|  |
| --- |
| **MOTHER AND CHILD SURVEY** |
| INTERVIEWER : └─┴─┴─┘SUPERVISOR :  **└─┴─┴─┘** | CONFIDENTIAL  | **ID HH** └─┴─┴─┘ └─┴─┘└─┴─┘**(facility no (250), village no, HH no.)** |

HOUSEHOLD BOOK

**SECTION: COV, KF, LP, LK, KR, SK, SP, PF, PK, KS, TD, MD, CP**

***Respondent is a mother who gave birth in the past 12 months***

***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** | Respondent’s name |   |
| **COV02** | IS HOUSEHOLD INTERVIEWABLE? | 1. YES 🡺**COV02c** 3. NO |
| **COV02a** | WHY IS THE HOUSEHOLD NOT INTERVIEWABLE?  | 1. NOT THE TARGET RESPONDENT
2. UNSUITABLE TIME FOR INTERVIEW
3. TARGET RESPONDENT NOT AT HOME/ AWAY
4. DUPLICATE WITH OTHER ID **└─┴─**┴─┘
5. MOVED OUT OF VILLAGE
6. REFUSED
7. DECESEAD ON **└─┴**─┘/**└─┴**─┘/**└─┴**─**┴**─**┴**─┘
8. RESPONDENT LIVES IN THIS VILLAGE < 6 MONTHS (FILLED KF)
9. RESPONDENT IS A DISABLED PERSON
10. RESPONDENT NOT FOUND
11. OTHER
 |
| **COV02b** | HOUSEHOLD IS REPLACED WITH HHID | **HHID └─┴─**┴─┘**└─┴**─┘**└─┴**─┘ |
| **COV02c** | REPLACEMENT HOUSEHOLD OR ORIGINAL HOUSEHOLD | 1. ORIGINAL HOUSEHOLD 2. REPLACEMENT HOUSEHOLD **HHID └─┴─**┴─┘**└─┴─**┘**└─┴**─┘ |

# **SECTION KF. CONFIRMATION**

|  |  |  |
| --- | --- | --- |
| **KF01** | Have you given birth in the last 12 months?From DD/MM/YY until DD/MM/YY (one day before interview date)  I’m sorry if this question causes you sadness, but please answer “yes” even if the child died or was still born. | 3. No **🡪 END INTERVIEW**1. Yes **🡪** **CONTINUE INTERVIEW** |
| **KF02** | Number of birth (including livebirth or stillbirth) in the last 12 months |  └──┘ |
| **KF03** | Date of birth and name of most recent child  **(RECORD “TB” IF CHILD IS STILLBORN)** | a.└─┴─┘ / └─┴─┘ / └─┴─┴─┴─┘ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE / MONTH / YEARb. Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IF MULTIPLE BIRTHS, RECORD NAME OF THE YOUNGEST |
| **KF04** | SOURCE OF INFORMATION FOR CHILDREN’S DATE OF BIRTH | 01. HH CARD 02. BIRTH CERTIFICATE03. MOTHER AND CHILD CARD (KIA)04. CHECK-UP CARD05. INFORMATION FROM RESPONDENT 95. OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **KF05** | How long have you lived in [NAME OF VILLAGE]? | 01. └─┴─┘ month (IF LESS THAN 1 YEAR) 02. └─┴─┘ year03. Since birth98. DON’T KNOW |
| **KF06** | **INTERVIEWER CHECK: KF05 RESPONDENT HAS LIVED IN THIS VILLAGE > 6 MONTHS**  | **3. NO 🡪 END INTERVIEW****1. YES 🡪 CONTINUE INTERVIEW** |

# **SECTION LP. HOUSEHOLD CONSENT FORM**

|  |
| --- |
| **Introduction**My name is \_\_\_\_\_\_\_\_\_\_\_\_\_ from SurveyMETER. We are doing a study called the Transparency for Development with researchers from Harvard University, the Results for Development Institute, and the University of Washington in the United States. **Benefit of this study**The benefit of this study is to learn about maternal and under 12 years-old child health in your community, and your answers will help the researchers evaluate how certain programs could help improve the health of mothers and babies in communities like yours. As a participant, you will be asked a series of questions related to your household and your experience with maternal and newborn health services. Additionally, with your permission, we would like to take measurements of your most recent child. If you agree to participate, we will ask you questions for about 1,5 hour. Your child(ren)’s participation will take approximately 15 minutes and will involve measuring their height with a tape measure and weighing them on a scale. **Participation is voluntary**You don’t have to participate in the survey, but we hope you will agree to answer our questions since your views and experiences are very 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. Refused to participate or stopping your participation will involve no penalty to you or your household. **Confidentiality**We will take measures to keep all personal information collected confidential. We will remove your name and your child(ren)’s name from the answers and give it a code, but there is a small chance that someone could find out your name. We will take every precaution to prevent this from happening, and your name (s) will not be listed in any report that comes out of the survey. Your answers may be anonymously combined with the answers of other women and children in your community to calculate the average rates of utilization of key services and the barriers to update of those services. This data may be shared with other members of the community who are working to improve the quality and utilization of health services. **Risks**There are minimal risks from taking part in this survey. If you have suffered from a miscarriage or death of child, questions related to this may cause some physhological discomfort. If any of the questions are too painful to answer, we can skip them or you can choose to discontinue the interview at any point. We do not foresee any risks to your child for their participation in this study. **Questions or Concerns**If you have questions, concerns or complaints, please contact the the survey director for this study, Dr. Ni Wayyan Suriastini who can be reached at at Jln. Jenengan Raya No. 109, Desa Maguwoharjo, Kecamatan Depok, Kabupaten Sleman, D.I. Yogyakarta, phone number (0274) 4477464**Now, will you participate in this study?** **1.** Yes 3. No **🡪**  END INTERVIEW **Will you allow your children from your last pregnancy to have their height and weight measured?** 1. Yes 3. No 🡪 CHILD IS NOT MEASURED  |

# **SECTION LK. LOCATION**

**I’d like to ask some questions about the location of this HH.**

|  |  |  |
| --- | --- | --- |
| **LK01.** Province |   | Code:  └─┴─┘ |
| **LK02.** Ditrict |   | Code:  └─┴─┘ |
| **LK03.** Sub-district |   | Code:  └─┴─┘ |
| **LK04.** Village |   | Code:  └─┴─┘ |
| **LK05.** Village Classification (FILLED BY EDITOR) | 1. Urban 2. Rural |
| **LK06.** Sub-village/RT/RW | a. Sub-village : b. RW : c. RT :  |
|  |
|  |
| **LK07.** Complete address  (WRITE THE NAME OF STREET, ALLEY AND HOUSE NUMBER, RT/RW, SUB-VILLAGE, VILLAGE, SUB-DISTRICT AND DISTRICT) |    |
| **LK08.** Location Description (RECORD LANDMARK/BULDING NEARBY THE RESPONDENT’S HOUSE/LOCATED ON THE SAME STREET SUCH AS SCHOOL, MOSQUE, CHURCH OR OTHER BUILDING ) |     |
| **LK09.** Telephone | A. Telephone : └─┴─┴─┴─┘-└─┴─┴─┴─┴─┴─┴─┴─┘ W. NOT APPLICABLE Y. DON’T KNOW B. Mobile phone : └─┴─┴─┴─┘-└─┴─┴─┴─┴─┴─┴─┴─┘ , User:  |

# **SECTION KR. DEMOGRAPHICS AND HOUSEHOLD CHARACTERISTICS**

## **DEMOGRAPHICS**

A.1 - Section about respondent (i.e. about the mother)

|  |  |  |
| --- | --- | --- |
| **KR01** | How old are you (last birthday)? | 1. └─┴─┘year

98. DON’T KNOW97. REFUSED  |
| **KR02** | What is your marital status? | 01. NEVER MARRIED AND NOT LIVING WITH PARTNER 02. CURRENTLY MARRIED 03. SEPARATED04. DIVORCED05. WIDOWED06. LIVING TOGETHER WITH PARTNER 07. MARRIED, NOT LIVING WITH SPOUSE97. REFUSED  |
| **KR03** | What is your ethnicity?  | 01. Javanese02. sundanese03. balinese04. batak05. bugis06. Chinese07. madura08. sasak09. minang10. banjar | 11. bima-dompu12. makassar13. nias14. palembang15. sumbawa16. toraja17. betawi18. dayaknese19. malay20. komering | 21. ambonese22. manadonese23. aceh24. south sulawesi - other25. banten26. cirebon27. gorontalo28. kutai29. Jawa Serang 95. other,\_\_\_\_\_\_\_ |
| **KR04** | What is the highest level of education that you have completed?  | 01. None 02. Grade school (incl. disabled, Islamic, or non-formal) 03. Junior-high school (incl. disabled, Islamic, or non-formal) 04. Vocational school (high-school level) 05. High school (incl. disabled, Islamic, or non-formal) 06. Diploma (one-year or higher), or higher  |

A.2 - Section about head of household

**Note: Head of household** is defined as the household member who is regarded or appointed as the head, or one of the household members who is responsible for fulfilling everyday needs for the household

Now we will ask you some questions about the head of the household.

