|  |  |  |
| --- | --- | --- |
| **MOTHER AND CHILD SURVEY [SKAI]** | | |
| INTERVIEWER :  **└─┴─┴─┘**  EDITOR :  **└─┴─┴─┘** | CONFIDENTIAL | **FACILITY ID** └─┴─┴─┘ └─┴─┘  (Facility Sequence Number + Facility Type) |

HEALTH FACILITY BOOK

**SECTIONS: COV, LP, LK, KF, CK, SD, AMKP, PI, KS, VF, RD, PP, CP**

***Respondent is someone who is in charge of the data in the health facility (more than one person)***

***Note: This survey instrument was used to collect data digitally, using a Computer Assisted Interviewing software. Hence, there are differences in the organization and flow of the questionnaire as presented below, and as it appeared in the digital version to the data collectors.***

|  |  |  |
| --- | --- | --- |
| **COV1.** Name of Health Facility |  | |
| **COV2.** Type of Health Facility | 1 Puskesmas (no in-patient service)  2 Puskesmas Perawatan (in patient service) |  |

# **SECTION LP1. CONSENT FORM**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **RESPONDENT A** | |
| **IR01.** | Name of Respondent | 1a Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1b.Sections filled: 1.LP1 2. LK 3. KF 4. CK 5.SD 6.AMKP 7. KS 8 PI 9 VF 10.RD 11.PP 12. LP2  **3.** Same respondent of the previous section **(CAPI LOAD NAME OF RESPONDENT AND SECTIONS FILLED)** | |
| **IR02.** | Position at Health Facility | 01. Head of Puskesmas  02. Head of Administration  03. Administration Staff  04. Head of MNH Unit  05. Midwife Coordinator  06. Puskesmas Midwife | 07. Village Midwife  08. Midwife ( Temporary)  09. Head of Drugs Store Room  10. Staff of Drugs Store Room  95. Others\_\_\_\_\_\_\_\_\_\_\_ |
| **IR03.** | PHONE NUMBER | A. Landline.  └─┴─┴─┴─┘.└─┴─┴─┴─┴─┴─┴─┴─┘  B. Mobile Phone  └─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┘  W. NONE | |

**RESPONDENT 1: READ TO THE HEAD OF PUSKESMAS OR THE PERSON IN CHARGE FACILITY ID** └─┴─┴─┘ └─┴─┘

|  |
| --- |
| **CONSENT FORM TO PARTICIPATE IN A NON-BIOMEDICAL RESEARCH - MOTHER AND CHILD HEALTH SURVEY IN HEALTH FACILITIES IN INDONESIA** |
| **Introduction**  My name is \_\_\_\_\_\_\_\_\_\_\_\_\_. We are doing a study called the Transparency for Development project with researchers from Harvard University, Results for Development Institute, and University of Washington in the United States.  **What is the purpose of this research?**  The purpose of this research is to learn about maternal and under-2 child health in the communities served by this health facility. The survey covers infrastructure, equipment, drugs, human resources, consultations, and financial information. We would be very grateful if you would provide us with the relevant information or point us to your colleagues who are responsible for these activities.  The questions usually take about 2 hours. Your health facility was selected to be part of this study and the information you provide may be shared with members of your community.  **Participation is voluntary**  You don't have to respond to the survey, but we hope you will agree to answer the questions since your views and the experience of this facility are important.  If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. Refusal to participate or stopping your participation will involve no penalty to you or your household.  **Confidentiality and Risks**  We will take measures to keep all personal information collected confidential. Although we may ask the names of respondents, we will remove your name from the answers and give it a code, but there is a chance that someone could find out your information. We will take every precaution to prevent this from happening, and your name will not be listed in any report that comes out of the survey.  **Risks**  We do not anticipate that this study exposes you to any physical or psychological risks other than those you may encounter in everyday life.  **Compensation**  **Are there any benefits from being in this research study?**  There are no direct benefits to you from taking part in this research. However, the results of this study may be used to help to improve maternal and child health in the communities this facility serves.  **Questions or Concerns**  If you have questions, concerns or complaints, the survey director for this study is Ni Wayan Suriastini who can be reached at (0274) 4477464, Survey Meter, Jln. Jenengan Raya No. 109, Desa Maguwoharjo, Kecamatan Depok, Kabupaten Sleman, D.I. Yogyakarta.  Are you willing to participate in this study? 1. Yes 3. No |

# **SECTION LK. LOCATION INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **RESPONDENT B** | |
| **IR01.** | Name of Respondent | 1a Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1b.Sections filled: 1.LP1 2. LK 3. KF 4. CK 5.SD 6.AMKP 7. KS 8 PI 9 VF 10.RD 11.PP 12. LP2  3**.** Same respondent of the previous section **(CAPI LOAD NAME OF RESPONDENT AND SECTIONS FILLED)** | |
| **IR02.** | Position at Health Facility | 01. Head of Puskesmas  02. Head of Administration  03. Administration Staff  04. Head of MNH Unit  05. Midwife Coordinator  06. Puskesmas Midwife | 07. Village Midwife  08. Midwife ( Temporary)  09. Head of Drugs Store Room  10. Staff of Drugs Store Room  95. Others\_\_\_\_\_\_\_\_\_\_\_ |
| **IR03.** | PHONE NUMBER | A. Landline.  └─┴─┴─┴─┘.└─┴─┴─┴─┴─┴─┴─┴─┘  B. Mobile Phone  └─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┘  W. NONE | |

|  |  |  |  |
| --- | --- | --- | --- |
| **LK01.** Province (Preprinted) |  | | Code: └─┴─┘ |
| **LK02.** District (Preprinted) |  | | Code: └─┴─┘ |
| **LK03.** Sub-District (Preprinted) |  | | Code: └─┴─┴─┘ |
| **LK04.** Village/Kelurahan (Preprinted) |  | | Code: └─┴─┴─┘ |
| **LK05.** Village Classification **(FILLED BY EDITOR)** | 1. Urban 2. Rural | | |
| **LK06.** Sub-village (Dusun/Lingkungan/RW/RT) | a. Sub-village :  b. RW :  c. RT : | | |
|  |
|  |
| **LK07.** Address  (WRITE STREET NAME, NAME OF ALLEY, HOUSE NUMBER, RT/RW, SUB-VILLAGE, VILLAGE, SUB-DISTRICT, DISTRICT) |  | | |
| **LK08.** Notes on location  (RECORD BUILDING, OTHER LANDMARK NEAR THE FACILITY/ON THE SAME ROAD, SUCH AS: MOSQUE, SCHOOL, CHURCH, OR OTHER BUILDING) |  | | |
| **LK09.** Phone number | A. Landline : └─┴─┴─┴─┘-└─┴─┴─┴─┴─┴─┴─┴─┘ W. NOT APPLICABLE Y. DO NOT KNOW  B. Mobile phone : └─┴─┴─┴─┘-└─┴─┴─┴─┴─┴─┴─┴─┘ , Owner: | | |
| **LK10**. GPS COORDINATES  **(1st measure)** | a. LATITUDE **:** └─┘└─┴─┴─┘º └─┴─┘,└─┴─┴─┘’  b. LONGITUDE **:** └─┘└─┴─┴─┘º └─┴─┘,└─┴─┴─┘’ | c. ELEVATION **:** └─┘.└─┴─┴─┘ METER DPL  d. ACCURACY **:** └─┘METER | |
| **LK11**. GPS COORDINATES  **(2nd measure)** | a. LATITUDE **:** └─┘└─┴─┴─┘º └─┴─┘,└─┴─┴─┘’  b. LONGITUDE **:** └─┘└─┴─┴─┘º └─┴─┘,└─┴─┴─┘’ | c. ELEVATION **:** └─┘.└─┴─┴─┘ METER DPL  d. ACCURACY **:** └─┘METER | |

# **SECTION KF. FACILITY CHARACTERISTICS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **RESPONDENT C** | |
| **IR01.** | Name of Respondent | 1a Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1b.Sections filled: 1.LP1 2. LK 3. KF 4. CK 5.SD 6.AMKP 7. KS 8 PI 9 VF 10.RD 11.PP 12. LP2  **3.** Same respondent of the previous section **(CAPI LOAD NAME OF RESPONDENT AND SECTIONS FILLED)** | |
| **IR02.** | Position at Health Facility | 01. Head of Puskesmas  02. Head of Administration  03. Administration Staff  04. Head of MNH Unit  05. Midwife Coordinator  06. Puskesmas Midwife | 07. Village Midwife  08. Midwife ( Temporary)  09. Head of Drugs Store Room  10. Staff of Drugs Store Room  95. Others\_\_\_\_\_\_\_\_\_\_\_ |
| **IR03.** | PHONE NUMBER | A. Landline.  └─┴─┴─┴─┘.└─┴─┴─┴─┴─┴─┴─┴─┘  B. Mobile Phone  └─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┘  W. NONE | |

**FOR THE FOLLOWING QUESTIONS, PLEASE GET THE OFFICIAL LIST OF VILLAGES IN THE CATCHMENT AREA OF THIS FACILITY AND THE TOTAL POPULATION. USUALLY, THIS INFORMATION IS POSTED IN THE FACILITY.**

|  |  |  |
| --- | --- | --- |
| **KF01.** | Unit of catchment area  **NOTE: IF ALL SUB-VILLAGE IN ONE VILLAGE IS COVERED,CIRCLE VILLAGE** | 1. Village/kelurahan 2. Sub-village/RW/Lingkungan |
| **KF02.** | Number of village/sub-village in the catchment area of this facility  **INTERVIEWER’S NOTE: RECORD THE VILLAGES’ NAME IN KF04A** | 1. └─┴─┘ Village/kelurahan 2. └─┴─┘ Sub-village/RW/Lingkungan |
| **KF03.** | Information Source | DOCUMENT, specify |

