



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"/>	206	Number of Auxiliary Community Health Center (Pustu)	<input type="text"/>
202	Number of Public Junior High Schools/its Equal	<input type="text"/>	207	Number of Village Health Post (Poskesdes)	<input type="text"/>
203	Number of Public Senior High Schools/its Equal	<input type="text"/>	208	Number of Village Maternity House (Polindes)	<input type="text"/>
204	Number of Public Vocational High Schools/its Equal	<input type="text"/>	209	Number of Integrated Service Post (Posyandu)	<input type="text"/>
205	Number of Community Health Center (Puskesmas)	<input type="text"/>	210	Number of Integrated Service Post (Posyandu) having a separate building/room	<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"/>
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
Junior High School/its Equal
Senior High School/its Equal
Vocational High School

- 1
 - 2
 - 3
 - 4

Community Heath Center (Puskesmas)
Auxiliary Community Health Center (Pustu)
Village Health Post (Poskesdes)
Village Maternity House (Polindes)

- 5
 - 6
 - 7
 - 8

Posyandu - 9

) Code for **Column (4)

There is a separate building/room - 1
There is no separate building/room - 2



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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/ <i>NAGARI</i> *)	TYPE OF FACILITIES	SERIAL NUMBER		
□ □	□ □	□ □ □ □	□ □ □	<input type="checkbox"/> 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"/>	a. <input type="text"/>	a. <input type="text"/>	a. <input type="text"/>	a. <input type="text"/>	a. <input type="text"/>
	b. Female	b. <input type="text"/>	b. <input type="text"/>	b. <input type="text"/>	b. <input type="text"/>	b. <input type="text"/>	b. <input type="text"/>
	c. Study Group	c. <input type="text"/>	c. <input type="text"/>	c. <input type="text"/>	c. <input type="text"/>	c. <input type="text"/>	c. <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"/>	a. <input type="text"/>	a. <input type="text"/>	a. <input type="text"/>	a. <input type="text"/>	a. <input type="text"/>
	b. Non-permanent/honorary teachers	b. <input type="text"/>	b. <input type="text"/>	b. <input type="text"/>	b. <input type="text"/>	b. <input type="text"/>	b. <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"/>	a. <input type="text"/>	f. Teachers' bathroom/WC	f. <input type="text"/>	f. <input type="text"/>
	b. Laboratory	b. <input type="text"/>	b. <input type="text"/>	g. Students' bathroom/WC	g. <input type="text"/>	g. <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"/>	j. <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				

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		<input type="checkbox"/>
VC. CLASSROOM (OBSERVATION)			
508	Teacher's table in this class room:	Available - 1 Not available - 2	<input type="checkbox"/>
509	Board in this class room:	Available - 1 Not available - 2	<input type="checkbox"/>



PODES11-PUSKESMAS/PUSTU

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COLLECTION
SUPPLEMENT TO HEALTH AND EDUCATION FACILITIES

Confidential

I. COMMUNITY HEALTH CENTER/ SUB-COMMUNITY HEALTH CENTER SITE IDENTIFICATION									
101	102	103	104			105	106		
PROVINCE	REGENCY / CITY	DISTRICT	VILLAGE/SUB-DISTRICT/NAGARI *)			TYPE OF FACILITIES		SERIAL NUMBER	
□□	□□	□□□	□□□	□	Community Health Post (Puskesmas) - 1	□	□□	□□	□□
					Auxiliary Community Health Center (Pustu) - 2				
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		□□□□□□□□		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

	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

	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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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			
□□	□□	□□□	□□□	□	□	<input type="checkbox"/> Village Health Post (Poskesdes) 1	-	□□	□□		
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	<input type="checkbox"/>
	Electricity of Non-State Electricity Company (PLN)	- 2	<input type="checkbox"/>
	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:		
	Concrete - 1 Shingle - 3 Asbestos - 4 Others _____ - 7		<input type="checkbox"/>

	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	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-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				
□□	□□	□□□	□□□	9 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	207	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 Well - 3 Spring - 4 River/lake/pond - 5 Stormwater - 6 Others _____ - 7 (Write down) 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"/>