



Ministry of Health
Republic of Indonesia



INSTRUMENT: DINAS KESEHATAN HEALTH FACILITY COSTING IN INDONESIA



Instrument: Dinas Kesehatan Health Facility Costing Study in Indonesia

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1. Dinas Kesehatan Profile			
1.1. Name of Dinkes Head		<input type="text"/>	
1.2. of Dinkes Head		<input type="text"/>	
1.3. Name of <i>Contact person</i>		<input type="text"/>	
1.4. Phone number of <i>Contact person (1)</i>		<input type="text"/>	
1.5. Phone number of <i>Contact person(2)</i>		<input type="text"/>	
1.6. Dinkes Address		<input type="text"/>	
1.7. Sub district		<input type="text"/>	
1.8. Sub district code	(Filled by enumerator)	<input type="text"/>	
1.9. District		<input type="text"/>	
1.10. District code	(Filled by enumerator)	<input type="text"/>	
1.11. Province		<input type="text"/>	
1.12. Province code	(Filled by enumerator)	<input type="text"/>	
1.13. Telephone number		<input type="text"/>	
1.14. Fax number		<input type="text"/>	
1.15. Population number in working area		<input type="text"/>	
1.16. Population number based on sex and age category			
Age category	Male	Female	Total
<1 month	<input type="text"/>	<input type="text"/>	<input type="text"/>
1-11 month	<input type="text"/>	<input type="text"/>	<input type="text"/>

1-4 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
5-9 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
10-14 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
15-19 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
20-24 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
25-29 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
30-34 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
35-39 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
40-44 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
45-49 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
50-54 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
60-64 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
>65 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.17. Working area (km2)	(Rounded)	<input type="text"/>	
1.18. Number of sub district		<input type="text"/>	
1.19. Number of village		<input type="text"/>	
1.20. Number of Jamkesmas beneficiaries social health insurance (Central covered)	Number of people	<input type="text"/>	
1.21. Number of district beneficiaries of Jamkesda for poor non-quota (Covered by Regional Government)	Number of people if (0), no. 1.22 s/d 1.26 not relevant	<input type="text"/>	
1.22. Number of district beneficiaries for the Jamkesda scheme for the non-poor	Number of people if (0), no. 1.27 s/d 1.31 not relevant	<input type="text"/>	
Health insurance for poor people non quota (covered by local government)			
1.23. Is the benefit package covered by Jamkesda (local health insurance scheme) the same with central government scheme (Jamkesmas)?	1= Yes 2= No (go to no 1.28)	<input type="checkbox"/>	

1.24. Benefit based on health provider

1= Yes; 2= No

Type of services	Health service provider				
	Puskesmas	Private clinic	Public hospital	Private hospital	Other
Outpatient in primary care	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Inpatient in primary care	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Outpatient in secondary care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient in secondary care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport					
- In district	<input type="checkbox"/>				
- In province	<input type="checkbox"/>				
- Out of province	<input type="checkbox"/>				

1.25. The ceiling of reimbursement in primary care

Type of services	Amount	
	IDR	Percentage (%)
Outpatient	<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Inpatient (per day)	<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Delivery	<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Medical treatment	<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Diagnostic	<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Transport		
- In district	<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
- In province	<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
- Out of province	<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

1.26. The ceiling of reimbursement in secondary care (hospital)

Type of services	Amount	
	IDR	Percentage (%)
Outpatient	<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Inpatient (per day)	<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