**INTERVIEWER’S NOTE: RECORD THE NAME OF VILLAGES/SUB-VILLAGES IN THE CATCHMENT AREA OF THIS FACILITY IN KF04A**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **KF04a** | **KF04b** | **KF04c** |
| **Name of Village**  **(IF THE UNIT IS SUB-VILLAGE/LINGKUNGAN/RW, PLEASE WRITE THE NAME OF VILLAGE/KELURAHAN, NAME OF SUB-VILLAGE/LINGKUNGAN/RW IN PARENTHESIS)** | **Village ID Number**  (Prov/District/Sub-district/Village Code) | **Total Population** |
| 1. |  | └─┴─┘└─┴─┘└─┴─┴─┘└─┴─┴─┘ | └─┴─┴─┘.└─┴─┴─┘lives  1. DOCUMENT 2. ESTIMATION |
| 2. |  | └─┴─┘└─┴─┘└─┴─┴─┘└─┴─┴─┘ | └─┴─┴─┘.└─┴─┴─┘lives  1. DOCUMENT 2. ESTIMATION |
| 3. |  | └─┴─┘└─┴─┘└─┴─┴─┘└─┴─┴─┘ | └─┴─┴─┘.└─┴─┴─┘lives  1. DOCUMENT 2. ESTIMATION |
| 4. |  | └─┴─┘└─┴─┘└─┴─┴─┘└─┴─┴─┘ | └─┴─┴─┘.└─┴─┴─┘lives  1. DOCUMENT 2. ESTIMATION |
| 5. |  | └─┴─┘└─┴─┘└─┴─┴─┘└─┴─┴─┘ | └─┴─┴─┘.└─┴─┴─┘lives  1. DOCUMENT 2. ESTIMATION |
| 6. |  | └─┴─┘└─┴─┘└─┴─┴─┘└─┴─┴─┘ | └─┴─┴─┘.└─┴─┴─┘lives  1. DOCUMENT 2. ESTIMATION |
| 7. |  | └─┴─┘└─┴─┘└─┴─┴─┘└─┴─┴─┘ | └─┴─┴─┘.└─┴─┴─┘lives  1. DOCUMENT 2. ESTIMATION |
| 8. |  | └─┴─┘└─┴─┘└─┴─┴─┘└─┴─┴─┘ | └─┴─┴─┘.└─┴─┴─┘lives  1. DOCUMENT 2. ESTIMATION |
| 9. |  | └─┴─┘└─┴─┘└─┴─┴─┘└─┴─┴─┘ | └─┴─┴─┘.└─┴─┴─┘lives  1. DOCUMENT 2. ESTIMATION |

|  |  |  |
| --- | --- | --- |
| **KF05.** | Do patients from other villages outside the facility service area come to [this facility] **for antenatal care, giving birth, and check-up of newborn/vaccination** in the past 1 year? If yes, please specify the name of the villages **(RECORD IN KF07a)**  **NOTE: UNIT REFERES TO QUESTION KF03AX. ASK WITHOUT LOOKING AT DOCUMENT (JUST BASED ON ESTIMATION)**  **ASK A MIDWIFE COORDINATOR OR A SENIOR MIDWIFE.** | 1. Yes  3. No **🡺 KF08** |
| **KF06.** | What are the main reasons that patients come here from outside of the catchment area, instead of visiting the clinic in their catchment area? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**INTERVIEWER’S NOTE: RECORD THE NAME OF THE VILLAGES/SUB-VILLAGES/RW/LINGKUNGAN OF THE PATIENTS OUTSIDE THE OFFICIAL FACILITY CATCHMENT AREA WHO VISIT THIS FACILITY FOR ANC, GIVING BIRTH, CHECK OF NEWBORN/VACCINATION IN THE PAST 1 YEAR IN KF07A**

|  |  |  |
| --- | --- | --- |
|  | **KF07a** | **KF07b** |
|  | **Name of Vilage**  **(IF THE UNIT IS SUB-VILLAGE/LINGKUNGAN/RW, PLEASE WRITE THE NAME OF VILLAGE/KELURAHAN, NAME OF SUB-VILLAGE/LINGKUNGAN/RW IN PARENTHESIS)** | **Village ID Number**  (Prov/District/Sub-district/Village Code) |
| 1. |  | └─┴─┘└─┴─┘└─┴─┴─┘└─┴─┴─┘ |
| 2. |  | └─┴─┘└─┴─┘└─┴─┴─┘└─┴─┴─┘ |
| 3. |  | └─┴─┘└─┴─┘└─┴─┴─┘└─┴─┴─┘ |
| 4. |  | └─┴─┘└─┴─┘└─┴─┴─┘└─┴─┴─┘ |
| 5. |  | └─┴─┘└─┴─┘└─┴─┴─┘└─┴─┴─┘ |
| 6. |  | └─┴─┘└─┴─┘└─┴─┴─┘└─┴─┴─┘ |
| 7. |  | └─┴─┘└─┴─┘└─┴─┴─┘└─┴─┴─┘ |
| 8. |  | └─┴─┘└─┴─┘└─┴─┴─┘└─┴─┴─┘ |
| 9 |  | └─┴─┘└─┴─┘└─┴─┴─┘└─┴─┴─┘ |

**Now I’d like to ask you information regarding the operational hours of this facility**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **KF08.** | In what day and hours that this facility usally provide regular service (not including emergency service and in-patient service)?  **(CIRCLE THE LETTER OF OPERATION DAY AND RECORD THE OPERATIONAL HOURS)** |  | **Day** | **Opening Time** | **Closing Time** |
| A. | Monday | └─┴─┘:└─┴─┘ | └─┴─┘:└─┴─┘ |
| B. | Tuesday | └─┴─┘:└─┴─┘ | └─┴─┘:└─┴─┘ |
| C. | Wed | └─┴─┘:└─┴─┘ | └─┴─┘:└─┴─┘ |
| D. | Thursday | └─┴─┘:└─┴─┘ | └─┴─┘:└─┴─┘ |
| E. | Friday | └─┴─┘:└─┴─┘ | └─┴─┘:└─┴─┘ |
| F. | Saturday | └─┴─┘:└─┴─┘ | └─┴─┘:└─┴─┘ |
| G. | Sunday | └─┴─┘:└─┴─┘ | └─┴─┘:└─┴─┘ |
| **KF09.** | Are the operational hours posted publically at the facility?  **(IF YES – VERIFY)** | 1. Yes  3. No | | | |
| **KF10.** | Is there contact information for after hours care posted publicly at the facility?  **(IF YES – VERIFY)** | 1. Yes  3. No  6. Not Applicable (facility open 24 hours a day) | | | |
| **KF11.** | May I see the facility register that records the number of outpatient visit in this facility? | 1. Yes  3. No (Reason) | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **KF12.** | Total number of outpatient visits in the last 12 months in this facility? | | |
| **A** | This month  **(RECORDS THE TOTAL NUMBER OF OUTPATIENT VISITS UP UNTIL TODAY)** | └─┴─┴─┘└─┴─┴─┘ | 1. Document 2. Estimation |
| **B** | 1 month ago / \_\_\_\_\_\_\_ | └─┴─┴─┘└─┴─┴─┘ | 1. Document 2. Estimation |
| **C** | 2 months ago / \_\_\_\_\_\_\_ | └─┴─┴─┘└─┴─┴─┘ | 1. Document 2. Estimation |
| **D** | 3 months ago / \_\_\_\_\_\_\_ | └─┴─┴─┘└─┴─┴─┘ | 1. Document 2. Estimation |
| **E** | 4 months ago / \_\_\_\_\_\_\_ | └─┴─┴─┘└─┴─┴─┘ | 1. Document 2. Estimation |
| **F** | 5 months ago / \_\_\_\_\_\_\_ | └─┴─┴─┘└─┴─┴─┘ | 1. Document 2. Estimation |
| **G** | 6 months ago / \_\_\_\_\_\_\_ | └─┴─┴─┘└─┴─┴─┘ | 1. Document 2. Estimation |
| **H** | 7 months ago / \_\_\_\_\_\_\_ | └─┴─┴─┘└─┴─┴─┘ | 1. Document 2. Estimation |
| **I** | 8 months ago / \_\_\_\_\_\_\_ | └─┴─┴─┘└─┴─┴─┘ | 1. Document 2. Estimation |
| **J** | 9 months ago / \_\_\_\_\_\_\_ | └─┴─┴─┘└─┴─┴─┘ | 1. Document 2. Estimation |
| **K** | 10 months ago /\_\_\_\_\_\_\_ | └─┴─┴─┘└─┴─┴─┘ | 1. Document 2. Estimation |
| **L** | 11 months ago /\_\_\_\_\_\_\_ | └─┴─┴─┘└─┴─┴─┘ | 1. Document 2. Estimation |
| **M** | 12 months ago /\_\_\_\_\_\_\_ | └─┴─┴─┘└─┴─┴─┘ | 1. Document 2. Estimation |

# **SECTION CK. BIRTH DELIVERY RECORD**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | RESPONDENT D | |
| IR01 | Name of Respondent | 1a Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1b.Sections filled: 1.LP1 2. LK 3. KF 4. CK 5.SD 6.AMKP 7. KS 8 PI 9 VF 10.RD 11.PP 12. LP2  **3.** Same respondent of the previous section **(CAPI LOAD NAME OF RESPONDENT AND SECTIONS FILLED)** | |
| 1R02 | Position at Health Facility | 01. Head of Puskesmas  02. Head of Administration  03. Administration Staff  04. Head of MNH Unit  05. Midwife Coordinator  06. Puskesmas Midwife | 07. Village Midwife  08. Midwife ( Temporary)  09. Head of Drugs Store Room  10. Staff of Drugs Store Room  95. Others\_\_\_\_\_\_\_\_\_\_\_ |
| IR03 | PHONE NUMBER | A. Landline.  └─┴─┴─┴─┘.└─┴─┴─┴─┴─┴─┴─┴─┘  B. Mobile Phone  └─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┘  W. NONE | |

|  |  |  |
| --- | --- | --- |
| **CK01.** | **Source of information for the number of monthly birth in the past 1 year** | **Specify document** |

**INTERVIEWER’S NOTE: IN THE TABLE BELOW, PLEASE REFER TO THE FACILITY REGISTER AND RECORD THE NUMBER OF DELIVERIES IN THE FACILITY FOR EACH MONTH FOR THE PAST 1 YEAR, BEGIN BY RECORDING THE TOTAL NUMBER OF LIVE BIRTH IN THE CURRENT MONTH (CK02). ON THE NEXT LINE, PLEASE RECORD THE TOTAL NUMBER OF LIVE BIRTH IN THE PREVIOUS MONTH. FOR EXAMPLE, IF TODAYS DATE IS NOVEMBER 15, RECORD THE NUMBER OF BIRTH BETWEEN 1 NOV AND 15 NOV FOR CK02 AND THE TOTAL LIVE BIRTH BETWEEN 1 OCT AND 31 OCT FOR CK02 LINE TWO. PLEASE ALSO RECORD WHETHER THE BABY IS BORN DEAD (STILLBIRTH)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CKTYPE** | | **CK02** | **CK03** | **CK04** | **CK05** |
| **Total number of live birth only in this facility** | **Total number of stillbirth (> 28 weeks) only in this facility** | **Total number of live birth in the catchment area** | **Total number of stillbirth (> 28 weeks) in the catchment area** |
| **A** | This month  **(RECORD THE TOTAL NUMBER OF DELIVERY UP UNTIL TODAY)** | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1.└─┴─┴─┘  6. NO DELIVERY UNIT |  |  |
| **B** | 1 month ago /\_\_\_\_\_\_\_\_\_ | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA |
| **C** | 2 months ago/\_\_\_\_\_\_\_\_\_ | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA |
| **D** | 3 months ago /\_\_\_\_\_\_\_\_\_ | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA |
| **E** | 4 months ago /\_\_\_\_\_\_\_\_\_ | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA |
| **F** | 5 months ago /\_\_\_\_\_\_\_\_\_ | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CKTYPE** | | **CK02** | **CK03** | **CK04** | **CK05** |
| **Total number of live birth only in this facility** | **Total number of stillbirth (> 28 weeks) only in this facility** | **Total number of live birth in the catchment area** | **Total number of stillbirth (> 28 weeks) in the catchment area** |
| **G** | 6 months ago /\_\_\_\_\_\_\_\_\_ | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA |
| **H** | 7 months ago /\_\_\_\_\_\_\_\_\_ | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA |
| **I** | 8 months ago /\_\_\_\_\_\_\_\_\_ | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA |
| **J.** | 9 months ago /\_\_\_\_\_\_\_\_\_ | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA |
| **K.** | 10 months ago /\_\_\_\_\_\_\_\_\_ | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA |
| **L.** | 11 months ago /\_\_\_\_\_\_\_\_\_ | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA |
| **M.** | 12 months ago /\_\_\_\_\_\_\_\_\_ | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1.└─┴─┴─┘  6. NO DELIVERY UNIT | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA | 1. └─┴─┴─┘  3. Same as the facility  6. NO DATA |

