



MANUAL INSTRUMENT HEALTH FACILITIES COSTING IN INDONESIA



Manual Instrument Health Facilities Costing in Indonesia



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Glossary

ANC	= Antenatal Care
BMHP	= Bahan Medis Habis Pakai / Medical supplies
Enumerator	= Petugas Pengambil data / data collector
GFK	= Gudang Farmasi Kesehatan / Pharmacy storage
HIV/AIDS	= <i>Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome</i>
ID	= Identitas / Identity
KIA	= Kesehatan ibu dan Anak / Maternal and child health
KIB	= Kartu Inventaris Barang / Asset Inventory card
LPLPO	= Laporan Pemakaian dan Lembar Permintaan Obat / Report of Drug Use and Request Worksheet
Obgyn	= Ahli kebidanan dan kandungan/ Obstetrics and gynecology
PKM	= Puskesmas/ Public Health Center
Polindes	= Pos persalinan desa/ Village delivery post
PONED	= Pelayanan Obstetrik Neonatal Emergency Dasar/ basic emergency for neonatal and obstetric services
Poskesdes	= Pos Kesehatan Desa/ village health post
Poskestren	= Pos Kesehatan Pesantren/ Islamic boarding school health post
Posyandu	= Pos Pelayanan Terpadu/ integrated services post
Pusling	= Puskesmas Keliling/ Mobile clinic
Pustu	= Puskesmas Pembantu/ Health center network
TB	= Tuberkulosis/ tuberculosis
TT	= Tetanus toksoid
UGD	= Unit Gawat Darurat/ Emergency unit
UKGS	= Unit Kesehatan Gigi Sekolah/ Dental health school unit
UKS	= Unit Kesehatan Sekolah/ Health school unit
ICU	= Intensive Care Unit
ICCU	= Intensive Cardiovascular Care Unit
PICU	= Pediatric Intensive Care Unit
NICU	= Neonatal Intensive Care Unit
PPDS	= Program Pendidikan Dokter Spesialis (Calon dokter spesialis)/ Student of specialist
SIRS	= Sistem Informasi Rumah Sakit/ Hospital informatics system

Introduction

Data collection for the study of the financing will be implemented over a period of one year: For now, this period was from October 1, 2010 until September 30, 2011 (referred as the "study period").

The manual is divided into four sections. At the beginning, there were respondents identifying instruments to be used by enumerators before the collection of data for each module. The next three sections are the instruments of Health Department, Puskesmas and hospital.

The relationship between the enumerators and staff in health facilities plays an important role to run a successful survey. All instruments require an accurate recording of data not only on the basis of what is recorded in the records of health facilities, but also ensure as far as possible that the records in accordance with the realities of financing used for the provision of services and owned. Some of the instruments needed to collect data of a sensitive nature, so that the trust would become a very important factor. Prospective nature of research means that the enumerators have the opportunity to ensure that data collection at the health facility done accurately, which may reflect reality. The initial stages should be carried out by officers of data taker (enumerator) is to check the completeness of all standard reports that will be required for data collection. Each type of report required standards are listed in every part of the instrument. If a report is incomplete, enumerators have to discuss with health facility staff to ensure that they can complete these reports for the collection enumerator data. In some circumstances may need to offer assistance to ensure that each report can be completed in full and on time.

Although a strong relationship with the staff of health facilities is very important, enumerators must remain aware that this study is an independent study that can provide results in reporting services and financing of health services objectively. There are things that need a warrant concern, such as in-depth observation of behavior can change the behavior of those who is being monitored. We need to minimize these problems as much as possible. So, as long as enumerators do not affect the health facility staff to change work patterns or resources used. Comments and assessments such as "adequate services", "too much money spent," "You do too much activity hospitalization", "This is a poor quality service" should be avoided. Enumerators' task is to gather information accurately and consistently and not to judge or influence the quality of services provided.

Time for data collection for each sub-section of the instrument is given at the beginning of the study. Time has been designed to ensure that the results of data collection can provide an accurate estimate of the resources used and activities without giving a great burden on health facilities. When taking data which has been determined has also been pursued to ensure that the workload of data collection during the year was fair enough.

Some data may be available, but it takes more time than the allocated time (delay). Enumerators have to verify how fast data can be available. The data can be collected one month after the study was ended. A longer delay should be avoided because it can delay the study results.

Data Collection Schedule

Activities	Jan	Feb	March	April	May	June	July	August	Sept	Oct
Dinas Kesehatan Data Collection										
1. Profile										
2. Infrastructure										
3. Expenditure										
4. Asset										
5. Human resources										
a. Salary and incentive (7.1.)										
b. Salary and incentive-monthly (7.2.)										
c. Training (7.3.)										
Puskesmas data collection										
1. Profile										
2. Infrastructure										
3. Flow of funds										
4. Asset										
5. Activities										
6. Intermediate activities										
a. Pharmacy and lab activities										
b. Drugs distribution to Puskesmas network										
7. Human resources										
a. Salary and incentive (7.1.)										

Activities	Jan	Feb	March	April	May	June	July	August	Sept	Oct
b. Salary and incentive-monthly (7.2.)										
c. Medical staff survey (7.3.)										
d. Training (7.4.)										
8. Drugs and medical supplies										
a. Opening stock (8.1)										
b. Receive inkind (8.3.)										
c. Closing stock (8.4.)										
9. Expenditure										
10. Patient survey										
Hospital Data Collection										
1. Profile										
2. Infrastructure										
3. Flow of funds										
4. Asset										
5. Activities										
6. Intermediate activities										
7. Human resources										
a. Salary and incentives for doctor (7.1)										
b. Salary and incentive for nurse and midwife(7.2)										
c. Salary and incentive for other profesional (7.3)										

Activities	Jan	Feb	March	April	May	June	July	August	Sept	Oct
d. Total salary and incentive for nurse and midwives <u>(7.4)</u>										
e. Total salary and incentive for other profesional <u>(7.5)</u>										
f. Medical staff survey (7.6.)										
g. Training (7.7.)										
8. Drugs and medical supplies										
a. Opening stock (8.1)										
b. Drugs procurement (8.2)										
c. Receive inkind(8.3.)										
d. Closing stock (8.4.)										
9. Expenditure										
10. Patient survey										
11. Discharge data										
12. Drugs survey										

General Instruction of Instruments Filling

Information about the locations, addresses and contact persons from the health facility should be written in a way, one letter / character per box.

Each page was written code of health facilities. This is useful for identifying in case of there is a separated sheet. For Health Department should be written using the province code followed by district code.

For questions that ask about the number (quantity):

- If the answer is known, then fill with numbers in each box from left to right without using either a point or commas to mark thousands or decimal. If the answer is a decimal, then rounded.
- After you finish writing the figures for the number, the rest of the box was dropped (dash), thereby reducing the error rate increase in the next box.

9	0	0	—	—	—
---	---	---	---	---	---

8	0	—	—	—	—
---	---	---	---	---	---

- If the answer is a decimal, then rounded. => 0.5 rounded up, whereas <0.5 rounded down.
example:

- room area: 4.5 m2:

5	—	—	—	—	—
---	---	---	---	---	---

- room area 30,4m2:

3	0	—	—	—	—
---	---	---	---	---	---

- If the answer is no, do not be left blank. However, fill with the number 0 (zero)

0	—	—	—	—	—
---	---	---	---	---	---

- If the answer is no limit (limit), then given the number 00 (two zeros)

0	0	—	—	—	—
---	---	---	---	---	---

- If the answer is unknown then the answer using numbers -9 (minus nine)

-	9	—	—	—	—
---	---	---	---	---	---

If the question skipped, then the question is given a diagonal line like the following example:

1.39. Apakah Kepala Puskesmas bisa mendapatkan informasi kegiatan harian -data kunjungan, hari rawat, absensi, dll-	1= Ya 2= Tidak(lanjut ke no. 1.41)	<table border="1"><tr><td>2</td></tr></table>	2		
2					
1.40. Untuk apakah anda gunakan informasi tersebut?	Dapat memilih lebih dari satu 1= Monitoring dan evaluasi 2= Perencanaan 3= Lainnya, sebutkan	<table border="1"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>			

1.41. Apakah ada sistem pembinaan kepada staff klinis?	1= Ya 2= Tidak (lanjut ke no. 1.44)	1
--	--	---

- Writing month and quarter corresponding quarter of the name of the month. In this study there are four quarters:
 1. October - November-December
 2. January - February-March
 3. April - May-June
 4. July-August – September
- If there is only quarter data in monthly instrument, then it will divided by 3.
- How to fill the instrument. #####, a hash mark (#) to represent numbers. example:

Number of insurance beneficiaries (Jamkesda)	Number of people Fill with: ##### Maka isilah dengan angka sesuai dengan pertanyaan :					
	1	5	0	6	8	6

Area Code (province, district, sub district):

- Open up the area code in PDF file attached
- Type the name of the area to be searched at the top (step 1) and enter.
Example: Medan.
- After the exit data, then look no code provinces: North Sumatra: 12. And enter into instrument
- Look at the code of the District / City: Number 75 for the field, and enter into the instrument
- Look at the District code as needed: code 010 for the Medan District Tuntungan

Type area to search

Prov and district code

Subdistrict code

Guidelines for Identification of Respondents Instruments

Purpose:

To determine the contact person from each of the instruments in health facilities (Office, Hospital and Puskesmas.) An example of potential respondents for each part of the instrument provided below. By knowing the name / title and telephone number of each respondent, will make it easier to work as enumerators in data collection during the process.

Term/time:

Filled in the beginning of the study when they first met with the contact person or if there is a change of officials. The result from this instrument doesn't need to be incorporated into the data base.

No and Description	Explanation and how to fill in
Potential respondents	This column has been filled to assist enumerators to identify potential respondents for each module. However, if the potential respondent is someone else, then please replace according with field conditions.
Respondents (Position / Name)	The name is written the full name and position. Example: The head of the household / Mrs Nur
Telephone No	081XXXX
The main data sources and availability of data sources	There are examples of primary data sources for each module in the main data source column. Enumerator will ask the availability of source data, or it is possible to write other data sources.
When they are available	This needs to be asked because sometimes health facilities reporting less on time or need to find the data first. So, we need the collective agreement or enumerators can even help if permitted.

Guidelines of District Health Office Instruments

Routine reports are required during data collection including:

- KIB A/B/C/D/E, is a card which records the type of inventory items and the value of assets at the facility
- Latest NJOP: sale value of tax object, if the information on land value is not obtained from KIB A
- The financial statements of actual expenditure Health Department are usually recorded in the book help

Enumerators should examine the reports above and ensure that the report is filled in with completely and accurately

1. Overview of Health Department

Purpose: To collect general data Health Department and some things about the Health Security in the area.

Time for data collection: Once, at the beginning of the study

No and Description	Explanation and how to fill in																			
1.1. Name of Health Department chief	Full name																			
1.2. Phone number of Health Department chief	<p>For the phone number area code is written.</p> <p>Example: No Telp :</p> <table border="1"> <tr> <td>0</td><td>2</td><td>2</td><td>-</td><td>5</td><td>6</td><td>4</td><td>6</td><td>3</td></tr> </table> <p>or no HP :</p> <table border="1"> <tr> <td>0</td><td>8</td><td>1</td><td>5</td><td>6</td><td>8</td><td>7</td><td>1</td><td>3</td><td>5</td></tr> </table>	0	2	2	-	5	6	4	6	3	0	8	1	5	6	8	7	1	3	5
0	2	2	-	5	6	4	6	3												
0	8	1	5	6	8	7	1	3	5											
1.3. <i>Contact person</i> Name	Full name																			
1.4. Phone number of <i>Contact person</i>	<p>For the phone number area code is written.</p> <p>Example: No Telp :</p> <table border="1"> <tr> <td>0</td><td>2</td><td>2</td><td>-</td><td>5</td><td>6</td><td>4</td><td>6</td><td>3</td></tr> </table> <p>or no HP :</p> <table border="1"> <tr> <td>0</td><td>8</td><td>1</td><td>5</td><td>6</td><td>8</td><td>7</td><td>1</td><td>3</td><td>5</td></tr> </table>	0	2	2	-	5	6	4	6	3	0	8	1	5	6	8	7	1	3	5
0	2	2	-	5	6	4	6	3												
0	8	1	5	6	8	7	1	3	5											
1.5. Other phone number of <i>Contact person</i>	<p>For the phone number area code is written.</p> <p>Example: No Telp :</p>																			

No and Description	Explanation and how to fill in																			
	<table border="1"> <tr> <td>0</td><td>2</td><td>2</td><td>-</td><td>5</td><td>6</td><td>4</td><td>6</td><td>3</td></tr> </table> <p>or no HP :</p> <table border="1"> <tr> <td>0</td><td>8</td><td>1</td><td>5</td><td>6</td><td>8</td><td>7</td><td>1</td><td>3</td><td>5</td></tr> </table>	0	2	2	-	5	6	4	6	3	0	8	1	5	6	8	7	1	3	5
0	2	2	-	5	6	4	6	3												
0	8	1	5	6	8	7	1	3	5											
1.6. Address	Write the full address Health Department. Example: Jl. Gadjah mada no. 45																			
1.7. Sub-district	Write the name of the health department sub-district.																			
1.8. Sub-district code	<p>Write the code in accordance with sub-district name. Table code can be seen in appendix.</p> <p>Example:</p> <p>Subdistrict - Medan Tuntungan</p> <table border="1"> <tr> <td>0</td><td>1</td><td>0</td></tr> </table>	0	1	0																
0	1	0																		
1.9. District	Write the name of the health department district.																			
1.10. District code	<p>Write the code in accordance with district name. Table code can be seen in appendix.</p> <p>Kota Medan</p> <table border="1"> <tr> <td>7</td><td>5</td></tr> </table>	7	5																	
7	5																			
1.11. Province	Write the name of the health department province.																			
1.12. Province code	<p>Write the code in accordance with province name. Table code can be seen in appendix.</p> <p>Provinsi Medan</p> <table border="1"> <tr> <td>1</td><td>2</td></tr> </table>	1	2																	
1	2																			
1.13. Phone number	<p>For the phone number area code is written.</p> <p>Example:</p> <table border="1"> <tr> <td>0</td><td>2</td><td>2</td><td>-</td><td>5</td><td>6</td><td>4</td><td>6</td><td>3</td></tr> </table>	0	2	2	-	5	6	4	6	3										
0	2	2	-	5	6	4	6	3												
1.14. Fax number	<p>For the phone number area code is written.</p> <p>Example:</p>																			

No and Description	Explanation and how to fill in																
	<table border="1"> <tr> <td>0</td><td>2</td><td>2</td><td>-</td><td>5</td><td>6</td><td>4</td><td>6</td><td>6</td><td></td></tr> </table>	0	2	2	-	5	6	4	6	6							
0	2	2	-	5	6	4	6	6									
1.15. The population of the working area	<p>The population served by appropriate scope of the working area of the Health Department.</p> <p>Example</p> <table border="1"> <tr> <td>5</td><td>7</td><td>6</td><td>5</td><td>2</td><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	5	7	6	5	2	3										
5	7	6	5	2	3												
1.16. Total population by age and sex group	<p>The population served by appropriate coverage areas by age group and gender.</p> <p>If the classification of the demographic data does not match the format provided, then fill in the age group closest and enter -9 in the group not known to the unknown line.</p> <p>example:</p> <p>When an unknown number of neonates (<1 month), while there is data in infants under 1 year. Then filled as follows:</p> <table border="1"> <tr> <td>Kelompok umur</td><td>Laki-laki</td><td>Perempuan</td><td>Total</td></tr> <tr> <td><1 bulan</td><td>-9</td><td>-9</td><td>-9</td></tr> <tr> <td>1-11 bulan</td><td>100</td><td>200</td><td>300</td></tr> </table>	Kelompok umur	Laki-laki	Perempuan	Total	<1 bulan	-9	-9	-9	1-11 bulan	100	200	300				
Kelompok umur	Laki-laki	Perempuan	Total														
<1 bulan	-9	-9	-9														
1-11 bulan	100	200	300														
1.17. Health Department working area (km2)	<p>Health Department working area (km2). E.g.:</p> <table border="1"> <tr> <td>6</td><td>7</td><td>5</td><td>5</td><td>4</td><td>7</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	6	7	5	5	4	7										
6	7	5	5	4	7												
1.18. The Number of sub-district	Number of district health department work areas																
1.19. The Number of Towns	Number of towns health department work areas																
1.20. Number of Jamkesmas beneficiaries (Central covered)	The total number of population receiving Jamkesmas benefits in the working area of health department.																
1.21. Number of medical beneficiaries / Jamkesda for poor non-quota (Covered Regional Government)	The total number of population receiving Jamkesmas benefits in the working area of health department for poor non quota.																
1.22. Number of medical beneficiaries / non-poor Jamkesda	<p>Fill in the number of people</p> <p>Filling in mode: #####</p>																
1.23. Does the benefit package cover Jamkesmas same with Center?	<p>Answer 1 if yes and 2 if not</p> <p>Jamkesmas benefits package including health care foundation in the</p>																

No and Description	Explanation and how to fill in
	<p>form of outpatient health services (RJ) and hospitalization (RI) at the health center and its network. And referral health services (in BKMM/BBKPM/BKPM/BP4/BKIM and Hospital) advanced outpatient (RJTL), an advanced level of hospitalization (RITL) and emergency services.</p> <p>Restrictions:</p> <ul style="list-style-type: none"> a. Glasses with corrective lenses are given a minimum of +1 / - 1 with 150,000 maximum values by prescription. b. Intra Ocular Lens (IOL) be reimbursed according to a prescription from a doctor eye specialist, based on the cheapest price and availability of equipment in the area\ c. Hearing aids be reimbursed according to a prescription from a doctor ENT, hearing aid selection is based on the cheapest price and availability these tools in the area. d. Mobility aids (crutches, wheelchairs, and corsets) and approved based on prescription or Hospital Director is appointed by considering the tool does needed for restore function in a social activity participants. Option of mobility aids based on the price of the most efficient tool and availability in the area. e. Advanced diagnostic support services. This service is provided only for cases of 'life-saving' and the need for enforcement of boiling diagnosis through assessment and control required by the Medical Committee. <p>The service is guaranteed (Exclusion)</p> <ul style="list-style-type: none"> a. Services that are not in accordance with procedures and regulations b. Materials, tools and actions that aim to cosmetics c. General check up d. Denture prosthesis. e. Alternative medicine (including acupuncture, traditional medicine) and treatment other scientifically unproven f. Series of examinations, treatment and action in an effort of getting child, including in vitro fertilization and treatment of impotence.