Simple surgery	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Moderate surgery	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Advanced surgery	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Delivery	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Diagnostic	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Prosthetic and Assistance Device		
- Glasses	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Dentures	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- prosthetic hand	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- prosthetic limbs	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Prosthetic eyes	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Hearing aid	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Transport		
- In district	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- In province	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- out of province	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1.27. Type of services that is not covered:		
1.27.1. Not following the referral procedure	1= Yes 2 = No	<input type="checkbox"/>
1.27.2. Diseases due to alcohol and narcotics	1= Yes 2 = No	<input type="checkbox"/>
1.27.3. HIV/ AIDS	1= Yes 2 = No	<input type="checkbox"/>
1.27.4. Suicide	1= Yes 2 = No	<input type="checkbox"/>
1.27.5. Abortion (non medical purposes)	1= Yes 2 = No	<input type="checkbox"/>
1.27.6. Cosmetic treatment	1= Yes 2 = No	<input type="checkbox"/>
1.27.7. General check up	1= Yes 2 = No	<input type="checkbox"/>
1.27.8. Transport	1= Yes 2 = No	<input type="checkbox"/>
1.27.9. Drugs outside the drug formularium	1= Yes 2 = No	<input type="checkbox"/>

1.27.10.	Hemodialysis	1= Yes 2 = No	<input type="checkbox"/>
1.27.11.	Immunization	1= Yes 2 = No	<input type="checkbox"/>
1.27.12.	Autopsy	1= Yes 2 = No	<input type="checkbox"/>
1.27.13.	Prosthetic and Assistance Device	1= Yes 2 = No	<input type="checkbox"/>

Social health insurance for the non-poor from district government (Jamkesda)

1.28.	Is the benefit package the same with Central Jamkesms scheme?	1= Yes 2= No (Go to no. 1.33)	<input type="checkbox"/>
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1.29. Types of services covered by health providers Filled by :1= Yes; 2= No

Type of services	Health service provider				
	Puskesmas	Private clinic	Public hospital	Private hospital	Others
Outpatient in primary care	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Inpatient in primary care	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Outpatient in secondary care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient in secondary care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport					
- In district	<input type="checkbox"/>				
- In province	<input type="checkbox"/>				
- Out of province	<input type="checkbox"/>				

1.30. The ceiling of reimbursement in secondary care

Type of services	Amount	
	IDR	Percentage (%)
Outpatient	<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Inpatient (per day)	<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Simple surgery	<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Moderate surgery	<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Advanced surgery	<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Delivery	<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Diagnostic	<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Hemodialysis	<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

Prosthetic and Assistive Device		
- Glasses	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Dentures	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- prosthetic hand	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- prosthetic limbs	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Prosthetic eyes	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Hearing aid	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Transport		
- In district	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- In province	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- out of province	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

1.31. Type of services that is not covered:

1.31.1. Not following the referral procedure	1= Yes 2 = No	<input type="checkbox"/>
1.31.2. Diseases due to alcohol and narcotics	1= Yes 2 = No	<input type="checkbox"/>
1.31.3. HIV/ AIDS	1= Yes 2 = No	<input type="checkbox"/>
1.31.4. Suicide	1= Yes 2 = No	<input type="checkbox"/>
1.31.5. Abortion (non medical purposes)	1= Yes 2 = No	<input type="checkbox"/>
1.31.6. Cosmetic treatment	1= Yes 2 = No	<input type="checkbox"/>
1.31.7. General check up	1= Yes 2 = No	<input type="checkbox"/>
1.31.8. Transport	1= Yes 2 = No	<input type="checkbox"/>
1.31.9. Drugs outside the drug formularium	1= Yes 2 = No	<input type="checkbox"/>
1.31.10. Hemodialysis	1= Yes 2 = No	<input type="checkbox"/>
1.31.11. Immunization	1= Yes 2 = No	<input type="checkbox"/>
1.31.12. Autopsy	1= Yes 2 = No	<input type="checkbox"/>
1.31.13. Prosthetic and Assistance Device	1= Yes 2 = No	<input type="checkbox"/>

