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

COV1	Respondent's name	_____
COV02	IS HOUSEHOLD INTERVIEWABLE?	1. YES ➔**NUMVIS** 3. NO
COV02a	WHY IS THE HOUSEHOLD NOT INTERVIEWABLE?	01. NOT THE TARGET RESPONDENT 02. UNSUITABLE TIME FOR INTERVIEW 03. TARGET RESPONDENT NOT AT HOME/ AWAY 04. DUPLICATE WITH OTHER ID ⌊_⌊_⌋ 05. MOVED OUT OF VILLAGE 06. REFUSED 07. DECESEAD ON ⌊_⌊_⌋/⌊_⌊_⌋/⌊_⌊_⌊_⌊_⌋ 95. OTHER _____
COV02b	REASON NOT INTERVIEWED	**IDRT** ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌋
COV02c	REPLACEMENT HOUSEHOLD	1. ORIGINAL HOUSEHOLD 2. REPLACEMENT HOUSEHOLD **HHID** ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌋

NUMVIS. NUMBER OF VISIT: ⌊_⌋

	a. First Visit	b. Second Visit	c. Third visit
DATE	⌊_⌊_⌋ / ⌊_⌊_⌋ / ⌊_⌊_⌊_⌊_⌋	⌊_⌊_⌋ / ⌊_⌊_⌋ / ⌊_⌊_⌊_⌊_⌋	⌊_⌊_⌋ / ⌊_⌊_⌋ / ⌊_⌊_⌊_⌊_⌋
START TIME	⌊_⌊_⌋ : ⌊_⌊_⌋	⌊_⌊_⌋ : ⌊_⌊_⌋	⌊_⌊_⌋ : ⌊_⌊_⌋
END TIME	⌊_⌊_⌋ : ⌊_⌊_⌋	⌊_⌊_⌋ : ⌊_⌊_⌋	⌊_⌊_⌋ : ⌊_⌊_⌋

COV3. Visit Result	**COV4.** Checking by Editor	**COV5. Supervision by Supervisr**		
1. Completed	1. Checked, no correction		YES	NO
2. Half Completed_____	2. Checked and corrected	a. Observed.....	1	3
3. Not completed_____		b. Verified	1	3

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 / YEAR b. Name of child: _____ IF MULTIPLE BIRTHS, RECORD NAME OF THE YOUNGEST
KF04	SOURCE OF INFORMATION FOR CHILDREN'S DATE OF BIRTH	1. HH CARD 2. BIRTH CERTIFICATE 3. MOTHER AND CHILD CARD (KIA) 4. CHECK-UP CARD 5. INFORMATION FROM RESPONDENT 95. OTHER_____
KF05	How long have you lived in [NAME OF VILLAGE]?	01. ⌊__⌋ month (IF LESS THAN 1 YEAR) 02. ⌊__⌋ year 03. Since birth 98. 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. CONSENT FORM

I am going to read you a document that explains this study. Please stop me at any point if you want to ask or say something.

[READ CONSENT FORM AND CONDUCT CONSENT PROCESS]

Consent to Participate in a Non Biomedical Research

Mother and Health Survey in Indonesia

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 → CONTINUE INTERVIEW 3. No → END INTERVIEW

Will you allow your children from your last pregnancy to have their height and weight measured? 1. Yes (CHILD IS MEASURED) 3. No (CHILD IS NOT MEASURED) 6. CHILD HAS DIED

I do understand the procedure mentioned above.

INTERVIEWER SIGNATURE

BASED ON MY JUDGMENT, THE RESPONDENT HAS GIVEN THEIR VOLUNTARY AND INFORMED CONSENT AND POSSESSES THE LEGAL CAPACITY TO CONSENT TO PARTICIPATE IN THIIS SURVEY

_____ _____

Interviewer's Signature Date

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)	_____ _____	
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

A. DEMOGRAPHICS

Now I'd like to ask some questions about your household, and the head of the household.

