



Ministry of Health
Republic of Indonesia



INSTRUMENT: HOSPITAL HEALTH FACILITY COSTING STUDY 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 identification instruments to be used by enumerators before collecting data for each module. The next three sections are the instruments of District Health Office, 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 to ensure as far as possible that the records in accordance with the realities of financing used for the provision of services. Some of the instruments need 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 that 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.)										
b. Salary and incentive-monthly (7.2.)										
c. Medical staff survey (7.3.)										
d. Training (7.4.)										
8. Drugs and medical supplies										

Activities	Jan	Feb	March	April	May	June	July	August	Sept	Oct
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)										
d. Total salary and incentive for nurse and midwifes (7.4)										
e. Total salary and incentive for other profesional (7.5)										
f. Medical staff survey (7.6.)										

Activities	Jan	Feb	March	April	May	June	July	August	Sept	Oct
g. Training (7.7.)										
8. Drugs and medical supplies										
a. Opening stock (8.1)										
b. Drugs procurement (8.2)										
c. Receive inkind8.3.)										
d. Closing stock (8.4.)										
9. Expenditure										
10. Patient survey										
11. Discharge data										
12. Drugs survey										

- Writing month and quarter corresponding to the 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

MASTER WILAYAH SKEMA 456 KABUPATEN/ KOTA (KEADAAN DESEMBER 2007)

Propinsi : [12] SUMATERA UTARA
Kabupaten/Kota : [75] MEDAN

KECAMATAN		K/P	KECAMATAN		K/P
DESA / KELURAHAN			DESA / KELURAHAN		
010 MEDAN TUNTUNGAN			050 MEDAN AREA		
001	BARU LADANG BAMBU	1	001	PASAR MERAH TIMUR	1
002	SIDOMULYO	1	002	TEGAL SARI II	1
003	LAU CIH	1	003	TEGAL SARI III	1
004	NAMU GAJAH	1	004	TEGAL SARI I	1
005	KEMENANGAN TANI	1	005	SUKARAMAI I	1
006	SIMALINGKAR B	1	006	KOTA MATSUM II	1
007	SIMPANG SELAYANG	1	007	KOTA MATSUM IV	1
008	TANJUNG SELAMAT	1	008	KOTA MATSUM I	1
009	MANGGALA	1	009	SELDENAS PERMATA	1

Guidelines for Identification of Respondents Instruments

Purpose:

To determine the contact person from each of the instruments in health facilities (District Health Office, Hospital and Puskesmas). An example of potential respondents for each part of the instrument provided below. 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 enumerator first met the contact person or if there is a change of officials. The result from this instrument does not 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 accordingly.
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 of data, or else 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 District Health Office are usually recorded in the help (transition) book

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

1. Overview of District Health Office

Purpose: To collect general data District Health Office 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 District Health Office chief	Full name																			
1.2. Phone number of District Health Office chief	<p>For the phone number area code is written.</p> <p>Example: No Telp :</p> <table border="1" style="width: 100%; text-align: center;"> <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" style="width: 100%; text-align: center;"> <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" style="width: 100%; text-align: center;"> <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" style="width: 100%; text-align: center;"> <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" data-bbox="620 237 1393 300"> <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" data-bbox="620 369 1393 432"> <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 District Health Office. Example: Jl. Gadjah mada no. 45																			
1.7. Sub-district	Write the name of the District Health Office sub-district.																			
1.8. Sub-district code	<p>Write the code in accordance with sub-district name. Table of codes can be seen in appendix.</p> <p>Example:</p> <p>Subdistrict - Medan Tuntungan</p> <table border="1" data-bbox="620 831 782 894"> <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 District Health Office district.																			
1.10. District code	<p>Write the code in accordance with district name. Table of codes can be seen in appendix.</p> <p>Kota Medan</p> <table border="1" data-bbox="928 1127 1081 1169"> <tr> <td>7</td><td>5</td> </tr> </table>	7	5																	
7	5																			
1.11. Province	Write the name of the District Health Office province.																			
1.12. Province code	<p>Write the code in accordance with province name. Table of codes can be seen in appendix.</p> <p>Provinsi Medan</p> <table border="1" data-bbox="928 1398 1081 1440"> <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" data-bbox="620 1598 1393 1661"> <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> <table border="1" data-bbox="620 1818 1393 1881"> <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> </tr> </table>	0	2	2	-	5	6	4	6	6										
0	2	2	-	5	6	4	6	6												

No and Description	Explanation and how to fill in																
1.15. Population number in working area	<p>The population served in the working area of the District Health Office, mostly population at the district</p> <p>Example</p> <table border="1" data-bbox="610 394 1393 432"> <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. Population number based on sex and age category	<p>The population served broken down by age group and gender. If the classification of the demographic data does not match the format provided, then fill in the closest age group and enter -9 if the category is not known up to the category that data is available.</p> <p>example: 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" data-bbox="610 747 1393 968"> <thead> <tr> <th>Kelompok umur</th> <th>Laki-laki</th> <th>Perempuan</th> <th>Total</th> </tr> </thead> <tbody> <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> </tbody> </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. District Health Office working area (km2)	<p>District Health Office working area (km2). E.g.:</p> <table border="1" data-bbox="610 1052 1393 1089"> <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 sub-districts in the District Health Office work areas																
1.19. The Number of Towns	Number of towns District Health Office work areas																
1.20. Number of Jamkesmas beneficiaries (Central covered)	The total number of population receiving Jamkesmas benefits in the working area of District Health Office.																
1.21. Number of district beneficiaries of Jamkesda for poor non-quota (Covered by Regional Government)	The total number of population receiving Jamkesda benefits in the working area of District Health Office for the poor non quota (not covered by central government scheme).																
1.22. Number of district beneficiaries for the Jamkesda scheme for the non-poor	<p>Fill in the number of people</p> <p>Filling in mode: #####</p>																
1.23. Is the benefit package covered by Jamkesda (local health insurance scheme) the same with central government scheme (Jamkesmas)?	<p>Answer 1 if yes and 2 if not</p> <p>Jamkesmas benefits package includes basic health care in the 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) for advanced outpatient (RJTL), and advanced level of hospitalization (RITL) and</p>																

No and Description	Explanation and how to fill in
	<p>emergency services.</p> <p>Restrictions:</p> <ul style="list-style-type: none"> a. Glasses with corrective lenses are given a minimum of +1 / - 1 by prescription. b. Intra Ocular Lens (IOL) is reimbursed according to a prescription from an eye specialist, based on the cheapest price and availability of equipment in the area c. Hearing aids is reimbursed according to a prescription from an ENT doctor, hearing aid selection is based on the cheapest price and availability these tools in the area. d. Mobility aids (crutches, wheelchairs, and corsets) are approved based on prescription or Hospital Director is appointed by considering that the tool is needed to restore the function of social activity of the beneficiary. 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 establishing diagnosis through assessment and control required by the Medical Committee. <p>Service that are not guaranteed (Exclusion)</p> <ul style="list-style-type: none"> a. Services that are not in accordance with procedures and regulations b. Materials, tools and procedures that aim to cosmetics c. General check up d. Denture prosthesis. e. Alternative medicine (including acupuncture, traditional medicine) and treatment that are not scientifically proven f. Series of examinations, treatment and procedures in an effort of getting child, including in vitro fertilization and treatment of impotence. g. Health services in the emergency response to natural disasters h. Health services provided in social activities <p>Security benefits provides to participants in the form of a comprehensive medical treatment based on need in accordance with the standards of 'cost effective' and rational medical care, but not in cash</p>
1.24. Types of services covered by health providers	Answer 1 if yes, although only some services (partial) and 2 if not at all for each type of service in the respective health facility level.

