

WORKING P A P E R

The Third Wave of the Indonesia Family Life Survey: Overview and Field Report

Volume 1

JOHN STRAUSS, KATHLEEN BEEGLE,
BONDAN SIKOKI, AGUS DWIYANTO,
YULIA HERAWATI AND FIRMAN WITOELAR

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We recommend the following citations for the IFLS data:

For papers using IFLS1 (1993):

Frankenberg, E. and L. Karoly. "The 1993 Indonesian Family Life Survey: Overview and Field Report." November, 1995. RAND. DRU-1195/1-NICHD/AID

For papers using IFLS2 (1997):

Frankenberg, E. and D. Thomas. "The Indonesia Family Life Survey (IFLS): Study Design and Results from Waves 1 and 2". March, 2000. DRU-2238/1-NIA/NICHD.

For papers using IFLS3 (2000):

Strauss, J., K. Beegle, B. Sikoki, A. Dwiyanto, Y. Herawati and F. Witoelar. "The Third Wave of the Indonesia Family Life Survey (IFLS3): Overview and Field Report". March 2004. WR-144/1-NIA/NICHD.

Preface

This document describes the design and implementation and provides a preview of some key results of the Indonesia Family Life Survey, with an emphasis on wave 3 (IFLS3). It is the first of six volumes documenting IFLS3.

The Indonesia Family Life Survey is a continuing longitudinal socioeconomic and health survey. It is based on a sample of households representing about 83% of the Indonesian population living in 13 of the nation's 26 provinces in 1993. The survey collects data on individual respondents, their families, their households, the communities in which they live, and the health and education facilities they use. The first wave (IFLS1) was administered in 1993 to individuals living in 7,224 households. IFLS2 sought to re-interview the same respondents four years later. A follow-up survey (IFLS2+) was conducted in 1998 with 25% of the sample to measure the immediate impact of the economic and political crisis in Indonesia. The next wave, IFLS3, was fielded on the full sample in 2000.

IFLS3 was a collaborative effort of RAND and the Center for Population and Policy Studies (CPPS) of the University of Gadjah Mada. Funding for IFLS3 was provided by the National Institute on Aging (NIA), grant 1R01 AG17637 and the National Institute for Child Health and Human Development (NICHD), grant 1R01 HD38484.

The IFLS3 public-use file documentation, whose six volumes are listed below, will be of interest to policymakers concerned about socioeconomic and health trends in nations like Indonesia, to researchers who are considering using or are already using the IFLS data, and to those studying the design and conduct of large-scale panel household and community surveys. Updates regarding the IFLS database subsequent to publication of these volumes will appear at the IFLS Web site, <http://www.rand.org/FLS/IFLS>.

Documentation for IFLS, Wave 3

WR-144/1-NIA/NICHD: *The Third Wave of the Indonesia Family Life Survey (IFLS3): Overview and Field Report*. Purpose, design, fieldwork, and response rates for the survey, with an emphasis on wave 3; comparisons to waves 1 and 2.

WR-144/2-NIA/NICHD: *User's Guide for the Indonesia Family Life Survey, Wave 3*. Descriptions of the IFLS file structure and data formats; guidelines for data use, with emphasis on using the wave 3 with the earlier waves 1 and 2.

WR-144/3-NIA/NICHD: *Household Survey Questionnaire for the Indonesia Family Life Survey, Wave 3*. English translation of the questionnaires used for the household and individual interviews.

WR-144/4-NIA/NICHD: *Community-Facility Survey Questionnaire for the Indonesia Family Life Survey, Wave 3*. English translation of the questionnaires used for interviews with community leaders and facility representatives.

WR-144/5-NIA/NICHD: *Household Survey Codebook for the Indonesia Family Life Survey, Wave 3*. Descriptions of all variables from the IFLS3 Household Survey and their locations in the data files.

WR-144/6-NIA/NICHD: *Community-Facility Survey Codebook for the Indonesia Family Life Survey, Wave 3*. Descriptions of all variables from the IFLS3 Community-Facility Survey and their locations in the data files.

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Acknowledgments

A survey of the magnitude of IFLS3 is a huge undertaking. It involved a large team of people from both the United States and Indonesia. We are indebted to every member of the team. We are grateful to each of our respondents, who gave up many hours of their time.

The project was directed by John Strauss (Michigan State University and RAND). Kathleen Beegle (World Bank) and Bondan Sikoki (RAND) were co-PIs, as was Victoria Beard (University of Wisconsin) in the early phases of the project, prior to the field work. Sikoki was Field Director of IFLS3, as she was for IFLS2 and 2+. Agus Dwiyanto, Director of CPPS, and Sukamdi, Associate Director, directed the CPPS staff who were involved in the project.

Five people played critical administrative roles in the project. Cecep Sumantri was the Field Coordinator for the Household Survey, Yulia Herawati was Field Coordinator for the Community-Facility Survey, Iip Umar Ri'fai was Field Coordinator for the Computer-Assisted Field Editing (CAFE) and was responsible for data entry software development, and Roald Euler of RAND was Chief Project Programmer. Elan Satriawan of CPPS was the Deputy Field Director.

Ri'fai was assisted in revising and extending the data entry software written for IFLS2 and 2+ by Albert Themme, of Macro International. Trevor Croft of Macro International, who took a leading role in this regard for IFLS2 and 2+, was also helpful. Agus Joko Pitoyo, of CPPS, provided critical assistance for data entry during field work.

Sheila Evans was responsible for the technical production and layout of the English version of the questionnaires and field forms. Wenti Marina Minza and Anis Khairinnisa of CPPS coordinated technical production of the Indonesian questionnaires, with assistance from Evans and David Kurth of RAND. Kurth helped in many other ways, such as in the pretest of the household questionnaire and the training of the first wave of household questionnaire enumerators in Solo Indonesia. He also designed and helped to oversee the budget management for IFLS3.

John Adams provided critical input for the design of sampling weights. Firman Witoelar did the programming to calculate the weights, under the direction of Strauss. Witoelar also did the work to update geographic location codes using updated BPS location codes; as well as to update the IFLS "commid" community codes for the new areas in which split-off households were found in 2000. He also did most of the work in obtaining the tables and figures in the Field Report and the User's Guide. In addition, Witoelar helped during training activities in Solo. Tubagus Choesni helped with the construction of pre-printed files, checking of the English questionnaire for errors, and an assortment of important data checking. Choesni also helped in Solo during training activities.

The IFLS3 public-use data files were produced with much painstaking work, by a team based at RAND, headed by Roald Euler. Afshin Rastegar and Christine San gave valuable time to this effort. Euler and Rastegar also prepared the preprinted rosters and master household location files that were used in the field work.

Many of our IFLS family colleagues have contributed substantially to the survey. Most of all, however, we are immensely grateful to Duncan Thomas and Elizabeth Frankenberg, whose guidance from their experiences in IFLS2 and 2+ were invaluable and essential. Their strong encouragement at the start and throughout the project was critical and very much appreciated.

The survey could not have taken place without the support of the CPPS senior staff and administrative staff, including Agus Dwiyanto, Sukamdi, Irwan Abdullah, Faturrochman, Mubyarto, Tukiran, Wulan

and Nani Pawitri. All played key roles during all phases of the project: questionnaire development, pretest, training and fieldwork. We are indebted to the Population Study Centers in each of the thirteen IFLS provinces, which helped us recruit the 400-some field staff.

The success of the survey is largely a reflection of the diligence, persistence and commitment to quality of the interviewers, supervisors, field coordinators and the support staff at our central headquarters in Yogyakarta. Their names are listed in the *Study Design*, Appendix A.

Finally, we thank all of our IFLS respondents both in households and communities for graciously agreeing to participate. Without their being willing to share their valuable time this survey could not have been successful.

1. Introduction

By the middle of the 1990s, Indonesia had enjoyed over three decades of remarkable social, economic, and demographic change. Per capita income had risen since the early 1960s, from around US\$50 to more than US\$1,100 in 1997. Massive improvements occurred in many dimensions of living standards of the Indonesian population. The poverty headcount measure as measured by the World Bank declined from over 40% in 1976 to just 18% in 1996. Infant mortality fell from 118 per thousand live births in 1970 to 46 in 1997. Primary school enrollments rose from 75% in 1970 to universal enrollment in 1995 and secondary schooling rates from 13% to 55% over the same period. The total fertility rate fell from 5.6 in 1971 to 2.8 in 1997.

In the late 1990s the economic outlook began to change as Indonesia was gripped by the economic crisis that affected much of Asia. At the beginning of 1998 the rupiah collapsed and gross domestic product contracted by an estimated 13%. Afterwards, gross domestic product was flat in 1999 and rose 4.9% in 2000.

Different parts of the economy were affected quite differently, for example the national accounts measure of personal consumption showed little decline, while gross domestic investment declined 35%. Across Indonesia there was considerable variation in the impacts of the crisis, as there had been of the earlier economic success. The different waves of the Indonesia Family Life Survey can be used to document changes before, during and after the economic crisis for the same communities, households and individuals.

The Indonesia Family Life Survey is designed to provide data for studying behaviors and outcomes. The survey contains a wealth of information collected at the individual and household levels, including multiple indicators of economic and non-economic well-being: consumption, income, assets, education, migration, labor market outcomes, marriage, fertility, contraceptive use, health status, use of health care and health insurance, relationships among co-resident and non-resident family members, processes underlying household decision-making, transfers among family members and participation in community activities.

In addition to individual- and household-level information, the IFLS provides detailed information from the communities in which IFLS households are located and from the facilities that serve residents of those communities. These data cover aspects of the physical and social environment, infrastructure, employment opportunities, food prices, access to health and educational facilities, and the quality and prices of services available at those facilities.

By linking data from IFLS households to data from their communities, users can address many important questions regarding the impact of policies on the lives of the respondents, as well as document the effects of social, economic, and environmental change on the population.

The IFLS is an ongoing longitudinal survey. The first wave, IFLS1, was conducted in 1993–1994. The survey sample represented about 83% of the Indonesian population living in 13 of the country's 26 provinces.¹ IFLS2 followed up with the same sample four years later, in 1997–1998. One year after IFLS2, a 25% subsample was surveyed to provide information about the impact of Indonesia's economic crisis. IFLS3 was fielded on the full sample in 2000.

¹ Public-use files from IFLS1 are documented in six volumes under the series title *The 1993 Indonesian Family Life Survey*, DRU-1195/1–6-NICHD/AID, The RAND Corporation, December 1995. IFLS2 public use files are documented in seven volumes under the series *The Indonesia Family Life Survey*, DRU-2238/1-7-NIA/NICHD, RAND, 2000.

1.1 Contributions of the IFLS

The Indonesia Family Life Survey complements and extends the existing survey data available for Indonesia, and for developing countries in general, in a number of ways.

First, relatively few large-scale longitudinal surveys are available for developing countries. IFLS is the only large-scale longitudinal survey available for Indonesia. Because data are available for the same individuals from multiple points in time, IFLS affords an opportunity to understand the dynamics of behavior, at the individual, household and family and community levels.

In IFLS1 7,224 households were interviewed, and detailed individual-level data were collected from over 22,000 individuals. In IFLS2, 94.4% of IFLS1 households were re-contacted (interviewed or died-see Table 2.1). In IFLS3 the re-contact rate was 95.3% of IFLS1 households. Indeed nearly 91% of IFLS1 households are complete panel households in that they were interviewed in all three waves, IFLS1, 2 and 3 (Table 2.2). These re-contact rates are as high as or higher than most longitudinal surveys in the United States and Europe. High re-interview rates were obtained in part because we were committed to tracking and interviewing individuals who had moved or *split off* from the *origin* IFLS1 households. High re-interview rates contribute significantly to data quality in a longitudinal survey because they lessen the risk of bias due to nonrandom attrition in studies using the data.

Second, the multipurpose nature of IFLS instruments means that the data support analyses of interrelated issues not possible with single-purpose surveys. For example, the availability of data on household consumption together with detailed individual data on labor market outcomes, health outcomes and on health program availability and quality at the community level means that one can examine the impact of income on health outcomes, but also whether health in turn affects incomes.

Third, IFLS collected both current and retrospective information on most topics. With data from multiple points of time on current status and an extensive array of retrospective information about the lives of respondents, analysts can relate dynamics to events that occurred in the past. For example, changes in labor outcomes in recent years can be explored as a function of earlier decisions about schooling and work.

Fourth, IFLS collected extensive measures of health status, including self-reported measures of general health status, morbidity experience, and physical assessments conducted by a nurse (height, weight, head circumference, blood pressure, pulse, waist and hip circumference, hemoglobin level, lung capacity, and time required to repeatedly rise from a sitting position). These data provide a much richer picture of health status than is typically available in household surveys. For example, the data can be used to explore relationships between socioeconomic status and an array of health outcomes.

Fifth, in all waves of the survey, detailed data were collected about respondents' communities and public and private facilities available for their health care and schooling. The facility data can be combined with household and individual data to examine the relationship between, for example, access to health services (or changes in access) and various aspects of health care use and health status.

Sixth, because the waves of IFLS span the period from several years before the economic crisis hit Indonesia, to just prior to it hitting, to one year and then three years after, extensive research can be carried out regarding the living conditions of Indonesian households during this very tumultuous period.

In sum, the breadth and depth of the longitudinal information on individuals, households, communities, and facilities make IFLS data a unique resource for scholars and policymakers interested in the processes of economic development. However, the data are complex. In this and other volumes of the IFLS documentation, we seek to provide scholars and policymakers interested in using the data with the information necessary to do so efficiently.

1.2 Organization of This Document

Section 2 documents the IFLS3 Household Survey (HHS), describing the sample and how it changed from IFLS1, providing response rates, and summarizing the questionnaire contents, with comments on respondent burden.

Section 3 documents the IFLS3 Community-Facility Survey (CFS), describing the sample and response rates, summarizing the contents of the questionnaires, and noting links between the household survey and community-facility survey data.

Appendix A describes the process of designing, testing, and fielding IFLS3. Appendixes B and C provide further detail about the household and community-facility survey instruments, respectively.

2. IFLS3 Household Survey

This section describes the IFLS household survey sample, the protocol that was adopted for following movers, and the substance of the survey instruments. Response rates and attrition are discussed.

2.1 Sample Design and Response Rates

2.1.1 IFLS1 Sampling Scheme

Because it is a longitudinal survey, the IFLS3 drew its sample from IFLS1, IFLS2 and IFLS2+. The IFLS1 sampling scheme stratified on provinces and urban/rural location, then randomly sampled within these strata (see Frankenberg and Karoly, 1995, for a detailed description). Provinces were selected to maximize representation of the population, capture the cultural and socioeconomic diversity of Indonesia, and be cost-effective to survey given the size and terrain of the country. For mainly cost-effectiveness reasons, 14 of the then existing 27 provinces were excluded.² The resulting sample included 13 of Indonesia's 27 provinces containing 83% of the population: four provinces on Sumatra (North Sumatra, West Sumatra, South Sumatra, and Lampung), all five of the Javanese provinces (DKI Jakarta, West Java, Central Java, DI Yogyakarta, and East Java), and four provinces covering the remaining major island groups (Bali, West Nusa Tenggara, South Kalimantan, and South Sulawesi).

Within each of the 13 provinces, enumeration areas (EAs) were randomly chosen from a nationally representative sample frame used in the 1993 SUSENAS, a socioeconomic survey of about 60,000 households.³ The IFLS randomly selected 321 enumeration areas in the 13 provinces, over-sampling urban EAs and EAs in smaller provinces to facilitate urban-rural and Javanese–non-Javanese comparisons.

Within a selected EA, households were randomly selected based upon 1993 SUSENAS listings obtained from regional BPS office. A household was defined as a group of people whose members reside in the same dwelling and share food from the same cooking pot (the standard BPS definition). Twenty households were selected from each urban EA, and 30 households were selected from each rural EA. This strategy minimized expensive travel between rural EAs while balancing the costs of correlations among households. For IFLS1 a total of 7,730 households were sampled to obtain a final sample size goal of 7,000 completed households. This strategy was based on BPS experience of about 90% completion rates. In fact, IFLS1 exceeded that target and interviews were conducted with 7,224 households in late 1993 and early 1994.

² The far eastern provinces of East Nusa Tenggara, East Timor, Maluku and Irian Jaya were excluded due to the high cost of fieldwork in these more remote provinces. East Timor is now an independent state. Aceh, Sumatra's northernmost province, was excluded out of concern for the area's political violence and the potential risk to interviewers. Finally, three provinces were omitted on each of the major islands of Sumatra (Riau, Jambi, and Bengkulu), Kalimantan (West, Central, East), and Sulawesi (North, Central, Southeast).

³ A similar approach was taken by the Demographic and Health Surveys (DHS) fielded in Indonesia in 1987, 1991, 1994 and 1997. The SUSENAS frame, designed by the Indonesian Central Bureau of Statistics (BPS), was based on the 1990 census. The IFLS was based on the SUSENAS sample because the BPS had recently listed and mapped each of the SUSENAS EAs (saving IFLS time and money) and because supplementary EA-level information from the resulting 1993 SUSENAS sample could be matched to the IFLS sample areas. The SUSENAS EAs each contain some 200 to 300 households, although the BPS listed a smaller area of about 60 to 70 households for its annual survey.

In IFLS1 it was determined to be too costly to interview all household members, so a sampling scheme was used to randomly select several members within a household to provide detailed individual information. IFLS1 conducted detailed interviews with the following household members:

- the household head and his/her spouse
- two randomly selected children of the head and spouse age 0 to 14
- an individual age 50 or older and his/her spouse, randomly selected from remaining members
- for a randomly selected 25% of the households, an individual age 15 to 49 and his/her spouse, randomly selected from remaining members.

2.1.2 IFLS2 Re-contact Protocols

In IFLS2 the goal was to relocate and re-interview the 7,224 households interviewed in 1993 (see Frankenberg and Thomas, 2000, for a detailed description). The total number of households contacted in IFLS2 was 7,698,⁴ of which 6,821 were original IFLS1 households and 877 were *split-off households*.⁵ This represents a completion rate of 94.4% of the IFLS1 households. One reason for this high rate of retention was the effort to follow households that moved from their original housing structure.

If an entire household, or *target respondent(s)* moved then they were tracked as long as they still resided in any one of the 13 IFLS provinces, irrespective of whether they moved across those provinces. *Target respondents* were individuals who split off into new households provided they were a *main respondent* in 1993 (which means that they were administered one or more individual questionnaires), or they were born before 1968 (that is they were 26 years and older in 1993). Not all individuals were tracked in order to control costs.

Once a household was found, the rules for interviewing household members differed for origin and split-off households. In origin households the goal was to interview all members, unlike in IFLS1. In split-off households only target respondents (IFLS1 *main respondents* or IFLS1 household members who were born before 1968), their spouses, and any of their biological children living in the household were to be interviewed. The reasoning was to limit the size of the sample so that interviewers were not overwhelmed with large numbers of new respondents who had only a tenuous connection with the IFLS1 household members.

2.1.3 IFLS2+ Re-contact Protocols

IFLS2+ was fielded in the second half of 1998 in order to gauge the immediate impact of the Asian economic crisis that had hit Indonesia starting in January 1998 (see Frankenberg, Thomas and Beegle, 1999). Since time was short and resources limited, a scaled-down survey was fielded, while retaining the representativeness of IFLS2 as much as possible. A 25% sub-sample of the IFLS households was taken

⁴ This includes households all of whose members died by 1997 and a few households that merged into other IFLS households.

⁵ Italicized terms and acronyms are defined in the glossary.

⁷ The provinces were Central Java, Jakarta, North Sumatra, South Kalimantan, South Sumatra, West Java and West Nusa Tenggara.

from 7 of the 13 provinces that IFLS covers.⁷ Within those, 80 EAs were purposively selected in order to match the full IFLS sample. As in IFLS2, all households that moved since the previous interview to any IFLS province were tracked. In addition, new households (split-offs) were added to the sample, using the same criteria as in IFLS2 for tracking individuals who had moved out of the IFLS household. For interviewing individuals within households, the same rules used in IFLS2 were mostly used. In original IFLS1 households, all current members were interviewed individually. One difference was that all current members of split-off households were also interviewed individually, not just a sub-set.

2.1.4 IFLS3 Re-Contact Protocols

The sampling approach in IFLS3 was to re-contact all original IFLS1 households having living members the last time they had been contacted, plus split-off households from both IFLS2 and IFLS2+, so-called *target households* (8,347 households-see Table 2.1). Main field work for IFLS3 went on from June through November, 2000. A total of 10,574 households were contacted in 2000; meaning that they were interviewed, had all members died since the last time they were contacted, or had joined another IFLS household which had been previously interviewed (Table 2.1). Of these, 7,928 were IFLS3 target households and 2,646 were new split-off households. A 95.0% re-contact rate was thus achieved of all IFLS3 “target” households. The re-contacted households included 6,800 original 1993 households, or 95.3% of those.⁸ Of IFLS1 households, somewhat lower re-contact rates were achieved in Jakarta, 84.5%, and North Sumatra, 90.4%, but in some provinces such as West Nusa Tenggara re-contact rates were near universal, 99% (Table 2.2).