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

KR01	How old are you (last birthday)?	01. ⌊_⌊_⌋ year 98. DON'T KNOW 97. REFUSED
KR02	What is your marital status?	01. NEVER MARRIED AND NOT LIVING WITH PARTNER 02. CURRENTLY MARRIED 03. SEPARATED 04. DIVORCED 05. WIDOWED 06. LIVING TOGETHER WITH PARTNER 07. MARRIED, LIVING SEPARATELY FROM PARTNER 97. REFUSED

KR03	What is your ethnicity?	01. Javanese 02. sundanese 03. balinese 04. batak 05. bugis 06. tionghoa 07. madura 08. sasak 09. minang 10. banjar	11. bima-dompu 12. makassar 13. nias 14. palembang 15. sumbawa 16. toraja 17. betawi 18. dayaknese 19. malay 20. komering	21. ambonese 22. manadonese 23. aceh 24. south sulawesi - other 25. banten 26. cirebon 27. gorontalo 28. kutai 29. 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?	**1.** I am the head of household **->KR11** 2. 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 3. Woman
KR08	What is ____'s marital status? (USE THE NAME OF THE HEAD OF THE HOUSEHOLD)	01. NEVER MARRIED AND NOT LIVING WITH PARTNER 02. CURRENTLY MARRIED 03. SEPARATED 04. DIVORCED 05. WIDOWED 06. LIVING TOGETHER WITH PARTNER 07. MARRIED, LIVING SEPARATELY FROM PARTNER 97. REFUSED
KR09	What is the highest level of education that _____ has completed? (USE THE NAME 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. REFUSED 98. DON'T KNOW

KR10	What was the employment status of _____ in the past week in his main job? (USE THE NAME OF THE HEAD OF THE HOUSEHOLD)	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. REFUSED 98. DON'T KNOW
KR11	What is ____'s primary occupation, that is, what kind of work takes up most of their time? (USE THE NAME OF THE HEAD OF THE HOUSEHOLD)	1. Agriculture, hunting, fishing, animal husbandry 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

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 that _____ has completed? (USE NAME OF 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. REFUSED
		98. DON'T KNOW
KR11e	What was the employment status of _____ in the past week in his main job? (USE NAME OF SPOUSE OF THE HEAD OF THE HOUSEHOLD)	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. REFUSED 98. DON'T KNOW

B. 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**	01. ⌊_⌊_⌋ people 97. REFUSED 98. DON'T KNOW
KR13	How many of your household members are between the ages of 6 and 18?	**01.** ⌊_⌊_⌋ 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?**	01. ⌊_⌊_⌋ people 97. REFUSED 98. DON'T KNOW

C. 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?	01. No toilet 02. Latrine 03. Non-flush to a septic tank 04. 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 cook 97. REFUSED 98. 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	1. Yes 3. No 97. REFUSED 98. DON'T KNOW
B	Motorcycle, scooter, motor boat	1. Yes 3. No 97. REFUSED 98. DON'T KNOW
C	Gas cylinder of 12 kg or more	1. Yes 3. No 97. 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?	A. BPJS PBI (Penerima Bantuan Iuran jaminan Kesehatan) / KIS B. BPJS Non PBI (BPJS mandiri) C. Jamkesda D. Jamkesmas E. 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. Yes 3. No

A. 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. Male 3. Female
SK06	Is [NAME OF CHILD] a single or multiple birth?	1. Single 3. 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

B. Full birth history

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

RECORD ALL NAMES IN SK10. 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 6. Birth Clinic	1. Hospital (Private) 2. Hospital (Public/Gov) 3. Puskesmas 4. Pustu 5. Poskesdes/Polindes/PKD 6. Birth Clinic	1. Hospital (Private) 2. Hospital (Public/Gov) 3. Puskesmas 4. Pustu 5. Poskesdes/Polindes/PKD 6. Birth Clinic	1. Hospital (Private) 2. Hospital (Public/Gov) 3. Puskesmas 4. Pustu 5. Poskesdes/Polindes/PKD 6. Birth Clinic	1. Hospital (Private) 2. Hospital (Public/Gov) 3. Puskesmas 4. Pustu 5. Poskesdes/Polindes/PKD 6. Birth Clinic

		7. Doctor Private Clinic 8. Midwife Private Practice 9. Village midwife home (under supervision of Puskesmas) 10. Own house 11. Other house (in-laws, parents, neighbors) 95. Other, Specify_____ 97. REFUSED ➔ **NEXT BIRTH/SK09**	7. Doctor Private Clinic 8. Midwife Private Practice 9. Village midwife home (under supervision of Puskesmas) 10. Own house 11. Other house (in-laws, parents, neighbors) 95. Other, Specify_____ 97. REFUSED ➔ **NEXT BIRTH/SK09**	7. Doctor Private Clinic 8. Midwife Private Practice 9. Village midwife home (under supervision of Puskesmas) 10. Own house 11. Other house (in-laws, parents, neighbors) 95. Other, Specify_____ 97. REFUSED ➔ **NEXT BIRTH/SK09**	7. Doctor Private Clinic 8. Midwife Private Practice 9. Village midwife home (under supervision of Puskesmas) 10. Own house 11. Other house (in-laws, parents, neighbors) 95. Other, Specify_____ 97. REFUSED ➔ **NEXT BIRTH/SK09**	7. Doctor Private Clinic 8. Midwife Private Practice 9. Village midwife home (under supervision of Puskesmas) 10. Own house 11. Other house (in-laws, parents, neighbors) 95. Other, Specify_____ 97. REFUSED ➔ **NEXT BIRTH/SK09**