No and Description	Explanation and how to fill in
1.25. Maximum Reimbursement in primary care	<p>In some cases, there are limitations in the insurance / health insurance. Among others:</p> <p>Maximum cost reimbursement is the maximum value (in rupiahs or in percentage form) is covered by health insurance carrier 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 reimbursement, then filled with 100 in column percentage</p>
1.26. Maximum Reimbursement in secondary care (Hospital)	<p>In some cases, there are limitations in the insurance / health insurance. Among others:</p> <p>Maximum cost reimbursement is the maximum value (in rupiahs or in percentage form) is covered by health insurance carrier 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 reimbursement, then filled with 100 in column percentage</p>
1.27. Type of services that is not covered	See Exclusion
1.27.1. – 1.27.13	Answer 1 if yes and 2 if not
1.28. Is the benefit package the same with Central Jamkesms scheme	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 (partial) and 2 if not at all for each type of service in their respective health facility level.
1.30. Maximum Reimbursement in primary care (Puskesmas)	See explanation in 1.25
1.31. Maximum Reimbursement in secondary care (Hospital)	See explanation in 1.26
1.32. Type of services that is not covered	See explanation about Exclusion
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

No and Description	Explanation and how to fill in
1.35. Phone number of enumerator	For the phone number area code is written. Example: 0274 -##### 021-#####,
1.36. Name of senior enumerator	Full name
1.37. Phone number of senior enumerator	For the phone number area code is written. Example: 0274 -##### 021-#####,

2. District Health Office Infrastructure

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

Time of Data Collection: Once

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

No and Description	Explanation and how to filling in
2.4. Total value of buildings (KIB C)	KIB C is a record of the asset value of buildings owned by the District Health Office, do not include Puskesmas and it networks Filling in mode: #####
2.5. 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 District Health Office, do not 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 District Health Office, do 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 does not have more than 1 floor, then fill in 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 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 . This may not be answered by the District Health Office. The estimated value may be asked to local governments through the assistance of District Health Office.
2.12. Is GFK under District Health Office?	Questions 2.11 until 2.21 GFK filled if not under District Health Office. But it must be ensured that the asset value of GFK were answered in no 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?	Number of GFK staff.
2.16. Who is in charge of finances?	Name of treasurer
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: #####

No and Description	Explanation and how to filling in
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 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 assistance of District Health Office.

3. District Health Office Expenditure

Purpose: District Health Office Expenditure is the most important part in this study. This instrument will capture the flow of funds and all expenditure in the form of cash or in-kind received by the agency from various sources. But this module does not include expenditures for personnel expenditure because it will be 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 use the instrument to identify the treasurer of each program See example of the structure below.

No and Description	Explanation and how to fill in
	<div data-bbox="695 233 1242 693" data-label="Diagram"> <pre> graph TD A[Kepala Dinas Kesehatan] --> B[Kepala Bidang/Bagian] A --> C[Kepala Bidang/Bagian] B --> D[Kepala Seksi/Kasubabg] B --> E[Program] C --> F[Kepala Seksi/Kasubag] C --> G[Program] </pre> </div> <p data-bbox="607 735 1424 1008">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, local 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 in the identification sheet instruments.</p>
3.2. Identify the source of funds for in-kind received	<p data-bbox="607 1098 1424 1333">After learning the 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 data-bbox="607 1344 1424 1465">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 data-bbox="607 1465 1424 1669">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 write -9 (minus nine)</p> <p data-bbox="607 1711 771 1743">How to fill in:</p> <p data-bbox="607 1785 876 1820">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 (APBD I) is filled with number 2, Goods received from the municipalities (APBD 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. District Health Office Use of Funds	<p>This instrument recorded all actual expenditures of District Health Office 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 (APBD I) is filled with number 2, Goods received from the municipalities (APBD II) filled with number</p>

No and Description	Explanation and how to fill in
	<p>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>
<p>3.5. Actual Disbursement of Funds From The District Health Office to Puskesmas</p>	<p>Puskesmas gets funding allocation from the District Health Office 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 Puskesmas and the total rupiahs allocated to the Puskemas.</p> <p>If it is not enough, the enumerators can copy the sheet</p>

4. District Health Office Assets

Purpose: In this section is to collect data about the District Health Office'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 are expected 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	<p>The lowest value for a medical equipment to be considered as assets by the District Health Office.</p> <p>Filling in mode: #####</p>
4.2. the lowest value of non-medical assets	<p>The lowest value for a non-medical equipment to be considered as assets by the District Health Office.</p> <p>Filling in mode: #####</p>
4.3. list of details of equipment asset	<p>Serial number</p> <p>Description: Type of goods to be collected is specified in the list, so no need to add another item.</p> <p>Equipment that is classified as damaged / not working and are in storage in this study are not taken into account</p> <p>Type / Brand: Please provide the type and brand as complete as possible because it will be used to assess the current price for valuing. If in one type of goods (description) has several types, write in separate rows. It can be added at the bottom row.</p> <p>Year: the year of acquisition of the goods. Enumerators are allowed to write in the estimated value based on information from District Health Office officials.</p> <p>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</p>

5. Human Resources

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

Time of data collection:

- For details of employees, salaries and incentives: only once during the month of March 2011. And in the month when there is more than 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, i.e. gross salary before taxes and others. 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	<p>Collecting information on employee training. This information is collected every quarter. It should be emphasized that this module records only training for agency employees who are included in this list.</p> <p>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.</p> <p>Technical training is an effort to increase human resource capacity related to skills development. Example: PONED training, ATLS training, etc.</p>

Instrument Guidelines of Puskesmas

Puskesmas is a health center in the sample, including all its network (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 property tax, if the information on land value is not obtained from KIB A
- LB1: Puskesmas Monthly Report
- The financial statements of actual expenditures

Enumerators should examine the above reports 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 District Health Office 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 with beds or code 2 if the Health Center has no beds (outpatient only)
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 – Basic Emergency Obstetric Care) means Puskesmas capable of providing health services and handle cases of emergency obstetric and neonatal at primary level. Reply with code 1 for Yes or 2 for no
1.21. Area of coverage	Puskesmas is located in urban or rural area.
1.22. Number of population at working area Puskesmas	The population served by Puskesmas coverage Filling in mode: #####
1.23. Puskesmas working area (coverage) in km2	The total area of work of the puskesmas in km2. Filling in mode: ####

1.24. Main Puskesmas Opening hour	Puskesmas may have normative opening and closing time schedule (as per the rules), which sometimes differ from reality. 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 Puskesmas 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. Does this puskesmas subordinating other puskesmas administratively (not Pustu)?	Sometimes the puskesmas has a health center UPTD status. Answer 1 = yes if the health center in charge of other health centers because of the status UPTD. And 2 = if not
1.30. Is this puskesmas under the coordination of other puskesmas?	Answer 1 = Yes or 2 = No
1.31. How often flow of water in puskesmas was disrupted last year?	Water flow is disrupted if it affect patient care either directly or indirectly.
1.32. How often electricity in puskesmas was disrupted last year?	The key question is whether the power limitation affect patient care. It does not consider the source of electricity, but on the disturbing events.
1.33. Are there problems of medicine/drug availability in puskesmas last year?	The availability of standard drugs becomes a problem if it affects the care of patients.