Of the contacted households, 10,435 households were actually interviewed in 2000.⁹ Of these, 3,774 are split-off households since IFLS1 and 6,661 are IFLS1 households (Table 2.2). For users interested in panel data analysis, 6,564 households were interviewed in all three full waves of IFLS: 1, 2 and 3. That represents 90.9% of the original IFLS1 households interviewed. When one adds in the households that died since 1993, the fraction is 92.3%. The provincial distribution of contacted and interviewed households is shown in Table 2.2.

As in 1997 and 1998, households that moved were followed, provided that they still lived in one the 13 provinces covered by IFLS, or in Riau.¹⁰ Likewise individuals who moved out of their IFLS households were followed. The rules for following individuals who moved out of an IFLS household were expanded in IFLS3. *Target respondents* for tracking were:

- 1993 main respondents,
- 1993 household members born before 1968,
- individuals born since 1993 in origin 1993 households,
- individuals born after 1988 if they were resident in an origin household in 1993,
- 1993 household members who were born between 1968 and 1988 if they were interviewed in 1997,
- 20% random sample of 1993 household members who were born between 1968 and 1988 if they were *not* interviewed in 1997.

⁸ The 6,800 includes 32 households all of whose members died between IFLS2 and IFLS3.

⁹ The difference between the 10,435 households interviewed and the 10,574 households found are households all of whose members died since the last survey contacted, or who joined other IFLS households.

¹⁰ There were also a small number of households who were followed in Southeast Sulawesi and Central and East Kalimantan because their locations were assessed to be near the borders of IFLS provinces and thus within cost-effective reach of enumerators.

The first two criteria were the same as used in IFLS2. The motivation behind expanding the group of individuals who would be tracked beyond the group followed in 1997 was to be able to follow small children in panel households (children 5 years and under in 1993 and children born subsequently to 1993) and to follow at least a subset of young adults, born between 1968 and 1988. This strategy was designed to keep the sample, once weighted, closely representative of the original 1993 population in the 13 IFLS provinces.

Because of movers, the geographic distribution of the households has changed somewhat since 1993. We can distinguish between households that did not move, that moved locally, and that moved “long-distance” (see Tables 2.3a and 2.3b). Of the IFLS1 households that were re-interviewed in 2000, 82.5% had not moved at all since 1993, and another 7% had moved locally, within the village. So only 10% or so of IFLS1 households that were found were interviewed in locations outside the village or township in which they were living in 1993. By contrast, 64% of split-off households that have been found are in a different village from their origin household in 1993. Of these split-off households that were found, 17% moved to a different province and 22% moved within the province but to a different district (*kabupaten*). This demonstrates the importance in IFLS of our tracking procedures, since without tracking these mover households would not have been found (see Thomas, Frankenberg and Smith, 2001, for an analytical discussion of this point).

Even since the most recent survey of interview, there has been a considerable amount of moving by split-off households, though not by non-split-offs (Table 2.3a).

As for individuals, the rules for interviewing individual household members were expanded slightly in IFLS3 from IFLS2. In origin IFLS1 households, everyone who could be was interviewed or had a proxy interview, whether or not they had been household members in IFLS1. In split-off households, all IFLS1 household members, their spouses and biological children, were to be interviewed, but not others (not just the target respondents for tracking, their spouses and children, as in IFLS2). However, certain basic information was collected, even on these non-target individuals, in the household roster.

Some 43,649 persons were found currently living in the 10,435 households interviewed (Table 2.4a).

Basic information is available on all persons in the household roster. Of these, 38,823 were to be interviewed with individual books according to the IFLS3 rules laid out above, and of those 37,173 had a direct interview and 1,260 proxy interviews; nearly all of those who should have had either a direct or proxy interview. As can be seen in Tables 2.4b and 2.4c, in original IFLS1 households, the interview rate was nearly universal, while in split-off households it was nearly universal among target individuals.

Table 2.5 presents information on IFLS1 household members and how many were interviewed in IFLS3. Of the 33,081 IFLS1 household members, 28,964 or 87.6% were either interviewed in IFLS3 households or had died. This percent is even higher if we consider only those IFLS1 household members who were targeted (they were to be tracked if they had left the household, or had died by earlier waves), 91.3%. Of the 22,019 IFLS1 main_respondents, 20,431, or 92.8% were found in IFLS3 or had died. When we stratify by age group, we can see that the lowest re-interview rates were for adolescents aged 15-19 in 1993, only 63.6% of that group. Partly this results from a possibly higher rate of moving for persons of this age, but it also stems in part from IFLS tracking rules, which in the past did not track persons in this age group, and in 2000 only tracked a random sub-sample of this group. Younger and older persons had much higher re-interview rates, well over 90% for most age groups.

Many new household members have been added since IFLS1. Some of these are new spouses and children, some are other relatives who have moved into the household, such as parents or in-laws.

Tables 2.6a and 2.6b show the distribution of individuals in IFLS3 households and individuals in any IFLS wave. Of the 43,649 persons found living in IFLS3 households, only 27,479 were original IFLS1 household members, which means that over 16,000 persons have been added since 1993. Of course many people have moved out as well.

Finally, Table 2.6a shows that 25,334 persons were members of IFLS households (not necessarily the same one) in all three full waves: 1, 2 and 3. This is 76.6% of the original IFLS1 household members. When one includes those who died, the percent of IFLS1 members who are in all three full waves or died increases to 81%. A slightly higher percentage of women were in all full waves of IFLS than of men, and a higher fraction of children and persons older than 40 years.

Of the panel roster members appearing in all three full waves, there were 17,990 who have individual interviews (including proxies) in IFLS1, 2 and 3. This is 81.7% of IFLS1 “main” respondents (those that were interviewed in IFLS1). Counting the “main” respondents who died by IFLS3, that fraction rises to 87.6%.

2.2 Household Survey Instruments

The IFLS is a comprehensive multipurpose survey that collects data at the community, household and individual levels. The household survey includes household- and individual-level information. One or two household members were asked to provide information at the household level. The interviewers then attempted to conduct an interview with every individual age 11 and over. For children less than 11, interviewers attempted to interview a parent or caretaker. The strategy used by IFLS2, 2+ and 3, of interviewing all household members, was more expansive than the IFLS1 strategy of interviewing a sample of household members. Because obtaining interviews with all household members is difficult, IFLS3, like IFLS2, included a proxy book that was used for collecting more limited information (from other household members) about individuals who could not be interviewed in-person.

The household questionnaire in IFLS3 was organized like its IFLS1 and IFLS2 counterparts and repeated many of the same questions to allow comparisons across waves. The IFLS1 questionnaire contained many retrospective questions covering past events. IFLS3 followed IFLS2 in asking full retrospectives of new respondents. Respondents in IFLS3 were considered to be *panel respondents* if they had answered individual books in IFLS2. *Panel respondents* were only asked to update the information, from the information they provided in IFLS2.¹² Enumerators had pre-printed forms for every individual they interviewed, containing the answers from which the information was to be updated. For example, in module BA in book 4, women are asked questions about their biological children. Children who were born before 1997 and listed in the relevant sections (CH and BA) of IFLS2 would be listed on the preprinted forms and the enumerator would prompt the respondent with the children born to-date then and then update the information in BA. Table 2.7 outlines the questionnaire structure and contents, which are described in more detail below.

The household survey questionnaire was divided into *books* (usually addressed to different respondents) and subdivided into topical *modules*. Four books collected information at the household level, generally from the household head or spouse¹³: books T, K, 1, and 2. The next four books collected individual-level

¹² This was done differently from IFLS2. IFLS2 asked retrospective questions for approximately 5 years, giving a one year overlap with IFLS1. Module CH in book 4 is an exception. There the respondent was asked to update the information from the IFLS1.

¹³ In every IFLS wave, one member of the household was designated the household head by the person who provided information on the composition of the household. The head of the household is defined as a person who is responsible for keeping up the daily need of the household or a person whom the members of the household considered to be the head. Where a married couple headed the household, the husband was generally designated the head and the wife, the spouse of the head. The head of the household in IFLS1 was not always the head of the household in IFLS2 or IFLS3, even when still present in the subsequent wave.

data from adult respondents (books 3A and 3B), ever-married female respondents (book 4), and children younger than 15 (book 5). Some modules appear in more than one book to facilitate collecting the data efficiently (for example, ever-married women under 50 answer questions about marriage in book 4, whereas other respondents answer marriage questions in book 3A). Some modules appear in both a household book and an individual book (for example HI), because we wanted to make sure that we collected data for the household as a whole, in addition to collecting data from individuals. Individual measures of health status were recorded for each household member (books US1 and US2). Household members between the ages of 7 and 24 were asked to participate in cognitive assessments of their general intellect, as well as their skills in mathematics (book EK). More detail on the contents of the individual books is provided in Appendix B and in the User's Guide.

Book T: Tracking Book. This is a new book in IFLS3 and takes the place of some of what was in the book K cover in previous waves. Book T is a contact book for households, all target households: all original IFLS1 households plus split-off households from IFLS2 and 2+, have at least one book T. A book T was filled out at every location where a household was searched. In the public release only one book T is provided for each household, from when a household was actually contacted, or from the last place where it was searched. For the purpose of users, the key variables are TB1 and TB2, which record whether the household was found and interviewed or not, had all members die, moved or moved into another IFLS household, in which case TB2 lists the household id of the destination household. Book T also has location and other tracking information, which will generally not be important for users and is not in the public release.

Book K: Control Book and Household Roster. Book K records the location of the household, for households that were found and interviewed. Information on the composition of the household and on basic socio-demographic and some economic characteristics were collected, as were information on key characteristics of the housing structure that the interviewer could observe and about the household's plans to move in the future (helpful in planning for subsequent rounds of data collection and in tracking respondents who moved).

Book 1: Household Expenditures and Knowledge of Health Facilities. This book was typically answered by a female respondent, either the spouse of the household head or another person most knowledgeable about household affairs. The first module recorded information about household expenditures¹⁴ and about quantities and purchase prices of several staples. The second module obtained details about food aid, cash and other assistance the household received from community organizations, as well as from the subsidized food program, particularly for rice, which was a part of the social safety net programs initiated in 1998 in response to the economic crisis. This section was new in IFLS2+. The third section probed the respondent's knowledge of various types of public and private outpatient health care providers. This information was used in drawing the sample of facilities for interviews in the Community-Facility Survey.

Book 2: Household Economy. This book was usually answered by the household head or the head's spouse. Modules asked about household businesses (farm and nonfarm), nonbusiness assets, and nonlabor income. Combined with individual-level data on labor and nonlabor income collected in book 3A, this information can be used to provide a picture of current household income from market-wage income, self-employment income, family businesses, informal-sector activities, and nonlabor income.

¹⁴ IFLS1, IFLS2 and IFLS3 included essentially the same items and reference periods for food expenditures. For non-food expenditures IFLS1 is differently constructed. For each non-food item, IFLS1 asked whether the reported expenditure pertained only to the individual answering the question or the household as a whole. This way of asking about expenditures is not standard in budget surveys and was dropped in IFLS2, with the cost that 1993 expenditures are not directly comparable with 1997, 1998 or 2000 expenditures. IFLS2, IFLS2+ and IFLS3 expenditures, however, are directly comparable. The IFLS expenditure module is a shortened version (about 40 minutes) of the three-hour module included in every third year of the SUSENAS. It is very similar to the SUSENAS short-form consumption module.

Other modules collected information about housing characteristics, economic shocks experienced by the household in the previous five years and participation in various public social safety net programs initiated in 1998 after the economic crisis had begun.

Book 3A: Adult Information (part 1). This book asked all household members 15 years and older about their educational, marital, work, and long and short-run migration histories. In addition, the book included questions on asset ownership and non-labor income, household decision-making, fertility preferences, and (for women 50 and older) cumulative pregnancies. New in IFLS3 is a section, SW, asking respondents about their subjective views of their living standards.

The amount of retrospective information collected varied by module and by whether the respondent had answered book III in IFLS2. Respondents who did not complete book III in previous waves were typically asked for lengthy histories that mirrored the data obtained in IFLS1. Respondents who had answered book III in IFLS2 were generally asked only to update the information for the period since 1997. The specific rules varied by module (see *User's Guide* (WR-144/2-NIA/NICHHD), Table 2.2.).

Book 3B: Adult Information (part 2). Book 3B emphasized current rather than retrospective information. Separate modules addressed smoking habits, insurance coverage, health conditions, use of inpatient and outpatient care, and participation in community development activities. New questions about the respondent's dietary intake were added in the outpatient utilization module (RJ). In addition, female respondents were also asked about the frequency of health examinations for prevention of cancer. Another module (BA) asked in detail about the existence and characteristics of non-resident family members (parents, siblings, and children) and about whether money, goods, or services were transferred between these family members during the year before the interview. In IFLS3 two new modules were added to book 3B. One new module documented transfers from non-residents other than parents, children and siblings (whose transfers are collected in Module BA). A second new module recorded information on recent credit transactions of the household.

Book Proxy: Adult Information by Proxy. The proxy book was designed to facilitate collecting data by proxy about individual adults who could not be interviewed directly. The proxy book contains shortened versions of most of the sections included in books 3A, 3B, and 4.

Book 4: Ever-Married Woman Information. This book was administered to all ever-married women age 15–49 and to women who completed book 4 in IFLS2, irrespective of age. Book 4 collects retrospective life histories on marriage, children ever born, pregnancy outcomes and health-related behavior during pregnancy and childbirth, infant feeding practice, and contraceptive use. The marriage and pregnancy summary modules replicated those included in books 3A and B so that women who answered book 4 skipped these modules in books 3A and B. Similarly, women who answered questions about non-resident family in book 4 skipped that module in book 3B. A separate module asked married women about their use of contraceptive methods on a monthly basis over the previous 4 years.

Book 5: Child Information. This book collected information about children younger than 15. For children younger than 11, the child's mother, guardian, or caretaker answered the questions. Children between the ages of 11 and 14 were allowed to respond for themselves if they felt comfortable doing so. The six modules focused on the child's educational history, morbidities, self-treatment, inpatient and outpatient visits and non-resident parents. Each paralleled a module in the adult questionnaire (books 3A and B), with some age-appropriate modifications. For example, the list of acute health conditions specified conditions relevant to younger children.

Books US1 and US2: Physical Health Assessments. In addition to the respondent-assessed health status information recorded in books 3B and 5, IFLS3 continued the practice of earlier waves in seeking to collect physical health assessments on every respondent. In IFLS3 two health workers (typically nurses) visited each household to record various measures of physical health for each household member. The specific measurements are listed in Appendix B.

Books EK: Cognitive Assessments. Respondents between the ages of 7 and 24 were administered cognitive tests to assess their general cognitive level, as well as skills in mathematics. The tests were redesigned from what was administered in IFLS2. Two levels of tests were given, an easier version to all respondents (including those who never attended or were not currently enrolled in school) aged 7-14 and a more difficult version to all respondents age 15-24.

2.3 Notes on Response Burden

The household survey instrument is complicated and takes time to complete. In IFLS we attempt to organize and format the instrument so as to minimize response burden. As Tables 2.8a, b show, the lion share of questionnaire books were completed in one visit. The median time to complete a book varied across the books, with the longest times observed for the household expenditure book and the individual-level books addressed to adults, about 25 minutes each.

Some respondents answered more than one book because they provided information not only about themselves but also about their household and potentially about their children, spouse, or parents. Table 2.8 shows median completion times for respondents of different types. Ever-married women age 15–49 generally spent more time being interviewed than others, the median time being 2 hours, including all books that they were administered. They were asked to answer three individual-level books for themselves and were likely to answer book 1 (household expenditures and knowledge of health services) as well as book 5 if they had young children. The median time for women 50 and older, regardless of marital status, was 80 minutes, and it was the same for married men. Never-married women age 15-49 spent only 45 minutes total answering questions, the same for unmarried men. For children aged 11-14, the only children who might have answered questions, the median response time was only 15 minutes.

3. IFLS3 Community-Facility Survey

IFLS collected very detailed information on the characteristics of communities that might affect individual behavior. For each IFLS community in which we interviewed households, extensive information was collected from community leaders and from staff at schools and health facilities available to community residents. In past waves, these data had been collected only in the original 312 IFLS1 communities (9 of which were so-called “twin” enumeration areas, that resided in the same larger community, thus making up 321 communities in total). In IFLS3, a reduced, basic set of data for new communities to which IFLS3 households moved was also collected.

This section describes the community-facility survey sample for IFLS3, summarizes the contents of the survey instruments, and notes the links between community-facility and household survey data.

3.1 Sample Design

The community-facility survey sought information about the communities of household respondents. We followed the procedures of IFLS2 to obtain most of our information, but added some new modules and one new book:

- The official village/township leader¹⁵ and a group of his/her staff were interviewed about aspects of community life. Supplementary information was obtained by interviewing the head of the community women’s group,¹⁶ who was asked about the availability of health facilities and schools in the area, as well as more general questions about family health and prices of basic commodities in the community.
- In visits to local health facilities and schools, staff representatives were interviewed about the staffing, operation, and usage of their facilities.
- Data were extracted from community records, and data on prices were collected through visits to up to three markets or sales points in the community.
- As in IFLS2, we interviewed a social activist in the community about a project in which he or she was involved.
- We collected information on a set of social safety net programs that the Government of Indonesia initiated in 1998 to try to ameliorate negative impacts of the economic crisis, which began at the end of 1997. Some of this information we obtained from our usual sources described above, but in one case, for the health component, a new book was added to obtain information on the newly created national social safety net program for health (JPS/BK). Respondents for this book were generally the village midwife or a member of the local public clinic staff who was appointed to run the program for the community.

¹⁵ In Indonesia, village leaders are typically elected whereas municipality leaders are appointed. We use the terms “village” and “municipality” interchangeably.

¹⁶ Besides having a village leader, Indonesian villages have a Family Welfare Group (PKK), usually headed by the wife of the village leader. The PKK is responsible for implementing a 10-point program mostly relating to family health. Although the village leader is nominally responsible for family health, activities related to family health are almost always sponsored by the PKK.

- Various information related to the new Regional Autonomy laws were also added to serve as a base line on the Decentralization Program that the government of Indonesia embarked upon in early 2001.
- Another new addition of IFLS3 was to interview the official village/township leader of the communities to which IFLS respondents had moved (different from the 312 original IFLS1 communities) to obtain a minimal amount of information on communities to which households had re-located. We collected information on factors such as total population, conditions of the village, access to the village, electricity availability, water and health service in the village and main sources of income.

3.1.1 Sample Selection for Facilities

To cover the major sources of public and private outpatient health care and school types, we defined six strata of facilities to survey:

- Government health centers and subcenters (*puskesmas, puskesmas pembantu*)
- Private clinics and practitioners including doctors, midwives, nurses, and paramedics (*klinik, praktek umum, perawat, bidan, paramedis, mantri*)¹⁷
- Community health posts (*posyandu*)¹⁸
- Elementary schools (*SD*)
- Junior high schools (*SMP*)
- Senior high schools (*SMU*) / Senior vocational high schools (*SMK*)

IFLS3 used the same protocol for selecting facilities as IFLS1 and IFLS2. We wanted the specific schools and health providers for detailed interviews to reflect facilities available to the communities from which household respondents were drawn. Rather than selecting facilities based solely on information from the village leader or on proximity to the community center, we sampled schools and health care providers from information provided by household respondents. A difference with IFLS1 and IFLS2 was in the amount of household information available to construct sampling frames. In IFLS3, the tracking of households that moved to or near the EA (in the same village/ kecamatan) had been done during main survey instead of after. This enabled us to add facilities to the sample frame from locally- tracked households. This strategy was adopted since it was felt that the tracked household information would cover facilities in the EA.

Health Facility Sampling Frame. For each EA, we compiled a list of facilities in each health facility stratum from household responses about the names and locations of facilities the respondent knew

¹⁷ Because of time and money constraints, IFLS2 and IFLS3 did not interview traditional practitioners, as did IFLS1. And whereas IFLS1 grouped doctors and clinics in a different stratum from midwives, nurses, and paramedics, those strata were combined in IFLS2 and IFLS3 because of the difficulty of categorizing practitioners correctly. An advantage of grouping all private practitioners in one stratum is that the mix of provider types interviewed within the stratum better reflects what is available in the community. For example, in communities where paramedics were more plentiful than doctors, the mix of interviewed providers reflects that fact.

¹⁸ We did not visit hospitals for several reasons. For most Indonesians, hospitals are not a common provider of outpatient care. In rural areas hospitals are often far away and not easily incorporated into the sampling scheme. Also, an effective hospital questionnaire is quite difficult to design.

about. Specifically, we drew on responses from book 1, module PP of the household survey, which asked (typically) the female household head if she knew of health facilities of various types, such as government health centers. The names and locations provided were added to the sampling frame.

Household respondents did not need to have actually used a health facility for it to be relevant to the facility sample. Though someone in the household may well have used a facility that was mentioned, any facility known to the respondent was relevant. Requiring actual use of a facility was rejected because it was judged that that approach would yield a more limited picture of community health care options (since use of health care is sporadic) and possibly be biased by factors such as what illnesses were common around the time of the interview.