# **SECTION SD. HUMAN RESOURCES**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **RESPONDENT E** | |
| **IR01.** | Name of Respondent | 1a Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1b.Sections filled: 1.LP1 2. LK 3. KF 4. CK 5.SD 6.AMKP 7. KS 8 PI 9 VF 10.RD 11.PP 12. LP2  **3.** Same respondent of the previous section **(CAPI LOAD NAME OF RESPONDENT AND SECTIONS FILLED)** | |
| **IR02.** | Position at Health Facility | 01. Head of Puskesmas  02. Head of Administration  03. Administration Staff  04. Head of MNH Unit  05. Midwife Coordinator  06. Puskesmas Midwife | 07. Village Midwife  08. Midwife ( Temporary)  09. Head of Drugs Store Room  10. Staff of Drugs Store Room  95. Others\_\_\_\_\_\_\_\_\_\_\_ |
| **IR03.** | PHONE NUMBER | A. Landline.  └─┴─┴─┴─┘.└─┴─┴─┴─┴─┴─┴─┴─┘  B. Mobile Phone  └─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┘  W. NONE | |

**Now I’d like to ask about the number of staff in this facility and the number of vacant positions**

|  |  |  |
| --- | --- | --- |
| **SD01.** | Total number of staff in the facility | └─┴─┘ |
| **SD02.** | Total number of staff in the MNH and birth unit | └─┴─┘ |
| **SD02a** | Number of midwife in residency program in MNH and birth unit | └─┴─┘ |
| **SD03.** | Total number of current staff vacancies (needed) in the MNH and birth unit, for all positions.   1. Number of vacancies for medical staff such as midwives/nurses/doctors 2. Number of vacancies for other staff (i.e. not doctor/midwife) | └─┴─┘  └─┴─┘ |

**AT PUSKESMAS: Please record all the staffs in the MNH and birth unit.**

**INCLUDING STAFFS OF POLINDES AND PUSTU (EXCLUDING MIDWIFE IN RESIDENCY PROGRAM)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SD04** |  | **SD05** | **SD06** | **SD07** | **SD08** | **SD09** |
| **NAME OF STAFF** | No. | **What are the positions of [...]?**  **(CIRCLE ALL THAT APPLY)** | **Gender** | **Does (….) deliver babies?** | **Does this staff receive salary from the facility/government?** | **Is [...] serving in HH enumeration villages?**  **NAME OF VILLAGE\_\_\_\_\_\_\_(CAPI LOAD NAME OF EA VILLAGE)** |
|  | 01 | A B C D E F G H  V \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 3 | 1. Yes 3. No | 1 3 | 1.Yes 3.No |
|  | 02 | A B C D E F G H  V \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 3 | 1. Yes 3. No | 1 3 | 1.Yes 3.No |
|  | 03 | A B C D E F G H  V \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 3 | 1. Yes 3. No | 1 3 | 1.Yes 3.No |
|  | 04 | A B C D E F G H  V \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 3 | 1. Yes 3. No | 1 3 | 1.Yes 3.No |
|  | 05 | A B C D E F G H  V \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 3 | 1. Yes 3. No | 1 3 | 1.Yes 3.No |
|  | 06 | A B C D E F G H  V \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 3 | 1. Yes 3. No | 1 3 | 1.Yes 3.No |
|  | 07 | A B C D E F G H  V \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 3 | 1. Yes 3. No | 1 3 | 1.Yes 3.No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Code SD05** | | | **Code SD06** | **Code SD08** |
| A. Head of MNH Unit  B. Midwife Coordinator  C. Puskesmas Midiwfe | D. Village Midwife  E. Midwife – Temporary (PTT)  F. Midwife - Voluntary | G. Nurse  V. Others \_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Male  3. Female | 1. Paid Staff  3. Voluntary Staff |

# **SECTION AMKP. FACILITY INFRASTRUCTURE AND AMENITIES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **RESPONDENT F1** | | **RESPONDENT F2** | |
| **IR01.** | Name of Respondent | 1a Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1b.Sections filled: 1.LP1 2. LK 3. KF 4. CK 5.SD 6.AMKP 7. KS 8 PI 9 VF 10.RD 11.PP 12. LP2  3**.** Same respondent of the previous section **(CAPI LOAD NAME OF RESPONDENT AND SECTIONS FILLED)** | | 1a Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1b.Sections filled: 1.LP1 2. LK 3. KF 4. CK 5.SD 6.AMKP 7. KS 8 PI 9 VF 10.RD 11.PP 12. LP2  3**.** Same respondent of the previous section **(CAPI LOAD NAME OF RESPONDENT AND SECTIONS FILLED)** | |
| **IR02.** | Position at Health Facility | 01. Head of Puskesmas  02. Head of Administration  03. Administration Staff  04. Head of MNH Unit  05. Midwife Coordinator  06. Puskesmas Midwife | 07. Village Midwife  08. Midwife ( Temporary)  09. Head of Drugs Store Room  10. Staff of Drugs Store Room  95. Others\_\_\_\_\_\_\_\_\_\_\_ | 01. Head of Puskesmas  02. Head of Administration  03. Administration Staff  04. Head of MNH Unit  05. Midwife Coordinator  06. Puskesmas Midwife | 07. Village Midwife  08. Midwife ( Temporary)  09. Head of Drugs Store Room  10. Staff of Drugs Store Room  95. Others\_\_\_\_\_\_\_\_\_\_\_ |
| **IR03.** | PHONE NUMBER | A. Landline.  └─┴─┴─┴─┘.└─┴─┴─┴─┴─┴─┴─┴─┘  B. Mobile Phone  └─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┘  W. NONE | | A. Landline.  └─┴─┴─┴─┘.└─┴─┴─┴─┴─┴─┴─┴─┘  B. Mobile Phone  └─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┘  W. NONE | |

Now I’m going to ask about the availability of power and water in this facility

|  |  |  |
| --- | --- | --- |
| **Power Supply** | | |
| AMKP01 | Is the facility connected to the central supply electricity grid? | 1. Yes  3. No **-> AMKP03** |
| AMKP02 | During the past 7 days, was electricity (excluding any back-up generator) available during the times when the facility was open for services, or was it ever interrupted for more than 2 hours at a time? | 1. Always available  2. Sometimes interrupted |
| AMKP03 | Does this facility have other sources of electricity, such as a generator or solar system? | 1. Yes  3. No other source **🡪 AMKP07** |
| AMKP04 | What other sources of electricity does this facility have?  (PROBE FOR ANSWERS AND SELECT ALL THAT APPLY) **CAPI LOAD AMKP05, AMKP06 OR AMKP06A BASED ON AMKP04** | A. Fuel-operated generator  B. Battery operated generator  C. Solar system |
| AMKP05 | Is the generator functional?  (**SKIP IF AMKP04 IS NOT FILLED A OR B)** | 1. Yes  3. No |
| AMKP06 | Is fuel (or a charged battery) available today for the generator?  (**SKIP IF AMKP04 IS NOT FILLED A OR B)** | 1. Yes  3. No |
| AMKP06a | Does the solar system work?  (**SKIP IF AMKP04 IS NOT FILLED C)** |  |

|  |  |  |
| --- | --- | --- |
| **Water Source** | | |
| AMKP07 | What is the most commonly used source of water for the facility at this time?  **OBSERVE THAT WATER IS AVAILABLE FROM SOURCE OR IN THE FACILITY ON THE DAY OF THE VISIT. E.G., CHECK THAT THE PIPE IS FUNCTIONING.** | 01. Cart with small tank  02. Piped onto facility grounds  03. Public tap/standpipe  04. Tubewell/borehole  05. Protected dug well  06. Unprotected dug well  07. Protected Spring  08. Unprotected Spring  09. Rainwater  10. Bottled water  12. Tanker truck  13. Surface water (river/dam/lake/ pond)  95. Other (specify)\_\_\_\_\_\_\_\_\_\_  98 DON'T KNOW  96. No water source |
| AMKP08 | Is the water outlet from this source available onsite, within 500 meters of the facility, or beyond 500 meters of the facility? | 1. Onsite  2. Within 500M of facility  3. Beyond 500M of facility |
| AMKP09 | Is there routinely a time of year when the facility has a severe shortage or lack of water? | 1. Yes  3. No **-> AMKP 11** |
| AMKP10 | How long is that period of severe shortage or lack of water? | **└─┴─┘**  **Unit: 1.Days 3. Months** |

|  |  |  |
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| **Communication** | | |
| AMKP11 | Does this facility have any type of telephone (land or mobile) that is available to call outside at all times client services are offered? | 1. Yes  3. No **🡪 AMKP14** |
| AMKP12 | May I see the telephone? | 1. Observed  2. Reported not seen |
| AMKP13 | Is it functioning?  **ACCEPT REPORTED RESPONSE** | 1. Yes  3. No |
| AMKP14 | Does this facility have a short-wave radio for radio calls? | 1. Yes  3. No **🡪 AMKP17** |
| AMKP15 | May I see the short-wave radio? | 1. Observed  2. Reported not seen |
| AMKP16 | Is it functioning?  **ACCEPT REPORTED RESPONSE** | 1. Yes  3. No |

|  |  |  |
| --- | --- | --- |
|  | **Computer and Internet** | |
| AMKP17 | Does this facility have a computer? | 1. Yes  3. No **🡪 AMKP20** |
| AMKP18 | May I see the computer? | 1. Observed  2. Reported not seen |
| AMKP19 | Is it functioning?  **ACCEPT REPORTED RESPONSE** | 1. Yes  3. No |
| AMKP20 | Is there access to email or internet via computer and/or mobile phone within the facility? | 1. Yes  3. No **-> AMKP22** |
| AMKP21 | Is the email or internet routinely available for at least 2 hours on days that client services are offered? | 1. Yes  3. No |

|  |  |  |
| --- | --- | --- |
| **Transport for Emergencies** | | |
| AMKP22 | Does this facility have a functional ambulance or other vehicle for emergency transportation for clients that is **stationed at this facility** and that operates from this facility? | 1. Yes  3. No **🡪 AMKP25** |
| AMKP23 | May I see the ambulance (or other vehicle)? | 1. Observed  2. Reported not seen |
| AMKP24 | Is fuel for the ambulance/vehicle available today? | 1. Yes  2. No  8. DON’T KNOW |
| AMKP25 | Does the facility have access to an ambulance or other vehicle for emergency transportation for clients that is **stationed at another facility** or that operates from another facility? | 1. Yes  3. No |

**INTERVIEWER’S NOTE: ASK FOR PERMISSION FROM THE PERSON IN CHARGE TO OBSERVE THE DELIVERY ROOM AND TOILET IN THIS HEALTH FACILITY**