No and Description	Explanation and how to fill in
	<p>g. Health care in the emergency response to natural disasters</p> <p>h. Health services provided in social activities</p> <p>Security benefits provided to participants in the form of a comprehensive medical treatment (comprehensive) medical based on needed accordance with the standards of medical care 'cost effective' and rational, rather than in cash</p>
1.24. Types of services covered by health providers	Answer 1 if yes, although some services only and 2 if not at all for each type of service in their respective health facility level.
1.25. Maximum Reimbursement in PPK first level (Puskesmas)	<p>In some cases, there are limitations in the insurance / health insurance. Among others:</p> <p>Maximum cost Replacement is the maximum value (in rupiahs or in percentage form) is covered by health insurance providers in an episode of illness or the type of service.</p> <p>Can fill either or both (Rupiahs and percentage). If there is no restriction in the replacement cost of service, then filled with 100 in column percentage</p>
1.26. Maximum Reimbursement in PPK next level(Hospital)	<p>In some cases, there are limitations in the insurance / health insurance. Among others:</p> <p>Maximum cost Replacement is the maximum value (in rupiahs or in percentage form) is covered by health insurance providers in an episode of illness or the type of service.</p> <p>Can fill either or both (Rupiahs and percentage). If there is no restriction in the replacement cost of service, then filled with 100 in column percentage</p>
1.27. The things that are not guaranteed	There are cases / services not covered by insurance / health coverage in the area of health insurance benefits package. For example, the service (e.g. General check-up); category specific disease (e.g. heart disease) or type of medication / therapy (eg hemodialysis)
1.27.1. – 1.27.13	Answer 1 if yes and 2 if not
1.28. Does the benefit package cover Center Jamkesmas is the same?	Answer 1 if yes and 2 if not
1.29. Types of services covered by health providers	Answer 1 if yes, although some services only and 2 if not at all for each type of service in their respective health facility level.

No and Description	Explanation and how to fill in
1.30. Maximum Reimbursement in PPK next level(Hospital)	<p>In some cases, there are limitations in the insurance / health insurance. Among others:</p> <p>Maximum cost Replacement is the maximum value (in rupiahs or in percentage form) is covered by health insurance providers in an episode of illness or the type of service.</p> <p>Can fill either or both (Rupiahs and percentage). If there is no restriction in the replacement cost of service, then filled with 100 in column percentage</p>
1.31. Maximum Reimbursement in PPK next level(Hospital)	<p>In some cases, there are limitations in the insurance / health insurance. Among others:</p> <p>Maximum cost Replacement is the maximum value (in rupiahs or in percentage form) is covered by health insurance providers in an episode of illness or the type of service.</p> <p>Can fill either or both (Rupiahs and percentage). If there is no restriction in the replacement cost of service, then filled with 100 in column percentage</p>
1.32. The things that are not guaranteed	There are cases / services not covered by insurance / health coverage in the area of health insurance benefits package. For example, the service (e.g. General check-up); category specific disease (e.g. heart disease) or type of medication / therapy (eg hemodialysis)
1.32.1. – 1.32.13	Answer 1 if yes answer 2 if no
1.33. Number of health facilities at the district / city	Write down the number of facilities and total beds of each type of health facility
1.34. Name of enumerator	Full name
1.35. Phone number of enumerator	<p>For the phone number area code is written.</p> <p>Example: 0274 -##### 021-#####,</p>
1.36. Name of senior enumerator	Full name
1.37. Phone number of senior enumerator	<p>For the phone number area code is written.</p> <p>Example: 0274 -##### 021-#####,</p>

2. Health Department Infrastructure

Purpose: To capture the broad and includes all Health Department building asset is the responsibility and is maintained by the Health Department. Example: Pharmaceutical Building District (GFK), Doctors Home Office, and others. Keep in mind that the assets are calculated excluding asset health centers and networks.

Time of Data Collection: Satu kali, di akhir triwulan kedua (pertengahan studi)

No and Description	Explanation and how to filling in
2.1. Health Plan is currently showing a scale drawing of the physical infrastructure and the size of the room?	<p>All floor plans include all buildings which are the responsibility and maintained by the Health Department when the survey was conducted, unless the Puskesmas and its network.</p> <p>This blueprint is used to help enumerators measure each area of the building and land without having to measure it manually in the field.</p> <p>Filling in mode: 1 = Yes, 2 = No</p>
2.2. Total value / price of land (KIB A / NJOP)	<p>KIB A is the record of the total asset value of land owned and maintained by the Health Department, but is written here does not include Puskesmas and it networks.</p> <p>If the report KIB A does not exist, then the NJOP must be obtained from the last tax of Health Department.</p> <p>Filling in mode: #####</p>
2.3. Total value of equipments & machinery (KIB B)	<p>KIB B is a record of the asset value of equipment and machinery owned by the Health Department, but is written here does not include Puskesmas and it networks.</p> <p>Make sure the value of equipment and machines that counted does not include equipment that was still in the Health Department warehouse for distribution to the Puskesmas.</p> <p>Filling in mode: #####</p>
2.4. Total value of buildings (KIB C)	<p>KIB C is a record of the asset value of buildings owned by the Health Department, but is written here does not include Puskesmas and it networks</p> <p>Filling in mode: #####</p>
2.5. The total value of roads, irrigation & electricity (KIB D)	<p>KIB D is a record of the asset value of roads, irrigation & electricity owned by the Health Department, but is written here does not</p>

No and Description	Explanation and how to filling in
	include Puskesmas and it networks Filling in mode: #####
2.6. Total value of other assets (KIB E)	KIB E is a record of the asset value of others owned by the Health Department, but is written here does not include Puskesmas and it networks Filling in mode: #####
2.7. Total building area (m2)	Building area in square meters, rounded
2.8. Does the building has more than 1 floor? If yes, how many floors?	If the building do not have more than 1 floor, then fill with 1. Meanwhile, if the building has 2 levels, then fill in with number 2, and so on
2.9. Total land area (m2)	Land area in square meters, rounded (rounding according to the charging instructions)
2.10. Construction costs per square meter	Construction costs per square meter using current construction costs.
2.11. The cost of land prices per square meter	The value of land per square meter at this time to land the Health Department. This may not be answered by the Health Department. The estimated value may be asked to local governments through the help of Health Department.
2.12. Is GFK under Health Department?	Questions 2.11 until 2.21 GFK filled if not under Health Department. But it must be ensured that the asset value of GFK were answered in no sd 2.2 / 2.8
2.13. Total land area of GFK (In m2, rounded)	Land area in square meters, rounded (rounding according to the charging instructions)
2.14. Total GFK building area? (In m2, rounded)	Building area in square meters, rounded
2.15. How many GFK staff?	Jumlah staf GFK baik PNS maupun honorer.
2.16. Who is in charge of finances?	Nama lengkap penanggungjawab keuangan GFK
2.17. Total value / price of land (KIB A / NJOP)	KIB A is the record of the total asset value of land owned and maintained by the GFK If the report KIB A does not exist, then the NJOP must be obtained from the last tax of GFK Filling in mode: #####
2.18. Total value of equipments & machinery (KIB B)	KIB B is a record of the asset value of equipment and machinery owned by the GFK

No and Description	Explanation and how to filling in
	Filling in mode: #####
2.19. Total value of buildings (KIB C)	KIB C is a record of the asset value of buildings owned by the GFK Filling in mode: #####
2.20. The total value of roads, irrigation & electricity (KIB D)	KIB D is a record of the asset value of roads, irrigation & electricity owned by the GFK Filling in mode: #####
2.21. Total value of other assets (KIB E)	KIB E is a record of the asset value of others owned by the GFK Filling in mode: #####
2.22. Construction costs per square meter	Construction costs per square meter using current construction costs.
2.23. The cost of land prices per square meter	The value of land per square meter at this time to land the GFK. This may not be answered by the GFK. The estimated value may be asked to local governments through the help of Health Department.

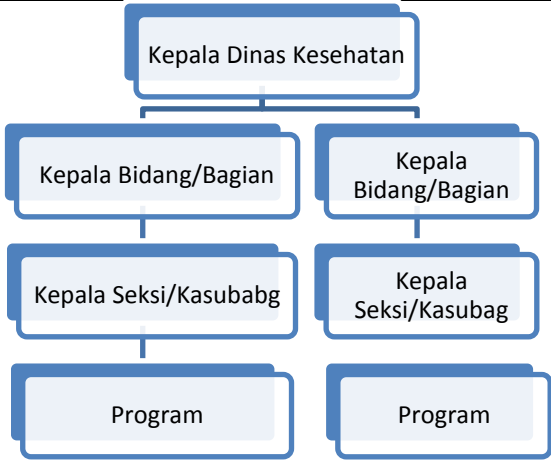
3. Health Department Expenditure

Purpose: Health Department Expenditure is the most important part in this study. This instrument will capture the flow of funds and all expenditure of an agency in the form of cash or in kind (in kind) received by the agency from various sources. But the Health Department expenditure does not include expenditures for personnel expenditure directly because it was recorded on the instrument of human resources (module 5)

Time of Data Collection :

- Identification Section of the Public Health Service (3.1) and the identification of sources of funding in the form of goods (in-kind) (3.2): One time at the beginning of the study
- The receipts in kind (in kind) (3.3) and Use of Funds Public Health Service (3.4) and Actual Disbursement of Funds From the Department of Health for allocation to the health center (3.5): Every month.

No and Description	Explanation and how to fill in
3.1. Identification Section of the Department of Health	Look for the official organogram organizational structure of activities. Based on these data using the instrument to identify the treasurer of each program and see with the help of an interview to the focal point or secretary Department of Health. As the structure below.

No and Description	Explanation and how to fill in
	 <p>Of the structure, then look for the person in charge of each division head, section head, responsible for program and treasurer. Fill out the source of funds from each program from the state budget, budget level I and II, donors and other funding sources as well as treasurer. Then identify the type also used the book as well as the budget reporting acquired in 2010. Write down the results of the identification sheet instruments.</p>
3.2. Identify the source of funds in the form of goods (in-kind)	<p>After learning program in the instrument of 3.1, then asked again if they get funding in the form of goods (in-kind) in each program. It is only used to determine the general conditions that occur in the program. So that the enumerator is more focus on the goods receipt asked specific programs in question. 3.4. Although all the programs will continue to be asked.</p> <p>Fill in the answers: 1 = Yes, 2 = No, on each source of funds from central government, provincial governments, local governments, donors, and others.</p>
3.3. Value of receipts in kind	<p>After learning the program and its source that receives funding in kind in the last quarter, the enumerators will record any type of goods, packaging and amount of each program and activity. If known enter the value of their purchase value. But if it is unknown to write - 9 (minus nine)</p> <p>How to filling in:</p> <p>No. = 1; serial number</p>

No and Description	Explanation and how to fill in
	<p>Programs and activities = Program for Drugs and Medical Supplies; description of programs and activities, written as is and re-coding done in accordance with the code book;</p> <p>Activity code = DN1500; is the code of the Program and Activities in the previous column matched with the code book.</p> <p>Type of goods - packaging = polio vaccine – vial</p> <p>Total = 100; amount is in accordance with the type of packaging</p> <p>Value = 10000000; The total value of goods</p> <p>Value = 10000000; The total value of goods</p> <p>Source = 1;</p> <p>Goods received from the Central (APBN) is filled with number 1, Goods received from the Province (ABPD I) is filled with number 2, Goods received from the municipalities (ABPD II) filled with number 3, Goods received from donors filled with number 4, Goods received from the other filled with the number 5</p>
3.4. Health Department Use of Funds	<p>This instrument recorded all actual expenditures (realized) Health Department in the month in question, including for activities funded by pre-financing.</p> <p>No. = 1; serial number</p> <p>Programs and activities = Program for Drugs and Medical Supplies; description of programs and activities, written as is and re-coding done in accordance with the code book</p> <p>activity code = DN1500; is the code of the Program and Activities in the previous column matched with a code book</p> <p>Source = 1;</p> <p>Goods received from the Central (APBN) is filled with number 1, Goods received from the Province (ABPD I) is filled with number 2,</p>

No and Description	Explanation and how to fill in
	<p>Goods received from the municipalities (ABPD II) filled with number 3, Goods received from donors filled with number 4, Goods received from the other filled with the number 5</p> <p>Allocated for Puskesmas: filled with code 1 if the answer "yes" and 2 if the answer "no"</p> <p>Type of expenditure: Expenditure of stationery. Completed according to budget lines contained in the Agency.</p> <p>Code type of expenditure: 20 101; Enumerator perform coding according to the answer type of expenditure. Code in attachment</p> <p>Amount (Rp): 1000000</p> <p>Status of expenditure charged only at the beginning (October 2010) and the end of the study (September 2011)</p> <p>1 = For activities payment in the relevant month 2 = Total debt is not paid on activities before the study. 3 = Total debt is not paid on the activities during the study.</p> <p>For the status of expenditures, enumerators should ask whether the agency has a debt or not. This includes payment of water and electricity where its use is an activity of the previous month.</p> <p>If it is not enough, the enumerators can copy the sheet</p>
3.5. Actual Disbursement of Funds From The Health Department to Puskesmas	<p>Puskesmas gets funding allocation from the Health Department to carry out activities and programs. How to filling in:</p> <p>No. = 1; serial number</p> <p>Programs and activities = Program for Drugs and Medical Supplies; description of programs and activities, written as is and re-coding done in accordance with the code book;</p> <p>Activity code = DN1500; is the code of the Program and Activities in the previous column matched with the code book.</p> <p>Puskesmas: Arjasa; 5 million. Fill in the name of the relevant</p>

No and Description	Explanation and how to fill in
	Puskemas and the total rupiahs allocated to the Puskemas. If it is not enough, the enumerators can copy the sheet

4. District Health Office Assets

Purpose: In this section is to collect data about the Health Department's assets, excluding assets that are in health facilities (health center or hospital). The value of assets will use the default value of purchase date, enumerators expect to write the type / brand of assets as complete as possible.

