MOTHER AND CHILD SURVEY [SKAI]		
INTERVIEWER :_____ ⌊_⌊_⌊_⌋ SUPERVISOR : _____ ⌊_⌊_⌊_⌋	**CONFIDENTIAL**	**FACILITY ID** ⌊_⌊_⌊_⌋ ⌊_⌊_⌋ (Puskesmas Number + Facility Type)

HEALTH FACILITY BOOK

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

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

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

SECTION LP1. CONSENT FORM

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

RESPONDENT 1: READ TO THE HEAD OF PUSKESMAS OR THE PERSON IN CHARGE

FACILITY ID └┴┴┘ └┴┘

CONSENT FORM TO PARTICIPATE IN A NON-BIOMEDICAL RESEARCH - MOTHER AND CHILD HEALTH SURVEY IN HEALTH FACILITIES IN INDONESIA

Introduction

My name is _____. We are doing a study called the Transparency for Development project with researchers from Harvard University, Results for Development Institute, and University of Washington in the United States.

What is the purpose of this research?

The purpose of this research is to learn about maternal and under-2 child health in the communities served by this health facility. The survey covers infrastructure, equipment, drugs, human resources, consultations, and financial information. We would be very grateful if you would provide us with the relevant information or point us to your colleagues who are responsible for these activities.

The questions usually take about 2 hours. Your health facility was selected to be part of this study and the information you provide may be shared with members of your community.

Participation is voluntary

You don't have to respond to the survey, but we hope you will agree to answer the questions since your views and the experience of this facility are important.

If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. Refusal to participate or stopping your participation will involve no penalty to you or this facility.

Confidentiality and Risks

We will take measures to keep all personal information collected confidential. Although we may ask the names of respondents, we will remove your name from the answers and give it a code, but there is a chance that someone could find out your information. We will take every precaution to prevent this from happening, and your name will not be listed in any report that comes out of the survey.

Risks

We do not anticipate that this study exposes you to any physical or psychological risks other than those you may encounter in everyday life.

Compensation

Are there any benefits from being in this research study?

There are no direct benefits to you from taking part in this research. However, the results of this study may be used to help to improve maternal and child health in the communities this facility serves.

Questions or Concerns

If you have questions, concerns or complaints, the survey director for this study is Ni Wayan Suriastini who can be reached at (0274) 4477464, Survey Meter, Jln. Jenengan Raya No. 109, Desa Maguwoharjo, Kecamatan Depok, Kabupaten Sleman, D.I. Yogyakarta.

Do you give consent to participate in this study? 1. Yes 3. No

SECTION LK. LOCATION INFORMATION

		RESPONDENT B	
IR01.	Name of Respondent	1a Name _____ 1b.Sections filled: 1.LP1 2. LK 3. KF 4. CK 5.SD 6.AMKP 7. KS 8 PI 9 VF 10.RD 11.PP 12. LP2 **3.** Same respondent of the previous section **(CAPI LOAD NAME OF RESPONDENT AND SECTIONS FILLED)**	
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IR03.	PHONE NUMBER	A. Landline. └┴┴┴┘.└┴┴┴┴┴┴┴┴┘ B. Mobile Phone └┴┴┴┴┴┴┴┴┴┴┴┴┘ W. NONE	

LK01.	Province (Preprinted)		Code: └┴┘
LK02.	District (Preprinted)		Code: └┴┘
LK03.	Sub-District (Preprinted)		Code: └┴┴┘
LK04.	Village (Preprinted)		Code: └┴┴┘
LK05.	Village Classification **(FILLED BY CAPI)**	1. Urban 2. Rural	
LK06.	Sub-village (Dusun/Lingkungan/RW/RT)	a. Sub-village : _____ b. RW : _____ c. RT : _____	

LK07.	Address (WRITE STREET NAME, NAME OF ALLEY, HOUSE NUMBER, RT/RW, SUB-VILLAGE, VILLAGE)	_____ _____ _____
LK08.	Notes on location (RECORD BUILDING, OTHER LANDMARK NEAR THE FACILITY/ON THE SAME ROAD, SUCH AS: MOSQUE, SCHOOL, CHURCH, OR OTHER BUILDING)	_____ _____ _____ _____
LK09.	Phone number	A. Landland : └─┘└─┘└─┘└─┘ - └─┘└─┘└─┘└─┘└─┘└─┘└─┘└─┘ W. NOT APPLICABLE Y. DO NOT KNOW B. Mobile phone : └─┘└─┘└─┘└─┘ - └─┘└─┘└─┘└─┘└─┘└─┘└─┘└─┘ , Owner: _____
LK10.	GPS COORDINATES **(1st measure)**	a. LATITUDE : └─┘ └─┘└─┘└─┘ ° └─┘└─┘ , └─┘└─┘└─┘ ' c. ELEVATION : └─┘ . └─┘└─┘└─┘└─┘ METER DPL b. LONGITUDE : └─┘ └─┘└─┘└─┘ ° └─┘└─┘ , └─┘└─┘└─┘ ' d. ACCURACY : └─┘ METER
LK11.	GPS COORDINATES **(2nd measure)**	a. LATITUDE : └─┘ └─┘└─┘└─┘ ° └─┘└─┘ , └─┘└─┘└─┘ ' c. ELEVATION : └─┘ . └─┘└─┘└─┘└─┘ METER DPL b. LONGITUDE : └─┘ └─┘└─┘└─┘ ° └─┘└─┘ , └─┘└─┘└─┘ ' d. ACCURACY : └─┘ METER