School Sampling Frame. Names of candidate schools were obtained from household responses to book K, module AR, in which (typically) the household head verified the name and location of all schools currently attended by household members under age 25. Therefore, unlike the health facility sampling frame, each school in the candidate list had at least one member of an IFLS household attending.

Final Samples. Not all identified health facilities and schools were eligible for interview. A facility was excluded if it had already been interviewed in another EA, if it was more than 45 minutes away by motorcycle. The facilities that were located in another area were eligible for interview so long it was in our reachable area (about 45 minutes away by motorcycle). We set a quota of facilities to be interviewed in each stratum in each EA. The goal was to obtain, for each stratum, data on multiple facilities per community. The quotas were different for different strata. For example, a larger quota was set for private practitioners than for health centers because Indonesian communities tend to have more private practitioners than health centers.

<i>Stratum</i>	<i>Quota per EA</i>
Government Health centers and subcenters	3
Private clinics and practitioners	6
Community health posts	2
Elementary schools	3
Junior high schools	3
Senior high schools	2

Two forms were used in developing the facility sample for each stratum. Sample Listing Form I (SDI) provided space to tally household responses and ascertain which facilities met the criteria for interview and were not duplicates of each other. Those facilities constituted the sampling frame and were listed on the second form, Sample Listing Form II (SDII), in order of frequency of mention. The final sample consisted of the facility most frequently mentioned plus enough others, randomly selected, to fill the quota for the stratum.¹⁹ Note that because we sampled randomly from sample frames constructed by householder knowledge of facilities in 2000, we may not necessarily have re-sampled facilities that were sampled in IFLS1 or 2.

¹⁹ In some EAs the pooled household responses did not generate enough facilities to fill the quota. Then, information from the village/township leader or women's group head was used to supplement the sample frame.

Social Activist Sampling Frame. Sampling was also used to identify the social activists to be interviewed. Three community projects that most involved and covered people in the community and that comprised our frame of projects were listed. One project was randomly selected and an activist who worked on that project was selected for interview. If it was not possible to interview or meet any activists of that project then the next project from the list was chosen. If the community was not currently running any project, past community projects that had ever been run were selected.

3.1.2 Response Rates

Table 3.1 shows the number of community-facility respondents and facilities covered in IFLS1, IFLS2, and IFLS3. In all waves we met our interviewing quotas. In IFLS3 over 900 public health clinics and sub-clinics; over 1,900 private health facilities; over 600 community health posts and over 2,500 schools were interviewed. Table 3.2 shows the number of facilities interviewed in each province, by stratum.

Despite not being intended, a number of the same facilities interviewed in IFLS3 were also interviewed in IFLS2 and in IFLS1. This was especially true for public health centers and sub-centers and for schools. For these groups the turnover rate is small and the number available to be sampled per community is also small. The lowest re-interview rate was in private health facilities. This is not surprising since there are numerous private facilities, so the sampling rates are smaller, plus the yearly turnover is larger. The re-interview rate could have been increased by deciding *a priori* to go back to the same facilities that we visited in the previous waves. However, we judged it important to refresh the sample in 1993 and 1997 to allow for new facilities, since the community-facility survey was intended to portray the current nature of the communities and the facilities in which IFLS households resided. Table 3.3 shows the number of facilities interviewed in IFLS3 for which IFLS1 or IFLS2 or both data also exist, and the number of new facilities interviewed only in IFLS3. The exception is community health posts (*posyandu*). No community health post interviewed in IFLS3 has the same ID as its previous IFLS counterparts. That is because both the locations and volunteer staff change over time, so determining whether an IFLS3 post was the same as an IFLS1 or 2 post was effectively impossible. It is perhaps more appropriate to regard a community health post as an activity rather than a facility.

3.2 Survey Instruments

As with the household survey, the community-facility questionnaires were divided in *books* (addressed to different respondents) and subdivided into topical *modules*. Community-level information was collected in six books: book 1, book 2, book *PKK*, book *SAR*, book *PM*, and book *JPS-BK*. Health facility information was collected in books *Puskesmas*, *Private Practice*, and *Posyandu*. Each level of school was covered in a single book, because the contents were nearly identical: book *School*. Table 3.4 briefly summarizes the structure and contents of each book, which are described below and in Appendix C in more detail.

3.2.1 Community Questionnaires

Book 1: Community History and Characteristics. This book collected a wide range of information about the community. It was addressed to the head of the community in a group interview. Ideally the group included the village or township leader, one or two of his staff members, and one or two members of the Village Elders Advisory Board, but the composition varied across villages, reflecting who was available and whom the village leader wanted to participate. Respondents were asked about available means of transportation, communications, sanitation infrastructure, agriculture and industry, history of the community, credit opportunities, community development activities, the availability of schools and health facilities, social safety net programs, community welfare, economic changes, and perception on regional autonomy under the newly enacted decentralization laws.

Book 2: Community Statistics. This book provided a place to record statistical data about the community. Generally the data were extracted from the community's Statistical Monograph or from a copy of its *PODES* questionnaire. In IFLS3 information on local budgets and revenues were added.

The village or township leader or their staff showed the interviewers information from the APPK (Kelurahan Budget Management) or APPKD (Village Revenue and Expenditure Budget). If neither source was available, the village head was asked to estimate the answer, which was recorded as an estimate. Separate modules asked the interviewer to make direct observations about community conditions. In addition, up to three markets or sales outlets were visited to record the prices of various foods and other items.

Book PKK: Village Women's Organization. This book was administered to the head of the village women's group, the PKK. Respondents were asked about the availability of health services and schools in the community; including outreach activities, changes in the community over time, and different dimensions of community welfare.

Book SAR: Service Availability Roster. The Service Availability Roster (SAR) was intended to gather in one place cumulative information across all waves, on all the schools and health facilities available to residents of IFLS communities. It included

- Facilities identified in the previous waves, IFLS2- SAR (which included facilities listed in IFLS1)
- New facilities identified by respondents in IFLS3 household modules PP and AR but not mentioned in IFLS2-SAR
- Any other facilities mentioned by the head of the village/township or the women's group head in Modules I and J in IFLS3 Community-Facility Survey books 1 or PKK.

For each facility mentioned, we collect data on the date it opened, if it was still open at the time of the survey and if not, the date of closing. By collecting this information we have a retrospective history on service availability to the community, covering the period of IFLS. The head of the village/township or the women's group head was asked to estimate the distance, travel time, and travel cost to the facility.

Book PM: Case Studies in Community Participation. This book collected information on community activities and programs pertaining to a selected community activist. The book probed the background of the particular development project, its prospective benefits, and project planning, management, implementation, and funding. In addition, the respondent was asked about the history of development activities in the community.

Book JPS-BK: Social Safety Net for Health. This book, new in IFLS3, was designed to collect detailed information on the central government's social safety net program for health (JPS-BK). The book was administered to someone the village head identified as the health provider of the JPS-BK program. Usually, it was a village midwife or the puskesmas midwife. The book probed the health services that were provided for the community by social safety net; the criteria for determining the households who receive the services; the funds available; the cost to patients, if any, to get the service; and the total number of patients in the community who were covered.

3.2.2 Health Facility Questionnaires

Separate books were designed for each health facility stratum:

- Book Puskesmas for government health centers and sub-centers
- Book Private Practice for private doctors, clinics, midwives/village midwives, nurses, and paramedics
- Book Posyandu for community health posts

The contents of books Puskesmas and Private Practice were very similar to those in earlier waves to maximize comparability. Both books were designed to indicate the facility's functional capacity: adequacy of the laboratory, pharmacy, equipment, staff, the physical environment; and the adequacy of specific services for outpatient care, care for pregnant women, well-baby care, and family planning.

Both Puskesmas and Private practice books collected data on the availability and prices of services, lab tests, and drugs; and on the availability of equipment and supplies. Both allowed the interviewer to record direct observations about the drugs stocks, laboratory, and vaccine storage rooms. A new module in IFLS3 in both books was concerned with the availability and prices of services for patients with 'kartu sehat', the health card provided by the new health social safety net program. Special new modules in book Puskesmas focused on decentralization, decision making, and finance.

The contents of book Posyandu reflected the different role this facility plays in providing health services. It asked about the characteristics of the volunteer staff (including general education and health training) and their frequency of contact with outreach workers from the government health center (puskesmas). In addition to questions about services offered at the post, there were general questions about health problems in the village. New modules were added in IFLS3 about the posyandu revitalization program and resources. Finally, questions about community prices were asked here to provide another data source for that topic.

3.2.3 School Questionnaire

The questionnaires for the three levels of schools (elementary, junior high school, and senior high school) in IFLS2 were very similar, and so in IFLS3 we combined those three questionnaires into one single questionnaire for all three levels of school. In most of the modules, the principal or designee answered questions about the staff, school characteristics, and student population. New questions were added about scholarships; social safety net assistance for schools, like the DBO (Operational Funds Assistance) and Operational and Maintenance Funds; and decision-making at the schools, specifically the level at which decisions are made for specific tasks (school, district school ministry or central government education ministry). Another module, investigating teacher characteristics, was focused on teachers of Indonesian language and mathematics. Direct observations by interviewers were collected regarding the quality of the classroom infrastructure. The final modules recorded student expenditures, math and language scores on the EBANAS tests for a random sample of 25 students,²⁰ and counts of teachers and students for 2 school years, 1999/2000 and 2000/2001.²¹

3.2.4 Mini-CFS questionnaire

This book was new in IFLS3. It applied to community leaders from villages that were not original IFLS villages, where the IFLS households/members had moved. This book contained a shortened combination of questions of books I and II. It collected basic data of the village's infrastructure such as total population, main sources of income, number of health facilities by type, and price and wage data.

²⁰ EBANAS tests are national achievement tests administered at the end of each school level (e.g., after grade 6, for students completing elementary school). The scores can be used to judge student achievement levels in a school.

²¹ Fieldwork for IFLS3 started during the end of the 1999/2000 school year for a handful of communities. For most communities the survey was during the 2000/2001 school year.

Appendix A: Survey Operations

This appendix describes the process of developing and fielding IFLS3. The survey was designed between August 1999 and April 2000. Interviewer training began in late May 2000, and field work took place largely between late June and the end of October 2000, with long distance tracking extending through the end of December 2000. Table A.1 shows a timeline of IFLS3 activities.

Development of Questionnaire and Field Procedures

The household and community-facility questionnaires fielded in IFLS1, plus the improvements made in IFLS2, provided the base for the IFLS3 questionnaires. The goal was to keep the instruments as similar as possible across the three waves in substantive content and questionnaire wording so as to maximize comparability. Changes were made to correct mistakes and to collect new data on topics of particular interest (coverage and workings of the public social safety net programs, subjective welfare, borrowing histories, waist and hip circumference, as examples). A few IFLS1 and 2 questions and modules were deleted, skip patterns were occasionally changed to improve the interview flow and new modules and questions were added.

Piloting of new or heavily changed modules was done in Yogyakarta, in late January and early February, 2000, some carrying over into late February in Solo, Central Java. The contents of the IFLS3 questionnaires are summarized in Sections 2 and 3 of this document for the household survey and community-facility survey, respectively. More details are available in Appendices B and C of this document and in the *IFLS3 User's Guide (WR-144/2-NIA/NICHD, 2004)*.

The instruments, data entry software, and field procedures were extensively tested before the fieldwork began. Protocols for locating and re-interviewing IFLS respondents were revised, based on IFLS2 protocols, and were tested and further revised during pilot tests and full-scale pretests for IFLS3. New questions and modules were developed and tested using focus groups and pilot tests. The household questionnaire was tested in its entirety during a full-scale pretest. The community-facility questionnaire and the health status measurements had separate pretests, one each. Pretests allowed us to evaluate questionnaire changes in a field setting.

Pretest of Household Questionnaire

The pretest of the household questionnaire was conducted in Solo (urban) and nearby Sukaharjo (rural), Central Java from February 23 to March 26, 2000. The pretest focused on questionnaire content, field editing protocols and general field procedures. Its primary objectives were to:

- Fully test the revised household questionnaire under field settings, separately for an urban and a rural area
- Evaluate the length of the questionnaire, the length of each module, and the burden imposed on different types of respondents.
- Evaluate the content of new questionnaire modules or those with major changes.
- Testing the use of preprinted materials for panel respondents

We used 28 staff for the pretest, many of whom who had been senior field staff in earlier waves of IFLS and who were targeted to be senior field staff for IFLS3. Senior staff from RAND and CPPS/UGM also participated. The month was spent in thoroughly training the staff in the use of the revised questionnaires by using and further developing teaching materials that would be later used in training.

This training was very participatory and as a consequence many questionnaire revisions were made as a result of discussions. At the end, a formal full field test was conducted on over 50 households (rural and urban) over a five day period. Based on debriefings from the pretest and on statistical analysis of the data, further changes were made to the questionnaires.

CAFE Procedures. In order to use computer-assisted field editing, all questionnaires had to be keypunched in the field. This had the advantage of completing the first round of data entry as well. The basic procedures and programs required for CAFE had been developed for IFLS2 and IFLS2+ and provided convincing evidence that CAFE was feasible. In IFLS3 we used CAFE for the household survey, but not for the community-facility survey because it did not prove possible to get the necessary programming completed before the community-facility survey fieldwork began.

CAFE allowed a far more thorough check of completed questionnaires than is possible with traditional manual (e.g., eyeball) methods of editing. CAFE reduced missing data and cleared up confusion due to interviewer handwriting. When interviewers completed a questionnaire book, they first edited it themselves, then turned it over to the editors, who entered the data using laptop computers. If the software indicated a problem with data being entered, the editor conferred with the interviewer to resolve the problem. If interviewer wasn't immediately available, the question was flagged and held until the interviewer's return. Interviewers were usually able to correct a problem on the spot without having to return to the household.

During the pre-test period and after, modifications to the older programs and new programs were written by Iip Umar Rifai and Bert Themme (from Macro International) with backup from Trevor Croft (from Macro International). This was an intensive process that was not fully finished until the beginning of training in late May 2000.

Pretest of Household Tracking Procedures

Because re-interviewing panel respondents was deemed to have been a key to the success of IFLS2, much effort was devoted to refining procedures developed for IFLS2 and 2+ for finding households and respondents. In addition, we refined and revised the survey management information systems that we used to make sure that all households and individuals had been interviewed as appropriate, that tracking had been done where it should have, and so forth. In late March and early April 2000 we conducted a field test for 10 days, in two locations: one in Jakarta and one in Central Java. We successfully tested both our new tracking procedures and our management information system, as well as developed the training procedures to be used. For example:

- We took the old parts of the cover of book K, and tracking forms and reorganized them into a new book T and revised tracking forms. A book T was completed for every household that was searched for, and in every location where a search was made.
- We compiled and tested a compendium of information derived from past waves, regarding where the current location might be, based first on an accurate description of where the household was last found. This information was preprinted and was carried by the teams in order to have more and better information to locate the households.
- We also tested field procedures for getting new address information from the team that had found it, say in rural Central Java, to the appropriate team searching in the destination area, say Jakarta. We had persons working in our central headquarters at the University of Gadjah Mada in Yogyakarta who were responsible for coordinating the logistics for this.

Health Measurement Pilot Test and Training

During the main household pretest, we conducted a pilot test of the new physical health measurements: head circumference, waist and hip circumferences, and taking pinprick blood samples onto special blood filter (*SPRT*) cards. We used experienced staff from the School of Public Health at the University of Gadjah Mada to train the pretest enumerators (who would become team coordinators and assistant coordinators during the field work).

A full field test of the health procedures was undertaken during the training of the health workers, which was held in Solo, June 7-12 2000, coordinated by staff of UGM's Public Health School. Fifty trainees began, of which forty-six were chosen. Teams of two health workers per team were assigned. After the health training ended, those health workers who were part of the first wave of field work then joined the first household enumerator training session for field practice. At that time we developed protocols to fully integrate the health workers into the interview teams. Those health workers who were not going into the field until August with the second wave of teams were sent home temporarily. They came back to Solo towards the end of the second household enumeration training, at which point they received a refresher training for one day and then joined the household enumerators for field practice.

Pretest of the Community-Facility Survey

The community-facility survey pretest was held April 3-16 2000 in an urban area in Yogyakarta. It was primarily a test of the instruments, since basic procedures and protocols for drawing the facility samples changed little between IFLS2 and IFLS3. The results were valuable in indicating how to revise the questionnaires.

Field Staff for the IFLS3 Surveys

The IFLS3 interviews were conducted by household and community-facility survey teams under the coordination of a field coordinator or assistant field coordinator. Thirteen field coordinators were assigned to head the teams in each of the province enumerated. They were senior staff who had been involved in the previous waves of IFLS. In provinces where more than one teams were involved, the field coordinator was assisted by assistant coordinators each of whom headed a team. There were a total of 23 teams in the 13 provinces. The composition of the household and community-facility teams is as follows:

HHS Team	CFS Team
1 Supervisor	1 Supervisor
6-8 interviewers	2 interviewers
1 CAFE supervisor	
2 CAFE editors	
2 Health workers	

The interviewers and CAFE editors were recruited from within the provinces in which we interviewed by senior staff from CPPS, who traveled to visit the provinces' Population Studies Centers. The CPPS staff interviewed potential interviewers while there and collected resumes on all applicants. Interviewers were selected to obtain an appropriate mix of language abilities. For example, the team that was sent to the island of Madura contained some Maduranese-speaking interviewers. Language ability was less of an issue for the community-facility teams, since most community-facility survey respondents were in a position of authority and thus likely to speak Bahasa Indonesia.

Team supervisors were selected among the prospective candidates at the end of the interviewers' training. They were selected based on criteria such as the previous experience, knowledge of the local area, knowledge of the questionnaires and leadership qualities.

The names of the field staff in each province are listed in Table A.2.

CAFE supervisors were recruited from those who had previously held this role, plus some new persons who had shown promise during training. Each pair of household and community-facility teams was supervised by either a Field Coordinator or an Assistant Field Coordinator (with backstopping from a Field Coordinator). Field and Assistant Field Coordinators were recruited as much as possible from those with supervisory experience in IFLS2 and 2+.

Supervisory training was held for all senior personnel: potential household and community-facility survey and CAFE supervisors, Field and Assistant Field Coordinators; in Yogyakarta during the first two weeks of May 2000. Most of these personnel had participated during the household or community-facility survey pre-tests. This "training of trainers" included reviewing all parts of the survey: household, community-facility, health, CAFE, tracking and the management information systems. The idea was to make everyone who had senior positions and would be involved in training of enumerators completely familiar with all aspects of the survey.

Each team (household and community-facility) was designated by a letter code. In addition, each team member received a two-digit numeric code, of which the first digit signifies the team member's job (see below for designations). The combination of the letter and numeric code uniquely identifies each field staff member. This information is recorded on every questionnaire book cover.

Field Staff Codes

- 11 = Field Coordinator
- 21 = Assistant Field Coordinator
- 31 = HHS supervisor
- 41 = CAFE supervisor
- 51 = CFS supervisor
- 61–69 = HHS interviewer
- 71–74 = CFS interviewer
- 81–84 = CAFE editor
- 91–94 = Health worker

Interviewer Training

Household interviewer training was conducted in two phases and took place in Solo, Central Java. The training was divided in order to keep the number of trainees at any one time to a manageable level. Thirteen teams from South Kalimantan, South Sulawesi, West Nusa Tenggara, South Sumatra, East Java, Jakarta, and West Java, were trained in the first wave, from May 20-June 20 2000. Some 169 trainees took part of whom 140 were subsequently chosen for these teams, with others being held in reserve as alternates, in case something happened to a team member. The second training, for 10 teams covering Central Java, Yogyakarta, Bali, North Sumatra, West Sumatra and Lampung ran during the period July 10-August 7 2000. There were 150 participants, out of which 106 were used as household enumerators and CAFE workers. Training for the community-facility survey ran from June 22-July 4 2000, also in Solo. We began with 82 trainees of whom 69 were chosen for field work. As mentioned, the health workers were trained from June 7-12 2000 in Solo.

Field work was divided into two phases, like the training. As soon as the first wave training was complete, the first wave teams went into the field. Likewise the second phase fieldwork began immediately after second phase training.

Each training session was divided into two parts. First there was classroom training, which involved lectures, demonstrations and in-classroom practice. “Dress-rehearsal” field practice followed the classroom training. Household interviewers received three weeks of classroom training. CAFE editors were chosen from this group in the early phases and given separate, specialized training. Community-facility survey interviewers were trained for 10 days in the classroom.

For household survey enumerators, field practice lasted one week. Household interviewer teams were assigned to interview certain households, and supervisors were responsible for making sure that the work got done, while CAFE editors and supervisors were responsible for entering the data. Health workers joined the field practice and conducted health assessments on members of the practice households. Community-facility survey teams had 4 days of field practice following their classroom training.

Fieldwork

A total of 23 pairs of teams (household and community-facility) were sent into the field; 315 persons working on household survey teams and 69 on community-facility survey teams (See Appendix Table A.2). An additional 14 staff worked in our central headquarters in Yogyakarta facilitating logging in and cataloging data, coordinating the logistics of sending money and supplies to teams, checking problems identified by teams, and using our management information system to check that questionnaires that were supposed to be filled out, were, and sending back lists of cases that needed completion (see Appendix Table A.3).

