

INTERVIEWER:

CONFIDENTIAL

IDW:

EDITOR :

INDONESIAN FAMILY LIFE SURVEY 2007  
HEALTH FACILITY  
INTEGRATED COMMUNITY HEALTH POST  
(POSYANDU)  
SECTIONS: LK, KR, A, B, C, D, SDP, PRP, CP

FACILITY CODE

BOOKTYPE

NAME OF POSYANDU :                       /

POSYANDU INTERVIEW BOOK

	INTERVIEW I	INTERVIEW II	INTERVIEW III	<div>CK1. Interview was entirely/mostly conducted in what language?  <input type="text"/> Other .....</div> <div>CK2. Other language used (if any):  <input type="text"/> Other .....</div>	<div>Interview language code :</div> <div><div><div>00. Indonesian</div><div>01. Javanese</div><div>02. Sundanese</div><div>03. Balinese</div><div>04. Batak</div><div>05. Bugis</div><div>06. Chinese</div><div>07. Maduranese</div><div>08. Sasak</div><div>09. Minang</div><div>10. Banjar</div><div>11. Bima</div></div><div><div>12. Makassar</div><div>13. Nias</div><div>14. Palembang</div><div>15. Sumbawa</div><div>16. Toraja</div><div>17. Lahat</div><div>18. Other South Sumatra</div><div>19. Betawi</div><div>20. Lampung</div><div>96. No other</div><div>95. Other</div></div></div>
DATE:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
	DAY/MONTH/YEAR	DAY/MONTH/YEAR	DAY/MONTH/YEAR		
TIME BEGIN:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>		
	HOUR/MINUTE	HOUR/MINUTE	HOUR/MINUTE		
TIME FINISHED:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>		
	HOUR/MINUTE	HOUR/MINUTE	HOUR/MINUTE		
INTERVIEW RESULTS:	<input type="text"/>	<input type="text"/>	<input type="text"/>		
FP2. STATUS SAMPLING	FP3. INTERVIEW RESULTS CODE	FP4. REASON FOR C1 = "3" OR "2" IN FP3.	FP5. EDITING STATUS BY EDITOR	FP6. MONITORING BY LOCAL SUPERVISOR	
Is this facility listed in SD2?  1. Yes 3. No	1. Completed →FP5 2. Partially completed 3. Not completed 4. Duplicate EA with EA <input type="text"/> →FP5	1. Respondent is traveling 2. Respondent is too busy 3. Refused	1. Edited, no correction necessary 2. Edited and corrected 3. Manual edit without CAFE 4. <input type="text"/> Entered, not edited	<div>YesNo</div> <div>a. Observed ..... 13</div> <div>b. Edited ..... 13</div> <div>c. Verified ..... 13</div>	

## SECTION LK: CONTROL SHEET

SAMPLING INFORMATION		CODE
LK01.	Province _____	<input type="text"/> <input type="text"/>
LK02.	Kabupaten/Kota _____	<input type="text"/> <input type="text"/>
LK03.	Kecamatan _____	<input type="text"/> <input type="text"/> <input type="text"/>
LK04.	Village/Urban Township/Nagari _____	<input type="text"/> <input type="text"/> <input type="text"/>
LK05.	Region : 1. Urban    2. Rural	<input type="text"/>
LK08.	a. Address: _____ _____ _____	
	b. Description of location: _____ _____ _____	
	c. Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
LK09.	Phone number:  A. Posyandu <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  B. Cellphone no. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , belonging to _____  W. NOT APPLICABLE                      Y. DON'T KNOW	
LK14.	a. RT  b. RW	a. <input type="text"/> <input type="text"/>  b. <input type="text"/> <input type="text"/>

SUPERVISION		CODE
<b>LK15.</b>	Name of Interviewer _____	____
<b>LK16.</b>	Name of Editor _____	____
<b>LK17.</b>	Name of Local Supervisor _____	____
<b>LK19.</b>	Name of Field Coordinator _____	____

<b>LK20.</b> Was this Posyandu interviewed in 1993?	Yes ..... 1 No ..... 3
<b>LK21.</b> Was this Posyandu interviewed in 1997?	Yes ..... 1 No ..... 3
<b>LK22.</b> Was this Posyandu interviewed in 1998?	Yes ..... 1 No ..... 3
<b>LK23.</b> Was this Posyandu interviewed in 2000?	Yes ..... 1 No ..... 3