1.34. If yes, how often?	The average frequency of disruption of drugs availability
1.35. What is the reason why it can happen?	The reason can be more than one. Fill each box with a code that represents the answer
1.36. How often the payment of employee salary was late last 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 the salary last year.
1.37. How often the payment of employee incentive was late last 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?	If you write code 1 (yes), it is required to write the reason for a maximum of 2 main reasons. Meanwhile, if the answer code 2 (do not) you are not allowed to write the reason.
1.39. Are there regular meetings to discuss the performance of services (medical and management) with all heads of unit?	Regular meeting that serves as a monitoring and evaluation of both medical and service management performance.
1.40. How often meetings to discuss death cases in puskesmas (not limited to clinical staff but also elements of management) are being held?	Clear
1.41. Does the director of the puskesmas can get information about daily activities, visits, staff attendance through existing information system?	clear
1.42. What does the information is used for?	clear
1.43. Is there any mentoring with clinical staffs?	Mentoring is a situation when a junior employee can learn good practices from senior colleagues. Senior colleagues can use their time to discuss problems that occur; it can be before, during or after an activity is done. 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...	clear

1.45. The topic discussed...	Clear
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
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: Capture information about the physical infrastructure of Puskesmas facilities, including all buildings which are under the responsibility of and treated by puskesmas, although not in one location (eg, general warehouse, garage, etc.) when the survey was conducted. It includes health centers and their networks

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 site plan which shows measurement of physical infrastructure and the size of each room?	Most health centers do not have a map with the actual size. The enumerator must prepare to measure it manually. Each enumerator should be given a 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
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. Current Land price per square meter	Current price of the land. It can be asked to puskesmas staff.

No and description	Explanation and how to fill in
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. NJOP is the land and building price estimated by local government to be used for setting the property tax.</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. Size of 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 the rest of floor area that has not been counted, so no need to measure the other parts in detail. But keep in mind that only rooms that are functioning are recorded e.g. prayer room, garage, etc.</p>
2.13. Puskesmas pembantu (Pustu)	<p>Fill</p> <ol style="list-style-type: none"> 1. Serial number 2. Name of pustu 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	<p>Fill</p> <ol style="list-style-type: none"> 1. Serial number 2. Name of village health post / polindes 3. Year of establishment in the year (XXXX)

No and description	Explanation and how to fill in
	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 much transferred to district treasurer and how much sent back to Puskesmas..

Time of Data Collection: Every month

No and Description	Explanation and how to filled in
3.1. Accounting system is based on:	<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 funding is recorded with cash-based while others use accrual based system.</p>
3.2. The flow of funds in cash	<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 send their revenue to the local treasury / District Health Office. Can be reported as all revenues or a percentage of revenue.</p> <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 are 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: To gather information about the value of equipment used to conduct services at Puskesmas, in each of these cost centers. We collect information about the quantity and type of the medical and non medical asset using the list of items in the instrument. Please write down as complete as possible to allow valuing the items. Please ensure to collect information about the items that are currently being used and not the ones that are still 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 listed in the instrument. Enumerators do not need to add another item. Images of goods, in attachment guidelines.</p> <p>For definition sets, you may need assistance from 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, it is considered that 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 types, 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 and its network (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 in the number of outpatient visits at Puskesmas and its network.</p> <ul style="list-style-type: none"> • General clinic visits, including outpatient care in the emergency and other consultation services. • Dental clinic outpatient visits at the dental clinic either because of complaints and routine inspection.. • KIA visit is the number of visits, which consists of examination of pregnant women, immunizations, routine check infant / child, Family Planning, etc <p>The number of outreach 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 admission:</p> <ul style="list-style-type: none"> • The number of patients, excluding maternal delivery • The number of inpatient days of all inpatients, not including maternal delivery • The number of deliveries attended by health workers, including delivery at home <p>Puskesmas report often in the form of aggregation / recapitulation of all visits in health centers including pustu, polindes, etc. So enumerators need to see the person in charge for writing the report, to obtain information in accordance with the health facility level.</p>
5.3. Thirty most frequent diagnosis of outpatient (LB 1)	<p>Information is based on the report of Puskesmas activity (Form LB1)</p> <p>Please fill in the top 30 most frequent disease at the national level as listed. Enumerators only collect this 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>Please be aware that in the last line enumerator should fill in the total of all patient visits per age category for <i>all types of diseases</i>.</p>

6. Supporting Activity

Purpose: To allocate the cost of pharmacy and laboratory to the cost center. To do this, it is required to collect information from a sample of approximately 120 patients per clinic.

Time of Data Collection:

- A survey in the third quarter in each puskesmas according to the days needed as shown in table 1 below.
- Every month for drug distribution in the Puskesmas network, mostly confined to Pustu.

Tabel 1. Number days of survey

Average Patient per week	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. Fill in the number of days required for the survey and the day and the date of the survey is conducted, e.g. Day 1 date 01 08 2012</p> <p>Identification of origin of these patients is based on cost center (the General Clinic, KIA, etc.)</p> <p>Each drug name is written with the smallest type of packaging (tablets, ampoules, etc.).The number written on the basis of drug packaging</p>

No and Description	Explanation and how to fill in
	<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>Enumerator need to reproduce the instruments as needed.</p>
6.2. Drugs distribution to Pustu	Fill the name of drugs and medical supplies, its smallest package and the quantity distributed to Pustu.
6.8. Laboratory Activity Survey	<p>Determine the number of days the survey will be done using the above table. The process is the same with drug survey, consult the laboratory technician who records the activity.</p> <p>Do not count 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: To collect information on the use of 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 is a change of the number of employees more than 20%.
- Every month for total employees, gross salary and incentives
- Survey of all Puskesmas health workers (nurses, midwives and doctors) is conducted once to observe the time used in each cost center. Data collection will be only performed at designated health centers, i.e. 6 puskesmas per province (in 2 districts) or 3 puskesmas in each district. The 3 health centers consist of one puskesmas in urban, one puskesmas in rural and one puskesmas with bed.
- Every quarter for training information