SECTION KF. FACILITY CHARACTERISTICS

		RESPONDENT C	
IR01.	Name of Respondent	1a Name _____ 1b.Sections filled: 1.LP1 2. LK 3. KF 4. CK 5.SD 6.AMKP 7. KS 8 PI 9 VF 10.RD 11.PP 12. LP2 **3.** Same respondent of the previous section **(CAPI LOAD NAME OF RESPONDENT AND SECTIONS FILLED)**	
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IR03.	PHONE NUMBER	A. Landline. └┴┴┴┴┘ └┴┴┴┴┴┴┴┴┘ B. Mobile Phone └┴┴┴┴┴┴┴┴┴┴┴┴┘ W. NONE	

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

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

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

	KF04a	KF04b	KF04c
	Name of Village (IF THE UNIT IS SUB-VILLAGE, PLEASE WRITE THE NAME OF VILLAGE AND THE NAME OF SUB-VILLAGE IN PARENTHESIS)	**Village ID Number** (Prov/District/Sub-district/Village Code)	**Total Population**
1.		⌊⌊⌋⌊⌋ ⌊⌊⌋⌊⌋ ⌊⌊⌋⌊⌋⌊⌋ ⌊⌊⌋⌊⌋⌊⌋	⌊⌊⌋⌊⌋⌊⌋.⌊⌊⌋⌊⌋⌊⌋ persons 1. DOCUMENT 2. ESTIMATION
2.		⌊⌊⌋⌊⌋ ⌊⌊⌋⌊⌋ ⌊⌊⌋⌊⌋⌊⌋ ⌊⌊⌋⌊⌋⌊⌋	⌊⌊⌋⌊⌋⌊⌋.⌊⌊⌋⌊⌋⌊⌋ persons 1. DOCUMENT 2. ESTIMATION
3.		⌊⌊⌋⌊⌋ ⌊⌊⌋⌊⌋ ⌊⌊⌋⌊⌋⌊⌋ ⌊⌊⌋⌊⌋⌊⌋	⌊⌊⌋⌊⌋⌊⌋.⌊⌊⌋⌊⌋⌊⌋ persons 1. DOCUMENT 2. ESTIMATION
4.		⌊⌊⌋⌊⌋ ⌊⌊⌋⌊⌋ ⌊⌊⌋⌊⌋⌊⌋ ⌊⌊⌋⌊⌋⌊⌋	⌊⌊⌋⌊⌋⌊⌋.⌊⌊⌋⌊⌋⌊⌋ persons 1. DOCUMENT 2. ESTIMATION
5.		⌊⌊⌋⌊⌋ ⌊⌊⌋⌊⌋ ⌊⌊⌋⌊⌋⌊⌋ ⌊⌊⌋⌊⌋⌊⌋	⌊⌊⌋⌊⌋⌊⌋.⌊⌊⌋⌊⌋⌊⌋ persons 1. DOCUMENT 2. ESTIMATION
6.		⌊⌊⌋⌊⌋ ⌊⌊⌋⌊⌋ ⌊⌊⌋⌊⌋⌊⌋ ⌊⌊⌋⌊⌋⌊⌋	⌊⌊⌋⌊⌋⌊⌋.⌊⌊⌋⌊⌋⌊⌋ persons 1. DOCUMENT 2. ESTIMATION
7.		⌊⌊⌋⌊⌋ ⌊⌊⌋⌊⌋ ⌊⌊⌋⌊⌋⌊⌋ ⌊⌊⌋⌊⌋⌊⌋	⌊⌊⌋⌊⌋⌊⌋.⌊⌊⌋⌊⌋⌊⌋ persons 1. DOCUMENT 2. ESTIMATION
8.		⌊⌊⌋⌊⌋ ⌊⌊⌋⌊⌋ ⌊⌊⌋⌊⌋⌊⌋ ⌊⌊⌋⌊⌋⌊⌋	⌊⌊⌋⌊⌋⌊⌋.⌊⌊⌋⌊⌋⌊⌋ persons 1. DOCUMENT 2. ESTIMATION
9.		⌊⌊⌋⌊⌋ ⌊⌊⌋⌊⌋ ⌊⌊⌋⌊⌋⌊⌋ ⌊⌊⌋⌊⌋⌊⌋	⌊⌊⌋⌊⌋⌊⌋.⌊⌊⌋⌊⌋⌊⌋ persons 1. DOCUMENT 2. ESTIMATION

KF05.	Do patients from other villages outside the facility service area come to [this facility] **for antenatal care, giving birth, and check-up of newborn/vaccination** in the past 1 year? If yes, please specify the name of the villages **(RECORD IN KF07a)** **NOTE: UNIT REFERES TO QUESTION KF01. ASK WITHOUT LOOKING AT DOCUMENT (JUST BASED ON ESTIMATION)** **ASK A MIDWIFE COORDINATOR OR A SENIOR MIDWIFE.**	1. Yes 3. No ➔ **KF08**
KF06.	What are the main reasons that patients come here from outside of the catchment area, instead of visiting the clinic in their catchment area?	_____ _____ _____

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

	KF07a	**KF07b**
	Name of Vilage **(IF THE UNIT IS SUB-VILLAGE, RECORD THE NAME OF THE VILLAGE, AND THE NAME OF THE SUB-VILLAGE IN PARENTHESIS)** **WRITE THE NAME OF DISTRICT AND SUB-DISTRICT AFTER THE NAME OF THE VILLAGE AND USE COMA AFTER EACH NAME**	**Village ID Number** (Prov/District/Sub-district/Village Code)
1.		⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋
2.		⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋
3.		⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋
4.		⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋
5.		⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋
6.		⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋
7.		⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋
8.		⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋
9		⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋

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

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

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

SECTION CK. BIRTH DELIVERY RECORD

		RESPONDENT D
IR01.	Name of Respondent	1a Name _____ 1b.Sections filled: 1.LP1 2. LK 3. KF 4. CK 5.SD 6.AMKP 7. KS 8 PI 9 VF 10.RD 11.PP 12. LP2 **3.** Same respondent of the previous section **(CAPI LOAD NAME OF RESPONDENT AND SECTIONS FILLED)**
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IR03.	PHONE NUMBER	A. Landline. └┴┴┴┴┘ └┴┴┴┴┴┴┴┴┘ B. Mobile Phone └┴┴┴┴┴┴┴┴┴┴┴┴┴┘ W. NONE