SECTION KR : RESPONDENT’S CHARACTERISTICS

	RESPONDENT I	RESPONDENT II
KR01. Name of Respondent		
KR02. Age	Years	Years
KR02a. Sex	Male..... 1 Female..... 3	Male..... 1 Female ..... 3
KR03. Title/Position in the Posyandu in the village	Head of Posyandu ..... 1 Posyandu Cadre ..... 2 Other..... 3	Head of Posyandu ..... 1 Posyandu Cadre..... 2 Other ..... 3
KR04. Length of tenure in the position	Years	Years
KR05. Highest level of education attended	01  02  03  04  05  06  11  12  13  14  15 17  60  61  62  63  72  73  74  90  98 95.....	01  02  03  04  05  06  11  12  13  14  15 17  60  61  62  63  72  73  74  90  98 95.....
KR06. Highest grade/class completed	00  01  02  03  04  05  06  07  96  98	00  01  02  03  04  05  06  07  96  98
KR07. Length of time residing in this village	Years	Years

- Code KR05**

01. No school/Not yet at school

02. Elementary

03. Junior High – General

04. Junior High - Vocational

05. Senior High - General

06. Senior High - Vocational

60. D1, D2, D3 (Junior College)

61. University S1 (Bachelors)

62. University S2 (Masters)

63. University S3 (Doctorate)

11. Adult Educ. A (Kejar Paket A)

12. Adult Educ. B (Kejar Paket B)

13. Open University

14. Islamic School Pesantren

15. Adult Educ. C (Kejar Paket C)

17. School for the disabled

72. Islamic Elementary School (*Madrasah Ibtidaiyah*)

73. Islamic Junior High School (*Madrasah Tsanawiyah*)

74. Islamic Senior High School (*Madrasah Aliyah*)

90. Kindergarten

98. DON'T KNOW

95. Other
- Code KR06**

00. Never completed class I

01. 1

02. 2

03. 3

04. 4

05. 5

06. 6

07. Graduated

96. No school

98. DON'T KNOW

SECTION A: GENERAL

Now we would to ask about the service and activity of this Posyandu.

Name _____	Position _____
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A1. What year did this Health Post begin operation ?	1.                             8. TIDAK TAHU
A2. Before this Health Post was established, did this village have a Weighing Post, a FP Post, or some other community health post:	Yes ..... 1 No ..... 3
A2a. Is this Posyandu functioning as a Posyandu for the Elderly?	Yes ..... 1 → A3a No ..... 3
A2b. Is there any Posyandu for the Elderly in this village?	Yes ..... 1 No ..... 3
A3a. Is this Health Post open every month?	Yes ..... 1 → A4 No ..... 3
A3b. In the last year, how many times was the Health Post in operation?	times
A4. When the Health Post is operating, on average how many cadres are active?	cadres
A4a. Is the PPKBD always present at Posyandu activities?	Yes ..... 1 No ..... 3
A4b. Which classification matches this Health Post?	Pratama (lower level) ..... 1 Madya (middle level) ..... 2 Purnama (higher level) ..... 3 Self-sufficient ..... 4 Don't know ..... 8
A6. What are the opening and closing hours of this Health Post:	a. Opening time .....              :           b. Closing time .....              :
A7. When the Health Post is not open, and someone needs OC pills or oralit, where can they get them?  (CIRCLE ALL THAT APPLY)	Public Health Center ..... A Public Health Subcenter ..... B Hospital ..... C Clinic ..... D Pharmacy ..... E Private Practice ..... F Cadre's Home ..... G Village Staff ..... L PKK Meeting ..... M Other.....V