Time of Data Collection: One time, at the end of the second quarter (mid-study). This information will be collected in early 2011 with the aim of reflecting the inventory of assets throughout the study

No and Description	Explanation and how to fill in
4.1. lowest value of medical assets	The lowest value for a medical equipment to be considered as assets by the Health Department. Filling in mode: #####
4.2. the lowest value of non-medical assets	The lowest value for a non-medical equipment to be considered as assets by the Health Department. Filling in mode: #####
4.3. list of details of equipment asset	Serial number Description: Type of goods to be collected is specified in the list, so no need to add another item. Equipment that is classified as damaged / not working and are in storage in this study are not taken into account Type / Brand: Please provide the type and brand as completely as possible because it will be used to assess the current price for buying. If in one type of goods (description) has several types, write in separate rows. Can be added to the bottom row. Year: the year of acquisition of the goods. And enumerators were allowed to write in the estimated berdasarkan information from health department officials. Room: write the name of the room, to help the enumerators so

	that no room will be missed. Fill it with total assets in each of these rooms
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5. Human Resources

Purpose: We need to collect comprehensive data on the salaries and incentives of all employees who work in both agency civil servants and non-civil servants.

Time of data collection:

- For details of employees, salaries and incentives just once either during the month of March 2011. And in the month when the 20% change in number of employees
- Every month for total monthly salary and incentives
- Each quarter for the training data

No and Description	Explanation and how to fill in
5.1. Details of employees, salaries and incentives	Gross salary is basic salary plus regular allowances that are in a skid salary before taxes and others. While the incentive is income outside of their gross salaries, including employee welfare money (Kespeg).
5.2. Total salary and incentive	Recapitulation of total number of staff, total gross salary and incentive every month.
5.3. Training	Collecting information on employee training to the agency. This information is collected every quarter. It should be stressed, that the only training for agency employees who are included in this list. Management training is an effort to increase human resource capacity related to the development of quality management of the organization. Example: remuneration training, leadership training, etc. Technical training is an effort to increase human resource capacity related to skills development. Example: PONED training, ATLS training, etc.

Instrument Guidelines of Puskesmas

Puskesmas is a health center which is included in the sample, including all networks (sub health centers, village health post, Poskestren, Polindes, etc.)

Routine reports are required during data collection including:

- KIB A/B/C/D/E, is a card which records the type of inventory items and the value of assets at the facility
- Latest NJOP: sale value of tax object, if the information on land value is not obtained from KIB A
- LB1: Puskesmas Monthly Report
- The financial statements of realized expenditures

Enumerators should examine the reports on the above and ensure that the report is filled completely and accurately

1. Overview of Puskesmas

Purpose: Capture the overview/profile of Puskesmas and several characteristics of health facility qualities.

Time of Data Collection: One time, at the beginning of the study

No and Description	Explanation and how to filled in
1.1. Puskesmas ID Number	Written by Puskesmas code contained in the appendix. But still need to cross check with a Puskesmas or the agency concerned
1.2. Name of Puskesmas	Full Name
1.3. Name of the head of Puskesmas	Full Name
1.4. Phone number head of puskesmas	For the phone number area code is written. Example: 0274-#####, 021-#####
1.5. Name of the <i>Contact person</i>	Full Name
1.6. <i>Contact person</i> phone number	For the phone number area code is written. Example: 0274-#####, 021-#####
1.7. <i>Contact person</i> mobile phone number	For the phone number area code is written. Example: 0274-#####, 021-#####
1.8. Address	Write the complete address of Puskesmas. Example: Jl. Gadjah mada no. 45
1.9. Sub-district	Write the name of Puskesmas sub-district.
1.10. Sub-district code (filled by enumerator)	Enter the code in accordance with district name. Code table can be seen in appendix.

	Filling in mode: ###
1.11. District / Municipality	Write the name of Puskesmas district.
1.12. District / Municipality Code (filled by enumerator)	Enter the code in accordance with district name. Code table can be seen in appendix. Filling in mode: ###
1.13. Province	Write the name of Health Department province
1.14. Province code	Enter the code in accordance with province name. Code table can be seen in appendix. Filling in mode: ###
1.15. Telephone number	For the phone number area code is written. Example: 0274-#####, 021-#####
1.16. Facsimile number	For the phone number area code is written. Example: 0274-#####, 021-#####
1.17. Year of establishment (The first time the Puskesmas operated)	Write in a year: #####; example 1984
1.18. Type of Puskesmas	Write code 1 if the health center inpatient / by TT (bed) or code 2 if the Health Center outpatient / without TT
1.19. Number of bed	Write down the number of beds for inpatient services
1.20. Puskesmas provide services : [1= Poned; 2= none]	PONED (Pelayanan Obstetric Neonatal Emergensi Dasar) means Puskesmas capable of providing health services and handle cases of emergency obstetric and neonatal primary level. Reply with code 1 for Yes or 2 for no
1.21. Cover of area	Puskesmas is located in urban or rural area.
1.22. Number of population at working area Puskesmas	The population served by Puskesmas appropriate coverage Filling in mode: #####
1.23. Puskesmas working area (coverage) in km2	The total area of the Health agency in km2. Filling in mode: #####
1.24. Main Puskesmas Opening hour	Puskesmas may have open normative time schedule (as per the rules), which sometimes differ from reality, or close the center was open. Fill it with the existing reality.
1.25. Does puskesmas open in the after noon?	Puskesmas is generally closed after business hours, but some puskesmas reopen outpatient service in the afternoon.

1.26. Puskesmas opens in the afternoon as	<p>The first option "continuation of the morning Puskesmas (public)" is selected if the center is open with activities and pay the same with public activities (eg KIA and public clinics, public health services) that are provided when the morning.</p> <p>The second option "private practice (private)" is selected if the Puskesmas doctors and nurses allow the use or hire a Puskesmas facilities as a private practice clinics and Puskesmas do not serve public patients (such as the morning).</p> <p>If the services provided are a mixture of private and public, then the third option is selected.</p>
1.27. Afternoon Puskesmas open / close hour	Opening hours and closing in accordance with reality (not normative)
1.28. Is there 24 hours services for emergency cases?	Emergency room is one part in Pukesmas that provides initial treatment for patients suffering from illness and injury that could threaten its survival. In general, emergency services open for 24 hours.
1.29. Is the health center is administratively in charge of other health centers (not Pustu)?	Sometimes the parent has a health center UPTD status. And the other parent supervises the status of health center UPF. Answer 1 = yes if the health center in charge of health centers because of the status UPTD. And 2 = if not
1.30. Do health centers under the coordination of other health center?	Sometimes the mother is an administrative health center under the other main health center. Answer 1 = Yes or 2 = No
1.31. How often disrupted the flow of water in puskesmas in the past year?	Disrupted the water flow if affect patient care either directly or indirectly.
1.32. How often disrupted the flow of electricity in puskesmas in the past year	The key question is whether the power limitations affect patient care. This is not considering the source of electricity, but is considered disturbing the event of interruptions / gap between the main power source and generator so that it affects patient care, such as electricity is needed when the action or the cold chain.
1.33. Are there problems of availability of medicines to patients in hospital in the past year?	The availability of standard drugs becomes a problem if it affects the care of patients with various problems that lie behind them.
1.34. If yes, how often?	The average frequency of disruption of drugs availability
1.35. What is the reason why it	The reason can be more than one. Fill each box with a code that

can happen?	represents the answer
1.36. How often the employee salary was lated on schedule in the past year?	Puskesmas employees' salaries of both civil servants and non-civil servants sometimes experience delays. Choose with an average frequency of delays in the receipt of a salary last year.
1.37. How often the incentive employee was lated on schedule in the past year?	Employee incentives both civil servants and non-civil servants sometimes experience delays. Choose with an average frequency of delays in the receipt incentives in the past 1 year
1.38. Is there any difficulty in filling staff vacancies below?	<p>Top manager is Puskesmas chief</p> <p>Responsible for the field is the level of head room, or head of certain units.</p> <p>If you write code 1 (yes) then required to write the reason for a maximum of 2 main reasons. Meanwhile, if the answer code 2 (do not) are not allowed to write the reason.</p>
1.39. Are there regular meetings to discuss the performance of services (medical and management) with all the head parts?	Regular meeting that serves as a monitoring and evaluation of both medical and service management performance.
1.40. How often meetings to discuss the case of deaths in puskesmas are not limited to clinical staff but also the elements of management are being held?	Clear enough
1.41. Does the director of the puskesmas can get the information activities of traffic data, day care, attendance from every part through existing information systems?	Head of Puskesmas as the manager requires the data related to the activities center for monitoring and evaluation and planning. If the system of recording and reporting of health centers are good, then head of health center can get it easily, but if the system is still not well managed, then the Head of Puskesmas sometimes can not obtain such data.
1.42. What does the information is used for?	If that information can be obtained by the Head of Puskesmas, used for what activity that data is.
1.43. Is there any guidances for the clinical staffs?	It is very important to know in clear understanding of coaching. In this context, coaching is a situation when a junior employee can continue to learn with practice from senior colleagues. Senior colleagues will use their time to a junior colleague, both as activity, before and after that to discuss the problems that occur. Junior

	employees should be able to recognize a senior colleague who became their mentor Mentoring is not a brief training or orientation, although sometimes mentoring included in this activity.
1.44. The frequency of meetings...	If there is coaching, how often this coaching meeting?
1.45. The topic discussed...	Clear enough
1.46. Is there any monitoring of working hours of the puskesmas employee?	The monitoring system of working hours of employees is a tool used to determine the presence of Puskesmas employees
1.47. If yes, how to monitor it?	Clear enough
1.48. name of the enumerator	Full Name
1.49. Enumerator phone number	For the phone number area code is written. Example: 0274-#####, 021-####
1.50. Name of senior enumerator	Full Name
1.51. senior enumerator phone number	For the phone number area code is written. Example: 0274-#####, 021-####

2. Physical Infrastructure

Purpose: To capture the broad and Puskesmas asset value including all buildings and equipment is the responsibility and treated by Puskesmas, including its network. Example: Warehouse, Garage, Places of worship, etc.

Time of Data Collection: One time, at the end of the second quarter (mid-study)

No and description	Explanation and how to fill in
2.1. The administration network of Puskesmas	Number of health facilities owned by the Main Puskesmas. Doesn't care about building ownership of these facilities.
2.2. Does your puskesmas have a scale plan which shows image of physical infrastructure and the size of each room?	Most health centers do not have a map with the actual size. So that the enumerator must prepare to measure it manually. Each enumerator should be given to fixtures meter gauge in the form of ribbon / wheel or other equipment.
2.3. The total building area of the Puskesmas (m2)	Main Puskesmas building area is a building used for services, regardless of ownership status If the Puskesmas has a building, but not used for services, it is not taken into account
2.4. The total land area of the Puskesmas (m2)	Main Puskesmas building area is a building used for services, regardless of ownership status

No and description	Explanation and how to fill in
2.5. Construction cost of puskesmas per m2	Construction cost per square meter using current construction costs in the district concerned. In general, these data can be obtained at the Department of Public Works.
2.6. Land prices per square meter Puskesmas is currently	Construction costs per square meter using current construction costs in the district concerned. In general, this data can be obtained at the Department of Public Works.
2.7. Total value (in Rupiah) PKM and networks land (KIB A or NJOP)	<p>KIB A is the record of the total asset value of land owned and maintained by the Puskesmas and its network.</p> <p>If the report KIB A does not exist, then the NJOP must be obtained from the last tax Puskesmas.</p> <p>Filling in mode: #####</p>
2.8. Total value of machines and tools (KIB B)	<p>KIB B is a record of the asset value of equipment and machinery owned by Puskesmas and its networks.</p> <p>Filling in mode: #####</p>
2.9. Total value of buildings (KIB C)	<p>KIB C is a record value of building assets owned by Puskesmas and its networks.</p> <p>Filling in mode: #####</p>
2.10. Total value of roads, irrigation and electricity (KIB D)	<p>KIB D is the record of the asset value of roads, irrigation and electric which is owned by Puskesmas and its network</p> <p>Filling in mode: #####</p>
2.11. Total value of other assets (KIB E)	<p>KIB E is a record value of other assets owned by Puskesmas and its network</p> <p>Filling in mode: #####</p>
2.12. Extensive section on the Main Puskesmas	<p>Fill in code 1 if there is service in that section that later required floor area. Whereas if it is filled with code 2, there were no services, building area is filled with 0 (zero).</p> <p>The instrument measures only a selected part (cost center). Room/ other building is a remnant of floor area that has not been counted, so no need to measure the other parts in detail. But keep in mind that space is calculated that function space, including a prayer room, garage, etc.</p>
2.13. Secondary Puskesmas	Fill

No and description	Explanation and how to fill in
broad(Pustu)	1. Serial number 2. Name ofpustu 3. Year of establishment in the year (XXXX) 4. Pustu land area in square meters (rounded) 5. Pustu building area in square meters (rounded)
2.14. Poskesdes/ Polindes broad	Fill 1. Serial number 2. Name of village health post / polindes 3. Year of establishment in the year (XXXX) 4. The land area village health post / Polindes in square meters (rounded) 5. Building area of village health post / Polindes in square meters (rounded)

3. Fund Flow

Purpose: To understand the source of the funds received directly by the health facility. How many funds are not deposited and how many are sent to the Health Department.

Time of Data Collection: Every month

No and Description	Explanation and how to filled in
3.1. Financial Information managed by	<p>The cash-based accounting system, where all spending and revenue is recognized after cash flow or cash.</p> <p>Accrual-based accounting system, where all spending and revenue is recognized after the transaction.</p> <p>Modified accrual accounting is a system that uses a mixture model. Some security be recorded with cash-based while others are based accrual.</p>
3.2. The flow of funds in cash	<p>Hospitalization, including delivering.</p> <p>When Puskesmas can not fill in details based on the type of inpatient services and outpatient care, then fill in the total. Because insurance sometimes pay in the form of capitation.</p> <p>The amount transferred to the regional treasury: Puskesmas has an obligation to deposit their income to the local treasury / Health Department. Can all revenues or a percentage of revenue.</p>

No and Description	Explanation and how to filled in
	<p>Once transferred to the regional treasury, there are funds that are returned by the Local Government according to the sources of funds. If the details according to sources not available, fill in the total column. If the details according to sources not available, fill in the total column.</p> <p>General budget expenditures are funds used for operational centers obtained from the Local Government.</p>

4. Assets

Purpose: Gathering information about the value of equipment used to conduct services at Puskesmas, in each of these cost centers. To get the value of each item, information needed medical and non medical equipment which has been established in the instrument both in terms of both quantity and type as complete as possible. Keep in mind, that the equipment is counted only equipment that serves and not in the warehouse.

Time of Data Collection: One time, at the end of the second quarter (mid-study).

No and Description	Explanation and how to filled in
4.1. the lowest value of medical assets	<p>Medical assets are assets / equipment used for medical services directly. For example: Stethoscope, tensimeter, etc.</p> <p>Answer with a code 00 if it does not have limits and Answer with code -9 if not known its value restriction</p>
4.2. lowest value of non-medical assets	<p>Non-medical assets are assets / equipment used to support the activities of Puskesmas services, such as chairs, computers, vehicles, etc.</p> <p>Reply with code 00 if it does not have limits and Answer with code -9 if not known its value restriction</p>
4.3. until 4.14 Details of total assets	<p>1. Serial number.</p> <p>2. Description of goods (eg Stethoscope, computers) has been determined in the instrument. Enumerators do not need to add another item. Images of goods, in attachment guidelines.</p> <p>For definition sets, needed assistance with the local head nurse or nurse. If one set is used for various activities, it is calculated as a set.</p>

No and Description	Explanation and how to filled in
	<p>The important thing is to avoid double counting. When the main instrument in the set is not available, is considered the set does not exist.</p> <p>3. Type / Brand: eg type of Toyota Innova G 2010. If in one type of goods have some type, then the enumerators must write in lines that are still empty.</p> <p>4. Number of items in each room. Enumerators should ask for this information through inventory officer at the PHC.</p> <p>Equipment that is classified as damaged / not working and are in storage in this study are not taken into account</p>

5. Activity

Purpose: To record the workload of Puskesmas through the activities carried out by the Puskesmas (use the LB1 and patient registration record.)

