CENSUS TAKER			NO.	DETAILS			SUPERVISOR/EXAMINER		
201	Name of Census Taker						205	Name of Supervisor/Examiner					
202	Civil Servant Reg. Number			<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>			206	Civil Servant Reg. Number			<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
203	Signature						207	Date of Supervision					
204	Visits			II	II	III		Date of Examination					
	Date						208	Signature					
	Resource Person						209	Name of Facilitator					
	Telephone Number						210	Visits			I	II	III

	Signature			Date	
				Facilitator's Signature	

**) Delete as applicable*

**THIS LIST MAY NOT TO BE FILLED OUT DIRECTLY
BY PUSKESMAS/PUSTU APPARATUS, BUT MUST BE
FILLED OUT BY BPS OFFICERS BASED ON THE
RESULTS OF THE INTERVIEW**

.....2011

Acknowledged
Head/Person-In-Charge

Name and Seal

III. PUSKESMAS/PUSTU FACILITIES

III. PUSKESMAS/PUSTU FACILITIES						
301	Puskesmas/Pustu provides the following services:	a.	Inpatient treatment Yes – 1 No – 2	b.	Dental health Yes – 3 No – 4	
	c.	Pregnant women check-up Yes – 5 No – 6	d.	Delivery by doctor or obstetrician Yes – 7 No – 8	e.	Immunization Yes – 1 No – 2
	f.	Family Planning (KB) Yes – 3 No – 4				
	g.	Laboratory Yes – 5 No – 6				
302	Number of health workers providing services:	a.	General physician	b.	Dentist	
	c.	Obstetrician	d.	Nurse/paramedic	e.	Other health workers (pharmacist assistant, medical supervisor, nutritionist, etc.)
303	Incubator (for babies) in this puskesmas: Available - 1 Not available - 2					
304	Vaccine storage facility available in this puskesmas:	a.	Refrigerator/freezer/special cooling box for vaccine Available – 1 Not available – 2	b.	Common refrigerator Available – 3 Not available – 4	
	c.	Vaccine carrier Available – 5 Not available – 6	d.	Others _____ (Write down)	Avaliable – 7 Not available – 8	
305	Source of lighting: Electricity of State Electricity Company (PLN) - 1 Electricity of Non-State Electricity Company (PLN) - 2 Non- electricity - 3					
306	a. Water availability for patients' bathroom/WC: Available - 1 Not available - 2 → R401					
	b. The main/mostly used source of water:					
	Water Utility Company Spring - 4 Others ____ - 7 (PAM)/Local (write down)					
	Government-Owned Water Utility Company (PDAM) - 1					
	Electric/hand pump - 2 River/lake/pond - 5					

	Well - 3 Stormwater - 6	
c.	Water facility (installation) is in the location of the puskesmas/pustu: Yes - 1 No - 2	c. <input type="checkbox"/>
a.	If water facility (installation) is not in the location (R306c is given the code 2), state the average time to reach water facility: minute(s)	d. <input type="checkbox"/>
IVA. CONDITION OF GENERAL POLY CHECK-UP ROOM (OBSERVATION)		
401	Type of the widest roof: Concrete - 1 Shingle - 3 Asbestos - 4 Others _____ - 7 Roof tile - 2 Zinc - 4 black sugar palm/sago palm (Write down) fiber - 5	<input type="checkbox"/>
402	The rooms will leak if it rains : Yes - 1 No - 2	<input type="checkbox"/>
403	Type of the widest floor: Ceramics – 1 floor tile/concrete - 2 Wood – 3 Soil - 4 → R405	<input type="checkbox"/>
404	Condition of the widest floor: Good - 1 Lightly damaged - 2 Moderately damaged - 3 Heavily damaged - 4	<input type="checkbox"/>
405	Type of the widest wall: Masonry - 1 Wood /plank - 2 Bamboo/cane - 3 Others _____ - 7	<input type="checkbox"/>
406	Condition of the widest wall: Good - 1 Lightly damaged - 2 Moderately damaged - 3 Heavily damaged - 4	<input type="checkbox"/>
IVB. CONDITION OF BATHROOM/WC FOR PATIENTS (OBSERVATION)		
407	a. Bathroom/toilet/WC for patients: Available - 1 Not available - 2	a. <input type="checkbox"/>
	b. If there is any bathroom/toilet/WC for patients (R407a is given the code 1), state the condition: Working and clean - 1 Working but dirty - 2 Not working - 3	b. <input type="checkbox"/>



