

Transparency for Development (T4D) Program

Health Facility Scorecard Survey (INDONESIA)

August 2015

This survey was developed for the T4D intervention in collaboration with Pattiro and SurveyMeter (Indonesia).



TRANSPARENCY FOR DEVELOPMENT

T4D – Facility Survey

INTERVIEWER : _____ █ █ █ █
 DATA ENTRY : _____ █ █ █ █
 SUPERVISOR : _____ █ █ █ █

CONFIDENTIAL

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

(PLEASE READ THE FOLLOWING PARAGRAPH TO GET CONSENT FROM THE PERSON IN CHARGE OF THE PUSKESMAS)

Hello. My name is _____. I am from PATTIRO. I am currently working together with community members in _____ village to increase the access of women in the village to Puskesmas to get good quality MNH services. In order to do that, we would need to know more about the MNH services provided by this Puskesmas through observation of the MNH room and through asking several questions related to MNH services. The survey will only take about 30 minutes or less. The information that we received from the Puskesmas will be relayed to community members in _____ village in order to motivate them to access the Puskesmas.

May I continue? 1. Yes → CONTINUE INTERVIEW 3. No (REASON: _____) → END INTERVIEW

COV1. Name of Health Facility	PUSKESMAS _____
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NUMVIS. NUMBER OF VISIT: █ █

	a. FIRST VISIT	b. SECOND VISIT	c. THIRD VISIT
DATE	██ / ██ / █████	██ / ██ / █████	██ / ██ / █████
START TIME	██:██	██:██	██:██
END TIME	██:██	██:██	██:██

SECTION A. GENERAL INFORMATION

NOTE: FACILITATOR SHOULD ASK THIS SECTION TO THE PERSON WHO GIVES THE CONSENT.

Now I'd like to ask about the location and contact information for this Puskesmas

A01. PROVINCE	
A02. DISTRICT	
A03. Sub-District	
A04. Village	
A05. Address (WRITE STREET NAME, NAME OF ALLEY, HOUSE NUMBER, RT/RW, SUB-VILLAGE, VILLAGE)	<hr/> <hr/> <hr/>
A06. Notes on location (RECORD BUILDING, OTHER LANDMARK NEAR THE FACILITY/ON THE SAME ROAD, SUCH AS: MOSQUE, SCHOOL, CHURCH, OR OTHER BUILDING)	<hr/> <hr/> <hr/>
A07. Phone number	<p>A. Landland : <input type="text"/> - <input type="text"/> W. NOT APPLICABLE Y. DO NOT KNOW</p> <p>B. Mobile phone : <input type="text"/> - <input type="text"/> ,Owner: <input type="text"/></p>
A08. Does this Puskesmas main catchment villages included _____ Village? INSERT THE FACILITATOR'S VILLAGE	<p>1. Yes</p> <p>3. No → END INTERVIEW</p>

NOTE:

1. RECORD THE RESPONDENT DETAILS IN SECTION E AFTER SECTION A IS COMPLETED.

2. ASK FOR PERMISSION FROM THE PERSON IN CHARGE TO GO TO SPEAK TO THE PERSON WHO IS IN CHARGE OF MNH SERVICES/MOST KNOWLEDGABLE ABOUT MNH SERVICES IN THE PUSKESMAS TO ANSWER THE FOLLOWING SECTIONS (SECTION B, C and D).

SECTION B. MNH INFORMATION AND OBSERVATION OF DELIVERY ROOM

I'd like to ask some questions about the delivery room, the availability of power and water. I would also like to observe the delivery room.

B01. Is there a specific room for deliveries?	Yes..... 1 ➔ B03 No 3
B02. If no, where do deliveries usually take place? OPEN RESPONSE	1. In other health facility _____ ➔ SECTION C 3. In this facility, not in a specified delivery room _____
B03. In the past 2 years, were there any cases when you had to turn away patients/ refer patients to other facilities who wanted to deliver here, due to insufficient number of beds or space for patients?	1. Yes 3. No
B04. What is the main source of power in this facility	1. Main grid/electric connection (PLN) 2. Generators 3. Solar panels 4. Others, Specify _____ 5. NO ELECTRICITY/NONE ➔ B08
B05. If the main sources of power is dead/not functioning for more than one hour, what is the source of power used to store vaccines	1. Specify answer: _____ 3. NONE
B06. If the main source of power is dead/not functioning at night, what is the source of power used for the delivery room?	1. Specify answer: _____ 3. NONE

B07. Have there been any cases where the main source of power is dead/not functioning and there is no back up power (not functioning/not available at the time) for more than one hour?	1. Yes 2. No
B08. In the last 12 months, have you ever <u>not</u> had water available for flushing toilet?	1. Yes 3. No
B09. In the last 12 months, have you ever <u>not</u> had water available for washing hands?	1. Yes 3. No

May I now observe the delivery room?