|  |  |  |
| --- | --- | --- |
| **KR05** | What is your relationship to the head of household? | ­­01. I am the head of household 🡪 KR1102. I am the spouse of the head of household 95.Other\_\_\_\_\_\_\_\_\_\_ |
| **KR06** | What is the head of household’s name? | ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **KR07** | Is the head of household a man or a woman?  | 1. Man
2. Woman
 |
| **KR08** | What is marital status of [HEAD OF THE HOUSEHOLD] | 01. NEVER MARRIED AND NOT LIVING WITH PARTNER 02. CURRENTLY MARRIED 03. SEPARATED04. DIVORCED05. WIDOWED06. LIVING TOGETHER WITH PARTNER 07. MARRIED, NOT LIVING WITH SPOUSE97. REFUSED  |
| **KR09** | What is the highest level of education completed by [HEAD OF THE HOUSEHOLD]? | 01. None 02. Grade school (incl. disabled, Islamic, or non-formal) 03. Junior-high school (incl. disabled, Islamic, or non-formal) 04. Vocational school (high-school level) 05. High school (incl. disabled, Islamic, or non-formal) 06. Diploma (one-year or higher), or higher 97. REFUSED98. DON’T KNOW |

|  |  |  |
| --- | --- | --- |
| **KR10** | What was the employment status of [HEAD OF THE HOUSEHOLD] in the past week in his main job? The main job refers to the job that takes up most of their time | 01. Not working, or unpaid worker 02. Self-employed 03. Business owner with only temporary or unpaid workers 04. Wage or salary employee 05. Business owner with some permanent or paid workers 97. REFUSED98. DON’T KNOW |
| **KR11** | What is [HEAD OF THE HOUSEHOLD]’s primary occupation, that is, what kind of work takes up most of their time? | 1. Agriculture, hunting, fishing, livestock
2. Logging and Mining
3. Construction
4. Manufacturing/processing industry
5. Wholesale and Retail trade
6. Transportation and storage
7. Utilities (water, electric, waste, etc.)
8. Information and communication
9. Finance, insurance, real estate
10. Professional, scientific, technical services, management or administrative services
11. Education
12. Health and social services
13. Arts, entertainment, recreation
14. Accomodation and food services
15. Other services (personal service, repair, other)
16. Government

95. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96. Not working |

A.3 - Section about spouse of head of household

If KR06 = 02,06 then ask the following questions. Otherwise, skip to KR05.

|  |  |  |
| --- | --- | --- |
| **KR11a** | Check KR05. is KR05=2? | 1. Yes **🡪KR12**3. No |
| **KR11b** | Check KR08, is KR08=1,3,4 or 5 | 1. Yes **🡪KR12**3. No |

Now I will ask you a few questions about the spouse of the head of household.

|  |  |  |
| --- | --- | --- |
| **KR11c** | What is the name of the spouse of the head of the household? | ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **KR11d** | What is the highest level of education completed by [SPOUSE OF THE HEAD OF THE HOUSEHOLD]?  | 01. None 02. Grade school (incl. disabled, Islamic, or non-formal) 03. Junior-high school (incl. disabled, Islamic, or non-formal) 04. Vocational school (high-school level) 05. High school (incl. disabled, Islamic, or non-formal) 06. Diploma (one-year or higher), or higher 97. REFUSED98. DON’T KNOW |
| **KR11e** | What was the employment status of [SPOUSE OF THE HEAD OF THE HOUSEHOLD] in the past week in his main job?  | 01. Not working, or unpaid worker 02. Self-employed 03. Business owner with only temporary or unpaid workers  04. Wage or salary employee 05. Business owner with some permanent or paid workers 97. REFUSED98. DON’T KNOW |

## **HOUSEHOLD CHARACTERISTICS**

**NOTE: Members of household** are people who live in a particular household, irrespective of whether they are in the house during the time of enumeration or have temporarily left the house. Those who left the household more than 6 months ago are not considered as members of the household. Also, those who left less than 6 months ago, with the purpose of moving out/leaving for more than 6 months, are not considered as members of the household. Guests who have stayed/plan to stay for 6 months or more are considered as members of the household.

|  |  |  |
| --- | --- | --- |
| **KR12** | How many people are members of your household?**EXPLAIN THE DEFINITION OF HOUSEHOLD** | 1. └─┴─┘people

97. REFUSED 98. DON’T KNOW |
| **KR13** | How many of your household members are between the ages of 6 and 18?  | 1. └─┴─┘people **🡪 if 0, skip to KR15**

97. REFUSED 98. DON’T KNOW |
| **KR14** | How many of your household members between the ages of 6 and 18 and **still attending school?** | 1. └─┴─┘people

97. REFUSED 98. DON’T KNOW |

## **ASSET INDEX**

|  |  |  |
| --- | --- | --- |
| **KR15** | What is the main material of your floor?  | 01. Earth or bamboo 95. Others, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 97. REFUSED |
| **KR16** | What type of toilet arrangement does the household have? | 1. No toilet
2. Latrine
3. Non-flush to a septic tank
4. Flush toilet

95. Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_97. REFUSED  |
| **KR17** | What type of fuel does your household mainly use for cooking?  | 01. Firewood, charcoal, or coal 02. Gas/LPG, kerosene, electricity, 95. Other \_\_\_\_\_\_\_\_04. Does not cook97. REFUSED98. DON’T KNOW |

|  |  |
| --- | --- |
|  **KR18**  | Does any member of your household own[…] and functioning? *(consider it functional even if it is broken but can be repaired)* |
| **A** | Refridgerator or freezer | 01. Yes 03. No97. REFUSED 98. DON’T KNOW |
| **B** | Motorcycle, scooter, motor boat | 01. Yes 03. No97. REFUSED 98. DON’T KNOW |
| **C** | Gas cylinder of 12 kg or more | 01. Yes 03. No97. REFUSED 98. DON’T KNOW |

**Now, I’m going to ask you about your family enrollment in any health program**

|  |  |  |
| --- | --- | --- |
| **KR19** | Were you or other household members enrolled in any health program such as BPJS/JAMKESDA/Kartu Indonesia Sehat/private insurance etc? | 1. BPJS PBI (Penerima Bantuan Iuran jaminan Kesehatan) / KIS
2. BPJS Non PBI (BPJS mandiri)
3. Jamkesda
4. Jamkesmas
5. Private insurance

V. Other\_\_\_\_\_\_\_\_\_W. NOT ENROLLED IN ANY |

# **SECTION SK. BIRTH HISTORY**

Now, I’m going to ask you some questions about all the times you have given birth.

|  |  |  |
| --- | --- | --- |
| **SK01** | **How many children have you given birth to? Please include both living children, and those who died after birth. Do not include stillbirths.** | └─┴─┘ **TOTAL LIVE BIRTHS**  |
| **SK01a** | Are there any other children in your family, **who you did not give birth to but you usually take care of**? | 1. Yes3. No |

## **Most Recent Birth**

**Please answer the following questions about your most recent birth, whether it was a live birth or stillbirth. For multiple births, list the child that was born last.**

|  |  |  |
| --- | --- | --- |
| **SK02** | Month and year of most recent birth?**PROBE:** when is his/her birthday?  | 1. └─┴─┘ / └─┴─┴─┴─┘ MONTH / YEAR |
| **SK03** | Was your most recent birth a liveborn or stillborn? | 1. Most recent birth was a stillborn **🡪 SK10**2. Most recent birth was a liveborn |
| **SK04** | Name of child | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SK05** | Sex [CHILD] | 1. Male3. Female |
| **SK06** | Is [NAME OF CHILD] a single or multiple birth? | 1. Single3. Multiple |
| **SK07** | Is [NAME OF CHILD] still alive? | 3. No 1. Yes **🡪 SK09** |
| **SK08** | How old was [NAME OF CHILD] when he/she died? **IF LESS THAN 1 MONTH: RECORD AGE IN DAYS** **IF LESS THAN 1 YEAR: RECORD AGE IN MONTHS** | └─┴─┘ 1. DAY 2. MONTH  |

## **Full birth history**

Now I’d like to record the names of all your births**,** whether still alive or not.

**RECORD ALL NAMES IN SK09. RECORD TWINS IN SEPARATE COLUMN. THEN ASK QUESTIONS SK10-SK12 FOR EACH BIRTH. FINISH THE FIRST COLUMN, THEN MOVE TO THE SECOND COLUMN, AND SO ON.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **BIRTH HISTORY** | **[01] (most recent)** | **[02]** | **[03]** | **[04]** | **[05]** |
| **SK09** | Name of child | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SK10** | Month and year [CHILD] born**PROBE:** when is his/her birthday?  | 1. └─┴─┘ / └─┴─┴─┴─┘ MONTH / YEAR | 1. └─┴─┘ / └─┴─┴─┴─┘ MONTH / YEAR | 1. └─┴─┘ / └─┴─┴─┴─┘ MONTH / YEAR | 1. └─┴─┘ / └─┴─┴─┴─┘ MONTH / YEAR | 1. └─┴─┘ / └─┴─┴─┴─┘MONTH / YEAR |
| **SK11** | Where did you give birth to [NAME]? | 1. Hospital (Private)
2. Hospital (Public/Gov)
3. Puskesmas
4. Pustu
5. Poskesdes/Polindes/PKD (village policlinic)
6. Birth Clinic
7. Doctor Private Clinic
8. Midwife Private Practice
9. Midwife home under Puskesmas supervision
10. Own house
11. Other house (in-laws, parents, neighbors)

95. Other, Specify\_\_\_\_\_\_\_\_\_\_\_97. REFUSED* **NEXT BIRTH/SK09 [02]**
 | 1. Hospital (Private)
2. Hospital (Public/Gov)
3. Puskesmas
4. Pustu
5. Poskesdes/Polindes/PKD (village policlinic)
6. Birth Clinic
7. Doctor Private Clinic
8. Midwife Private Practice
9. Midwife home under Puskesmas supervision
10. Own house
11. Other house (in-laws, parents, neighbors)

95. Other, Specify\_\_\_\_\_\_\_\_\_\_97. REFUSED* **NEXT BIRTH/SK09 [02]**
 | 1. Hospital (Private)
2. Hospital (Public/Gov)
3. Puskesmas
4. Pustu
5. Poskesdes/Polindes/PKD (village policlinic)
6. Birth Clinic
7. Doctor Private Clinic
8. Midwife Private Practice
9. Midwife home under Puskesmas supervision
10. Own house
11. Other house (in-laws, parents, neighbors)