PODES11-POSKEDES/POLINDES

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COLLECTION
SUPPLEMENT TO HEALTH AND EDUCATION FACILITIES

Confidential

I. VILLAGE HEALTH POST/VILLAGE MATERNITY HOUSE SITE IDENTIFICATION													
101		102		103		104		105		106			
PROVINCE		REGENCY / CITY		DISTRICT		VILLAGE/SUB-DISTRICT/NAGARI *)		TYPE OF FACILITIES		SERIAL NUMBER			
□ □		□ □		□ □ □		□ □ □		<div style="text-align: center;">□</div> Village Health Post (Poskesdes) - 1 Village Maternity House (Polindes) - 2		□ □			
107		Name of poskesdes/polindes											
108		Address of polindes/polindes											
110		a. Telephone/mobile phone number *)											
		b. Name of the mobile phone's owner (if there is no telephone)											
II. OFFICER INFORMATION													
NO.	DETAILS			CENSUS TAKER			NO.	DETAILS			SUPERVISOR/EXAMINER		
201	Name of Census Taker						205	Name of Supervisor/Examiner					
202	Civil Servant Reg. Number			□ □ □ □ □ □ □ □			206	Civil Servant Reg. Number			□ □ □ □ □ □ □ □		
203	Signature						207	Date of Supervision					
204	Visits			II	II	III		Date of Examination					
	Date						208	Signature					
	Resource Person						209	Name of Facilitator					
	Position						210	Visits			I	II	III

	Signature			Date	
				Facilitator's Signature	

**) Delete as applicable*

**THIS LIST MAY NOT TO BE FILLED OUT DIRECTLY
BY POSKEDES/POLINDES APPARATUS, BUT MUST
BE FILLED OUT BY BPS OFFICERS BASED ON THE
RESULTS OF THE INTERVIEW**

