

|                    |              |            |
|--------------------|--------------|------------|
| INTERVIEWER: _____ | CONFIDENTIAL | IDW: _____ |
|--------------------|--------------|------------|

EDITOR : \_\_\_\_\_

EAST INDONESIAN FAMILY LIFE SURVEY 2012  
HEALTH FACILITY  
COMMUNITY HEALTH CENTER/SUB-CENTER  
(PUSKESMAS / PUSKESMAS PEMBANTU)  
BOOK A

SECTIONS : LK, A, SDP, AKM, DM, H, CP

NAME OF FACILITY: \_\_\_\_\_

FACILITY CODE: \_\_\_\_\_ / BOOK TYPE: P U S

| FACILITY INTERVIEW BOOK   |                                  |   |   |  |   |  |     |    |                  |   |   |                 |   |   |                   |   |   |
|---|----------------------------------|---|---|--|---|--|-----|----|------------------|---|---|-----------------|---|---|-------------------|---|---|
|   | INTERVIEW I                      | INTERVIEW II  | INTERVIEW III   | <b>CK1.</b> Interview was entirely/mostly conducted in what language?<br><br>____ Other _____<br><br><b>CK2.</b> Other language used (if any):<br><br>____ Other _____ | <b>Interview language code :</b><br>00. Indonesian      12. Makassar<br>01. Javanese        13. Nias<br>02. Sundanese      14. Palembang<br>03. Balinese        15. Sumbawa<br>04. Batak            16. Toraja<br>05. Bugis            17. Lahat<br>06. Chinese         18. Other South Sumatra<br>07. Maduranese    19. Betawi<br>08. Sasak            20. Lampung<br>09. Minang          96. No other<br>10. Banjar           95. Other _____<br>11. Bima |  |     |    |                  |   |   |                 |   |   |                   |   |   |
| DATE:   | ____/____/____<br>DAY/MONTH/YEAR | ____/____/____<br>DAY/MONTH/YEAR                                | ____/____/____<br>DAY/MONTH/YEAR                                      |  |   |  |     |    |                  |   |   |                 |   |   |                   |   |   |
| TIME BEGIN:   | ____/____<br>HOUR/MINUTE         | ____/____<br>HOUR/MINUTE  | ____/____<br>HOUR/MINUTE  |  |   |  |     |    |                  |   |   |                 |   |   |                   |   |   |
| TIME FINISHED:  | ____/____<br>HOUR/MINUTE         | ____/____<br>HOUR/MINUTE  | ____/____<br>HOUR/MINUTE  |  |   |  |     |    |                  |   |   |                 |   |   |                   |   |   |
| INTERVIEW RESULTS:  | ____                             | ____  | ____  |  |   |  |     |    |                  |   |   |                 |   |   |                   |   |   |
| 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 and selected as a sample?<br>1. Yes<br>3. No |                                  | 1. Completed →FP5<br>2. Partially completed<br>3. Not completed | 1. Respondent is traveling<br>2. Respondent is too busy<br>3. Refused | 1. Edited, no correction necessary<br>2. Edited and corrected<br>3. Manual edit without CAFÉ<br>4. Entered, not edited _____   | <table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>a. Observed.....</td><td>1</td><td>3</td></tr><tr><td>b. Edited .....</td><td>1</td><td>3</td></tr><tr><td>c. Verified .....</td><td>1</td><td>3</td></tr></table>  |  | Yes | No | a. Observed..... | 1 | 3 | b. Edited ..... | 1 | 3 | c. Verified ..... | 1 | 3 |
|   | Yes                              | No  |   |  |   |  |     |    |                  |   |   |                 |   |   |                   |   |   |
| a. Observed.....  | 1                                | 3   |   |  |   |  |     |    |                  |   |   |                 |   |   |                   |   |   |
| b. Edited .....   | 1                                | 3   |   |  |   |  |     |    |                  |   |   |                 |   |   |                   |   |   |
| c. Verified .....   | 1                                | 3   |   |  |   |  |     |    |                  |   |   |                 |   |   |                   |   |   |

## SECTION LK: CONTROL SHEET

| SAMPLING INFORMATION |  | CODE                     |
|----------------------|--|--------------------------|
| LK01.                | Province _____   | ____                     |
| LK02.                | Kabupaten/ Kotamadya _____   | ____                     |
| LK03.                | Kecamatan _____  | _____                    |
| LK04.                | Village/Urban Township/Nagari _____  | _____                    |
| LK05.                | Region : 1. Urban    2. Rural  | ____                     |
| LK7a.                | Facility Location : a. Latitude    ____ ____°    _____, _____'   |                          |
|                      | b. Longitude    ____ ____°    _____, _____'  |                          |
| LK08.                | a. Address : _____<br>: _____<br>b. Description of location : _____<br>c. Postal code : _____  |                          |
| LK09.                | Phone number:<br>A. Phone number    _____ - _____<br>a. area code    b. number<br>B. Cellphone no. _____, belonging to _____<br>W. NOT APPLICABLE    Y. DON'T KNOW |                          |
| LK11.                | Facility: 1. Puskesmas<br>2. Puskesmas Pembantu  | ____                     |
| LK12.                | Number of villages/townships covered by this facility  | _____ villages/townships |

| 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 _____ | ____ |

SECTION A: HEAD OF PUSKESMAS/PUSKESMAS PEMBANTU

| A26. In this study, we would like to gather some information about this facility. Please give us the names of people, we can ask questions to about the following topics: |   |                              |
|---|---|------------------------------|
| SECTIONS  | TOPICS:   | Name of Potential Respondent |
| A.  | Head of Puskesmas / Puskesmas Pembantu                    | _____                        |
| B.  | Development of Puskesmas / Puskesmas Pembantu             | _____                        |
| C.  | Acitivities of Puskesmas / Puskesmas Pembantu             | _____                        |
| D.  | Puskesmas/ Pustu Employees                                | _____                        |
| E.  | Health Instruments  | _____                        |
| SDP.  | Resources of Puskesmas                                    | _____                        |
| AKM.  | Program of Askeskin/JPKMM (Health Insurance for the Poor) | _____                        |
| DM.   | Decision making   | _____                        |
| F.  | Direct observation  | _____                        |
| G.  | Family Planning services                                  | _____                        |

SECTION A: HEAD OF PUSKESMAS/PUSKESMAS PEMBANTU

THE RESPONDENT OF SECTION A IS THE PUSKESMAS HEAD. IF AT THE TIME OF THE VISIT THE PUSKESMAS HEAD IS NOT AVAILABLE, THE DEPUTY MAY SUBSTITUTE.

Aa0. Respondent is:

1. Head of Puskesmas/Puskesmas Pembantu

2. Deputy of Head of Puskesmas/Puskesmas Pembantu

3. Other

|   |  |
|---|--|
| Aa. Name of head of the Puskesmas/Pustu   | <div></div> <div>1. Head of Puskesmas 3. Official Head of Puskesmas</div>  |
| Aa1. Sex  | <div>1. Male 3. Female</div>   |
| Ab. Profession of the Facility Head   | <div>Doctor ..... 1</div> <div>Not a doctor ..... 2</div>  |
| A1a. What is the highest level of education completed by [...]?                               | <div>High School/Paramedics School ..... 01</div> <div>D1/Midwife ..... 02</div> <div>D2 ..... 03</div> <div>D3/Akper..... 04</div> <div>College/S1 ..... 05</div> <div>Public Health ..... 06</div> <div>S2/S3 ..... 07</div> <div>Other ..... 95</div>   |
| A1. Where did the head of the Puskesmas/ Pustu complete his/her education?                    | <div>a. University of Indonesia .....01</div> <div>University of Gadjah Mada.....02</div> <div>University of Airlangga.....03</div> <div>University of Diponegoro.....04</div> <div>University of Padjajaran.....05</div> <div>Other state university .....06</div> <div>Private university .....07</div> <div>Other.....95</div> <div>b. Year of graduation</div> |
| A1b What Accreditation of universities you?   | <div>A. accreditation A</div> <div>B. accreditation B</div> <div>C. accreditation C</div> <div>D. Still in the process waited for the results</div> <div>E. not accredited</div> <div>F. have not been registered</div> <div>Y. Dont Know</div>  |
| A2. When did the head of the Puskesmas/Pustu start working in this facility?                  | <div> / </div> <div>Month Year</div>   |
| A3. Is the head of the Puskesmas/Pustu able to speak the local language?                      | <div>Yes ..... 1</div> <div>No ..... 3</div>   |
| A4. Last month, how many hours per week did the head of Puskesmas/Pustu work in the building? | <div>1. hours per week</div> <div>8. DK</div>  |