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 puskesmas and its network. Data about this might come from the puskesmas or else at Dinas Kesehatan. Enumerators should contact person in charge for staffing list and salary. It should include both civil servants and non-civil servants.</p> <p>The following information is needed for each employee, most of which can be obtained from the paycheck/ payroll list:</p> <ul style="list-style-type: none"> • The serial number • Name • Place of work is the designated / main station of work of the staff. Please fill in the respective codes: <ol style="list-style-type: none"> 1. Health Center 2. Pustu 3. Polindes / village health post / Poskestren - Profession Profession code: <ul style="list-style-type: none"> • 1 Doctor 2 Specialist obstetrics and gynecology (Obgyn) 3 Other Specialists 4 dentist / dental specialist 5 Nurses 6 Dental Nurse 7 Midwives 8 Nutritionists 9 Pharmacist / pharmacy assistants 10 Officers laboratory 11 Officers Radiology 12 Administration 13 Sanitarian / Specialist public health • Total gross salary per month before tax deductions, etc., or basic salary plus allowance • Total incentives from local governments (Kespeg), an incentive that is given routinely beyond the gross salary; it can delivered every month or quarter. • Total incentives from health facilities which come from Askes, Jamkesmas, other insurance, etc.

No and Description	Explanation and how to filled in
	<p>Information about the gross salary sometimes difficult to get. Incentives from local governments can be found at the District Health Office</p> <p>For the incentives that come from Puskesmas revenue (Jamkesmas, Askes, other insurance, general patients, etc.), enumerators need to see the notes of each scheme if they do not have a consolidated record. Incentives include medical services, maternal delivery, transport etc.</p> <p>Please note that the gross salary for doctors PTT may need to be asked directly to the relevant PTT doctors because his/her salary paid 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. The purpose of this questionnaire is to obtain detailed information about the movement of health personnel during the last week and their income that will be used for allocating costs to each cost center.</p> <p>This survey will be done once in two weeks</p> <p>Steps of data collection:</p> <ol style="list-style-type: none"> 1. Enumerators made a list of health workers in each health center and provide the serial number of the respondents. It is useful to find out respondents who do not fill out questionnaires. 2. Fill out the serial number before collecting data 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 puskesmas when briefing/socialization can be implemented. 4. Make a list of attendance to determine the staff who are 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 cannot attend the session, made appointments to filling out the questionnaire.

No and Description	Explanation and how to filled in
	5. Distribution of questionnaires conducted directly by enumerators. The health workers should read and fill out the questionnaire independently, but must be accompanied by enumerators so that could explain if they need clarification and can check the completeness of answers.
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
7.3.3. What is your employment status?	<p>Full-time employee is an employee who dedicates his time / assigned in full at this puskesmas 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 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 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, 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 can also in the on-call status.</p> <p>In the event of there are parallel activities such as mobile clinic, select the main activity. For example: doctors choose mobile clinic/pusling, while the nurse or midwife choose posyandu.</p>
7.3.5. Do you receive in kind benefit?	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 last one month did you receive any in-kind gift from the patient for your service in puskesmas?	Occasionally, patients express their appreciation by giving gifts in kind. If in the last month the respondent received the gifts, fill with an estimated value.
7.3.7. in the last one month, did you receive any cash payment directly from the patient for your service in the puskesmas?	Occasionally, patients express their appreciation by giving gifts in the form of money. If in the last month the respondent accept cash, fill in the total value
7.3.8. Do you have a private practice	Medical officer, doctor-most-practiced in other places besides

No and Description	Explanation and how to filled in
elsewhere?	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	<p>Collecting information on employee training to Puskesmas. This information is collected every quarter. It should be emphasized, that only training for employees who are included in this 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: To collect information on total costs for drugs and consumables (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).
- Drugs and BMHP received 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 BMHP received (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 in the first month of study. This means that data taken from end stock of the previous month. Stock early October of 2010 (October 1, 2010) is equal to the end stock of drugs and BMHP on 30 September 2010</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.</p>

No and Description	Explanation and how to fill in
	<p>Included in the drug and BMHP are:</p> <ul style="list-style-type: none"> - Drugs - Medical consumables such as bandages, syringes, etc. - Reagents laboratory - Radiology consumables <p>If the health center cannot separate sources of drugs and BMHP, then write the total in the "received from the District Health Office / GFK"</p>
8.2. Drugs & BMHP received	<p>A record of drugs and BMHP received in the relevant month from various sources.</p> <ol style="list-style-type: none"> 1. From the District Health Office by District Drug Warehouse (GFK) 2. From program. For example: drugs for TB, HIV / AIDS, malaria, vaccines, etc. 3. From the donor's gift / other donations. 4. From independent purchasing by puskesmas <p>Enumerators need to create flowcharts and BMHP drug distribution to prevent double counting and reduce the workload of 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 and program 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 drugs and consumables	<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>

No and Description	Explanation and how to fill in
	<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 cannot separate sources of drugs and BMHP, then write the total in the "received from the Office / GFK"</p>

9. Expenditure Details

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

Time of Data Collection:

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

No and Description	Explanation and how to filled in
<p>9.1. Identification of financial responsible person in Puskesmas</p>	<p>Look for a health center organizational structure organogram. Based on this information use the instrument to identify the treasurer of each program or activity by interviewing the focal point in the puskesmas.</p> <p>Continue with filling in the instrument and identify the person in charge for each department, sub section and respective treasurer. Also identify the book keeping process whether there are recording of expenditure and budget used. This instrument will be very useful as a guidance in filling in the details of expenditure that will be collected in the next modules.</p>
<p>9.2. Value of goods received in-kind, except drugs and medical consumables</p>	<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 possible. If the value is not known to the facility it will be given by the value analysis team.</p>

No and Description	Explanation and how to filled in																										
	<p>The number represents the number of goods under the form of packaging. 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" data-bbox="612 684 1393 1150"> <thead> <tr> <th data-bbox="612 684 807 741">Column</th> <th data-bbox="807 684 1393 741">Isian</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="612 741 1393 793">Month: October 2010</td> </tr> <tr> <td data-bbox="612 793 807 846">No</td> <td data-bbox="807 793 1393 846">1 (sesuai nomor urut)</td> </tr> <tr> <td data-bbox="612 846 807 898">Deskripsi</td> <td data-bbox="807 846 1393 898">Komputer</td> </tr> <tr> <td data-bbox="612 898 807 951">Satuan/Unit</td> <td data-bbox="807 898 1393 951">Buah</td> </tr> <tr> <td data-bbox="612 951 807 1003">Jumlah</td> <td data-bbox="807 951 1393 1003">10</td> </tr> <tr> <td data-bbox="612 1003 807 1098">Nilai (Rp)- jika diketahui</td> <td data-bbox="807 1003 1393 1098"> <table border="1" style="display: inline-table;"> <tr> <td style="width: 20px;">3</td> <td style="width: 20px;">5</td> <td style="width: 20px;">6</td> <td style="width: 20px;">4</td> <td style="width: 20px;">5</td> <td style="width: 20px;">7</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> </td> </tr> <tr> <td data-bbox="612 1098 807 1150">Sumber</td> <td data-bbox="807 1098 1393 1150">1 (= karena bersumber dari pemerintah pusat)</td> </tr> </tbody> </table>	Column	Isian	Month: October 2010		No	1 (sesuai nomor urut)	Deskripsi	Komputer	Satuan/Unit	Buah	Jumlah	10	Nilai (Rp)- jika diketahui	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px;">3</td> <td style="width: 20px;">5</td> <td style="width: 20px;">6</td> <td style="width: 20px;">4</td> <td style="width: 20px;">5</td> <td style="width: 20px;">7</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	3	5	6	4	5	7	0	0			Sumber	1 (= karena bersumber dari pemerintah pusat)
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<p>9.3. Puskesmas expenditure – beginning of survey (not including salary). It includes expenditures for payment prior to assessment activities (not including salaries and incentives)</p>	<p>This instrument aims to look at the utilization of existing funds at the beginning of the month and check Puskesmas expenditure on activities / transactions in the month prior to study</p> <p>Types of Expenditure: Fill it with any expenditure listed in the general ledger of health center.</p> <p>Code Type of expenditure: Expenditures to be grouped into expenditure types using the rules contained in the appendix</p> <p>Sources: see sources of funding such programs. 1 = Central Budget, 2 = APBD I (Province), 3 = APBD II (district / city), 4 = APBD II (District Health Office), 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>																										