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

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

CKTYPE	CK02	CK03	CK04	CK05
	Total number of live birth only in this facility	Total number of stillbirth (≥*28 weeks*) only in this facility	Total number of live birth in the catchment area	Total number of stillbirth (≥*28 weeks*) in the catchment area

A	This month **(RECORD THE TOTAL NUMBER OF DELIVERY UP UNTIL TODAY)**	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT		
B	1 month ago /_____	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data
C	2 months ago/_____	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data
D	3 months ago /_____	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data
E	4 months ago /_____	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data
F	5 months ago /_____	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data

CKTYPE		**CK02** **Total number of live birth only in this facility**	**CK03** **Total number of stillbirth only in this facility**	**CK04** **Total number of live birth in the catchment area**	**CK05** **Total number of stillbirth in the catchment area**
G	6 months ago /_____	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data
H	7 months ago /_____	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 3. Same as the facility	1. ⌊_⌊_⌊_⌋ 3. Same as the facility

				6. No data	6. No data
I	8 months ago /_____	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data
J.	9 months ago /_____	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data
K.	10 months ago /_____	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data
L.	11 months ago /_____	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data
M.	12 months ago /_____	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data

SECTION SD. HUMAN RESOURCES

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

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

SD01.	Total number of staff in the facility	└┴┴┘
SD02.	Total number of staff in the MNH and birth unit	└┴┴┘
SD02 a	What is the number of residency program midwives in the MNH and birth unit?	└┴┴┘
SD03.	Total number of current official staff vacancies (needed) in the MNH and birth unit, for all positions. a. Number of official vacancies for medical staff such as midwives/nurses/doctors b. Number of official vacancies for other staff (i.e. not doctor/midwife)	 └┴┴┘ └┴┴┘

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

INCLUDING STAFFS OF POLINDES AND PUSTU (EXCLUDING MIDWIVES IN THE RESIDENCY PROGRAM)

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

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

SECTION AMKP. FACILITY INFRASTRUCTURE AND AMENITIES

		RESPONDENT F1		RESPONDENT F2	
IR01.	Name of Respondent	1a Name _____ 1b.Sections filled: 1.LP1 2. LK 3. KF 4. CK 5.SD 6.AMKP 7. KS 8 PI 9 VF 10.RD 11.PP 12. LP2 **3.** Same respondent of the previous section **(CAPI LOAD NAME OF RESPONDENT AND SECTIONS FILLED)**		1a Name _____ 1b.Sections filled: 1.LP1 2. LK 3. KF 4. CK 5.SD 6.AMKP 7. KS 8 PI 9 VF 10.RD 11.PP 12. LP2 **3.** Same respondent of the previous section **(CAPI LOAD NAME OF RESPONDENT AND SECTIONS FILLED)**	
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IR03.	PHONE NUMBER	A. Landline. |_|_|_|_| . |_|_|_|_|_|_|_|_| B. Mobile Phone |_|_|_|_|_|_|_|_|_|_|_|_| W. NONE		A. Landline. |_|_|_|_| . |_|_|_|_|_|_|_|_| B. Mobile Phone |_|_|_|_|_|_|_|_|_|_|_|_| W. NONE	

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

Power Supply		
AMKP01	Is the facility connected to the central supply electricity grid?	1. Yes 3. No **-> AMKP03**
AMKP02	During the past 7 days, was electricity (excluding any back-up generator) available during the times when the facility was open for services, or was it ever interrupted for more than 2 hours at a time?	1. Always available 2. Sometimes interrupted
AMKP03	Does this facility have other sources of electricity, such as a generator or solar system?	1. Yes 3. No other source → **AMKP07**
AMKP04	What other sources of electricity does this facility have? (probe for answers and select all that apply) CAPI WILL LOAD QUESTION AMKP05, 06, OR 06A BASED ON THE SELECTED ANSWER(S)	A Fuel-operated generator B Battery operated generator C. Solar system
AMKP05	Is the generator functional? (**Skip if AMKP04 is NOT A or B)**	1. Yes 3. No
AMKP06	Is fuel (or a charged battery) available today for the generator? (**Skip if AMKP04 is NOT A or B)**	1. Yes 3. No
AMKP06a	Is the solar power system functional? (**Skip if AMKP04 is NOT C)**	1. Yes 3. No

Water Source		
AMKP07	What is the most commonly used source of water for the facility at this time? *OBSERVE THAT WATER IS AVAILABLE FROM SOURCE OR IN THE FACILITY ON THE DAY OF THE VISIT. E.G., CHECK THAT THE PIPE IS FUNCTIONING.*	1 Cart with small tank 2 Piped onto facility grounds 3 Public tap/standpipe 4 Tubewell/borehole 5 Protected dug well 6 Unprotected dug well 7 Protected Spring 8 Unprotected Spring 9 Rainwater 10 Bottled water 12 Tanker truck 13 Surface water (river/dam/lake/pond) 95 Other (specify) 98 Don't Know 0 No water source
AMKP08	Is the water outlet from this source available onsite, within 500 meters of the facility, or beyond 500 meters of the facility?	1. Onsite 2. Within 500M of facility 3. Beyond 500M of facility
AMKP09	Is there routinely a time of year when the facility has a severe shortage or lack of water?	1. Yes 3. No **-> AMKP 11**
AMKP10	How long is that period of severe shortage or lack of water?	____ **Unit: 1.Day 2. Month**