Time of Data Collection: setiap bulan

No and Description	Explanation and how to filled in
5.1. Outpatient and visits activities of Puskesmas	<p>Fill it with the number of outpatient visits at Puskesmas and it networks.</p> <ul style="list-style-type: none"> • General clinic visits, including outpatient care in the UGD and other consultation services. • Dental clinic outpatient visits at the dental clinic better come because of complaints and routine inspection.. • KIA visit is the number of visits, which consisted of examination of pregnant women, immunizations, routine check infant / child, KB, etc <p>The number of outdoor activities is the number of visits made by Puskesmas for every activity.</p>
5.2. Inpatient activity and delivery in health centers	<p>To fill the hospitalization:</p> <ul style="list-style-type: none"> • The number of patients, excluding delivering • The number of stay of all inpatients, not including delivering • The number of deliveries by health workers, including delivering at

No and Description	Explanation and how to filled in
	<p>home listed as an activity center</p> <p>Puskesmas report often in the form of aggregation / recapitulation of seluorh visits in health centers including pustu, polindes, etc. So enumerators need to see a person in the report, so as to obtain information in accordance with the health facility level.</p>
5.3. Classification in Top 30 diagnosis (LB 1)	<p>The basis of this instrument is to report LB1 Puskesmas. To facilitate charging, has created a list of the top 30 nationally disease. Enumerators only find data for the disease.</p> <p>30 types of disease of the largest nationally designated at the beginning of the study. Enumerators need LB1 report to get information.</p> <p>It is possible there is a difference between the top 30 national and local disease. But no need to collect information on top 30 local disease.</p> <p>In the last line is recorded a total of all patient visits per age category for all types of diseases.</p>

6. Supporting Activity

Purpose: Allocating the cost of pharmacy and laboratory to the cost center. To do this, the required sample of approximately 120 patients per clinic.

Time of Data Collection:

- A survey in the third quarter of each health center to the days of a survey of all patients with the calculation of table 1 below.
- Every month for drug distribution in the Puskesmas data network.

Tabel 1. Number days of survey

Patient average number per age	Days for pharmacy's survey	Days for laboratory's survey
10	10	50
20	10	50
30	10	50
50	10	50
100	9	45
200	5	25
300	3	15
400	3	15
500	2	10
600	2	10
700	2	10
800	2	10
900	1	5
1000	1	5

No and Description	Explanation and how to fill in
6.1. Survey of pharmacy	<p>Ask the head of Puskesmas or Puskesmas staff responsible for recording the number of visits in Puskesmas. After knowing the average number of patients per week in Puskesmas, determine the number of days for pharmacy and laboratory survey. Number of day written survey in question 6.1.1. and each day is written and how many days into the execution date of the survey.</p> <p>Identification of origin of these patients based on cost center (the General Clinic, KIA, etc.) through the cap cost center on the paper prescription.</p> <p>Each drug name is written with the smallest type of packaging (tablets, ampoules, etc.)</p>

No and Description	Explanation and how to fill in
	<p>The number written on the basis of drug packaging</p> <p>Originally patients were divided into 5 cost centers: 1 = General clinic(including outpatient emergency room) 2 = KIA 3 = Dental Clinic 4 = Hospitalization 5 = Maternity</p> <p>If the sheet is less, so please do not forget to write the photocopied pages.</p>
6.2. Drugs distribution to secondary Puskesmas	Fill the containers with the smallest unit (tablets, capsules, ampoules, etc.). The amount of drugs distributed to the Puskesmas network in accordance with the above package.
6.8. Laboratory Activity Survey	<p>Number of days the survey using the average number of patients per week who asked when pharmacy surveys.</p> <p>Identification of origin of these patients based on cost center (the General Clinic, KIA, etc.) through the cap cost center on the paper filing of laboratory examination.</p> <p>Enumerators to the laboratory to record the type and origin of laboratory examination in the following cost centers:</p> <ol style="list-style-type: none"> 1. General Clinic 2. KIA 3. Dental Clinic 4. Inpatient 5. Labor 6. Pustu (reference) 7. Polindes / village health post / Poskestren (reference) 8. Pusling (reference) 9. UKS (reference) <p>Do not count the cases referred to outside laboratories or referral from outside the network of health centers for laboratory examination at the health center.</p>

7. Human resources

Purpose: collect information on time and salaries to be allocated to each cost center. This instrument also collects information on the training undertaken by employees during the year.

Time of Data Collection:

- Details of salary and incentives will be recorded once on March 2011. And if there are changes more than 20%.
- Every month for total employees, gross salary and incentives
- One time, in May 2011 for a survey of health workers (nurses, midwives and doctors)
Data collection will be only performed at a designated health center. I.e, 6 health centers per province (in 2 counties) or 3 health centers in each district. 3 health centers consist of one outpatient clinic of the city, a rural outpatient clinic and an inpatient clinic.
- Every quarters for training details

No and Description	Explanation and how to filled in
7.1. Details of employee, salaries and allowance	<p>Enumerators complete filling of all employees who work in health centers and jaringannya. Data about this it might come from the health center and a portion of the Service. Enumerators should get people who are responsible for staffing list including both salary and non-civil servants.</p> <p>The following information is needed about every employee, most of which can be obtained from your paycheck;</p> <ul style="list-style-type: none"> • The serial number • Name • Place of work is where the main work of health center employees concerned and the advice given code from the health center staff <ol style="list-style-type: none"> 1. Health Center 2. Pustu 3. Polindes / village health post / Poskestren <p>- Profession</p> <p>Profession code as follows (encoded by the enumerators as advice from the health center staff)</p> <ol style="list-style-type: none"> 1 Doctor 2 Specialist obstetrics and gynecology (Obgyn) 3 Other Specialists 4 Your dentist / dental specialist 5 Nurses 6 Dental Nurse 7 Midwives

No and Description	Explanation and how to filled in
	<p>8 Nutritionists 9 Pharmacist / pharmacy assistants 10 Officers laboratory 11 Officers Radiology 12 Administration 13 Sanitarian / Specialist public health</p> <ul style="list-style-type: none"> • Total gross salary per month, an amount of salary before tax deductions, etc., or basic salary plus allowance • Total incentives from local governments (Kespeg), an incentive that diterimakan routinely beyond the gross salary could diterimakan every month or quarter. • Total incentives from health facilities which come from Askes, Jamkesmas, other insurance, public patients, etc. <p>Information about the gross salary sometimes difficult to get. Incentives from local governments can be found at the Office</p> <p>For the incentives that come from Puskesmas income (Jamkesmas, Askes, other insurance, general patients, etc.), enumerators need to see a notebook of each scheme if they do not record it in your notebook as a whole. Incentives include medical services, rescue services delivery, transport etc incentive money.</p> <p>Please note that the gross salary for doctors PTT may need to be asked directly to the relevant (PTT doctors) because of his salary directly from the center.</p>
7.2. Total salary and incentives monthly	Recapitulation of total staff, salary and incentive every month
7.3. Health workers at the Puskesmas Survey	<p>All doctors, nurses and midwives will be given the questionnaire only once during the study. Purpose of this questionnaire is to obtain detailed information about the movement of health personnel during the last week and the revenue that will be used for allocating costs to each cost center.</p> <p>This survey will be done once in the past two weeks</p> <p>Steps of data collection:</p> <p>1. Enumerators made a list of health workers in health centers and provide the serial number of the respondents. It is useful to</p>

No and Description	Explanation and how to filled in
	<p>find out respondents who do not fill out questionnaires.</p> <p>2. Fill out the serial number before collecting data</p> <p>3. Data collection was conducted simultaneously at the beginning of the week (Monday or Tuesday) to reduce recall bias. Discuss with the head of the health center when socialization can be implemented.</p> <p>4. Make a list of attendance to determine the power that is not present and at the same time ensuring that all health workers who attended have returned the questionnaire. In case there are health workers who can not attend the session, made appointments to filling out the questionnaire.</p> <p>5. Distribution of questionnaires conducted directly by enumerators. PHC health workers should read and fill out the questionnaire independently, but must participate accompany enumerators so that could explain if there are less obvious and can check the completeness of answers to questions put</p>
7.3.1. Respondent no	Is the serial number of respondents and used as the ID of respondents
7.3.2. What is your profession?	Clear enough
7.3.3. What is your employment status?	<p>Full-time employee is an employee who dedicates his time / assigned in full at this health center both civil servants and non-civil servants.</p> <p>Part-time employees are employees who only work a few hours a day / deployed also in other places. Example: The physician specialists who work only a few hours at the Health Center on certain days</p>
7.3.4. Where do you work during the last week? (Including on call status and counsaltation by phone)	<p>Each day is started from 0:00 until 24.00.</p> <p>Fill it with the number of minutes (rounded) in each section / place. Including when to spend time to rest and others.</p> <p>Time spent in 1 day could be more than 24 hours or 1440 minutes because sometimes when the practice in other places or taking a break, employees serve targeted also in the on-call</p>

No and Description	Explanation and how to filled in
	status In the event of the same activities such as neighborhood health center and pusling, select the main activity. For example: doctors choose pusling, while the nurse or midwife choose posyandu.
7.3.5. Did you receive the following facilities in kind?	Sometimes employees receive health center facilities in the form of goods, as an example of official car, housing and others. State the approximate value in a month. Can use the estimated rental value per month
7.3.6. In the past 1 month did you receive a gift in kind?	Occasionally, patients express their appreciation by giving gifts in kind. If in the past month to receive the goods, fill with an estimated value.
7.3.7. In the past 1 month did you receive a gift in cash?	Occasionally, patients express their appreciation by giving gifts in the form of money. If in the past month accept cash, fill out the total value
7.3.8. Do you have a practice elsewhere?	Medical officer, doctor-most-practiced in other places besides Public Health Center, both in public and private facilities.
7.3.9. What is the average of your income from private practice for 1 month?	Clear enough
7.4. Training	Collecting information on employee training to Puskesmas. This information is collected every quarter. It should be stressed, that the only training center for employees who are included in this list. Management training is the human resource capacity building efforts related to the development of quality management of the organization. Example: planning or management training centers, training, remuneration, leadership training, etc. Technical training is an effort to increase human resource capacity related to skills development. Example: PONED training, ATLS training, etc

8. Drugs and medical supplies

Purpose: Collect information on total costs for drugs and BMHP used during the study. That requires information:

- Inventory of medicines and BMHP at the beginning and end of the study (form 8.1 and 8.3).
- Acceptance of drugs and BMHP every month to record the movement of drugs and BMHP (form 8.2)

Time of Data Collection:

- The beginning and end of the study-to-inventory (8.1 and 8.3).
- Monthly for medication and received BMHP (8.2).

No and Description	Explanation and how to fill in
8.1. Opening stock consumable drugs and materials	<p>The study lasted for twelve months. Initial inventory of medical supplies and BMHP condition on 1 of the first month of study. This means that data taken from the previous month end inventory report.</p> <p>Stock early October of 2010 (October 1, 2010) is equal to the stock of drugs and BMHP on 30 September 2010</p> <p>If there are drugs that are not included in the list of drugs and BMHP which is already available, the drug name is written / added in the list by the enumerators</p> <p>Enumerators will get this information from 2 parts, namely the pharmaceutical and holder of the program. Because sometimes the pharmacy is not responsible for the drug program. Included in the drug and BMHP are:</p> <ul style="list-style-type: none">- Drugs- Materials consumables such as bandages, syringes, etc.- Materials Consumables / Reagents lab- Materials radiology consumables <p>If the health center can not separate sources of drugs and BMHP, then write the total in the "received from the Office / GFK"</p>
8.2. Drugs receiving & BMHP	<p>A record of drugs and BMHP acceptance in the relevant month from various sources.</p> <ol style="list-style-type: none">1. From the Health Department by Health Pharmacy Warehouse (GFK)2. Of the drug program. For example: drugs for TB, HIV / AIDS, malaria, vaccines, etc.3. From the donor's gift / other donations.4. From purchase independently by PHC <p>Enumerators need to create flowcharts and BMHP drug distribution to prevent double counting and reduce the workload of</p>

No and Description	Explanation and how to fill in
	<p>enumerators. There are several possibilities:</p> <ul style="list-style-type: none"> • All drugs and BMHP channeled through one door, through GFK. In these conditions, the drug from the donor program and has been recorded in the administration of drugs from GFK. • There is a possibility that the drug program was held in a separate / own by the program (not channeled through GFK). In such cases, enumerators should contact the holder of a program to get that information <p>Enumerators will fill in the name of the drug, packaging and the amount. Source of data derived from reports LPLPO and programs</p>
8.3. Closing stock of consumable drugs and materials	<p>The study lasted for twelve months. Inventory end is the condition of drug supply and BMHP on September 30, 2010. This means that data taken from the end of that month, stock reports, or the same initial conditions on October 1, 2010.</p> <p>If there are drugs that are not included in the list of drugs that have been available, the drug name is written / added in the list by the enumerators</p> <p>Enumerators will get this information from 2 parts, namely the pharmaceutical and holder of the program. Because sometimes the pharmacy is not responsible for the drug program. Included in the drug and BMHP are:</p> <ul style="list-style-type: none"> - Drugs - Materials consumables such as bandages, syringes, etc. - Materials Consumables / Reagents lab - Materials radiology consumables <p>If the health center can not separate sources of drugs and BMHP, then write the total in the "received from the Office / GFK"</p>

9. Expenditure Details

Purpose: Collecting all expenses of every transaction made, including goods received by the health facility. Because this section is the most important part of the instrument, thus requiring a very accurate records on an accrual basis of total resources used by health facilities.

Time of Data Collection:

- Every quarters for revenue in kind
- Every month for monthly expenses

No and Description	Explanation and how to filled in										
9.1. Identification of treasury structure in Puskesmas	<p>Look for a health center organizational structure organogram. Based on these data using the instrument to identify the treasurer of each piece and see with the help of an interview to the focal point or head usahaPuskesmas procedures.</p> <p>Of the structure, look the person in charge of each head of department, head of sub-section, and bendaharanya. Fill out the source of funds from each program from the state budget, budget level I and II, donors and other funding sources as well as bendaharanya. Then identify the type also used the book as well as the budget reporting acquired in 2010. Write down the results of the identification sheet instruments.</p>										
9.2. Value of receipts in kind	<p>List of programs / activities are provided in the annex to the instrument guidelines. Enumerators need to ask the officer of health facilities (finance section) on each receipt of goods for one last quarter</p> <p>Type of goods - packaging written as complete as if the value is not known to the facility it will be given by the value analysis team.</p> <p>The number represents the number of goods under the form of packaging.</p> <p>The value in the form in rupiah, if known.</p> <p>Sources are divided into:</p> <ol style="list-style-type: none"> 1. APBN 2. APBD I 3. APBD II (Pemda)) 4. APBD II (Dinas 5. Donor 6. Other <p>example:</p> <table border="1"> <thead> <tr> <th>Column</th><th>Isian</th></tr> </thead> <tbody> <tr> <td colspan="2">Month: October 2010</td></tr> <tr> <td>No</td><td>1 (sesuai nomor urut)</td></tr> <tr> <td>Deskripsi</td><td>Komputer</td></tr> <tr> <td>Satuan/Unit</td><td>Buah</td></tr> </tbody> </table>	Column	Isian	Month: October 2010		No	1 (sesuai nomor urut)	Deskripsi	Komputer	Satuan/Unit	Buah
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9.3. Expenditure health center - at the beginning of the survey include expenditures for payment prior to assessment activities (not including salaries and incentives)	<p>This instrument aims to look at the utilization of existing funds at the beginning of the month and see Puskesmas expenditure on activities / transactions in the month prior to study</p> <p>Types of Shopping: Fill it with any expenditure listed in the general ledger health center.</p> <p>Code Type of expenditure: Grouping code expenditure types to use the rules contained in the appendix</p> <p>Sources: see sources of funding such programs. 1 = Budget, budget 2 = I (Province), 3 = Budget II (district / city), 4 = Budget II (District Health Office / City), 5 = Donor, and 6 = other.</p> <p>Amount (IDR): Clear</p> <p>Payments for the month: the month the transaction or activity undertaken. Example: September 2010, October 2010</p> <p>Example :</p> <table><tr><th>Kolom</th><th colspan="10">Isian</th></tr><tr><td colspan="11">Bulan : Oktober 2010</td></tr><tr><td>No</td><td colspan="10">1 (sesuai nomor urut)</td></tr><tr><td>Jenis Belanja</td><td colspan="10">Pengadaan obat</td></tr><tr><td>Kode Jenis Belanja</td><td colspan="10">DM01 (=karena digunakan untuk pembelian obat)</td></tr><tr><td>Sumber Dana</td><td colspan="10">3 (=karena berasal dari APBD tingkat 2)</td></tr><tr><td>Jumlah</td><td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td></td></tr><tr><td>Pembayarna untuk bulan:</td><td colspan="10">September 2010</td></tr></table>											Kolom	Isian										Bulan : Oktober 2010											No	1 (sesuai nomor urut)										Jenis Belanja	Pengadaan obat										Kode Jenis Belanja	DM01 (=karena digunakan untuk pembelian obat)										Sumber Dana	3 (=karena berasal dari APBD tingkat 2)										Jumlah	2	0	0	0	0	0	0	0			Pembayarna untuk bulan:	September 2010									
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9.4. Puskesmas expenditure at the end of the survey – debt on September 2011 (not including salary and incentive)	<p>This instrument aims to look at the utilization of existing funds at the end of the month Puskesmas over unpaid debts at the end of the study (September 2011).</p> <p>Types of Shopping: Fill it with any expenditure listed in the general ledger health center.</p> <p>Payable to: the name of the institution that still debt at the end of the study. Example: Telkom, PLN, etc.</p>																																																																																																		