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9.4. Puskesmas expenditure at the end of the survey – liabilities at end of 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 Expenditure: 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> <p>Code Type of expenditure: Expenditures to be grouped into expenditure types using the rules contained in the appendix</p> <p>Sources: see above 9.3</p> <p>Amount (IDR): Clear</p> <p>Example :</p> <table border="1" data-bbox="610 1304 1390 1692"> <thead> <tr> <th data-bbox="610 1304 862 1346">Kolom</th> <th colspan="7" data-bbox="862 1304 1390 1346">Isian</th> </tr> </thead> <tbody> <tr> <td colspan="8" data-bbox="610 1346 1390 1377">Bulan : September 2011</td> </tr> <tr> <td data-bbox="610 1377 862 1419">No</td> <td colspan="7" data-bbox="862 1377 1390 1419">1 (sesuai nomor urut)</td> </tr> <tr> <td data-bbox="610 1419 862 1461">Jenis Belanja</td> <td colspan="7" data-bbox="862 1419 1390 1461">Pengadaan obat</td> </tr> <tr> <td data-bbox="610 1461 862 1503">Hutang kepada</td> <td colspan="7" data-bbox="862 1461 1390 1503">Apotek Kimia Farma</td> </tr> <tr> <td data-bbox="610 1503 862 1577">Kode Jenis Belanja</td> <td colspan="7" data-bbox="862 1503 1390 1577">DM01 (=karena digunakan untuk pembelian obat)</td> </tr> <tr> <td data-bbox="610 1577 862 1650">Sumber Dana</td> <td colspan="7" data-bbox="862 1577 1390 1650">5 (=karena berasal dari pengadaan sendiri - lainnya-)</td> </tr> <tr> <td data-bbox="610 1650 862 1692">Jumlah</td> <td data-bbox="862 1650 943 1692">2</td> <td data-bbox="943 1650 1024 1692">0</td> <td data-bbox="1024 1650 1105 1692">0</td> <td data-bbox="1105 1650 1187 1692">0</td> <td data-bbox="1187 1650 1268 1692">0</td> <td data-bbox="1268 1650 1349 1692">0</td> <td data-bbox="1349 1650 1390 1692"></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	
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9.5. Expenditures Health Center - (Does not include salaries and incentives) - monthly	This instrument aims to look at the utilization of funds in Puskesmasdi every month from November 2010 to September 2011																																																																								

No and Description	Explanation and how to filled in														
	<p>Types of Expenditure: Fill it with any expenditure listed in the general ledger health center.</p> <p>Code Type of expenditure: Expenditures to be grouped into expenditure types using the rules contained in the appendix</p> <p>Sources: see sources of funding - see 9.3.</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 obat)</td> </tr> <tr> <td>Sumber Dana</td> <td>3 (=karena berasal dari APBD tingkat 2)</td> </tr> <tr> <td>Jumlah</td> <td>2 0 0 0 0 0 0</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 obat)	Sumber Dana	3 (=karena berasal dari APBD tingkat 2)	Jumlah	2 0 0 0 0 0 0
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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 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 for implementation

Number of samples: 40 patients per Puskesmas, 20 per week, so that an average of 4 interviews per day. For inpatient, 10 of the interview are derived from the patient's admitted. Interviews must be conducted as follows:

Outpatient

1. Enumerators should meet near the pharmacy before they leave 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 half an hour earlier. Enumerators should ask the patient or accompanying person (family, friends, etc.) whether 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 will take no longer than 20 minutes. Enumerators should briefly explain the purpose of the study and give informed consent form to the patient to read and sign it. Patients should be assured of the confidentiality of the interview. If the patient refuses to participate, then the next patient is approached.

3. Enumerators should count all patients who are 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 person who accompany the patient will respond on behalf of the patient.

Inpatient

1. Enumerators had to choose one patient per day based on records at the health facility for two weeks. Only patients who will be discharged are selected. If more than one patient who will be discharged, then the selection will be conducted at random. But if no one patient is going to be discharged, then no patient is selected.
2. Enumerators should ask the patient or accompanying person (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 will take no longer than 20 minutes. Enumerators should briefly explain the purpose of the study and give informed consent to patients to read and sign it. Patients should be assured of the confidentiality of the interview. 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 puskesmas. Enumerators must be sure that no employee health center present when the interview took place. If the patient is not able to answer the question, then the person who accompany the patient will respond on behalf of the patient.

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 the patient 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 patient is willing 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 be interviewed. In this case, person who accompany can respond on behalf of the patient.

No and Description	Explanation and how to filled in
10.5. Are you (or the one you represent) male or female?	gender of the patient
10.6. How old is the patient?	In year
10.7. Last education of head of the family	Clear
10.8. What is your reason in using this hospital services?	Clear
10.9. What doctor says about your major disease?	The main disease suffered by the patient or can be the purpose of visit, 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. How much the cost for the outpatient?	All fees that were charged for the treatment. If the patient can not specify one by one, it can be directly written in 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 been admitted/hospitalized?	The number of inpatient days is date of discharge minus date of admission plus one
10.13. How much the cost of inpatient services?	All fees that were charged for treatment. If the patient can not specify one by one, 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
10.15. How far is the Puskesmas to your house?	In kilometer (rounded)
10.16. How long does it take to get here?	Clear
10.17. How do you get here?	Clear
10.18. Is anybody accompanying you in the Puskesmas?	Clear
10.19. How much the transportation cost to the Puskesmas?	If using a personal vehicle, then estimate fuel cost incurred
10.20. Do you have to pay other accomodation cost?	Sometimes there are families who accompany during treatment. It takes extra expenses for accommodation / lodging for families who accompany them.
10.21. If yes, how much?	The total additional cost of other accommodation during treatment.

