CONFIDENTIAL

CODE OF PROVINCE

CODE OF REGENCY

CODE SAKERTI :

SURVEY OF HEALTH FACILITIES
1993

INTEGRATED HEALTH SERVICE POSTS (POSYANDU)/
VILLAGE PLANNED PARENTHOOD CONSTRUCTION ASSISTANCE (PPKBD)

COOPERATION OF

DEMOGRAPHIC INSTITUTE, FACULTY OF ECONOMICS,
UNIVERSITY OF INDONESIA
and

RAND

NO. CODE

Name of Posyandu / Village PPKB:..... .

CONTROL SHEET

INFORMATION OF CENSUS REGION								
LK A	Province	[ ][ ]	LK B	District	[ ][ ]	LK C	SAKERTI ' 93	[ ][ ][ ]

INFORMATION OF FACILITIES		CODE
LK 01	Name of Province:	[ ][ ]
LK 02	Name of District:	[ ][ ]
LK 03	Name of Subdistrict:	[ ][ ][ ]
LK 04	Region : 1. Urban 2. Rural	[ ]
LK 05	Code Sub Population:	**[4]**
LK 06	Consecutive Number:	[ ]

NOTES OF INTERVIEWS				
		First Visit	Second Visit	Third Visit
LK 09	Date	-----/-----/-----	-----/-----/-----	-----/-----/-----
LK 10	Hour of Start	[ ][ ].[ ][ ]	[ ][ ].[ ][ ]	[ ][ ].[ ][ ]
LK 11	Hour of Termination	[ ][ ].[ ][ ]	[ ][ ].[ ][ ]	[ ][ ].[ ][ ]
LK 12	Result of interview	[ ][ ]	[ ][ ]	[ ][ ]

Code of results of interview:

01. Completed
02. Completed
03. Deferred
04. Refused
05. Inaccessible

LK 07	Name of Posyandu/Village PPKB:
LK 08	Address:
	Post Code:

SUPERVISION:		CODE
LK 13	Interviewer:	[ ][ ][ ]
LK 14	Local Supervisor:	[ ][ ][ ]
LK 15	Jakarta Supervisor:	[ ][ ]
LK 16	Field Coordinator:	[ ][ ]

SECTION A : GENERAL

NAME OF RESPONDENT:	FUNCTION:

A1.	When did the Health Post / PPKBD start its activities ?	**[ ][ ]**
A2.	Before this Health Post was established, did this village have a Weighing Pos or a FP post? **1. Yes** **3. No**	**[ ]**
A3.	How many times a month does this Health Post/PPKBD carry out activities ?	**[ ][ ] times a month**
A4.	How many workers (cadres or PPKBD) work in this Health Post ?	**[ ][ ] cadres**
A5.	When does this Health Post/PPKBD have activities ? (FILL IN ONLY ONE !) **a.** Every month, on (date)	**a1. open day 1 [ ][ ]** **a2. open day 2 [ ][ ]**
	b. Every month, on what day which week ? 1. Monday 2. Tuesday 3. Wednesday 4. Thursday 5. Friday 6. Saturday	**b1. open day 1**: b11 day [ ]; b12 week [ ] **b2. open day 2**: b21 day [ ]; b22 week [ ]
A6.	Mention the opening and closing hours of this Health Post/PPKBD.	**a. opening hours [ ][ ].[ ][ ]** **b. closing hours[ ][ ].[ ][ ]**

SPECIFICALLY FOR THE HEALTH POST, FOR VILLAGE PPKB GO STRAIGHT TO A12.:

A7.	When the Health Post is not open, and someone needs pills or oralit, where can they get them ? (see code A7)	**[ ]**
A8.	When a mother wants use the PP device [...], where is she referred to ? (See code A8) **a.** IUD ..... **b.** Insertion ..... **c.** Sterilization	 **[ ]** **[ ]** **[ ]**

A9.	In general, where do mothers go for prenatal care in this village ? (See code A9)	**[ ]**
A10.	In general where do mothers in this village give birth to (See code A10) their babies ?	**[ ]**
A11.	Usually, who assists the mothers in giving birth to their babies ? (See code A11)	**[ ]**