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	<p>Code Type of expenditure: Grouping code expenditure types to use the rules contained in the appendix</p> <p>Sources: see sources of funding such programs. 1 = Budget, budget 2 = I (Province), 3 = Budget II (district / city), 4 = Budget II (District Health Office / City), 5 = Donor, and 6 = other.</p> <p>Amount (IDR): Clear</p> <p>Example :</p> <table border="1"> <thead> <tr> <th>Kolom</th><th>Isian</th></tr> </thead> <tbody> <tr> <td colspan="2">Bulan : September 2011</td></tr> <tr> <td>No</td><td>1 (sesuai nomor urut)</td></tr> <tr> <td>Jenis Belanja</td><td>Pengadaan obat</td></tr> <tr> <td>Hutang kepada</td><td>Apotek Kimia Farma</td></tr> <tr> <td>Kode Jenis Belanja</td><td>DM01 (=karena digunakan untuk pembelian obat)</td></tr> <tr> <td>Sumber Dana</td><td>5 (=karena berasal dari pengadaan sendiri - lainnya-)</td></tr> <tr> <td>Jumlah</td><td>2 0 0 0 0 0 0 0</td></tr> </tbody> </table>	Kolom	Isian	Bulan : September 2011		No	1 (sesuai nomor urut)	Jenis Belanja	Pengadaan obat	Hutang kepada	Apotek Kimia Farma	Kode Jenis Belanja	DM01 (=karena digunakan untuk pembelian obat)	Sumber Dana	5 (=karena berasal dari pengadaan sendiri - lainnya-)	Jumlah	2 0 0 0 0 0 0 0
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9.5. Expenditures Health Center - (Does not include salaries and incentives) - monthly	<p>This instrument aims to look at the utilization of funds in Puskesmasdi every month from November 2010 to September 2011</p> <p>Types of Shopping: Fill it with any expenditure listed in the general ledger health center.</p> <p>Code Type of expenditure: Grouping code expenditure types to use the rules contained in the appendix</p> <p>Sources: see sources of funding such programs. 1 = Budget, budget 2 = I (Province), 3 = Budget II (district / city), 4 = Budget II (District Health Office / City), 5 = Donor, and 6 = other.</p> <p>Amount (IDR): Clear</p> <p>Example:</p> <table border="1"> <thead> <tr> <th>Kolom</th><th>Isian</th></tr> </thead> <tbody> <tr> <td colspan="2">Bulan : September 2011</td></tr> <tr> <td>No</td><td>1 (sesuai nomor urut)</td></tr> <tr> <td>Jenis Belanja</td><td>Pengadaan obat</td></tr> <tr> <td>Kode Jenis Belanja</td><td>DM01 (=karena digunakan untuk pembelian</td></tr> </tbody> </table>	Kolom	Isian	Bulan : September 2011		No	1 (sesuai nomor urut)	Jenis Belanja	Pengadaan obat	Kode Jenis Belanja	DM01 (=karena digunakan untuk pembelian						
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		obat)								
	Sumber Dana	3 (=karena berasal dari APBD tingkat 2)								
	Jumlah	2	0	0	0	0	0	0	0	

10. Patient Survey

Purpose: to get information on service costs that is borne by the patient. The number of sample obtained is not representative for the Puskesmas, but the representative for the district.

Time of Data Collection: Two times during the study, each approximately one week. Suggested by the end of quarter 2 and 3. Need to get permission and agreement from the Head of Puskesmas implementation

Number of samples: 40 patients were interviewed in each Puskesmas, 20 per week when the survey, so that an average of 4 interviews per day. For inpatient health centers, 10 of the interview are derived from the patient's hospitalization. Interviews are conducted must be conducted as follows:

Outpatient

1. Enumerators should meet near the pharmacy patients before they get out of the health facility. Enumerators will be wearing a sign of identity. Interviews were conducted after patients took the drug at the pharmacy (if needed).
2. Patients should be selected approximately half an hour before the interview. Enumerators should approach the patient first when it comes for half an hour earlier. Enumerators should ask the patient or accompanying patient (family, friends, etc.) if they are willing to answer some questions on the services provided to improve patient care in the future. Patients should be shown a sign of the identity of enumerators and ask patients to take part in an interview that no longer than 20 minutes. Enumerators should briefly explain the Purpose of the study and gave informed consent form to the patient to read and sign it. Patients should be assured of the confidentiality of the interview. Patients should be informed about the Purpose. If the patient refuses to participate, then the next patient is approached.
3. Enumerators should count all patients who were approached, either refused or agreed to be interviewed.
4. Enumerators should do the interview at the nearest quiet place. If the patient is unable to answer the question, then the people who accompany the patient respond on behalf of patients.

Inpatient

1. Enumerators had to choose one patient per day based on records at the health facility every day for two weeks. Only patients who will come out of the hospital are selected. If more than one patient who

will come out, then the election will be conducted at random. But if no one patient is going to come out, then no patient is selected. This allows in selecting more than one patient for outpatient care.

2. Enumerators should ask the patient or accompanying patient (family, friends, etc.) if they are they willing to answer some questions for the care provided. Patients should be shown a sign of the identity of enumerators and ask patients to take part in an interview that no longer than 20 minutes.

Enumerators should briefly explain the Purpose of the study and gave informed consent to patients to read and sign it. Patients should be assured of the confidentiality of the interview. Patients should be given information on Purpose surveys to improve patient care in the future. If the patient refuses to participate, then the next patient is approached.

3. Enumerators should count all patients who were approached, either refused or agreed to be interviewed.

4. Interviews can be done either when the patient is still in the inpatient room or immediately after discharge from hospital. Enumerators must sure that no employee health center when the interview took place. If the patient is not able to answer the question, then the people who accompany the patient respond on behalf of patients.

No and Description	Explanation and how to filled in
10.1. Are you willing to participate in this survey?	Enumerators should be able to convince patients that this survey is very important and all data are confidential / anonymous..
10.2. Respondent number	Serial number of respondent
10.3. Respondent is a patient	Ensure that patients want to be interviewed voluntarily. Divided into two options, 1 = outpatient 2 = Inpatient
10.4. Are you representing someone else?	Sometimes the patients are children or parents who are not able to interview invited. So the party can represent the patient's family.
10.5. Are you (or the one you represent) male or female?	The sex of the patient
10.6. How old is the patient?	In year
10.7. Last education of head of the family	Clear enough
10.8. What is your reason in using this hospital services?	Clear enough
10.9. What doctor says about your major disease?	Is the main diseases suffered by the patient or to the Purpose of patients, such as medical check ups, immunization, etc.
10.10. Select the condition of major	Based on answers of previous questions, enumerators fill out the

No and Description	Explanation and how to filled in
diseases according to the answer above	code according to the list of diseases that are on the instrument attachment
10.11. How much the cost for the outpatient?	All fees that were charged and released during the treatment center. If the patient can not specify one by one payment made, it can be directly written to the row of total Puskesmas bill. Question 10.10.8 s / d 10:10:11. are the expenses incurred by patients outside the health center bills.
10.12. How long have you being inpatient?	The number of inpatient days is out of date minus date of admission plus one
10.13. How much the cost of inpatient services?	All fees that were charged and released during the treatment center. If the patient can not specify one by one payment made, it can be directly written to the row total bill PHC. Question 10.12.8 s / d 10:12:11. of the expenses incurred by patients outside the health center bills.
10.14. Who is the payer?	Clear enough
10.15. How far is the Puskesmas to your house?	In kilometer (rounded)
10.16. How long does it take to get here?	Clear enough
10.17. How do you get here?	Clear enough
10.18. Is anybody accompanying you in the Puskesmas?	Clear enough
10.19. How much the transportation cost to the Puskesmas?	If using a personal vehicle, then the estimated fuel costs incurred
10.20. Do you have to pay other accomodation cost?	Sometimes there are families who accompany when during treatment. It takes extra fee for accommodation / lodging for families who accompany them.
10.21. If yes, how much?	The total additional cost of other accommodation during treatment.
10.22. How much the cost of food and drinks for patient or the one who accompany during the medication?	Clear enough
10.23. What services satisfy you the most?	Clear enough
10.24. Which is the worst?	Clear enough
10.25. Enumerator name	Full name

Instrument Guidelines of Hospital

Routine reports are required during data collection including:

- KIB A/B/C/D/E, is a card which records the type of inventory items and the value of assets at the facility.
- Latest NJOP: sale value of tax object, if the information on land value is not obtained from KIB A
- RL1: Hospital quarterly activity report
- The financial statements of actual expenditures in hospitals, usually recorded in the book help or SPJ (Letter of Responsibility)

Enumerators should examine the reports on the above and ensure that the report is filled completely and accurately

1. Overview of Hospital

Purpose: Capturing overview / profile of the Hospital and some characteristics of health facilities kualitas

Time of Data Collection: One time, at the beginning of the study

No and Description	Explanation and how to fill in
1.1. Hospital ID number	Written on the Hospital code provided by the Ministry of Health.
1.2. Name of hospital	Full Name
1.3. Name of hospital Chief	Full Name
1.4. Hospital chief's phone number	For the phone number area code is written. Example: 0274-#####, 021-####
1.5. Name of <i>Contact person</i>	Full Name
1.6. <i>Contact person's</i> phone number	For the phone number area code is written. Example: 0274-#####, 021-####
1.7. <i>Contact person's</i> mobile phone number	For the phone number area code is written. Example: 0274-#####, 021-####
1.8. Address	Write the complete address of Hospital. Example: Jl. Gadjah mada no. 45
1.9. Subdistrict	Write the name of Hospital sub-district.
1.10. Sub-district code	Enter the code in accordance with district name. Code table can be seen in appendix. Filling in mode: ###
1.11. District	Write the name of Hospital district.
1.12. District code	Enter the code in accordance with district name. Code table can be

	seen in appendix. Filling in mode: ###
1.13. Province	Write the name of Hospital province.
1.14. Province code	Enter the code in accordance with province name. Code table can be seen in appendix. Filling in mode: ###
1.15. Telephone number	For the phone number area code is written. Example: 0274-#####, 021-#####
1.16. Facsimile number	For the phone number area code is written. Example: 0274-#####, 021-#####
1.17. Year of establishment (The first time the hospital operated)	Write in a year: ####; example 1984
1.18. Hospital Ownership	Enter code: 1 = Government-BLU (autonomous) 2 = non-BLU (autonomous)-Government 3 = Private non-profit 4 = Private for profit
1.19. Government's hospital classes	Enter the code: 1 = A, 2 = B, 3 = C, 4 = D
1.20. Private's Hospital classes	Enter code: 1 = Utama; 2 = Madya; 3 = Pratama
1.21. Does your hospital is an educational hospital?	Enter code: 1 = Yes; 2 = No
1.22. Does your hosopital has a MoU with medical university?	Enter code: 1 = yes 2= no
1.23. Does your hospital accredited by Indonesian hospital accreditation comission (KARS)?	Clear enough
1.24. If accredited, please provide the following details	This data can also be obtained from RL3.

	Year written with four digits: XXXX
	Number of accredited service is divided into 3, namely: 5, 12, and 16
1.25. Does your hospital accredited by other accreditation institution?	Sometimes hospitals are not only accredited by KARS but also by other organizations
1.26. Accredited by institution:	Please list other agencies that accredit if any
1.27. If yes, status of accreditation process	Some data can be obtain from RL3 Year written with four digits: XXXX
1.28. <i>Hospital open/close hour (note: reality /the average, not normative)</i>	Opening hours and closing in accordance with reality (not normative)
1.29. How often the disrupted flow of water in hospitals in the past years?	Disrupted the water flow if affect patient care either directly or indirectly.
1.30. How often the disrupted flow of electricity in hospital in the past years?	The key question is whether the power limitations affect patient care. This is not considering the source of electricity, but is considered disturbing the event of interruptions / gap between the main power source and generator so that it affects patient care, such as electricity is needed when the action or the cold chain.
1.31. Are there problems of availability of medicines to patients in hospital in the past years?	The availability of standard drugs becomes a problem if it affects the care of patients with various problems that lie behind them.
1.32. If yes, how often?	The average frequency of disruption of drugs availability
1.33. What is the reason why it can happen ? (can select more than one)	The reason can be more than one. Fill each box with a code that represents the answer
1.34. How often the employee salary was late on schedule in the past year?	Hospital employees' salaries of both civil servants and non-civil servants sometimes experience delays. Choose with an average frequency of delays in the receipt of a salary last year.
1.35. How often the employee incentive was late on schedule in the past year?	Hospital employees either incentive or non-civil servants sometimes experience delays. The average frequency of delays in receipt of incentive
1.36. Is there any difficulty in filling staff vacancies?	Top managers are the level of directors Middle-level manager is the head unit (eg outpatient, inpatient), the Head of finance

	<p>Field Manager is the level of head nurse.</p> <p>If you write code 1 (yes) then required to write down the reason a maximum of 2. Meanwhile, if the answer code 2 (do not) are not allowed to write the reason</p>
1.37. Are there regular meetings to discuss the performance of services (medical and management) with all the head parts?	Regular meeting that serves as a monitoring and evaluation of both medical and service management performance.
1.38. How often meetings to discuss the case of deaths in hospitals are not limited to clinical staff but also the elements of management are being held?	Clear enough
1.39. Does the director of the hospital can get the information activities of traffic data, day care, attendance from every part through existing information systems?	Director of the Hospital as a manager sometimes require data related activities of the Hospital for monitoring and evaluation and planning. If the system of recording and reporting of Puskesmas are good, then the director of the hospital can get it easily, but if the system is still not well managed, then the director of the hospital sometimes can not obtain such data.
1.40. What does the information is used for?	If that information can be obtained by the Director of the Hospital, used for anything such information.
1.41. Is there any guidances for the clinical staffs?	<p>It is very important to know in clear understanding of coaching. In this context, coaching is a situation when a junior employee can continue to learn with practice from senior colleagues. Senior colleagues will use their time to a junior colleague, both as activity, before and after that to discuss the problems that occur. Junior employees should be able to recognize a senior colleague who became their mentor</p> <p>Mentoring is not a brief training or orientation, although sometimes mentoring included in this activity.</p>
1.42. The frequency of meetings...	If there is mentoring, how often this mentoring meeting?
1.43. The topic discussed...	Clear enough
1.44. Is there any monitoring of working hours of the hospital employees?	The monitoring system of working hours of employees is a tool used to determine the presence of Hospital employees

1.45. If yes, how to monitor it?	Clear enough
1.46. name of the enumerator	Full Name
1.47. Enumerator phone number	For the phone number area code is written. Example: 0274-#####, 021-####
1.48. name of senior enumerator	Full Name
1.49. senior enumerator phone number	For the phone number area code is written. Example: 0274-#####, 021-####

2. Physical Infrastructure

Purpose: To capture the broad and Hospital asset value including all buildings and equipment is the responsibility and treated by Hospital, including its network. Example: Warehouse, Garage, Places of worship, etc.