A8. When a mother wants to use the FP method [...], where is she referred to?  Public Health Center ..... 01 Public Health Subcenter ..... 02 Hospital..... 03 Clinic ..... 04 Private Practice..... 05 KB Manunggal/Safari KB ..... 06 Not referred..... 07 Other..... 95	a. IUD .....              _____ b. Implant .....              _____ c. Sterilization ....              _____
A9. In general, where do mothers go for prenatal care in this village (note: past 12 months)?  (CIRCLE ALL THAT APPLY)	Government Hospital ..... A Private Hospital ..... B Health Center ..... C Village Maternity Clinic ..... D Clinic/Private Doctor ..... E Clinic/Private Midwife ..... F Traditional Midwife's House..... G Health Post..... I Village Midwife ..... J Other..... V
A10. In general where do mothers in this village give birth to their babies (note: past 12 months)?  (CIRCLE ALL THAT APPLY)	Government Hospital..... A Private Hospital ..... B Maternity Hospital..... C Health Center (Puskesmas) ..... D Village Maternity Clinic (Polindes) ..... E Clinic/Private Doctor ..... F Clinic/Private Midwife ..... G Traditional Midwife's House..... H Own home ..... I Family's house. .... J Other..... V

SECTION A: GENERAL

<p><b>A11.</b> Usually, who assists the mothers in giving birth to their babies (note: past 12 months)?</p> <p><b>(CIRCLE ALL THAT APPLY)</b></p>	<p>Doctor ..... A</p> <p>Midwife ..... B</p> <p>Village Midwife ..... C</p> <p>Nurse ..... D</p> <p>Traditional Midwife (Dukun bayi) ..... E</p> <p>No one assists..... G</p> <p>Posyandu Cadre..... I</p> <p>Other..... V</p>
<p><b>A11a.</b> At this time how many traditional midwives (Dukun bayi) assist birth in this village?</p>	<p>NONE ..... 6 ➔ <b>A12</b></p> <p><input type="text"/> people ..... 1</p> <p>DON'T KNOW ..... 8</p>
<p><b>A11b.</b> In the last year, what percent of women in this village are assisted in childbirth by a traditional midwife?</p>	<p>≥ 75% ..... 1</p> <p>50 % - 74% ..... 2</p> <p>25 % - 49 % ..... 3</p> <p>&lt; 25 % ..... 4</p> <p>DON'T KNOW ..... 8</p>
<p><b>A12.</b> Mention 3 (three) main problems faced by this Health Post in the last two years:</p>	<p>A. Lack of fund</p> <p>B. Lack of medical supply</p> <p>C. Lack of equipment</p> <p>D. Lack of active cadres</p> <p>E. Lack of support from puskesmas</p> <p>F. Lack of support from village / township</p> <p>G. No permanent place</p> <p>H. Lack of interest/ participation</p> <p>I. Lack of KIA training for cadres</p> <p>V. Others .....</p> <p>W. NO PROBLEM</p>
<p><b>A13.</b> Mention 3 (three) main problems that you faced in mother and child health, in the last two years:</p>	<p>A. Lack of fund</p> <p>B. Lack of medical supply</p> <p>C. Lack of equipment</p> <p>D. Lack of active cadres</p> <p>E. Lack of support from puskesmas</p> <p>F. Lack of support from village / township</p> <p>G. No permanent place</p> <p>H. Lack of interest/ participation</p> <p>I. Lack of KIA training for cadres</p> <p>V. Others .....</p> <p>W. NO PROBLEM</p>

SECTION B : SERVICES AT THE POSYANDU

Now, we would like to ask about the services available in this Posyandu.

Name of Respondent : _____	Position : _____
----------------------------	------------------

<b>B0a.</b> How much is the charge for each Posyandu visit?	____,____ Rp
<b>B0b.</b> In comparison with last year, how much has the service charge changed?	1. Increase 2. No change 3. Decrease