As mentioned, there were two phases of main fieldwork: the main fieldwork periods went from June 23 to mid-October 2000 and from August 15 to mid-November 2000. As teams finished their main fieldwork period they began their long-distance tracking phase (from roughly mid-October to the end of December 2000). During main fieldwork, each pair of teams was assigned a route that would take them to 8–12 enumeration areas. The household survey team interviewed first, typically taking one week per EA, with the community-facility team visiting the same EA shortly after the household team had left. Table [A.3](#) indicates which teams worked where, and how many EAs were in each province. Teams worked in only one province, but some provinces required multiple teams. After the main fieldwork ended, some interviewers moved to different provinces to help locate and re-interview movers during the tracking phase.

Main Fieldwork

In each EA, the following sequence of events took place:

1. The household supervisor (also the location assistant) made an advance visit to the EA to meet the leaders of the community, obtain local permissions, arrange a base camp, and scout for target IFLS households, making a map of the EA and the location of IFLS households within the EA for interviewers to use while canvassing.
2. The household, health interviewers and CAFE team arrived. Pairs of interviewers (typically one male, one female) were assigned households to contact and re-interview.²² Their initial task was to establish “first contact” with an IFLS target household member and complete the household preprinted roster. The supervisor would typically go with each team when they first arrived in an EA to help find the household for the first time. Interviewers were responsible for turning in a book T for every IFLS household target household, even if they

²² Male-female pairs were used because households appeared to feel more comfortable than when approached by two males, and it was more culturally appropriate to have female interviewers complete the questionnaire modules pertaining to pregnancy and contraception.

- were unable to locate the household or receive consent from the household to participate, and a book K for every household interviewed.
3. As household interviewers completed questionnaire books, they turned them over to the CAFE team, which entered the data, edited the data, and resolved any questions or inconsistencies with the interviewers. Sometimes interviewers returned to the respondents to clarify answers.
 4. The household supervisor monitored progress using a variety of management information system forms, observed interviews that were randomly chosen, randomly visited households to check interviewers' work, and handled financial and logistical issues.
 5. The household supervisor in his/her role as location assistant, sometimes with the help of the Field or Assistant Field Coordinator, oversaw the collection of information about households or target respondents who moved and worked with the team and the Field Coordinator to determine whether a mover could be tracked locally. If the mover was thought to be within a 45 minute trip by public transport, the team attempted to track the mover while working in the mover's origin EA (local tracking). In addition, for these local movers, the local community leader was sought out, usually by the household supervisor or the Field Coordinator, in order to fill out the Mini-CFS book.
 6. The health workers visited each household to conduct the physical health assessments.
 7. When all household interviews were completed, the household supervisor assembled the *NCR pages* from the household questionnaires that the community-facility team needed for drawing the facility sample. He or she then had the pages delivered to the community-facility team, either by the Field Coordinator or a hired messenger. The household supervisor also attempted to electronically transfer the data files to the central field headquarters in Yogyakarta, at a local internet cafe. If this was not possible in an area, then the supervisor mailed diskettes with the data. The supervisor also completed a financial report and mailed it to Yogyakarta.
 8. When the electronic data were received in Yogyakarta they were transmitted to Santa Monica. In Yogyakarta the data were checked to make sure that all books that should have been filled in, were, and that data from those books were in the electronic files.
 9. The community-facility team arrived, usually 3–10 days after the completion of household interviews. The community-facility survey supervisor drew the facility sample, assigned interviews to the interviewers, completed the Service Availability Roster (SAR), and assigned identifier codes to facilities on the SAR and on the NCR pages from the households.
 10. The community-facility interviewers conducted their assigned interviews.
 11. When all community-facility interviews were completed, the supervisor completed a financial report and mailed it, along with the paper questionnaires, to Yogyakarta, where they were later entered electronically into the data entry program.

Tracking

Once each team had completed work in all of its assigned EAs, the household interviewers were given additional tracking assignments for households or individuals that had not been located during the main fieldwork period but were thought to reside in that province. In addition to being provided with the names of the households and individuals that needed to be tracked, the teams were given the tracking forms (T1, T2) that had been collected in the origin EA (with contact information, for example, from local informants) and in prior survey waves (a complete file on each household of where it had ever been

found and contact information) about the potential whereabouts of each case. If an EA showed a low household re-contact rate that we thought could be raised through revisits (for example, if households had been located in the original EA but had not been able to participate at the time the team was there, or if information on movers was inadequate), the teams were asked to return and try to re-contact households or to obtain better information on movers. Also, if a prime-aged, healthy person had not been found, so a proxy book used to acquire information, an interviewer was sometimes sent back to attempt to find and interview that person. Also if several persons in a household had been missed by the health workers, they were sent back to get measurements.

Managing the tracking information was centralized in Yogyakarta, and tracking assignments were made from there after consultation with the team's Field Coordinator and Assistant Field Coordinator. Tracking progress was monitored daily from Yogyakarta based on faxed reports from the field. Records of each household's and target individual's interview status were maintained in an electronic database, which was developed from the survey data entered during the main fieldwork and updated as cases were completed. The fact that we had information on who needed to be tracked along with their whereabouts played an important role in the success of our tracking.

The tracking phase was one of the most arduous in terms of managing the work and keeping the staff motivated. We judged it important to centrally monitor success rates and set work priorities. As interviewers tired and remaining cases became more stubborn, we assigned smaller and smaller tracking teams. The most talented field supervisors were sent to particularly difficult areas, where they worked with tracking teams and on their own to pursue respondents' whereabouts. Teams and sometimes respondents were visited by the RAND project director and assistant directors, as well as by senior staff from the central office. Team prizes in the form of interviewer bonuses were offered to the teams with the best records in finding respondents.

Data Entry, Verification, and Data Cleaning

In the Field: CAFE Editing, Interviewer Rechecks

CAFE operations were an important ingredient to the success of IFLS. This was an innovation begun in IFLS2. Data cleaning began in the field. Interviewers filled out the paper questionnaires while in the respondents' households, then edited their work at base camp. For both the household and community-facility surveys, interviewers were responsible for turning in legible questionnaires that had been filled out as completely and accurately as possible.

A process of Computer-Assisted Field Editing (CAFE) was used to help maintain data quality in the household survey data.²³ Interviewers handed in their completed paper questionnaires to a CAFE team at base camp. The CAFE team entered and edited the data on laptop computers, using data-entry software (ISSA) designed to detect a variety of fielding errors. Range checks identified illogical values, such as a sex value of 2 when sex was supposed to equal 1 or 3.

The CAFE editor was responsible for resolving error messages with the interviewer. Some errors could be resolved fairly easily. For example, the interviewer might mis-remember the sex of a respondent interviewed earlier in the day and verify that the inconsistency was due to a careless error. Other errors required the interviewer to return to the household and check with the respondent. For example, if in section TK, a person reported income from self-employment, the interviewers checked sections UT and NT to see if we had a corresponding entry there. If not they would go back to the household to re-check.

²³ Time did not permit writing of programs for data entry in time to be used in the field for the Community-Facility Survey.

When the CAFE team's work was finished for an EA, the data were sent to the Yogyakarta office and were electronically transmitted (via ftp) to RAND in Santa Monica. A team in Yogyakarta performed basic data quality checks, monitored re-contact rates, and provided feedback to the teams in the field.

In Yogyakarta

Community-Facility Data Entry

Data entry for the community-facility survey was done in Yogyakarta by a team chosen largely from community-facility survey interviewers. The control of transcription errors by entering the data from paper questionnaires was done by comparing questionnaire and the electronic data after the data entry was done.

“Look Ups”

For detecting and resolving more complicated errors, we implemented a “Look Ups” (LU) cleaning process, pioneered during IFLS2 for the household survey. We extended its use to the community-facility survey data in IFLS3. LU involved the use of sophisticated, customized computer programs to run checks, with follow-up of suspected errors by specialists with extensive field experience, who consulted the paper questionnaires. There were 30 persons working on the household survey lookups and related activities and 21 on the community-facility side (see Appendix Tables A.4 and A.5 for a list of persons). The LU phase was important to quality assurance because:

- The paper questionnaires sometimes contained valuable written information that was not captured in the electronic data. For example, an inconsistency might be generated because an editor had made an inappropriate correction. Reference to the interviewer's original annotation resolved the issue so the data could be corrected.
- LU specialists were drawn from our best interviewers, editors, and field supervisors. We wanted to capitalize on the expertise they had gained in fielding the survey to help resolve more difficult issues before releasing the data for analysis.

The LU program ran checks within and across questionnaire books for a particular household or a particular enumeration area. Some checks repeated CAFE procedures, in an effort to resolve inconsistencies that remained after CAFE editing. More complicated checks were added as a result of the experience of IFLS2. As examples, the LU program checked that

- no individual-level books were filled out for IFLS household members reported as dead or departed in the IFLS3 AR roster (AR01a). If such a book existed, the specialist had to ascertain whether AR01a was incorrect or the PID on the individual book was incorrect.
- parents were at least 12 years older than their children.

For each error message generated, the LU specialist was required to check the problem on the paper questionnaires and record in a log file whether and how the problem could be corrected and whether a correction was in fact made. If the specialist was not very sure how to correct the data, the data were not to be changed but a suggestion could be entered in the log file. Some problems were relatively straightforward to correct. Others, such as skip patterns that weren't followed, could not be corrected because the data had not been collected.

In training and supervising the LU specialists, we repeatedly stressed that specialists could not make up data, change an answer simply to force consistency, or correct errors they believed the respondent had made. Instead, specialists were to look for evidence of the correct answer on the paper questionnaires where an interviewer or data entry error was suspected. The only cases corrected were ones for which positive evidence existed for a correction. As a result, not all inconsistencies were corrected during LU; or later in Santa Monica.

In various places throughout the household and community-facility questionnaires, interviewers were asked to comment if they believed a response warranted explanation, clarification, or correction. We judged it important to capture any suggestions in these notes for correcting the data. Accordingly, for both household and community-facility data, we trained two “CP” teams of specialists to translate the CP notes into English and then generate an electronic file of suggested corrections to the data from interviewers’ notes (including the CP modules at the end of nearly every household book. For both household and community-facility data, the suggestions were reviewed by the LU specialists and carried out if the specialist agreed.

Both Look Ups and CP staff received extensive training and supervision to ensure an extremely conservative approach to changing the data and to ensure the proper recording of all changes (and suggested changes) so that they could be reviewed and undone later if necessary.

Special Cleaning for “Other,” and Numeric Variables

Variables with “Other” Answers. “Other” answers occurred when a response varied from the pre-coded options. In cleaning “other” responses, it was necessary to review the text responses and decide whether a response could be coded into an existing category, whether creation of new category was warranted, or whether the response should remain coded as “other.” Knowledge of *Bahasa Indonesia* was required, and the cleaning was undertaken by one of two specially trained teams in Yogyakarta. New categories were typically created if a response was substantively different from the pre-coded responses and it occurred a non-trivial number of times. When new categories were created, they were assigned a code larger than the existing “other” code, indicating that the category had not existed as a response option in the fielded questionnaire, nor had it appeared in prior waves of IFLS. We were inclined to create new categories rather than leave a large “other” category. Users thus have the option of aggregating the data, whereas finer disaggregation of the data would be impossible if new codes were not created. Subsequent to the addition of new “others” categories into the data, the questionnaire was also revised to add these new categories.

Three types of “other” variables were cleaned:

- Simple questions allowing only one answer (e.g., highest education level completed). “Other” responses were recoded to a new or existing response category.
- Questions where multiple responses were allowed (such as which family members were co-owners of a particular asset). “Other” responses were recoded to a new or existing category, and the indicator that an “other” response had originally been selected was turned off.
- Questions that related to items in a grid. Cleaning of “Other” responses here might generate another item in the grid. If a new category was created, the “other” code was deleted.

Numeric Variables. Some numeric responses did not fit the space provided, either because the answer had too many digits or required more decimal places than were allowed. In these cases, interviewers had been trained to fill the space provided with a string of 9’s ending in a 5 (“out of range”) and to record the correct answer in the “CP” section of the questionnaire or in the “other” answers file. If warranted by the interviewer’s annotations, we widened the numeric field to allow the correct answer and replaced the “out of range” code with the correct answer. The actual changes were made by programmers in Santa Monica, who could more easily change the allowed space in data entry.

Checks on Facility Codes

Some facilities had duplicates in the data base, but appear as separate facilities because their facility codes are different. This occurred when some EAs were located so closely together that some facilities could appear in multiple EAs. In the field, it was sometimes difficult to know whether the facility had appeared in other EAs or not, especially if the field teams for those EAs were different. In principal we want duplicate facilities in different EAs to have identical facility numbers. To allow for this, we did extensive checking on facility codes, comparing between names, addresses, locations, GPS data on locations, and also interviewers notes. To retain the practice that the facility code should tell users when the facility appeared for the first time in an IFLS wave, comparisons were also made with the SAR for IFLS2 (which included facilities appearing in both IFLS2 and 1).

In Santa Monica and Washington D.C.

In Santa Monica and Washington D.C. we did additional cleaning to correct remaining errors and to make the publicly available files as easy to use as possible.

Module Checks

For each data module, we made an effort to

- Review the LU checks and determine whether any remaining errors or inconsistencies could be corrected.
- Review numeric responses for the existence of special codes and review character variables for responses meaning “empty” or “don’t know” in Bahasa Indonesia.
- Create or correct X variables so that the special codes were preserved and the associated numeric or character variable contained only valid responses. X variables are associated typically with a numeric value and indicate whether or not the person was able to answer the question (see the *User’s Guide* for more details about X variables).
- Check that skip patterns were properly followed and apply corrections if data would not be lost as a result.²⁴
- Check that TYPE variables exist in grids (see the *User’s Guide* for details about TYPE variables).
- Assign variable names and labels as clearly as possible.
- Check for duplicate observations.
- Find and drop any variables that might enable identification of a respondent.

²⁴ IFLS3 questionnaires contained a number of complicated skip patterns that controlled the flow of the interview. Interviewers did not always follow these patterns correctly, so for some modules, some respondents provided either more or less information than was necessary. Generally we did not correct skip patterns, since we did not want to delete information (even if it was collected in error), and there was no way of generating a response when the question had not been asked.

Checks on IDs across Books and Survey Waves

It is essential that IDs such as HHID00, PID00, and PIDLINK (defined in the *User's Guide*) be correctly assigned. Therefore, we rigorously checked ID assignments. For example, when two very different ages or two different sexes were reported for the same individual (e.g., in the AR roster and on an individual book cover), the case was reviewed to determine whether PID00 had been correctly assigned in each place. Or if large discrepancies appeared in the characteristics of a person who had the same PIDLINK in IFLS2 and 3 (such as a different reported sex), checking was done to make sure this was the same person; by comparing the person's names, relationships to other household members as well as other informal checks.

Created Variables and Files

We created some variables and data files to make the data easier to use. For example:

- Variable *MOVE00* summarizes the information on a household's current location relative to its location the last wave it was found in.
- Data files HTRACK00 and PTRACK00 indicate what data are available for households and individuals (respectively) in each survey wave. Population weights and complete location codes for district and sub-district are also included, as are special survey variables allowing users to link the households to the communities where they live.
- The district and sub-district location codes based on BPS codification have been provided in order for users to link IFLS with other, national data sources such as SUSENAS or SAKERNAS. In addition, since BPS codes change across years, in some cases multiple year codes are available.
- Occupation and sector had pre-coded answers in module TK, but we also obtained open-ended answers. The open-ended answers were later coded into 2-digit ISTC codes for occupation and 1 digit sector codes.
- Since the age and date of birth information can be very different in different questionnaires, we construct our "best guess" of each person's age using all of the data in IFLS3 and report this in PTRACK00. This was also done for IFLS2 and we use the same algorithm, so that one has consistently derived best guesses for these two very important variables from each wave.
- Variable PPCHILD indicates whether a PP child roster was used. If so (PPCHILD = 1), a line number in the IFLS3 child roster refers to the same individual listed for that line number in the IFLS1 or 2 child roster.

Appendix B: Description of the IFLS3 Household Survey Questionnaire

This appendix expands on the summary presented in Section 2 for those interested in more detail about the IFLS3 household survey instrument. Other details appear in the *IFLS3 User's Guide (WR-xxx-2-NIA/NICHD, 2003)*.

Tracking Forms:

The tracking forms, T-1 and T-2 are not released in the public files because they contain private information, but we describe them here because it is helpful to understand the tracking procedures. The tracking forms contain information needed to track and contact households or individuals who moved within the IFLS study area (form-1 for households and form-2 for individuals). The tracking forms were filled out whenever a tracking book, Book T, indicated that the household or an individual within it could not be found (and the individual was one who was supposed to be tracked). The tracking forms contain information on the address and location of the household or individual being tracked; the name of informants in the origin and destination areas; the place of work of the head of household, the spouse or any other member of the household who works; and a sketch of the route taken to get to the tracking location.

Book K: Control Book and Household Roster

The interviewer completed this book, or a portion of it, for all households interviewed in IFLS3. Module SC indicates the precise location of the household. Much of this information is suppressed in the public-use data to protect respondent confidentiality.

Household roster. Module AR (the household roster) was preprinted with the name and characteristics of each member of a household interviewed in 1993, 1997 or 1998 (the information came from the last wave in which the household was found). Module AR is designed as a cumulative roster of everyone who was ever found in this household. The interviewer updated the preprinted information on those who were household members in previous waves and added new household members. The roster was used to indicate whether each past member was still living in the household and to enter basic information on age, sex, marital status, relationship to the head of the household, presence in the household of the individual's mother, father, and spouse, religion, whether the respondent worked or was in school, earnings in the last year (although detailed, individually reported earnings information was collected in book 3A), and highest level of education. For individuals who had left the household since the last wave the household was found, information was collected on the reason for and date of departure (or death) and the person's current location. For individuals who joined the household since the last wave covered by the preprinted forms, information was collected on the reason for and date of entry into the household.

House characteristics. Module KRK contained interviewer observations regarding the dwelling and its sanitation.

Information on repeat visit. Module IK is not in the public use data because it contains private information. This information included the name and address of a local family or friend who might be able to provide location information in the future should the household move.

Questionnaire tracking form. Module FP is also not in the public use data set. It helped the teams track which household members needed to be tracked and which members answered books.

Book 1: Household Expenditures and Knowledge of Health Facilities

This book was answered by the spouse of the household head or by another person knowledgeable about household affairs.

Consumption. Module KS recorded information on expenditures for a variety of food and nonfood goods and services, including foods purchased and the value of foods consumed from self-production or transfers in the last week, personal care and household items bought during the last month, and durable goods bought in the last year. Quantities and purchase prices for the last purchase of several staples were also collected, rice being added to the list of foods in IFLS3. The KS expenditure categories were kept identical to that in IFLS2, so that household expenditures between those waves are comparable. Note that for non-foods there is a lack of comparability with IFLS1 because of the way in which the expenditure information was collected in 1993.

Assistance. Module KSR, new in IFLS2+, asked the respondent about assistance from community sources in the form of cash, rice or other foods; and separately about the receipt and amount received of subsidized foods, especially rice. From this module it is possible to calculate not only the value paid for subsidized foods received over the past one month, but as well, the value of the subsidy over that period.

Knowledge of health and family planning services. Module PP probed the respondent's knowledge of various outpatient health care providers, both public and private. The name and address of known facilities were collected and the respondent was queried about the distance, travel time, and cost of travel to the facility. This information was used to compile the sample frame of health facilities in the community-facility survey.

Book 2: Household Economy

Book 2 was answered by the household head or other person knowledgeable about household affairs.

Household characteristics. Module KR included questions about the physical infrastructure of the household and participation in certain programs, especially public social safety net programs.

Family farm and nonfarm businesses. Modules UT and NT focused on household revenues, expenses, and value of assets of household-owned agricultural and nonagricultural businesses. Both UT and NT were redesigned for IFLS3. UT now asked explicitly for land owned, even if the household does not farm any land itself, and has more detail about land rented in and out, which is common in Indonesia. There was also more detail asked on the crops grown. Book NT was now organized around each family enterprise separately, not lumped together as in prior waves.

Household non-business assets. Module HR asked about the current value of household non-business assets (e.g., housing land, livestock, jewelry), as well as ownership shares.

Household non-labor income. Module HI asked about household-level nonlabor income, by source.

Economic shocks. Module GE asked about economic shocks experienced by the household during the last five years.

Book 3A: Adult Information (part 1)

This book elicited current and retrospective information from each household member age 15 and older.

Education history. Module DL recorded the highest level of education attended and highest grade completed for new respondents and respondents 50 years and older (for panel respondents who had answered book III in earlier waves, this information is recorded there). For each level of schooling attended (elementary, junior high, senior high and post-secondary), detailed information was collected

from all new respondents and from panel respondents younger than 25 who had attended school within the past five years. The information included the name, location, and type of school, EBANAS (achievement test) scores, and whether any elementary grade was repeated. Details about school expenses, class size, travel time, and whether the respondent worked during school were collected for those enrolled currently or during the last year. Module DLR on grade repetition was dropped in IFLS3 because there had been so few cases in earlier waves.