Time of Data Collection: One time, at the end of the second quarter (mid-study)

No and Description	Explanation and how to fill in
2.1. Does your Hospital have a scale plan which shows image of physical infrastructure and the size of each room?	Most health centers do not have a map with the actual size. So that the enumerator must prepare to measure it manually. Each enumerator should be given to fixtures meter gauge in the form of ribbon / wheel or other equipment.
2.2. The total building area of the Hospital (m2)	Main Hospital building area is a building used for services, regardless of ownership status If the Hospital has a building, but not used for services, it is not taken into account
2.3. The total land area of the Hospital (m2)	Main Hospital building area is a building used for services, regardless of ownership status
2.4. Building prices per square meter Hospital currently	Construction costs per square meter using current construction costs in the district concerned. In general, this data can be obtained at the Department of Public Works.
2.5. Land prices per square meter Hospital currently	The value of land per square meter at this time to land Hospital. This may not be answered by the Hospital. The estimated value may be asked to head the local village.
2.6. Total value of Hospital land (KIB A atau NJOP)	KIB A is the record of the total asset value of land owned and maintained by the Hospital and its network. If the report KIB A does not exist, then the NJOP must be obtained from the last Hospital tax. Filling in mode: #####

No and Description	Explanation and how to fill in
2.7. Total value of machines and tools (KIB B)	KIB B is a record of the asset value of equipment and machinery owned by Hospital and its networks. Filling in mode: #####
2.8. Total value of buildings (KIB C)	KIB C is a record value of building assets owned by Hospital and its networks. Filling in mode: #####
2.9. Total value of roads, irrigation and electricity (KIB D)	KIB D is the record of the asset value of roads, irrigation and electric which is owned by Hospital and its network Filling in mode: #####
2.10. Total value of other assets (KIB E)	KIB E is a record value of other assets owned by Hospital and its network Filling in mode: #####
2.11. The number of beds, at this time	Sometimes the hospital has several classes above the class I. then the number of inpatient bed class is included in the VIP class. Meanwhile, if there are classes that are under the Class III included in class IV
2.12. 2.1. How many major buildings in the hospital complex?	How many major buildings in the complex hospital? This question serves to facilitate enumerators in identifying the area of each main building and the room cost centers within
2.13. Overview of the Hospital building	General description of the Hospital building This question also serves to facilitate identifying enumerators in their respective buildings. Number of floors: if the building does not enter the single storey whereas if the rise buildings then fill> 1.
2.14. Hospital Section Size	The name of the building in accordance with the answers the main building on the previous question. Each of the identified floor units available. Enumerators then perform coding according Existing units. Unit Cost center is divided into: 1 = emergency room is the room used for emergency services 2 = Rawat road is all of the rooms used for outpatient medical service the public good, elementary specialist, dental specialist and sub specialist mouth

No and Description	Explanation and how to fill in
	<p>3a = VIP is all inpatient rooms above grade I.</p> <p>3b = Class I are all first class medical treatment room</p> <p>3c = Class II is a whole room inpatient class II</p> <p>3d = Class III is the third class of hospitalization room down (if any)</p> <p>3e = perawata Room is the room used by nurses in inpatient.</p> <p>4 = delivery room is the room used for service delivery including the baby's room.</p> <p>5 = Installing central surgery room is used for surgical services</p> <p>6 = incentive care unit is a room that used to service incentive inpatient care, including ICU, NICU, PICU, ICCU</p> <p>7 = Pharma is a room used for pharmacy services, including warehouse storage</p> <p>8 = Radiology are rooms used for radiology services, including a dark room (if any)</p> <p>9 = Laboratory is a room used for laboratory services</p> <p>10 = Allied to other clinics is another room associated with supporting the clinic. Among them:</p> <ul style="list-style-type: none"> • Blood Services • nutrition services • instrument sterilization Service • Medical Record • physical therapy services <p>11 = non-clinical general services is the room used for non-clinical support services. Among them:</p> <ul style="list-style-type: none"> • Laundry / Linen • Pelaynaan catering / kitchen • Pelaynan engineering and maintenance facilities • Waste management • Warehouse • Transport (ambulance) / Garage • free corpse

No and Description	Explanation and how to fill in
	<ul style="list-style-type: none"> Collecting water <p>12 = Administration and others are the rooms used for administrative and other activities. Among them:</p> <ul style="list-style-type: none"> Room Director room administration, finance, personnel, security Room Information and patient acceptance Non-Opera-hospital system Waiting room etc.

Instruction

1. The identification number of the existing building and name it eg Building A, B, C etc.
2. We start with Building A, fill in information about each of the floors on the use and extent of
3. Fill with units at the building
4. Perform coding according to directions
5. Calculate the total floor area of each unit
6. Most of the area is a common area (such as waiting rooms, public lavatories, etc.) that does not need to be measured but should be identified
7. General area is the total floor area minus total number of units that have been calculated
8. After completion of the block A new start to the next block

Example:

Name of building	Floor to	section	Cost Centre code	floor area (m2, be rounded)
A	1	Klinik Umum	2	9
A	1	Klinik Penyakit Dalam	2	1 2
A	2	Klinik Kebidanan & Kandungan	2	1 5
A	1	Rekam medik	1	2 0
B	1	Ruang mawar VIP	3 a	1 5
B	1	Ruang melati Kelas I	3 h	2 0
B	1	Ruang Perawat	3 e	1 5

3. Fund Flow and Income Details

Purpose: To understand the source of funds received and that should be received directly by the health facility and its activities by source of funds. This information was obtained from RL1 no. 23.

Time of Data Collection: Every quarters

No and Description	Explanation and how to fill in
3.1. Financial Information managed by	<p>The cash-based accounting system, where all spending and revenue is recognized after cash flow or cash.</p> <p>Accrual-based accounting system, where all spending and revenue is recognized after the transaction.</p> <p>Modified accrual accounting is a system that uses a mixture model. Some securities are recorded with cash-based while others are based accrual.</p>
3.2. Payment (RL.1 no. 23)	<p>The number of patients out is the number of hospitalized patients</p> <p>Total long maintained is the total number of inpatient days from inpatients.</p> <p>The number of outpatients is the number of outpatient visits</p> <p>The number of direct service examination is the examination of direct services visit the lab, radiology, etc.</p> <p>Total revenues received in the concerned quarter.</p>

4. Equipment Assets Details

Purpose: Gathering information about the value of equipment used to conduct services at Hospital, in each of these cost centers. To get the value of each item, information needed medical and non medical equipment which has been established in the instrument both in terms of both quantity and type as complete as possible. Keep in mind, that the equipment is counted only equipment that serves and not in the warehouse.

Time of Data Collection: One time, at the end of the second quarter (mid-study). This information will be collected in early 2011 with a Purpose reflects the inventory of assets throughout the study.

No and Description	Explanation and how to fill in
4.1. the lowest value of medical assets	<p>Medical assets are assets / equipment used for medical services directly. For example: Stethoscope, tensimeter, etc.</p> <p>Answer with a code 00 if it does not have limits and Answer with code -9 if not known its value restriction</p>
4.2. lowest value of non-medical assets	<p>Non-medical assets are assets / equipment used to support the activities of Hospital services, such as chairs, computers, vehicles, etc.</p> <p>Reply with code 00 if it does not have limits and Answer with code -9 if not known its value restriction</p>
4.3. until 4.13 Details of total assets	<p>1. Serial number.</p> <p>2. Description of goods (eg Stethoscope, computers) has been determined in the instrument. Enumerators do not need to add another item. Images of goods, in attachment guidelines.</p> <p>For definition sets, needed assistance with the local head nurse or nurse. If one set is used for various activities, it is calculated as a set. The important thing is to avoid double counting. When the main instrument in the set is not available, is considered the set does not exist.</p> <p>3. Type / Brand: eg type of Toyota Innova G 2010. If in one type of goods have some type, then the enumerators must write in lines that are still empty.</p> <p>4. Number of items in each room. Enumerators should ask for this information through inventory officer at the PHC.</p> <p>Equipment that is classified as damaged / not working and are in storage in this study are not taken into account</p>

5. Activity Details

Purpose: To record the workload of Hospital through the activities carried out by the Hospital.

Time of Data Collection: every quarters. Data ini dikopi secara langsung dari RL1 secara triwulan

No and Description	Explanation and how to fill in
5.1. Top 30 inpatient diseases (RL2a)	30 top national inpatient diseases, in terms of total patients, had been determined at the beginning of the study. Enumerators need to get RL2a reports that provide information on all the rounds were based on the diagnosis. Enumerators will then record the top 30 on the list of diseases that have been determined.
5.2. 30 top outpatient diseases (RL2b)	Top 30 national outpatient diseases, in terms of total patients, had been determined at the beginning of the study. Enumerators need to get RL2b reports that provide information on all the rounds were based on the diagnosis. Enumerators will then record the top 30 on the list of diseases that have been determined.
5.3. Hospital Activity Data - Inpatient Services (RL 1 no. 1)	<p>How to fill in:</p> <ol style="list-style-type: none"> 1. For each type of inpatient service Number of Out Patient death = patient died less than 48 hours + The patient died 48 hours or more 2. For each type of inpatient service The number of day care patient days in class = Main + class I + Class II + Class III + Without class 3. Perform summation downward from the internal diseases up to perinatologi for columns (not including sub-total) 4. If the sum had been fit then down to the overall total (hospitals) need to hold checks as follows: The number of patients at the beginning of quarter + the number of incoming patients - (number of patients out of life and the number of patients die out) = number of patients with end of quarter
5.4. Hospital Activities data - Outpatient visits (RL.1 no. 3)	<p>Data for filling visitors RS taken from the book registers of patient Receipts / addmitting Office</p> <ol style="list-style-type: none"> 1. New visitors are new visitors who first arrived at the hospital and can be accessed several tours in some polyclinics. Fill it with the number of new visitors during the reporting period

No and Description	Explanation and how to fill in
	2. Older visitors are visitors who come to the second and so on, who came to the clinic of the same or different as the old or new requests with the old or new cases
5.5. Reference Activity (RL.1 no. 24)	<p>Shipping physician experts from your hospital to other health facilities either hospital or clinic. Consists of the total delivery specialists and the number of health facilities.</p> <p>Visit dr expert who received both from local and foreign, and total patients served in each of Specialisation</p> <p>Referral of patients divided into two:</p> <p>1. Referral from below, ie, referral of lower health facilities (health center or another hospital)</p> <p>2. Referred to above, the patient was referred to a higher hospital either as patients come from referrals from below, come alone and the number of patients who received back from the referral to the top.</p>

6. Intermediate Section Activity

Purpose: Allocating the cost of pharmacy and laboratory to the cost center.

Time of Data Collection:

- Every quarters for the service no prescription, hospital activity data radiology, lab, special services, operating room activities. This data is copied directly from a quarter RL1

No and Description	Explanation and how to fill in
6.1. Prescription Writing and Service (R /) (RL 1 no. 12 B)	Represents the number of R / written generic and non generic from each section
6.2. Hospital Activity Data - Activities of Radiology (RL 1 no. 9)	Clear enough
6.3. Laboratory Investigation (RL 1 no. 11)	Clear enough
6.4. Hospital Activity Data - Special Service Activity (RL 1 No. 10)	Clear enough
6.5. Surgery room Activities (RL 1 no. 5)	Clear enough

7. Human resources

Purpose: collects information on salaries and incentives from hospital staff. Unlike the clinic, no need to collect individual salary information. But, the total salaries of staff which has been determined categories.

Time of Data Collection: Every month, a survey of doctors and nurses / midwives in third quarter

No and Description	Explanation and how to fill in
7.1. Details of employee, salaries and allowance of doctor and general staff	<p>The collection of salary information based physician groups. However, some hospitals provide salary data based on a list of names. In this case the enumerator must collect salary and incentive data individually and sum according to the instrument category</p> <p>Salaries can be divided into physician employees and non employees.</p> <ul style="list-style-type: none"> • Doctor of employees: Physicians who entered into the payroll, or receive a salary regardless of the presence or absence of the patient. • non-employee doctor / physician guests: It does not make the payroll, and paid based on the patients treated. <p>The number of people is the number of physicians in each group.</p> <p>Total gross monthly salary, an amount of salary before tax deductions, etc., or basic salary plus allowances</p> <p>Total incentives from local governments (Kespeg), merupakan diterimakan incentives routinely beyond the gross salary could diterimakan every month or quarter.</p> <p>Please note that the gross salary for doctors PTT may need to be asked directly to the concerned (doctors PTT) because his salary is directly derived from the center.</p> <p>The most important thing is that if the director is also a doctor, certainly not double counting by including in the 7.1 and 7.2. Recommended director of more than 7.1 reflect 7.2 unless most of the time spent on clinical duties will be included in 7.1 only.</p> <p>For doctors who are also officials of structural, post allowance is calculated as an incentive.</p>

No and Description	Explanation and how to fill in
7.2. Details of non-physician group salaries of nurses and midwives	<p>Data retrieval is only done once, in March 2011 and when there is a change of 20% of total employees</p> <p>Salary of a nurse / midwife is determined according to the room / place of service where they are most widely served. If they have a duty to picket for example two times seminggu in the room / place of different services, which received incentives remain inserted into the space / place of service where they are most widely served.</p> <p>If a nurse / midwife in charge of more mainstream in the ER even though it also works for outpatient care is included in the ER. It should be noted to avoid double counting</p>
7.3. Details of non-physician salary of other professional groups	<p>Data retrieval is only done once, in March 2011 and when there is a change of 20% of total employees</p> <p>Other professionals are working in addition to medics and paramedics. Example: accountants, sekretaris, and others. Other professional salaries are determined in accordance with the room / place of service where they are most widely served. If they have a duty to picket for example two times seminggu in the room / place of different services, which received incentives remain inserted into the space / place of service where they are most widely served.</p> <p>If other professionals serving more mainstream in the ER while also working for the outpatient care included in the ER. It should be noted to avoid double counting</p>
7.4. Total salaries and monthly incentives Hospital non-physician personnel (nurses and midwives)	A recapitulation of the total number of employees, gross salary and incentives from governments and from the Hospital revenue every month.
7.5. Total salaries and monthly incentives Hospital non-physician employees (other Professional)	A recapitulation of the total number of employees, gross salary and incentives from governments and from the Hospital revenue every month.
7.6. Survey of health workers in Hospital	If the number of doctors at the hospital the same or less than 40, all physicians will be surveyed. But if the doctor is more than

No and Description	Explanation and how to fill in
	<p>40, then 70 percent of physicians drawn at random to be surveyed.</p> <p>For the number of nurses and midwives surveyed were 50 percent of the total number of nurses and midwives.</p> <p>Purpose of this questionnaire is to obtain detailed information about the movement of health personnel during the last week, and total revenues</p> <p>This survey will be done once in the past two weeks</p> <p>Steps of data collection:</p> <ol style="list-style-type: none"> 1. Enumerators made a list of health workers in health centers and provide the code respondents. It is useful to find out respondents who do not fill out questionnaires. 2. Fill out the code before the data collection 3. Data collection was conducted simultaneously at the beginning of the week (Monday or Tuesday) to reduce recall bias. Discuss with the head of the health center, this collection sessions can be implemented. 4. Make a list of attendance to determine the power that is not present and at the same time ensuring that all health workers who attended have returned the questionnaire. In case there are health workers who can not attend the session, made appointments to filling out the questionnaire. 5. Distribution of questionnaires conducted directly by enumerators. PHC health workers should read and fill out the questionnaire independently, but must participate accompany enumerators so that could explain if there are less obvious and can check the completeness of answers to questions put
7.6.1. Respondent no	Is the serial number of respondents and used as the ID of respondents
7.6.2. What is your profession?	Clear enough
7.6.3. What is your employment status?	Full-time employees are employees who are dedicated full time ie 35-40 hours per week at the PHC are related either civil servants or non-civil servants.