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

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

Transport for Emergencies		
AMKP22	Does this facility have a functional ambulance or other vehicle for emergency transportation for clients that is **stationed at this facility** and that operates from this facility?	1. Yes 3. No → **AMKP25**
AMKP23	May I see the ambulance (or other vehicle)?	1. Observed 2. Reported not seen
AMKP24	Is fuel for the ambulance/vehicle available today? ***ACCEPT REPORTED RESPONSE***	1. Yes 2. No 98. Don't know
AMKP25	Does the facility have access to an ambulance or other vehicle for emergency transportation for clients that is **stationed at another facility** or that operates from another facility?	1. Yes 3. No

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

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

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

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

AMKP31	**DELIVERY ROOM OBSERVATION** **(IF THERE ARE MULTIPLE DELIVERY ROOMS, OBSERVE ALL DELIVERY ROOMS. THEN, RECORD THE "*LOWEST* QUALITY OPTION")**	
a.	BED	1. DELIVERY BED IS CLEAN (NO BLOOD, FLUIDS, DIRT VISIBLE ON BED) 2. OBSERVED BLOOD ON BED 3. OBSERVED OTHER DIRT OR FLUIDS ON BEDS
b.	FLOOR	1. FLOOR IS CLEAN (NO BLOOD, FLUIDS, DIRT VISIBLE ON FLOOR) 2. OBSERVED BLOOD ON FLOOR 3. OBSERVED OTHER DIRT OR FLUIDS ON FLOOR
c.	VENTILATION	1. ROOM IS WELL VENTILATED (WINDOWS ARE OPEN, GOOD AIR CIRCULATION) 3. POOR VENTILATION (CLOSED WINDOWS/NO WINDOWS) 6. USING AC
d.	MEDICAL/BIOLOGICAL WASTE	1. BIOLOGICAL/MEDICAL WASTE DISPOSAL IS AVAILABLE 3. BIOLOGICAL/MEDICAL WASTE DISPOSAL IS NOT AVAILABLE
e.	DUST AND MOLD	1. OBSERVED DUST OR MOLD IN THE ROOM 3. NO DUST OR MOLD IS OBSERVED IN THE ROOM

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

TOILET

AMKP33	TYPE OF TOILETS USE BY DELIVERY PATIENT **(ONLY CIRCLE ONE ANSWER)**	01. SQUATTING LATRINE FLUSHED THROUGH PIPED SEWER SYSTEM 02. SQUATTING LATRINE – FLUSHED TO SEPTIC TANK 03. SQUATTING LATRINE – FLUSH TO PIT LATRINE 04. VENTILATED IMPROVED PIT LATRINE 05. PIT LATRINE WITH SLAB 06. PIT LATRINE WITHOUT SLAB, OPEN PIT 07. HANGING TOILET/LATRINE 08. SITTING CLOSET/WC – FLUSHED THROUGH PIPED SEWER SYSTEM 09. SITTING CLOSED/WC – FLUSHED TO SEPTIC TANK 95. OTHERS, _____ 96. NO TOILET (BROKEN/BUSH/FIELD/FOREST/ RIVER/BEACH) ➔ **AMKP36**

AMKP34.	OBSERVATION ON THE CLEANLINESS AND PRIVACY OF THE FACILITY TOILET **(IF THERE ARE MULTIPLE TOILETS, OBSERVE ALL TOILETS. THEN, RECORD THE "*LOWEST* QUALITY OPTION")**		
a.	WATER IS AVAILABLE TO FLUSH	1. YES	3. NO
b.	WATER IS AVAILABLE TO WASH HANDS	1. YES	3. NO
c.	SOAP IS AVAILABLE TO WASH HANDS	1. YES	3. NO
d.	TOILET CLEANLINESS	1. TOILET IS CLEAN AND TIDY 2. TOILET IS SOMEWHAT CLEAN 3. TOILET IS DIRTY	
e.	PRIVACY	1. HAS DOOR AND CAN BE LOCKED 2. HAS DOOR BUT CANNOT BE LOCKED 3. HAS NO DOOR	

AMKP35	TOILET ACCESS FROM THE DELIVERY ROOM **(ONLY CIRCLE ONE ANSWER)**	1. INSIDE OR NEXT TO THE DELIVERY ROOM 2. INSIDE FACILITY/FAR FROM THE DELIVERY ROOM 3. OUTSIDE FACILITY

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

APPLY)	V. Others (specify) _____ W. Health staff is always present

SECTION PI. COSTS AND SERVICES

		RESPONDENT G1		RESPONDENT G2	
IR01.	Name of Respondent	1a Name _____ 1b.Sections filled: 1.LP1 2. LK 3. KF 4. CK 5.SD 6. AMKP 7. KS 8 PI 9 VF 10. RD 11.PP 12. LP2 **3.** Same respondent of the previous section **(CAPI LOAD NAME OF RESPONDENT AND SECTIONS FILLED)**		1a Name _____ 1b.Sections filled: 1.LP1 2. LK 3. KF 4. CK 5.SD 6. AMKP 7. KS 8 PI 9 VF 10. RD 11.PP 12. LP2 **3.** Same respondent of the previous section **(CAPI LOAD NAME OF RESPONDENT AND SECTIONS FILLED)**	
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IR03.	PHONE NUMBER	A. Landline. |_|_|_|_| . |_|_|_|_|_|_|_|_| B. Mobile Phone |_|_|_|_|_|_|_|_|_|_|_|_| W. NONE		A. Landline. |_|_|_|_| . |_|_|_|_|_|_|_|_| B. Mobile Phone |_|_|_|_|_|_|_|_|_|_|_|_| W. NONE	

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

PI01. You mentioned that there were [**CAPI preload** – CK02A+CK02B+CK03A+CK03B] births in this month and the previous month. How many of these births at this facility were…**?**	
A. Paid for using insurance	_____ persons
B. Not paid for with insurance	_____ persons
V. Other (specify) _____	_____ persons
W. Not applicable	