SECTION PF. FACILITY UTILIZATION

A. 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 doctor/nurse/midwife** 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.	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. No 1. Yes
PF05	How many weeks pregnant were you when you first received antenatal care with a doctor/nurse/midwife 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. Refused Y. Don't know

PF05a	How many times did you receive antenatal care with a doctor/nurse/midwife during this pregnancy? **NOTE: PROBE FOR OTHER CARES NOT RECORDED IN KIA BOOK**	A. KIA book/check-up book: 1 ⌊_⌋⌊_⌋ times 6. NA B. Information from mother if KIA book not available OR if her information different from record in KIA book ⌊_⌋⌊_⌋ time

TYPE **(Read out one-by-one)**	**PF06** Now I am going to ask you about **any** antenatal care that you may have received. This could be from skilled (doctor/nurse/midwife) or unskilled (dukun/cadre/friends/other) providers. During these antenatal care visits **before the birth of** [NAME], did you receive [.....]? **[NAME] is the youngest child (see SK04/SK11)**
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. No 6. Did not receive ANY antenatal care
C. Urine sample	1. Yes 3. No 6. Did not receive ANY antenatal care
D. An injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	1. Yes 3. No 6. Did not receive ANY antenatal care
E. Advice on nutrition or what is good for you to be eating during yoru pregnancy?	1. Yes 3. No 6. Did not receive ANY antenatal care

PF07	Were you told things to look out for that might suggest problems with the pregnancy?	1. Yes 3. No 6. Did not receive ANY antenatal care
PF08	From your knowledge, what problems in pregnancy might need medical treatment? DO NOT READ ANSWER CHOICES. SELECT MULTIPLE PROBE FOR OTHER ANSWERS **DO NOT SKIP**, even if respondent received no antenatal care	A. Severe headache B. Blurry vision C. Reduced or absent fetal movement D. High blood pressure E. Edema (swelling) of the face/hands/legs F. Convulsions G. Excessive vaginal bleeding H. Severe lower abdominal pain I. Fever J. Anemia W. None V. 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. Yes 3. No 6. Did not receive any antenatal care

PF10	From your knowledge, what actions should a woman take for birth preparedness planning? DO NOT READ ANSWER CHOICES **PROBE FOR OTHER ANSWERS** **DO NOT SKIP**, even if respondent received no antenatal care	A.DECIDE ON DELIVERY LOCATION B. ARRANGE TRANSPORTATION/TRANSPORTATION PLAN C. DETERMINE WHO WILL ASSIST THE DELIVERY D. FIGURE OUT HOW TO PAY FOR DELIVERY E. IDENTIFY A POSSIBLE BLOOD DONOR F. IDENTIFY CHILDCARE/WHO WILL CARE FOR YOUR OTHER CHILDREN G. IDENTIFY WHO WILL ACCOMPANY THE BIRTH ATTENDANT H. ESTIMATE DAY OF DELIVERY W. NONE V.OTHER_____ Y. DON'T KNOW

B. 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. Yes 98. 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 KIA 02. └──┘, └──┘ KG NOT FROM KIA 97. Refused 98. 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**	a. └─┘└─┘ / └─┘└─┘ / └─┘└─┘└─┘└─┘ b. _____ └─┘└─┘└─┘ 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 └─┴─┘ , └─┴─┘ KG 3.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 └─┴─┘ , └─┴─┘ CM 3.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. Yes 03. No 97. Refused

PF17	Did you breastfeed your baby within the first hour after giving birth?	01. Yes 03. No 97. Refused 98. Don't know

Delivery Content of care. ***SKIP IF NOBODY ASSISTED (PF24)***

PF18	Did someone place the baby on your chest, against your skin, or was the baby wrapped to you within 1 hour of birth?	01. Yes 03. No 97. Refused 98. Don't know
PF19	Were you told not to wash the baby right away? **SKIP IF SK11 is 1, 2, 3, 4, 5, 6, 7, 8, or 9**	01. Yes 03. No 97. Refused 98. Don't know
PF20	Did you get an injection right after delivery (after the baby but before the placenta)?	1. Yes 3. No 97. REFUSED 98. DON'T KNOW