B1.	B2.	B3a.	B4.			B5d.
TYPES OF SERVICES (B1TYPE)	Have you offered [...] services in the past 12 months?	Do you currently offer [...] services?	How many [...] in Posyandu in the last 3 months?			Additional service charges?
			a. 1 month ago	b. 2 months ago	c. 3 months ago	
A. Weighing of babies/children	3. No ↓ 1. Yes	3. No ↓ 1. Yes	1. ____ 8. DON'T KNOW	1. ____ 8. DON'T KNOW	1. ____ 8. DON'T KNOW	1.____,____ Rp 3. No charge
B. Provision of supplementary food	3. No ↓ 1. Yes	3. No ↓ 1. Yes	1. ____ 8. DON'T KNOW	1. ____ 8. DON'T KNOW	1. ____ 8. DON'T KNOW	1.____,____ Rp 3. No charge
C. Provision of Oralit	3. No ↓ 1. Yes	3. No ↓ 1. Yes	1. ____ 8. DON'T KNOW	1. ____ 8. DON'T KNOW	1. ____ 8. DON'T KNOW	1.____,____ 3. No charge
D. Immunization service	3. No ↓ 1. Yes	3. No ↓ 1. Yes	1. ____ 8. DON'T KNOW	1. ____ 8. DON'T KNOW	1. ____ 8. DON'T KNOW	1.____,____ Rp 3. No charge
E. Pregnancy examination	3. No ↓ 1. Yes	3. No ↓ 1. Yes	1. ____ 8. DON'T KNOW	1. ____ 8. DON'T KNOW	1. ____ 8. DON'T KNOW	1.____,____ Rp 3. No charge
E1. Provision of iron vitamin supplements	3. No ↓ 1. Yes	3. No ↓ 1. Yes	1. ____ 8. DON'T KNOW	1. ____ 8. DON'T KNOW	1. ____ 8. DON'T KNOW	1.____,____ Rp 3. No charge
E2. Provision of vitamin A supplements	3. No ↓ 1. Yes	3. No ↓ 1. Yes	1. ____ 8. DON'T KNOW	1. ____ 8. DON'T KNOW	1. ____ 8. DON'T KNOW	1.____,____ Rp 3. No charge
F. Treatment of patients	3. No ↓ 1. Yes	3. No ↓ 1. Yes	1. ____ 8. DON'T KNOW	1. ____ 8. DON'T KNOW	1. ____ 8. DON'T KNOW	1.____,____ Rp 3. No charge
G. Child development (TKA)	3. No ↓ 1. Yes	3. No ↓ 1. Yes	1. ____ 8. DON'T KNOW	1. ____ 8. DON'T KNOW	1. ____ 8. DON'T KNOW	
H. Mother and child heath (KIA)	3. No ↓ 1. Yes	3. No ↓ 1. Yes	1. ____ 8. DON'T KNOW	1. ____ 8. DON'T KNOW	1. ____ 8. DON'T KNOW	1.____,____ Rp per package 3. No charge

SECTION B : SERVICES AT THE POSYANDU

B6.   Mention source of funds for Posyandu activities in the last 12 months!		Yes	No
	a. Monthly routine contribution of villagers.....	1	3
	b. Village/township budget .....	1	3
	c. Donation from Health Center (Puskesmas).....	1	3
	d. Community Health Funds Contributions .....	1	3
	e. Contribution from certain donors.....	1	3
	v. Other .....	1	3

TYPES OF FAMILY PLANNING SERVICES (B2TYPE)	B8a.	B8b.	B10a.	B11.	B12.
	Have you offered [...] services in the past 12 months?	Do you currently offer [...] services?	Additional charges per unit	In comparison to the last year, have you seen a change in the number of clients using [...] service?	What factors account for the change in the number of clients using [...] service?
B7a.   Oral contraceptive	3. No    1. Yes ↓	3. No →B8a LINE B7b 1. Yes	____, ____ Rp.	2 → B8a LINE B7b 1 3	A1    B1    C1    D1    E1    H1    I1 A2    B2    C2    D2    E2    H2    I2 F    G    J    K    Y    V.....
B7b.   Condom (per unit)	3. No    1. Yes ↓	3. No →B8a LINE B7c 1. Yes	____, ____ Rp.	2 → B8a LINE B7c 1 3	A1    B1    C1    D1    E1    H1    I1 A2    B2    C2    D2    E2    H2    I2 F    G    J    K    Y    V.....
B7c.   Injectable contraceptive	3. No    1. Yes ↓	3. No →B8a LINE B7d 1. Yes	____, ____ Rp.	2 → B8a LINE B7d 1 3	A1    B1    C1    D1    E1    H1    I1 A2    B2    C2    D2    E2    H2    I2 F    G    J    K    Y    V.....
B7d.   Overcoming side effects (per action)	3. No    1. Yes ↓	3. No →B8a LINE B7e 1. Yes	____, ____ Rp.	2 → B8a LINE B7e 1 3	A1    B1    C1    D1    E1    H1    I1 A2    B2    C2    D2    E2    H2    I2 F    G    J    K    Y    V.....
B7e.   Family Planning counseling	3. No    1. Yes ↓ SECTION C	3. No → SECTION C 1. Yes		2 → SECTION C 1 3	A1    B1    C1    D1    E1    H1    I1 A2    B2    C2    D2    E2    H2    I2 F    G    J    K    Y    V.....