**Now we’d like to ask permission to observe the delivery room and toilet**

|  |  |  |
| --- | --- | --- |
|  | **FACILITY CONDITION** | **ANSWER** |
| AMKP26 | Is there a specific room for deliveries? | Yes 1 **🡺 AMKP28**  No 3 |
| AMKP27 | If no, where do deliveries usually take place?  **OPEN RESPONSE** | 1. In other health facility\_\_\_\_\_\_\_**🡺 SECTION PI**  3. In this facility, not in a specified delivery room \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| AMKP**28** | PRIVACY LEVEL OF THE DELIVERY ROOM  **(DO NOT READ QUESTION AND ANSWER CHOICES)**  **IF THERE IS MORE THAN ONE DELIVERY ROOM, OBSERVE ALL AND SELECT ONE WITH THE BEST QUALITY** | 01. PRIVATE ROOM – ONE BED PER ROOM LOCATED IN A LOW PUBLIC ACCESS AREA (AUDITORY AND VISUAL PRIVACY)  02. SEMI PRIVATE ROOM – ONE BED PER ROOM BUT LOCATED IN A HIGH PUBLIC ACCESS AREA (VISUAL PRIVACY, LOW AUDITORY PRIVACY)  03. MULTIPLE BEDS IN THE ROOM, BUT WITH SOME PARTITION (VISUAL PRIVACY)  04. MULTIPLE BEDS IN A ROOM WITH NO PARTITION  95. OTHERS (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  96. NO DESIGNATED DELIVERY ROOM |
| AMKP29. | Total number of designated delivery beds available at the facility | **└─┴─┘**Designated delivery bed |

|  |  |  |
| --- | --- | --- |
|  | **FACILITY CONDITION** | **ANSWER** |
| AMKP30 | If the number of women who come to deliver outnumber the number of designated delivery beds, where would the woman give birth?  **(CIRCLE ALL THAT APPLY)** | A. Outpatient treatment bed  B. Emergency room bed  C. Extra bed in the delivery room  D. Consultation Room (ANC/PNC) bed  E. Referred to a different facility  V. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Y. DO NOT KNOW |

|  |  |  |
| --- | --- | --- |
| AMKP31 | **DELIVERY ROOM OBSERVATION**  **(IF THERE IS MORE THAN ONE DELIVERY ROOM, OBSERVE ALL AND SELECT ONE WITH THE LOWEST QUALITY** | |
| **a.** | BED | 1. DELIVERY BED IS CLEAN (NO BLOOD, FLUIDS, DIRT VISIBLE ON BED) 2. OBSERVED BLOOD ON BED 3. OBSERVED OTHER DIRT OR FLUIDS ON BEDS |
| **b.** | FLOOR | 1. FLOOR IS CLEAN (NO BLOOD, FLUIDS, DIRT VISIBLE ON FLOOR) 2. OBSERVED BLOOD ON FLOOR 3. OBSERVED OTHER DIRT OR FLUIDS ON FLOOR |
| **c.** | VENTILATION | 1. ROOM IS WELL VENTILATED (WINDOWS ARE OPEN, GOOD AIR CIRCULATION) 2. POOR VENTILATION (CLOSED WINDOWS/NO WINDOWS) 3. USING AC |
| **d.** | MEDICAL/BIOLOGICAL WASTE | 1. BIOLOGICAL/MEDICAL WASTE DISPOSAL IS AVAILABLE  3. BIOLOGICAL/MEDICAL WASTE DISPOSAL IS NOT AVAILABLE |
| **e.** | DUST AND MOLD | 1. OBSERVED DUST OR MOLD IN THE ROOM  3. NO DUST OR MOLD IS OBSERVED IN THE ROOM |

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| **AMKP32.** | How is placenta disposal handled at this facility?  **(ONLY CIRCLE ONE ANSWER)** | 1. In a separate bin for placenta  2. In a plastic bag, tied and put in the regular bin  3. Taken home by the family members  5. Others |

**TOILET**

|  |  |  |
| --- | --- | --- |
| AMKP33 | TYPE OF TOILETS USE BY DELIVERY PATIENT  **(ONLY CIRCLE ONE ANSWER)** | 1. SQUATTING LATRINE FLUSHED THROUGH PIPED SEWER SYSTEM 2. SQUATTING LATRINE – FLUSHED TO SEPTIC TANK 3. SQUATTING LATRINE – FLUSH TO PIT LATRINE 4. VENTILATED IMPROVED PIT LATRINE 5. PIT LATRINE WITH SLAB 6. PIT LATRINE WITHOUT SLAB, OPEN PIT 7. HANGING TOILET/LATRINE 8. SITTING CLOSET/WC – FLUSHED THROUGH PIPED SEWER SYSTEM 9. SITTING CLOSED/WC – FLUSHED TO SEPTIC TANK   95. OTHERS, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  96. NO TOILET (BROKEN/BUSH/FIELD/FOREST/ RIVER/BEACH) **🡺 AMKP36** |

|  |  |  |
| --- | --- | --- |
| AMKP34**.** | OBSERVATION ON THE CLEANLINESS AND PRIVACY OF THE FACILITY TOILET  IF THERE IS MORE THAN ONE TOILET, OBSERVE ALL, AND SELECT THE ONE WITH LOWEST QUALITY | |
| **a.** | WATER IS AVAILABLE TO FLUSH | 1. YES 3. NO |
| **b.** | WATER IS AVAILABLE TO WASH HANDS | 1. YES 3. NO |
| **c.** | SOAP IS AVAILABLE TO WASH HANDS | 1. YES 3. NO |
| **d.** | TOILET CLEANLINESS | 1. TOILET IS CLEAN AND TIDY  2. TOILET IS SOMEWHAT CLEAN  3. TOILET IS DIRTY |
| **d.** | PRIVACY | 1. HAS DOOR AND CAN BE LOCKED  2. HAS DOOR BUT CANNOT BE LOCKED  3. HAS NO DOOR |
| AMKP35 | TOILET ACCESS FROM THE DELIVERY ROOM  **(ONLY CIRCLE ONE ANSWER)** | 1. INSIDE OR NEXT TO THE DELIVERY ROOM  2. INSIDE FACILITY/FAR FROM THE DELIVERY ROOM  3. OUTSIDE FACILITY |

|  |  |  |
| --- | --- | --- |
|  | **COMMUNICATION** | **ANSWER** |
| AMKP36 | Is a person skilled in conducting deliveries present at the facility or on call at all times (24 hours a day) to provide delivery care? | 1. Yes  3. No |
| **AMKP37** | How would a pregnant mother contact health staff if the facility is closed or staff member not present at the time?  (**CIRCLE ALL THAT APPLY)** | A. Mobile phone  B. Send someone to the health staff’s house  C. The mother needs to travel to the health facility and ask the security/someone in the to contact the health staff  D. Ask the village midwife/village staffs to contact health staff  V. Others (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  W. Health staff is always present |

# **SECTION PI. COSTS AND SERVICES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **RESPONDENT G1** | | **RESPONDENT G2** | |
| **IR01.** | Name of Respondent | 1a Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1b.Sections filled: 1.LP1 2. LK 3. KF 4. CK 5.SD 6.AMKP 7. KS 8 PI 9 VF 10.RD 11.PP 12. LP2  **3.** Same respondent of the previous section **(CAPI LOAD NAME OF RESPONDENT AND SECTIONS FILLED)** | | 1a Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1b.Sections filled: 1.LP1 2. LK 3. KF 4. CK 5.SD 6.AMKP 7. KS 8 PI 9 VF 10.RD 11.PP 12. LP2  **3.** Same respondent of the previous section **(CAPI LOAD NAME OF RESPONDENT AND SECTIONS FILLED)** | |
| **IR02.** | Position at Health Facility | 01. Head of Puskesmas  02. Head of Administration  03. Administration Staff  04. Head of MNH Unit  05. Midwife Coordinator  06. Puskesmas Midwife | 07. Village Midwife  08. Midwife ( Temporary)  09. Head of Drugs Store Room  10. Staff of Drugs Store Room  95. Others\_\_\_\_\_\_\_\_\_\_\_ | 01. Head of Puskesmas  02. Head of Administration  03. Administration Staff  04. Head of MNH Unit  05. Midwife Coordinator  06. Puskesmas Midwife | 07. Village Midwife  08. Midwife ( Temporary)  09. Head of Drugs Store Room  10. Staff of Drugs Store Room  95. Others\_\_\_\_\_\_\_\_\_\_\_ |
| **IR03.** | PHONE NUMBER | A. Landline.  └─┴─┴─┴─┘.└─┴─┴─┴─┴─┴─┴─┴─┘  B. Mobile Phone  └─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┘  W. NONE | | A. Landline.  └─┴─┴─┴─┘.└─┴─┴─┴─┴─┴─┴─┴─┘  B. Mobile Phone  └─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┘  W. NONE | |

**Now we’d like to ask about the costs and services for mothers and babies provided by this health facility.**

|  |  |
| --- | --- |
| **PI01.** You said that there are birth delivery patient [CAPI load– CK02A+CK02B+CK03A+CK03B] during past month, how many of them who [...]? | |
| A. Paid for using insurance | \_\_\_\_\_\_\_\_\_\_\_\_\_ patients |
| B. Not paid for with insurance | \_\_\_\_\_\_\_\_\_\_\_\_\_ patients |
| V. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ patients |
| W. NO DELIVERY UNIT |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PI02** | Which types of health insurance are accepted at the clinic? | A. BPJS PBI (Penerima Bantuan Iuran Kesehatan)/KIS B. BPJS PBI (BPJS Mandiri)  C. Jamkesda  D. Jamkesmas  E. Private company insurance  V.Other\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **PI03.** | Are there charges for registration for new patient? | 1. Yes  3. No 🡺 **PI05** |
| **PI04.** | How much are the charges? | Rp.└─┴─┴─┘.└─┴─┴─┘ |
| **PI05.** | If someone is not registered in any health protection program or is a regular patient from the service area of this facility (paying full price), how much would they pay for [...]:  **(ASK FOR ESTIMATION OF THE TOTAL COST)**  **IF THE COST IS DIFFERED BASED ON PATIENT’S ADDRESS, RECORD THE COST FOR PATIENT LIVING IN CATCHMENT AREA)** | a. Antenatal (1x visit)  Rp.└─┴─┘.└─┴─┴─┘.└─┴─┴─┘  b. Laboratory test related to antenatal Rp.└─┴─┘.└─┴─┴─┘.└─┴─┴─┘  c. Normal delivery (CAPI CHECK: IF CK02=6, SKIP TO VARIABLE D)  Rp.└─┴─┘.└─┴─┴─┘.└─┴─┴─┘  d. Postnatal ( 1x visit )  Rp.└─┴─┘.└─┴─┴─┘.└─┴─┴─┘  e. Laboratory test related to postnatal  Rp.└─┴─┘.└─┴─┴─┘.└─┴─┴─┘ |
| **PI06.** | Is there information about delivery cost of services posted publicly?  **(IF YES – VERIFY)** | 1. Yes  3. No |
| **PI06a.** | Is there information about other cost of services posted publicly?  **(IF YES – VERIFY)** | 1. Yes  3. No |
| **PI07.** | Has there been any new initiative/strategy to increase the number of mothers who give birth in this health facility in the past 3 years? | 1. Yes  3. No 🡺 **PI09**  **6.** NO DELIVERY UNIT **-> PI09** |