1.32. Number of health facility in District

Health facility provider	Number of facility	Number of beds
Central hospital	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Provincial hospital	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
District hospital	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Military hospital	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
BUMN hospital	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mental hospital	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Specialty hospital	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Private hospital	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Specialty private hospital	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Puskesmas		
a. Without bed	<input type="text"/> <input type="text"/> <input type="text"/>	
b. With bed	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Pustu	<input type="text"/> <input type="text"/> <input type="text"/>	
Polindes	<input type="text"/> <input type="text"/> <input type="text"/>	
Poskesdes	<input type="text"/> <input type="text"/> <input type="text"/>	
Poskestren	<input type="text"/> <input type="text"/> <input type="text"/>	
Posyandu Pratama	<input type="text"/> <input type="text"/> <input type="text"/>	
Posyandu Madya	<input type="text"/> <input type="text"/> <input type="text"/>	
Posyandu Purnama	<input type="text"/> <input type="text"/> <input type="text"/>	
Posyandu Mandiri	<input type="text"/> <input type="text"/> <input type="text"/>	
Private specialist doctor	<input type="text"/> <input type="text"/> <input type="text"/>	
Private general doctor	<input type="text"/> <input type="text"/> <input type="text"/>	
Private dentist	<input type="text"/> <input type="text"/> <input type="text"/>	
Private midwife	<input type="text"/> <input type="text"/> <input type="text"/>	
Private clinic	<input type="text"/> <input type="text"/> <input type="text"/>	
Private clinic with bed	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Private nurse	<input type="text"/> <input type="text"/> <input type="text"/>	
Private physiotherapy	<input type="text"/> <input type="text"/> <input type="text"/>	
Pharmacy	<input type="text"/> <input type="text"/> <input type="text"/>	
Drug store	<input type="text"/> <input type="text"/> <input type="text"/>	
Laboratory		

	a. Public lab	<input type="text"/>	
	b. Private lab	<input type="text"/>	
	Blood bank (include PMI)	<input type="text"/>	
1.33. Name of enumerator		<input type="text"/>	
1.34. Phone number of enumerator		<input type="text"/>	
1.35. Name of senior enumerator		<input type="text"/>	
1.36. Phone number of senior enumerator		<input type="text"/>	

2. Infrastructure of Dinas Kesehatan		
<p>Note: includes all buildings that are under the responsibility of and maintain by DHO although it is not in one location (example : drug warehouse, general warehouse, garage, home office etc) when the survey conducted . Do not Include puskesmas and their network.</p>		
2.1. Does the DHO have a site plan showing a scale drawing of the physical infrastructure and the size of the room ?	1= Yes 2= No	<input type="checkbox"/>
2.2. Total value of the land (in rupiah) (see KIB A /NJOP)	Petunjuk no 16 &17: Jikatidakdiketahuisikan angka -9, jikatidakada limit, isikan 00000	<input type="text"/>
2.3. Total value of the equipment and machinery (KIB B)		<input type="text"/>
2.4. Total value of the buildings in rupiah (KIB C)		<input type="text"/>
2.5. Total value of corridor/road, irrigation and electric (KIB D)		<input type="text"/>
2.6. Total value of other assets (KIB E)		<input type="text"/>
2.7. Total building area (m2)	(Rounded)	<input type="text"/>
2.8. Does the building have many floors? If yes, how many floor?		<input type="text"/>
2.9. Total area of land (m2)		<input type="text"/>
2.10. How much is construction cost per square meter ?		<input type="text"/>
2.11. How much is the land price per square meter ?		<input type="text"/>
Distrist Pharmaceutical Warehouse (GFK)		
2.12. Is the District Pharmaceutical warehouse (GFK) under DHO	1= Yes(Selesai) 2= No (Lanjutke no 2.12)	<input type="checkbox"/>
2.13. How much is land area of GFK?	(Rounded)	<input type="text"/>
2.14. What is the building size of GFK(m2)	(Rounded)	<input type="text"/>
2.15. What is the number of GFK staff?		<input type="text"/>
2.16. Who is the treasurer?		<input type="text"/>
2.17. Total value of the land (in rupiah) (see KIB A /NJOP)		<input type="text"/>
2.18. Total value of the equipment and machinery (KIB B)		<input type="text"/>
2.19. Total value of the buildings in rupiah (KIB C)		<input type="text"/>

<p>3.3. Value of in-kind received</p>	<p>Sumberbarang: 1= Central gov 4= Donor 2= Provincial gov 5=Others 3= Local gov</p>
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Month: _____

Page _____ /from a total of _____ pages

Petunjuk:
 Dikumpulkandaribuktipenerimaanbarang. Tuliskannilai/ harganyajikadiketahui.