95. Other, Specify\_\_\_\_\_\_\_\_\_97. REFUSED* **NEXT BIRTH/SK09 [02]**
 | 1. Hospital (Private)
2. Hospital (Public/Gov)
3. Puskesmas
4. Pustu
5. Poskesdes/Polindes/PKD (village policlinic)
6. Birth Clinic
7. Doctor Private Clinic
8. Midwife Private Practice
9. Midwife home under Puskesmas supervision
10. Own house
11. Other house (in-laws, parents, neighbors)

95. Other, Specify\_\_\_\_\_\_\_\_\_97. REFUSED* **NEXT BIRTH/SK09 [02]**
 | 1. Hospital (Private)
2. Hospital (Public/Gov)
3. Puskesmas
4. Pustu
5. Poskesdes/Polindes/PKD(village policlinic)
6. Birth Clinic
7. Doctor Private Clinic
8. Midwife Private Practice
9. Midwife home under Puskesmas supervision
10. Own house
11. Other house (in-laws, parents, neighbors)

95. Other, Specify\_\_\_\_\_\_\_\_\_97. REFUSED* **NEXT BIRTH/SK09 [02]**
 |

# **SECTION PF. FACILITY UTILIZATION**

## **PREGNANCY AND ANTENATAL CARE**

Now I would like to ask some more questions about the antenatal care you receive on **your most recent birth** with [NAME] **(LOOK AT SK04/SK10 – THE YOUNGEST)**

**Explain**:

Antenatal care refers to health services provided by health facilities/staff (SKILLED ONLY – DOCTOR/NURSE/MIDWIFE) to an expecting mother during her pregnancy to prevent any health problems that might affect mothers or babies during pregnancies.

NOTE: For these purposes, a baby dukun is NOT a skilled health provider

|  |  |  |
| --- | --- | --- |
| **PF01** | Did you see **a skilled health provider** for antenatal care during your pregnancy with [CHILD]? | 03. No **🡪 PF06**01. Yes 97. REFUSED **🡪 PF06**98. DON’T KNOW **🡪 PF06** |
| **PF02** | Who did you see for antenatal care during your pregnancy with [CHILD]?ENUMERATOR: IF RESPONDENT SAYS ONLY BABY DUKUN/CADRE/FRIENDS/RELATIVES, PROBE TO RE-CHECK IF THEY **ALSO** SAW A SKILLED HEALTH PROVIDER. IF NOT, CHANGE PF01 TO “NO”, AND SKIP TO PF06. | A.Health Personnel (Doctor, nurse, midwife)V. Other (Baby Dukun, Cadre, Friends/Relatives, etc.) |
| **PF03** | Do you have an antenatal care card (ANC card) or any other record of your antenatal care?  | 3. No **🡪 PF05**1. Yes  |
| **PF04** | Can I see it?  | 3. No1. Yes |
| **PF05** | How many weeks pregnant were you when you first received antenatal care for the pregnancy? NOTE: IF KIA BOOK IS AVAILABLE, LOOK AT THE COLUMN “AGE OF PREGNANCY” OR IF THE COLUMN IS EMPTY, COUNT THE DIFFERENCE BETWEEN THE DATE OF THE FIRST VISIT AND THE FIRST DAY OF LAST MENSTRUAL CYCLE |  A. KIA book/check-up book └─┴─┘ weeks B. Information from mother (if KIA book not available OR if her information different from record in KIA book: 1 └─┴─┘ weeks X. REFUSEDY. DON’T KNOW |
| **PF05a** | How many times did you receive antenatal care during this pregnancy? **NOTE: PROBE FOR OTHER CARES NOT RECORDED IN KIA BOOK**  | A. KIA book/check-up book: 1 └─┴─┘ times B. Information from mother if KIA book not available OR if her information different from record in KIA book └─┴─┘ timeY. DON’T KNOW W. NA |

|  |  |
| --- | --- |
| **TYPE****(Read out one-by-one)** | **PF06** |
| During these antenatal care visits **before the birth of** [NAME], did you receive […..]?**[NAME] is the youngest child (see SK04/SK09)** |
| A. Iron tablets or syrup | 1. Yes 3. No 6. Did not receive ANY antenatal care (skilled or unskilled provider) |
| B. Blood pressure measurement | 1. Yes 3. No6. Did not receive ANY antenatal care (skilled or unskilled provider) |
| C. Urine sample | 1. Yes 3. No6. Did not receive ANY antenatal care (skilled or unskilled pro1vider) |
| D. An injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? | 1. Yes 3. No6. Did not receive ANY antenatal care (skilled or unskilled provider) |
| E. Advice on nutrition or what is good for you to be eating during yoru pregnancy?  | 1. Yes 3. No6. Did not receive ANY antenatal care (skilled or unskilled provider) |

|  |  |  |
| --- | --- | --- |
| **PF07** | Were you told things to look out for that might suggest problems with the pregnancy? | 1. Yes3. No6. Did not receive ANY antenatal care |
| **PF08** | From your knowledge, can you tell me what problems in pregnancy might need medical treatment? DO NOT READ ANSWER CHOICES. SELECT MULTIPLEPROBE FOR OTHER ANSWERS**DO NOT SKIP**, EVEN IF RESPONDENT RECEIVED NO ANTENATAL CARE | A. SEVERE HEADACHEB. BLURRY VISIONC. REDUCED OR ABSENT FETAL MOVEMENTD. HIGH BLOOD PRESSUREE. EDEMA (SWELLING) OF THE FACE/HANDS/LEGSF. CONVULSIONSG. EXCESSIVE VAGINAL BLEEDINGH. SEVERE LOWER ABDOMINAL PAINI. FEVERJ. ANEMIAW. NONEV. OTHER, SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_Y. DON’T KNOW |

|  |  |  |
| --- | --- | --- |
| **PF09** | Did the provider discuss things you should have in preparation for delivery? This may include planning in case of emergency, things you should bring to a facility, or things you do to prepare in advance for delivery.  | 1. Yes3. No6. Did not receive any antenatal care |
| **PF10** | From your knowledge, what actions should a woman take to prepare for delivery?DO NOT READ ANSWER CHOICES**PROBE FOR OTHER ANSWERS****DO NOT SKIP**, EVEN IF RESPONDENT RECEIVED NO ANTENATAL CARE | A.DECIDE ON DELIVERY LOCATIONB. ARRANGE TRANSPORTATION/TRANSPORTATION PLANC. DETERMINE WHO WILL ASSIST THE DELIVERYD. FIGURE OUT HOW TO PAY FOR DELIVERYE. IDENTIFY A POSSIBLE BLOOD DONORF. IDENTIFY CHILDCARE/WHO WILL CARE FOR YOUR OTHER CHILDRENG. IDENTIFY WHO WILL ACCOMPANY THE BIRTH ATTENDANT H. DAY OF ESTIMATED BIRTHW. NONEV.OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Y. DON’T KNOW |

## **DELIVERY**

**Now I’d like to ask you about your experience when you last gave birth to [NAME] (CHECK SK04 – THE YOUNGEST)**

|  |  |  |
| --- | --- | --- |
| **PF11** | Was [**NAME**] weighted at birth? | 03. No **🡪 PF13**01. Yes98. DON’T KNOW **🡪 PF13** |
| **PF12** | What was the weight of [NAME] at birth?**RECORD WEIGHT IN KILOGRAM FROM HEALTH CARD, IF AVAILABLE** | 01. └──┘,└─┴─┘ KG FROM KIA02. └──┘,└─┴─┘ KG NOT FROM KIA 97. REFUSED98. DON’T KNOW  |

**Current Weight and Height Measurement of your youngest child. If it was a multiple birth, measure the last child to be born.**

|  |  |  |
| --- | --- | --- |
| **PF13** | **a. Date of Measurement****b. Measurement officer****c. Measurement Assistant** | 1. └─┴─┘ / └─┴─┘ / └─┴─┴─┴─┘
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**└─┴─┴─┘**

c.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_└─┴─┴─┘ |
| **PF14** | How much does [NAME] weigh now?**RECORD WEIGHT IN KILOGRAMS FROM SCALE**  | 1. Measured:A. Measurement 1 └─┴─┘,└──┘ KG B. Measurement 2 └─┴─┘, └──┘ KG***If difference between measurement 1 and 2 > 0.10 KG :***C. Measurement 3└─┴─┘, └──┘ KG3. Not measured, reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PF15** | What is the length (in centimeters) of [NAME]?**RECORD HEIGHT IN CENTIMETERS FROM SCALE**  | 1. Measured:A. Measurement 1 └─┴─┘, └──┘ CM B. Measurement 2 └─┴─┘,└──┘ CM***If difference between measurement 1 and 2 > 0.70 CM :***C. Measurement 3└─┴─┘,└──┘ CM3.Not measured, reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Now I’d like to ask some more questions about **your most recent birth [NAME] (CHECK SK04 FOR THE NAME OF THE YOUNGEST CHILD)**

|  |  |  |
| --- | --- | --- |
| **PF16** | Who assisted with the delivery of [NAME]? **PROBE FOR ALL INVOLVED PEOPLE, AND RECORD ALL MENTIONED****IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY**  | **HEALTH PERSONNEL** A. DOCTOR B. NURSE C. MIDWIFE**OTHER** D. BABY DUKUN E. CADRE F. RELATIVE/FRIENDS V. OTHER, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  W. NO ONE ASSISTED  |
| **PF16a** | Was your husband/partner with you when you delivered [NAME]? | 01. Yes03. No97. REFUSED |