No and Description	Explanation and how to fill in
	Part-time employees are employees who only work a few hours a day, ie less than 35 hours per week. Example: The physician specialists who work only a few hours at the Health Center on certain days
7.6.4. Where do you work during the last week? (Including on call status and consultation by phone)	<p>Each day is started from 0:00 until 24.00.</p> <p>Fill it with the number of minutes (rounded) in each section / place.</p> <p>Including when to spend time to rest and others.</p> <p>Time spent in 1 day could be more than 24 hours or 1440 minutes because sometimes when the practice in other places or taking a break, employees serve targeted also in the on-call status</p> <p>In the event of the same activities such as neighborhood health center and pusling, select the main activity. For example: doctors choose pusling, while the nurse or midwife choose posyandu.</p>
7.6.5. Did you receive the following facilities in the form of goods?	Sometimes employees receive health center facilities in the form of goods, as an example of official car, housing and others. State the approximate value in a month. Can use the estimated rental value per month
7.6.6. In the past 1 month did you receive a gift in kind?	Occasionally, patients express their appreciation by giving gifts in kind. If in the past month to receive the goods, fill with an estimated value.
7.6.7. In the past 1 month did you receive a gift in cash?	Occasionally, patients express their appreciation by giving gifts in the form of money. If in the past month accept cash, fill out the total value
7.6.8. Do you have a practice elsewhere?	Medical officer, doctor-most-practiced in other places besides Public Health Center, both in public and private facilities.
7.6.9. What is the average of your income from private practice for 1 month?	Clear enough
7.7. Training	Collecting information on employee training to Hospital. This information is collected every quarter. It should be stressed, that the only training center for employees who are included in this

No and Description	Explanation and how to fill in
	<p>list.</p> <p>Management training is the human resource capacity building efforts related to the development of quality management of the organization. Example: planning or management training centers, training, remuneration, leadership training, etc.</p> <p>Technical training is an effort to increase human resource capacity related to skills development. Example: PONED training, ATLS training, etc</p>

8. Drugs and Medical supplies

Purpose: collect information on total costs for drugs used during the study (D). It would be very difficult to calculate the amount of drugs actually used, but it will be easier to compare inventarisasi in the beginning of the study (A), the inventory at the end of the study (C) and the quantity of drugs and BMHP received each month (B). So the total usage is:

$D = A + B - C$

Time of Data Collection:

- The beginning and end of the study-to-inventory (8.1 and 8.3).
- Monthly to medication and received BMHP (8.2).

No and Description	Explanation and how to fill in
8.1. Opening stock drugs and medical supplies	<p>The study lasted for twelve months. Initial inventory of medical supplies and BMHP conditions on the first day of the first month of study. This means that data taken from the previous month end inventory report.</p> <p>stock in early October of 2010 (October 1, 2010) is equal to the condition of the stock of drugs and BMHP on 30 September 2010</p> <p>If there are drugs that are not included in the list of drugs that have been available, the drug name is written / added in the list by the enumerators</p> <p>Enumerators will get this information from 2 parts, namely the pharmaceutical and holder of the program. Because sometimes the</p>

No and Description	Explanation and how to fill in
	<p>pharmacy is not responsible for the drug program. Included in the drug and BMHP are:</p> <ul style="list-style-type: none"> - Drugs - consumables materials such as bandages, syringes, etc. - consumables materials / Reagents lab - radiology consumables materials
8.2. Drug Admission & BMHP (Purchasing independently)	Hospitals that have evidence of security be / drug purchase tender documents is written instrument as the value of 8.2 drug acceptance.
8.3. Drug & medical supplies (Receive in-kind))	<p>Meanwhile, hospitals that do not know the medicinal value received because it is usually received in kind, written every type of drug names, packaging, and amounts from various sources on the instrument 8.3.</p> <p>Is a drug and recording receipts in the month BMHP derived from various sources.</p> <ol style="list-style-type: none"> 1. From the Health Department by Health Pharmacy Warehouse (GFK) 2. Of the drug program. For example: drugs for TB, HIV / AIDS, malaria, vaccines, etc. 3. From the donor's gift / other donations. 4. From purchase independently by PHC. <p>Enumerators need to create flowcharts and BMHP drug distribution to prevent double counting (double counting) and reduce the workload of enumerators. There are several possibilities:</p> <ol style="list-style-type: none"> 1. All drugs and BMHP channeled through one door, through GFK. In these conditions, the drug from the donor program and has been recorded in the administration of drugs from GFK. 2. There is a possibility that the drug program was held in a separate / own by the program (not channeled through GFK). In such cases, enumerators should contact the holder of a program to get that information.
8.4. Closing stock drugs and medical supplies	<p>The study lasted for twelve months. Inventory end is the condition of drug supply and BMHP on September 30, 2010. This means that data taken from the end of that month, stock reports, or the same initial conditions on October 1, 2010.</p> <p>If there are drugs that are not included in the list of drugs that have been available, the drug name is written / added in the list by the</p>

No and Description	Explanation and how to fill in
	<p>enumerators</p> <p>Enumerators will get this information from 2 parts, namely the pharmaceutical and holder of the program. Because sometimes the pharmacy is not responsible for the drug program. Included in the drug and BMHP are:</p> <ul style="list-style-type: none"> - Drugs - consumables materials such as bandages, syringes, etc. - consumables materials / Reagents lab - radiology consumables materials

9. Expenditure Details

Purpose: Collecting all expenses of every transaction made, including goods received by the health facility. Because this section is the most important part of the instrument, thus requiring a very accurate records on an accrual basis of total resources used by health facilities.

Time of Data Collection:

- Every quarters for revenue in kind

No and Description	Explanation and how to fill in
9.1. Treasurer structure identification in Hospital	<p>Look for the organizational structure organogram Hospital. Based on these data using the instrument to identify the treasurer of each piece and see with the help of an interview to the focal point or head of the hospital administration.</p> <p>Of the structure, look the person in charge of each head of department, head of sub-section, and bendaharanya. Fill out the source of funds from each program from the state budget, budget level I and II, donors and other funding sources as well as bendaharanya. Then identify the type also used the book as well as the budget reporting acquired in 2010. Write down the results of the identification sheet instruments.</p>
9.2. Value of receipts in kind	<p>Sometimes there is acceptance in the form of a given item.</p> <p>Further evidence of receipt of goods collected each month from each program, the type of goods, unit / unit, the number and value of the goods (if the value is known).</p> <p>Write the appropriate source of revenue for the following items: 1 = the central government, provincial government 2 =, 3 = local government, donor = 4, and 5 = other.</p> <p>In the column number: If you do not receive anything in the month,</p>

No and Description	Explanation and how to fill in																										
	<p>fill it with the number 0 (zero).</p> <p>Example:</p> <p>Contoh cara pengisian:</p> <table><tr><th>Kolom</th><th>Isian</th></tr><tr><td colspan="2">Bulan : Oktober 2010</td></tr><tr><td>No</td><td>1 (sesuai nomor urut)</td></tr><tr><td>Deskripsi</td><td>Komputer</td></tr><tr><td>Satuan/Unit</td><td>Buah</td></tr><tr><td>Jumlah</td><td>10</td></tr><tr><td>Nilai (Rp)- jika diketahui</td><td><table><tr><td>3</td><td>5</td><td>6</td><td>4</td><td>5</td><td>7</td><td>0</td><td>0</td><td></td><td></td></tr></table></td></tr><tr><td>Sumber</td><td>1 (= karena bersumber dari pemerintah pusat)</td></tr></table>	Kolom	Isian	Bulan : Oktober 2010		No	1 (sesuai nomor urut)	Deskripsi	Komputer	Satuan/Unit	Buah	Jumlah	10	Nilai (Rp)- jika diketahui	<table><tr><td>3</td><td>5</td><td>6</td><td>4</td><td>5</td><td>7</td><td>0</td><td>0</td><td></td><td></td></tr></table>	3	5	6	4	5	7	0	0			Sumber	1 (= karena bersumber dari pemerintah pusat)
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Sumber	1 (= karena bersumber dari pemerintah pusat)																										
9.3. Hospital spending - including spending on the initial survey for the payment activity before the study (not including salaries and incentives)	<p>This instrument aims to look at the utilization of existing funds in the House earlier this month and see Sakitpada expenditure on activities / transactions in the month prior to study</p> <p>Types of Shopping: Fill it with any expenditure listed in the general ledger Hospital.</p> <p>Code Type of expenditure: Grouping code expenditure types to use the rules contained in the appendix</p> <p>Sources: see sources of funding such programs.</p> <p>1 = Fund perbantuan task; 2 = Fund Declaration; 3 = Fund DAK, 4 = Other budget; 5 = budget I; 6 = Budget II; 7 = Income RS / BLU; 8 = Foundation; 9 = Donor; 10 = Other</p> <p>Amount (IDR): Clear</p> <p>Payments for the month: the month the transaction or activity undertaken. Example: September 2010, October 2010</p> <p>Example:</p> <table><tr><th>Kolom</th><th>Isian</th></tr><tr><td colspan="2">Bulan : Oktober 2010</td></tr><tr><td>No</td><td>1 (sesuai nomor urut)</td></tr><tr><td>Jenis Belanja</td><td>Pengadaan obat</td></tr></table>	Kolom	Isian	Bulan : Oktober 2010		No	1 (sesuai nomor urut)	Jenis Belanja	Pengadaan obat																		
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Pembayarna untuk bulan:	September 2010																								
9.4. Hospital expenses - at the end of the survey - Unpaid debt at the end of September 2011 (not including salaries and incentives)	<p>This instrument aims to look at the utilization of existing funds at the end of the house sakitdi unpaid debts at the end of the study (September 2011).</p> <p>Types of Shopping: Fill it with any expenditure listed in the general ledger Hospital</p> <p>Payable to: the name of the institution that still dihutangi at the end of the study. Example: Telkom, PLN, etc.</p> <p>Code Type of expenditure: Grouping code expenditure types to use the rules contained in the appendix</p> <p>Sources: see sources of funding such programs. 1 = Fund perbantuan task; 2 = Fund Declaration; 3 = Fund DAK, 4 = Other budget; 5 = budget I; 6 = Budget II; 7 = Income RS / BLU; 8 = Foundation; 9 = Donor; 10 = Other</p> <p>Amount (IDR): Clear</p> <p>example:</p> <table border="1"> <thead> <tr> <th>Kolom</th><th>Isian</th></tr> </thead> <tbody> <tr> <td colspan="2">Bulan : September 2011</td></tr> <tr> <td>No</td><td>1 (sesuai nomor urut)</td></tr> <tr> <td>Jenis Belanja</td><td>Pengadaan obat</td></tr> <tr> <td>Hutang kepada</td><td>Apotek Kimia Farma</td></tr> <tr> <td>Kode Jenis Belanja</td><td>DM01 (=karena digunakan untuk pembelian obat)</td></tr> <tr> <td>Sumber Dana</td><td>7 (=karena berasal dari pengadaan sendiri - lainnya-)</td></tr> <tr> <td>Jumlah</td><td> <table border="1"> <tr> <td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr> </table> </td></tr> </tbody> </table>	Kolom	Isian	Bulan : September 2011		No	1 (sesuai nomor urut)	Jenis Belanja	Pengadaan obat	Hutang kepada	Apotek Kimia Farma	Kode Jenis Belanja	DM01 (=karena digunakan untuk pembelian obat)	Sumber Dana	7 (=karena berasal dari pengadaan sendiri - lainnya-)	Jumlah	<table border="1"> <tr> <td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr> </table>	2	0	0	0	0	0	0	
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9.5. Hospital-expenditure (excluding salaries and incentives) – monthly	<p>This instrument aims to look at the utilization of existing funds at the Hospital in each month from November 2010 to September 2011</p> <p>Types of Shopping: Fill it with any expenditure listed in the general</p>																								

No and Description	Explanation and how to fill in														
	<p>ledger Hospital.</p> <p>Code Type of expenditure: Grouping code expenditure types to use the rules contained in the appendix</p> <p>Sources: see sources of funding such programs. 1 = Fund perbantuan task; 2 = Fund Declaration; 3 = Fund DAK, 4 = Other budget; 5 = budget I; 6 = Budget II; 7 = Income RS / BLU; 8 = Foundation; 9 = Donor; 10 = Other</p> <p>Amount (IDR): Clear</p> <p>Example:</p> <table border="1"> <thead> <tr> <th>Kolom</th><th>Isian</th></tr> </thead> <tbody> <tr> <td colspan="2">Bulan : September 2011</td></tr> <tr> <td>No</td><td>1 (sesuai nomor urutan)</td></tr> <tr> <td>Jenis Belanja</td><td>Pengadaan obat</td></tr> <tr> <td>Kode Jenis Belanja</td><td>DM01 (=karena digunakan untuk pembelian obat)</td></tr> <tr> <td>Sumber Dana</td><td>6 (=karena berasal dari APBD tingkat 2)</td></tr> <tr> <td>Jumlah</td><td>2 0 0 0 0 0 0 0</td></tr> </tbody> </table>	Kolom	Isian	Bulan : September 2011		No	1 (sesuai nomor urutan)	Jenis Belanja	Pengadaan obat	Kode Jenis Belanja	DM01 (=karena digunakan untuk pembelian obat)	Sumber Dana	6 (=karena berasal dari APBD tingkat 2)	Jumlah	2 0 0 0 0 0 0 0
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10. Patient Survey

Purpose: get information on service costs that are borne

Sampling: 200 patients were interviewed every hospital. 100 in each period survei. Setengah of interviews should be of hospitalization, and half of outpatient

Time of Data Collection: Two times during the study for about a week on every occasion. Disarankan hospital at the end of quarter 2 and 3. Senior enumerators to schedule a survey of hospitals in all districts at different times. This can allow enumerators from the provinces to work together to conduct a survey.

Rawat jalan

Outpatient

1. Enumerators should meet near the pharmacy patients before they get out of the health facility. Enumerators will be wearing a sign of identity. Interviews were conducted after patients took the drug at the pharmacy (if needed).

2. Patients should be selected approximately half an hour before the interview. Enumerators should approach the patient first when it comes for half an hour earlier. Enumerators should ask the patient or accompanying patient (family, friends, etc.) if they are willing to answer some questions on the services provided to improve patient care in the future. Patients should be shown a sign of the identity of enumerators and ask patients to take part in an interview that no longer than 20 minutes. Enumerators should briefly explain the Purpose of the study and gave informed consent form to the patient to read and sign it. Patients should be assured of the confidentiality of the interview. Patients should be informed about the Purpose. If the patient refuses to participate, then the next patient is approached.

3. Enumerators should count all patients who were approached, either refused or agreed to be interviewed.

4. Enumerators should do the interview at the nearest quiet place. If the patient is unable to answer the question, then the people who accompany the patient respond on behalf of patients.

Rawat Inap

- Enumerators had to choose one patient per day based on records at the health facility every day for two weeks. Only patients who will come out of the hospital are selected. If more than one patient who will come out, then the election will be conducted at random. But if no one patient is going to come out, then no patient is selected. This allows in selecting more than one patient for outpatient care.
- Enumerators should select patients from the surgical and non surgical departments (50% each). Enumerators should go to the inpatient unit and get the patient information that will come out on the day. They have to meet to meet with patients and making appointments for next day.
- Enumerators should ask the patient or accompanying patient (family, friends, etc.) if they are they willing to answer some questions for the care provided. Patients should be shown a sign of the identity of enumerators and ask patients to take part in an interview that no longer than 20 minutes. Enumerators should briefly explain the Purpose of the study and gave informed consent to patients to read and sign it. Patients should be assured of the confidentiality of the interview. Patients should be given information on Purpose surveys to improve patient care in the future. If the patient refuses to participate, then the next patient is approached.
- Enumerators should count all patients who were approached, either refused or agreed to be interviewed.
- Interviews can be done either when the patient is still in the inpatient room or immediately after discharge from hospital. Enumerators must sure that no employee health center when the interview took place. If the patient is not able to answer the question, then the people who accompany the patient respond on behalf of patients.