|  |   |
|--|---|
| A5. In rendering services in the building, on the average, how many hours per week does the head of Puskesmas/Pustu offer his/her services directly to the patients? [examine the patients]  | <div>1. hours per week</div> <div>6. NONE</div> <div>8. DK</div>  |
| A5a. Approximately, what is the amount of basic salary you received as the head of Puskesmas ?   | <div>1. . . . . Rp.</div> <div>8.Don't Know</div>   |
| A6. In general, are patients here directly examined by doctors?  | <div>Yes ..... 1 → A9</div> <div>No ..... 3</div> <div>No doctor ..... 6 → A9</div>   |
| A7. If not, which patients does the doctor examine?<br>[CIRCLE ALL THAT APPLY]   | <div>Patients referred by paramedics/midwives ..... A</div> <div>Patients with special arrangements ..... B</div> <div>Patients with difficult cases ..... C</div> <div>Other ..... V</div> |
| A9. Last month, on the average, how many hours does the head of Puskesmas/Pustu performs his/her duties outside the Puskesmas/Pustu building?<br>a. For administrative activities such as meetings, seminars, etc.....<br>b. For field activities such as counseling, Posyandu, etc..... | <div>6. NONE</div> <div>8. DK</div> <div>1. a. hours per week</div> <div>b. hours per week</div>  |
| A8. On average, how many patients per week examined by the head of the Puskesmas/Pustu?  | <div>1. patients per week</div> <div>6. NONE</div> <div>8. DK</div>   |
| A10. Does the head of Puskesmas/Pustu have a private practice?   | <div>No ..... 3 → A25a</div> <div>Yes ..... 1</div>   |
| A10a Approximately, what is the amount of revenue per month you received as the head of Puskesmas ?  | <div>1. . . . . Rp.</div> <div>8. Don't Know</div>  |
| A11. How far is the place of the private practice from the Puskesmas?<br>[IF THE PRACTICE IS AT THE PUSKESMAS OR IN THE YARD OF THE PUSKESMAS, WRITE "0" (ZERO)!]  | <div>. kilometers</div>   |

SECTION A: HEAD OF PUSKESMAS/PUSKESMAS PEMBANTU

Opinion of head of puskesmas/pustu / Respondent :

|   |   |
|---|---|
| <b>A25a.</b> Are you aware of the Minimum Service Standard on health?   | Yes ..... 1<br>No..... 3➔ <b>A25</b>  |
| <b>A25b.</b> What do you know about The type of standard health care coverage?<br><br>_____<br><br>_____<br><br>_____<br><br>_____<br><br>_____ | A. THE COVERAGE OF PREGNANT MOTHERS K4<br>B. THE COVERAGE OF COMPLICATION ON MIDWIFERY HANDLED<br>C. THE COVERAGE OF CHILDBIRTH ASSISTANCE HEALTH OFFICER WITH MIDWIFERY COMPETENCE<br>D. THE COVERAGE OF POSTNATAL SERVICE<br>E. THE COVERAGE OF NEONATAL WITH COMPLICATION HANDLED<br>F. THE COVERAGE OF BABY VISIT<br>G. THE COVERAGE OF VILLAGE /KELURAHAN UNIVERSAL CHILD IMMUNIZATION (UCI)<br>H. THE COVERAGE OF UNDER-FIVE CHILDREN SERVICE<br>I. THE COVERAGE OF ADDITIONAL NUTRITION ASIDE FROM BREAST MILK FOR BABIES AGED 6 – 24 MONTHS OF POOR FAMILIES<br>J. THE COVERAGE OF MALNUTRITION CASES RECEIVING TREATMENT<br>K. THE COVERAGE OF ELEMENTARY SCHOOL STUDENTS HEALTH<br>L. THE COVERAGE OF FAMILY PLANNING ACTIVE PARTICIPANTS<br>M. THE COVERAGE OF FINDING AND HANDLING OF DISEASES<br>N. THE COVERAGE OF BASIC HEALTH TREATMENT FOR THE POOR<br>O. THE COVERAGE OF REFERRAL HEALTH SERVICE FOR POOR FAMILIES<br>P. THE COVERAGE OF VILLAGE / KELURAHAN WITH KLB (EXTRA ORDINARY CASE) HANDLED BY EPIDEMIOLOGY INVESTIGATION < 24 HOURS<br>Q. THE COVERAGE OF DESA SIAGA AKTIF |
| <b>A25.</b> Now, we would like to know three main problems you face at this Puskesmas:  | Lack of funds..... A<br>Lack of medical staff..... B<br>Lack of supplies ..... C<br>Lack of equipment ..... D<br>Coverage too large..... E<br>Lack of support from government<br>official (village, regionl, central) ..... F<br>medical equipment repair ..... G<br>Other..... V   |

SECTION A: HEAD OF PUSKESMAS/PUSKESMAS PEMBANTU

Now, we would like to know the changes experienced since 20070.

| (ATYPE)                     | A27bb.                                      | A27ab.   |
|-----------------------------|---|--|
|                             | Since 2007, has their been change in [...]? | How was this facility affected?  |
| a. Availability of drugs    | 3. No            1. Yes ➔<br>↓              | Yes became better ..... 1<br>No change ..... 2<br>Yes became worse ..... 3 |
| b. Availability of supplies | 3. No            1. Yes ➔<br>↓              | Yes became better ..... 1<br>No change ..... 2<br>Yes became worse ..... 3 |
| c. Availability of water    | 3. No            1. Yes ➔<br>↓              | Yes became better ..... 1<br>No change ..... 2<br>Yes became worse ..... 3 |
| d. Price of drugs           | 3. No            1. Yes ➔<br>↓              | Yes became better ..... 1<br>No change ..... 2<br>Yes became worse ..... 3 |
| e. Price of supplies        | 3. No            1. Yes ➔<br>↓              | Yes became better ..... 1<br>No change ..... 2<br>Yes became worse ..... 3 |
| f. Price of fuel            | 3. No            1. Yes ➔<br>↓              | Yes became better ..... 1<br>No change ..... 2<br>Yes became worse ..... 3 |

| (ATYPE)                                       | A27bb.  | A27ab.   |
|---|---|--|
|   | Since 2007, has their been change in [...]?   | How was this facility affected?  |
| g. Price of other goods                       | 3. No            1. Yes ➔<br>↓                | Yes became better ..... 1<br>No change ..... 2<br>Yes became worse ..... 3 |
| h. Number of patients                         | 3. No            1. Yes ➔<br>↓                | Yes became better ..... 1<br>No change ..... 2<br>Yes became worse ..... 3 |
| i. Staff size                                 | 3. No            1. Yes ➔<br>↓                | Yes became better ..... 1<br>No change ..... 2<br>Yes became worse ..... 3 |
| j. Supply of contraceptives                   | 3. No            1. Yes ➔<br>↓                | Yes became better ..... 1<br>No change ..... 2<br>Yes became worse ..... 3 |
| k. Air quality (as the result of forest fire) | 3. No            1. Yes ➔<br>↓<br>SECTION SDP | Yes became better ..... 1<br>No change ..... 2<br>Yes became worse ..... 3 |