**DELIVERY CONTENT OF CARE. *SKIP IF NOBODY ASSISTED (PF24)***

|  |  |  |
| --- | --- | --- |
| **PF17** | Did you breastfeed your baby within the first hour after giving birth? | 01. Yes03. No97. REFUSED98. DON'T KNOW |
| **PF18** | Did someone place the baby on your chest, against your skin, or was the baby wrapped to you within the first hour of birth? | 01. Yes03. No97. REFUSED98. DON'T KNOW |
| **PF19** | Were you told not to wash the baby right away?**SKIP IF SK11 = 1, 2, 3, 4, 5, 6, 7, 8, or 9** | 01. Yes03. No97. REFUSED98. DON'T KNOW |
| **PF20** | Did you get an injection right after delivery (after the baby but before the placenta)? | 1. Yes3. No97. REFUSED98. DON'T KNOW |
| **PF21** | After the delivery of the placenta, did the birth attendant massage your lower abdomen? | 1. Yes3. No97. REFUSED98. DON'T KNOW |
| **PF22** | Was anything applied to the cord after cutting and tying? | 1. Yes3. No97. REFUSED98. DON'T KNOW |
| **PF23** | Was [NAME] delivered by caesarean, that is, did they cut your belly open to take the baby out? | 03. No01. Yes97. REFUSED |
| **PF23a** | Did you experience complication during giving birth process such as too long delivery process, breech birth, umbilical cord prolapses, etc. | 03. No01. Yes97. REFUSED |

**ENUMERATOR: Review response to SK11. SKIP PF24 AND GO TO PF25, IF SK11 is 1, 2, 3, 4, 5, 6, 7, 8, or 9**

|  |  |  |
| --- | --- | --- |
| **PF24** | Why did you not deliver at a health facility? PROBE FOR OTHER DIFFICULTIES  | A. COST OF CAREB. DISTANCEC. TRANSPORTATION UNAVAILABLED. DIDN’T KNOW WHERE TO GOE. OPPOSITION OF PARTNER/FAMILYF. AGAINST LOCAL NORMSG. PROVIDER WAS NOT PRESENT, OR FACILITY WAS CLOSEDH. WAIT TIME AT FACILITY WAS TOO LONGI. BIRTH HAPPENED TOO SOON AND THERE WAS NO TIME TO REACH THE FACILITYV. OTHER, SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * **GO TO QUESTION PF27**
 |
| **PF25** | Name of facilityCAPI PROGRAM WILL LOOK UP NAME OF HOSPITAL AND PUSKESMAS. INTERVIEWER TO WRITE NAME OF FACILITIES NOT AVAILABLE IN PF20 LIST. FOLLOW FACILITY’S NAME-WRITING CONSENSUS, EXAMPLE: PUSKESMAS,ABBREVIATED AS “PUS”….ETC.  |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PF26** | Where is this facility located? PROGRAM LOAD NAME OF HOSPITAL/PUSKESMAS SELECTED IN PF25 | a Village: 01.\_\_\_\_\_\_\_\_\_\_\_\_ 03.In the same village 98. DON’T KNOWb. Sub-District: 01. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 03. In the same sub-district  98. DON’T KNOWc. District: 01. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 03. In the same district  98. DON’T KNOWd. Province: 01.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 03. In the same province  98. DON’T KNOW |

**Now I’d like to ask about the cost associated with this most recent delivery**

|  |  |  |
| --- | --- | --- |
| **PF27** | Think about the total amount of fees (if any) during your delivery. This does not include the cost of transportation to/from the facility. Only include the cost of the visit for delivery, not any prenatal or postnatal visits. How much did you pay in total?  | 01. Rp **└─┴─┘.** **└─┴─┴─┘**.**└─┴─┴─┘** 03. Did not pay **🡪 PF28**97. REFUSED 98. DON’T KNOW |
| **PF27a** | Was it (PF27) reimbursed by insurance or your/husband’s workplace?  |  01. Yes: amount of coverage Rp **└─┴─┘.** **└─┴─┴─┘**.**└─┴─┴─┘**03. No |
| **PF28** | In this visit to give birth, did you show/use your insurance card/health protection program card (BPJS, PBI/non PBI/KIS/JAMKESDA/PRIVATE INSURANCE, etc)?**IF SK11=10 or 11 and PF16=W SKIP TO VARIABLE PF40** | 03. No **0**1. Yes96. NA 98. DON’T KNOW |
| **PF28a** | In this visit to give birth, did you show your ID card or family card? | 03. No  **0**1. Yes96. NA 98. DON’T KNOW |
| ***INTERVIEWER CHECK: If PLACE OF GIVING BIRTH AT OWN HOME/OTHER HOME (CODE 10 and 11), then skip to PF34*** |

|  |  |  |
| --- | --- | --- |
| **PF29** | Did you give birth at the original facility or were you referred to another facility where you ended up giving birth at? | 1. Gave birth at original facility, was not referred2. Was referred to other facility  |
| **PF30**  | What form of transport did you take to the facility for your delivery? **(CIRCLE ALL THAT APPLY))****IF REFERRED, USE THE LAST PLACE/PLACE OF GIVING BIRTH** | A. Hired private vehicle (car or taxi)B. Hired private motorcycle/ojekC. Personal motorcycle D. Personal carE. Public bus/angkotF. On footG. Relatives’/neighbors’ vehicle H. Ambulance V. Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_X. REFUSEDY. DON’T KNOW |
| **PF31** | How long did it take you to travel to the facilty for your delivery using the transport mentioned above **[PF30]** (only to the facility/one way) **IF REFERRED, SUM THE TOTAL TRAVEL TIME**  | 01. └─┴─┘ Hour03. └─┴─┴─┘ Minute 98. DON’T KNOW |
| **PF32** | Did you pay anything for the transportation? Do not include fuel for your own vehicle. | 03. No **🡪 PF34**01. Yes97. REFUSED **🡪PF34**98. DON’T KNOW **🡪PF34** |
| **PF33** | In total, how much did you pay for transport to the clinic to give birth to [NAME]? (only to the facility/one way) **IF REFERRED, ADD THE TOTAL COST OF TRANSPORT FROM HOME TO THE FINAL BIRTHING FACILITY** | 01. RP └─┴─┴─┘.└─┴─┴─┘ 97. REFUSED 98. DON’T KNOW |

READ ALOUD: Some women tell us that when they give birth they are treated poorly or with disrespect. We would like to know how common this problem is, so we would like to ask you about your own experiences with childbirth. There are no right or wrong answers to these questions. It is only important to us that we understand your experiences. Nothing you tell us will be linked to your name, your children’s names, or the ability of you or your family members to access health care in the future. Some of these questions may be upsetting or stressful. As I said before, you can skip any question you are not comfortable answering.

Now we’re going to read you a list of things that sometimes happen to women who have given birth in a facility. For each of these things, please tell me if you have 1) experienced it during your recent delivery at this facility, 2) witnessed it done to other women delivering in this facility, 3) heard about it done to other women during delivery at any facility, or 4) none of the above. Please keep in mind we are talking about this delivery and not your past deliveries.

|  |  |  |
| --- | --- | --- |
| **PF34** | Health providers shouting at or scolding patient SELECT ALL THAT APPLY | 1. Experienced it during your recent delivery at this facility
2. Witnessed it done to other women delivering at this facility
3. Heard about it done to other women during delivery at the facility
4. None of the above
 |
| **PF35** | Health providers threatening or to withhold treatment because patient could not pay or did not have supplies for delivery processSELECT ALL THAT APPLY | 1. Experienced it during your recent delivery at this facility
2. Witnessed it done to other women delivering at this facility
3. Heard about it done to other women during delivery at the facility
4. None of the above
 |
| **PF36** | Health providers ignoring or abandoning patient when in need or when she called for helpSELECT ALL THAT APPLY | 1. Experienced it during your recent delivery at this facility
2. Witnessed it done to other women delivering at this facility
3. Heard about it done to other women during delivery at the facility
4. None of the above
 |
| **PF37** | Patient delivering without any assistance from health providers. SELECT ALL THAT APPLY | 1. Experienced it during your recent delivery at this facility
2. Witnessed it done to other women delivering at this facility
3. Heard about it done to other women during delivery at the facility
4. None of the above
 |
| **PF38** | Health providers hitting, slapping, pushing, pinching, or otherwise beating patient. SELECT ALL THAT APPLY | 1. Experienced it during your recent delivery at this facility
2. Witnessed it done to other women delivering at this facility
3. Heard about it done to other women during delivery at the facility
4. None of the above
 |

## **POST-PARTUM CARE MOTHER AND BABY**

**Now I’d like to ask questions about the health check that you received after your most recent delivery**

|  |  |  |
| --- | --- | --- |
| **PF39** | How long did you stay in the facility after giving birth? **IF SK11=10 or SK11=11 SKIP TO PF40** |  1. └─┴─┘HOUR 2. └─┴─┘DAY |
| **PF40** | Did you receive any medical care or examination after leaving the birth facility, but within 7 days of giving birth?**NOTE: IF EXAMINATION WAS CONDUCTED BY TRADITIONAL BIRTH ATTENDANT, RECORD AS “NO”** | 03. No 01. Yes97. REFUSED98. DON’T KNOW |
| **PF40a** | Did your baby receive any medical care or examination after leaving the birth facility, but within 7 days of giving birth?**NOTE: IF EXAMINATION WAS CONDUCTED BY TRADITIONAL BIRTH ATTENDANT, RECORD AS “NO”** | 03. No 01. Yes97. REFUSED98. DON’T KNOW |

 **I’d like to talk to you about checks on *your* health after your most recent delivery. These checks could have occurred at your home, at a facility or elsewhere. They could have occurred during your facility stay immediately after giving birth, or during a follow-up visit. Only count checks that occurred within 40 days after the birth.**