PI02	Which types of health insurance are accepted at the clinic?	A. BPJS PBI (Penerima Bantuan Iuran Kesehatan)/KIS B. BPJS non-PBI (BPJS Mandiri) C. Jamkesda D. Jamkesmas E. Private company insurance V.Other_____
PI03.	Are there charges for registration for new patient?	1. Yes 3. No ➔ **PI05**
PI04.	How much are the charges?	Rp. ⌊__⌋⌊__⌋⌊__⌋ . ⌊__⌋⌊__⌋⌊__⌋
PI05.	If someone is not registered in any health protection program or is a regular patient from the service area of this facility (paying full price), how much would they pay for [...]: **(ASK FOR ESTIMATION OF THE TOTAL COST.** **IF THERE ARE DIFFERENT PRICES FOR PATIENTS FROM WITHIN THE PUSKESMAS JURISDICTION AREAS AND PATIENTS FROM OUTSIDE THE PUSKESMAS JURISDICTION, RECORD THE PRICES FOR PATIENTS FROM WITHIN THE PUSKESMAS JURISDICTION AREAS.)**	a. Antenatal (1x visit) Rp. ⌊__⌋⌊__⌋ . ⌊__⌋⌊__⌋⌊__⌋ . ⌊__⌋⌊__⌋⌊__⌋ b. Laboratory test related to antenatal Rp. ⌊__⌋⌊__⌋ . ⌊__⌋⌊__⌋⌊__⌋ . ⌊__⌋⌊__⌋⌊__⌋ c. Normal delivery **(SKIP IF CK02 ALL PARTS=6)** Rp. ⌊__⌋⌊__⌋ . ⌊__⌋⌊__⌋⌊__⌋ . ⌊__⌋⌊__⌋⌊__⌋ d. Postnatal (1x visit after leaving the delivery room) Rp. ⌊__⌋⌊__⌋ . ⌊__⌋⌊__⌋⌊__⌋ . ⌊__⌋⌊__⌋⌊__⌋ e. Laboratory test related to postnatal Rp. ⌊__⌋⌊__⌋ . ⌊__⌋⌊__⌋⌊__⌋ . ⌊__⌋⌊__⌋⌊__⌋
PI06.	Is there information about delivery cost of services posted publicly? **(IF YES – VERIFY)**	1. Yes 3. No 6. Not Applicable (no delivery unit)
PI06a.	Is there information about other cost of services posted publicly? **(IF YES – VERIFY)**	1. Yes 3. No
PI07.	Has there been any new initiative/strategy to increase the number of mothers who give birth in this health facility in the past 3 years?	1. Yes 3. No ➔ **PI09** **6.** NO DELIVERY UNIT **-> PI09**

PI08.	If yes, what are the initiatives/strategies? **(DO NOT READ ANSWER CHOICES – CIRCLE <u>ALL</u> THAT APPLY)** _____ _____ _____ _____ _____	A. PARTNERSHIP BETWEEN BABY DUKUN AND MIDWIFE B. TRAINING/CERTIFICATION OF BABY DUKUN C. PICKING UP PATIENTS USING FACILITY AMBULANCE D. IMPOSE SANCTIONS FOR MIDWIVES WHO HELP DELIVERY OUTSIDE THE FACILITY E. ROUTINE MEETING WITH VILLAGE OFFICIALS TO IDENTIFY ISSUES RELATED TO WOMEN GIVING BIRTH AT HOME F. PROVIDING INCENTIVE TO POSYANDU CADRES TO HELP THE VILLAGE MIDWIFE G. PROVIDING TRAINING TO POSYANDU CADRES TO HELP THE VILLAGE MIDWIFE H. STATIONING MORE THAN ONE MIDWIFE IN THE VILLAGE I. PROVIDING ROOMS FOR PATIENTS WHO ARE ABOUT TO GIVE BIRTH TO STAY IN THE FACILITY FOR A COUPLE OF DAYS BEFORE DELIVERY J. OPEN PREGNANT MOTHER CLASS K. PROVIDE INCENTIVE TO THE PERSON WHO HELP TRANSPORT PREGNANT MOTHER TO DELIVER IN HEALTH FACILITY L. PROVIDE SOCIALIZATION TO THE COMMUNITY MEMBERS ON THE IMPORTANCE OF GIVING BIRTH IN A HEALTH FACILITY M. CREATE REGULATION REGARDING THE NUMBER OF PEOPLE WHO CAN ENTER THE DELIVERY ROOM TO PROVIDE PRIVACY N. PROVIDING MORAL/MENTAL/EMOTIONAL/SPIRITUAL SUPPORT V. OTHERS, _____
PI08a.	Does this health facility have a partnership with the Baby Dukun to ensure they encourage women to deliver with a midwife? [Note this could also be called an "MOU."]	1…….. Yes 3…….. No

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

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

PI14.	Does the village in which this facility is located, or any of the catchment area villages you are responsible for, have a by-law on maternal health services (cost, delivery facility, visit to health facility, etc)? (for example: a fine to women who doesn't give birth in health facility or seek postnatal or antenatal care)	1. Yes 3. No ➔ PI17
PI15.	Which village(s) have a by-law? **CIRCLE ALL VILLAGES MENTIONED BY RESPONDENT** **CAPI LOAD ALL NAMES AND CODES OF VILLAGE OF THE CATCMENT AREA**	**CAPI LOAD NAME AND CODE OF VILLAGES IN KF04A**

	FROM KF04A	
PI16.	What is the by-law?	_____ _____
PI17.	Does the district, sub district or puskesmas have a by-law on maternal health services (cost, delivery facility, visit to health facility, etc)? (for example: a fine to women who doesn't give birth in health facility or seek postnatal or antenatal care)	1. Yes 3. No ➔ **PI20**
PI18.	At what level is the by-law?	A. District Government B. Sub district government C. Puskesmas
PI19.	What is the content of this by-law?	_____ _____ _____
PI20.	Does the province or national government have by-law or regulation on maternal health? (cost, delivery facility, visit to health facility, etc) (for example: a fine to women who don't give birth in health facility or seek postnatal or antenatal care)	1. Yes 3. No ➔ **SECTION KS**
PI21.	At what level is the by-law?	A. Province government B. Central government
PI22.	What is the content of this by-law?	_____ _____ _____