Subjective welfare. This is a new section in IFLS3. The motivation was to add subjective welfare questions to IFLS, which has so many quantitative measures of well-being, so that users can explore the scientific validity of using these types of questions, at least for this sample. We asked two kinds of questions. The first is a ladder question, similar to that used in the Russian Living Standards Monitoring Survey. It asks a person if there are six steps on a ladder, the poorest person being on step 1 and the richest on step 6, on which step would he/she place themselves now. We pretested with 9 steps, the number used in the Russian Living Standards Survey, but like the Russian LSS, we found that the extreme steps were rarely used. Because of this, we went to 5 steps, but found that a very high fraction of people placed themselves on the middle rung. We finally went to six steps to try to force people off the middle rungs, but not with much success. Even then it was the case that a high fraction of people place themselves on rung 3. We also asked people to place themselves on the same ladder in late 1997, just before the economic crisis hit Indonesia. In addition to the ladder questions we asked people about specific dimensions of their standard of living, such as their overall standard of living, and adequacy of food consumption and healthcare. For respondents with children, we also asked about the adequacy of their children's food consumption, healthcare and schooling. For each of these, we allowed answers of: it is less than adequate for their needs, just adequate, or more than adequate.

Individual nonlabor income and assets. To round out the information on individual-level economic well-being, module HR asked respondents about the current value of their non-business assets (e.g., land, livestock, jewelry), as well as asset ownership and ownership shares. Module HI asked about non-labor income by source.

Marriage history. Module KW obtained a complete marriage history from new respondents, including the start and end dates of their unions, characteristics of former or non-resident spouses, and dowries and living arrangements in the first marriage. Panel respondents were asked about the current marriage and any other marriage that had begun within the past four years.

Pregnancy summary. Module BR elicited, from ever-married new women respondents older than 49, information about all pregnancies (women 15 to 49 answered these questions in book 4). Panel respondents age 50 or older in IFLS1 were not asked these questions since it was assumed that no pregnancy had occurred since the IFLS1 interview.

Household decision-making. Module PK asked respondents who were currently married and who had lived with their spouse in the past six months, about financial arrangements between husband and wife (including control over labor income), who made decisions within the household, and the relative status of the husband's and wife's families at the time of marriage.

Migration history. Module MG collected information on the geographic mobility of individuals, as well as the causes and consequences of migratory movements. Information was recorded about the respondent's location at birth, age 12, and each subsequent location where a move crossed a *desa* (village) boundary and lasted for 6 months or longer. For each move, data were collected on dates and locations, motivation for moving, and distance moved. Panel respondents were treated differently from new respondents, as was the case for other modules. A separate module, SR, used in IFLS1, but discarded in IFLS2 and 2+, was reintroduced in IFLS3. SR measures very short-run, circular migration in the past two years. Moves across *desa* boundaries that lasted more than two months, and the return, were covered.

Employment history. Module TK asked in depth about respondents' current and retrospective labor market experience. Work was defined broadly to include formal and informal, full-time and part-time,

and seasonal and year-round labor. Occupation, sector, type of employer, and hours and wages for up to two jobs were recorded for those employed at the time. A nearly identical set of employment information was collected for each of the previous four years (both primary and secondary jobs) and for the first job. Open-ended descriptions of occupation and industry were converted into standard ITC (2-digit) codes (see *IFLS3 User's Guide* for details).

Book 3B: Adult Information (part 2)

This book elicited current and retrospective information from each household member age 15 and older.

Smoking. Module KM asked respondents whether they currently smoked, and if so, how much. Respondents who had quit smoking were asked when they quit and how much they had smoked before quitting. In IFLS3 we expanded this module to obtain data on prices paid for different types of tobacco.

Health status and physical performance. Module KK asked about general health status and recent health history and physical functioning. In IFLS3 we added back a set of 8 questions about mental health status that had been in IFLS1, but removed in IFLS2. Module MA asked about morbidities in the past four weeks and about experience with conditions symptomatic of heart disease, diabetes, and high blood pressure.

Health benefits and health care utilization. Module AK asked about health care benefits to which respondents might be entitled. Information on health care utilization included from whom and where medical care was received, how much it cost, who paid for it, how far the respondent traveled, and whether drugs were purchased. Detailed information was collected on outpatient visits during the last four weeks (module RJ) and on inpatient visits during the previous 12 months (module RN). Respondents were also asked about the type and cost of any self-treatments administered in the previous four weeks (module PS). In module RJ we added, in IFLS3, a series of questions about the frequency of specific types of foods eaten. The questions were designed after survey questions used by Professor Walter Willett of the Harvard School of Public Health. The foods were chosen to be representative of foods intensive in iron and vitamin A, two micronutrients thought to be lacking in the Indonesian population.

Community participation. Community development activities have long been important in Indonesia. Module PM asked about participation in, contributions of time and money to, and perceived benefits from, a slate of community development activities. Questions were included on participation in rotating credit schemes (*arisan*).

Non-resident family roster and transfers. Module BA recorded detailed information on the location and socio-demographic characteristics of all non-resident immediate kin (parents, siblings, and children), to permit a measure of the complete transfer-choice set. Questions were asked about transfers of money, goods, and time to and from non-resident parents and children in the last twelve months. Information on transfers to and from siblings, as a group, was also collected.

Transfers. Module TF is a new module in IFLS3. It was designed to fill a gap in the transfer information collected in IFLS. Specifically in TF we collect transfer information to and from spouses who live outside the household, other family members living outside the household (besides those covered in BA- parents, siblings, children), and friends or neighbors.

Borrowing history. BH is a new module in IFLS3. It had two parts; the first was general, asking about the respondent's knowledge of places to borrow and whether they tried to borrow (and were successful, or not) in the past 12 months from sources other than family or friends. The second part was specific to a loan. We obtained information on up to three loans taken in the last 12 months. The type and value of the loan is recorded, as is the repayment due date, if any, and detailed information on any collateral requirements and repayments made to date. We focused in this module on borrowing from non-family and friends. Borrowing from family and friends was grouped with transfers and covered in module TF.

We did this because we took the view that it is very difficult in the field to distinguish between transfers and borrowing, since transfers are often part of informal reciprocal relationships, which can well be interpreted as borrowing.

Book 4: Ever-Married Woman Information

Book 4 was administered to all ever-married women 15 to 49 years old. Modules KW, BR, and BA (for children) resembled the same modules described in books 3A and 3B but were administered to ever-married women as part of book 4 for the sake of efficiency. Module BF updated information on breastfeeding status for children who were still being breastfed at IFLS1. Module BX covered socio-economic information and data on transfers to adopted children living outside the household.

Pregnancy history. Module CH asked new respondents about all pregnancies and recorded the outcome and date. For live births respondents were asked the child's gender and name, whether the child was ever breastfed, and the length of breastfeeding. For pregnancies in the last five years, respondents were asked whether and where prenatal care was received, number of visits made in each trimester, services received during pregnancy and (except for miscarriages), length of labor, place of birth, and type of attendant. For pregnancies that did not end in a miscarriage, information was collected on the infant's size and weight at birth. For all live births, questions on the survival status and (if dead) date of death were asked. Some information about breastfeeding and the introduction of other foods was collected for children born in the last five years. Module CH also contains questions from Module BA on transfers to adult children living outside the household. IFLS3 panel respondents (those interviewed in IFLS2) were asked only about pregnancies after the pregnancy that produced the youngest child listed in the last wave of IFLS she was interviewed in; which was listed on a preprinted form.

Contraceptive knowledge and use and contraceptive calendar. Information on contraceptive knowledge was assessed in module CX by asking respondents whether they had ever heard of a number of modern and traditional contraceptive methods, whether they had ever used each method, and, if appropriate, whether they knew the price and where to obtain the method. Module KL presented a monthly retrospective contraceptive calendar, beginning in July 1996 or at the start of first marriage if after 1996, to record the start and end dates of all marriages, pregnancies, and periods of post-partum amenorrhea, abstinence, and contraceptive use. Some data were collected on side effects and visits to providers.

Book 5: Child Information

This book was administered to household members younger than 15. For children younger than 11, the mother, female guardian, or household caretaker answered the questions. Children between the ages of 11 and 14 were allowed to respond for themselves if they wished. Topics included the child's educational history, EBANAS scores (module DLA), general health status and morbidities (module MAA), self-treatment (module PSA), and inpatient and outpatient utilization (modules RJA and RNA). Generally each module paralleled a module in the adult questionnaire (books 3A and 3B), with age-appropriate modifications. In IFLS3 we added to module DLA questions about the child's work status for the last one month and ever. This includes questions about the type of work done, the hours and earnings. In RJA, we added the food frequency questions that we asked adults in module RJ of book 3B. We also added in IFLS3 a module, BAA, that obtains information on parents who live outside the household. This includes information on their schooling and work. This fills a hole in previous waves, that there was no source of information on parents living outside the household of children under 15.

Books US1 and 2: Physical Health Assessment

Two specially trained nurses recorded physical measurements of health for household members. The health workers (usually newly trained nurses) visited each household (often multiple times) to record various measures of physical health for each household member. The health workers received special training in taking the measurements, which included height, weight and head circumference (all

members), waist and hip circumference (members 40 years and older), blood pressure and pulse (members 15 and older), lung capacity (members 9 and older), and hemoglobin (members 1 year and older). In addition, respondents 15 and older were timed while they rose from a sitting to a standing position five times (nurses brought plastic stools for the respondents to sit on). The nurses also assessed each respondent's health status on a nine-point scale. In addition to individual measurements, the iodine content of the household's salt was tested. The head, waist and hip circumferences are new to IFLS3. The latter two help to measure body fat content, which conditional on BMI, can be used to indicate risk of chronic health problems such as high blood pressure, diabetes, and generally cardiovascular diseases among the older population.

Another innovation in IFLS3 was to collect pinprick blood samples on SPRT filter paper. In principle these blood spots can be analyzed for many different purposes such as testing for vitamin A, though because of high costs, no analyses have been undertaken. When we were in the field, we had some hope of obtaining funds later for testing, which is why the samples were collected. Also we wanted to demonstrate whether such samples could be collected under real field conditions in a developing country. The blood samples were collected in conjunction with using the hemocue system to measure hemoglobin. The first drops of blood were used with the hemocue, and after up to three drops were put on spots on the SPRT paper. The filter paper was allowed to dry in the household and then put into a small, ziplocked bag, together with a desiccant. The ziplock bags with desiccants helped to keep the blood samples dry. The bags were then inserted into a plastic tupperware-like container, for shipping back to base in Yogyakarta, where they were stored in an air-conditioned room (to keep humidity low). All SPRT cards and all bags had labels with the household and person identification numbers, age and sex. This experience demonstrated that it is possible to collect such samples in a large socio-economic survey under field conditions.

Book EK: Cognitive Assessment

Respondents between the ages of 7 and 24 were administered cognitive tests to assess their general cognitive level, as well as skills in mathematics. The tests were redesigned from what was administered in IFLS2. Those tests proved to be difficult, take a lot of time and, it was thought, added to respondent fatigue and impatience. Two levels of tests were given, the less difficult to all respondents aged 7-14 and the harder to all respondents age 15-24. The tests had two parts: the first involved the matching of similar shapes, and the second was a numeracy test.

Book Proxy: Adult Information by Proxy.

This book was intended for adults who could not be given individual books. There were typically two types of individuals who got proxy books: very busy persons, usually prime-aged men who were constantly working, or away; and persons who were too ill to answer (usually older persons). This results in various types of selection if proxy books are not used, depending on what the question is. On the other hand, the quality of answers in the proxy books is likely to be worse than the answers we obtain from the individuals themselves in individual books. The proxy book contains very shortened versions of questions from books 3A, 3B, and 4. Questions that we felt could not be answered accurately by proxy response were dropped.

Appendix C: Description of the IFLS3 Community-Facility Survey Questionnaire

This appendix expands on the summary presented in Sec. 3 for those interested in more detail about the community-facility instrument. The *IFLS3 User's Guide* contains additional information.

Book 1: Community History and Characteristics

In a group interview, the village or municipal head (*Kepala Desa*) and other community leaders were asked detailed questions about their community, past and present.

Transportation. Module A determined the location of various institutions (market, bus stop, post office, telephone, administrative city) relative to the village leader's office, and the mode, time, and cost associated with using public transportation to reach those institutions. Questions were also asked about the availability of public transportation within the village and the availability of the main route to the community during the year.

Electricity. Module B determined the availability of electricity within the village, the approximate proportion of households using electricity, the most important sources of electricity (public versus private, individual generator, local community group), and the frequency of blackouts.

Water sources and sanitation. Module C determined primary and secondary sources of water for drinking, cooking, bathing, and laundry. If a piped water system existed, the module probed the date of its establishment, its source, the frequency of disruptions, and the most common source of drinking water before the system was installed. Other questions concerned the adequacy of water sources during the dry season and alternative sources should the primary source be inadequate. Respondents were also queried about the existence and establishment date of sewage systems, the most common and other types of toilets, and methods of garbage disposal. If a garbage collection system existed, the start up date and monthly subscription fee were asked.

Agriculture and industry. In rural enumeration areas, module D identified the three primary agricultural crops, the extent of irrigation, the existence of animal husbandry projects, whether the village benefited from agricultural extension projects (and their duration), and male, female, and child wage rates for agricultural work. In both rural and urban areas module D queried village leaders about cottage industries. For up to five cottage industries and five factories, the product, location, date of establishment, and wage rates (for males, females, and children) were collected. Finally, the module determined whether the village had a public employment project and, if so, the associated wage rates.

Community history and climate. Module E recorded any change that had occurred in the name of the village and the typical dates of the rainy season. Descriptions and dates were collected of significant village events since 1995 (e.g., natural disasters, epidemics, crop failures/famines, elections, major infrastructure changes). The leaders were also asked to estimate the proportion of the population affected by the event.

Credit institutions. Module G collected data on the presence, date of establishment, and ownership of formal credit institutions in the village, the distance to the nearest credit institution before a credit source was established within the village, whether an informal money lender existed in the village and, if so, the monthly interest rates for loans of various amounts.

School availability. Module I collected information on the current availability of elementary, junior high, and senior high schools. This is used to update the Service Availability Roster (SAR).

History of health services availability. Module J asked about outreach activities in the village conducted by staff from the area health center (including mass immunization campaigns since 1995) and about health-related volunteer activities in the village. This is used to update the Service Availability Roster (SAR).

Community development activities. Module PMKD queried leaders on the existence of various community development activities, when they began, and the estimated number of community members involved in the activities.

Subjective well-being. Module SW, new for IFLS3, asked the subjective views of the leaders about the economic condition of the community before and after economic crisis, using the same 6 step ladder question used in module SW of household book 3A.

Economic shocks. Module GE asked the changes that had been experienced by the community as a result of economic shocks.

Social Safety Net. Module JPS, also new in IFLS3, collected data about public social safety net programs under the rubric of the Jaring Pengaman Sosial (JPS) that were received by the community. JPS programs were begun or expanded by the Government of Indonesia in early 1998 to fight the impacts of the economic crisis on standards of living of the population. The first part of the module asked about the programs generally: what the criteria were used to choose the household recipients of the program and who chose the households. Budget information was then collected for three fiscal years, April 2000- to the survey date, 1999/2000, and 1998/1999. There were sections on each program, including 'kartu sehat' (subsidy for health service), OPK Beras (rice subsidy), Padat Karya (public works program), and the PDMDKE (a credit program).

Regional Autonomy. Module PN, new in IFLS3, asked the perceptions of the village leader about the new Regional Autonomy laws that had just been promulgated, but not yet taken affect.

Book 2: Community Statistics

The interviewer recorded current community characteristics by being shown statistical records in the village head's office and through direct observation.

Direct observation. Module OL asked the interviewer to record observations about indicators of village; cleanliness, prosperity, and social cohesion (e.g., whether farm animals roamed freely in the village, whether public areas were well maintained).

Statistics. Modules KA, PL, ST, PR, KP, LU, and KD recorded the village's topography, altitude, rainfall, number of households, employment structure, conventions of housing construction, housing prices, and village finance for three budget years; 1999/2000, 1998/1999, 1997/1998. Module KD, on village finances was added in IFLS3 to get a baseline picture of finances and expenditures, before the new regional autonomy laws went into effect. It contained information on the sources of village finance, including amounts received from the central and district governments; on the types of expenditures; on village lands and their disposition; and on revolving credit (IDT) funds that had been received during the late 1990s.

Market prices. Module HPJ contains data from visits to up to three different markets or sales outlets to collect data on prices charged for various items.

Book PKK: Village Women's Organization

This book was addressed to the head of the village women's group, the PKK. Several book 1 modules (or adaptations) were administered to obtain an additional perspective on community history and characteristics (see the descriptions of book 1 modules E, I, J, and PMKD), with emphasis on the

histories of local schools and health facilities. In addition, the women's group head was asked to provide information on the operation of community-based assistance programs and food subsidies.

Book SAR: Service Availability Roster

The SAR gathered in one place information on all the schools and health facilities that had been available to residents of IFLS communities since 1993. It included:

- Facilities listed in SAR IFLS2, which includes facilities listed in IFLS1
- Facilities identified by household respondents in IFLS3 household modules PP and AR but not mentioned in SAR IFLS2
- Any other facility mentioned by the head of the village/township or the women's group head in IFLS3 community-facility books 1 or PKK

For each facility mentioned, the head of the village/township or the women's group head was asked to estimate the distance, travel time, and travel cost to the facility.

Book PM: Case studies in community participation

This book was administered to a person chosen randomly from a group of community activists working on a specific set of community projects, the activists being identified by the village head. After obtaining a profile of the respondent, module PM asked about the background of the particular project the activist worked on, its prospective benefits, project planning, management, implementation, and funding. Module A asked about the history of development activities in the community. Module C asked about water services in the community.

Book JPS-BK: Social Safety Net Program-Health Component

This book was addressed to the person in charge of administering the JSP-BK program within the village. Usually this was the village midwife (*bidan desa*).

Respondent characteristics. Module KR collected personal information on the individual in charge of village administration of the JPS-BK such as education.

Social safety net program. Module JPS collected detailed information regarding the JPS-BK program's operations within the village. This information ranged from the criteria used to distribute health cards and to whom, the amount of funds received in different years since 1998, the number of villagers who received health cards and prices of health services that were supposed to be paid if the patient had a health card. In addition, the JPS module asked detailed questions about supplementary feeding programs in the village for young children and pregnant women and about receipt of any funds for the *posyandu* revitalization program.

Book Puskesmas

This book was addressed to the director of the local government health center (*puskesmas*), or his/her designee. It covered both the local health centers (*puskesmas*) and sub-centers (*puskesmas pembantu*). It was the most comprehensive of the three health facility questionnaires (book Puskesmas, book Private Practice, and book Posyandu), reflecting the fact that this stratum provided the most elaborate array of services of the facility types we interviewed and conducted outreach activities.

Head of the Facility. Module A collected information about the director of the health center (typically a physician), such as age, tenure in position, education, and ability to speak the local language. The

module also attempted to ascertain how much time the director spent examining patients, performing outside administrative duties, and conducting outreach activities. This module also asked if and how changing circumstances such as due to the economic crisis, affected the facility's service.

Development of the facility. Module B, administered to the professional staff member with the longest tenure at the facility, asked about the facility's development, including the dates when certain broad classes of service became available (e.g., inpatient, dental, pharmaceutical, laboratory), as well as characteristics of the current facility's infrastructure.

Service availability. Module C asked about which services were available, how often, and at what price. It also asked about outreach activities and referral practices.

Staff. Module D recorded the number and training levels of full- and part-time staff. Information was also collected on the amount of time doctors, nurses, and midwives spent treating patients and whether those staff practiced privately.

Equipment and supplies. Module E asked about the availability of various items of basic equipment needed to provide primary health care, such as stethoscopes, thermometers, and suturing material. It also addressed the availability of basic laboratory materials such as Giemsa dyeing solutions and centrifuges.

Resources of Puskesmas. Module SDP collected data about the budget in 1999/2000 and the source of the budget in detail. It asked about how patient fees were divided between the facility and the district health ministry (where fees often went).

Health Social Safety Net. New in IFLS3, Module JPS asked about implementation of the health social safety net program in the facility. Details were obtained on the criteria used to distribute the 'Kartu Sehat', the health card that entitles services at subsidized prices; what services were available with the health card and the prices charged. This module got information on village-level JPS-BK funds for the budget year 1999/2000 and what decisions the puskesmas had authority to make by itself, or jointly with other political entities.

Decision-making. Module DM was added in IFLS3 to inquire about the locus of control over specific decisions for the puskesmas. It was intended to serve as a baseline for future waves which might obtain how the new 2001 decentralization laws have changed this locus of control. We asked about whether the central health ministry, district health ministry, district planning office or the puskesmas itself controlled decisions over services offered, staffing, fees and the purchase of equipment and medicines.

Direct observation. Module F asked interviewers to record their observations about the cleanliness of the examination rooms, laboratory, and vaccine storage room. Current prices and current availability of commonly prescribed medications were also asked.