**CHECK THE KIA BOOK , IF NO RECORDS ON THE BOOK CONFIRM TO RESPONDENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PFTYPE** **(Read out one-by-one)** | **A.** | **B.** | **C.** |
| **PF41** | **Within 40 days after giving birth to [NAME], did anyone […] ?**  | **Did […] take place within SEVEN DAYS (one week) of giving birth to [NAME]?** | **Who performed this check?****IF MORE THAN ONE PERSON, RECORD THE PERSON WITH HIGHEST QUALIFICATION** |
|  | Checked breasts (mother) | 01 Yes 03. No ↓97. REFUSED ↓98. DON’T KNOW ↓ | 03. No 01. Yes98. DON’T KNOW | 01. Medical personnel (doctor, nurse, midwife, etc)02. Posyandu Cadre03. Baby dukun/ other TBA95. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Counseled on danger signs for newborns | 01 Yes 03. No ↓97. REFUSED ↓98. DON’T KNOW ↓ | 03. No 01. Yes98. DON’T KNOW | 01. Medical personnel (doctor, nurse, midwife, etc)02. Posyandu Cadre03. Baby dukun/ other TBA95. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Counseled on danger of not wearing a helmet when riding motorcycle | 01 Yes 03. No ↓97. REFUSED ↓98. DON’T KNOW ↓ | 03. No 01. Yes98. DON’T KNOW | 01. Medical personnel (doctor, nurse, midwife, etc)02. Posyandu Cadre03. Baby dukun/ other TBA95. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Talk with you about using family planning? | 01 Yes 03. No ↓97. REFUSED ↓98. DON’T KNOW ↓ | 03. No 01. Yes98. DON’T KNOW | 01. Medical personnel (doctor, nurse, midwife, etc)02. Posyandu Cadre03. Baby dukun/ other TBA95. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Check blood pressure | 01 Yes 03 No ↓97. REFUSED ↓98. DON’T KNOW ↓ | 03. No 01. Yes98. DON’T KNOW | 01. Medical personnel (doctor, nurse, midwife, etc)02. Posyandu Cadre03. Baby dukun/ other TBA95. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Provide vitamin A | 01 Yes 03 No ↓97. REFUSED ↓98. DON’T KNOW ↓ | 03. No 01. Yes98. DON’T KNOW | 01. Medical personnel (doctor, nurse, midwife, etc)02. Posyandu Cadre03. Baby dukun/ other TBA95. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Examine perineum | 01 Yes 03 No ↓97. REFUSED ↓98. DON’T KNOW ↓ | 03. No 01. Yes98. DON’T KNOW | 01. Medical personnel (doctor, nurse, midwife, etc)02. Posyandu Cadre03. Baby dukun/ other TBA95. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Check for bleeding | 01 Yes 03 No ↓97. REFUSED ↓98. DON’T KNOW ↓ | 03. No 01. Yes98. DON’T KNOW | 01. Medical personnel (doctor, nurse, midwife, etc)02. Posyandu Cadre03. Baby dukun/ other TBA95. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Give you advice on the importance of exclusively breastfeeding – that is, about giving your baby nothing apart from breast milk for a specific period of time | 01 Yes 03 No ↓97. REFUSED ↓98. DON’T KNOW ↓91. Stillbirth↓ | 03. No 01. Yes98. DON’T KNOW | 01. Medical personnel (doctor, nurse, midwife, etc)02. Posyandu Cadre03. Baby dukun/ other TBA95. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Tell you about complications during or immediately following childbirth | 01 Yes 03 No ↓97. REFUSED ↓98. DON’T KNOW ↓ | 03. No 01. Yes98. DON’T KNOW | 01. Medical personnel (doctor, nurse, midwife, etc)02. Posyandu Cadre03. Baby dukun/ other TBA95. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What complications do you know of?DO NOT READ OUT THE OPTION ANSWERSPROBE IF ANY OTHER ANSWER | A. EXCESSIVE BLEEDINGB. FEVERC. GENITAL INJURIESV. OTHER, SPECIFY \_\_\_\_\_\_\_\_\_X. REFUSEDY. DON'T KNOW |
|  | For how many months did the provider recommend that you exclusively breatfeed, that is, that you do not give your baby any fluids or food in addition to breast milk? | 1. Less than 4 months2. Between 4 to 6 months3. 6 months4. Longer than 6 months98. DON’T KNOW |

|  |
| --- |
| ***INTERVIEWER CHECK SK03: IF MOST RECENT BIRTH WAS STILLBIRTH (SK03=1), SKIP TO PF45*** |

**Now would like to talk to you about checks on [NAME] after delivery. These checks could have occurred at your home, at a visit to the facility, or elsewhere. Only count checks that occurred within 40 days after the birth.**

**([NAME] is the respondent’s youngest child)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PF42** | **PFTYPE**  | **A.** | **B.** | **C.** |
| **Within 40 days after giving birth to [NAME], did anyone perform the following on [NAME] ?** | **Did [...] take place within 7 days (one week) since giving birth to [NAME]?** | **Who performed this check?****IF MORE THAN ONE PERSON, RECORD THE PERSON WITH HIGHEST QUALIFICATION** |
|  | Examined/ looked at baby’s body  | 01 Yes 03 No ↓97. REFUSED ↓98. DON’T KNOW ↓ | 01 Yes 03 No 98. DON’T KNOW  | 01. Medical personnel (doctor, nurse, midwife, etc)02. Posyandu Cadre03. Baby dukun/ other TBA 95. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Weighed baby | 01 Yes 03 No ↓97. REFUSED ↓98. DON’T KNOW ↓ | 01 Yes 03 No 98. DON’T KNOW  | 01. Medical personnel (doctor, nurse, midwife, etc)02. Posyandu Cadre03. Baby dukun/ other TBA 95. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Checked cord  | 01 Yes 03 No ↓97. REFUSED ↓98. DON’T KNOW ↓ | 01 Yes 03 No 98. DON’T KNOW  | 01. Medical personnel (doctor, nurse, midwife, etc)02. Posyandu Cadre03. Baby dukun/ other TBA 95. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Immunization (HB0)**CHECK KIA/KMS BOOK, IF NOT RECORDED, ASK RESPONDENT!** | 01 Yes 03 No ↓97. REFUSED ↓98. DON’T KNOW ↓ | 01 Yes 03 No 98. DON’T KNOW  | 01. Medical personnel (doctor, nurse, midwife, etc)02. Posyandu Cadre03. Baby dukun/ other TBA 95. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Provide Vitamin K1 | 01 Yes 03 No ↓97. REFUSED ↓98. DON’T KNOW ↓ | 01 Yes 03 No 98. DON’T KNOW  | 01. Medical personnel (doctor, nurse, midwife, etc)02. Posyandu Cadre03. Baby dukun/ other TBA 95. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Provide Eye cream (antibiotic prophylaxis)  | 01 Yes 03 No ↓97. REFUSED ↓98. DON’T KNOW ↓ | 01 Yes 03 No 98. DON’T KNOW  | 01. Medical personnel (doctor, nurse, midwife, etc)02. Posyandu Cadre03. Baby dukun/ other TBA 95. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Immunization (Polio)**CHECK KIA/KMS BOOK, IF NOT RECORDED, ASK RESPONDENT!** | 01 Yes 03 No ↓97. REFUSED ↓98. DON’T KNOW ↓ | 01 Yes 03 No 98. DON’T KNOW  | 01. Medical personnel (doctor, nurse, midwife, etc)02. Posyandu Cadre03. Baby dukun/ other TBA 95. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Immunization (DPT-HB)**CHECK KIA/KMS BOOK, IF NOT RECORDED, ASK RESPONDENT!** | 01 Yes 03 No ↓97. REFUSED ↓98. DON’T KNOW ↓ | 01 Yes 03 No 98. DON’T KNOW  | 01. Medical personnel (doctor, nurse, midwife, etc)02. Posyandu Cadre03. Baby dukun/ other TBA 95. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Immunization (BCG)**CHECK KIA/KMS BOOK, IF NOT RECORDED, ASK RESPONDENT!** | 01 Yes 03 No ↓97. REFUSED ↓98. DON’T KNOW ↓ | 01 Yes 03 No 98. DON’T KNOW  | 01. Medical personnel (doctor, nurse, midwife, etc)02. Posyandu Cadre03. Baby dukun/ other TBA 95. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Now I’d like to ask about any difficulties you had with postnatal care for [NAME]**

|  |  |  |
| --- | --- | --- |
|  **PF43** | Since [NAME] was born, have you ever wanted to take [NAME] to see a health provider, but did not or could not do so?  | 01. Yes03. No🡪 **PF45**97. REFUSED **🡪 PF45** |
| **PF44** | Why could you not take [NAME} to see a health provider?PROBE FOR OTHER ANSWERS | A. COST OF CAREB. DISTANCEC. TRANSPORTATION UNAVAILABLED. DIDN’T KNOW WHERE TO GOE. OPPOSITION OF PARTNER/FAMILYF. IT’S VERY RARELY DONE HERE – WE’RE NOT SUPPOSED TOG. PROVIDER WAS NOT PRESENT, OR FACILITY WAS CLOSEDH WAIT TIME AT FACILITY WAS TOO LONGV. OTHER, SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 **Now I’d like to ask you about actions you took to prepare for your delivery with [NAME].**

|  |  |
| --- | --- |
| **TYPE****(Read out one-by-one)** | **PF45** |
| Did you [...] **before the delivery of** [NAME]?**[NAME] is the youngest child (see SK04/SK09)** |
| A. Decide on delivery location | 1. Yes 3. No |
| B. Arrange transportation / make a plan for transportation | 1. Yes 3. No |
| C. Determine who will assist the delivery | 1. Yes 3. No |
| D. Think about how to pay for delivery | 1. Yes 3. No |
| E. Identify potential blood donor | 1. Yes 3. No |
| F. Identify childcare/who would take care of your other children (or children that you usually care for)**ENUMERATOR**: CHECK SK01 and SK01a. SKIP IF SK01 is 1, AND SK01a is NO. | 1. Yes 3. No |
| G. Identify someone to watch your home while you are away.  | 1. Yes 3. No |