No and Description	Explanation and how to filled in
10.22. How much the cost of food and drinks for patient or the one who accompany during the medication?	Clear
10.23. What services satisfy you the most?	Clear
10.24. Which is the worst?	Clear
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: To captur overview / profile of the Hospital and some characteristics of health facilities

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. Is your hospital is a teaching hospital?	Enter code: 1 = Yes; 2 = No
1.22. Does your hospital have a MoU/partnership with medical university?	Enter code: 1 = yes 2= no
1.23. Does your hospital accredited by Indonesian hospital accreditation comission (KARS)?	Clear
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 flow of water in hospital was disrupted last year?	Water flow is disrupted if it affect patient care either directly or indirectly.
1.30. How often electricity in hospital was disrupted last year?	The key question is whether the power limitation affect patient care. It does not consider the source of electricity, but on the disturbing events.
1.31. Are there problems of medicine/drug availability in hospital last year?	The availability of standard drugs becomes a problem if it affects the care of patients.
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 payment of employee salary was late last 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 payment of employee incentive was late last 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?	<p>Top managers are the level of directors</p> <p>Middle-level manager is the head unit (eg outpatient, inpatient), the Head of finance</p> <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 death cases in hospitals are not limited to clinical staff but also the elements of management are being held?	Clear
1.39. Does the director of the hospital can get the information on daily activities, day care, employee attendance through existing information systems?	clear
1.40. What does the information is used for?	clear
1.41. Is there any guidances for the clinical staffs?	Mentoring is a situation when a junior employee can learn good practices from senior colleagues. Senior colleagues can use their time to discuss problems that occur; it can be before, during or after an activity is done. 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.
1.42. The frequency of meetings...	If there is mentoring, how often this mentoring meeting?
1.43. The topic discussed...	Clear
1.44. Is there any monitoring of working hours of the hospital employees?	clear
1.45. If yes, how to monitor it?	Clear
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 site plan which shows measurement of physical infrastructure and the size of each room?	Many hospital 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. 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. Total land area of the Hospital (m2)	Main Hospital building area is a building used for services, regardless of ownership status
2.4. Hospital construction costs per square meter at this time)	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. Hospital land price per square meter (current)	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: #####
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: #####

No and Description	Explanation and how to fill in
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. 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 cost centers room
2.13. Does this hospital have centralized system such as:	It is a centralized system in the hospital. Please fill in the year of procurement and the cost incurred when it was built.
2.14. 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: For single storey building please enter 1, for multiple floor building fill in >1.
2.15. 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 = Outpatient is all of the rooms used for outpatient medical service 3a = VIP is all inpatient rooms above grade I. 3b = Class I are all first class medical treatment room 3c = Class II is a inpatient class II

No and Description	Explanation and how to fill in
	<p>3d = Class III is the third class</p> <p>3e = Nursing room is the room used by nurses.</p> <p>4 = delivery room is the room used for maternal delivery including the baby's room.</p> <p>5 = Operating theatre</p> <p>6 = Intensive Care including ICU, NICU, PICU, ICCU</p> <p>7 = Pharmacy</p> <p>8 = Radiology</p> <p>9 = Laboratory</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 others:</p> <ul style="list-style-type: none"> • Laundry / Linen • kitchen • engineering and maintenance facilities • Waste management • Warehouse • Transport (ambulance) / Garage • Mortuary • 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"> • Director office • administration, finance, personnel, security offices • Information and patient admission office • Waiting room • etc.

Instruction

1. The identification number of the existing building and name it e.g Building A, B, C etc.
2. We start with Building A, fill in information about each of the floor on the use
3. Fill in the units within 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, 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	3 0
B	1	Ruang Perawat	3 p	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. Accounting system is based on:	<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)	clear

4. Equipment Assets Details

Purpose: To gather information about the value of equipment used to conduct services at the hospital, in each of these cost centers. We collect information about the quantity and type of the medical and non-medical asset using the list of items in the instrument. Please write down as complete as possible to allow valuing the items. Please ensure to collect information about the items that are currently being used and not the ones that are still in the warehouse.

Time of Data Collection: Once, at the end of the second quarter (mid-study). This information will be collected in early 2011 to reflect the inventory of assets throughout the study.

No and Description	Explanation and how to fill in
4.1. What is the lowest value to be considered as 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. What is the lowest value to be considered as 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 items (eg Stethoscope, computers) has been determined in the instrument. Enumerators do not need to add another item. Images of items are provided in the attachment of the 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>

No and Description	Explanation and how to fill in
	<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. Thirty most frequent diagnosis of inpatient (RL2a)	<p>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 this information every quarter. Enumerators will then record the top 30 on the list of diseases that have been determined. Please be aware that at the bottom of the questionnaire, enumerator should collect the total of all patients (not only the top 30 diseases)</p>
5.2. Thirty most frequent diagnosis of outpatient (RL2b)	<p>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 this information every quarter. Enumerators will then record the top 30 on the list of diseases that have been determined. Please be aware that at the bottom of the questionnaire, enumerator should collect the total of all patients (not only the top 30 diseases)</p>
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 perinatology 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:

No and Description	Explanation and how to fill in
	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
4.1. Hospital Activities data - Outpatient visits (RL.1 no. 3)	Data for filling visitors RS taken from the RL 1 no 3. 1. New visitors are new visitors who use the hospital facility for the first time. Fill it with the number of new visitors during the reporting period 2. Continuing visit are visitors who come for the second time and so on.
4.2. Referral Activity (RL.1 no. 24)	Sending 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. Visit of doctors to your hospital can be from local and foreign, and total patients served in each specialization Referral of patients divided into two: Referral from lower level health facilities (health center or another hospital) Referred to higher level hospital

5. Intermediate Section Activity

Purpose: To allocate the cost of pharmacy and laboratory to the cost center.

Time of Data Collection:

- Every quarter. This data is copied directly from RL1

No and Description	Explanation and how to fill in
5.1. Prescription Writing and Service (R /) (RL 1 no. 12 B)	Represents the number of prescription writing for generic and non generic drugs
5.2. Hospital Activity Data - Activities of Radiology (RL 1 no. 9)	Clear
5.3. Laboratory Investigation (RL 1 no. 11)	Clear
5.4. Hospital Activity Data - Special Service Activity (RL 1 No. 10)	Clear
5.5. Surgery room Activities (RL 1 no. 5)	Clear