Family planning services. Module G asked about the characteristics and scope of the center's family planning services.

Book Private Practice

This book focuses on private doctors, clinics, private and village midwives, nurses and paramedics. Book Private Practice had the same modules as book Puskesmas except that some modules were scaled down to reflect the differences in the scope and types of services provided. This book had a special module for the village midwife, which asked about various activities (module BD).

Book Posyandu

This book contains questions administered to volunteers who staffed the community health post (*posyandu*). Book Posyandu recorded information on community's utilization of the post and general health care in the community (module A), specific services provided (module B), characteristics of the volunteer staff, including their general education and health training (module C) and the availability of specific medications, supplies, and equipment (module D). New modules were added in IFLS3 about the sources of posyandu resources (module SDP) and the posyandu revitalization program (module PRP). Questions on local food prices (module H) were also included to provide additional data on that topic, supplementary to reports in the market (book 2).

Book School

This book is addressed to different school levels: SD (elementary school), SMP (junior high school), and SMU (senior high school). It was administered to the school principal or his/her designee.

Module A recorded characteristics of the school principal, for example, age, education level, experience in education, tenure in current job, current activities, and whether he or she held another position. One new set of questions inserted in this module in IFLS3 collected details about school feeding programs.

Module B recorded characteristics of the school, such as date of establishment, length of time in session per day and per year, administration and religious orientation, and whether particular facilities (gymnasium, library) were available.

Module C was administered twice, once to the teacher of mathematics and once to the teacher of Indonesian language.²⁵ The questions asked about the teacher's background, hours worked and salary, whether other jobs were held simultaneously, what curriculum was used, and the adequacy of books and instructional materials.

Module D recorded both the interviewer's direct observations and respondent's answers to questions about the quality of classroom infrastructure in grade 6, 9 or 12, depending on the level of the school.

Module E recorded student expenditures for school year 1999/2000 and 2000/2001

Module F recorded math and language scores on EBANAS achievement tests for a random sample of 25 students²⁶

Module G recorded counts of teachers and students in school year 1999/2000 and 2000/2001.

Module H is an observation sheet for interviewers to record who was present during the interviews with the Bahasa Indonesia and mathematics teachers and whether the respondents were able to answer the questions well.

Book Mini-CFS

This book was new in IFLS3. It was intended to give users at least some information on the communities where IFLS mover respondents live. Respondents who lived in one of the 321 IFLS1 communities have available the regular community-facility books to provide information on their communities. Respondents who lived outside these 321 IFLS1 communities now have Mini-CFS to describe a little about their

²⁵ In elementary schools this module was administered with respect to grade 4; in junior and senior high schools the designated level was grade 3.

²⁶ EBANAS tests are national achievement tests administered at the end of each school level (e.g., after grade 6, for students completing elementary school). The scores can be used to judge student achievement levels in a school.

community conditions. This book, combined questions from parts of books I and II (Modules S, A, B, C, D, H, I, J, JPS and SW), to provide data about the total population, the condition of the main road, availability of electricity and water, the number of schools by level, the number of health facilities by type, the main sources of income, the main crops grown, the price of rice, male and female wages, the availability of industries and social safety net programs in the village.

Glossary

A–F

<i>Apotik Hidup</i>	The plant, usually used for traditional medicine
<i>APPKD/PAK</i>	Village Revenue and Expenditure/Village Budget Management
<i>Askabi</i>	Public assurance for acceptor of control birth
<i>Arisan</i>	A kind of group lottery, conducted at periodic meetings. Each member contributes a set amount of money, and the pool is given to the tenured member whose name is drawn at random.
Bahasa Indonesia	Standard national language of Indonesia.
<i>Bidan</i>	Midwife, typically having a junior high school education and three years of midwifery training.
<i>Bidan Desa</i>	Midwife in village, Indonesia government's project to provide health service of maternal case in village such as; pregnancy check, delivery, contraception, etc.
<i>bina keluarga balita</i>	child development program.
<i>bina keluarga remaja</i>	Youth development program
<i>bina keluarga manula</i>	Ageing care program
Book	Major section of an IFLS questionnaire (e.g., book K).
BPS	Biro Pusat Statistik, Indonesia Central Bureau of Statistics.
BP3	Board of management and development of education, an school organization that has responsible on education tools supplies. Usually it consists of teachers and student's parents.
BUMN/BUMD	National committee/ Regional committee
CAFE	Computer-Assisted Field Editing, a system used for the first round of data entry in the field, using laptop computers and software that performed some range and consistency checks. Inconsistencies were resolved with interviewers, who were sent back to respondents if necessary.
CFS	IFLS Community-Facility Survey.
CPPS-UGM	Center for Population and Policy Studies of Gajah Mada University
DBO	Operational Aids for School from Social Safety Net Program
Dana Sehat	Fund for health service that was collected from community of village to be used for the community
Dasa Wisma	A group of community per 10 houses, but practically 10-20 houses, to run Village programs
data file	File of related IFLS3 variables. For HHS data, usually linked with only one HHS questionnaire module.
<i>Desa</i>	Rural township, village. Compare <i>kelurahan</i> .
DHS	Demographic and Health Surveys fielded in Indonesia in 1987, 1991, 1994, 1997.
<i>Dukun</i>	Traditional birth attendant.
EA	Enumeration Area.
EBTA	Regional Achievement Test, administered at the end of each school level, covered Agama, bahasa daerah, kesenian, ketrampilan, etc, exception subject of EBANAS.
EBTANAS	Indonesian National Achievement Test, administered at the end of each school level (e.g., after grade 6 for students completing elementary school). Covered 5 subject; Bahasa Indonesia, Mathematic, PPKN, IPA, IPS

G–K

HH	Household.
HHID	Household identifier. In IFLS1 called CASE; in IFLS2 called HHID97.
HHS	IFLS Household Survey. IFLS1-HHS and IFLS2-HHS refer to the 1993 and 1997 waves, respectively. IFLS3-HHS refers to the 2000 wave.
IDT	Presidential Instruction on Undeveloped Village
IFLS	Indonesia Family Life Survey. IFLS1, IFLS2 and IFLS3 refer to the 1993, 1997 and 2000 waves, respectively. IFLS2+ refers to the 25% subsample wave in 1998.
IFLS1 re-release, IFLS1-RR (1999)	Revised version of IFLS1 data released in conjunction with IFLS2 and designed to facilitate use of the two waves of data together (e.g., contains IDs that merge with IFLS2 data). Compare <i>original IFLS1 release</i> .
interviewer check	Note in a questionnaire for the interviewer to check and record a previous response in order to follow the proper skip pattern.
JPS	Social Safety Net
JPS-BK	Social Safety Net program for Health Service
<i>Kangkung</i>	Leafy green vegetable, like spinach.
<i>Kabupaten</i>	District, political unit between a province and a <i>kecamatan</i> (no analogous unit in U.S. usage).
<i>kartu sehat</i>	Card given to a (usually poor) household by a village/municipal administrator that entitles household members to free health care at a public health center. The fund was from Social Safety Net program
<i>Kecamatan</i>	Subdistrict, political unit analogous to a U.S. county.
<i>Kejar Paket A</i>	Informal School to learn reading and writing
<i>Kejar Paket B</i>	
<i>Kelurahan</i>	urban township (compare <i>desa</i>).
<i>Kepala desa</i>	Village head
<i>klinik,</i>	Private health clinic.
<i>klinik swasta,</i>	
<i>klinik umum</i>	
<i>Kotamadya</i>	Urban district; urban equivalent of <i>kabupaten</i> .
L–O	
Look Ups (LU)	Process of manually checking the paper questionnaire against a computer-generated set of error messages produced by various consistency checks. LU specialists had to provide a response to each error message; often they corrected the data.

L–O (cont.)

<i>Madrasah</i>	Islamic school, generally offering both religious instruction and the same curriculum offered in public school.
<i>Madya</i>	Describes a <i>posyandu</i> that offers basic services and covers less than 50% of the target population. Compare <i>pratama</i> , <i>purnama</i> , and <i>mandiri</i> .
Main respondent <i>Mandiri</i>	An IFLS1 respondent who answered an individual book (3, 4 or 5) Describes a full-service <i>posyandu</i> that covers more than 50% of the target population. Compare <i>pratama</i> , <i>madya</i> , and <i>purnama</i> .
<i>Mantri</i> <i>mas kawin</i>	Paramedic. Dowry—money or goods—given to a bride at the time of the wedding (if Muslim, given when vow is made before a Muslim leader or religious officer).
Mini-CFS	The miniature version of the community survey fielded in non-IFLS1 communities
Module NCR pages	Topical subsection within an IFLS survey questionnaire <i>book</i> . Treated paper that produced a duplicate copy with only one impression. NCR pages were used for parts of the questionnaire that required lists of facilities.
Origin household	Household interviewed in IFLS1 that received the same ID in IFLS2, 2+ and 3 and contained at least one member of the IFLS1 household. Compare <i>split-off household</i> .
original IFLS1 release	Version of IFLS1 data released in 1995. If this version is used to merge IFLS1 and IFLS2 data, new IFLS1 IDs must be constructed. Compare <i>IFLS1 re-release</i> .
“other” responses	Responses that did not fit specified categories in the questionnaire.
 P–R	
Panel respondent <i>peningset</i>	Person who provided detailed individual-level data in IFLS2. Gift of goods or money to the bride-to-be (or her family) from the groom-to-be (or his family) or to the groom-to-be (or his family) from the bride-to-be (or her family). Not considered dowry (see <i>mas kawin</i>).
<i>perawat</i> <i>pesantren</i>	Nurse. School of Koranic studies for children and young people, most of whom are boarders.
PID	Person identifier. In IFLS1 called PERSON; in IFLS2 called PID97; in IFLS3 called PID00.

P–R (cont).

PIDLINK	ID that links individual IFLS2 respondents to their data in IFLS1.
PKK	Family Welfare Group, the community women’s organization.
PODES questionnaire	Questionnaire completed as part of a census of community infrastructure regularly administered by the <i>BPS</i> . Retained at village administrative offices and used as a data source for CFS book 2.
<i>posyandu</i>	Integrated health service post, a community activity staffed by village volunteers.
<i>praktek swasta,</i> <i>praktek umum</i> <i>pratama</i>	Private doctor in general practice. Describes a <i>posyandu</i> that offers limited or spotty service and covers less than 50% of the target population. Compare <i>madya</i> , <i>puhnama</i> , and <i>mandiri</i> .
preprinted roster	List of names, ages, sexes copied from IFLS1 data to an IFLS2 instrument (especially AR and BA modules), to save time and to ensure the full accounting of all individuals listed in IFLS1.
province	Political unit analogous to a U.S. state.
<i>puhnama</i>	Describes a <i>posyandu</i> that provides a service level midway between a <i>posyandu madya</i> and <i>posyandu mandiri</i> and covers more than 50% of the target population. Compare <i>pratama</i> , <i>madya</i> , and <i>mandiri</i> .
<i>puskesmas,</i> <i>puskesmas pembantu</i>	Community health center, community health subcenter (government clinics).
RT	Sub-neighborhood.
RW	Neighborhood.

S–Z

SAR	Service Availability Roster, CFS <i>book</i> .
SD	Elementary school (<i>sekolah dasar</i>), both public and private.
SDI	Sampling form 1, used for preparing the facility sampling frame for the CFS.
SDII	Sampling form 2, used for drawing the final facility sample for the CFS.
<i>Sinse</i>	Traditional practitioner.

S–Z (cont.)

SMK	Senior vocation high school (<i>sekolah menengah kejuruan</i>).
SMP	Junior high school (<i>sekolah menengah pertama</i>), both public and private. The same meaning is conveyed by SLTP (<i>sekolah lanjutan tingkat pertama</i>).
SMU	Senior high school (<i>sekolah menengah umum</i>), both public and private. The same meaning is conveyed by SMA (<i>sekolah menengah atas</i>) and SLTA (<i>sekolah lanjutan tingkat atas</i>).
special codes	Codes of 5, 6, 7, 8, 9 or multiple digits beginning with 9. Special codes were entered by interviewer to indicate that numeric data are missing because response was out of range, questionable, or not applicable; or respondent refused to answer or didn't know.
split-off household	New household interviewed in IFLS2, 2+ or 3 because it contained a target respondent. Compare <i>origin household</i> .
SPRT	Special filter paper for finger prick blood samples.
SUSENAS	Socioeconomic survey of 60,000 Indonesian households, whose sample was the basis for the IFLS sample.
system missing data	Data properly absent because of skip patterns in the questionnaire.
<i>Tabib</i>	Traditional practitioner.
target household	Origin household or split-off household in IFLS2 or 2+
target respondent	IFLS1 household member selected for IFLS3 either because he/she had provided detailed individual-level information in IFLS1 (i.e., was a <i>panel respondent</i>) or had been age 26 or older in IFLS1 or met other criteria, see text.
tracking status	Code in preprinted household roster indicating whether an IFLS1 household member was a <i>target respondent</i> (= 1) or not (= 3).
<i>tukang pijat</i>	Traditional masseuse.
Version	A variable in every data file that indicates the date of that version of the data. This variable is useful in determining whether the latest version is being used.
<i>warung</i>	Small shop or stall, generally open-air, selling foodstuffs and sometimes prepared food.

Table 2.1 Household Recontact Rates ^a

Number of Households	IFLS1	All Members Died	IFLS2 Target Households contacted	Recontact Rate (%)	IFLS3 Target Households ^b	All Members Died	IFLS3 Target Households Contacted	Recontact Rate (%) ^c
IFLS1 Households	7,224	69	6,821	94.4	7,138	32	6,800	95.3
IFLS2 split-off households	-	-	877	-	865	2	819	94.7
IFLS2+ split-off households	-	-	-	-	344	-	309	89.8
IFLS3 target households	-	-	-	-	8,347	-	7,928	95.0
IFLS3 split-off households	-	-	-	-	-	-	2,646	-
Total households contacted	7,224	69	7,698	-	-	32	10,574	-

Source: IFLS2 and IFLS3

^a Number of households contacted include those whose members all died and households that recombined into other households since the last survey.

^b IFLS3 target households are IFLS1 households, IFLS2 split-off households, and IFLS2+ split-off households known to have at least some members living in the last survey

^c Recontact rates are out of IFLS3 target households

Table 2.2 Household Samples and Completion Rates, IFLS3

	1990 Population ^{a, b}			IFLS1 Households Interviewed	IFLS2 Households					IFLS3 Households					Panel Households Interviewed ^f
			IFLS EAs		Interviewed, died, or joined other hh				Interviewed, died, or joined other hh						
	N(000)	%			% IFLS1 HH	(N) ^c	Split-off	Total	Inter- viewed	% IFLS1 HH ^d	(N) ^e	Split- off	Total	Inter- viewed	
11 Aceh	3,476	1.9													
12 North Sumatra	10,391	5.7	26	563	89.5	(505)	44	549	545	90.4	(507)	241	748	738	470
13 West Sumatra	4,041	2.2	14	351	93.7	(329)	50	379	374	93.9	(325)	192	517	507	316
14 Riau	3,372	1.9													
15 Jambi	2,059	1.1													
16 South Sumatra	6,403	3.5	15	349	91.1	(318)	55	373	371	95.7	(331)	228	559	550	307
17 Bengkulu	1,213	0.7													
18 Lampung	6,108	3.4	11	274	94.5	(259)	38	297	297	93.8	(257)	164	421	414	249
31 DKI Jakarta	8,352	4.6	40	731	87.8	(642)	65	707	698	84.5	(610)	355	965	958	584
32 West Java	35,973	19.8	52	1,111	96.0	(1,066)	141	1,207	1,191	97.3	(1,065)	603	1,668	1,658	1,033
33 Central Java	28,733	15.8	37	878	98.9	(868)	135	1,003	991	99.1	(859)	523	1,382	1,362	847
34 DI Yogyakarta	2,923	1.6	22	478	94.4	(451)	49	500	494	92.8	(438)	203	641	636	431
35 East Java	32,713	18.0	45	1,044	96.2	(1,004)	116	1,120	1,111	99.0	(1,025)	462	1,487	1,465	986
51 Bali	2,798	1.5	14	340	94.7	(322)	43	365	364	95.9	(325)	160	485	482	317
52 West Nusa Tenggara	3,416	1.9	16	407	98.8	(402)	54	456	447	99.0	(399)	278	677	668	393
53 East Nusa Tenggara	3,306	1.8													
54 East Timor	762	0.4													
61 West Kalimantan	3,292	1.8													
62 Central Kalimantan	1,431	0.8													
63 South Kalimantan	2,636	1.5	13	323	91.6	(296)	51	347	344	95.6	(307)	202	509	488	290
64 East Kalimantan	1,930	1.1													
71 North Sulawesi	2,504	1.4													
72 Central Sulawesi	1,735	1.0													
73 South Sulawesi	7,045	3.9	16	375	95.7	(359)	36	395	392	94.6	(352)	163	515	509	341
74 Southeast Sulawesi	1,382	0.8													
81 Maluku	1,885	1.0													
82 Irian Jaya	1,671	0.9													
Total	181,548	100.0	321	7,224	94.4	(6,821)	877	7,698	7,619	95.3	(6,800)	3,774	10,574	10,435	6,564

a Boldface denotes IFLS provinces.

b Source of 1990 population data: BPS.

c Includes 69 IFLS1 origin households whose members had died and 10 that had merged with other IFLS households by 1997.

d Percentage is over IFLS1 households with at least some members living in last survey.

e Includes 32 IFLS1 origin households whose members had died and 6 that had merged with other IFLS households since IFLS2

f Households interviewed in IFLS1, IFLS2, and IFLS3.

Table 2.3a Households Interviewed in IFLS3: Relocations since Last Survey

Relocation	All Households Interviewed	%	IFLS1 Origin Households	%	Split-off Households	%
Did not move	7,634	73.2	6,192	91.6	1,442	39.2
Moved within village/township	683	6.5	228	3.4	455	12.4
Moved within kecamatan	360	3.4	85	1.3	275	7.5
Moved within kabupaten	483	4.6	75	1.1	408	11.1
Moved within province	708	6.8	101	1.5	607	16.5
Moved to another IFLS province	496	4.8	65	1.0	431	11.7
Moved to non-IFLS province	71	0.7	12	0.2	59	1.6
Total	10,435		6,758		3,677	

Table 2.3b Households Interviewed in IFLS3: Relocations since IFLS1

Relocation	All Households Interviewed	%	IFLS1 Origin Households	%	Split-off Households	%
Did not move	6,098	58.4	5,573	82.5	470	12.8
Moved within village/township	1,278	12.2	474	7.0	859	23.4
Moved within kecamatan	601	5.8	204	3.0	397	10.8
Moved within kabupaten	693	6.6	174	2.6	519	14.1
Moved within province	1,001	9.6	194	2.9	807	21.9
Moved to another IFLS province	690	6.6	126	1.9	564	15.3
Moved to non-IFLS province	74	0.7	13	0.2	61	1.7
Total	10,435		6,758		3,677	

Table 2.4a IFLS3: Individuals in All Interviewed Households

	Both Males and Females					Males					Females				
	Total ind. in household	Target interviewees ^a	Interviewed ^b			Total ind. in household	Target interviewees ^a	Interviewed ^b			Total ind. in household	Target interviewees ^a	Interviewed ^b		
			Direct	Proxy	Total			Direct	Proxy	Total			Direct	Proxy	Total
Children of head/spouse															
0-4	2,909	2,685	2,676		2,676	1,531	1,415	1,410		1,410	1,378	1,270	1,266		1,266
5-9	3,336	3,053	3,041		3,041	1,702	1,555	1,549		1,549	1,634	1,498	1,492		1,492
10-14	3,515	3,201	3,187		3,187	1,836	1,666	1,662		1,662	1,679	1,535	1,525		1,525
Other children															
0-4	1,139	1,060	1,041		1,041	550	522	512		512	589	538	529		529
5-9	776	695	691		691	382	341	339		339	394	354	352		352
10-14	757	676	671		671	353	316	313		313	404	360	358		358
Ever-married adults															
15-19	419	407	393	9	402	47	44	42	2	44	372	359	351	7	358
20-29	4,408	4,072	3,922	121	4,043	1,664	1,543	1,441	93	1,534	2,744	2,529	2,481	28	2,509
30-39	5,864	5,321	5,102	166	5,268	2,808	2,557	2,389	145	2,534	3,056	2,764	2,713	21	2,734
40-49	4,644	4,103	3,935	135	4,070	2,249	1,999	1,883	100	1,983	2,395	2,104	2,052	35	2,087
Never-married adults															
15-19	4,514	3,879	3,713	113	3,826	2,328	2,014	1,914	71	1,985	2,186	1,865	1,803	42	1,845
20-29	3,641	3,032	2,818	153	2,971	2,233	1,889	1,746	111	1,857	1,408	1,143	1,072	42	1,114
30-39	515	447	375	52	427	307	257	217	32	249	208	190	158	20	178
40-49	118	95	75	14	89	44	34	24	8	32	74	61	51	6	57
All older adults															
50-59	3,132	2,692	2,559	93	2,652	1,505	1,292	1,218	53	1,271	1,627	1,400	1,341	40	1,381
60-69	2,247	1,964	1,834	119	1,953	997	872	826	44	870	1,250	1,092	1,008	75	1,083
70-79	1,230	1,061	898	152	1,050	560	486	439	42	481	670	575	459	110	569
80+	439	380	242	133	375	188	163	119	42	161	251	217	123	91	214
All individuals	43,649	38,823	37,173	1,260	38,433	21,304	18,968	18,039	743	18,782	22,345	19,855	19,134	517	19,651

* Age is age of household members in 2000. The numbers by age exclude observations with missing age, except for all individuals.