No	Program	Description	Package	Number	Value (Rp) –if known-	Source
				<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
				<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
				<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
				<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
				<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
				<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
				<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
				<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
				<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
				<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
				<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
				<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
				<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
				<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

3.4. Dinas Expenditure (not including salary and incentive)	Sources: 1= APBN 2= APBD I (Provinsi) 3= APBD II (Kabupaten) 4= Donor 5= Others	Allocated to Puskesmas: 1= Yes 2= No Type of expenditure: 1= Asset 2= Operational	Code of activity: See manual instrument
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Bulan _____

Page _____ / From _____ pages

No	Programme and activity	Code of Programme	Source of funding	Allocated to Puskesmas	Expenditure type	Code of expenditure type	Value (IDR)
		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/>
		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/>
		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/>
		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/>
		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/>
		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/>
		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/>
		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/>
		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/>
		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/>

3.5. Expenditure Dinas that is allocated to Puskesmas

Month : _____

Page _____ / from _____ pages

No.	Program and activity	Code of Programme	Puskesmas _____	Puskesmas _____	Puskesmas _____	Puskesmas _____
		<input type="text"/>				
		<input type="text"/>				
		<input type="text"/>				
		<input type="text"/>				
		<input type="text"/>				
		<input type="text"/>				
		<input type="text"/>				
		<input type="text"/>				
		<input type="text"/>				
		<input type="text"/>				
		<input type="text"/>				
		<input type="text"/>				
		<input type="text"/>				
		<input type="text"/>				

4. Asset Equipment																										
4.1. What is the limit for the lowest value of medical assets?		Do not know = -9, No cut off value = 00000		<table border="1"> <tr> <td> </td><td> </td> </tr> </table>																						
4.2. What is the limit for the lowest value of non-medical assets?		Do not know = -9, No cut off value = 00000		<table border="1"> <tr> <td> </td><td> </td> </tr> </table>																						
4.3. Asset list																										
No.	Description	Type/ Brand	Year Received	Number																						
				Room	Room	Room																				
1	AC Central																									
2	Ac split ½ pk																									
3	Ac split 1 pk																									
4	Ac split 1½ pk																									
5	Ac split 2 pk																									
6	Ac split 3/4 pk																									
7	Dispenser																									
8	Generator listrik																									
9	HB Meter																									
10	Fan																									
11	Stove																									
12	Computer																									
13	Iron chair																									
14	Wood chair																									
15	Swivel chair																									
16	Notebook																									

No.	Description	Type/ Brand	Year Received	Number		
				Room	Room	Room
17	Strongbox					
18	Refrigrator					
19	Coolbox, vaccine					
20	Wood cabinet					
21	Iron table					
22	Wood table					
23	Wasching machine					
24	Photocopy					
25	Sewing machine					
26	Fogging machine					
27	Ambulance					
28	Official car (Transport)					
29	Printer					
30	Projector					
31	Iron shelves					
32	Wood shelves					
33	Sofa					
34	Sound system					
35	Stetoscope					
36	Telephone / Fax					
37	Television					
38	Tensimeter					

5.2. Total monthly salary and incentive

Hint
If GFK staff not recorded in Dinas, then please find in GFK data.

No.	Month	No of staff	Total salary	Total incentive
1.	October 2010	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
2.	November 2010	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
3.	December 2010	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
4.	January 2011	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
5.	February 2011	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
6.	March 2011	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
7.	April 2011	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
8.	May 2011	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
9.	June 2011	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
10.	July 2011	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
11.	August 2011	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
12.	September 2011	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