PF21	After the delivery of the placenta, did the birth attendant massage your lower abdomen?	1. Yes 3. No 97. REFUSED 98. DON'T KNOW
PF22	Was anything applied to the cord after cutting and tying?	1. Yes 3. No 97. REFUSED 98. DON'T KNOW

PF23	Was [NAME] delivered by caesarean, that is, did they cut your belly open to take the baby out?	03. No 01. Yes 97. REFUSED
PF23a	Did you experience any complications (e.g. prolonged labour, convulsions, excessive bleeding) during delivery?	03. No 01. Yes 97. 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 CARE
		B. DISTANCE
		C. TRANSPORTATION UNAVAILABLE
		D. DIDN'T KNOW WHERE TO GO
		E. OPPOSITION OF PARTNER/FAMILY
		F. AGAINST LOCAL NORMS
		G. PROVIDER WAS NOT PRESENT, OR FACILITY

		WAS CLOSED
		H. WAIT TIME AT FACILITY WAS TOO LONG
		I. BIRTH HAPPENED TOO SOON AND THERE WAS NO TIME TO REACH THE FACILITY
		V. OTHER, SPECIFY _____
➔ **GO TO QUESTION PF27**		
PF25	Name of facility CAPI 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 KNOW b. Sub-District 01. _____ 03. In the same sub-district 98. DON'T KNOW c. District 01. _____ 03. In the same district 98. DON'T KNOW d. 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)? **SKIP IF SK11 = (10 OR 11) AND PF16 = W**	03. No **0**1. Yes 96. 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. Yes 96. 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 referred 2. Was referred to other facility
PF30	What form of transport did you take to the facility for your delivery?	A. Hired private vehicle (car or taxi) B. Hired private motorcycle/ojek

	(CIRCLE ALL THAT APPLY)) **IF REFERRED, USE THE LAST PLACE/PLACE OF GIVING BIRTH**	C. Personal motorcycle D. Personal car E. Public bus/angkot F. On foot G. Relatives'/neighbors' vehicle H. Ambulance V. Other, specify _____ X. REFUSED Y. 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. _____ Hour 03. _____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. Yes 97. 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	A. Experienced it during your recent delivery at this facility B. Witnessed it done to other women delivering at this facility C. Heard about it done to other women during delivery at the facility D. None of the above
PF35	Health providers withholding/threatening to withhold treatment because patient could not pay or did not have supplies SELECT ALL THAT APPLY	A. Experienced it during your recent delivery at this facility B. Witnessed it done to other women delivering at this facility C. Heard about it done to other women during delivery at the facility D. None of the above
PF36	Health providers ignoring or abandoning patient when in need or when she called for help SELECT ALL THAT APPLY	A. Experienced it during your recent delivery at this facility B. Witnessed it done to other women delivering at this facility C. Heard about it done to other women during delivery at the facility D. None of the above
PF37	Patient delivering without any assistance from health providers. SELECT ALL THAT APPLY	A. Experienced it during your recent delivery at this facility B. Witnessed it done to other women delivering at this facility C. Heard about it done to other women during delivery at the facility D. None of the above

PF38	Health providers hitting, slapping, pushing, pinching, or otherwise beating patient. SELECT ALL THAT APPLY	A. Experienced it during your recent delivery at this facility B. Witnessed it done to other women delivering at this facility C. Heard about it done to other women during delivery at the facility D. None of the above

C. 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? **(Skip if SK10 = 10 or 11)**	⌊_⌊_⌋ 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? **PROBE: If this care/examination was with a baby dukun/other TBA, code this as a "No".**	03. No 01. Yes 97. REFUSED 98. 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? **PROBE: If this care/examination was with a baby dukun/other TBA, code this as a "No".**	03. No 01. Yes 97. REFUSED 98. 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.

PF41	PFTYPE (Read out one-by-one)	A. Within 40 days after giving birth to [NAME], did anyone […] ?	B. Did […] take place within SEVEN DAYS (one week) of giving birth to [NAME]?	C. Who performed this check? IF MORE THAN ONE PERSON, RECORD THE PERSON WITH HIGHEST QUALIFICATION
1.	Checked breasts (mother)	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 cadre 03. Baby dukun/ other TBA 95. Other _____
2.	Counseled on danger signs for newborns	01 Yes 03 No ↓ 97. Refused ↓ 98. Don't Know ↓ 91. Stillbirth ↓	01 Yes 03 No 98. Don't Know	01. Medical personnel (doctor, nurse, midwife, etc) 02. Posyandu cadre 03. Baby dukun/ other TBA 95. Other _____
3.	Counseled on danger of not wearing a helmet when riding motorcycle	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 cadre 03. Baby dukun/ other TBA 95. Other _____
4.	Talk with you about using family planning?	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 cadre 03. Baby dukun/ other TBA 95. Other _____
5.	Check blood pressure	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 cadre 03. Baby dukun/ other TBA 95. Other _____
6.	Provide vitamin A	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 cadre 03. Baby dukun/ other TBA 95. Other _____
7.	Examine perineum	01 Yes 03 No ↓ 97. Refused ↓ 98. Don't Know ↓	01 Yes 03 No	01. Medical personnel (doctor, nurse, midwife, etc) 02. Posyandu cadre 03. Baby dukun/ other TBA