SECTION SDP: RESOURCES OF PUSKESMAS

Now, we would like to ask about the budget of and source of revenue for the Puskesmas.

|         |  |  |
|---------|--|--|
| SDP00a  | Does this puskesmas/pustu receive Health Operational Assistance (BOK) program?   | 1. YES      3. No →SDP00   |
| SDP00b  | Since when have this Puskesmas/Pustu been receiving BOK program?   | 1. ____/____.<br>8. DON'T KNOW   |
| SDP00c  | In the past budget year and the budget now how much budget / sources of income derived from: HEALTH CARE OPERATIONS (BOK)? | a. Budget last year<br>____ . ____ . ____ . ____ Rp<br>b. Current year's budget<br>____ . ____ . ____ . ____ Rp  |
| SDP00d  | What did the Puskesmas /Pustu do with the fund from BOK?   | A. Transportation cost for health officers to carry out outdoor activities.<br>B. Transportation cost for health care in supporting Puskesmas' activities and its networks, Poskesdes and Posyandu.<br>C. Transportation cost for indigenous medical practitioner (dukun beranak) as partner of midwife and other practitioner.<br>D. Purchase of materials/food for PMT activities (counseling and/or malnutrition treatment of babies aged 6-59 months.<br>E. Curative and rehabilitation effort<br>F. Salary, work overtime fee, incentives<br>G. Building maintenance (minor and major)<br>H. Vehicle maintenance (minor and major)<br>I. Phone, electricity, and water bills.<br>J. Provisions of medicines, vaccines, health appliance<br>K. Transportation cost for referenced patients |
| SDP00.  | What Budget Year that has been finished recently?  | 1. 2011<br>2. 2011/2012  |
| SDP01a. | What was the budget proposed by Puskesmas to Local Government/Dinas for the past budget year?                              | 1. ____ , ____ , ____ , ____ Rp.<br>6. Did not propose   |
| SDP01b. | What was the budget of the Puskesmas for the past budget year?   | 6. Pustu →SDP14<br>1. ____ , ____ , ____ , ____ Rp.  |

|         |  |  |
|---------|--|--|
| SDP02a. | For the past budget year, how much comprise from:  |  |
|         | a. Assistance from regional government   | ____ , ____ , ____ , ____ Rp.                            |
|         | b. Assistance from central government  | ____ , ____ , ____ , ____ Rp.                            |
|         | c. Claim from Jamkesmas/Jamkesda/Jam persal  | ____ , ____ , ____ , ____ Rp.                            |
|         | d. Patients  | ____ , ____ , ____ , ____ Rp.                            |
|         | e. Askes   | ____ , ____ , ____ , ____ Rp.                            |
|         | f. Other assistance  | ____ , ____ , ____ , ____ Rp.                            |
| SDP03a. | For the past budget year, what was the target of revenue from patients set by regional government/Dinas?     | 6. NO TARGET →SDP05a<br>1. ____ , ____ , ____ , ____ Rp. |
| SDP04a. | What was the realization of the target?  | ____ , ____ , ____ , ____ Rp.<br>→SDP06a                 |
| SDP05a. | What was the revenue from patients in the last budget year?  | ____ , ____ , ____ , ____ Rp.                            |
| SDP06a. | What was the percentage of patients revenue directly given back to Dinas?                                    | ____ percent   |
| SDP07a. | At the last budget year 2007, how many percent the receiving from patient that given to the Dinas directly ? | ____ percent   |

**SECTION SDP: RESOURCES OF PUSKESMAS**

|  |  |
|--|--|
| <b>SDP08.</b> For the present budget year, what is the target of revenue from patients set by regional government/Dinas?                 | 1.   ,   ,   ,    Rp.<br>6. NO TARGET  |
| <b>SDP09.</b> For the past budget year, what was the Puskesmas expenditure for Posyandu Revitalization Program?                          | 1.   ,   ,   ,    Rp.<br>6. NONE   |
| <b>SDP10.</b> Who currently determines the budget?   | Puskesmas .....A<br>Dinas .....B<br>Kabupaten Planning Unit.....C<br>Bupati/Walikota.....D<br>DPRD .....E<br>Other .....V  |
| <b>SDP11.</b> Do you have the authority to reallocate between posts of expenditure without approval from the Dinas or any other parties? | Yes .....1<br>No .....3  |
| <b>SDP12.</b> Compared to the year 2007, is the Puskesmas budget better or worse?  | Much better ..... 1➔SECTION AKM<br>Better ..... 2➔SECTION AKM<br>Same ..... 3➔SECTION AKM<br>Worse ..... 4<br>Much worse ..... 5   |
| <b>SDP13.</b> Why the Puskemas budget is worse?  | More uncertain.....A<br>Slower fund disbursement .....B<br>Unadequate fund .....C<br>Refunding problem .....D<br>Inflexible allocation for each Expenditure .....E<br>Other .....V<br>➔SECTION AKM |
| <b>SDP14.</b> What was the revenue from patients in Pustu in the last budget year?   | ,   ,   ,    Rp.   |



SECTION AKM : HEALTH INSURANCE FOR THE POOR

We would like to know about the Health Insurance for the Poor (Jamkesmas) program in this facilities.

|         |   |  |
|---------|---|--|
| AKM01.  | Does this Puskesmas/Pustu provide health service for Jamkesmas holders?   | No .....3➔SECTION DM<br>Yes ..... 1  |
| AKM02.  | Since when did this Puskesmas/Pustu provide this kind of service?   | ___ / ____ ..... 1<br>DON'T KNOW ..... 8   |
| AKM03.  | What should one do to get free of charge or subsidized medication/service in this Puskesmas/Pustu if he/she did not possess any Jamkesmas and that one could not afford the medication? | No .....3➔AKM04a<br>Yes ..... 1  |
| AKM04.  | What should one do to get service in this Puskesmas/Pustu if he/she did not possess any Jamkesmas?  | Showing <i>Letter Confirming Poverty Status (SKTM)</i> ..... 1<br>Showing Health Card ..... 2<br>Other ..... 5 |
| AKM04a. | How much should one pay in the counter for Jamkesmas card holders?  | 1. ____ , ____ Rp.<br>3. Free of charge  |

Now, we want to ask about service fees charged to ASKESKIN Card holders.

| AKM05.  |  |
|---|--|
| SERVICES  | How much is additional cost of [...]for someone with ASKESKIN Card? (excluding cost paid in the counter) |
| A. General examination + medicine/injection for adult | 1. ____ , ____ Rp.      3. Free of charge<br>2. No difference      6. Service not offered                |
| J. Check-up+injections and medicine for child         | 1. ____ , ____ Rp.      3. Free of charge<br>2. No difference      6. Service not offered                |
| K.Pregnancy check                                     | 1. ____ , ____ Rp.      3. Free of charge<br>2. No difference      6. Service not offered                |
| L . Ordinari Labor/childbirth                         | 1. ____ , ____ Rp.      3. Free of charge<br>2. No difference      6. Service not offered                |
| M. Neonatus check up (newborn aged 0-28 days)         | 1. ____ , ____ Rp.      3. Free of charge<br>2. No difference      6. Service not offered                |
| N. Children Immunization                              | 1. ____ , ____ Rp.      3. Free of charge<br>2. No difference      6. Service not offered                |
| H. Contraceptive Pills                                | 1. ____ , ____ Rp.      3. Free of charge<br>2. No difference      6. Service not offered                |
| I. Family Planning Injection                          | 1. ____ , ____ Rp.      3. Free of charge<br>2. No difference      6. Service not offered                |

|       |  |                         |
|-------|--|-------------------------|
| AKM09 | Does this Puskesmas/Pustu provide health service for Jampersal card holders? | No .....3<br>Yes..... 1 |
|-------|--|-------------------------|