^a Those members scheduled to be interviewed had the household moved (ar01i=1).

^b All individuals "interviewed" if interview is completed or partially completed.

WHY MORE INDIVIDUALS INTERVIEWED THAN TARGETED?

Table 2.4b IFLS3: Individuals in IFLS1 Original Households

	Both Males and Females				Males				Females			
	Total ind. in household	Interviewed ^a			Total ind. in household	Interviewed ^a			Total ind. in household	Interviewed ^a		
		Direct	Proxy	Total		Direct	Proxy	Total		Direct	Proxy	Total
Children of head/spouse												
0-4	1,318	1,312		1,312	706	704		704	612	608		608
5-9	2,399	2,387		2,387	1,223	1,217		1,217	1,176	1,170		1,170
10-14	2,931	2,917		2,917	1,537	1,533		1,533	1,394	1,384		1,384
Other children												
0-4	866	850		850	421	413		413	445	437		437
5-9	610	697		697	294	292		292	316	315		315
10-14	541	536		536	247	244		244	294	292		292
Ever-married adults												
15-19	162	154	7	161	16	14	2	16	146	140	5	145
20-29	1,836	1,761	60	1,821	631	580	47	627	1,205	1,181	13	1,194
30-39	3,779	3,625	112	3,737	1,618	1,505	96	1,601	2,161	2,120	16	2,136
40-49	3,767	3,617	115	3,732	1,792	1,693	81	1,774	1,975	1,924	34	1,958
Never-married adults												
15-19	3,263	3,112	106	3,218	1,697	1,602	65	1,667	1,566	1,510	41	1,551
20-29	2,474	2,277	139	2,416	1,560	1,427	100	1,527	914	850	39	889
30-39	399	331	48	379	229	190	31	221	170	141	17	158
40-49	91	71	14	85	34	24	8	32	57	47	6	53
All older adults												
50-59	2,542	2,420	83	2,503	1,217	1,149	47	1,196	1,325	1,271	36	1,307
60-69	1,852	1,727	115	1,842	817	775	41	816	1,035	952	74	1,026
70-79	998	840	147	987	458	413	40	453	540	427	107	534
80+	362	226	131	357	154	110	42	152	208	116	89	205
All individuals	30,191	28,770	1,077	29,847	14,652	13,885	600	14,485	15,539	14,885	477	15,362

* Age is age of household members in 2000. The numbers by age exclude observations with missing age, except for all individuals.

^a All individuals "interviewed" if interview is completed or partially completed.

Table 2.4c IFLS3: Individuals in IFLS2, IFLS2+, IFLS3 Split-off Households

	Both Males and Females					Males					Females				
	Total ind. in household	Target interviewees ^a	Interviewed ^b			Total ind. in household	Target interviewees ^a	Interviewed ^b			Total ind. in household	Target interviewees ^a	Interviewed ^b		
			Direct	Proxy	Total			Direct	Proxy	Total			Direct	Proxy	Total
Children of head/spouse															
0-4	1,591	1,367	1,364		1,364	825	709	706		706	766	658	658		658
5-9	937	654	654		654	479	332	332		332	458	322	322		322
10-14	584	270	270		270	299	129	129		129	285	141	141		141
Other children															
0-5	273	194	191		191	129	101	99		99	144	93	92		92
6-10	166	85	84		84	88	47	47		47	78	38	37		37
11-14	216	135	135		135	106	69	69		69	110	66	66		66
Ever-married adults															
15-19	257	241	239	2	241	31	28	28	0	28	226	213	211	2	213
20-29	2,572	2,236	2,161	61	2,222	1,033	912	861	46	907	1,539	1,324	1,300	15	1,315
30-39	2,085	1,542	1,477	54	1,531	1,190	939	884	49	933	895	603	593	5	598
40-49	877	336	318	20	338	457	207	190	19	209	420	129	128	1	129
Never-married adults															
15-19	1,251	616	601	7	608	631	317	308	6	314	620	299	293	1	294
20-29	1,167	559	541	14	555	673	330	319	11	330	494	229	222	3	225
30-39	116	49	44	4	48	78	29	27	1	28	38	20	17	3	20
40-49	27	4	4	0	4	10	0	0	0	0	17	4	4	0	4
All older adults															
50-59	590	151	139	10	149	288	75	69	6	75	302	76	70	4	74
60-69	395	113	107	4	111	180	56	51	3	54	215	57	56	1	57
70-79	232	64	58	5	63	102	28	26	2	28	130	36	32	3	35
80+	77	18	16	2	18	34	9	9	0	9	43	9	7	2	9
All	13,458	8,637	8,403	183	8,586	6,652	4,319	4,154	143	4,297	6,806	4,318	4,249	40	4,289

* Age is age of household members in 2000. The numbers exclude observations with missing age, except for all individuals.

^a Those members scheduled to be interviewed had the household moved (ar01i=1).

^b All individuals "interviewed" if interview is completed or partially completed.

Table 2.5 Status of IFLS1 Household Members in IFLS3

	Total IFLS1 Members	Still in origin HH	Moved from origin HH, found elsewhere	Died since IFLS1	Found or died in HH that were found	Moved from origin HH, not found	In HH that were not found	% found or died in HH that were found ^c
IFLS1 household roster members								
Total	33,081	22,958	4,521	1,485	28,964	2,832	1,285	87.6
Interviewed in IFLS3 ^b	27,193	22,702	4,491	-	27,193	-	-	
IFLS1 main respondents								
Total	22,019	17,334	1,796	1,301	20,431	721	867	92.8
Interviewed in IFLS3 ^b	18,973	17,188	1,785	-	18,973	-	-	
IFLS1 household roster members by age group ^c								
Age 0-4								
Total	3,586	2,948	387	55	3,390	66	130	94.5
Interviewed	3,323	2,936	387	-	3,323			
Age 5-9								
Total	3,737	3,058	417	24	3,499	127	111	93.6
Interviewed	3,451	3,035	416	-	3,451			
Age 10-14								
Total	4,197	2,499	948	39	3,486	583	128	83.1
Interviewed	3,400	2,459	941	-	3,400			
Age 15-19								
Total	3,615	1,477	782	41	2,300	1,149	166	63.6
Interviewed	2,229	1,450	779	-	2,229			
Age 20-29								
Total	5,407	3,029	1,328	64	4,421	685	301	81.8
Interviewed	4,299	2,985	1,314	-	4,299			
Age 30-39								
Total	4,542	3,776	348	96	4,220	134	188	92.9
Interviewed	4,085	3,738	347	-	4,085			
Age 40-49								
Total	2,917	2,516	114	133	2,763	45	109	94.7
Interviewed	2,592	2,480	112	-	2,592			
Age 50-59								
Total	2,467	2,043	106	244	2,393	16	58	97.0
Interviewed	2,134	2,028	106	-	2,134			
Age 60-69								
Total	1,615	1,143	56	350	1,549	19	47	95.9
Interviewed	1,186	1,131	55	-	1,186			
Age 70-79								
Total	722	371	29	275	675	6	41	93.5
Interviewed	394	366	28	-	394			
Age 80+								
Total	276	98	6	164	268	2	6	97.1
Interviewed	100	94	6	-	100			

a Percentage is out of total IFLS1 household members.

b Interviewed means were respondents to individual books.

c Age is age of household members in 1993.

Table 2.6a Current IFLS3 Household Members

	Original IFLS1 household members	IFLS1 "Main Respondents"	New IFLS2 members	New IFLS2+ members	New IFLS3 members	All household members	Panel roster members ^a	Panel members interviewed ^b
Total	27,479	19,130	5,074	1,080	10,016	43,649	25,334	17,990
Male	13,290	8,979	2,488	562	4,964	21,304	12,170	8,423
Female	14,189	10,151	2,586	518	5,052	22,345	13,164	9,567
Male ^c								
Children 0 -14	2,644	1,739	1,364	230	2,116	6,354	2,518	1,663
Adult 15 and above	10,645	7,240	1,124	331	2,830	14,930	9,652	6,760
Adult 40 and above	4,372	4,116	350	100	721	5,543	4,217	3,917
Female ^c								
Children 0 -14	2,508	1,607	1,355	208	2,007	6,078	2,392	1,536
Adult 15 and above	11,680	8,543	1,231	310	3,020	16,241	10,772	8,031
Adult 40 and above	4,925	4,559	386	110	846	6,267	4,786	4,339

^a Household roster members in IFLS1, IFLS2, IFLS3.

^b Household members with individual book interview in IFLS1, IFLS2, IFLS3.

^c Age is age of household members in 2000. The numbers by age exclude observations with missing age, unlike the total.

Table 2.6b Ever IFLS Household Members

	Original IFLS1 household members	IFLS1 "Main Respondents"	New IFLS2 members	New IFLS2+ members	New IFLS3 members	All household members
Total	33,081	22,019	6,690	1,457	10,016	51,244
Male	16,080	10,448	3,238	737	4,964	25,019
Female	17,001	11,571	3,452	720	5,052	26,225
Male ^a						
Children 0 -14	2,892	1,901	1,497	260	2,116	6,765
Adult 15 and above	13,188	8,547	1,741	441	2,830	18,200
Adult 40 and above	5,218	4,890	456	114	721	6,509
Female ^a						
Children 0 -14	2,727	1,733	1,513	241	2,007	6,488
Adult 15 and above	14,274	9,838	1,939	442	3,020	19,675
Adult 40 and above	5,786	5,330	525	127	846	7,284

^a Age is age of household members in 2000. The numbers by age exclude observations with missing age, unlike the total.

Table 2.7

IFLS3 Household Survey Questionnaires

<i>Respondent</i>	<i>Module</i>		<i>Remarks</i>
Book T: Tracking Book			
All respondents	SC	Sampling and enumeration record	New in IFLS3, not in public release
Book K: Control Book and Household Roster			
Household head, spouse, or knowledgeable other person	SC	Sampling and enumeration record	
	AR	Household roster	For panel respondents, preprinted with the names of all previous IFLS household members.
	KRK	Housing characteristics (interviewer's observations)	
	IK	Information about where the respondents moved	Not in public release
	FP	Interview book check and tracking form	Not in public release
	CP	<i>See Note at end of table.</i>	
Book 1: Expenditures and Knowledge of Health Facilities			
Wife of household head, household head, or other knowledgeable person	KS	Household expenditures	Non-food expenses are for households in IFLS2 and 3, for households or individuals in IFLS1.
	KSR	Assistance received by household	New in IFLS2+
	PP	Knowledge of outpatient care providers	
	CP	<i>See Note at end of table.</i>	

Continued on the next page.

<i>Respondent</i>	<i>Module</i>	<i>Remarks</i>	
Book 2: Household Economy			
Household head, wife of household head, or other household member	KR	Housing characteristics	
	UT	Farm business	Redesigned in IFLS3
	NT	Nonfarm business	Redesigned in IFLS3
	HR	Household assets	
	HI	Household nonlabor income	
	GE	Household economic shocks	
	CP	<i>See Note at end of table.</i>	

Continued on the next page.

<i>Respondent</i>	<i>Module</i>	<i>Remarks</i>	
Book 3A: Adult Information (part 1)			
Each household member age 15 and older (IFLS1: administered to only a subset of adult household members)	DL	Education history	Panel respondents were asked detailed questions about schooling since 1996.
	SW	Subjective well-being	New in IFLS3.
	HR	Individual assets and nonlabor income	
	HI	Nonlabor income	
	KW	Marital history	Panel respondents were asked detailed questions about the current marriage and any other marriage that was current in 1997 or begun later.
	PK	Household decision-making (married respondents)	New in IFLS2
	BR	Pregnancy summary (women age 50 and older)	Panel respondents excluded (had already answered these questions)
	MG	Migration history	Panel respondents were asked about place of birth and at age 12 and about all migrations since 1997
	SR	Circular migration	Not in IFLS2 and IFLS2+
	TK	Employment history	Respondents were asked about current work and work in last 4 years.
CP	<i>See Note at end of table.</i>		

Continued on the next page.

<i>Respondent</i>	<i>Module</i>	<i>Remarks</i>	
Book 3B: Adult Information (part 2)			
Each household member age 15 and older (IFLS1: administered to only a subset of adult household members)	KM	Tobacco smoking	
	KK	Health conditions	
	AK	Health insurance	
	MA	Acute morbidity	
	PS	Self-treatment	
	RJ	Outpatient visits	New questions of frequency of food intakes
	RN	Inpatient visits	
	PM	Community participation	
	BA	Non-coresident family roster and transfers	For panel respondents, preprinted with the names of IFLS1 and 2 family members
	TF	Transfer to/from outside household member	New in IFLS3
BH	Borrowing history	New in IFLS3	
CP	<i>See Note at end of table.</i>		

Continued on the next page.

<i>Respondent</i>	<i>Module</i>	<i>Remarks</i>
Book 4: Ever-Married Woman Information		
Each ever-married woman age 15–49	KW	Marital history
(IFLS1: administered to only a subset of ever-married woman age 15–49)	BR	Pregnancy summary
	BA	Non-coresident children and transfers
	BF	Breastfeeding update
	CH	Pregnancy and infant feeding history
	BX	Non-co resident adopted child roster
	CX	Contraceptive knowledge and use
	KL	Contraceptive use on a monthly basis
	CP	<i>See Note at end of table.</i>
Book 5: Child Information		
Each child, age 0–14	DLA	Child education history
(usually answered by the mother if the child was less than 11 year)	MAA	Child acute morbidity
	PSA	Child self-treatment
	RJA	Child outpatient visits
	RNA	Child inpatient visits
IFLS1: administered to only 2 children of household head	BAA	Parental information
	CP	<i>See Note at end of table.</i>
Book Proxy: Adult Information by Proxy		
Someone who answered for the intended respondent to book 3A, 3B, or 4 in his/her absence	Shortened versions of other modules: Book 3A—KW, MG, DL, TK Book 3B—PM, KM, KK, MA, RJ, RN, BH Book 4—BR, CH, CX, BA	
Not used in IFLS1	CP	<i>See Note at end of table.</i>

Continued on the next page.

<i>Respondent</i>	<i>Module</i>	<i>Remarks</i>
Book US1: Health Assessment		
Each household member	US	Measures of physical health
		Includes some new measurements added relative to IFLS2
Book US2: Health Observation/Evaluation		
Each household member	US	Health worker's evaluation on respondents' physical health
		Includes some new measurements added relative to IFLS2
Book EK: Cognitive Assessment		
Each household member age 7–24	EK	Skills in abstract reasoning and in numeracy
		Redesigned in IFLS3

Note: Every book includes a cover page on which information is included regarding time and date of interview, interviewer code and the result of the interview. The CP module at the end of nearly every book asked the interviewer to record the conditions of the interview (who else was present, whether others provided assistance in answering questions), the respondent's level of attention, and any other relevant information about the interview environment. The interviewer could also add information to explain or clarify the respondent's answers. Much of this information was incorporated in the data during the Look Ups process, described in the *Overview Appendix 5*

Table 2.8a IFLS3 Household Survey Completion Times, by Questionnaire Book

	Book	Median completion time (minute)	% Books Completed in One Visit	# Books Completed
K	Control Book	20	99.87	10,421
1	Household expenditures, health facility knowledge	28	99.57	10,247
2	Household economy	20	99.72	10,263
3A	Adult information	27	98.54	25,449
3B	Adult information	25	98.49	25,438
4	Ever-married woman information	20	98.93	8,263
5	Child information	19	99.52	11,683
3P	Proxy Book for Adults	25	95.54	1,220
US1	Health assesment-US1	25	81.95	8,435
US2	Health assesment-US2	25	83.58	8,603
EK	Cognitive assesment 7-14 year old	11	95.70	5,916
EK	Cognitive assesment 15-24 year old	10	93.24	7,425

Table 2.8b IFLS3 Household Survey Completion Times, by Respondent Type and Questionnaire Part

	Median completion time (minute)
Respondent type	
Ever married women, age 15-49	120
Never married women, age 15-49	45
Women, age 50+	80
Married men	80
Unmarried men	46
Children, age 11-14	15
Questionnaire part:	
Book 3A for panel respondents	25
Book 3A for new respondents	28
Book 3B for panel respondents	25
Book 3B for new respondents	25

Table 3.1 Community and Facility Survey Interviews Completed in IFLS1, IFLS2, and IFLS3, by Respondent and Facility Types

	IFLS1		IFLS2		IFLS3	
	Average per EA	Total	Average per EA	Total	Average per EA	Total
Respondent type: ^a						
Community leaders (book 1)	1	312	1	313	1	311
Women's group head (book PKK)	1	312	1	310	1	311
Community records (book 2)	1	312	1	312	1	312
Social Safety Net (book JPS)	NA	NA	NA	NA	1	303
Book SAR	NA	NA	1	313	1	314
Community activist (book PM)	NA	NA	0.97	303	1	304
Facility type:						
Government health center, subcenter	3.1	993	2.9	919	3.0	943
Private clinic and practitioner	NA	NA	5.7	1832	5.9	1904
Private doctor, clinic	1.7	549	NA	NA	2.2	698
Private nurse, midwife, paramedic	2.8	892	NA	NA	3.8	1206
Community health post (posyandu)	2.8	899	1.9	619	2.0	630
Elementary school	1.8	944	3	964	3.0	960
Junior high school	2.8	900	2.9	945	3.0	951
Senior high school	3	584	1.9	618	1.9	618
Mini-CFs Interview ^b	NA	NA	NA	NA	0.81	1660

^a For respondent and facility types, per EA means per 321 IFLS original enumeration areas.

^b For mini-CFs interviews, per EA means per community for households that moved out of the 321 original IFLS enumeration areas.

Table 3.2 Facility Interviews in IFLS3 by Province and Facility Type

Province	Government	Private	Community Health Posts	Elementary Schools	Jr High Schools	Sr High Schools
	Health Centers	Clinics and Practitioners				
North Sumatra	78	152	49	79	76	49
West Sumatra	39	80	26	41	40	23
South Sumatra	41	91	29	42	42	28
Lampung	32	65	21	33	33	22
DKI Jakarta	116	239	79	120	120	78
West Java	154	312	104	156	155	102
Central Java	108	218	73	110	108	73
DI Yogyakarta	68	136	45	67	67	44
East Java	135	267	89	135	134	85
Bali	39	83	27	42	42	27
West Nusa Tenggara	48	96	32	48	48	32
South Sulawesi	38	76	26	39	39	23
South Kalimantan	47	89	30	48	47	32
Total	943	1904	630	960	951	618

Table 3.3 Facility Cross-Wave Interviews, by Facility Type

Facility Type	IFLS1 Facilities Interviewed	IFLS2			IFLS3						Facilities Interviewed in IFLS1, IFLS2, IFLS3
		IFLS1 Facilities Reinterviewed		New Facilities in IFLS2	IFLS1 Facilities Reinterviewed	IFLS2 Facilities Reinterviewed	Facilities ever Interviewed in IFLS1 or IFLS2	New Facilities in IFLS3	Total IFLS3 Facilities Interviewed		
		%	N							%	
Government health centers	993	66.6	662	259	63.1	627	634	732	211	943	529
Private clinics and practitioners	1,439	40.4	582	1,249	32.8	472	712	859	1,045	1,904	325
Elementary school	944	64.8	612	351	53.4	504	555	641	319	960	418
Junior high school	900	55.3	498	447	50.3	453	537	647	304	951	343
Senior high school	584	44.2	258	360	33.0	193	217	284	334	618	126

Table 3.4

IFLS3 Community-Facility Survey Questionnaires

Community Questionnaires

Book 1: Community History and Characteristics			
<i>Respondent/Source</i>	<i>Module</i>	<i>Remarks</i>	
Village head and community representatives (group interview)	LK	Basic Information	
	LSBD	Village Midwife sampling sheet	
	LSPM	Community participation sampling sheet	Not in public release
	K	Respondents' identities	
	A	Distances between community institutions and available transportation	
	B	Electricity	
	C	Water sources and sanitation	
	D	Agriculture and industry	
	E	Community history and climate	
	G	Credit institutions	
	I	Availability of schools	
	J	History of health services availability	
	PMKD	Community development activities	
	SW	Subjective well-being	New in IFLS3
	GE	Economic shocks	
	JPS	Social safety net	New in IFLS3
PN	Regional autonomy	New in IFLS3	
FP	Interview book check sheet		
CP	<i>See Note at end of table</i>		

Book 2: Community Statistics

<i>Respondent/Source</i>	<i>Module</i>		<i>Remarks</i>
Community statistical records	LK	Basic information	
	OL	Interviewer's direct observation (e.g., cleanliness, prosperity, social cohesion)	
	KA	Nature and the use of land	
	PL	Pollution	
	ST	Land certification	
	PR	Housing	
	KP	Population	
	LU	Business field	
	KD	Village budget	New in IFLS3
	HPJ	Goods prices	Direct observation from visits to the local market
CP	<i>See Note at end of table</i>		

Book PKK: Village Women's Organization

Head of women's group	LK	Basic information	
	KR	Respondent's characteristics	
	I	Availability of schools	
	J	History of health services availability	
	PM	Community development activities	
	KSR	Welfare Assistance	New in IFLS2+
	CP	<i>See Note at end of table</i>	

Book SAR: Service Availability Roster

Filled by interviewer based on information from IFLS2 SAR, IFLS3 household modules AR, PP, RJ, RN, RJA, RNA, DL and DLA; and IFLS3 community-facility book 1 and book PKK.	List of health and school facilities by type serving local community
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Continued on the next page.