# **SECTION SP. KNOWLEDGE AND VIEWS**

**Now I am going to ask you some questions about your opinions on healthcare before, during and after pregnancy.**

|  |  |  |
| --- | --- | --- |
| **SP01** | If a pregnant woman has already had a baby and did not experience complications, she only needs to seek antenatal care if she has problems with her current pregnancy  | 1. Strongly agree2. Agree3. Disagree4. Strongly disagree97. REFUSED |
| **SP02** | It is fine to stay at home during labor and wait until a woman begins having complications to go to a health facility | 1. Strongly agree2. Agree3. Disagree4. Strongly disagree97. REFUSED |
| **SP03** | It is just as safe to give birth at home with a baby dukun (TBA) as it is to give birth in the health facility | 1. Strongly agree2. Agree3. Disagree4. Strongly disagree97. REFUSED |
| **SP04** | My husband/partner supported me throughout my pregnancy | 1. Strongly agree2. Agree3. Disagree4. Strongly disagree97. REFUSED |
| **SP05** | Issues of pregnancy, birth, and infant care are ‘women’s issues’ and it is not important for the father of the child to be involved | 1. Strongly agree2. Agree3. Disagree4. Strongly disagree97. REFUSED98. DON’T KNOW |
| **SP06** | From your knowledge, when is it recommended for pregnant mothers to first seek antenatal care? **(DO NOT READ ANSWER CHOICES)** | 01. AS SOON AS SHE KNOWS SHE IS PREGNANT02. WHEN SHE BEGINS TO SHOW 03. ONLY IF SHE IS EXPERIENCING COMPLICATIONS04. IN THE FIRST └──┘ WEEKS (SPECIFY #)05. IN THE FIRST └──┘ MONTHS (SPECIFY #)06. IN THE └──┘ TRIMESTER (SPECIFY #)07. IF HER MENSTRUAL CYCLE IS LATE95. OTHER, SPECIFY\_\_\_\_\_\_\_\_97. REFUSED98. DON’T KNOW |
| **SP07** | From your knowledge, what is the total number of ANC visits a pregnant woman is supposed to receive during her pregnancy? | .└─┴─┴─┘ |
| **SP08** | After birth, does a baby need to be checked by health staff for post-natal care? | 01. Yes 03. No **🡪 PK01**98. Don’t Know **🡪 PK01** |
| **SP09** | Within how many days or weeks of birth should a baby see a health provider for postnatal care?  | 01. └─┴─┘ Day03. └─┴─┘ Week 98. DON’T KNOW |
| **SP10** | In your opinion, who should be the most important decision maker in where a pregnant woman or mother seeks care for herself or her child? | 1. The mother of the child
2. The father
3. Mother-in-law
4. Father-in-law
5. Maternal grandmother (Mother on the child’s mother’s side)
6. Religious leader
7. Village authority
8. Other, specify \_\_\_\_\_\_\_\_\_\_
 |

# **SECTION PK. PERCEIVED QUALITY AND SATISFACTION**

**Now I’m going to ask you some questions about your experiences with health care. I would like to remind you that your answers will NOT be shared with anyone and that includes health workers here. You may skip any questions you are not comfortable answering.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **A. Most recent**  | **B. Puskesmas \_\_\_\_\_\_\_\_\_\_\_\_ (visited puskesmas)****CAPI WILL LOAD NAME OF PUSKESMAS (LINKED TO EA CODE)** |
| **PK01** | I’d like you to think about your most recent visit to a health care facility or provider. This could be a Puskesmas, Polindes/Poskesdes/Village Midwife/ Midwife Private Practice/Doctor Private Practice, or other healthcare provider. This visit could have been for you or for your child. Did you conduct a visit to such a facility for any reason in the past 12 months?NOTE: NOT INCLUDING POSYANDU | 1. Yes 3. No 🡪 **PK17** | Please answer the following questions about your most recent visit to a Puskesmas, for any reason. |
| **PK02** | What is the name of the facility? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **PK03** | What is the type of the facility?CAPI CHECK : IF “1” IS SELECTED, LOAD LIST OF 200 PUSKESMAS (WITH ID)  | 1. Puskesmas \_\_\_\_\_\_\_\_\_\_\_\_\_[ ] [ ] [ ] (interviewed puskesmas)
2. Other Puskesmas
3. Hospital (Private)
4. Hospital (Public/Gov)
5. Pustu
6. Poskesdes/Polindes/PKD
7. Birth Clinic
8. Doctor Private Clinic
9. Midwife Private Practice
10. Midwife private practic under Puskesmas supervision

95. Other, Specify\_\_\_\_\_\_\_\_\_\_\_97. REFUSED | **🡪 PK04** |
| **PK04** | What is the address of this facility?(village, sub-village) | a Village:01.\_\_\_\_\_\_\_\_\_\_\_\_03.In the same village98. DON’T KNOWb. Sub-District01. \_\_\_\_\_\_\_\_\_\_\_\_\_\_03. In the same sub-district 98. DON’T KNOWc. District01. \_\_\_\_\_\_\_\_\_\_\_\_\_\_03. In the same district 98. DON’T KNOWd. Province01.\_\_\_\_\_\_\_\_\_\_\_\_\_\_03. In the same province 98. Don’t Know | a Village:01.\_\_\_\_\_\_\_\_\_\_\_\_03.In the same village98. DON’T KNOWb. Sub-District01. \_\_\_\_\_\_\_\_\_\_\_\_\_\_03. In the same sub-district 98. DON’T KNOWc. District01. \_\_\_\_\_\_\_\_\_\_\_\_\_\_03. In the same district 98. DON’T KNOWd. Province01.\_\_\_\_\_\_\_\_\_\_\_\_\_\_03. In the same province 98. Don’t Know |
| **PK05** | When was this visit […]? | 1. └─┴─┘ / └─┴─┴─┴─┘ MONTH / YEAR | 1. └─┴─┘ / └─┴─┴─┴─┘ MONTH / YEAR |
| **PK06** |  What was the reason for you/your child’s most recent visit to […]? | A. IllnessB. AccidentC. Post-natal care (respondent)D. Post-natal care (child)E. Other check up (i.e routine physical)F. Delivery G. Antenatal CareV. Other, specify \_\_\_\_\_\_\_\_\_\_\_\_X. REFUSED  | A. IllnessB. AccidentC. Post-natal care (respondent)D. Post-natal care (child)E. Other check up (i.e routine physical)F. Delivery G. Antenatal CareV. Other, specify \_\_\_\_\_\_\_\_\_\_\_\_X. REFUSED  |

**Now I want to ask you about your experiences at this facility more generally**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **A. Most recent**  | **B.Puskesmas**  |
| **PK07** | In general, how satisfied are you with the amount of time you have to wait to see the nurse, midwife, or other health provider when you visit the facility?  | 1. Very satisfied – the wait time is minimal
2. Satisfied – I might have to wait a little bit but the wait time is acceptable
3. Unsatisfied – the wait time is long but manageable
4. Very unsatisfied – The wait time is far too long and causes me substantial difficulty, or means that I cannot see the provider

97. REFUSED | 1. Very satisfied – the wait time is minimal
2. Satisfied – I might have to wait a little bit but the wait time is acceptable
3. Unsatisfied – the wait time is long but manageable
4. Very unsatisfied – The wait time is far too long and causes me substantial difficulty, or means that I cannot see the provider