SECTION KS. AVAILABILITY OF MEDICINES AND SUPPLIES

		RESPONDENT H1		RESPONDENT H2	
IR01.	Name of Respondent	1a Name _____ 1b.Sections filled: 1.LP1 2. LK 3. KF 4. CK 5.SD 6. AMKP 7. KS 8 PI 9 VF 10. RD 11.PP 12. LP2 **3.** Same respondent of the previous section **(CAPI LOAD NAME OF RESPONDENT AND SECTIONS FILLED)**		1a Name _____ 1b.Sections filled: 1.LP1 2. LK 3. KF 4. CK 5.SD 6. AMKP 7. KS 8 PI 9 VF 10. RD 11.PP 12. LP2 **3.** Same respondent of the previous section **(CAPI LOAD NAME OF RESPONDENT AND SECTIONS FILLED)**	
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IR03.	PHONE NUMBER	A. Landline. └┴┴┴┴┘.└┴┴┴┴┴┴┴┴┘ B. Mobile Phone └┴┴┴┴┴┴┴┴┴┴┴┴┘ W. NONE		A. Landline. └┴┴┴┴┘.└┴┴┴┴┴┴┴┴┘ B. Mobile Phone └┴┴┴┴┴┴┴┴┴┴┴┴┘ W. NONE	

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

INTERVIEWER'S NOTE: WRITE THE RESPONDENT CHARACTERISTICS IN SECTION IR

	OUT STOCK	
KS01.	I'd like to see what drugs and supplies are available <u>today</u>. May I see the stock room?	1. Yes 3. No (reason) _____

Group 1 (mothers)

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

Group 2 (children)

KS04		
	Name of drugs/equipments	Are the following medicines in stock today? (RECORD THROUGH OBSERVATION)

A	**AMOXICILLIN**	1. YES	3. NO	6. NEVER AVAILABLE ↓
B	Ceftriaxone	1. YES	3. NO	6. NEVER AVAILABLE ↓
C	Oxygen	1. YES	3. NO	6. NEVER AVAILABLE ↓
D	Procaine benzylpenicillin	1. YES	3. NO	6. NEVER AVAILABLE ↓
E	Oral Rehydration salts (ORS)	1. YES	3. NO	6. NEVER AVAILABLE ↓
F	Zinc	1. YES	3. NO	6. NEVER AVAILABLE ↓
G	Artemisinin combination therapy	1. YES	3. NO	6. NEVER AVAILABLE ↓
H	Artesunate	1. YES	3. NO	6. NEVER AVAILABLE ↓
I	Standard regimen for first-line **anti-retroviral treatment (ARV)**	1. YES	3. NO	6. NEVER AVAILABLE ↓
J	Vitamin A	1. YES	3. NO	6. NEVER AVAILABLE ↓
K	Morphine	1. YES	3. NO	6. NEVER AVAILABLE ↓
L	Paracetamol	1. YES	3. NO	6. NEVER AVAILABLE ↓
M	Antibiotic eye ointment for newborns	1. YES	3. NO	6. NEVER AVAILABLE ↓
N	Me-/albendazole tablet	1. YES	3. NO	6. NEVER AVAILABLE ↓

Vaccines

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

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

KS07 Are the following types of equipment available and functional at the facility today?		
	Type of Equipment	**Availability**
A	Blood pressure equipment	Available and functional ..... 1 Available and broken ..... 2 Not available 3
B	Infant weight scale	Available and functional ..... 1 Available and broken ..... 2 Not available 3
C	Adult weight scale	Available and functional ..... 1 Available and broken ..... 2 Not available 3
D	Measuring tape (for head, arm, hip measurement, etc)	Available and functional ..... 1 Available and broken ..... 2 Not available 3
E	Equipment to measure infant's height/ length	Available and functional ..... 1 Available and broken ..... 2 Not available 3
F	Adult height scale	Available and functional ..... 1 Available and broken ..... 2 Not available 3
G	Growth chart	Available and functional ..... 1 Available and broken ..... 2 Not available 3
H	Examination light	Available and functional ..... 1 Available and broken ..... 2 Not available 3
I	Suction apparatus (mucus extractor)	Available and functional ..... 1 Available and broken ..... 2 Not available 3

J	Manual/electric vaccuum extractor	Available and functional ..... 1 Available and broken ..... 2 Not available 3
K	Vaccuum Aspirator or D&C kit	Available and functional ..... 1 Available and broken ..... 2 Not available 3
L	Partograph	Available and functional ..... 1 Available and broken ..... 2 Not available 3
M	Cold box/vaccine carrier with ice packs	Available and functional ..... 1 Available and broken ..... 2 Not available 3
N	Refridgerator	Available and functional ..... 1 Available and broken ..... 2 Not available 3
O	Sharps container	Available and functional ..... 1 Available and broken ..... 2 Not available 3

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

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

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

VF01	Is there a village midwife assigned to [village name]?	Yes ..... 1 No ..... 3 → VF04
VF02	Does the village midwife live in the village?	Yes ..... 1 No 3
VF03	Does the village midwife receive free housing in the village?	Yes ..... 1 No 3
VF04	How many posyandu are located in [village name]?	└─└─┘
VF04a	Have any new posyandus been established or reactivated in [village name] in the past 3	Yes 1

	years?	No 3
VF05	Is there a "mobile clinic" or any other type of outreach service that serves [village name]? Please do not incude posyandu cadre here.	Yes ..... 1 No .....3 → VF07
VF06	Was this mobile clinic/outreach service established within the past 3 years?	Yes ..... 1 No 3