			98. Don't Know	95. Other _____
8.	Check for bleeding	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 cadre 03. Baby dukun/ other TBA 95. Other _____
9.	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↓	01 Yes 03 No 98. Don't Know	01. Medical personnel (doctor, nurse, midwife, etc) 02. Posyandu cadre 03. Baby dukun/ other TBA 95. Other _____
10.	Tell you about complications during or immediately following childbirth	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 cadre 03. Baby dukun/ other TBA 95. Other _____

11.	What complications do you know of? **DO NOT READ ANSWER CHOICES** **PROBE FOR OTHER ANSWERS**	A. Excessive bleeding B. Fever C. Genital injuries V. Other, specify _____ X. REFUSED Y. DON'T KNOW
12.	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 months 2. Between 4 to 6 months 3. 6 months 4. Longer than 6 months 98. 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**
1.	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 cadre 03. Baby dukun/ other TBA 95. Other _____
2.	Weighed baby (not immediately after birth, but during a follow-up visit)	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 cadre 03. Baby dukun/ other TBA 95. Other _____
3.	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 cadre 03. Baby dukun/ other TBA 95. Other _____
4.	Immunization (HB0) **CHECK KIA/KMS BOOK, IF NOT RECORDED, ASK RESPONDENT!** **THIS IS THE FIRST DOSE OF THE HEPATITIS B VACCINE, USUALLY**	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 cadre 03. Baby dukun/ other TBA 95. Other _____

	GIVEN TO BABIES 0-7 YEARS OLD.			
5.	Provide Vitamin K1 **(usually an injection in the thigh)**	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 cadre 03. Baby dukun/ other TBA 95. Other _____
6.	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 cadre 03. Baby dukun/ other TBA 95. Other _____
7.	Immunization (Polio) **CHECK KIA/KMS BOOK, IF NOT RECORDED, ASK RESPONDENT!** **IF THE BABY IS BORN AT HOME, THE FIRST DOSE IS USUALLY GIVEN DURING THE FIRST VISIT TO A HEALTH FACILITY.** **IF THE BABY IS BORN AT A HEALTH FACILITY, THE FIRST DOSE IS USUALLY GIVEN BEFORE THE BABY GOES HOME.**	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 cadre 03. Baby dukun/ other TBA 95. Other _____
8.	Immunization (DPT-HB) **CHECK KIA/KMS BOOK, IF NOT RECORDED, ASK RESPONDENT!** **COMBINATION OF DPT VACCINE FOR DIPHTHERIA PERTUSSIS, AND**	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 cadre 03. Baby dukun/ other TBA 95. Other _____

	TETANUS. THE FIRST DOSE IS USUALLY GIVEN WHEN THE BABY IS 3-6 WEEKS OLD.			
9.	Immunization (BCG) **CHECK KIA/KMS BOOK, IF NOT RECORDED, ASK RESPONDENT!** **TUBERCULOSIS VACCINE, USUALLY GIVEN BEFORE THE BABY IS 3 MONTHS OLD. IDEALLY, GIVEN WHEN THE BABY IS 2 MONTHS OLD.**	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 cadre 03. Baby dukun/ other TBA 95. Other _____

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

PF43	Within 40 days of the birth of [NAME], have you ever wanted to take [NAME] to see a health provider, but did not or could not do so?	01. Yes 03. No→ **PF45** 97. REFUSED → **PF45**

PF44	Why could you not take [NAME} to see a health provider?	
		A. COST OF CARE
		B. DISTANCE
		C. TRANSPORTATION UNAVAILABLE