.....2011

Acknowledged

Poskesdes/Polindes Person-In-Charge

Name and Seal

III. POSKEDES/POLINDES FACILITIES				
301	Poskesdes/Polindes provides the following services:			
	a. Inpatient treatment	Yes – 1	No – 2	a. <input type="checkbox"/>
	b. Pregnant women check-up	Yes – 3	No – 4	b. <input type="checkbox"/>
	c. Delivery by obstetrician	Yes – 5	No – 6	c. <input type="checkbox"/>
	d. Immunization	Yes – 7	No – 8	d. <input type="checkbox"/>
	e. Family Planning (KB)	Yes – 1	No – 2	e. <input type="checkbox"/>
	f. Baby and child weighing	Yes – 3	No – 4	f. <input type="checkbox"/>
	g. Provision of vitamin A	Yes – 5	No – 6	g. <input type="checkbox"/>
	h. Provision of iron pill (for pregnant women)	Yes – 7	No – 8	h. <input type="checkbox"/>
302	a. Number of the existing obstetricians :person(s)			a. <input type="checkbox"/>
	b. Number of the existing nurses :person(s)			b. <input type="checkbox"/>
303	Incubator (for babies) in this poskesdes/polindes: Available - 1 Not available - 2			<input type="checkbox"/>
304	Vaccine storage facility available in this poskesdes/polindes:			
	a. Refrigerator/freezer/special cooling box for vaccine	Available – 1	Not available – 2	a. <input type="checkbox"/>
	b. Common refrigerator	Available – 3	Not available – 4	b. <input type="checkbox"/>
	c. Vaccine carrier	Available – 5	Not available – 6	c. <input type="checkbox"/>
	d. Others _____ (Write down)	Available – 7	Not available – 8	d. <input type="checkbox"/>
305	Type of poskesde/polindes building:			
	Self-owned building	- 1		<input type="checkbox"/>
	Using village/sub-district/public (village/sub-district hall, hamlet/Neighborhood Block office, community health center (puskesmas)/auxiliary community health center (pustu), polindes, school, mosque/church, etc.) building	- 2		<input type="checkbox"/>
	Using community's house (house of village head/Neighborhood Ward/Neighborhood Block/sub-district head/obstetrician/resident and so on.)	- 3		<input type="checkbox"/>
306	Source of lighting: Electricity of State Electricity Company (PLN) - 1 Electricity of Non-State Electricity Company (PLN) - 2 Non- electricity - 3			<input type="checkbox"/>
307	a. Water availability for patients' bathroom/WC: Available - 1 Not available - 2 → R401			a. <input type="checkbox"/>
	b. The main/mostly used source of water:			b. <input type="checkbox"/>
	Water Utility Company (PAM)/Local Government-Owned	River/lake/pond	- 5	<input type="checkbox"/>
	Water Utility Company (PDAM) - 1			<input type="checkbox"/>
	Electric/hand pump - 2	Stormwater	- 6	<input type="checkbox"/>
	Well - 3	Others _____	- 7	<input type="checkbox"/>
	Spring - 4	(Write down)		<input type="checkbox"/>
	c. Water facility (installation) is in the location of the poskesde/polindes: Yes - 1 No - 2			c. <input type="checkbox"/>
	d. If water facility (installation) is not in the location (R307c is given the code 2), state the average time to reach water facility: minute(s)			d. <input type="checkbox"/>
IVA. CHECK-UP ROOM (OBSERVATION)				
401	Type of the widest roof:			<input type="checkbox"/>
	Concrete - 1	Shingle - 3	Asbestos - 4	
	Others _____ - 7			

	Roof tile - 2 Zinc - 4 black sugar palm/sago palm fiber – 5 (Write down)	
402	The rooms will leak if it rains : Yes - 1 No - 2	<input type="checkbox"/>
403	Type of the widest floor: Ceramics - 1 floor tile/concrete - 2 Wood - 3 Soil - 4 → R405	<input type="checkbox"/>
404	Condition of the widest floor: Good - 1 Lightly damaged - 2 Moderately damaged - 3 Heavily damaged - 4	<input type="checkbox"/>
405	Type of the widest wall: Masonry - 1 Wood /plank - 2 Bamboo/cane - 3 Others _____ - 7	<input type="checkbox"/>
406	Condition of the widest wall: Good - 1 Lightly damaged - 2 Moderately damaged - 3 Heavily damaged - 4	<input type="checkbox"/>
IVB. CONDITION OF BATHROOM/WC FOR PATIENTS (OBSERVATION)		
407	a. Bathroom/toilet/WC for patients: Available - 1 Not available - 2 b. If there is any bathroom/toilet/WC for patients (R407a is given the code 1), state the condition: Working and clean - 1 Working but dirty - 2 Not working - 3	a. <input type="checkbox"/> b. <input type="checkbox"/>



PODES11-POSYANDU

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I. INTEGRATED SERVICE POST SITE IDENTIFICATION											
101		102		103		104		105		106	
PROVINCE		REGENCY /CITY		DISTRICT		VILLAGE/SUB-DISTRICT/NAGARI *)		TYPE OF FACILITIES		SERIAL NUMBER	
□ □		□ □		□ □ □		□ □ □		<div style="border: 1px solid black; display: inline-block; padding: 2px;">9</div> Integrated Service Post (Posyandu)		□ □	
107		Name of posyandu									
108		Address of posyandu									
109		a. Telephone/mobile phone number *)									
		b. Name of the mobile phone's owner (if there is no telephone)									
II. OFFICER INFORMATION											
NO.		DETAILS		CENSUS TAKER		NO.		DETAILS		SUPERVISOR/EXAMINER	
201		Name of Census Taker				205		Name of Supervisor/Examiner			
202		Civil Servant Reg. Number		□ □ □ □ □ □ □ □		206		Civil Servant Reg. Number		□ □ □ □ □ □ □ □	
203		Signature				207		Date of Supervision			
204		Visits		II II III				Date of Examination			
		Date				208		Signature			
		Resource Person				209		Name of Facilitator			
		Telephone Number				210		Visits		I II III	
		Signature						Date			
								Facilitator's Signature			