B10. PRIVACY LEVEL OF THE DELIVERY ROOM OR THE ROOM SPECIFIED IN B02 (DO NOT READ QUESTION AND ANSWER CHOICES)	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) _____
B11. DELIVERY ROOM CLEANLINESS	
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. Dust and Mold	1. OBSERVED DUST OR MOLD IN THE ROOM 3. NO DUST OR MOLD IS OBSERVED IN THE ROOM

SECTION C. AVAILABILITY OF DRUGS AND EQUIPMENT

Now I'd like to ask about the availability of drugs/supplements and materials/equipments in this room.

	CYPE	C01	C02	C03
	Name of Drugs/ Supplements	Are the following drugs/supplements stored in the delivery room?	Are the following drugs/supplements <u>in stock today?</u> (THROUGH OBSERVATION)	Are the following drugs/supplements were ever out of stock at least once in the last 3 months?
A	OXYTOCIN	1. YES → 3. NO, STORED IN _____ ↓ 6. NEVER AVAILABLE ↓	1. YES → 3. NO →	1. YES ↓ 3. NO ↓
B	MAGNESIUM SULFATE	1. YES → 3. NO, STORED IN _____ ↓ 6. NEVER AVAILABLE ↓	1. YES → 3. NO →	1. YES ↓ 3. NO ↓
C	VACCINE - TT	1. YES → 3. NO, STORED IN _____ ↓ 6. NEVER AVAILABLE ↓	1. YES → 3. NO →	1. YES ↓ 3. NO ↓
D	METRONIDAZOLE	1. YES → 3. NO, STORED IN _____ ↓ 6. NEVER AVAILABLE ↓	1. YES → 3. NO →	1. YES ↓ 3. NO ↓
E	CIPROFLOXACIN	1. YES → 3. NO, STORED IN _____ ↓ 6. NEVER AVAILABLE ↓	1. YES → 3. NO →	1. YES ↓ 3. NO ↓
F	ERYTHROMYCIN	1. YES → 3. NO, STORED IN _____ ↓ 6. NEVER AVAILABLE ↓	1. YES → 3. NO →	1. YES ↓ 3. NO ↓
G	DEXTRAN 70	1. YES → 3. NO, STORED IN _____ ↓ 6. NEVER AVAILABLE ↓	1. YES → 3. NO →	1. YES ↓ 3. NO ↓
H	SODIUM CHLORIDE AND GLUCOSE SOLUTION (FOR IV)	1. YES → 3. NO, STORED IN _____ ↓ 6. NEVER AVAILABLE ↓	1. YES → 3. NO →	1. YES ↓ 3. NO ↓
I	CHLOROHEXIDINE GLUCONATE	1. YES → 3. NO, STORED IN _____ ↓ 6. NEVER AVAILABLE ↓	1. YES → 3. NO →	1. YES ↓ 3. NO ↓

	CTYPE	C01	C02	C03
	Name of Equipment	Are the following materials/equipments stored in the delivery room?	Are the following materials/Equipment in stock <u>today</u> ? (RECORD THROUGH OBSERVATION)	Are the following materials/Equipments were ever out of stock at least once <u>in the last 3 months</u> ?
J	OXYGEN TANK	1. YES → 3. NO, STORED IN _____ ↓ 6. NEVER AVAILABLE ↓	1. YES → 3. NO →	1. YES ↓ 3. NO ↓
K	VACCINE CARRIER	1. YES → 3. NO, STORED IN _____ ↓ 6. NEVER AVAILABLE	1. YES → 3. NO →	1. YES ↓ 3. NO ↓
L	REFRIGERATOR (FOR VACCINE)	1. YES → 3. NO, STORED IN _____ ↓ 6. NEVER AVAILABLE ↓	1. YES → 3. NO →	1. YES ↓ 3. NO ↓
M	GENERATOR	1. YES → 3. NO, STORED IN _____ ↓ 6. NEVER AVAILABLE ↓	1. YES → 3. NO →	1. YES ↓ 3. NO ↓
N	CLAMPS	1. YES → 3. NO, STORED IN _____ ↓ 6. NEVER AVAILABLE ↓	1. YES → 3. NO →	1. YES ↓ 3. NO ↓
O	FORCEPS	1. YES → 3. NO, STORED IN _____ ↓ 6. NEVER AVAILABLE ↓	1. YES → 3. NO →	1. YES ↓ 3. NO ↓
P	VACUUM/BABY SUCTION PUMP	1. YES → 3. NO, STORED IN _____ ↓ 6. NEVER AVAILABLE ↓	1. YES → 3. NO →	1. YES ↓ 3. NO ↓
Q	SCISSORS	1. YES → 3. NO, STORED IN _____ ↓ 6. NEVER AVAILABLE ↓	1. YES → 3. NO →	1. YES ↓ 3. NO ↓