	PROBE FOR OTHER ANSWERS	D. DIDN'T KNOW WHERE TO GO
		E. OPPOSITION OF PARTNER/FAMILY
		F. IT'S VERY RARELY DONE HERE – WE'RE NOT SUPPOSED TO
		G. PROVIDER WAS NOT PRESENT, OR FACILITY WAS CLOSED
		H WAIT TIME AT FACILITY WAS TOO LONG
		V. 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 agree 2. Agree 3. Disagree 4. Strongly disagree 97. 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 agree 2. Agree 3. Disagree 4. Strongly disagree 97. 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 agree 2. Agree 3. Disagree 4. Strongly disagree 97. REFUSED
SP04	My husband/partner supported me throughout my pregnancy	1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 97. 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 agree 2. Agree 3. Disagree 4. Strongly disagree 97. REFUSED 98. 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 PREGNANT 02. WHEN SHE BEGINS TO SHOW 03. ONLY IF SHE IS EXPERIENCING COMPLICATIONS 04. IN THE FIRST └──┘ WEEKS (SPECIFY #) 05. IN THE FIRST └──┘ MONTHS (SPECIFY #) 06. IN THE └──┘ TRIMESTER (SPECIFY #) 07. IF HER MENSTRUAL CYCLE IS LATE 95. OTHER, SPECIFY_____ 97. REFUSED 98. 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 02. 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. └─┴─┘ Day 03. └─┴─┘ 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?	01. The mother of the child 02. The father 03. Mother-in-law 04. Father-in-law

		05. Maternal grandmother (Mother on the child's mother's side) 06. Religious leader 07. Village authority 95. 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/ 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?	1. Yes 3. No → **PK22**	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)	01. Puskesmas _____[ ] [ ] [ ] (interviewed puskesmas) 02. Other Puskesmas 03. Hospital (Private) 04. Hospital (Public/Gov) 05. Pustu 06. Poskesdes/Polindes/PKD 07. Birth Clinic 08. Doctor Private Clinic 09. Midwife Private Practice 10. Village midwife home (under supervision of Puskesmas)	→ **PK04**

		95. Other, Specify_____ 97. REFUSED	
PK04	What is the address of this facility? (village, sub-village)	a Village: 01._____ 03.In the same village 98. DON'T KNOW b. Sub-District 01. _____ 03. In the same sub-district 98. DON'T KNOW c. District 01. _____ 03. In the same district 98. DON'T KNOW d. Province 01._____ 03. In the same province 98. Don't Know	a Village: 01._____ 03.In the same village 98. DON'T KNOW b. Sub-District 01. _____ 03. In the same sub-district 98. DON'T KNOW c. District 01. _____ 03. In the same district 98. DON'T KNOW d. Province 01._____ 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 […]?	01. Illness 02. Accident 03. Post-natal care (respondent) 04. Post-natal care (child) 05. Other check up (i.e routine physical) 06. Delivery 07. Antenatal Care 95. Other, specify _____ 97. REFUSED	01. Illness 02. Accident 03. Post-natal care (respondent) 04. Post-natal care (child) 05. Other check up (i.e routine physical) 06. Delivery 07. Antenatal Care 95. Other, specify _____ 97. 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?	01. Very satisfied – the wait time is minimal 02. Satisfied – I might have to wait a little bit but the wait time is acceptable 03. Unsatisfied – the wait time is long but manageable 04. Very unsatisfied – The wait time is far too long and causes me substantial difficulty, or means that I cannot see the provider 97. REFUSED	01. Very satisfied – the wait time is minimal 02. Satisfied – I might have to wait a little bit but the wait time is acceptable 03. Unsatisfied – the wait time is long but manageable 04. 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. Hours ⌊_⌋⌊_⌋ 2. Minutes	⌊_⌋⌊_⌋ 1. Hours ⌊_⌋⌊_⌋ 2. 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 it 02. Satisfied – usually open when I need it 03. Unsatisfied – limited hours or actual hours are not always the posted hours 04. Very unsatisfied – difficult to receive care because it is rarely open or the schedule is very unpredictable 97. REFUSED	01. Very satisfied – almost always open when I need it 02. Satisfied – usually open when I need it 03. Unsatisfied – limited hours or actual hours are not always the posted hours 04. Very unsatisfied – difficult to receive care because it is rarely open or the schedule is very unpredictable 97. REFUSED
PK08a	Have you ever gone to the facility and found that the health worker was not there?	01. Yes, often 02. Yes, sometimes 03. Yes, once 04. No	01. Yes, often 02. Yes, sometimes 03. Yes, once 04. 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. Excellent 02. Good 03. Fair 04. Poor 97. REFUSED	01. Excellent 02. Good 03. Fair 04. Poor 97. REFUSED
PK09a	Have you ever been turned away or refused treatment by someone at the health facility when you visited?	01. Yes, often 02. Yes, sometimes 03. Yes, once 04. No	01. Yes, often 02. Yes, sometimes 03. Yes, once 04. 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. Excellent 02. Good 03. Fair 04. Poor 97. REFUSED	01. Excellent 02. Good 03. Fair 04. Poor 97. REFUSED