|  |  |  |
| --- | --- | --- |
| **PI08.** | If yes, what are the initiatives/strategies?  **(DO NOT READ ANSWER CHOICES – CIRCLE ALL THAT APPLY)** | A. PARTNERSHIP BETWEEN BABY DUKUN AND MIDWIFE  B. TRAINING/CERTIFICATION OF BABY DUKUN  C. PICKING UP PATIENTS USING FACILITY AMBULANCE  D. IMPOSE SANCTIONS FOR MIDWIVES WHO HELP DELIVERY OUTSIDE THE FACILITY  E. ROUTINE MEETING WITH VILLAGE OFFICIALS TO IDENTIFY ISSUES RELATED TO WOMEN GIVING BIRTH AT HOME  F. PROVIDING INCENTIVE TO POSYANDU CADRES TO HELP THE VILLAGE MIDWIFE  G. PROVIDING TRAINING TO POSYANDU CADRES TO HELP THE VILLAGE MIDWIFE  H. STATIONING MORE THAN ONE MIDWIFE IN THE VILLAGE  I. PROVIDING ROOMS FOR PATIENTS WHO ARE ABOUT TO GIVE BIRTH TO STAY IN THE FACILITY FOR A COUPLE OF DAYS BEFORE DELIVERY  J. OPEN PREGNANT MOTHER CLASS  K. PROVIDE INCENTIVE TO THE PERSON WHO HELP TRANSPORT PREGNANT MOTHER TO DELIVER IN HEALTH FACILITY  L. PROVIDE SOCIALIZATION TO THE COMMUNITY MEMBERS ON THE IMPORTANCE OF GIVING BIRTH IN A HEALTH FACILITY  M. CREATE REGULATION REGARDING THE NUMBER OF PEOPLE WHO CAN ENTER THE DELIVERY ROOM TO PROVIDE PRIVACY  N. PROVIDING MORAL/MENTAL/EMOTIONAL/ SPIRITUAL SUPPORT  V. OTHERS, |

|  |  |  |  |
| --- | --- | --- | --- |
| **PI08a** | Does this health facility have a partnership with the Baby Dukun to ensure they encourage women to deliver with a midwife? [Note this could also be called an “MOU.”) | | 1. Yes  3. No |
| **PI09.** | Does this facility have a complaint management system? | | 1. Yes  3. No 🡺 **PI11** |
| **PI10.** | What is the system?  **(DO NOT READ ANSWER CHOICES – CIRCLE ALL THAT APPLY)** | | A. PHONE NUMBER AVAILABLE PUBLICLY  B. SUGGESTION BOX  V. OTHERS, |
| **PI11.** | | Does this health facility conduct routine meeting with community members in the service area to improve the service quality of this facility? | 1. Yes  3. No 🡺 **PI14** |
| **PI12.** | | How often have these community meetings happened in the past one year? | └─┴─┴─┘ times |
| **PI13.** | | Who has typically attended these meetings?  **(DO NOT READ ANSWER CHOICES – CIRCLE ALL THAT APPLY)** | A. DISTRICT GOVERNMENT  B. SUB-DISTRICT GOVERNMENT  C. VILLAGE GOVERNMENT  D. VILLAGE HEALTH COMMITTEE  E. FAITH-BASED ORGANIZATION  F. NGO  G. LOCAL LEADERS (IMAM, HEAD OF YOUTH GROUPS, RT/RW HEADS)  H. POSYANDU/PKK CADRES  I. REGULAR COMMUNITY MEMBERS  V. OTHERS,  X. REFUSED TO ANSWER |

**INTERVIEWER NOTE: FOR QUESTION PI14 –PI22, ASK HEAD OF PUSKESMAS OR MOST SENIOR STAFF**

|  |  |  |
| --- | --- | --- |
| **PI14.** | Does the village in which this facility is located, or any of the catchment area villages you are responsible for, have a by-law on maternal health services (cost, delivery facility, visit to health facility, etc)?  (for example: a fine to women who doesn’t give birth in health facility or seek postnatal or antenatal care) | 1. Yes  3. No 🡺 PI17 |

|  |  |  |
| --- | --- | --- |
| **PI15.** | Which village(s) have a by-law?  CIRCLE ALL VILLAGES MENTIONED BY RESPONDENT  CAPI LOAD ALL NAMES AND CODES OF VILLAGE OF THE CATCMENT AREA FROM KF04A | **CAPI LOAD NAME AND CODE OF VILLAGES IN KF04A** |
| **PI16.** | What is the content of by-law? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PI17.** | Does the district, sub district or puskesmas have a by-law on maternal health services (cost, delivery facility, visit to health facility, etc)?  (for example: a fine to women who doesn’t give birth in health facility or seek postnatal or antenatal care) | 1. Yes  3. No 🡺 **PI20** |
| **PI18.** | At what level is the by-law? | 1. District Government 2. Sub district government   C. Puskesmas |
| **PI19.** | What is the content of this by-law? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PI20.** | Does the province or national government have by-law or regulation on maternal health? (cost, delivery facility, visit to health facility, etc)  (for example: a fine to women who don’t give birth in health facility or seek postnatal or antenatal care) | 1. Yes  3. No 🡺 **SECTION KS** |
| **PI21.** | At what level is the by-law? | 1. Province government 2. Central government |
| **PI22.** | What is the content of this by-law? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# **SECTION KS. AVAILABILITY OF MEDICINES AND SUPPLIES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **RESPONDENT H1** | | **RESPONDENT H2** | |
| **IR01.** | Name of Respondent | 1a Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1b.Sections filled: 1.LP1 2. LK 3. KF 4. CK 5.SD 6.AMKP 7. KS 8 PI 9 VF 10.RD 11.PP 12. LP2  **3.** Same respondent of the previous section **(CAPI LOAD NAME OF RESPONDENT AND SECTIONS FILLED)** | | 1a Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1b.Sections filled: 1.LP1 2. LK 3. KF 4. CK 5.SD 6.AMKP 7. KS 8 PI 9 VF 10.RD 11.PP 12. LP2  **3.** Same respondent of the previous section **(CAPI LOAD NAME OF RESPONDENT AND SECTIONS FILLED)** | |
| **IR02.** | Position at Health Facility | 01. Head of Puskesmas  02. Head of Administration  03. Administration Staff  04. Head of MNH Unit  05. Midwife Coordinator  06. Puskesmas Midwife | 07. Village Midwife  08. Midwife ( Temporary)  09. Head of Drugs Store Room  10. Staff of Drugs Store Room  95. Others\_\_\_\_\_\_\_\_\_\_\_ | 01. Head of Puskesmas  02. Head of Administration  03. Administration Staff  04. Head of MNH Unit  05. Midwife Coordinator  06. Puskesmas Midwife | 07. Village Midwife  08. Midwife ( Temporary)  09. Head of Drugs Store Room  10. Staff of Drugs Store Room  95. Others\_\_\_\_\_\_\_\_\_\_\_ |
| **IR03.** | PHONE NUMBER | A. Landline.  └─┴─┴─┴─┘.└─┴─┴─┴─┴─┴─┴─┴─┘  B. Mobile Phone  └─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┘  W. NONE | | A. Landline.  └─┴─┴─┴─┘.└─┴─┴─┴─┴─┴─┴─┴─┘  B. Mobile Phone  └─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┘  W. NONE | |

**Now I’d like to ask about the availability of drugs and equipments in this facility.**

**INTERVIEWER’S NOTE: WRITE THE RESPONDENT CHARACTERISTICS IN SECTION IR**

|  |  |  |
| --- | --- | --- |
|  | **SUPPLY & AVAILABILITY** |  |
| **KS01.** | I’d like to see what drugs and supplies are available today. May I see the stock room? | 1. Yes  3. No (reason) |

**Group 1 (mothers)**

|  |  |  |
| --- | --- | --- |
| **KS03** |  |  |
|  | **Name of medicines** | Are the following medicines in stock today?  **(RECORD THROUGH OBSERVATION)** |
| A | **OXYTOCIN** | 1. YES 3. NO 6. NEVER AVAILABLE **🡫** |
| B | Sodium Chloride (saline) or RINGERS LACTATE | 1. YES 3. NO 6. NEVER AVAILABLE **🡫** |
| C | Calcium gluconate injection (for treatment of  magnesium toxicity) | 1. YES 3. NO 6. NEVER AVAILABLE **🡫** |
| D | **MAGNESIUM SULFATE** | 1. YES 3. NO 6. NEVER AVAILABLE **🡫** |
| E | **AMPICILLIN** | 1. YES 3. NO 6. NEVER AVAILABLE **🡫** |
| F | Gentamicin | 1. YES 3. NO 6. NEVER AVAILABLE **🡫** |
| G | Metronidazole | 1. YES 3. NO 6. NEVER AVAILABLE **🡫** |
| H | Misoprostol | 1. YES 3. NO 6. NEVER AVAILABLE **🡫** |
| I | Azithromycin | 1. YES 3. NO 6. NEVER AVAILABLE **🡫** |
| J | Cefixime | 1. YES 3. NO 6. NEVER AVAILABLE **🡫** |
| K | Benzathine benzylpenicillin | 1. YES 3. NO 6. NEVER AVAILABLE **🡫** |
| L | Betamathasone or Dexamethasone | 1. YES 3. NO 6. NEVER AVAILABLE **🡫** |
| M | Nifedipine | 1. YES 3. NO 6. NEVER AVAILABLE **🡫** |
| N | Iron tablets | 1. YES 3. NO 6. NEVER AVAILABLE **🡫** |
| O | Folic acid tablets | 1. YES 3. NO 6. NEVER AVAILABLE **🡫** |
| P | Diazepam | 1. YES 3. NO 6. NEVER AVAILABLE **🡫** |

**Group 2 (children)**

|  |  |  |
| --- | --- | --- |
| KS04 |  |  |
|  | **Name of drugs/equipments** | Are the following medicines in stock today?  (RECORD THROUGH OBSERVATION) |
| A | **AMOXICILLIN** | 1. YES 3. NO 6. NEVER AVAILABLE |
| B | Ceftriaxone | 1. YES 3. NO 6. NEVER AVAILABLE |
| C | Oxygen | 1. YES 3. NO 6. NEVER AVAILABLE |
| D | Procaine benzylpenicillin | 1. YES 3. NO 6. NEVER AVAILABLE |
| E | Oral Rehydration salts (ORS) | 1. YES 3. NO 6. NEVER AVAILABLE |
| F | Zinc | 1. YES 3. NO 6. NEVER AVAILABLE |
| G | Artemisinin combination therapy | 1. YES 3. NO 6. NEVER AVAILABLE |
| H | Artesunate | 1. YES 3. NO 6. NEVER AVAILABLE |
| I | Standard regimen for first-line anti-retroviral treatment (ARV) | 1. YES 3. NO 6. NEVER AVAILABLE |
| J | Vitamin A | 1. YES 3. NO 6. NEVER AVAILABLE |
| K | Morphine | 1. YES 3. NO 6. NEVER AVAILABLE |
| L | Paracetamol | 1. YES 3. NO 6. NEVER AVAILABLE |
| M | Antibiotic eye ointment for newborns | 1. YES 3. NO 6. NEVER AVAILABLE |
| N | Me-/albendazole tablet | 1. YES 3. NO 6. NEVER AVAILABLE |