- CODE B11:**

  - 1. Increase
  - 2. No change
  - 3. Decrease
- CODE B12 :**

  - A1. Increase in price of methods
  - B1. Decrease in availability of methods
  - C1. Clients can no longer afford
  - D1. Switch to other method
  - E1. High risk of side effect
  - H1. Switch to other methods
  - I1. Feel uncomfortable with the contraceptive
- A2. Decrease in price of methods
  - B2. Increase in availability of methods
  - C2. Clients can no longer afford
  - D2. Switch from other methods
  - E2. Low risk of side effect
  - H2. Switch from other methods
  - I2. Feel comfortable with contraceptive
- F. Free of charge from a government Program
  - G. Improvement in awareness/knowledge of family planning
  - J. The number of reproductive couple increase
  - K. Routine counseling
  - Y. DON'T KNOW
  - V. Other

SECTION C: POSYANDU MANPOWER

Now, we would like to know about the cadre working for this Posyandu.

C1.	C2.	C4a.	C2a.	C3.		
Name  (Initial)	Highest level of education?	Since when did [...] have worked for this Posyandu ?	Has [...] ever had training?	Training of Posyandu cadre		
				C3a. When was the last training? (year)	C3b. For how many days? (days)	C3c. What kind of training? Have [...] ever had training on Child Development (TKA)
a. _____	01 02 03 04 05 06 60 61 62 63 11 12 13 14 15 17 72 73 74 90 98 95 .....	____/_____ MONTH/YEAR	3. No 1. Yes ↓	1. Year _____ 8. DON'T KNOW	____ days	A. Child Development (TKA) B. Service for elderly C. Family Planning V. Other.....
b. _____	01 02 03 04 05 06 60 61 62 63 11 12 13 14 15 17 72 73 74 90 98 95 .....	____/_____ MONTH/YEAR	3. No 1. Yes ↓	1. Year _____ 8. DON'T KNOW	____ days	A. Child Development (TKA) B. Service for elderly C. Family Planning V. Other.....
c. _____	01 02 03 04 05 06 60 61 62 63 11 12 13 14 15 17 72 73 74 90 98 95 .....	____/_____ MONTH/YEAR	3. No 1. Yes ↓	1. Year _____ 8. DON'T KNOW	____ days	A. Child Development (TKA) B. Service for elderly C. Family Planning V. Other.....
d. _____	01 02 03 04 05 06 60 61 62 63 11 12 13 14 15 17 72 73 74 90 98 95 .....	____/_____ MONTH/YEAR	3. No 1. Yes ↓	1. Year _____ 8. DON'T KNOW	____ days	A. Child Development (TKA) B. Service for elderly C. Family Planning V. Other.....
e. _____	01 02 03 04 05 06 60 61 62 63 11 12 13 14 15 17 72 73 74 90 98 95 .....	____/_____ MONTH/YEAR	3. No 1. Yes ↓	1. Year _____ 8. DON'T KNOW	____ days	A. Child Development (TKA) B. Service for elderly C. Family Planning V. Other.....
f. _____	01 02 03 04 05 06 60 61 62 63 11 12 13 14 15 17 72 73 74 90 98 95 .....	____/_____ MONTH/YEAR	3. No 1. Yes ↓	1. Year _____ 8. DON'T KNOW	____ days	A. Child Development (TKA) B. Service for elderly C. Family Planning V. Other.....
g. _____	01 02 03 04 05 06 60 61 62 63 11 12 13 14 15 17 72 73 74 90 98 95 .....	____/_____ MONTH/YEAR	3. No 1. Yes ↓	1. Year _____ 8. DON'T KNOW	____ days	A. Child Development (TKA) B. Service for elderly C. Family Planning V. Other.....