PK12	How would you rate the cleanliness of the facility during this visit	01. Excellent 02. Good 03. Fair 04. Poor 97. REFUSED	01. Excellent 02. Good 03. Fair 04. Poor 97. REFUSED
PK13	How would you rate the quality of the physical facility, including the building, furnishing, lights, water, etc.?	01. Excellent 02. Good 03. Fair 04. Poor 97. REFUSED	01. Excellent 02. Good 03. Fair 04. Poor 97. REFUSED
PK14	Overall, taking everything into account, how would you rate the quality of care you receive at this facility?	01. Excellent 02. Good 03. Fair 04. Poor 97. REFUSED	01. Excellent 02. Good 03. Fair 04. Poor 97. 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. Yes 03. No 96. Not applicable 97. REFUSED 98. DON'T KNOW	01. Yes 03. No 96. Not applicable 97. REFUSED 98. 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. Better 02. Worse 03. Stayed about the same 97. REFUSED 98. DON'T KNOW	01. Better 02. Worse 03. Stayed about the same 97. REFUSED 98. 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?**	01. Yes → **See 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)	**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 (tabulan) to help save for costs associated with pregnancy, delivery, or postnatal care?	01. Yes 02. No 97. 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. Yes 02. No -> **Skip to KS01** 97. REFUSED -> **Skip to 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. Yes 02. No 97. REFUSED

SECTION KS. TRUST, SOLIDARITY, EMPOWERMENT

A. TRUST AND SOLIDARITY

KS01	Suppose that someone in another village needs to pay you some money. If you and your household members are unable to go (for example, you are sick and your household members are away), would you ask someone in the community (not a family member) to go pick up the money for you?	1 Yes 3. 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 community 97. Refused 98. Don't Know

B. 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. Yes 03. 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

C. 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 extent 02. To a great extent 03. To a small extent 04. To a very small extent 05. No influence →**KS07** 97. REFUSED →**KS07** 98. Don't Know →**KS07**
KS05a	What are these differences? SELECT ALL THAT APPLY	A. Differences in wealth/income B. Social status C. Ethnic/linguistic background (includes race, caste, tribe) D. Religious beliefs E. Political beliefs F. Differences due to age/sex V. OTHER, SPECIFY _____
KS06	Do any of these differences cause problems?	03. No 01. Yes 97. REFUSED 98. Don't Know

D. 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 benefitting/improving the community?	01. Never 02. Once 03. A few times (<5) 04. Many times (>5) 97. REFUSED 98. 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. Never 01. Only sometimes 02. Often 03. Always 98. DO NOT KNOW
b. Officials from outside who come to my village	00. Never 01. Only sometimes 02. Often 03. Always 98. DO NOT KNOW
c. Members of Parliament	00. Never 01. Only sometimes 02. Often 03. Always 98. DO NOT KNOW

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

KS10a	Have you ever heard of an NGO? (NON-GOVERNMENTAL ORGANIZATION). **PROBE: 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. Yes 2. No → **Skip to KS11** 97. REFUSED
KS10b	How frequently are there NGO activities in your community?	1. Rarely – once in my lifetime 2. Seldom – every year or two 3. Frequently – multiple times a year 4. Continual – there are NGO activities most of the time 96. NEVER 97. REFUSED 98. 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 paid B. To help the community C. To meet new people D. To get a job—now or in the future E. Sense of obligation or responsibility to others F. Planning to run for elected office G. Interest in the topic V. Other (specify) _____ 97. REFUSED 98. DO NOT KNOW

E. 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	<u>USE PICTURE NUMBER 2 WHILE EXPLANAINING THE STORY BACKGROUND</u> "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 STORY Sri [for female 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'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 STORY Murni [for female 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'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 STORY Tati (for female respondent) or 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	1. Totally Able 2. Able 3. Quite Able

	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's ability to improve life in their village?	4. Unable