**Vaccines**

|  |  |  |
| --- | --- | --- |
| KS05 |  |  |
|  | Type of vaccine | Are the following vaccines in stock today?  (RECORD THROUGH OBSERVATION) |
| A | POLIO | 1. YES 3. NO 6. NEVER AVAILABLE |
| B | BCG | 1. YES 3. NO 6. NEVER AVAILABLE |
| C | HepB vaccine (alone) | 1. YES 3. NO 6. NEVER AVAILABLE |
| D | DPT-Hib-HepB | 1. YES 3. NO 6. NEVER AVAILABLE |
| E | MEASLES | 1. YES 3. NO 6. NEVER AVAILABLE |
| F | Tetanus Toxoid | 1. YES 3. NO 6. NEVER AVAILABLE |

|  |  |  |
| --- | --- | --- |
| KS06 |  |  |
|  | **Name of supplies** | Are the following supplies in stock today?  **(RECORD THROUGH OBSERVATION)** |
| A | SYRINGES (DISPOSABLE) | 1. YES 3. NO 6. NEVER AVAILABLE |
| B | Sterile GLOVES | 1. YES 3. NO 6. NEVER AVAILABLE |
| C | Skin disinfectant | 1. YES 3. NO 6. NEVER AVAILABLE |
| D | Thermometer | 1. YES 3. NO 6. NEVER AVAILABLE |
| E | Stethoscope | 1. YES 3. NO 6. NEVER AVAILABLE |
| F | Light source | 1. YES 3. NO 6. NEVER AVAILABLE |
| G | Delivery pack | 1. YES 3. NO 6. NEVER AVAILABLE |
| H | Neonatal bag and mask | 1. YES 3. NO 6. NEVER AVAILABLE |

|  |  |  |
| --- | --- | --- |
| **KS07 Are the following types of equipment available and functional at the facility today?** | | |
|  | **Type of Equipment** | **Availability** |
| **A** | Blood pressure equipment | Available and functional 1  Available and broken 2  Not available 3 |
| **B** | Infant weight scale | Available and functional 1  Available and broken 2  Not available 3 |
| **C** | Adult weight scale | Available and functional 1  Available and broken 2  Not available 3 |
| **D** | Measuring tape (for head, arm, hip measurement, etc) | Available and functional 1  Available and broken 2  Not available 3 |
| **E** | Equipment to measure infant’s height/ length | Available and functional 1  Available and broken 2  Not available 3 |
| **F** | Adult height scale | Available and functional 1  Available and broken 2  Not available 3 |
| **G** | Growth chart | Available and functional 1  Available and broken 2  Not available 3 |
| **H** | Examination light | Available and functional 1  Available and broken 2  Not available 3 |
| **I** | Suction apparatus (mucus extractor) | Available and functional 1  Available and broken 2  Not available 3 |
| **J** | Manual vaccuum extractor | Available and functional 1  Available and broken 2  Not available 3 |
| **K** | Vaccuum Aspirator or D&C kit | Available and functional 1  Available and broken 2  Not available 3 |
| **L** | Partograph | Available and functional 1  Available and broken 2  Not available 3 |
| **M** | Cold box/vaccine carrier with ice packs | Available and functional 1  Available and broken 2  Not available 3 |
| **N** | Refridgerator | Available and functional 1  Available and broken 2  Not available 3 |
| **O** | Sharps container | Available and functional 1  Available and broken 2  Not available 3 |

# **SECTION VF. CATCHMENT HEALTH FACILITIES AND SERVICES IN VILLAGE OF INTEREST**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **RESPONDENT I** | |
| **IR01.** | Name of Respondent | 1a Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1b.Sections filled: 1.LP1 2. LK 3. KF 4. CK 5.SD 6.AMKP 7. KS 8 PI 9 VF 10.RD 11.PP 12. LP2  **3.** Same respondent of the previous section **(CAPI LOAD NAME OF RESPONDENT AND SECTIONS FILLED)** | |
| **IR02.** | Position at Health Facility | 01. Head of Puskesmas  02. Head of Administration  03. Administration Staff  04. Head of MNH Unit  05. Midwife Coordinator  06. Puskesmas Midwife | 07. Village Midwife  08. Midwife ( Temporary)  09. Head of Drugs Store Room  10. Staff of Drugs Store Room  95. Others\_\_\_\_\_\_\_\_\_\_\_ |
| **IR03.** | PHONE NUMBER | A. Landline.  └─┴─┴─┴─┘.└─┴─┴─┴─┴─┴─┴─┴─┘  B. Mobile Phone  └─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┘  W. NONE | |

**Now I’m going to ask you some questions about a specific village in your catchment area (*village name*). Please answer the following questions about each of the health facilities located in this facility’s catchment area.**

|  |  |  |
| --- | --- | --- |
| **VF01** | Is there a village midwife assigned to [village name]? | Yes 1  No 3 🡪 VF04 |
| **VF02** | Does the village midwife live in the village? | Yes 1  No 3 |
| **VF03** | Does the village midwife receive free housing in the village? | Yes 1  No 3 |
| **VF04** | How many posyandu are located in [village name]? | └──└──┘ |
| **VF04a** | Have any new posyandus been established or reactivated in [village name] in the past 3 years? | Yes 1  No 3 |
| **VF05** | Is there a “mobile clinic” or any other type of outreach service that serves [village name]? Please do not incude posyandu service here. | Yes 1  No ………………………………….3 🡪 VF07 |
| **VF06** | Was this mobile clinic/outreach service established within the past 3 years? | Yes 1  No ………………………………….3 |

**Now I’m going to ask you some questions about the catchment area of [facility name]. Please answer the following questions about each of the health facilities located in this facility’s catchment area.**

|  |  |  |
| --- | --- | --- |
| **VF07** | Are there government-run health facilities (e.g. Polindes, Poskesdes, Pustu, Midwife Practice under Puskesmas supervision) in villages of this facility’s catchment area? | Yes 1  No 3 **🡪 RD** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **VF08** | **VF09** | **VF10** | **VF11** | **VF12** |
| **Name of facility** | **Date established** | **Type of Facility** | **Is delivery unit available?** | **Is [....] located in interest villages? \_\_\_\_\_\_\_? (CAPI LOAD NAME OF INTEREST VILLAGES)** |
| 1. |  | **1. More than three years ago**  **2. In past 3 years: Month: \_\_\_\_\_\_ Year: \_\_\_\_\_\_** | └──┘ | 1. Yes  3. No | 1. Yes  3. No |
| 2. |  | **1. More than three years ago**  **2. In past 3 years: Month: \_\_\_\_\_\_ Year: \_\_\_\_\_\_** | └──┘ | 1. Yes  3. No | 1. Yes  3. No |
| 3. |  | **1. More than three years ago**  **2. In past 3 years: Month: \_\_\_\_\_\_ Year: \_\_\_\_\_\_** | └──┘ | 1. Yes  3. No | 1. Yes  3. No |
| 4. |  | **1. More than three years ago**  **2. In past 3 years: Month: \_\_\_\_\_\_ Year: \_\_\_\_\_\_** | └──┘ | 1. Yes  3. No | 1. Yes  3. No |

|  |
| --- |
| **Codes for VF10**  A. Pustu (Puskesmas Pembantu)  B. Polindes/ Poskesdes |
| 1. Puskesmas Keliling (Mobile Puskesmas) 2. Midwife Practice under Puskesmas supervision |
| V. Other facility that reports to this Puskesmas (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**STAFF ROSTER (FOR EACH FACILITY UNDER PUSKESMAS COVERAGE, FOR ALL LISTED IN VF08)**

**Facility 1 in VF08 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]**

**Number of staff [ ] (excluding midwife in residency program)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **VF13\_x** |  | **VF14\_x** | **VF15\_x** | **VF16\_x** | **VF17\_x** | **VF18\_x** | **VF19\_x** |
| **NAME OF STAFF** | No. | **What are the positions of [...]?**  **(SELECT ALL THAT APPLY)** | **Gender** | **Does [….] deliver babies?** | **Does [….] receive salary from the facility/government?** | **Does [….] live in the village where facility is located?** | **Does [….] receive free housing in the village where facility is located?** |
|  | 01 | A B C D E F G H I J  V\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 3 | 1.Yes 3.No | 1. Paid  3. Voluntary | 1.Yes 3.No | 1.Yes 3.No |
|  | 02 | A B C D E F G H I J  V\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 3 | 1.Yes 3.No | 1. Paid  3. Voluntary | 1.Yes 3.No | 1.Yes 3.No |
|  | 03 | A B C D E F G H I J  V\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 3 | 1.Yes 3.No | 1. Paid  3. Voluntary | 1.Yes 3.No | 1.Yes 3.No |
|  | 04 | A B C D E F G H I J  V\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 3 | 1.Yes 3.No | 1. Paid  3. Voluntary | 1.Yes 3.No | 1.Yes 3.No |
|  | 05 | A B C D E F G H I J  V\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 3 | 1.Yes 3.No | 1. Paid  3. Voluntary | 1.Yes 3.No | 1.Yes 3.No |
|  | 06 | A B C D E F G H I J  V\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 3 | 1.Yes 3.No | 1. Paid  3. Voluntary | 1.Yes 3.No | 1.Yes 3.No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Code VF14**  A. Village Midwife - permanent  B. Midwife – Temporary (PTT) – permanent  C. Midwife - Voluntary – permanent  D. Nurse –permanent  E. Puskesmas midwife – permanent  F. Village midwife – Rolling | G. Midwife – temporary (PTT) – rolling  H. Midwife – Voluntary – rolling  I. Nurse – rolling  J. Puskesmas midwife – rolling  V. Others \_\_\_\_\_\_\_\_\_\_\_\_\_ | NOTES: CODE VF14:  “Rolling” is when a staff works in some facilities with a rolling system.  “Permanent” is when the staff is the permanent residence at a facility. | **Code VF15**  1.Male  3. Female |

**Facility 2 in VF08 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] ETC**

**Number of staff [ ] (excluding midwife in residency program)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **VF13\_x** |  | **VF14\_x** | **VF15\_x** | **VF16\_x** | **VF17\_x** | **VF18\_x** | **VF19\_x** |
| **NAME OF STAFF** | No. | **What are the positions of [...]?**  **(SELECT ALL THAT APPLY)** | **Gender** | **Does [….] deliver babies?** | **Does [….] receive salary from the facility/government?** | **Does [….] live in the village where facility is located?** | **Does [….] receive free housing in the village where facility is located?** |
|  | 01 | A B C D E F G H I J  V\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 3 | 1.Yes 3.No | 1. Paid  3. Voluntary | 1.Yes 3.No | 1.Yes 3.No |
|  | 02 | A B C D E F G H I J  V\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 3 | 1.Yes 3.No | 1. Paid  3. Voluntary | 1.Yes 3.No | 1.Yes 3.No |
|  | 03 | A B C D E F G H I J  V\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 3 | 1.Yes 3.No | 1. Paid  3. Voluntary | 1.Yes 3.No | 1.Yes 3.No |
|  | 04 | A B C D E F G H I J  V\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 3 | 1.Yes 3.No | 1. Paid  3. Voluntary | 1.Yes 3.No | 1.Yes 3.No |
|  | 05 | A B C D E F G H I J  V\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 3 | 1.Yes 3.No | 1. Paid  3. Voluntary | 1.Yes 3.No | 1.Yes 3.No |
|  | 06 | A B C D E F G H I J  V\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 3 | 1.Yes 3.No | 1. Paid  3. Voluntary | 1.Yes 3.No | 1.Yes 3.No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Code VF14**\_x  A. Village Midwife - permanent  B. Midwife – Temporary (PTT) – permanent  C. Midwife - Voluntary – permanent  D. Nurse –permanent  E. Puskesmas midwife – permanent  F. Village midwife – Rolling | G. Midwife – temporary (PTT) – rolling  H. Midwife – Voluntary – rolling  I. Nurse – rolling  J. Puskesmas midwife – rolling  V. Others \_\_\_\_\_\_\_\_\_\_\_\_\_ | NOTES: CODE VF14\_x;  “Rolling” is when a staff works in some facilities with a rolling system.  “Permanent” is when the staff is the permanent residence at a facility. | **Code VF15\_x**  1.Male  3. Female |