- Code C2 :
01. No school/Not yet  
02. Elementary School  
03. Junior High - General  
04. Junior High - Vocational  
05. Senior High - General

06. Senior High - Vocational  
60 D1, D2, D3 (Junior College)  
61. University S1 (Bachelors)  
62. University S2 (Masters)  
63. University S3 (Doctorate)

11. Adult Educ. A (Kejar Paket A)  
12. Adult Educ. B (Kejar Paket B)  
13. Open University  
14. Islamic School Pesantren  
15. Adult Educ. C (Kejar Paket C)

17. School for disable person  
72. Islamic Elementary (Madrasah Ibtidaiyah)  
73. Islamic Junior High School (Madrasah Tsanawiyah)  
74. Islamic Senior High School (Madrasah Aliyah)

90. Kindergarten  
98. DON'T KNOW  
95. Other



## SECTION C: POSYANDU MANPOWER

<b>C4a1.</b>	In the last 12 months, did a PLKB staff visit this Posyandu?	No .....3→ <b>C4c</b> No PLKB .....6→ <b>C4c</b> Yes .....1
<b>C4b1.</b>	How many times in the last 12 months did a PLKB staff visit this Posyandu?	<u>    </u> times.....1 DON'T KNOW.....8
<b>C4b3.</b>	Relative to previous years since 2000, has there been a change in the visits from PLKB changed?	Increased .....1 No change .....2 Decreased .....3
<b>C4c.</b>	Is there a Bina Keluarga Balita (Child Development) program at this Posyandu?	No .....3→ <b>C5</b> Yes.....1
<b>C4d.</b>	Who implements the Bina Keluarga Balita program? <b>(CIRCLE ALL THAT APPLY)</b>	BKKBN officials.....A Petugas suka rela/kader .....B Bidan Desa .....C Staff Puskesmas .....D Other.....V
<b>C4e.</b>	How many times in the last year was the Bina Keluarga Balita program conducted at this Posyandu?	<u>    </u> times.....1 Never .....6 DON'T KNOW.....8

<p><b>C5.</b> How many times in the last year has this Posyandu been visited by staff from the Health Center (Puskesmas)?</p>	<p>Never ..... 6→C6a2</p> <p>DON'T KNOW ..... 8→C6a2</p> <p>          times ..... 1</p>																		
<p><b>C6.</b> Who usually comes?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a. Nurse .....</td> <td>1</td> <td>3</td> </tr> <tr> <td>b. Midwife.....</td> <td>1</td> <td>3</td> </tr> <tr> <td>c. Immunization personnel .....</td> <td>1</td> <td>3</td> </tr> <tr> <td>d. Physician.....</td> <td>1</td> <td>3</td> </tr> <tr> <td>e. Other .....</td> <td>1</td> <td>3</td> </tr> </tbody> </table>		Yes	No	a. Nurse .....	1	3	b. Midwife.....	1	3	c. Immunization personnel .....	1	3	d. Physician.....	1	3	e. Other .....	1	3
	Yes	No																	
a. Nurse .....	1	3																	
b. Midwife.....	1	3																	
c. Immunization personnel .....	1	3																	
d. Physician.....	1	3																	
e. Other .....	1	3																	
<p><b>C6a2.</b> Relative to previous years since 2000, has there been a change in visits to this Posyandu from Puskesmas?</p>	<p>Increase ..... 1</p> <p>No change..... 2</p> <p>Decrease..... 3</p>																		

Category of Activities	C7.	C8.		
	Are there other visits from Health Center personnel outside Posyandu opening days, for the following activities:	How many visits in the last year?		
a. Information on immunization	3. No ↓ 1. Yes	1. <input type="text"/> times	6. Never	8. DON'T KNOW
b. Information on KB	3. No ↓ 1. Yes	1. <input type="text"/> times	6. Never	8. DON'T KNOW
c. Mobile Medical Team (TMK)	3. No ↓ 1. Yes	1. <input type="text"/> times	6. Never	8. DON'T KNOW
d. Sanitation Program	3. No ↓ 1. Yes	1. <input type="text"/> times	6. Never	8. DON'T KNOW
e. Information on Mother and Child Health (KIA)	3. No ↓ 1. Yes	1. <input type="text"/> times	6. Never	8. DON'T KNOW
f. Services for Posyandu for the elderly	3. No ↓ 1. Yes	1. <input type="text"/> times	6. Never	8. DON'T KNOW

SECTION D : HEALTH INSTRUMENTS

Kindly give information on health instruments at this Posyandu.