SECTION AKM : HEALTH INSURANCE FOR THE POOR

|   |   |
|---|---|
| <b>AKM07.</b> What other sources of funds allocated to providing services for the poor? | No ..... 3 → SECTION DM<br>Yes ..... 1  |
| <b>AKM08.</b> Where did these funds?  | Central government ..... A<br>Kabupaten/Kotamadya government ..... B<br>Religious groups..... C<br>Political groups ..... D<br>Local Non Government Organizations ..... E<br>Other Private..... F<br>Company ..... G<br>Foreign Government/NGOs/Donor ..... H<br>Others ..... V |

SECTION DM : DECISION MAKING IN PUSKESMAS/PUSTU

Now we want to know about decision making in Puskesmas / pustu

| (DMTYPE)   | DM1. What level of authority makes the decision on: |                               |                           |                                      |
|--|---|-------------------------------|---------------------------|--------------------------------------|
|  | A   | B                             | C                         | D                                    |
|  | Puskesmas   | Kabupaten Health Unit (Dinas) | Kabupaten Planning Board  | Central Government (Health Ministry) |
| a. Hiring and firing of staff (PNS)                                | 1 2 3   | Yes ..... 1<br>No ..... 3     | Yes ..... 1<br>No ..... 3 | Yes ..... 1<br>No ..... 3            |
| a1 Recruitment and dismissal of honorary staff                     | 1 2 3   | Yes ..... 1<br>No ..... 3     | Yes ..... 1<br>No ..... 3 | Yes ..... 1<br>No ..... 3            |
| b. Levels and procedure for payroll (PNS)                          | 1 2 3   | Yes ..... 1<br>No ..... 3     | Yes ..... 1<br>No ..... 3 | Yes ..... 1<br>No ..... 3            |
| b1 Levels and procedure of salary for honorary staff               | 1 2 3   | Yes ..... 1<br>No ..... 3     | Yes ..... 1<br>No ..... 3 | Yes ..... 1<br>No ..... 3            |
| c. Service provision   | 1 2 3   | Yes ..... 1<br>No ..... 3     | Yes ..... 1<br>No ..... 3 | Yes ..... 1<br>No ..... 3            |
| d. Kinds of medicine to be purchased and time of purchase          | 1 2 3   | Yes ..... 1<br>No ..... 3     | Yes ..... 1<br>No ..... 3 | Yes ..... 1<br>No ..... 3            |
| e. Kinds of medical equipment to be purchased and time of purchase | 1 2 3   | Yes ..... 1<br>No ..... 3     | Yes ..... 1<br>No ..... 3 | Yes ..... 1<br>No ..... 3            |
| f. Charge of services  | 1 2 3   | Yes ..... 1<br>No ..... 3     | Yes ..... 1<br>No ..... 3 | Yes ..... 1<br>No ..... 3            |
| g. Price of medicine   | 1 2 3   | Yes ..... 1<br>No ..... 3     | Yes ..... 1<br>No ..... 3 | Yes ..... 1<br>No ..... 3            |
| h. Building maintenance and expansion                              | 1 2 3   | Yes ..... 1<br>No ..... 3     | Yes ..... 1<br>No ..... 3 | Yes ..... 1<br>No ..... 3            |

- CODE FOR DM1 COLUMN A:
- 1. Give suggestions
  - 2. Making decisions
  - 3. Abide by decision from higher authority

| (DMTYPE)   | DM2. In the previous years, has this Puskesmas ever submitted suggestions to the Dinas or Central Government on: |   |
|--|--|---|
|  | A. Kabupaten Health Unit (Dinas)   | B. Central Government (Health Ministry) |
| a. Hiring and firing of staff                                      | Yes ..... 1<br>No ..... 3  | Yes ..... 1<br>No ..... 3               |
| b. Levels and procedures for payroll                               | Yes ..... 1<br>No ..... 3  | Yes ..... 1<br>No ..... 3               |
| c. Service provision   | Yes ..... 1<br>No ..... 3  | Yes ..... 1<br>No ..... 3               |
| d. Kinds of medicine to be purchased and time of purchase          | Yes ..... 1<br>No ..... 3  | Yes ..... 1<br>No ..... 3               |
| e. Kinds of medical equipment to be purchased and time of purchase | Yes ..... 1<br>No ..... 3  | Yes ..... 1<br>No ..... 3               |
| f. Charge of services  | Yes ..... 1<br>No ..... 3  | Yes ..... 1<br>No ..... 3               |
| g. Price of medicine   | Yes ..... 1<br>No ..... 3  | Yes ..... 1<br>No ..... 3               |
| h. Building maintenance and expansion                              | Yes ..... 1<br>No ..... 3  | Yes ..... 1<br>No ..... 3               |

SECTION H: FACILITY VIGNETTES

Curative Care for Adult

|     |   |  |
|-----|---|--|
| H1. | Does this health facility provide curative care for adults? | No .....3 → H15<br>Yes .....1  |
| H2. | Name of Respondent : _____                                  |  |
| H3. | Can you please tell me your qualifications?                 | Medical doctor: GP .....01<br>Medical doctor: specialist.....02<br>Nurse .....03<br>Midwife .....04<br>Paramedic .....05 |
| H4. | In what year did you complete your studies?                 | ____ ____ ____ ____  |
| H5. | Have you received additional training since you graduated?  | No .....3→H9<br>Yes .....1   |

Can you tell me, for each of the following areas, whether you received additional training and, if so, when this training occurred?

|  | H6.  | H7.                    | H8.                  |
|--|--|------------------------|----------------------|
|  | Have you ever received training of [...] after you finished the study? | In the last 12 months? | In the last 5 years? |
| 1. Diagnostic algorithm for adult diseases | 1. Yes<br>3. No ↓  | 3. No<br>1. Yes↓       | 3. No<br>1. Yes      |
| 2. Non-communicable disease                | 1. Yes<br>3. No ↓  | 3. No<br>1. Yes↓       | 3. No<br>1. Yes      |
| 3. Respiratory disease                     | 1. Yes<br>3. No ↓  | 3. No<br>1. Yes↓       | 3. No<br>1. Yes      |
| 4. Antibiotic for respiratory disease      | 1. Yes<br>3. No ↓  | 3. No<br>1. Yes↓       | 3. No<br>1. Yes      |

H9. For the rest of the interview, we would like to understand the process by which you examine an adult person suffering from cough and fever. We would like to know everything you do, beginning with the arrival of the patient, waiting upon the patient and ending when he/she goes home. I shall describe the patient, and I will ask you a series of questions about activities you perform regularly. Once a section is complete, we are unable to go back and change answers. Now I will read out the case.

- INSTRUCTIONS TO INTERVIEWER:
- 1. READ OUT CASE 2 TIMES, AND THEN ASK QUESTIONS H11 -14.
  - 2. FIRST LISTEN TO THE RESPONDENT. ANY RESPONSE THAT HE OR SHE MENTIONS SPONTANEOUSLY SHOULD BE MARKED WITH CODE 1.
  - 3. AFTER THE RESPONDENT IS FINISHED WITH THE WHOLE QUESTIONNAIRE, TELL THE RESPONDENT THAT YOU ARE GOING TO REVIEW THE CASE AGAIN.
  - 4. START FROM THE BEGINNING AND READ THE CASE A SECOND TIME. ASK QUESTIONS H11-H14.
  - 5. READ OUT ANY RESPONSES THAT HE/SHE DID NOT MENTION SPONTANEOUSLY THE FIRST TIME. CODE THE APPROPRIATE RESPONSE.