**) Delete as applicable*

**THIS LIST MAY NOT TO BE FILLED OUT DIRECTLY
BY POSYANDU APPARATUS, BUT MUST BE FILLED
OUT BY BPS OFFICERS BASED ON THE RESULTS OF
THE INTERVIEW**

.....2011

Acknowledged
Chairperson of Posyandu

Name and Seal

III. POSYANDU FACILITIES			
301	Posyandu provides the following services: a Pregnant women check-up Yes – 1 No – 2 b Immunization Yes – 3 No – 4 c Family Planning (KB) Yes – 5 No – 6 d Baby and child weighing Yes – 7 No – 8 e Provision of vitamin A Yes – 1 No – 2 f Provision of iron pill (for pregnant women) Yes – 3 No – 4		a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/>
302	Number of posyandu service activities for the last 12 months :activity(ies)		<input type="checkbox"/>
303	Average number of active cadres in any service activity: person(s)		<input type="checkbox"/>
304	a Number of families existing in posyandu workingfamily(ies) area: b Number of target babies/children under age of fivebaby(ies)/children in posyandu working area: under age of five c Average number of babies/children under fivebaby(ies)/child receiving services in any posyandu activity: ren under age of five		a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>
305	a. Puskesmas practitioner or village obstetrician visits to posyandu services for the last 12 months : Ever - 1 Never - 2 Unknown - 3 b. If there has been any visit (R305a is given the code 1), state the number of visits for the last 12 months :visit(s)		a <input type="checkbox"/> b <input type="checkbox"/>
306	Source of lighting: Electricity of State Electricity Company (PLN) - 1 Electricity of Non-State Electricity Company (PLN) - 2 Non- electricity - 3		<input type="checkbox"/>
307	a. Water availability for patients' bathroom/WC: Available - 1 Not available - 2 → R401 b. The main/mostly used source of water: Water Utility Company (PAM)/Local Government-Owned Water Utility Company (PDAM) - 1 Electric/hand pump - 2 Spring - 4 Others _____ - 7 Well - 3 River/lake/pond - 5 (Write down) Stormwater - 6 c. Water facility (installation) is in the location of the poskesde/polindes: Yes - 1 No - 2 d. If water facility (installation) is not in the location (R307c is given the code 2), state the average time to reach water facility : minute(s)		a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/>
IVA. POSYANDU ACTIVITY ROOM (OBSERVATION)			

401	Type of the widest roof: Concrete - 1 Shingle - 3 Asbestos - 4 Others _____ - 7 Roof tile - 2 Zinc - 4 black sugar palm/sago palm fiber – 5 (Write down)	<input type="checkbox"/>
402	The rooms will leak if it rains : Yes - 1 No - 2	<input type="checkbox"/>
403	Type of the widest floor: Ceramics - 1 floor tile/concrete - 2 Wood - 3 Soil - 4 → R405	<input type="checkbox"/>
404	Condition of the widest floor: Good - 1 Lightly damaged - 2 Moderately damaged - 3 Heavily damaged - 4	<input type="checkbox"/>
405	Type of the widest wall: Masonry - 1 Wood /plank - 2 Bamboo/cane - 3 Others _____ - 7	<input type="checkbox"/>
406	Condition of the widest wall: Good - 1 Lightly damaged - 2 Moderately damaged - 3 Heavily damaged - 4	<input type="checkbox"/>
IVB. CONDITION OF BATHROOM/WC FOR POSYANDU PARTICIPANTS (OBSERVATION)		
407	a. Bathroom/toilets/WC for participants: Available - 1 Not available - 2 b. If there is any bathroom/toilet/WC for posyandu participants (R407a is given the code 1), state the condition: Working and clean - 1 Working but dirty - 2 Not working - 3	a <input type="checkbox"/> b <input type="checkbox"/>