D1.	D2.	D3.	D6.
KINDS OF INSTRUMENTS	Are the [...] instruments here?	How many are there? (Existing stock at Posyandu)	In the last 6 months for how many weeks has [...] been out of stock?
a. Baby scales	1. Yes                      3. No		
b. Height measuring device	1. Yes                      3. No		
c. KMS cards	3. No → D6                      1. Yes	_ _ _     cards	1.    _ _     weeks                      6. Never available                      8. DON'T KNOW
d. Pregnant Mother cards	3. No → D6                      1. Yes	_ _ _     cards	1.    _ _     weeks                      6. Never available                      8. DON'T KNOW
e. Oral contraceptive pills	3. No → D6                      1. Yes	_ _ _     pill strip	1.    _ _     weeks                      6. Never available                      8. DON'T KNOW
g. Demonstration tools/books	1. Yes → D6                      3. No ↓		1.    _ _     weeks                      6. Never available                      8. DON'T KNOW
h. Oralit	3. No → D6                      1. Yes	_ _ _     packages	1.    _ _     weeks                      6. Never available                      8. DON'T KNOW
i. Iron tablets / Sulfas Ferosus	3. No → D6                      1. Yes	_ _ _     tablets	1.    _ _     weeks                      6. Never available                      8. DON'T KNOW
j. Vitamin A	3. No → D6                      1. Yes	_ _ _     tablets	1.    _ _     weeks                      6. Never available                      8. DON'T KNOW
k. Paracetamol/Other lowering fever medicine	3. No → D6                      1. Yes	_ _ _     tablets	1.    _ _     weeks                      6. Never available                      8. DON'T KNOW
l. Children's toys	1. Yes                      3. No		
m. Instruction book for the Bina Keluarga Balita program	1. Yes                      3. No		
n. Adult scale	1. Yes                      3. No		
o. Tensimeter	1. Yes                      3. No		
p. Osteoporosis kit	3. No ↓                      1. Yes	_ _ _     kits	
q. Cholesterol kit	3. No ↓                      1. Yes	_ _ _     kits	
r. Stethoscope	1. Yes                      3. No		
s. Thermometer	1. Yes → D6                      3. No	_ _ _     kits	1.    _ _     weeks                      6. Never available                      8. DON'T KNOW

SECTION SDP : POSYANDU RESOURCES

Now, we would like to ask resources of this Posyandu.

<b>SDP00.</b> INTERVIEWER CHECK A2a=1 (IS THIS POSYANDU IS FUNCTIONING AS ELDERLY POSYANDU?)	<b>NO..... 3 ➔ SDP02</b> <b>YES..... 1</b>
<b>SDP00a.</b> Can you separate the source of resource for Posyandu and Elderly Posyandu?	<b>1. IF YES, SDP is only for POSYANDU</b> <b>3. IF NO, SDP is both for POSYANDU AND ELDERLY POSYANDU</b>
<b>SDP02.</b> What is the value per month of [...] provided by the community for this Posyandu? <div>a. Cash</div> <div>b. Food</div> <div>c. Time spent by volunteers for Posyandu</div> <div>v. Other .....</div>	<div>a.    _ _ _  ,  _ _ _  ,  _ _ _  Rp</div> <div>b.    _ _ _  ,  _ _ _  ,  _ _ _  Rp</div> <div>c.    _ _ _  03. hours 05. days</div> <div>v.    _ _ _  ,  _ _ _  ,  _ _ _  Rp</div>
<b>SDP03a.</b> In the last 12 months, has this Posyandu received any resources for preventing undernourished ?	No..... 3➔SDP03 Yes ..... 1
<b>SDP03b.</b> How many times has this Posyandu received resources?	_  times
<b>SDP03c.</b> What is the source of the resources	A. Puskesmas/Pustu B. BKKBN/PLKB C. Village V. Other.....
<b>SDP03d.</b> What is the value of [...] received by Posyandu? <div>a. Cash</div> <div>b. Food</div> <div>c. Time spent by volunteers for Posyandu</div> <div>v. Other.....</div>	<div>a.    _ _ _  ,  _ _ _  ,  _ _ _  Rp</div> <div>b.    _ _ _  ,  _ _ _  ,  _ _ _  Rp</div> <div>c.    _ _ _  03. hours 05. days</div> <div>v.    _ _ _  ,  _ _ _  ,  _ _ _  Rp</div>
<b>SDP03.</b> Does this Posyandu receive resources from other parties?	No ..... 3 ➔ SECTION PRP Yes..... 1