Code for A7 and A8		**Code for A9 and A10**		**Code for A11**	
1. Public Health Center	5. Dispensary	1. Public Health Center	5. Private Practice	1. Physician	4. Traditional Midwife
2. Assisting Public Health Center	6. Private Practice	2. Assisting Public Health Center.	6. Traditional Midwife	2. Nurse	5. Midwife in village
3. Hospital	7. Cadre's Home	3. Hospital	7. Poindes	3. Practizing Midwife	6. Other
4. Clinic		4. Clinic	8. Own home		

SECTION A : GENERAL

A12. Mention 3 (three) main problems faced by this Health Post/PPKBD :

a. ----------

b. ----------

c. ----------

A13. Mention 3 (three) main problems concerning the health of mothers and children :

a. ----------
---

b. ----------
---

c. ----------

SECTION B : SERVICES AT HEALTH POST / VILLAGE PPKB

SPECIFICALLY FOR HEALTH POST :

RESPONDENT :	FUNCTION :

B1. Kinds of services :	**B2.** Are there [...] services ? **1. Yes ----> To B3** **3. No ----> To next line** **5. Yes,at cadre's home**	**B3.** When did it start ? Year?	**B4.** How many people visited the Health Post during the last three months ?			**B5.** Service charges ? **(Rupiah)**	
			MAY.'93	**JUNE.'93**	**JULY.'93**		
a. Weighing of babies/children	[ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	each weighing
b. Supplying supplementary food	[ ]	[ ][ ]				[ ][ ].[ ][ ][ ]	each meal
c. Supplying oralit	[ ]	[ ][ ]				[ ][ ].[ ][ ][ ]	per package
d. Immunization service	[ ]	[ ][ ]				[ ][ ].[ ][ ][ ]	per injection
e. Pregnancy examination	[ ]	[ ][ ]				[ ][ ].[ ][ ][ ]	per examine
f. Treatment of patients	[ ]	[ ][ ]				[ ][ ].[ ][ ][ ]	per visit
g. Child Development	[ ]	[ ][ ]					
h. Mother & Child Health Groups	[ ]	[ ][ ]					

B6.	Mention source of funds for Health Post activities !	1.YES 3.NO
1.	Monthly routine contribution of villagers	[ ]
2.	Village/district budget	[ ]
3.	Health Post donation	[ ]
4.	Health Funds	[ ]
5.	Contribution from certain donors	[ ]
6.	Other, mention :	[ ] .....

SECTION B : SERVICES AT HEALTH POST / VILLAGE PPKB

FP SERVICES AT HEALTH POST AND VILLAGE PPKB

	B7. Types of Family Planning Services :	**B8.** Are there any [...] services ? **1. Yes ----> To B9** **3. No ----> To next line** **5. Yes,at cadre's home**	**B9.** Starting when? What year ?	**B10.** Charge per unit **(Rupiah)**	Information on units
B7a	**Oral Contraceptives:**				
	1.Microgynon	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	per month
	2.Marvelon 28	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	
	3.Excluton 28	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	
	4.Schering	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	
	5.Norideck	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	
B7b	**Condom**	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	per package
B7c	**Injectable Contraceptive :**				
	1.Depo Provera	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	per injection
	2.Noristrat	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	per injection
B7d	**Overcoming side effects**	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	per visit

SECTION C : HEALTH POST / PPKBD MANPOWER

WRITE DOWN INITIALS OF NAMES OF CADRES WORKING AT HEALTH POST/PPKB HERE. CHOOSE ONLY THOSE WHO ARE ACTIVE IN THE BOARD.