H10. Pak Widyono came to this facility with a complaint of coughing and a fever. Now I would like to ask you exactly what you would do for this patient..

| H11. | What questions do you ask the patient about his cough and fever, and current health? | Mentioned spontaneously | Prompted |
|------|--|-------------------------|----------|
| a.   | How long have you suffered from this condition?                                      | 1                       | 2 3      |
| b.   | Any shortness of breath?   | 1                       | 2 3      |
| c.   | Is there any blood when you cough?   | 1                       | 2 3      |
| d.   | What was the color of the sputum?  | 1                       | 2 3      |
| e.   | Do you have any pain in the chest?   | 1                       | 2 3      |
| f.   | Any weight loss?   | 1                       | 2 3      |
| g.   | Is cough productive?   | 1                       | 2 3      |
| h.   | Any contact with others with respiratory problems/TB?                                | 1                       | 2 3      |

SECTION H: FACILITY VIGNETTES

| H11. | What questions do you ask the patient about his cough and fever, and current health?  | Mentioned spontaneously | Prompted |   |
|------|---|-------------------------|----------|---|
|      | i. Any night sweats?  | 1                       | 2        | 3 |
|      | j. What medicine have been taken?   | 1                       | 2        | 3 |
|      | k. Any fever?   | 1                       | 2        | 3 |
|      | l. Feeling weak?  | 1                       | 2        | 3 |
|      | m. Any headache   | 1                       | 2        | 3 |
|      | n. Losing appetite?   | 1                       | 2        | 3 |
|      | o. Nauseous?  | 1                       | 2        | 3 |
| H12. | What questions do you ask the patient about his medical history and behavior?   | Mentioned spontaneously | Prompted |   |
|      | a. Previous TB case or took TB medicine?  | 1                       | 2        | 3 |
|      | b. BCG immunization or ever positive PPD?<br><i>*Note: PPD = Purified Protein Derivative or Mantoux, examination of TBC</i>   | 1                       | 2        | 3 |
|      | c. History of asthma or COPD?<br><i>*Note: COPD = Chronic Obstructive Pulmonary Disease, chronic lungs disease</i>            | 1                       | 2        | 3 |
|      | d. History of cardiac problems?   | 1                       | 2        | 3 |
|      | e. History of malignancy or gastric surgery?  | 1                       | 2        | 3 |
|      | f. Medications recently or currently taking?  | 1                       | 2        | 3 |
|      | g. Drug allergies?  | 1                       | 2        | 3 |
|      | h. Smoking history?   | 1                       | 2        | 3 |
|      | i. Number of packages/quantity of smoking?  | 1                       | 2        | 3 |
|      | j. Alcohol use?   | 1                       | 2        | 3 |
|      | k. Live alone or with others?   | 1                       | 2        | 3 |
|      | l. Employment?  | 1                       | 2        | 3 |
|      | m. Family health history?   | 1                       | 2        | 3 |
|      | n. Sanitation, ventilation at home?   | 1                       | 2        | 3 |
| H13. | What do you do when you conduct a physical examination of the patient?  | Mentioned spontaneously | Prompted |   |
|      | a. Examine general appearance?  | 1                       | 2        | 3 |
|      | b. Take temperature?  | 1                       | 2        | 3 |
|      | c. Listen to respiration?   | 1                       | 2        | 3 |
|      | d. Check for sore throat?   | 1                       | 2        | 3 |
|      | e. Palpitate / feel throat / lymph nodes?   | 1                       | 2        | 3 |
|      | f. Is chest indrawing?  | 1                       | 2        | 3 |
|      | g. Palpate abdomen?<br><i>*Note: palpation = examination by palpating and pressing</i>  | 1                       | 2        | 3 |
|      | h. Pulse<br><i>*Note: vital signs = breath, pulse</i><br><i>*Note: IPPA = Inspection, Palpation, Percussion, Auscultation</i> | 1                       | 2        | 3 |
| H14. | What laboratory examinations would you conduct?   | Mentioned spontaneously | Prompted |   |
|      | a. Chest x-ray  | 1                       | 2        | 3 |
|      | b. PPD or mantoux test  | 1                       | 2        | 3 |
|      | c. Sputum exam for TB   | 1                       | 2        | 3 |
|      | d. Routine bloodwork  | 1                       | 2        | 3 |
|      | e. Liver function   | 1                       | 2        | 3 |
|      | f. CD4/cell count<br><i>*Note: blood test to see the immune system</i>  | 1                       | 2        | 3 |
|      | g. Urinalysis   | 1                       | 2        | 3 |

SECTION H: FACILITY VIGNETTES

Curative Care for Adult with Diabetes

|      |   |  |
|------|---|--|
| H15. | Does this health facility provide curative care for adults? | No .....3 → H30<br>Yes .....1  |
| H16. | Name of respondent_____                                     |  |
| H17. | Can you please tell me your qualifications?                 | Medical doctor: GP .....01<br>Medical doctor: specialist.....02<br>Nurse .....03<br>Midwife .....04<br>Paramedic .....05 |
| H18. | In what year did you complete your studies?                 | _____  |
| H19. | Have you received additional training since you graduated?  | No .....3→H23<br>Yes .....1  |

|  | H20.   | H21.                   | H22.                 |
|--|--|------------------------|----------------------|
|  | Have you ever received training of [...] after you finished the study? | In the last 12 months? | In the last 5 years? |
| 1. Diagnostic algorithm for adult diseases | 1. Yes<br>3. No ↓  | 3. No<br>1. Yes↓       | 3. No<br>1. Yes      |
| 2. Non-communicable disease                | 1. Yes<br>3. No ↓  | 3. No<br>1. Yes↓       | 3. No<br>1. Yes      |
| 3. Mengenai penyakit diabetes              | 1. Yes<br>3. No ↓  | 3. No<br>1. Yes↓       | 3. No<br>1. Yes      |
| 4. Mengenai obat untuk penyakit diabetes   | 1. Yes<br>3. No ↓  | 3. No<br>1. Yes↓       | 3. No<br>1. Yes      |

|      |  |
|------|--|
| H23. | For the rest of the interview, we would like to understand the process by which you examine an adult person suffering from diabetes. We would like to know everything you do, beginning with the arrival of the patient, waiting upon the patient and ending when he/she goes home. I shall describe the patient, and I will ask you a series of questions about activities you perform regularly. Once a section is complete, we are unable to go back and change answers. Now I will read out the case |
|------|--|

INSTRUCTIONS TO INTERVIEWER:

1. READ OUT CASE 2 TIMES, AND THEN ASK QUESTIONS H25-H29.
2. FIRST LISTEN TO THE RESPONDENT. ANY RESPONSE THAT HE OR SHE MENTIONS SPONTANEOUSLY SHOULD BE MARKED WITH CODE 1.
3. AFTER THE RESPONDENT IS FINISHED WITH THE WHOLE QUESTIONNAIRE, TELL THE RESPONDENT THAT YOU ARE GOING TO REVIEW THE CASE AGAIN.
4. START FROM THE BEGINNING AND READ THE CASE A SECOND TIME. ASK QUESTIONS H25-H29.
5. READ OUT ANY RESPONSES THAT HE/SHE DID NOT MENTION SPONTANEOUSLY THE FIRST TIME. CODE THE APPROPRIATE RESPONSE.

|      |  |
|------|--|
| H24. | Mr. Widyono came to this facility, and presents to you "to get my sugar checked." He has just moved to the community and has never visited the facility. Now I would like to ask you exactly what you would do for this patient. |
|------|--|

| H25 | What questions do you ask the patient about his present physical condition, high blood sugar, and medications? | Mentioned spontaneously | Prompted |
|-----|--|-------------------------|----------|
| a.  | How long have you suffered from this condition?  | 1                       | 2      3 |
| b.  | Medications recently or currently taking?  | 1                       | 2      3 |
| c.  | Do you have to urinate frequently?   | 1                       | 2      3 |
| d.  | Frequent thirst?   | 1                       | 2      3 |
| e.  | Any weight loss?   | 1                       | 2      3 |
| f.  | Any sweating?  | 1                       | 2      3 |
| g.  | Any anxiety or heart palpitations?   | 1                       | 2      3 |
| h.  | Abdominal fullness prematurely after meals?  | 1                       | 2      3 |
| i.  | Edema or weight retention?   | 1                       | 2      3 |
| j.  | Current treatment for hypertension?  | 1                       | 2      3 |