KS13	<u>USE PICTURE SET 3</u> Now 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? (**PROBE FOR OTHER ANSWERS)**
A. socialization or education campaign aimed at encouraging pregnant women or mothers to go to a health facility	01 Yes 03 No ↓ 98 Don't know↓	1 Yes 3 No↓	A. Improved life B. Made life worse C. Behavior change V. Other (specify)
B. request for a new ambulance available to this village or at a health facility available to you	01 Yes 03 No ↓ 98 Don't know↓	1 Yes 3 No↓	A. Improved life B. Made life worse C. Behavior change V. Other (specify)
C. attempts to improve the stock of drugs or equipments at the health facility	01 Yes 03 No ↓ 98 Don't know↓	1 Yes 3 No↓	A. Improved life B. Made life worse C. Behavior change V. Other (specify)
D. attempts to improve the attitude or performance of health facility staff	01 Yes 03 No ↓ 98 Don't know↓	1 Yes 3 No↓	A. Improved life B. Made life worse C. Behavior change V. Other (specify)

E. public posting of the cost of service at the health facility	01 Yes 03 No ↓ 98 Don't know↓	1 Yes	3 No↓	A. Improved life B. Made life worse C. Behavior change V. Other (specify)
F. community members building or requesting a new health facility	01 Yes 03 No ↓ 98 Don't know↓	1 Yes	3 No↓	A. Improved life B. Made life worse C. Behavior change V. Other (specify)
G. attempts to fix or improve health facility infrastructure such as water, electricity, or adding more space	01 Yes 03 No ↓ 98 Don't know↓	1 Yes	3 No↓	A. Improved life B. Made life worse C. Behavior change V. Other (specify)
H. improvement to the road leading to the health facility	01 Yes 03 No ↓ 98 Don't know↓	1 Yes	3 No↓	A. Improved life B. Made life worse C. Behavior change V. Other (specify)
I. attempts to reduce the cost of mother and child health services at the health facility	01 Yes 03 No ↓ 98 Don't know↓	1 Yes	3 No↓	A. Improved life B. Made life worse C. Behavior change V. Other (specify)
J. creation of a community savings group or tabulin aimed at defraying the cost of services at the health facility	01 Yes 03 No ↓ 98 Don't know↓	1 Yes	3 No↓	A. Improved life B. Made life worse C. Behavior change V. Other (specify)
K. Improvements to the posyandu (activities, operating hour, quality of service, add cadres, number of posyandu, equipments, etc)	01 Yes 03 No ↓ 98 Don't know↓	1 Yes	3 No↓	A. Improved life B. Made life worse C. Behavior change V. Other (specify)

L. community organized transportation to a health facility	01 Yes 03 No ↓ **(Skip to M)** 98 Don't know↓ **(Skip to M)**	1 Yes	3 No↓	A. Improved life B. Made life worse C. Behavior change V. Other (specify)
L1. Did you use this community organized transportation for your most recent delivery?				1. Yes 3. No
M. a hygiene or cleaning campaign in the village	01 Yes 03 No ↓ 98 Don't know↓	1 Yes	3 No↓	A. Improved life B. Made life worse C. Behavior change V. Other (specify)
N. Partnership between midwives and baby dukun (AN MOU OR OTHER)	01 Yes 03 No ↓ 98 Don't know↓	1 Yes	3 No↓	A. Improved life B. Made life worse C. Behavior change V. Other (specify)
O. additional staff allocated to this village or the health facility (Hospital/puskesmas/Poskesdes, EXCLUSIVE POSYANDU)	01 Yes 03 No ↓ 98 Don't know↓	1 Yes	3 No↓	A. Improved life B. Made life worse C. Behavior change V. Other (specify)

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

Now we will ask you about your emotional and mental 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 TIME 02. MOST OF THE TIME 03. SOME OF THE TIME 04. A LITTLE OF THE TIME 05. NONE OF THE TIME 98. DON'T KNOW 97. 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. ALL 02. MOST 03. SOME 04. A LITTLE 05. NONE 98. DON'T KNOW 97. REFUSED
MD03	During the past 30 days, about how often did you feel restless or **fidgety?**	01. ALL 02. MOST 03. SOME 04. A LITTLE 05. NONE 98. DON'T KNOW 97. REFUSED
MD04	During the past 30 days, how often did you feel **so depressed that nothing could cheer you up?**	01. ALL 02. MOST 03. SOME 04. A LITTLE 05. NONE 98. DON'T KNOW 97. REFUSED

MD05	During the past 30 days, about how often did you feel that **everything was an effort**?	01. ALL 02. MOST 03. SOME 04. A LITTLE 05. NONE 98. DON'T KNOW 97. REFUSED
MD06	During the past 30 days, about how often did you feel **worthless**?	01. ALL 02. MOST 03. SOME 04. A LITTLE 05. NONE 98. DON'T KNOW 97. 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

CP02.SECTION	CP03. QUESTION NUMBER	CP04.INTERVIEWER'S NOTE