C1. Name (initial)	**C2.** Highest level of education **(see code C2)**	**C3.** Cadre training			**C4.** How long have you worked at this Health Post/PPKBD	
		C3a. When was the last training **[year?]**	**C3b.** For how long **[days]**	**C3c**. Did you ever join TKA training ? **1. Yes 3. No**	**a. (years)**	**b. (months)**
a. [ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ]	[ ][ ]	[ ][ ]
b. [ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ]	[ ][ ]	[ ][ ]
c. [ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ]	[ ][ ]	[ ][ ]
d. [ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ]	[ ][ ]	[ ][ ]
e. [ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ]	[ ][ ]	[ ][ ]
f. [ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ]	[ ][ ]	[ ][ ]
g. [ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ]	[ ][ ]	[ ][ ]

Code C2 :

01. Not/not yet graduated from ES
02. Elementary School
03. General Junior High School
04. Vocational Junior High School
05. General Senior High School
06. Vocational Senior High School
07. Diploma (D1, D2)
08. Diploma (D3)
09. University (S1, S2, S3)
10. Other, mention _____

SECTION C : HEALTH POST / PPKBD MANPOWER

C5.	How many times was this Health Post/PPKBD visited by manpower from Public Health Center/PLKB ? **[FOR HELTH POST VISIT OF COMMUNITY HEALTH CENTER MANPOWER, AND FOR VILLAGE PPKB, VISITS FROM PLKB]** 1. once a month 2. twice a month 3. once in two months 4. once in three or four months 5. twice a year 6. once a year 7. other, mention	**[ ]**
C6.	Who usually comes ? **[READ OUT THE CATEGORY OF PERSONNEL BELOW]**	**1. Yes 3. No**
	1. nurse	**[ ]**
	2. midwife	**[ ]**
	3. immunization on personnel	**[ ]**
	4. physician	**[ ]**
	5. PLKB/PLKB Supervisor	**[ ]**
C7.	Are there other visits from Community Health Center personnel outside Health Post opening days,for the following activities : **[READ OUT THE CATEGORIES OF ACTIVITIES]**	**1. Yes --------> to C8** **3. No -----> to section D**
	1. information on immunization	**[ ]**
	2. information on FP	**[ ]**
	3. PP Medical Team	**[ ]**
	4. sanitation program	**[ ]**
	5. information on Mother and Child Health	**[ ]**
C8.	If YES, how many times a year do these visits occur ? **[READ OUT CATEGORIES OF ACTIVITIES]**	**Number of visits [see code C8]**
	1. information on immunization	**[ ]**
	2. PP information	**[ ]**
	3. PP Medical Team	**[ ]**
	4. Sanitation Programs	**[ ]**
	5. Information on Mother and Child Health.....	**[ ]**

Code for C8
1. once a month
2. once in two months
3. once in three or four months
4. twice a year
5. once a year

SECTION D : HEALTH INSTRUMENTS

Kindly give information on health instruments at this Health Post / PPKBD

D1. Kinds of Intruments	**D2.** Is the [...] instruments here ? 1. **Yes ----> To D3** 3. **No ---> To next line**	**D3.** If there is, how many are there ? **[existing stock at Health Post]**	**D4.** How often is the Health Post supplied? **(see code D4)**	**D5.** Who brings the supply ? **(see code D5)**
a. Baby scales	**[ ]**			
b. Height mesure	**[ ]**			
c. Health cards	**[ ]**	**[ ][ ][ ] cards**	**[ ]**	**[ ]**
d. Pregnant Mother cards	**[ ]**	**[ ][ ][ ] cards**	**[ ]**	**[ ]**
e. PP pills	**[ ]**	**[ ][ ][ ] pill strip**	**[ ]**	**[ ]**
f. Condom	**[ ]**	**[ ][ ][ ] package**	**[ ]**	**[ ]**
g. Demonstration tools	**[ ]**		**[ ]**	**[ ]**
h. Oralit	**[ ]**	**[ ][ ] packages**	**[ ]**	**[ ]**
i. Iron tablets/Sulfas Ferosus	**[ ]**	**[ ][ ][ ] tablets**	**[ ]**	**[ ]**
j. Vitamin A	**[ ]**	**[ ][ ][ ] tablets**	**[ ]**	**[ ]**
k. Other medicine	**[ ]**		**[ ]**	**[ ]**
l. Children's toys	**[ ]**			

Code D4 :

1. once a month
2. once in two months
3. once in three or four months
4. twice a year
5. once a year

Code D5 :

1. Staff of Community Health Center
2. PLKB
3. Village Head
4. The Health Post personnel
5. Other, mention : ----------