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

VF07	Are there government-run health facilities (e.g. Polindes, Poskesdes,Pustu, midwife home under supervision of Puskesmas) in villages of this facility's catchment area?	Yes ..... 1 No ..... 3 → **RD**

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

4.		**1. More than three years ago** **2. In past 3 years: Month: _____ Year: _____**	⌊__⌋	1. Yes 3. No	1. Yes 3. No

Codes for VF10

A. Pustu
B. Polindes/ Poskesdes
C. Puskesmas Keliling (Mobile Puskesmas)
D. Midwife home (under supervision of Puskesmas)
V. Other facility that reports to this Puskesmas (specify)
_____

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

Facility 1 in VF08 _____[ ]

Number of staff [ ] (EXCLUDING MIDWIVES IN THE RESIDENCY PROGRAM)

VF13_x		VF14_x	VF15_x	VF16_x	VF17_x	VF18_x	VF19_x
NAME OF STAFF	No.	**What are the positions of [...]?** **(CIRCLE ALL THAT APPLY)**	**Gender**	**Does [….] deliver babies?**	**Does [….] receive salary from the facility/government?**	**Does [….] live in the village where facility is located?**	**Does [….] receive free housing in the village where facility is located?**
	01	A B C D E F G H I J V _____	1 3	1.Yes 3.No	1. Paid 3. Voluntary	1.Yes 3.No	1.Yes 3.No
	02	A B C D E	1 3	1.Yes	1. Paid	1.Yes	1.Yes

		V _____		3.No	3. Voluntary	3.No	3.No
	03	A B C D E F G H I J V _____	1 3	1.Yes 3.No	1. Paid 3. Voluntary	1.Yes 3.No	1.Yes 3.No
	04	A B C D E F G H I J V _____	1 3	1.Yes 3.No	1. Paid 3. Voluntary	1.Yes 3.No	1.Yes 3.No
	05	A B C D E F G H I J V _____	1 3	1.Yes 3.No	1. Paid 3. Voluntary	1.Yes 3.No	1.Yes 3.No
	06	A B C D E F G H I J V _____	1 3	1.Yes 3.No	1. Paid 3. Voluntary	1.Yes 3.No	1.Yes 3.No

Code VF14	**Code VF15**
A. Village Midwife – Fixed B. Midwife – Temporary (PTT) - Fixed C. Midwife - Voluntary - Fixed D. Nurse - Fixed E. Puskesmas Midwife - Fixed F. Village Midwife - Rolling G. Midwife – Temporary (PTT) - Rolling H. Midwife - Voluntary - Rolling I. Nurse - Rolling J. Puskesmas Midwife - Rolling V. Others _____	1. Male 3. Female (NOTE ON CODE VF14 – "Rolling" means that the staff works for multiple facilities, on a rotational basis. "Fixed" means that the staff works for one facility.)

Facility 2 in VF08 _____[ ] ETC

Number of staff [ ] (EXCLUDING MIDWIVES IN THE RESIDENCY PROGRAM)

VF13_x		**VF14_x**	**VF15_x**	**VF16_x**	**VF17_x**	**VF18_x**	**VF19_x**

NAME OF STAFF	No.	What are the positions of [...]? (CIRCLE ALL THAT APPLY)	Gender	Does [….] deliver babies?	Does [….] receive salary from the facility/government?	Does [….] live in the village where facility is located?	Does [….] receive free housing in the village where facility is located?
	01	A B C D E F G H I J V _____	1 3	1.Yes 3.No	1. Paid 3. Voluntary	1.Yes 3.No	1.Yes 3.No
	02	A B C D E F G H I J V _____	1 3	1.Yes 3.No	1. Paid 3. Voluntary	1.Yes 3.No	1.Yes 3.No
	03	A B C D E F G H I J V _____	1 3	1.Yes 3.No	1. Paid 3. Voluntary	1.Yes 3.No	1.Yes 3.No
	04	A B C D E F G H I J V _____	1 3	1.Yes 3.No	1. Paid 3. Voluntary	1.Yes 3.No	1.Yes 3.No
	05	A B C D E F G H I J V _____	1 3	1.Yes 3.No	1. Paid 3. Voluntary	1.Yes 3.No	1.Yes 3.No
	06	A B C D E F G H I J V _____	1 3	1.Yes 3.No	1. Paid 3. Voluntary	1.Yes 3.No	1.Yes 3.No

Code VF14	Code VF15
A. Village Midwife – Fixed B. Midwife – Temporary (PTT) - Fixed C. Midwife - Voluntary - Fixed D. Nurse - Fixed E. Puskesmas Midwife - Fixed F. Village Midwife - Rolling	1. Male 3. Female (NOTE ON CODE VF14 – "Rolling" means that the staff works for multiple facilities, on a

G. Midwife – Temporary (PTT) - Rolling H. Midwife - Voluntary - Rolling I. Nurse - Rolling J. Puskesmas Midwife - Rolling V. Others _____	rotational basis. "Fixed" means that the staff works for one facility.)

SECTION RD. RANDOM

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

IF NO MIDWIFE HAS BEEN OFFICIALLY ASSIGNED IN A PARTICULAR INTEREST VILLAGE, IDENTIFY THE PUSKESMAS STAFF WHO IS RESPONSIBLE FOR PROVIDING MATERNAL & NEWBORN HEALTH CARE IN THAT PARTICULAR INTEREST VILLAGE. THIS COULD BE A PUSKESMAS MIDWIFE, A MIDWIFE COORDINATOR, OR OTHER MEDICAL STAFF IN THE MNH & BIRTH UNIT (DO NOT INTERVIEW NON-MEDICAL STAFF).