97. REFUSED |
| **PK07a** | What is the longest time you have had to wait for a health worker to see you when you have visited this facility? Please try to give a rough estimate if you are not sure.  | 1. └─┴─┘Hours2. └─┴─┘ Minutes | 1. └─┴─┘Hours2. └─┴─┘ Minutes |
| **PK08** | How satisfied are you with the hours which this facility is open? Consider actual open hours, not just posted hours. | 01. Very satisfied – almost always open when I need it02. Satisfied – usually open when I need it 03. Unsatisfied – limited hours or actual hours are not always the posted hours04. Very unsatisfied – difficult to receive care because it is rarely open or the schedule is very unpredictable97. REFUSED | 01. Very satisfied – almost always open when I need it02. Satisfied – usually open when I need it 03. Unsatisfied – limited hours or actual hours are not always the posted hours04. Very unsatisfied – difficult to receive care because it is rarely open or the schedule is very unpredictable97. REFUSED |
| **PK08a** | Have you ever gone to the facility and found that the health worker was not there? | 1. Yes, often
2. Yes, sometimes
3. Yes, once
4. No
 | 1. Yes, often
2. Yes, sometimes
3. Yes, once
4. No
 |
| **PK09** | How would you rate the respect the providers show you at this facility?By respect I mean being treated with the care and attention you deserve. | 01. Excellent02. Good03. Fair04. Poor97. REFUSED | 01. Excellent02. Good03. Fair04. Poor97. REFUSED |
| **PK09a** | Have you ever been turned away or refused treatment by someone at the health facility when you visited?  | 1. Yes, often
2. Yes, sometimes
3. Yes, once
4. No
 | 1. Yes, often
2. Yes, sometimes
3. Yes, once
4. No
 |
| **PK10** | Overall, to what degree do you trust nurses, midwives, or other staff at this facility? **READ ANSWER OPTIONS** | 01. Excellent – Always trust them 02. Good – Usually trust them 03. Fair – Rarely trust them 04 Poor – Never trust them 97. REFUSED  | 01. Excellent – Always trust them 02. Good – Usually trust them 03. Fair – Rarely trust them 04 Poor – Never trust them 97. REFUSED  |
| **PK11** | How would you rate the availability of drugs, supplies and medical equipment at this facility? | 01. Excellent02. Good03. Fair04. Poor97. REFUSED | 01. Excellent02. Good03. Fair04. Poor97. REFUSED |
| **PK12** | How would you rate the cleanliness of the facility during this visit  | 01. Excellent02. Good03. Fair04. Poor97. REFUSED | 01. Excellent02. Good03. Fair04. Poor97. REFUSED |
| **PK13** | How would you rate the quality of the physical facility, including the building, furnishing, lights, water, etc.? | 01. Excellent02. Good03. Fair04. Poor97. REFUSED | 01. Excellent02. Good03. Fair04. Poor97. REFUSED |
|  **PK14** | Overall, taking everything into account, how would you rate the quality of care you receive at this facility? | 01. Excellent02. Good03. Fair04. Poor97. REFUSED | 01. Excellent02. Good03. Fair04. Poor97. REFUSED |
| **PK15** | If members of this community had a complaint about (….) facility, and brought it to the attention of the health staff at (….) facility, do you think s/he would try to make an improvement? | 01. Yes03. No 96. NA97. REFUSED 98. DON’T KNOW | 01. Yes03. No 97. REFUSED98. DON’T KNOW |
| **PK15a** | In the last 12 months, do you think that the quality of care at this facility has gotten better, worse, or stayed about the same? | 01. Better02. Worse03. Stayed about the same97. REFUSED98. DON’T KNOW | 01. Better02. Worse03. Stayed about the same97. REFUSED98. DON’T KNOW**🡪 PK17** |
| **PK16** | **ASK ONLY IF THE MOST RECENT VISIT () WAS NOT TO PUSKESMAS** *\_\_\_\_\_\_\_(* **(IS PK03=1?, IF YES SELECT 96; IF NOT, ASK FOLLOWING QUESTION)** **Have you visited Puskesmas \_\_\_\_\_\_\_\_\_\_\_\_ for any reason in the past 12 months?****CAPI WILL LOAD NAME OF PUSKESMAS (LINKED TO EA CODE)** | 01. Yes **🡪 PK02 COLUMN B**03. No **🡪 PK17****96. MOST RECENT VISIT IS TO PUSKESMAS \_\_\_\_\_\_\_\_\_\_\_🡪 PK17**97. REFUSED **🡪 PK17**98. DON’T KNOW **🡪 PK17****CAPI WILL LOAD NAME OF PUSKESMAS (LINKED TO EA CODE)** |  |

|  |  |  |
| --- | --- | --- |
| **PK17** | During your most recent pregnancy, were you part of a woman’s savings group (tabulin) to help save for costs associated with pregnancy, delivery, or postnatal care? | 01. Yes03. No97. REFUSED  |
| **PK18** | In this village, is there a community fund, available to women like you, to help pay for costs associated with pregnancy, delivery, or postnatal care? | 01. Yes03. No 🡪 **KS01**97. REFUSED 🡪  **KS01** |
| **PK19** | If yes, did you use the community fund to help pay for costs associated with **your most recent** pregnancy, delivery, or postnatal care? | 01. Yes03. No97. REFUSED  |

# **SECTION KS. TRUST, SOLIDARITY, EMPOWERMENT**

## **TRUST AND SOLIDARITY**

|  |  |  |
| --- | --- | --- |
| **KS01** | Suppose that someone in another village needs to pay you some money. If you or your family are unable to go (for example, you are sick or your family is away), would you ask someone in the community (not a household member) to go pick up the money for you? | 01 Yes03. No 🡪**KS03**97. REFUSED **🡪 KS03**98. DON’T KNOW **🡪 KS03** |
| **KS02** | (If yes) Who would you ask to collect the money for you? **ENUMERATOR CHECK: RESPONDENT DOES NOT SPECIFY A MEMBER OF THE HOUSEHOLD**  |  01. Friend 02. Neighbor 03. Elder 04. Anyone in the community97. REFUSED98. DON’T KNOW  |

## **COOPERATION**

|  |  |  |
| --- | --- | --- |
| **KS03** | In the past 12 months, did you or any one in your household participate in any communal activities, in which people came together to do some work for the benefit of the community? For example, working together to dig a well, clean a school, repair a road, etc. | 01. Yes03. No **🡪KS05**97. REFUSED **🡪 KS05**98. DON’T KNOW **🡪 KS05** |
| **KS04** | In the last month, estimate how many days you’ve spent on communal activities | └─┴─┘ days |

## **SOCIAL COHESION AND INCLUSION**

|  |  |  |
| --- | --- | --- |
| **KS05** | There are often differences in characteristics between people living in the same village/ neighborhood. For example, differences in wealth, income, social status, ethnic or linguistic background/race/caste/tribe. There can also be differences in religious or political beliefs, or there can be differences due to age or sex. To what extent do any such differences characterize/influence your village/neighborhood? READ ANSWER CHOICES | 01. To a very great extent02. To a great extent03. To a small extent04. To a very small extent05. No influence **🡪KS07**97. REFUSED **🡪KS07**98. DON’T KNOW **🡪KS07** |
| **KS05a** | What are these differences?SELECT ALL THAT APPLY | 1. Differences in wealth/income
2. Social status
3. Ethnic/linguistic background (includes race, caste, tribe)
4. Religious beliefs
5. Political beliefs
6. Differences due to age/sex
7. OTHER, SPECIFY \_\_\_\_\_\_\_\_
 |
| **KS06** | Do any of these differences cause problems? | 03. No 01. Yes97. REFUSED 98. Don’t Know |

## **EMPOWERMENT AND POLITICAL ACTION**

|  |  |  |
| --- | --- | --- |
| **KS07** | In the past 12 months, how often have people in this village/neighborhood gotten together to jointly petition government officials or political leaders for something benefiting the community? | 01. Never 02. Once03. A few times (<5)04. Many times (>5)97. REFUSED98. DON’T KNOW |
|  **KS08.** How much of the time do you think the following try their best to listen to what regular village people have to say? |
| a. Officials in my village | 00. Never01. Only sometimes02. Often03. Always98. DO NOT KNOW |
| b. Officials from outside who come to my village | 00. Never01. Only sometimes02. Often 03. Always98. DO NOT KNOW |
|  c. Members of Parliament | 00. Never01. Only sometimes02. Often 03. Always98. DO NOT KNOW |

|  |  |
| --- | --- |
| **KS09** | In the past 12 months, have you or anyone else in your household done any of the following? |
|  | Attend a village/neighborhood council meeting ,public hearing, or public discussion group | 01. Yes 03. No 97. REFUSED 98. DONT KNOW |
|  | Met with a politician, called him/her, or sent a letter |  01. Yes 03. No  97. REFUSED 98. DONT KNOW |
|  | Participated in a protest or demonstration |  01. Yes 03. No 97. REFUSED 98. DONT KNOW |
|  | Participated in an information or election campaign |  01. Yes 03. No 97. REFUSED 98. DONT KNOW |
|  | Alerted newspaper, radio or TV to a local problem |  01. Yes 03. No 97. REFUSED 98. DONT KNOW |
|  | Notified police or court about a local problem |  01. Yes 03. No 97. REFUSED 98. DONT KNOW |
|  | Online activities such as reporting problems on Facebook, Twitter, etc | 01. Yes 03. No 97. REFUSED 98. DONT KNOW |

|  |  |  |
| --- | --- | --- |
| **KS10a** | There are organizations in Indonesia that work in villages to try to make improvements in education, health or other aspects of life. These organizations come from outside of the village, and they are not part of the government.  Are you familiar with this type of organization? | 1. Yes3. No **🡪 Skip to KS11**97. REFUSED |
| **KS10b** | How frequently are there organizations activities in your community? | 1. Rarely – once in my lifetime2. Seldom – every year or two3. Frequently – multiple times a year4. Continual – there are NGO activities most of the time96. NEVER 97. REFUSED98. DO NOT KNOW |

|  |  |  |
| --- | --- | --- |
| **KS10c** | Why do you think people typically participate in NGO activities?(READ OUT OPTIONS AND CHOOSE ALL THAT APPLY ) | A. To be paidB. To help the communityC. To meet new peopleD. To get a job—now or in the futureE. Sense of obligation or responsibility to othersF. Planning to run for elected officeG. Interest in the topicV. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_X. REFUSEDY. DO NOT KNOW |