Book PM: Case Studies in Community Participation

<i>Respondent/Source</i>	<i>Module</i>	<i>Remarks</i>
		New book in IFLS2
Sampled community/NGO activist.	LK	Basic information
	K	Respondent's identity
	PM	Community participation (include goal, planning, organization, and budget of the program).
	A	Infrastructure and transportation
	C	Drinking water
	CP	<i>See Note at end of table</i>

Book JPS-BK: Social Safety Net for Health

Usually village midwife, or else other person with main responsibility for JPS/BK			New book in IFLS3
	LK	Basic information	
	KR	Respondent's characteristics	
	JPS	Social Safety Net	
	CP	<i>See Note at end of table</i>	

Continued on the next page.

Health Facility Questionnaires

Book Puskesmas: Government Health Center			
<i>Respondent/Source</i>	<i>Module</i>	<i>Remarks</i>	
Government Health Center director or designee	LK	Basic information	
	A	Information from Head of facility	
	B	Development of facility	
	C	Services available	
	D	Staff available	
	E	Equipment and supplies available	
	SDP	Other resources available (funding)	New in IFLS3
	JPS	Social safety net (on health)	New in IFLS3
	DM	Decision making	New in IFLS3
	F	Direct observation (e.g., cleanliness)	
G	Family planning services		
CP	<i>See Note at end of table</i>		
Book Private Practice: Doctors, Health clinics and other private health service providers			
Private doctors, head of clinics, nurse, midwives.	LK	Basic information	
	PB	Joint practices	
	A	General information about respondent and the provider	
	B	Practice schedule and service available	
	C	Equipment available	
	D	Stock of medicine	
	BD	Village midwives	New in IFLS2
	E	Direct observation (cleanliness, availability of rooms, etc)	
	F	Family planning services	
	CP	<i>See Note at end of table</i>	

Continued on the next page.

Book Posyandu: Community Child Health Post

<i>Respondent/Source</i>	<i>Module</i>	<i>Remarks</i>	
Volunteer staff member of community health service post	LK	Basic information	
	KR	Respondent's characteristics	
	A	Facility utilization and community health	
	B	Services available	
	C	Staff available	
	D	Health instruments (equipment, supplies, medications)	
	SDP	Other sources available (funding)	New in IFLS3
	PRP	Revitalization program	New in IFLS3
	H	Prices of food and common nonfood household items	
CP	<i>See Note at end of table</i>		

Continued on the next page.

*School Questionnaire***Book School: Elementary, Junior High and Senior High Schools**

<i>Respondent/Source</i>	<i>Module</i>	<i>Remarks</i>
Principal or designee	LK	Basic information
	A	Principal
	B	School characteristics
	C	Teacher characteristics (administered to teachers of Bahasa Indonesia and mathematics)
	D	Direct observation on classrooms
	E	Average expenditures per student during academic years of 1999/2000 and 2000/2001
	F	Statistics and EBANAS scores
	G	Number of Teachers and Students
	H	Observation sheet during the interview
CP	<i>See Note at end of table</i>	

Book Mini-CFS: Community characteristics for non-IFLS communities

Village head and staff	Questions from books 1 and 2, modules S, A, B, C, D, H, I, J, JPS and SW	New in IFLS3
	CP	<i>See Note at end of table</i>

Note: All community-facility books include a book cover. The CP module at the end of nearly every book asked the interviewer to record the conditions of the interview (who else was present, whether others provided assistance in answering questions), the respondent's level of attention, and any other relevant information about the interview environment. The interviewer could also add information to explain or clarify the respondent's answers. Much of this information was incorporated in the data during the Look Ups process, described in the *User's Guide*, Sec. 5.

Table A.2

Field Staff for IFLS3 Surveys

This table lists the names of all staff who participated in field operations for the IFLS3. Persons listed under HHS and CFS supervisors served as interviewers. Persons listed under CAFÉ supervisors served as CAFÉ editors. There was no health worker supervisor. Persons whose names are followed by an asterisk (*) left their positions before the survey was finished. Persons whose names are followed by two asterisks (**) provided help in other provinces when the work of their original teams was finished.

North Sumatra A

Assistant Field Coordinator: Junedi
 HHS Supervisor: Fotarisman Zaluchu*
 Darwin Gurusinga
 Lazimah
 Mahmud
 Sri Lina Sitepu
 Amran Simatupang
 Ita Laksari HSB
 CAFÉ Supervisor: Zulfan Effendi
 Dwi Kurniati
 Yurika Siregar
 CFS Supervisor: Syamsirudin Harahap
 Fince Herry
 Krina Gerda S
 Health Worker:
 Sutarno
 Sinta Dewi Nuraningsih

North Sumatra B

Field Coordinator : Henry Sembiring
 HHS Supervisor: Daniel Merko Dirson P
 Bachtiar Hasibuan
 Bongbong Silitonga
 Ivo Nilasari
 M. Rafi'I R
 Yunita Gurning
 Marahalim Siagaan
 Suriani
 Manuella A. Purba
 CAFÉ Supervisor: Mardiana Br. Ginting
 Rahmawati
 Herlina Magdalena
 CFS Supervisor: M. Amir Nashiruddin
 Flani Rancono
 Nanang Farid Syam
 Health Worker:
 Muhammad Marzuqi Nasir
 Debora Br. Sitepu

West Sumatra

Field Coordinator: Lulus Kusbudiharjo

HHS Supervisor: Ahmad Taufiq

Andi Irmanto

Gustinen Putri

Boris Kameldy

Milda Razi

Eka Alfajri

Sri Sidiawati

Erwin Nofiar

Yuniarsih Endah Palupi

CAFÉ Supervisor: Sumarni

Ibnu Suzano

Desi Wulandari

CFS Supervisor: Surya Nilda

Wahyudi

Yudi Nugroho*

Health Worker:

Imam Susetiawan

Yuniarti Setyorini

South Sumatra

Field Coordinator: Sri Musyawarohyati

HHS Supervisor: Idil Fitriyadi

Sunaji

Sutinah**

Yun Damayanti**

Hamonangan**

Elvi Juniati**

Yulinda Sari

CAFÉ Supervisor: Syarif Hidayat

Amran Syarifudin

Joko Widiatmanto

CFS Supervisor: Eli Warnis*

Erik Darmawan

Maryani

Health Worker:

Moh. Bahrudin

Ana Farida

Lampung

Field Coordinator: M. Yusuf
HHS Supervisor: Farman Ali
Dharma Setiawan Saleh
Ervina Santri
Berly Williyanto
Novilia
Hidayad
Faryanti
CAFÉ Supervisor: Ismail Jowas
Setiorini
Fironita
CFS Supervisor: Adi Subhan
Ronny M. Nur
Dwi Rustiana Dewi
Health Worker
Diyono
Sarjiyati

DKI Jakarta A

Field Coordinator: Dedi Junaedi
HHS Supervisor: Ahmad Syabana
Meillyarni Primaroza
Hari Eko Yuliono
Sarmini
Harmonis
Setyani
Mochamad Nurhadi
Siti Komariah
Rina Sastrawaty
CAFÉ Supervisor: Nana Setiana
Fifin Damayanti
Siti Rosmala
CFS Supervisor: Riza Dewa Santosa
Ucu Purnama
G. Bayuardi
Health Worker:
Tri Wibowo
Yeni Erlina

DKI Jakarta B

Assistant Field Coordinator: Edy Purwanto
HHS Supervisor: Yulizar
Endri Listiani
Azman
Ida
Didik Suwarjono
Dewi Rachmawati
Mulyana
Rieny Marlia
Neneng Genta Sukma
CAFÉ Supervisor: Asep Mukti Ali
Siti Zunaida
Wirianti Utami Dewi L.
CFS Supervisor: Nasirudin
Dewi Santika
Taswin Sahfy
Health Worker:
Irvan Bachtiar Isnaeni
Rinawati Juli H

West Java A

Assistant Field Coordinator: Mugi Gumanti
HHS Supervisor: Neneng Amalia
Dicky Sugandi
Sofana
Dody Hendratno Setyawan
Heti R. Hardiwinata
Frantz Isdiyanto
Heni Haeriah
CAFÉ Supervisor: Etty Tantyani
Siti Nurjanah
Andi Suhandi
CFS Supervisor: Yuyun Tri Widowati
Harum Retnadi Galuh S
Hamdani Bratasuwignya*
Health Worker:
Imam Sofingi
Sri Lestari

West Java B

Field Coordinator: Kusworo Rahardyan**
HHS Supervisor: Nandang Mulyana
Iyan Adriana**
Ina Siti Nuraini
Yadi Muhammad Erlangga**
Reni Pamara
Nurwenda
Yeni Ruchaeni
CAFE Supervisor: Iis Surtina
Wahyu D Akbarsyah
Yanti Yulianti
CFS Supervisor: Novie Indrawati S.**
Teguh Rustantoro**
Juliawati
Health Worker:
Sri Mulyanto
Ririn Iriyani

West Java D

Assistant Field Coordinator: Lintang Tri Sasongko
HHS Supervisor: Aris Nandi
Dani Herdani
Siti Zulva Jamilia Sari
Lutfi Purnama
Euis Darliasari
Saeful Buchori
Hesty Novita
CAFÉ Supervisor: Setyo Pujiastuti
Silvano Febrian**
Cepy Sofyar
CFS Supervisor: Suharti
Kemas Ary Syaifunisa
Dian Ekawati
Health Worker:
Yuli Suntoro
Triningsih

West Java C

Asistant Field Coordinator: Ace Saefulloh
HHS Supervisor: Muhammad Abdullah Santosa Lukman Arief
Dini Inayati
Muhammad Naripan P
Tri Rahayu
Gun Gun Rohdiman
Lizah Khairani
CAFE Supervisor: Robie Almubarak
Yoppy Herlyan Juniaga
Siti Saomiyati
CFS Supervisor: Anis Khairinnisa
Atik Rakhmawati
Nurbaiti
Health Worker:
Rudiyanto Dwi Cahyono
Nilla Deviana

Center Java A

Assistant Field Coordinator: Yadimin
HHS Supervisor: Dani Alfah
Abdullah Abidin
Wiwiek Widawati
Djentot Subechi
Dien Evita Hendriana
Istihani
Rosaria Susanti
CAFE Supervisor: Mevie Suprihesti
Abdul Qodir
Indang Yuliyanti
CFS Supervisor: Wenty Marina Minza
Setyo Gunawan
Teguh Willy Susianto
Health Worker:
Eko Saraswanto
Yuliani Isrok' Wiyati

Center Java B

Asistant Field Coordinator: Dasriyamto
HHS Supervisor: Adi Sasmito
Aji Purnomo
Desy Handayani Astiti
Agus Suryadi
Dhini K. Ratnawati
Rita Kurniawan
Widiastuti
CAFE Supervisor: Sulaiman
Evi Ratna Yulianti
Nina Martini
CFS Supervisor: Ismanto
Adriani Jacob B. Solo
Tri Kurniasih
Health Worker:
Muhammad Sofyan
Aminingsih

DI Yogyakarta A

Field Coordinator: M. Agus Prijadi
HHS Supervisor: Edy Kiswanto
Sukanto
Erlina Yulianti
Jevri Ardiansyah
Ratna Wahyu Rustisari
Budhi Rahmani
Novi Avianti Dewi
CAFÉ Supervisor: Lina Marlina
Vira Ardiyanti
Nunuk Nurmatiningsih
CFS Supervisor: Asto Widiantoro**
Dian Sitaresmi
Nunung Sri Rochaniningsih
Health Worker:
Bambang Sriyono
Maria Goreti Yuliarti

Center Java C

Field Coordinator: Wiryawan Prastowo
HHS Supervisor: Sunandar Kamarudin
Adriani Fitriatun
Intarti
Ardita Rini
Christina Saptanti
Budhi Rahmani
Sukanto
CAFE Supervisor: Ripi Mardhini
Hanna Dwi Prasetya
Endah Susilowati
CFS Supervisor: Edi Purwanto
Iskandar S. Muhammad
Titik Setyawati
Health Worker:
Hardiyanta
Nanik

DI Yogyakarta B

Assistant Field Coordinator: Adri**
HHS Supervisor: Tri Kuncoro
Sholikul Huda
Dwi Puji Mulyandari
Widayat Jati
Fita Herawati
Krisetiawati
Rr. Issac Tri Oktavatie Ratna**
CAFÉ Supervisor: Anas Sutisna
Endah Sriwiyani
Oetjoe Dewi Astiana
CFS Supervisor: Zainal Abidin
Sulistiyah
Susilowati
Health Worker:
Sugeng Kuswanto
Yuni Kurniawati

East Java A

Assistant Field Coordinator: Chaerudin Kodir
HHS Supervisor: Muhammad Mashudi
Himawan Setiajid
Mugiasih
Yanuar Rosidi
Herni Kartikawati
Slamet Hariono
Mimik Mukti Susilorini
CAFÉ Supervisor: Wawan Setiawan
Elmi Kamilah
Lia Fitriani
CFS Supervisor: Sri Mardijani
Marsono
Bariroh Siti Nurhayati
Health Worker:
Fajar Suryadi
Fadwin Rivani

East Java C

Assistant Field Coordinator: Budi Hidajat
HHS Supervisor: Achmad An'am Tamrin
Aroef Gimawam
Inneke Kumalasanti
Aries Nuriyanto
Nur Jannah
Dwi Hary Prayitno
Wiwin Santiana
CAFÉ Supervisor: Nur Suci Arna Santi
Muhammad Windu P.
Evi Nur Azizah
CFS Supervisor: Mukapi Akhsani*
Reni Dwi Wahyuni
Ludfiya Trisminani
Health Worker:
Arif Suharyanto
Restu Budiarti

East Java B

Field Coordinator: Junaidi
HHS Supervisor: M. Zainal Abidin
Mukhlison
Trise Sulistyanningrum
Rochmatulloh
Dwi Handayani
M. Arif Muhiddin
Krismiati
CAFÉ Supervisor: Siti Nurwakidah
Dwi Astuti Ratnasari
Erlina Maya Dwi Siswati
CFS Supervisor: Anis Mahmudah**
Eko Esti Santoso
Lina Fredyana
Health Worker:
Tri Wahyulianto
Arika Arismiaty

Bali

Field Coordinator: Sukamtiningsih
HHS Supervisor: Muhammad Mulia
Anak Agung Gde Aditya Nugraha
Gusti Ayu Putu Febri Aseani
Maria Sri Rahayu
Syamsunariadi Eko M
Ni Nyoman Suciani
Joko Santoso
Ngakan Putu Putra Astawa
Priyo Prasajo
CAFÉ Supervisor: Umar Dhani
I Wayan Gede Suartika
I Wayan Winarta
CFS Supervisor: Wini Pudyastuti
Tulus Yuwono
Riswanuddin*
Health Worker:
Kusbandriyo
Nurningsih*
Bunbunan Ervina Manurung**

NTB

Field Coordinator: Safrudin
HHS Supervisor: Badri
Satum
Sri Endang Fatmawati
Ahwis
Tri Irawati
Husnan Samsuriza
Abyadul Fitriyah
Abdul Azis Faradi
Musakkaki
CAFÉ Supervisor: Farid
Baiq Herwiniana
Sufiati Yulminia
CFS Supervisor: Muhammad Nur Syamsu
Heru Purwanto
Tri Edi Sutrisno
Health Worker:
Djoko Saptono
Romelah

South Sulawesi

Field Coordinator: Mulyatno Widodo
HHS Supervisor: Zainal Arifin
Jusriany
Erman Kondangadi
Afiah Arifin
Kalla Manta
Dewi Sartika
Ida Arianti Said
Nasrun Nawir
Imam Mardhatilah
CAFÉ Supervisor: Sentot Prasetyanto
Akhmad Ibrahim
Asrah Samad
CFS Supervisor: M. Nur Alamsyah
M. Yusuf
Mulyawati
Health Worker:
Surono
Ari Susilowati

South Kalimantan

Field Coordinator: Musnaidi Zira
HHS Supervisor: Arief Muamary
Subakti singgih Widodo
Mariatul Asiah
Muhammad Riduan
Mahilawati
Ahmad Homsana
Marlina Susanti
CAFÉ Supervisor: Joko Priyono
Yulian Arifin
Anita Kusuma Wardhani
CFS Supervisor: Jumri
Damanhuri
Laila Rahmah
Health Worker:
Edi Santoso
Susi Hariyani

Table A.3
Team Description

Province	Team Code(s)	No. of HHS Interviewers	No. of EAs
Jakarta	F, G	8,8	40
West Java	H, I, J, K	6,6,6,6	52
East Java	Q, R, S	6,6,6	30
South Kalimantan	V	6	13
South Sulawesi	W	8	16
South Sumatra	D	6	15
West Nusa Tenggara	U	8	16
Central Java	L, M, N	6,6,6	37
Yogyakarta	O, P	6,6	22
Bali	T	8	14
North Sumatra	A, B	6, 8	26
West Sumatra	C	8	14
Lampung	E	6	11

Table A.4
Main Office/Tracking Information Center

Person	Position
John Strauss	Principal Investigator
Kathleen Beegle	Co-Principal Investigator
Bondan Sikoki	Co-Principal Investigator, Field Director
Elan Satriawan	Deputy Field Director
Cecep S. Sumantri	Field Coordinator for the Household Survey
Yulia Herawati	Field Coordinator for the Community-Facility Survey
Iip Umar Rifai	Field Coordinator for the Computer-Assisted Field Editing (CAFÉ)
Agus Joko Pitoyo	CAFÉ associate
Deden	Data and tracking associate
Hendar	Data and tracking associate
Ade Muhadi	Data and tracking associate
M. Taufiqurahman	Translator
Anik	Administrative Staff
Iin	Administrative Staff
Jawadi	Administrative Staff

Table A.5
Household Post-Field Work Staff

Name	Activities Involved
Adri	Look up specialist
Cepy Sofyar	Look up specialist
Chaerudin Kodir	Look up specialist
Desy Handayani Astiti	Look up specialist
Dini Inayati	Look up specialist
Dwi Hari Prayitno	Look up specialist
Farid	Look up specialist
Henry Sembiring	Look up specialist
Iis Surtina	Look up specialist
Junedi	Look up specialist
M. Mashudi	Look up specialist
M. Mulia	Look up specialist
M. Nurhadi	Look up specialist
M. Widodo	Look up specialist
Mevie Suprihesti	Look up specialist
Milda Razi	Look up specialist
Musnedi	Look up specialist
Ripi Mardhini	Look up specialist
Sentot Prasetyanto	Look up specialist
Siti Nurwakidah	Look up specialist
Sri Musyawarohyati	Look up specialist
Vira Ardiati	Look up specialist
Wawan Setiawan	Look up specialist
Jevri Adriansyah	CP and others
Krisetiawati Puspitasari	CP and others
Nana Setiana	CP and others
Anis Khairinnisa	CP and others
M. Agus Prijadi	CP and others
Muh. Taufiquroman	CP and others
Wenty Marina Minza	CP and others
Sukamtiningsih	Occupation Coding
Edy Purwanto	Occupation Coding
Kusworo Rahadyan	Occupation Coding
Setyo Pudjiastuti	Occupation Coding

Table A.6
Comfas Post-Field Work Staff

Name	Activities involved
Ade Muhadi	Look up specialist
Adriani ZBS	Look up specialist
Anis Khairinnisa	Look up/ Others Coding/CP
Atik Rakhmawati	Look up specialist
Bambang Triyono	Look up specialist
Dian Ekawati	Look up specialist
Dian Sitaresmi	Look up specialist
Harun RG Sekartaji	Look up specialist
Juliawati	Look up specialist
Lina Fredyana	Look up specialist
Lulus Kusbudiharjo	Look up/Others Coding
Muh. Taufiqurohman	Look up/CP
Nuzulaila Romadanti	Look up specialist
Retno Prihandini	Look up specialist
Suharti	Look up specialist
Teguh Rustantoro	Look up specialist
Wenty Marina Minza	Look up/Others Coding/CP
Wini Pujiastuti	Look up/Others Coding
Wiryawan Prastowo	Others Coding
Yuyun Triwidowati	Look up specialist
Zainal Abidin AM	Look up specialist