# **SECTION RD. RANDOM**

**NOTE: THE SELECTION OF RESPONDENT TO ANSWER SECTION PP. COPY THE NAMES FROM SD04 WHO DELIVER BABY (SD07=1) AND IS ASSIGNED IN INTEREST VILLAGE (SD09=1), USE RANDOM NUMBER TO CHOOSE THE MIDWIFE WHO WILL BE INTERVIEWED FOR THE KNOWLEDGE SECTION (PP)**

**IF THERE IS NO MIDWIFE ASSIGNED IN THE INTEREST VILLAGE, SELECT PUSKESMAS STAFF WHO IS RESPONSIBLE TO PROVIDE MNH SERVICE IN THE VILLAGE. THE STAFF MAY REFER TO PUSKESMAS MIDWIFE, COORDINATOR MIDWIFE, OR OTHER MEDICAL STAFFS IN MNH AND BIRTH DELIVERY UNIT (DO NOT INTERVIEW NON-MEDICAL STAFF)**

|  |  |  |  |
| --- | --- | --- | --- |
| **RD01** | **RD02** | **RD03** | **RD04** |
| **No** | **Name of Midwife** | **Random Number** | **Selected or not selected** |
| **1** |  |  | **1.Yes, interviewed 2. Yes, cant be interviewed (enter code) \_\_\_\_\_\_\_\_\_**  **3. No** |
| **2** |  |  | **1.Yes, interviewed 2. Yes, cant be interviewed (enter code) \_\_\_\_\_\_\_\_\_**  **3. No** |
| **3** |  |  | **1.Yes, interviewed 2. Yes, cant be interviewed (enter code) \_\_\_\_\_\_\_\_\_**  **3. No** |
| **4** |  |  | **1.Yes, interviewed 2. Yes, cant be interviewed (enter code) \_\_\_\_\_\_\_\_\_**  **3. No** |
| **5** |  |  | **1.Yes, interviewed 2. Yes, cant be interviewed (enter code) \_\_\_\_\_\_\_\_\_**  **3. No** |
| **6** |  |  | **1.Yes, interviewed 2. Yes, cant be interviewed (enter code) \_\_\_\_\_\_\_\_\_**  **3. No** |
| **7** |  |  | **1.Yes, interviewed 2. Yes, cant be interviewed (enter code) \_\_\_\_\_\_\_\_\_**  **3. No** |
| **8** |  |  | **1.Yes, interviewed 2. Yes, cant be interviewed (enter code) \_\_\_\_\_\_\_\_\_**  **3. No** |
| **9** |  |  | **1.Yes, interviewed 2. Yes, cant be interviewed (enter code) \_\_\_\_\_\_\_\_\_**  **3. No** |
| **10** |  |  | **1.Yes, interviewed 2. Yes, cant be interviewed (enter code) \_\_\_\_\_\_\_\_\_**  **3. No** |

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| **Code RD04**   1. Sick 2. Annual/Maternity Leave 3. Weather | 04. Personal errands  05. Family needs  06. Doing outreach | 07. At Department of Health  08. Picking up salary  09. Picking up drugs/supplies | 10. Doing other job  11. Different shift  12. Volunter | 13. Training  14. Workshop  15. At school /taking exam | 16. No reason  95. Others\_\_\_\_\_\_\_\_\_\_  98.DO NOT KNOW |

**SECTION PP. HEALTH WORKER KNOWLEDGE/BEHAVIOR**

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|  | | **RESPONDENT J** | |
| **IR01.** | Name of Respondent | 1a Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1b.Sections filled: 1.LP1 2. LK 3. KF 4. CK 5.SD 6.AMKP 7. KS 8 PI 9 VF 10.RD 11.PP 12. LP2  **3.** Same respondent of the previous section **(CAPI LOAD NAME OF RESPONDENT AND SECTIONS FILLED)** | |
| **IR02.** | Position at Health Facility | 01. Head of Puskesmas  02. Head of Administration  03. Administration Staff  04. Head of MNH Unit  05. Midwife Coordinator  06. Puskesmas Midwife | 07. Village Midwife  08. Midwife ( Temporary)  09. Head of Drugs Store Room  10. Staff of Drugs Store Room  95. Others\_\_\_\_\_\_\_\_\_\_\_ |
| **IR03.** | PHONE NUMBER | A. Landline.  └─┴─┴─┴─┘.└─┴─┴─┴─┴─┴─┴─┴─┘  B. Mobile Phone  └─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┘  W. NONE | |

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| **PP00.** | **COPY FROM RD01 AND RD02, NAME AND CODE OF MIDWIFE SELECTED** | **a.Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **b.No RD01└─┴─┘** |
| **PP00X** | **HAS RESPONDENT (PP00) BEEN READ THE INFORM CONSENT FOR OTHER SECTION** | **1.YES 🡪 PP01**  **3.NO 🡪 READ INFORM CONSENT, SECTION IR, CONTINUE TO PP01** |

**PP00Y. CONSENT FORM**

**RESPONDENT 2: READ TO THE VILLAGE MIDWIFE FACILITY ID** └─┴─┴─┘ └─┴─┘

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| **CONSENT FORM TO PARTICIPATE IN A NON-BIOMEDICAL RESEARCH - MOTHER AND CHILD HEALTH SURVEY IN HEALTH FACILITIES IN INDONESIA** |
| **Introduction**  My name is \_\_\_\_\_\_\_\_\_\_\_\_\_. We are doing a study called the Transparency for Development project with researchers from Harvard University, Results for Development Institute, and University of Washington in the United States.  **What is the purpose of this research?**  The purpose of this research is to learn about maternal and under-2 child health in the communities served by this health facility. The survey covers infrastructure, equipment, drugs, human resources, consultations, and financial information. We would be very grateful if you would provide us with the relevant information or point us to your colleagues who are responsible for these activities.  The questions usually take about 2 hours. Your health facility was selected to be part of this study and the information you provide may be shared with members of your community.  **Participation is voluntary**  You don't have to respond to the survey, but we hope you will agree to answer the questions since your views and the experience of this facility are important.  If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. Refusal to participate or stopping your participation will involve no penalty to you or your household.  **Confidentiality and Risks**  We will take measures to keep all personal information collected confidential. Although we may ask the names of respondents, we will remove your name from the answers and give it a code, but there is a chance that someone could find out your information. We will take every precaution to prevent this from happening, and your name will not be listed in any report that comes out of the survey.  **Risks**  We do not anticipate that this study exposes you to any physical or psychological risks other than those you may encounter in everyday life.  **Compensation**  **Are there any benefits from being in this research study?**  There are no direct benefits to you from taking part in this research. However, the results of this study may be used to help to improve maternal and child health in the communities this facility serves.  **Questions or Concerns**  If you have questions, concerns or complaints, the survey director for this study is Ni Wayan Suriastini who can be reached at (0274) 4477464, Survey Meter, Jln. Jenengan Raya No. 109, Desa Maguwoharjo, Kecamatan Depok, Kabupaten Sleman, D.I. Yogyakarta.  Are you willing to participate in this study? 1. Yes 3. No |

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| **PP01a.** | Are you a staff of pustu (auxiliary puskesmas) /polindes? | 1.Yes, Pustu (suxiliary puskesmas)  2.Yes, Polindes  3.No  4. Yes, Pustu and Polindes | |
| **PP01b.** | Howe long have you been working in this position (e.g. as villlage midwife)? | **└─┴─┘**  **Unit: 1. Year 3. Month** | |
| **PP01c.** | In the past 3 years, have the community asked you to:  NOTE: THIS IS NOT THE SAME QUESTION AS ““HAVE YOU EVER CONDUCTED/ PARTICIPATED IN THESE ACTIVITIES.”  THE QUESTION IS TO EMPHASIZE THAT THE COMMUNITY ASKED FOR A HELP TO CARRY OUT THESE ACTIVITY. | 1. Facilitate or lead an educational activity to improve community’s awareness | 1. Yes  3. No |
| 1. Assist in the socialization of insurance registration activity | 1. Yes  3. No |
| 1. Assist in carry out blood donors activity | 1. Yes  3. No |
| 1. Coordinate with health facilities in order to improve hygiene/services | 1. Yes  3. No |
| 1. Encourage the husbands to accompany their wives during visits in health facility | 1. Yes  3. No |
| 1. Participate in similar activities (as those mentioned previously) to improve mother and child’s health status? | 1. Yes, specify\_\_  3. No |
| **PP01d.** | Were you paid or volunteer? | 1. Paid  3. Volunteer | |

**For the following statements, I would like to hear your opinion related to health services for mothers and babies. Please answer whether you “strongly agree”, “somewhat agree,” “somewhat disagree,” or “strongly disagree” with the following statements.**

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| **PP01.** | If a pregnant mother has already had a baby and did not experience complications before, then the mother does not need to seek antenatal care for her current pregnancy  **(ONLY CIRCLE ONE ANSWER)** | Strongly agree 01  Somewhat agree 02  Somewhat disagree 03  Strongly disagree 04  REFUSED TO ANSWER 97  DO NOT KNOW 98 |
| **PP02.** | It is fine to stay at home during labor and wait until a woman begins having complications to go to a health facility  **(ONLY CIRCLE ONE ANSWER)** | Strongly agree 01  Somewhat agree 02  Somewhat disagree 03  Strongly disagree 04  REFUSED TO ANSWER 97  DO NOT KNOW 98 |
| **PP03.** | For what reasons would you refer a woman to give birth in a puskesmas or hospital (rather than at a pustu/ polindes/ poskesdes/ other village-based health facility or midwife private practice)?  **(DO NOT READ ANSWER CHOICES – CIRCLE ALL THAT APPLY)** | A. FIRST PREGNANCY  B. 4TH OR HIGHER PREGNANCY  C. MOTHER YOUNGER THAN 18  D. MOTHER OLDER THAN 35  E. BREACH BABY  F. HIGH RISK OF COMPLICATIONS  V. OTHERS, |