## **Empowerment Vignettes**

|  |  |  |
| --- | --- | --- |
| KS11 | I’d like you to think of improvements of any kind that you would like to make to improve life in your village, for yourself and others—for example, improving garbage collection to keep the village clean, fixing a bad road, organizing a watch group to keep the neighborhood safe, or anything else that you think would improve life in this village for yourself and others.  **Do you feel that you have the power to help make these kinds of improvements to life in this village, for yourself and others?****Rate yourself on a 1 to 4 scale, where 1 means being totally able to improve life in this village, 2 means able to, 3 means quite able and 4 means not able to improve life in this village.**  | 1. Totally Able
2. Able
3. Quite Able
4. Unable
 |

|  |  |  |
| --- | --- | --- |
| KS12 | USE PICTURE NUMBER 2 WHILE EXPLANAINING THE STORY BACKGROUND "Now I’m going to tell you about a situation in a village that is similar to yours but has a problem with its school.  Sometimes the teacher in this school does not show up to teach, and even when the teacher does come he sometimes does not teach: he only sits at the front of the class while looking at his cellphone.  Many parents in the village are concerned that their children are not learning when they go to school, and they think that the school would improve a lot if the teacher would come more regularly and work harder to teach the students well. Now I'm going to describe the situation of three different people who want to improve this situation.  For each of them, I would like you to answer the question "how is this person’s ability to improve life in their village?” Rate each person on a 1-4 scale, where 1 means being totally able to improve life in their village, 2 means able to, 3 means quite able and 4 means not able to improve life in their village. |  |

|  |  |  |
| --- | --- | --- |
| A | USE PICTURE SET SRI/ANTO (2A) WHILE READING THE STORYSri [for female respondent] / Anto [for male respondent] is very frustrated by the poor quality of the school.  One day Sri/Anto goes to the teacher to discuss the problems, but the teacher is not helpful.  He denies that he misses class and that he spends class time looking at his cellphone instead of teaching.  After talking to the teacher Sri/Anto decides to go and speak to the village head, and she is able to convince the village head to help.  Sri/Anto and the village head both visit the teacher again and talk to him about how important it is to improve the quality of the school.  This time he is more helpful and agrees to try to improve his teaching.  Over the next few months Sri/Anto notices that the teacher attends class regularly and is working harder to teach the students well.According to you, how is Sri/Anto’s ability to improve life in their village? | 1. Totally Able
2. Able
3. Quite Able
4. Unable
 |
| B | USE PICTURE SET MURNI/MUNIR (2B) WHILE READING THE STORYMurni [for female respondent] / Munir [for male respondent] is very frustrated by the poor quality of the school.  Even though Murni/Munir thinks that the teacher could improve, she does not visit the teacher or do anything about the problem.  The teacher continues to miss class and does not improve.According to you, how is Murni/Munir’s ability to improve life in their village? | 1. Totally Able
2. Able
3. Quite Able
4. Unable
 |
| C | USE PICTURE SET TATI/SYARIF (2C) WHILE READING THE STORYTati (for female respondent) or Syarif (for male respondent) is very frustrated by the poor quality of the school, and one day goes to the teacher to discuss the problems, but the teacher is not helpful.  He denies that he misses class and that he spends class time looking at his cellphone instead of teaching.  Tati/Syarif tries to talk to him about the importance of teaching the village children well but he won’t listen.  Tati/Syarif eventually gives up and goes home disappointed.  Tati/Syarif wonders if the village head could help but she does not go talk to him.  She takes no further action and the teacher continues to miss class and does not improve.According to you, How is Tati/Syarif’s ability to improve life in their village? | 1. Totally Able
2. Able
3. Quite Able
4. Unable
 |

|  |  |  |
| --- | --- | --- |
| KS13 | USE PICTURE SET 3Now I’d like you to think again about your ability to make important decisions and take actions that improve life in this village, for yourself and others. Which of the three people I just described is the most similar to your own ability to improve life in this village?  | 1. Sri/Anto (A)
2. Murni/Munir ( B)
3. Tati/Syarif (C)
 |

# **SECTION TD. KNOWLEDGE OF POTENTIAL HEALTH ACTIVITIES IN THE VILLAGE**

We are interested in understanding the extent to which activities aimed at improving health outcomes have occurred recently in this community.  I will be listing a number of activities, some of which might have happened in this village and some of which might not have happened.  You can let me know that yes they did happen here, no they did not happen here, or even that you don’t know.  To the best of your knowledge, which of the following activities occurred in this village in the past 3 years?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **TD01** | **TD02** | **TD03** |
| **Did [...] occur in the village in the past 3 years?****(Read out one-by-one)** | Did [….] have any effect on you personally? By effect I mean were you personally involved in the activity, or did it improve your life, make your life worse, or cause you to change your behavior in any way? | How did it affect you? |
| A. socialization or education campaign aimed at encouraging pregnant women or mothers to go to a health facility | 01 Yes03 No ↓ 98 DON’T KNOW↓ | 1 Yes 3 No↓  | A. Improved lifeB. Made life worseC. Behavior changeV. Other (specify) |
| B. request for a new ambulance available to this village or at a health facility available to you | 01 Yes03 No ↓ 98 DON’T KNOW↓ | 1 Yes 3 No↓  | A. Improved lifeB. Made life worseC. Behavior changeV. Other (specify) |
| C. attempts to improve the stock of drugs or equipments at the health facility | 01 Yes03 No ↓ 98 DON’T KNOW↓ | 1 Yes 3 No↓  | A. Improved lifeB. Made life worseC. Behavior changeV. Other (specify) |
| D. attempts to improve the attitude or performance of health facility staff | 01 Yes03 No ↓ 98 DON’T KNOW↓ | 1 Yes 3 No↓  | A. Improved lifeB. Made life worseC. Behavior changeV. Other (specify) |
| E. public posting of the cost of service at the health facility | 01 Yes03 No ↓ 98 DON’T KNOW↓ | 1 Yes 3 No↓  | A. Improved lifeB. Made life worseC. Behavior changeV. Other (specify) |
| F. community members building or requesting a new health facility | 01 Yes03 No ↓ 98 DON’T KNOW↓ | 1 Yes 3 No↓  | A. Improved lifeB. Made life worseC. Behavior changeV. Other (specify) |
| G. attempts to fix or improve health facility infrastructure such as water, electricity, or adding more space | 01 Yes03 No ↓ 98 DON’T KNOW↓ | 1 Yes 3 No↓  | A. Improved lifeB. Made life worseC. Behavior changeV. Other (specify) |
| H. improvement to the road leading to the health facility | 01 Yes03 No ↓ 98 DON’T KNOW↓ | 1 Yes 3 No↓  | A. Improved lifeB. Made life worseC. Behavior changeV. Other (specify) |
| I. attempts to reduce the cost of mother and child health services at the health facility | 01 Yes03 No ↓ 98 DON’T KNOW↓ | 1 Yes 3 No↓  | A. Improved lifeB. Made life worseC. Behavior changeV. Other (specify) |
| J. creation of a community savings group or tabulin aimed at defraying the  cost of services at the health facility | 01 Yes03 No ↓ 98 DON’T KNOW↓ | 1 Yes 3 No↓  | A. Improved lifeB. Made life worseC. Behavior changeV. Other (specify) |
| K. Improvements to the posyandu (activities, operating hour, quality of service, add cadres, number of posyandu, facility equipments, etc) | 01 Yes03 No ↓ 98 DON’T KNOW↓ | 1 Yes 3 No↓  | A. Improved lifeB. Made life worseC. Behavior changeV. Other (specify) |
| L. community organized transportation to a health facility | 01 Yes03 No ↓ **(Skip to M)**98 DON’T KNOW↓ **(Skip to M)** | 1 Yes 3 No↓   | A. Improved lifeB. Made life worseC. Behavior changeV. Other (specify) |
| L1. Did you use this community organized transportation for your most recent delivery? SKIP THIS QUESTION IF L = 03 OR 98 | 1. Yes3. No |
| M. a hygiene or cleaning campaign in the village | 01 Yes03 No ↓ 98 DON’T KNOW↓ | 1 Yes 3 No↓  | A. Improved lifeB. Made life worseC. Behavior changeV. Other (specify) |
| N. Partnership between midwives and baby dukun (AN MOU OR OTHER) | 01 Yes03 No ↓ 98 DON’T KNOW↓ | 1 Yes 3 No↓  | A. Improved lifeB. Made life worseC. Behavior changeV. Other (specify) |
| O. additional staff allocated to this village or the health facility (Hospital/puskesmas/Poskesdes, EXCLUSIVE POSYANDU) | 01 Yes03 No ↓ 98 DON’T KNOW↓ | 1 Yes 3 No↓  | A. Improved lifeB. Made life worseC. Behavior changeV. Other (specify) |

# **SECTION MD. MATERNAL DEPRESSION (Kessler Psychological Distress Scale – K6)**

Now, I would like to ask you questions related to your emotional condition

|  |  |  |
| --- | --- | --- |
| MD01 | About how often during the past 30 days did you feel **nervous** — would you say all of the time, most of the time, some of the time, a little of the time, or none of the time? | 01. All of the time02. Most of the time03. Some of the time04. A little of the time05. None of the time98. DON'T KNOW97. REFUSED |
| MD02 | During the past 30 days, about how often did you feel **hopeless**-- all of the time, most of the time, some of the time, a little of the time, or none of the time? | 01. All02. Most03. Some04. A little05. None98. DON'T KNOW97. REFUSED |
| MD03 | During the past 30 days, about how often did you feel restless or **fidgety?** | 01. All02. Most03. Some04. A little05. None98. DON'T KNOW97. REFUSED |
| MD04 | During the past 30 days, how often did you feel **so depressed that nothing could cheer you up?** | 01. All02. Most03. Some04. A little05. None98. DON'T KNOW97. REFUSED |
| MD05 | During the past 30 days, about how often did you feel that **everything was an effort**? | 01. All02. Most03. Some04. A little05. None98. DON'T KNOW97. REFUSED |
| MD06 | During the past 30 days, about how often did you feel **worthless**? | 01. All02. Most03. Some04. A little05. None98. DON'T KNOW97. REFUSED |

# **SECTION CP. INTERVIEWERS NOTE**

**END OF SURVEY: OBSERVATION**

|  |  |  |
| --- | --- | --- |
| **CP01** | **WHO WAS PRESENT DURING THE INTERVIEW?**  | **A. Respondent only** **B. Respondent's husband / partner** **C. Other female head of household****D. Children** **V. Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**INTERVIEWER’S NOTE**

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| --- | --- | --- |
| **CP02.SECTION** | **CP03. QUESTION NUMBER** | **CP04.INTERVIEWER’S NOTE** |
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NUMVIS. NUMBER OF VISIT: **└──┘**

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

|  |  |
| --- | --- |
| **Result of visit** |  **Monitoring by Supervisor** |
| 1. Completed2. Partially completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. Incompleted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  YES NO1. Observed 1 3
2. Checked............................................ 1 3
3. Verified 1 3
 |