SECTION H: FACILITY VIGNETTES

| H25 | What questions do you ask the patient about his present physical condition, high blood sugar, and medications?                        | Mentioned spontaneously | Prompted |   |
|-----|---|-------------------------|----------|---|
|     | k. Often feel tingling?   | 1                       | 2        | 3 |
|     | l. Wound that stays?  | 1                       | 2        | 3 |
|     | m. Often have ulcer?  | 1                       | 2        | 3 |
|     | n. Family history   | 1                       | 2        | 3 |
|     | o. Feel weary   | 1                       | 2        | 3 |
|     | p. Have check blood sugar?  | 1                       | 2        | 3 |
| H26 | What questions do you ask Mr. Widyono about his medical history and behavior?   | Mentioned spontaneously | Prompted |   |
|     | a. History of hypertension?   | 1                       | 2        | 3 |
|     | b. History of high cholesterol?   | 1                       | 2        | 3 |
|     | c. Co-existing or prior heart condition?  | 1                       | 2        | 3 |
|     | d. Prior eye examination?   | 1                       | 2        | 3 |
|     | e. Prior hospitalization?   | 1                       | 2        | 3 |
|     | f. Prior diabetic coma?   | 1                       | 2        | 3 |
|     | g. Prior renal failure?   | 1                       | 2        | 3 |
|     | h. Does he smoke regularly?   | 1                       | 2        | 3 |
|     | i. Number of packages/quantity of smoking?  | 1                       | 2        | 3 |
|     | j. Alcohol use?   | 1                       | 2        | 3 |
|     | k. Immunization history?  | 1                       | 2        | 3 |
|     | l. Regular exercise?  | 1                       | 2        | 3 |
|     | m. Questions about nutrition/eating habits?   | 1                       | 2        | 3 |
|     | n. Is there any family member with this disease?  | 1                       | 2        | 3 |
| H27 | What do you do when you conduct a physical examination of the patient?  | Mentioned spontaneously | Prompted |   |
|     | a. Blood pressure in one arm  | 1                       | 2        | 3 |
|     | b. Blood pressure in both arms  | 1                       | 2        | 3 |
|     | c. Listen to chest/heart?   | 1                       | 2        | 3 |
|     | d. Listen to abdomen?   | 1                       | 2        | 3 |
|     | e. Examine the feet?  | 1                       | 2        | 3 |
|     | f. Examine peripheral vascular system?  | 1                       | 2        | 3 |
|     | g. Check for edema?   | 1                       | 2        | 3 |
|     | h. Examine prostate?  | 1                       | 2        | 3 |
|     | i. Pulse  | 1                       | 2        | 3 |
|     | j. Respiration  | 1                       | 2        | 3 |
| H28 | What laboratory examinations would you conduct?   | Mentioned spontaneously | Prompted |   |
|     | a. Chest x-ray?   | 1                       | 2        | 3 |
|     | b. Blood chemistry: creatinine, glucose?  | 1                       | 2        | 3 |
|     | c. Sputum exam?   | 1                       | 2        | 3 |
|     | d. CBC (Complete Blood Count)?<br><i>*Note: blood examination to count the red blood cells, white blood cells, and blood platelet</i> | 1                       | 2        | 3 |
|     | e. Test for triglycerides?<br><i>*Note: examination to check the lipid excess in the blood</i>  | 1                       | 2        | 3 |
|     | f. Ultrasound?  | 1                       | 2        | 3 |
|     | g. Liver function?  | 1                       | 2        | 3 |
|     | h. HgbA1c?<br><i>*Note: examination to check the glucose amount in the haemoglobyn</i>  | 1                       | 2        | 3 |
|     | i. Hepatic enzymes?   | 1                       | 2        | 3 |

SECTION H: FACILITY VIGNETTES

| H29 | What advice or future examinatio  | Mentioned<br>spontaneously | Prompted |   |
|-----|---|----------------------------|----------|---|
|     | a. Recommend stop smoking?  | 1                          | 2        | 3 |
|     | b. Nutritional advice?  | 1                          | 2        | 3 |
|     | c. Advice about exercise?   | 1                          | 2        | 3 |
|     | d. Examine the feet?  | 1                          | 2        | 3 |
|     | e. Refer to other specialist (eye,foot, or heart)?  | 1                          | 2        | 3 |
|     | f. Prescribe anti-hypertensives?<br><i>*Note: medicine to control high blood pressure</i> | 1                          | 2        | 3 |
|     | g. Prescribe Metformin?<br><i>*Note: medicine for diabetes</i>                            | 1                          | 2        | 3 |
|     | h. Make an appointment for the next visit?  | 1                          | 2        | 3 |



SECTION H: FACILITY VIGNETTES

Curative care for children

|     |   |  |
|-----|---|--|
| H30 | Does this health facility provide curative care for children? | Yes ..... 1<br>No ..... 3 → H45  |
| H31 | Name of respondent: _____                                     |  |
| H32 | Can you please tell me your qualifications?                   | Medical doctor: GP .....01<br>Medical doctor: specialist.....02<br>Nurse .....03<br>Midwife .....04<br>Paramedic .....05 |
| H33 | In what year did you complete your studies?                   | _____  |
| H34 | Have you received additional training since you graduated?    | No .....3→H38<br>Yes ..... 1   |

|   | H35  | H36                    | H37                  |
|---|--|------------------------|----------------------|
|   | Have you ever received training of [...] after you finished the study? | In the last 12 months? | In the last 5 years? |
| 1. Child immunization                       | 1. Yes<br>3. No ↓  | 3. No<br>1. Yes↓       | 3. No<br>1. Yes      |
| 2. Treatment of Acute Respiratory Infection | 1. Yes<br>3. No ↓  | 3. No<br>1. Yes↓       | 3. No<br>1. Yes      |
| 3. Treatment of diarrhea                    | 1. Yes<br>3. No ↓  | 3. No<br>1. Yes↓       | 3. No<br>1. Yes      |
| 4. Treatment of malaria                     | 1. Yes<br>3. No ↓  | 3. No<br>1. Yes↓       | 3. No<br>1. Yes      |
| 5. Nutrition                                | 1. Yes<br>3. No ↓  | 3. No<br>1. Yes↓       | 3. No<br>1. Yes      |
| 6. HIV transmission in pregnancy            | 1. Yes<br>3. No ↓  | 3. No<br>1. Yes↓       | 3. No<br>1. Yes      |
| 7. Prenatal care                            | 1. Yes<br>3. No ↓  | 3. No<br>1. Yes↓       | 3. No<br>1. Yes      |

|     |   |
|-----|---|
| H38 | For the rest of the interview, we would like to understand the process by which you provide curative care for children. We would like to know everything you do, beginning with the arrival of the patient, waiting upon the patient and ending when he/she goes home. I shall describe the patient, and I will ask you a series of questions about activities you perform regularly. Once a section is complete, we are unable to go back and change answers. Now I will read out the case |
|-----|---|

- INSTRUCTIONS TO INTERVIEWER:
- 1. READ OUT CASE 2 TIMES, AND THEN ASK QUESTIONS H40-H44.
  - 2. FIRST LISTEN TO THE RESPONDENT. ANY RESPONSE THAT HE OR SHE MENTIONS SPONTANEOUSLY SHOULD BE MARKED WITH CODE 1.
  - 3. AFTER THE RESPONDENT IS FINISHED WITH THE WHOLE QUESTIONNAIRE, TELL THE RESPONDENT THAT YOU ARE GOING TO REVIEW THE CASE AGAIN.
  - 4. START FROM THE BEGINNING AND READ THE CASE A SECOND TIME. ASK QUESTIONS H40-H44.
  - 5. READ OUT ANY RESPONSES THAT HE/SHE DID NOT MENTION SPONTANEOUSLY THE FIRST TIME. CODE THE APPROPRIATE RESPONSE:.