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| **PP04.** | According to you, what is the main reason a pregnant mother do not give birth at a health facility?  **(DO NOT READ ANSWER CHOICES – ONLY CIRCLE ONE ANSWER)** | 01. COST  02. DISTANCE  03. TRANSPORTATION  04. DIDN’T KNOW TO DELIVER IN FACILITY/DIDN’T KNOW WHERE TO GO  05. OPPOSITION OF PARTNER/FAMILY  06. AGAINST LOCAL NORMS/TRADITION  07. PROVIDER WAS NOT PRESENT/FACILITY WAS CLOSED  08. WAIT TOO LONG AT THE FACILITY  09. LABOR PROGRESSED TOO QUICKLY AND PATIENT DIDN’T HAVE TIME TO GET TO THE FACILITY  10. NO BIRTH PLAN  11. CHOOSE TO DELIVER AT OTHER FACILITY  12. CHOOSE TO DELIVER AT HOME/MIDWIFE HOUSE  13. THE QUALITY OF SERVICE PROVIDED BY THIS FACILITY IS NOT GOOD  14. FACILITY IS NOT CLEAN/COMFORTABLE  15. FACILITY DOESN’T HAVE ADEQUATE EQUIPMENT  95. OTHERS,  97. REFUSED TO ANSWER  98. DO NOT KNOW |

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| **PP05** | | According to you, what is the **main reason** a pregnant mother may not receive post natal care at **any facility in general** within one week of delivery?  **(DO NOT READ ANSWER CHOICES – ONLY CIRCLE ONE ANSWER)** | | 1. COST  2. DISTANCE 3. TRANSPORTATION  4. DIDN’T KNOW HAVE TO RECEIVE POSTNATAL  CARE AT THE FACILITY  5. OPPOSITION FROM PARTNER/FAMILY  6. AGAINST LOCAL NORMS/TRADITION  7. PROVIDER WAS NOT PRESENT/ FACILITY  WAS CLOSED  8. WAIT TOO LONG AT THE FACILITY  9. CHOOSE TO CONSULT WITH BABY DUKUN  10. QUALITY OF SERVICE AT FACILITY IS NOT  GOOD  11 FACILITY IS NOT CLEAN/COMFORTABLE  12. FACILITY DOESN’T HAVE ADEQUATE  EQUIPMENT  13. NO COMPLAINT/GRIEVANCES, SO DIDN’T THINK IT’S IMPORTANT TO HAVE POSTNATAL CONSULTATION  95. OTHERS,  97. REFUSED TO ANSWER  98. DO NOT KNOW |
| **PP06** | | According to you, what is the main reason a pregnant mother may not have a birth preparedness plan?  **(DO NOT READ ANSWER CHOICES – ONLY CIRCLE ONE ANSWER)** | | 1. MOTHER HAS GIVEN BIRTH PREVIOUSLY WITHOUT COMPLICATION/THINKS THAT GIVING BIRTH IS NATURAL AND NORMAL AND NO PREPARATION IS NEEDED  2. DIDN’T THINK IT’S IMPORTANT TO MAKE THE PLAN  3. BIRTH PLAN IS ORGANIZED BY PARTNER/OTHER FAMILY MEMBERS  4. NEVER HEARD OF BIRTH PREPAREDNESS PLAN/NO ONE TOLD MOTHER TO MAKE THE PLAN  5. MOTHER PLAN TO GIVE BIRTH AT HOME AND IF COMPLICATION OCCURS THEN FOLLOW UP PLAN IS MADE  95 OTHERS,  97. REFUSED TO ANSWER  98. DO NOT KNOW |
| **PP07** | If you chould do one thing to improve the care offered to women and babies in this facility, what would you like to do?  **(DO NOT READ ANSWER CHOICES – CIRCLE ALL THAT APPLY)** | | A. SHORTEN WAITING TIME TO SEE DOCTOR  B. IMPROVE SKILLS OF DOCTORS/NURSES  C. IMPROVE THE CLEANLINESS OF THE FACILITY  D. IMPROVE RESPECT OF DOCTORS/NURSES TOWARD PATIENTS  E. IMPROVE CONFIDENTIALITY/PRIVACY  F. IMPROVE SUPPLY OF MEDICINES  G. ADD/FIX EQUIPMENTS  H. REDUCE COST OF TREATMENT/FREE OF CHARGE/NO BRIBES  I. LESS ADMINISTRATION WORK (INSURANCE-RELATED)  J. IMPROVE WOMEN’S ABILITY TO CHOOSE A HEALTH CARE PROVIDER  K. OPEN PREGNANT MOTHER CLASS  L. INVITE HUSBANDS TO ACCOMPANY MOTHERS IN HEALTH FACILITY VISITS  M. IMPROVE PERSONAL TOUCH  V. OTHERS,  X. REFUSED TO ANSWER **🡺 PP09**  Y. DO NOT KNOW **🡺 PP09** | |
| **PP08** | If the effort to improve the service for pregnant mother and babies in this facility requires money (PP.10), how would you get it?  **(CIRCLE ALL THAT APPLY)** | | A. Health Department/Puskesmas  B. JAMKESDA/BPJS  C. Village/Sub-district fund  D. Collecting funds from community members (donation box)  E. Own expenses  F. Do not require money  V. Others, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **PP09.** | If there were a problem with broken equipments at the facility or with human resources (lacking/not available), to whom would you turn for help?  **(DO NOT READ ANSWER CHOICES – CIRCLE ALL THAT APPLY)** | A. PROVINCIAL GOVERNMENT  B. PROVINCIAL LEVEL – DEPARTMENT OF HEALTH  C. DISTRICT GOVERNMENT  D. DISTRICT LEVEL – DEPARTMENT OF HEALTH  E. SUB-DISTRICT GOVERNMENT  F. HEAD OF VILLAGE/VILLAGE STAFF  G. VILLAGE HEALTH COMMITTEE  H. FAITH-BASED ORGANIZATION  I. NGO  J. LOCAL LEADERS (IMAM, YOUTH LEADER, HEAD OF RT/RW )  K. POSYANDU/PKK CADRES  L. REGULAR COMMUNITY MEMBERS  M. NO ONE/ WOULD SEEK NO HELP  V. OTHERS,  X. REFUSED TO ANSWER |
| **PP10.** | If there were a problem with community members willingness or ability to access the services at this facility, to whom would you turn for help?  **(DO NOT READ ANSWER CHOICES – CIRCLE ALL THAT APPLY)** | A. PROVINCIAL GOVERNMENT  B. PROVINCIAL LEVEL – DEPARTMENT OF HEALTH  C. DISTRICT GOVERNMENT  D. DISTRICT LEVEL – DEPARTMENT OF HEALTH  E. SUB-DISTRICT GOVERNMENT  F. HEAD OF VILLAGE/VILLAGE STAFF  G. VILLAGE HEALTH COMMITTEE  H. FAITH-BASED ORGANIZATION  I. NGO  J. LOCAL LEADERS (IMAM, YOUTH LEADER, HEAD OF RT/RW )  K. POSYANDU/PKK CADRES  L. REGULAR COMMUNITY MEMBERS  M. NO ONE/ WOULD SEEK NO HELP  V. OTHERS,  X. REFUSED TO ANSWER |

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| **PP11.** | In your opinion, what are the main barriers to making improvements in your health facility? (Do not read answer choices) (open-ended question) | * + 1. Answer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   3. No significant barriers |

**For the following statements, I would like to hear your opinion related to health services for mothers and babies. Please answer whether you “strongly agree”, “somewhat agree,” “somewhat disagree,” or “strongly disagree” with the following statements.**

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| **PP12** | Women are generally well aware of the maternal/new-born health services offered at [puskesmas name]. | Strongly agree 01  Somewhat agree 02  Somewhat disagree 03  Strongly disagree 04  REFUSED TO ANSWER 97 |
| **PP13** | Women seeking maternal/new-born health services understand the constraints and problems that arise in running [puskesmas name]. | Strongly agree 01  Somewhat agree 02  Somewhat disagree 03  Strongly disagree 04  REFUSED TO ANSWER 97 |
| **PP14** | When [puskesmas name] is making a decision about something that affects the maternal/new-born health services the community will receive, community members are consulted about it. | Strongly agree 01  Somewhat agree 02  Somewhat disagree 03  Strongly disagree 04  REFUSED TO ANSWER 97 |
| **PP15** | In general, maternal health patients do not have meaningful feedback on your services. | Strongly agree 01  Somewhat agree 02  Somewhat disagree 03  Strongly disagree 04  REFUSED TO ANSWER 97 |
| **PP16** | Most patients don’t appreciate the level of effort put in by the staff at [puskesmas name].  . | Strongly agree 01  Somewhat agree 02  Somewhat disagree 03  Strongly disagree 04  REFUSED TO ANSWER 97 |
| **PP17** | Patients generally communicate with you about their feedback on maternal/new-born health services. | Strongly agree 01  Somewhat agree 02  Somewhat disagree 03  Strongly disagree 04  REFUSED TO ANSWER 97 |

# **SECTION CP. INTERVIEWER’S NOTE**

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| **CP01.** WHAT LANGUAGE IS USED THROUGHOUT/MOST OF THE INTERVIEW? | 00. INDONESIAN  01. JAVANESE  02. SUNDANESE | 03. MAKASAR  04. BUGIS | 05. MALAY  95. OTHERS, |
| **CP02.** ARE THERE ANY OTHER LANGUAGE USED | 1. YES └─┴─┘, (SAME CODE WITH CP01)  3. NO | | |
| **CP03.** WHO ELSE BESIDES THE RESPONDENT PRESENT DURING THE INTERVIEW? | A. NONE D. CHILDREN < 5 YEARS OLD  B. HUSBAND/WIFE E. ADULT, FACILITY STAFF  C. CHILDREN ≥ 5 YEARS OLD F. ADULT, NOT FACILITY STAFF | | |
| **CP04.** HOW WOULD THE ENUMERATOR RATE THE ACCURACY OF THE RESPONDENT’S ANSWERS? | 1. VERY GOOD – Respondents answered all questions clearly and without hesitation, and during verfication all responses were found to be correct  2. GOOD – Respondents answered most questions clearly and without hesitation, and during verification most responses were found to be correct  3. AVERAGE – Respondents seemed unsure of the response to several questions, and during verification a few of the responses were found to be incorrect  4. BAD – Respondents were unsure of the response to most questions, and during verficiation most of the responses were found to be incorrect | | |
| **CP05.** HOW WOULD THE ENUMERATOR RATE THE ATTENTION GIVEN BY THE RESPONDENT? | 1. VERY GOOD – Respondents listened to, and answered, all questions attentively  2. GOOD – Respondents listened to, and answered, most questions attentively  3. AVERAGE – Respondents were attentive for only a few parts of the survey, and seemed distracted for other parts.  4. BAD – Respondents seemed generally busy, distracted, and unwilling to spend much time listening or responding. | | |
| **CP06.** WHICH QUESTIONS CAUSED RESPONDENT TO FEEL EMBARRASED, OR CONFUSED AND DIFFICULT TO ANSWER? (WRITE THE SECTION AND THE QUESTION NUMBER) |  | | |

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| **SECTION** | **QUESTION NUMBER** | **INTERVIEWER’S NOTE** |
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NUMVIS. NUMBER OF VISIT: **└──┘**

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|  | **a. FIRST VISIT** | **b. SECOND VISIT** | **c. THIRD VISIT** |
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| **TIME END** | └─┴─┘:└─┴─┘ | └─┴─┘:└─┴─┘ | └─┴─┘:└─┴─┘ |

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| **Result of visit** | **Monitoring by Supervisor** |
| 1. Completed  2. Partially completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Incompleted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES NO   1. Observed 1 3 2. Checked............................................ 1 3 3. Verified 1 3 |