No and Description	Explanation and how to fill in
10.1 Are you willing to participate	Enumerators should be able to convince patients that this survey

No and Description	Explanation and how to fill in
in this survey?	is very important and all data are confidential / anonymous.
10.2 Respondent number	Serial number of respondent
10.3 Respondent is a patient	Ensure that patients want to be interviewed voluntarily. Divided into two options, 1 = outpatient 2 = Inpatient
10.4 Are you representing someone else?	Sometimes the patients are children or parents who are not able to interview invited. So the party can represent the patient's family.
10.5 Are you (or the one you represent) male or female?	The sex of the patient
10.6 How old is the patient?	In year
10.7 Last education of head of the family	Clear enough
10.8 What is your reason in using this hospital services?	Clear enough
10.9 What doctor says about your major disease?	Is the main diseases suffered by the patient or to the Purpose of patients, such as medical check ups, immunization, etc.
10.10 Select the condition of major diseases according to the answer above	Based on answers of previous questions, enumerators fill out the code according to the list of diseases that are on the instrument attachment
10.11 Berapa biaya yang dikeluarkan untuk rawat jalan?	All fees that were charged and released during the treatment center. If the patient can not specify one by one payment made, it can be directly written to the row of total Puskesmas bill. Question 10.10.8 s / d 10:10:11. are the expenses incurred by patients outside the health center bills.
10.12 How long have you being inpatient?	The number of inpatient days is out of date minus date of admission plus one
10.13 Berapa biaya yang dikeluarkan untuk rawat inap?	All fees that were charged and released during the treatment center. If the patient can not specify one by one payment made, it can be directly written to the row total bill. Question 10.12.8 s / d 10:12:11. of the expenses incurred by patients outside the health center bills.
10.14 Who is the payer?	Clear enough
10.15 How far is the hospital to your	In kilometer (rounded)

No and Description	Explanation and how to fill in
house?	
10.16 How long does it take to get here?	Clear enough
10.17 How do you get here?	Clear enough
10.18 Is anybody accompanying you in the hospital?	Clear enough
10.19 How much the transportation cost to the hospital?	If using a personal vehicle, then the estimated fuel costs incurred
10.20 Do you have to pay other accomodation cost?	Sometimes there are families who accompany when during treatment. It takes extra fee for accommodation / lodging for families who accompany them.
10.21 If yes, how much?	The total additional cost of other accommodation during treatment.
10.22 How much is the cost of food and drinks for patient or the one who accompany during the medication?	Clear enough
10.23 What services satisfy you the most?	Clear enough
10.24 Which is the worst?	Clear enough
10.25 Enumerator name	Full name

11. Patient Survey

Purpose: Collect detailed data on patients with specific diagnoses who were hospitalized in a given period. This data will be used for as input for the calculation of the average cost of a specific diagnosis.

Time frame of data collection: In July and August of patients out of the hospital in April, May and June 2011. Diagnosis of disease was defined as follow:

No.	Kategori	ICD 10
1.	Appendicitis	K35-K38
2.	Caesarean section	O82
3.	Hernia inguinal	K40
4.	Fraktur femur	S72
5.	Kanker payudara	C50
6.	Urolithiasis	N20-N23
7.	Katarak	H28
8.	Diare	A09
9.	Demam berdarah Dengue (DBD)	A90-A91
10.	Ischemic heart disease	I20-I25
11.	Stroke	I64
12.	Gagal jantung	I50
13.	Gastritis	K29

No and description	Explanation
Discharge data	<p>Enumerators need to capture information from patient records are out.</p> <p>To ensure the information is recorded accurately, it is suggested enumerator records checks with the nurse and inpatient medical records clerk. As well as to jointly determine the ICD-X or ICD-IX on the diagnosis. Enumerators will be equipped with ICD Browser.</p>
11.1. Case no.	Serial number of cases
11.2. Medical Record No.	In accordance with the rules of the hospital medical record numbers each
11.3. Date in	The order of date / month / year (XX / XX / XXXX)
11.4. Date out	The order of date / month / year (XX / XX / XXXX)
11.5. age	In year
11.6. sex	1= male

	2= female
11.7. main diagnosis when first came	Merupakan diagnosis utama ketika masuk rawat inap
11.7.1. Comorbidities that exist at the time admitted	Clear enough
11.7.2. Complications that occur during treatment (1)	Clear enough
11.7.3. Complications that occur during treatment (2)	Clear enough
11.7.4. Complications of comorbidity (if any)	Clear enough
11.7.5. External causes of morbidity and mortality (v01-Y98)	Is an external cause that causes morbidity and mortality. In ICD X, code-Y98 v01
11.7.6. Primary diagnosis when the patient out of hospital	The main patient when the patient is out
11.7.7. Comorbidities were detected during hospitalization (1)	Clear enough
11.7.8. Comorbidities were detected during hospitalization (2)	Clear enough
11.8. The total number of inpatient days	Check-out date minus date of admission plus one
11.9. Class treatment	1 = Class 1 2 = Class 2 3 = Class 3 4 = VIP
11.10. Treated in intensive care?	1 = Yes, 2 = No
11.11. If yes, how many days hospitalized in intensive care?	Number of days hospitalized
11.12. Payer	Can be answered more than one
11.13. Drugs	Fill out the drugs that patients received during treatment, including in intensive care and prescription drugs outside the hospital by the patient. This information can be obtained from sheets of nursing care and medical records
11.14. Consumeable medical material	Fill BMHP received during the hospitalized patient including ICU and BMHP prescribed outside the hospital by the patient. This information can be obtained from sheets of nursing care and medical records
11.15. Laboratory Tests	Fill out all kinds of tests that patients received during treatment, including in the ICU. This information can be obtained from sheets of nursing care and medical records
11.16. Radiological examination	Fill all radiological examinations received during treatment, including patients in the ICU. This

	information can be obtained from sheets of nursing care and medical records
11.17. Other diagnostic tests	Fill out all other diagnostic tests received by patients during treatment, including in the ICU. This information can be obtained from sheets of nursing care and medical records
11.18. Surgery	Fill all patients received surgery during treatment, including in the ICU. This information can be obtained from sheets of nursing care and medical records
11.19. Non-invasive action	Fill all non-invasive patient received during treatment, including in the ICU. This information can be obtained from sheets of nursing care and medical records
11.20. The total cost of care and treatment for hospitalized	The total bill for the cost of care and treatment of hospitalized
11.21. Patient out Status	Choose one: 1 = Allowed to go home; 2 = Referred 3 = Returning forced / At the request of his own; 4 = Escape / Unknown 5 = Death

12. Pharmacy survey in Hospital

Purpose: Collecting data on prescription drugs from outpatient and inpatient in a hospital either purchased at a pharmacy owned by a hospital, or rather had hospital.

Data collection time : Data collection was conducted in July 2011

Data collection only in selected hospitals in four provinces.

The amount taken in the outpatient, each 50 recipes or a maximum of 1 week at:

- OBYGN
- Surgical Clinic
- Internal medicine clinic
- Pediatric clinic

The amount taken in inpatient care, each 50 recipes or a maximum of 1 week at:

- OBGYN
- Surgery
- Internal medicine
- Pediatric
- ICU room.

No and Description	Explanation and how to fill in
12.1. Survey of outpatient pharmacy	No patient is no serial sequence of patients in the hospital. Originally patients were divided into 4: 1= Obstetrics and gynecology 2 = Surgery 3 = Internal medicine 4 = Pediatric Name drug is a drug name with the dose. Example: 250mg amoxicillin Packaging is the smallest unit. Example tablets, capsules, ampoules, etc. "Purchased in" can be selected at the hospital's pharmacy (1) and does not belong to the hospital pharmacy (2).
12.2. Survey of inpatient pharmacy	No patient is no serial sequence of patients in the hospital. Originally patients were divided into 5: 1= Obstetrics and gynecology 2 = Surgery 3 = Internal medicine 4 = Pediatric 5= ICU

No and Description	Explanation and how to fill in
	<p>Name drug is a drug name with the dose. Example: 250mg amoxicillin</p> <p>Packaging is the smallest unit. Example tablets, capsules, ampoules, etc.</p> <p>"Purchased in" can be selected at the hospital's pharmacy (1) and does not belong to the hospital pharmacy (2).</p>

Annex

1. Program and activity code

CODE			PROGRAM
			GENERAL EXPENDITURE
DN	01	00	Office Administration
DN	02	00	Infrastructure improvement
DN	03	00	Staff Disciplin improvement
DN	04	00	Transportation cost (transfer)/pension
DN	05	00	Capacity building
DN	06	00	Reporting system improvement for financing and performance indicator achievement
DN	09	00	Quality improvement for public service
DN	10	00	Others operational expenditure
			MANDATORY PROGRAM FOR HEALTH
DN	15	01	Drugs and medical supplies - purchasing
DN	15	02	Drugs and medical supplies – others (management etc).
DN	16	00	Community and Personal Health Service
DN	17	00	Food and drugs control
DN	18	00	Indonesian Traditional Drugs
DN	19	01	Health promotion and community empowerment – related to “Alert Village” – SPM 18
DN	19	02	Health Promotion and community empowerment - others
DN	20	00	Community Nutrition Improvement – SPM 10
DN	21	00	Healthy environment development
DN	22	01	Prevention and Treatment of communicable disease – related to Acute Flaccid Paralysis (AFP) – SPM 13a
DN	22	02	Prevention and Treatment of communicable disease – related to case finding and treatment of Dengue Fever – SPM 13b
DN	22	03	Prevention and Treatment of communicable disease – related to case finding and treatment of Diarrhea – SPM 13c
DN	22	04	Prevention and Treatment of communicable disease – related to case finding and treatment of Pneumonia – SPM 13d
DN	22	05	Prevention and Treatment of communicable disease – related to case finding and treatment of TB – SPM 13e
DN	22	06	Prevention and Treatment of communicable disease – related to case finding and treatment of HIV – SPM 13f
DN	22	07	Prevention and Treatment of communicable disease – related to case finding and treatment of Malaria – SPM 13g
DN	22	08	Prevention and Treatment of communicable disease – related to Outbreak – SPM 17
DN	22	09	Other prevention and treatment of communicable disease
DN	23	00	Health Service standarization

DN	24	01	Health Service for the poor – related to food supplement (MP ASI) for the poor 6 -24 month child – SPM 9
DN	24	02	Health service for the poor – related to Basic Health Services for the poor – SPM 14
DN	24	03	Health service for the poor – related to referral health service for the poor – SPM 15
DN	24	04	Other Health service for the poor
DN	25	00	Procurement, improvement of Puskesmas/Puskesmas with bed infrastructure and their network
DN	26	00	Procurement, improvement of Public /Mental health/Lung/Eye hospital infrastructure
DN	27	00	Infrastructure maintenance for public/mental health/Lung/Eye hospital
DN	28	00	Partnership program for health service development
DN	29	01	Improvement of health service for child under 5 – related to Universal Child Immunization (UCI) 80% -SPM 7
DN	29	02	Improvement of health service for child under 5 - SPM 8
DN	29	03	Other improvement program of health service for child under 5
DN	30	00	Improvement of health service for elderly
DN	31	00	Food safety monitoring and control program
DN	32	01	Improvement of safe motherhood and child health – related to basic maternal program (K1) – SPM 1
DN	32	02	Improvement of safe motherhood and child health – related to complication during delivery – SPM 2
DN	32	03	Improvement of safe motherhood and child health – related to health provider delivery assistant – SPM3
DN	32	04	Improvement of safe motherhood and child health – related to post delivery – SPM4
DN	32	05	Improvement of safe motherhood and child health – related to neonatal and complication during delivery – SPM 5
DN	32	06	Improvement of safe motherhood and child health – related to neonatal visit – SPM 6
DN	32	07	Other improvement of safe motherhood and child health

2. Code of type expenditure for Health District Office (Dinas)

Expenditure Description heading	Nature of Item	Classification type	Examples
Purchase	Building	Asset	
	Medical Equipment	Asset	Bed, Surgery equipment, scopes
	Vehicles	Asset	Cars, Ambulance, Motor bicycle, cycles, tractors, etc
	Support Equipment	Asset	Generator, Engineering Equipment,
	Office Equipment	Asset	TV, Fridge, Telephones, Faxes etc
	Office Furniture	Asset	Chairs, table, drawers, cabinets etc
	Computers & It Equipment	Asset	Computers, Software, Printers etc
	Other Items	Operational	
Rehabilitation	Buildings	Asset	
	Other Items	Operational	
Maintenance	ALL ITEMS	Operational	

3. Type of expenditure for Puskesmas and Hospital

		Drugs and Medical/ Clinical Supplies
DM	01	Pharmacy drugs
DM	02	Pathology reagents and consumables
DM	03	Radiology consumables
DM	04	Dental supplies
DM	05	Medical gases and Oxygen
DM	06	Physiotherapy supplies (if any)
DM	07	CSSD Supplies
DM	08	Food and beverage supplies (patients)
DM	09	Others2
		Maintenance Expenditures
ME	01	Maintenance of Medical Equipment
ME	02	Maintenance of Buildings
ME	03	Maintenance of Plant
ME	04	Maintenance of Dental equipment
ME	05	Cleaning Expenses
ME	06	Gardening costs
ME	07	Laundry costs
ME	08	Bedding and Linen Supplies
ME	09	Catering Crockery
ME	10	Others
		Office Expenditures
OE	01	Rent and rates
OE	02	Electricity, gas and heating
OE	03	Telephone Expenses
OE	04	Internet/Other communications
OE	05	General Office expenditure
OE	06	Printing, postage, stationery, books & mags
OE	07	Travelling Expenditure
OE	08	Meetings
OE	09	Training & capacity Building
OE	10	Tax of accomodation
OE	11	Maintenance of office equipment/computers
OE	12	Water Supplies (if any)
OE	13	Waste Management
OE	14	Insurance

OE	15	Professional and consultancy fees
OE	16	Bank charges and interest
OE	17	Uniform
OE	18	Others
		Transport Expenditures
TE	01	Fuel Expenditure
TE	02	Maintenance of Transport equipment
TE	03	Others
		Investment Expenditure
IE	01	Buildings (new)
IE	02	Buildings (Rehabilitaion)
IE	03	Medical equipment
IE	04	Office Furniture
IE	05	Office Equipment
IE	06	Transport Equipment
IE	07	Information Technology
IE	08	Others

4. List of condition

	<u>List of Condition / disease</u>	
1	Communicable Diseases	Dengue
2	Communicable Diseases	Diarrhoea
3	Communicable Diseases	Malaria
4	Communicable Diseases	Tuberculosis
5	Communicable Diseases	Conjunctivitis
6	Communicable Diseases	Diseases related to HIV/AIDs
7	Communicable Diseases	Otitis
8	Communicable Diseases	Respiratory infection
9	Communicable Diseases	Thyphoid fever
10	Communicable Diseases	Unknown fever
11	Communicable Diseases	urinary infection
12	Communicable Diseases	Other communicable disease
13	Maternal Care & Reproductive Health	Abortion
14	Maternal Care & Reproductive Health	Basic Antenatal Care
15	Maternal Care & Reproductive Health	Neonatal Complications
16	Maternal Care & Reproductive Health	Routine Post Partum Care
17	Maternal Care & Reproductive Health	Anemia
18	Maternal Care & Reproductive Health	Complication of delivery
19	Maternal Care & Reproductive Health	Delivery Care
20	Maternal Care & Reproductive Health	Family planning
21	Maternal Care & Reproductive Health	Other reproductive
22	Maternal Care & Reproductive Health	Sexually Transmitted Infection
23	Non Communicable Diseases	Appendicitis
24	Non Communicable Diseases	Asthma/hay fever
25	Non Communicable Diseases	Cancer care
26	Non Communicable Diseases	Care for a stroke
27	Non Communicable Diseases	Care for heart attack
28	Non Communicable Diseases	Dental care
29	Non Communicable Diseases	Diabetes
30	Non Communicable Diseases	Dispepsia
31	Non Communicable Diseases	Eye problem
32	Non Communicable Diseases	Fracture
33	Non Communicable Diseases	Headache/migraine
34	Non Communicable Diseases	Hernia
35	Non Communicable Diseases	Hypertension
36	Non Communicable Diseases	Injury or accident
37	Non Communicable Diseases	Non-emergency surgery

38	Non Communicable Diseases	Nutrition & malnutrition
39	Non Communicable Diseases	Other emergency Surgery
40	Non Communicable Diseases	Psychiatric illness
41	Non Communicable Diseases	Renal failure
42	Non Communicable Diseases	Routine health check
43	Non Communicable Diseases	Skin infection
44	Non Communicable Diseases	Other
45	Routine health	Child Immunisation
46	Routine health	Routine Infant or Child Health
47	Routine health	Counselling
48	Routine health	Other routine