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

Code RD04

01. Sick	04. Personal errands	07. At Department of Health	10. Doing other job	13. Training	16. No reason
02. Annual/Maternity Leave	05. Family needs	08. Picking up salary	11. Different shift	14. Workshop	95. Others_____
03. Weather	06. Doing outreach	09. Picking up drugs/supplies	12. Volunter	15. At school /taking exam	98.DO NOT KNOW

SECTION PP. HEALTH WORKER KNOWLEDGE/BEHAVIOR

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

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

PP00Y. CONSENT FORM

RESPONDENT 2: READ TO THE VILLAGE MIDWIFE

FACILITY ID ⌊_⌊_⌊_⌋ ⌊_⌊_⌋

CONSENT FORM TO PARTICIPATE IN A NON-BIOMEDICAL RESEARCH - MOTHER AND CHILD HEALTH SURVEY IN HEALTH FACILITIES IN INDONESIA

Introduction

My name is _____. We are doing a study called the Transparency for Development project with researchers from Harvard University, Results for Development Institute, and University of Washington in the United States.

What is the purpose of this research?

The purpose of this research is to learn about maternal and under-2 child health in the communities served by this health facility. The survey covers infrastructure, equipment, drugs, human resources, consultations, and financial information. We would be very grateful if you would provide us with the relevant information or point us to your colleagues who are responsible for these activities.

The questions usually take about 2 hours. Your health facility was selected to be part of this study and the information you provide may be shared with members of your community.

Participation is voluntary

You don't have to respond to the survey, but we hope you will agree to answer the questions since your views and the experience of this facility are important.

If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. Refusal to participate or stopping your participation will involve no penalty to you or this facility.

Confidentiality and Risks

We will take measures to keep all personal information collected confidential. Although we may ask the names of respondents, we will remove your name from the answers and give it a code, but there is a chance that someone could find out your information. We will take every precaution to prevent this from happening, and your name will not be listed in any report that comes out of the survey.

Risks

We do not anticipate that this study exposes you to any physical or psychological risks other than those you may encounter in everyday life.

Compensation

Are there any benefits from being in this research study?

There are no direct benefits to you from taking part in this research. However, the results of this study may be used to help to improve maternal and child health in the communities this facility serves.

Questions or Concerns

If you have questions, concerns or complaints, the survey director for this study is Ni Wayan Suriastini who can be reached at (0274) 4477464, Survey Meter, Jln. Jenengan Raya No. 109, Desa Maguwoharjo, Kecamatan Depok, Kabupaten Sleman, D.I. Yogyakarta.

Do you give consent to participate in this study? 1. Yes 3. No

PP01a.	Do you staff a pustu/polindes?	1. Yes, pustu 2. Yes, polindes 3. No 4. Yes, both pustu and polindes	
PP01b.	How long have you been in this position (i.e. village midwife)?	└─┴─┘ **Unit: 1.Year 3. Month**	
PP01c.	In the last 3 years, has any community approached you to: **(NOTE: THIS QUESTION DOES NOT MEAN "ARE YOU DOING THIS ACTIVITY".** **IT MEANS "DID ANY COMMUNITY APPROACH YOU TO DO THIS ACTIVITY".** **THERE IS A DIFFERENCE BETWEEN THE TWO)**	1. Facilitate or lead an education/awareness event	1. Yes 3. No
		2. Help with an insurance registration event/campaign	1. Yes 3. No
		3. Help with a blood drive	1. Yes 3. No
		4. Communicate with the facility to improve services/cleanliness	1. Yes 3. No
		5. Help with inviting husbands to accompany women in health facility visits	1. Yes 3. No
		6. Participate in any other actions like these for improving Maternal and Newborn health outcomes?	1. Yes, specify _____ 3. No
PP01d.	Are you paid, or voluntary staff?	1. Paid 3. Voluntary	

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

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

PP04.	According to you, what is the main reason a pregnant mother do not give birth at a health facility? **(DO NOT READ ANSWER CHOICES – ONLY CIRCLE ONE ANSWER)** _____ _____ _____ _____ _____ _____	01. COST 02. DISTANCE 03. TRANSPORTATION 04. DIDN'T KNOW TO DELIVER IN FACILITY/DIDN'T KNOW WHERE TO GO 05. OPPOSITION OF PARTNER/FAMILY 06. AGAINST LOCAL NORMS/TRADITION 07. PROVIDER WAS NOT PRESENT/FACILITY WAS CLOSED 08. WAIT TOO LONG AT THE FACILITY 09. LABOR PROGRESSED TOO QUICKLY AND PATIENT DIDN'T HAVE TIME TO GET TO THE FACILITY 10. NO BIRTH PLAN 11. CHOOSE TO DELIVER AT OTHER FACILITY 12. CHOOSE TO DELIVER AT HOME/MIDWIFE

	HOUSE 13. THE QUALITY OF SERVICE PROVIDED BY THIS FACILITY IS NOT GOOD 14. FACILITY IS NOT CLEAN/COMFORTABLE 15. FACILITY DOESN'T HAVE ADEQUATE EQUIPMENT 95. OTHERS, _____ 97. REFUSED TO ANSWER 98. DO NOT KNOW

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

PP08	If the effort to improve the service for pregnant mother and babies in this facility requires money (PP.10), how would you get it? **(CIRCLE <u>ALL</u> THAT APPLY)**	A. Health Department/Puskesmas B. JAMKESDA/BPJS C. Village/Sub-district fund D. Collecting funds from community members (donation box) E. Own expenses F. Do not require money V. Others, _____

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

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

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

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

SECTION CP. INTERVIEWER'S NOTE

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

SECTION	QUESTION NUMBER	INTERVIEWER'S NOTE

NUMVIS. NUMBER OF VISIT: └──┘

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

VISIT RESULT

COV3. VISIT RESULT	COV4. REVIEWED BY SUPERVISOR		
1. Completed 2. Half completed, _____ 3. Not completed, _____		YES	NO
	a. Observed	1	3
	b. Checked	1	3
	c. Verified	1	3