6. Human resources

Purpose: To collect information on salaries and incentives from hospital staff. Unlike the clinic, no need to collect individual salary information. But, we need the total salaries and incentives of staff in the predefined 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
<p>6.1. Details of employee, salaries and allowance of doctor and general staff</p>	<p>The collection of salary information based on physician groupings. 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>There are 2 types of doctors: the employed doctors and the visiting (non employed) doctors. Recording of salary and incentives is conducted separately.</p> <ul style="list-style-type: none"> • Employed doctor: Physicians who entered into the payroll, or receive a salary regardless of the presence or absence of the patient. • Non-employed doctor / visiting doctors: the doctor is in the list of the hospital doctors, but not employed by the hospital. Therefore this kind of doctor does not get salary but paid according to their performance/activity. The number of people is the number of physicians in each group. <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), is the amount of money as incentives for performance that is beyond the gross salary could be delivered monthly or quarterly.</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, be aware not double counting by including in the 7.1 and 7.2. It is recommended that director / doctors with management position to be put in 7.1. unless if most of his/her time spent on clinical duties he/she 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
6.2. 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 unit where they are assigned. If they have a duty to serve as duty nurse for example two times a week in other units, the incentives they get will be recorded in their original unit of assignment.</p>
6.3. 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>The above rule applies also for this group.</p>
6.4. Total salaries and monthly incentives for non-physician personnel (nurses and midwives)	<p>This records a recapitulation of the total number of nurses and midwives, gross salary and incentives from governments and from the hospital revenue every month.</p>
6.5. Total salaries and monthly incentives Hospital non-physician employees (other Professional)	<p>A recapitulation of the total number of other professionals, gross salary and incentives from governments and from the hospital revenue every month.</p>
6.6. Survey of health workers in Hospital	<p>If the number of doctors at the hospital the same or less than 30, all physicians must be surveyed. But if the doctor is more than 30, then a minimum of 30 doctors drawn randomly for the survey.</p> <p>The 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 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 for 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 hospital director when the briefing can be implemented. 4. Make a list of attendance to determine the staff who are not present and at the same time ensuring that all doctors who attended have returned the questionnaire. In case there are doctors who cannot attend the session, made appointments to fill out the questionnaire.

No and Description	Explanation and how to fill in
	5. Distribution of questionnaires conducted directly by enumerators. Respondents should read and fill out the questionnaire independently, but must be accompanied by enumerators so that he could clarify if there are questions and can check the completeness of answers to questions.
6.6.1. Respondent no	Is the serial number of respondents and used as the ID of respondents
6.6.2. What is your profession?	Clear
6.6.3. What is your employment status?	Full-time employees are employees who works full time and in payroll list of the hospital. It can be civil servant or non-civil servant. Part-time employees are employees who only work a few hours a day, i.e. less than 35 hours per week. They will be paid based on their performance/ activities.
6.6.4. Where did you work during the last week? (Including on call status and consultation by phone)	Each day is started from 0:00 until 24.00. Fill it with the number of minutes (rounded) in each section / place. Including when to spend time to rest and others. 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
6.6.5. Do you receive any in-kind benefit?	Sometimes employees receive facilities from the hospital 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
6.6.6. In the last one month did you receive any in-kind gift from the patient for your service in hospital?	Occasionally, patients express their appreciation by giving gifts in kind. If in the past month to receive the goods, fill with an estimated value.
6.6.7. in the last one month, did you receive any cash payment directly from the patient for your service in the hospital?	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
6.6.8. Do you have a private practice elsewhere?	clear
6.6.9. What is the average of your	Clear

No and Description	Explanation and how to fill in
income from private practice for 1 month?	
6.7. Training	<p>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 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 the inventory at 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>Included in the drug and BMHP are:</p> <ul style="list-style-type: none"> - Drugs - Medical consumables such as bandages, syringes, etc. - Reagents lab - radiology consumables materials

No and Description	Explanation and how to fill in
8.2. Drugs and medical supplies procurement	Fill in the expenditures related to drug and medical supplies procurement in the respective month.
8.3. Drugs and medical consumables received (<i>in kind</i>)	Fill in the amount of drugs /medical supplies received in kind in the respective month.
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 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: To collect all expenses of every transaction made, including goods received by the health facility. Because this section is the most important part of the instrument, it requires 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. Hospital treasury identification	<p>Look for a hospital organizational structure organogram. Based on this information use the instrument to identify the person in charge for expenditure recording.</p> <p>This instrument will be very useful as a guidance in filling in the details of expenditure that will be collected in the next modules.</p>
9.2. Value of receipts in kind	<p>Sometimes hospital receives in-kind items.</p> <p>Please fill in the name of the item and its package, the quantity and the value (if known) and its source.</p>