|     |  |
|-----|--|
| H39 | Ny Nani comes to this facility with her daughter, an 8 month old baby. She says that her daughter has had diarrhea for 2 days with vomiting. |
|-----|--|

| H40 | What are the 13-14 most important questions you ask about the diarrhea and vomiting? | Mentioned spontaneously | Prompted |
|-----|--|-------------------------|----------|
| a.  | When did the diarrhea start?   | 1                       | 2 3      |
| b.  | How frequently does diarrhea occur?  | 1                       | 2 3      |
| c.  | What do the feces/vomit look like of smell like                                      | 1                       | 2 3      |
| d.  | Any blood in vomit?  | 1                       | 2 3      |
| e.  | Any blood in stools?   | 1                       | 2 3      |
| f.  | Any fever?   | 1                       | 2 3      |

SECTION H: FACILITY VIGNETTES

|      |   |                         |          |   |
|------|---|-------------------------|----------|---|
| H40. | What are the 13-14 most important questions you ask about the diarrhea and vomiting?    | Mentioned spontaneously | Prompted |   |
|      | g. Level of activity (active vs listless)?  | 1                       | 2        | 3 |
|      | h. Is the child feeding and drinking?   | 1                       | 2        | 3 |
|      | i. Given any medication already?  | 1                       | 2        | 3 |
|      | j. Any evidence of dehydration?   | 1                       | 2        | 3 |
|      | k. Vomits everything?   | 1                       | 2        | 3 |
|      | l. Has convulsions?   | 1                       | 2        | 3 |
|      | m. Eaten anything unusual?  | 1                       | 2        | 3 |
|      | n. Any ill contacts?  | 1                       | 2        | 3 |
|      | o. Urinating?   | 1                       | 2        | 3 |
| H41  | What do you ask about the baby's medical history and environment?                       | Mentioned spontaneously | Prompted |   |
|      | a. History of similar disease?  | 1                       | 2        | 3 |
|      | b. Drug allergies?  | 1                       | 2        | 3 |
|      | c. Any other medical or surgical problems or HIV?                                       | 1                       | 2        | 3 |
|      | d. Any complications at delivery or prematurity?  | 1                       | 2        | 3 |
|      | e. Access to water or sanitation?   | 1                       | 2        | 3 |
|      | f. Immunization history?  | 1                       | 2        | 3 |
|      | g. Breastfeeding/other fluids?  | 1                       | 2        | 3 |
|      | h. Digestive system normal?   | 1                       | 2        | 3 |
|      | i. Ever had surgery on digestive organs?  | 1                       | 2        | 3 |
|      | k. Eating   | 1                       | 2        | 3 |
|      | l. Baby care  | 1                       | 2        | 3 |
| H42  | What do you do when you conduct a physical examination of the child?                    | Mentioned spontaneously | Prompted |   |
|      | a. Check appearance / alertness?  | 1                       | 2        | 3 |
|      | b. Take her temperature?  | 1                       | 2        | 3 |
|      | c. Examine the crown of the head?<br><i>*Note: is it concave?</i>                       | 1                       | 2        | 3 |
|      | d. Check pulse?   | 1                       | 2        | 3 |
|      | e. Weigh?   | 1                       | 2        | 3 |
|      | f. Check height?  | 1                       | 2        | 3 |
|      | g. Determine capillary refill time/check nailbeds?                                      | 1                       | 2        | 3 |
|      | h. Examine eyes?  | 1                       | 2        | 3 |
|      | i. Check skin turgor/elasticity?  | 1                       | 2        | 3 |
|      | j. Auscultate abdomen for bowel sounds?   | 1                       | 2        | 3 |
|      | k. Palpitate abdomen?<br><i>*Note: examination of stomach by palpating and pressing</i> | 1                       | 2        | 3 |
|      | l. Check feces for blood or mucous  | 1                       | 2        | 3 |
|      | m. Check palms of hands?  | 1                       | 2        | 3 |
|      | n. Check for edema in feet?   | 1                       | 2        | 3 |
|      | o. Breathing normally?  | 1                       | 2        | 3 |
|      | p. Blood pressure?  | 1                       | 2        | 3 |
| H43  | What laboratory examinations would you conduct?   | Mentioned spontaneously | Prompted |   |
|      | a. Routine bloodwork/CBC?<br><i>*Note: CBC = Complete Blood Count</i>                   | 1                       | 2        | 3 |
|      | b. Stool culture?   | 1                       | 2        | 3 |
|      | c. Blood smear/dipstick for malaria?<br><i>*Note: quick test for malaria</i>            | 1                       | 2        | 3 |

SECTION H: FACILITY VIGNETTES

| H44 | If this child has mild dehydration of viral etiology, what would you do? | Mentioned spontaneously | Prompted |   |
|-----|--|-------------------------|----------|---|
|     | a. Recommend to increase fluids?   | 1                       | 2        | 3 |
|     | b. Provide rehydration solution in clinic?                               | 1                       | 2        | 3 |
|     | c. Show how/recommend rehydration solution for home?                     | 1                       | 2        | 3 |
|     | d. Recommend vitamin supplements?  | 1                       | 2        | 3 |
|     | e. Recommend medicine for fever?   | 1                       | 2        | 3 |
|     | f. Instruct about returning to clinic if health worsens?                 | 1                       | 2        | 3 |
|     | g. Update immunizations?   | 1                       | 2        | 3 |
|     | h. Administrate IV fluids?   | 1                       | 2        | 3 |
|     | i. Recommend antibiotics?  | 1                       | 2        | 3 |
|     | j. Hospitalize?  | 1                       | 2        | 3 |
|     | k. Continue to breastfeed?   | 1                       | 2        | 3 |

SECTION H: FACILITY VIGNETTES

Prenatal Care

|     |  |   |
|-----|--|---|
| H45 | Does this health facility provide prenatal care?           | Yes..... 1<br>No ..... 3 →CP  |
| H46 | Name of respondent : _____                                 |   |
| H47 | Can you please tell me your qualifications?                | Medical doctor: GP .....01<br>Medical doctor: specialist .....02<br>Nurse .....03<br>Midwife.....04<br>Paramedic.....05 |
| H48 | In what year did you complete your studies?                | _____   |
| H49 | Have you received additional training since you graduated? | No .....3→H53<br>Yes..... 1   |

|                            | H50  | H51                    | H52                  |
|----------------------------|--|------------------------|----------------------|
|                            | Have you ever received training of [...] after you finished the study? | In the last 12 months? | In the last 5 years? |
| 1. Safe delivery           | 1. Yes<br>3. No ↓  | 3. No<br>1. Yes↓       | 3. No<br>1. Yes      |
| 2. High risk pregnancies   | 1. Yes<br>3. No ↓  | 3. No<br>1. Yes↓       | 3. No<br>1. Yes      |
| 3. Assistance during labor | 1. Yes<br>3. No ↓  | 3. No<br>1. Yes↓       | 3. No<br>1. Yes      |
| 4. HIV in pregnancy        | 1. Yes<br>3. No ↓  | 3. No<br>1. Yes↓       | 3. No<br>1. Yes      |
| 5. Obstetrical emergencies | 1. Yes<br>3. No ↓  | 3. No<br>1. Yes↓       | 3. No<br>1. Yes      |
| 6. Family planning         | 1. Yes<br>3. No ↓  | 3. No<br>1. Yes↓       | 3. No<br>1. Yes      |
| 7. Other _____             | 1. Yes<br>3. No ↓  | 3. No<br>1. Yes↓       | 3. No<br>1. Yes      |

|     |   |
|-----|---|
| H53 | For the rest of the interview, we would like to understand the process by which you provide a pregnancy examination. We would like to know everything you do, beginning with the arrival of the patient, waiting upon the patient and ending when she goes home. I shall describe the patient, and I will ask you a series of questions about activities you perform regularly. Once a section is complete, we are unable to go back and change answers. Now I will read out the case |
|-----|---|