SECTION SDP : POSYANDU RESOURCES

SDP04.	What kind of resources obtained from other parties, and who are those parties?	TYPES OF RESOURCES				
		A. Cash	B. Food	C. Vitamin	D. Vaccination	E. Other equipment
	CONTRIBUTING PARTIES					
	a. Puskesmas	Ya..... 1 Tidak ..... 3	Ya ..... 1 Tidak..... 3	Ya ..... 1 Tidak ..... 3	Ya ..... 1 Tidak ..... 3	Ya..... 1 Tidak..... 3
	b. Other Posyandu	Ya..... 1 Tidak ..... 3	Ya ..... 1 Tidak..... 3	Ya ..... 1 Tidak ..... 3	Ya ..... 1 Tidak ..... 3	Ya..... 1 Tidak..... 3
	c. BKKBN/PLKB	Ya..... 1 Tidak ..... 3	Ya ..... 1 Tidak..... 3	Ya ..... 1 Tidak ..... 3	Ya ..... 1 Tidak ..... 3	Ya..... 1 Tidak..... 3
	v. Other .....	Ya..... 1 Tidak ..... 3	Ya ..... 1 Tidak..... 3	Ya ..... 1 Tidak ..... 3	Ya ..... 1 Tidak ..... 3	Ya..... 1 Tidak..... 3

SECTION PRP: POSYANDU REVITALIZATION PROGRAM

Now, we would like to ask about the Posyandu Revitalization Program since 2000.

PRP00. Have you ever heard Posyandu revitalization program?	No .....3→SECTION CP Yes .....1
PRP01a. Has there been a Posyandu revitalization program since 2000?	No .....3→SECTION CP Yes .....1
PRP01b. When is the last time this Posyandu received revitalization program?	Year _____

INTERVIEWER NOTE: ASK PRP01c AND PRP02 ACCORDING TO THE YEAR IN PRP01b TILL THE LAST LINE. CIRCLE OPTION OF 3 FOR THE YEARS WITH NO POSYANDU REVITALIZATION PROGRAM.

Now we could like to ask about the Posyandu Revitalization Program since 2000.

YEAR (PRPTYPE)	PRP01c. Was there PRP program in [...]?	PRP02. How much money did the Posyandu receive from the revitalization program in [...]?
A. 2007	3. No ↓      8.DK ↓      1.Yes	1. _____ Rp.      8. DON'T KNOW↓
B. 2006	3. No ↓      8.DK ↓      1.Yes	1. _____ Rp.      8. DON'T KNOW↓
C. 2005	3. No ↓      8.DK ↓      1.Yes	1. _____ Rp.      8. DON'T KNOW↓
D. 2004	3. No ↓      8.DK ↓      1.Yes	1. _____ Rp.      8. DON'T KNOW↓
E. 2003	3. No ↓      8.DK ↓      1.Yes	1. _____ Rp.      8. DON'T KNOW↓
F. 2002	3. No ↓      8.DK ↓      1.Yes	1. _____ Rp.      8. DON'T KNOW↓
G. 2001	3. No ↓      8.DK ↓      1.Yes	1. _____ Rp.      8. DON'T KNOW↓
H. 2000	3. No ↓      8.DK ↓      1.Yes	1. _____ Rp.      8. DON'T KNOW↓

PRP03a. Has the money received since 2000 used for [...] :	<div>1. Yes    3.No</div> <div>a. Introduce Education and Information Counseling (KIE) to community leader/head of village or township ..... 1      3</div> <div>b. Train cadres .....1      3</div> <div>c. Purchase cooking utensils .....1      3</div> <div>d. Purchase other supplies for Posyandu.....1      3</div> <div>e. Give transport money to cadres .....1      3</div> <div>f. Supplementary food distribution program (PMT)..... 1      3</div>
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SECTION CP : INTERVIEW SESSION NOTE

	QUESTION NUMBER	NOTES
CP1. Questions with doubtful answers		
CP2. Questions needing conversion of unit of measurement		
CP3. Questions using secondary data source, data unclear		
CP4. Other problems		

INTERVIEWER NOTE