	CTYPE	C01	C02	C03
	Name of Equipment	Are the following materials/equipments stored in the delivery room?	Are the following materials/Equipment in stock <u>today</u> ? (RECORD THROUGH OBSERVATION)	Are the following materials/Equipments were ever out of stock at least once in <u>the last 3 months</u> ?
R	THERMOMETER	1. YES → 3. NO, STORED IN _____ ↓ 6. NEVER AVAILABLE ↓	1. YES → 3. NO →	1. YES ↓ 3. NO ↓
S	URINE TEST SET	1. YES → 3. NO, STORED IN _____ ↓ 6. NEVER AVAILABLE ↓	1. YES → 3. NO →	1. YES ↓ 3. NO ↓
T	BLOOD PRESSURE MONITOR	1. YES → 3. NO, STORED IN _____ ↓ 6. NEVER AVAILABLE ↓	1. YES → 3. NO →	1. YES ↓ 3. NO ↓
U	KIA BOOK	1. YES → 3. NO, STORED IN _____ ↓ 6. NEVER AVAILABLE ↓	1. YES → 3. NO →	1. YES ↓ 3. NO ↓

NOTE:

1. THANK THE RESPONDENT FOR HIS/HER TIME AND RECORD THE RESPONDENT DETAILS IN SECTION E.
2. ASK PERMISSION TO OBSERVE THE TOILET (IF THERE ARE MANY, GO TO THE ONE CLOSEST TO THE DELIVERY ROOM) AND ON WHERE INFORMATION ON COST AND OPERATIONAL HOURS ARE POSTED

SECTION D. OBSERVATION

NOTE: FOR THIS SECTION, FACILITATOR SHOULD OBSERVE TOILET AND OTHER AREA OF THE PUSKESMAS

INFORMATION ON COST AND OPERATIONAL HOURS		ANSWER
D01	COST INFORMATION POSTED CLEARLY IN THE PUSKESMAS? COST AT LEAST ON GIVING BIRTH, ANC/PNC VISIT	1. Yes, Specify location _____ 3. No
D02	IS OPERATIONAL HOURS INFORMATION POSTED CLEARLY IN THE PUSKESMAS?	1. Yes, Specify location _____ 3. No

TOILET		ANSWER
D03	IS WATER AVAILABLE TO FLUSH	1. YES 3. NO
D04	IS RUNNING WATER AVAILABLE TO WASH HANDS	1. YES 3. NO

NOTE:

BEFORE FACILITATOR LEAVES THE PUSKESMAS, COMPLETE C02 and C03 IN SECTION C FOR EACH ITEM (DRUGS/SUPPLEMENTS OR MATERIALS/EQUIPMENT) THAT ARE STORED IN OTHER ROOMS IN THE PUSKESMAS (C01 = 3) BY VISITING THE ROOMS SPECIFIED IN C01.

SECTION E. RESPONDENT IDENTITY

NOTE: FACILITATOR SHOULD ASK FOR RESPONDENT DETAILS FOR EACH PERSON WHO PROVIDES INFORMATION FOR THIS SURVEY

IRTYPE	RESPONDENT A	RESPONDENT B	RESPONDENT C	RESPONDENT D
E01. Name of Respondent	_____	_____	_____	_____
E02. Position in Health Facility	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
E04. GENDER	MALE 1 FEMALE 3	MALE 1 FEMALE 3	MALE..... 1 FEMALE 3	MALE..... 1 FEMALE 3
E05. PHONE NUMBER	A. Landline _____. B. Mobile Phone _____ W. NOT AVAILABLE	A. Landline _____. B. Mobile Phone _____ W. NOT AVAILABLE	A. Landline _____. B. Mobile Phone _____ W. NOT AVAILABLE	A. Landline _____. B. Mobile Phone _____ W. NOT AVAILABLE

POSITION CODE E02	
01. Head of Puskesmas/Facility	07. Village Midwife
02. Head of Administration	08. Midwife (Temporary)
03. Administration Staff	09. Head of Drugs Store Room
04. Head of MNH Unit	10. Staff of Drugs Store Room
05. Midwife Coordinator	11. Cadres
06. Puskesmas Midwife	12. Nurse/ Mantri
	95. Others _____

INTERVIEWER'S NOTE

SECTION	QUESTION NUMBER	INTERVIEWER'S NOTE