- INSTRUCTIONS TO INTERVIEWER:
- 1. READ OUT CASE 2 TIMES, AND THEN ASK QUESTIONS H55-H60.
  - 2. FIRST LISTEN TO THE RESPONDENT. ANY RESPONSE THAT HE OR SHE MENTIONS SPONTANEOUSLY SHOULD BE MARKED WITH CODE 1.
  - 3. AFTER THE RESPONDENT IS FINISHED WITH THE WHOLE QUESTIONNAIRE, TELL THE RESPONDENT THAT YOU ARE GOING TO REVIEW THE CASE AGAIN.
  - 4. START FROM THE BEGINNING AND READ THE CASE A SECOND TIME. ASK QUESTIONS H55-H60.
  - 5. READ OUT ANY RESPONSES THAT HE/SHE DID NOT MENTION SPONTANEOUSLY THE FIRST TIME. CODE THE APPROPRIATE RESPONSE:

|     |   |
|-----|---|
| H54 | Mrs. Ani, a married woman of 26, has not had her period for 3 months. She has come to you for a pregnancy examination. This is her first visit. Please recount everything you would do during the pregnancy examination.. |
|-----|---|

| H55 | What are most important questions you would ask Mrs. Ani about her previous pregnancies and labor? | Mentioned spontaneously | Prompted |
|-----|--|-------------------------|----------|
| a.  | Number of prior pregnancies?   | 1                       | 2 3      |
| b.  | Number of living children  | 1                       | 2 3      |
| c.  | Number of miscarriages/abortions/stillbirths?  | 1                       | 2 3      |
| d.  | Any bleeding during previous labor?  | 1                       | 2 3      |

SECTION H: FACILITY VIGNETTES

| H55 | What are most important questions you would ask Mrs. Ani about her previous pregnancies and labor?     | Mentioned spontaneously | Prompted |   |
|-----|--|-------------------------|----------|---|
|     | e. How the last child was delivered?   | 1                       | 2        | 3 |
|     | f. Birth weight of previous child?   | 1                       | 2        | 3 |
|     | g. History of genetic anamolies?   | 1                       | 2        | 3 |
|     | h. Gynecological history (STIs, pap smear, contraceptive use, etc.)                                    | 1                       | 2        | 3 |
| H56 | What are themost important questions you ask Mrs. Ani about her current pregnancy?                     | Mentioned spontaneously | Prompted |   |
|     | a. Last menstrual date?  | 1                       | 2        | 3 |
|     | b. Any health problems now?  | 1                       | 2        | 3 |
|     | c. Any obstetric symptoms (contractions, vaginal bleeding, etc)?                                       | 1                       | 2        | 3 |
|     | d. Any weight loss/gain, nausea, vomiting?   | 1                       | 2        | 3 |
|     | e. Taking any medications now?   | 1                       | 2        | 3 |
| H57 | What are the most important questions you want to ask about her medical and social/behavioral history? | Mentioned spontaneously | Prompted |   |
|     | a. Any history of high blood pressure?   | 1                       | 2        | 3 |
|     | b. Any history of diabetes?  | 1                       | 2        | 3 |
|     | c. Any previous STI, including HIV+?   | 1                       | 2        | 3 |
|     | d. Any previous IUD or contraceptive use?  | 1                       | 2        | 3 |
|     | e. Tetanus shot in previous pregnancy?   | 1                       | 2        | 3 |
|     | f. Any previous heart disease?   | 1                       | 2        | 3 |
|     | g. Family history of hereditary disease?   | 1                       | 2        | 3 |
|     | h. Ever had malaria?   | 1                       | 2        | 3 |
|     | i. Present or previous smoker?   | 1                       | 2        | 3 |
|     | j. Any history of alcohol use?   | 1                       | 2        | 3 |
|     | k. Assess whether pregnancy is high risk?  | 1                       | 2        | 3 |
|     | l. Ever had surgery?   | 1                       | 2        | 3 |
|     | m. Any history of asthmatism?  | 1                       | 2        | 3 |
|     | n. Any history of kidney disease?  | 1                       | 2        | 3 |
| H58 | What would you do when you conduct a physical examination of Mrs. Ani?                                 | Mentioned spontaneously | Prompted |   |
|     | a. Body height?  | 1                       | 2        | 3 |
|     | b. Body weight?  | 1                       | 2        | 3 |
|     | c. Take blood pressure?  | 1                       | 2        | 3 |
|     | d. Palpitate abdomen/measure uterine height?   | 1                       | 2        | 3 |
|     | e. Listen to fetal heartbeat?  | 1                       | 2        | 3 |
|     | f. Pelvic examination?<br>*Note: internal examination  | 1                       | 2        | 3 |
|     | g. Check for edema?<br>*Note: swelling or ‘odim’   | 1                       | 2        | 3 |
|     | h. Upper arm measurement   | 1                       | 2        | 3 |
|     | i. Facial appearance, pale or not  | 1                       | 2        | 3 |

SECTION H: FACILITY VIGNETTES

| H59 | What laboratory examinations would you conduct?   | Mentioned spontaneously | Prompted |   |
|-----|---|-------------------------|----------|---|
|     | a. Pregnancy test?  | 1                       | 2        | 3 |
|     | b. Hemoglobin test?   | 1                       | 2        | 3 |
|     | c. Urine examination for  | 1                       | 2        | 3 |
|     | d. Urine protein?   | 1                       | 2        | 3 |
|     | e. Ultrasound?  | 1                       | 2        | 3 |
|     | f. Platelets?   | 1                       | 2        | 3 |
|     | g. Liver enzymes  | 1                       | 2        | 3 |
|     | h. Chem 7/BUN/creatinine<br>*Note:<br>Chem 7 test is a 7 chemical testing to attain information on body metabolism.<br>BUN test = blood urea nitrogen to measure the amount of urea nitrogen in the blood and to attain information on the metabolism and liver function.<br>Creatinine test is to measure the level of creatinine in the blood, to attain information on the function of the kidney. | 1                       | 2        | 3 |
|     | i. HIV screen   | 1                       | 2        | 3 |
|     | j. STI test: syphilis o   | 1                       | 2        | 3 |
|     | k. Rubella antibodies<br>*Note: to examine if body has had antibody for rubella virus   | 1                       | 2        | 3 |
|     | l. Blood type and rhesus  | 1                       | 2        | 3 |
|     | m. Dental test  | 1                       | 2        | 3 |
| H60 | What procedures or advice would you give Mrs. Ani before sending her home?  | Mentioned spontaneously | Prompted |   |
|     | a. Advice about nutrition?  | 1                       | 2        | 3 |
|     | b. Administer tetanus toxiod?   | 1                       | 2        | 3 |
|     | c. Supply iron/ folic acid supplementation?   | 1                       | 2        | 3 |
|     | d. Schedule her for another prenatal visit?   | 1                       | 2        | 3 |
|     | e. Make a plan for delivery?  | 1                       | 2        | 3 |
|     | f. Advice about danger signs for emergency  | 1                       | 2        | 3 |
|     | g. Recommendations for lactation / contrace   | 1                       | 2        | 3 |
|     | h. HIV voluntary counseling/test?   | 1                       | 2        | 3 |
|     | i. Complete prenatal card?  | 1                       | 2        | 3 |
|     | j. Rest   | 1                       | 2        | 3 |
|     | k. Maintain cleanliness   | 1                       | 2        | 3 |

SECTION CP: INTERVIEW SESSION NOTES

|  | 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