No and Description	Explanation and how to fill in																										
	<p>In the column number: If you do not receive anything in the month, fill it with the number 0 (zero). Example: Contoh cara pengisian:</p> <table border="1" data-bbox="610 405 1393 751"> <thead> <tr> <th data-bbox="610 405 805 443">Kolom</th> <th data-bbox="805 405 1393 443">Isian</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="610 443 1393 480">Bulan : Oktober 2010</td> </tr> <tr> <td data-bbox="610 480 805 518">No</td> <td data-bbox="805 480 1393 518">1 (sesuai nomor urut)</td> </tr> <tr> <td data-bbox="610 518 805 556">Deskripsi</td> <td data-bbox="805 518 1393 556">Komputer</td> </tr> <tr> <td data-bbox="610 556 805 594">Satuan/Unit</td> <td data-bbox="805 556 1393 594">Buah</td> </tr> <tr> <td data-bbox="610 594 805 632">Jumlah</td> <td data-bbox="805 594 1393 632">10</td> </tr> <tr> <td data-bbox="610 632 805 711">Nilai (Rp)- jika diketahui</td> <td data-bbox="805 632 1393 711"> <table border="1" data-bbox="821 632 1393 711"> <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 data-bbox="610 711 805 751">Sumber</td> <td data-bbox="805 711 1393 751">1 (= karena bersumber dari pemerintah pusat)</td> </tr> </tbody> </table>	Kolom	Isian	Bulan : Oktober 2010		No	1 (sesuai nomor urut)	Deskripsi	Komputer	Satuan/Unit	Buah	Jumlah	10	Nilai (Rp)- jika diketahui	<table border="1" data-bbox="821 632 1393 711"> <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 at the beginning of the month and check hospital expenditure on activities / transactions in the month prior to study.</p> <p>Types of Expenditure: Fill it with any expenditure listed in the general ledger of hospital.</p> <p>Code Type of expenditure: Expenditures to be grouped into expenditure types using the rules contained in the appendix.</p> <p>Sources: see sources of funding such programs. 1 = Assistance fund; 2 = Deconcentration fund; 3 = Special allocation Fund (DAK), 4 = APBN (central budget); 5 = APBD I (province); 6 = APBD II (district); 7 = Hospital revenue/BLU; 8 = Foundation; 9 = Donor; 10 = Others</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 border="1" data-bbox="610 1507 1393 1892"> <thead> <tr> <th data-bbox="610 1507 865 1545">Kolom</th> <th data-bbox="865 1507 1393 1545">Isian</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="610 1545 1393 1583">Bulan : Oktober 2010</td> </tr> <tr> <td data-bbox="610 1583 865 1621">No</td> <td data-bbox="865 1583 1393 1621">1 (sesuai nomor urut)</td> </tr> <tr> <td data-bbox="610 1621 865 1659">Jenis Belanja</td> <td data-bbox="865 1621 1393 1659">Pengadaan obat</td> </tr> <tr> <td data-bbox="610 1659 865 1738">Kode Jenis Belanja</td> <td data-bbox="865 1659 1393 1738">DM01 (=karena digunakan untuk pembelian obat)</td> </tr> <tr> <td data-bbox="610 1738 865 1776">Sumber Dana</td> <td data-bbox="865 1738 1393 1776">6 (=karena berasal dari APBD tingkat 2)</td> </tr> <tr> <td data-bbox="610 1776 865 1814">Jumlah</td> <td data-bbox="865 1776 1393 1814"> <table border="1" data-bbox="881 1776 1393 1814"> <tr> <td>2</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </table> </td> </tr> <tr> <td data-bbox="610 1814 865 1892">Pembayarna untuk bulan:</td> <td data-bbox="865 1814 1393 1892">September 2010</td> </tr> </tbody> </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	6 (=karena berasal dari APBD tingkat 2)	Jumlah	<table border="1" data-bbox="881 1776 1393 1814"> <tr> <td>2</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </table>	2	0	0	0	0	0	0	0	Pembayarna untuk bulan:	September 2010		
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No and Description	Explanation and how to fill in																								
<p>9.4. Hospital expenses - at the end of the survey - Unpaid debt at the end of September 2011 (not including salaries and incentives)</p>	<p>This instrument aims to look at the utilization of existing funds at the end of the month including unpaid debts at the end of the study (September 2011).</p> <p>Types of Expenditure: Fill it with any expenditure listed in the general ledger of the hospital.</p> <p>Payable to: the name of the institution that still debt at the end of the study. Example: Telkom, PLN, etc.</p> <p>Code Type of expenditure: Expenditures to be grouped into expenditure types using the rules contained in the appendix.</p> <p>Sources: see above 9.3</p> <p>Amount (IDR): Clear</p> <p>example:</p> <table border="1" data-bbox="610 772 1393 1163"> <thead> <tr> <th data-bbox="610 772 867 814">Kolom</th> <th data-bbox="867 772 1393 814">Isian</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="610 814 1393 856">Bulan : September 2011</td> </tr> <tr> <td data-bbox="610 856 867 898">No</td> <td data-bbox="867 856 1393 898">1 (sesuai nomor urut)</td> </tr> <tr> <td data-bbox="610 898 867 940">Jenis Belanja</td> <td data-bbox="867 898 1393 940">Pengadaan obat</td> </tr> <tr> <td data-bbox="610 940 867 982">Hutang kepada</td> <td data-bbox="867 940 1393 982">Apotek Kimia Farma</td> </tr> <tr> <td data-bbox="610 982 867 1056">Kode Jenis Belanja</td> <td data-bbox="867 982 1393 1056">DM01 (=karena digunakan untuk pembelian obat)</td> </tr> <tr> <td data-bbox="610 1056 867 1129">Sumber Dana</td> <td data-bbox="867 1056 1393 1129">7 (=karena berasal dari pengadaan sendiri - lainnya-)</td> </tr> <tr> <td data-bbox="610 1129 867 1163">Jumlah</td> <td data-bbox="867 1129 1393 1163"> <table border="1" style="display: inline-table;"> <tr> <td>2</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</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" style="display: inline-table;"> <tr> <td>2</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </table>	2	0	0	0	0	0	0	0
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<p>9.5. Hospital-expenditure (excluding salaries and incentives) – monthly</p>	<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 Expenditure: Fill it with any expenditure listed in the general ledger Hospital.</p> <p>Code Type of expenditure: Expenditures to be grouped into expenditure types using the rules contained in the appendix</p> <p>Sources: see 9.3</p> <p>Amount (IDR): Clear</p> <p>Example:</p> <table border="1" data-bbox="610 1570 1393 1879"> <thead> <tr> <th data-bbox="610 1570 867 1612">Kolom</th> <th data-bbox="867 1570 1393 1612">Isian</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="610 1612 1393 1654">Bulan : September 2011</td> </tr> <tr> <td data-bbox="610 1654 867 1696">No</td> <td data-bbox="867 1654 1393 1696">1 (sesuai nomor urut)</td> </tr> <tr> <td data-bbox="610 1696 867 1738">Jenis Belanja</td> <td data-bbox="867 1696 1393 1738">Pengadaan obat</td> </tr> <tr> <td data-bbox="610 1738 867 1812">Kode Jenis Belanja</td> <td data-bbox="867 1738 1393 1812">DM01 (=karena digunakan untuk pembelian obat)</td> </tr> <tr> <td data-bbox="610 1812 867 1854">Sumber Dana</td> <td data-bbox="867 1812 1393 1854">6 (=karena berasal dari APBD tingkat 2)</td> </tr> <tr> <td data-bbox="610 1854 867 1879">Jumlah</td> <td data-bbox="867 1854 1393 1879"> <table border="1" style="display: inline-table;"> <tr> <td>2</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </table> </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 obat)	Sumber Dana	6 (=karena berasal dari APBD tingkat 2)	Jumlah	<table border="1" style="display: inline-table;"> <tr> <td>2</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </table>	2	0	0	0	0	0	0	0		
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10. Patient Survey

Purpose: To get information on service costs that are borne by patient

Sampling: 200 patients were interviewed in every hospital, 50% outpatient and 50% inpatient. This survey is conducted in 60 hospitals randomly selected

Time of Data Collection: Two times during the study for about a week on every occasion.

Outpatient

1. Enumerators should meet near the pharmacy before they leave 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 half an hour earlier. Enumerators should ask the patient or accompanying person (family, friends, etc.) whether 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 will take no longer than 20 minutes. Enumerators should briefly explain the purpose of the study and give informed consent form to the patient to read and sign it. Patients should be assured of the confidentiality of the interview. If the patient refuses to participate, then the next patient is approached.
3. Enumerators should count all patients who are 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 person who accompanies the patient will respond on behalf of the patient.

Inpatient

1. Enumerators had to choose 3-5 patients per day based on records at the health facility for two weeks. Only patients who will be discharged are selected.
2. Enumerator has to choose surgical and non-surgical cases (50% each). Enumerator has to go to inpatient department to get information about patients who will be discharged that day. Then, he/she has to make appointment with the patient or the family.
3. Enumerators should ask the patient or accompanying person (family, friends, etc.) if they are 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 will take no longer than 20 minutes. Enumerators should briefly explain the purpose of the study and give informed consent to patients to read and sign it. Patients should be assured of the confidentiality of the interview. If the patient refuses to participate, then the next patient is approached.
4. Enumerators should count all patients who were approached, either refused or agreed to be interviewed.
5. Interviews can be done either when the patient is still in the inpatient room or immediately after discharge from hospital. Enumerators must be sure that no hospital employee present

when the interview took place. If the patient is not able to answer the question, then the person who accompanies the patient will respond on behalf of the patient.

No and Description	Explanation and how to fill 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 be interviewed. In this case, person who accompany can respond on behalf of the patient.
10.5 Are you (or the one you represent) male or female?	Gender of the patient
10.6 How old is the patient?	In year
10.7 Last education of head of the family	Clear
10.8 What is your reason in using this hospital services?	Clear
10.9 What doctor says about your major disease?	The main disease suffered by the patient or can be the purpose of visit, 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 How much it costs to outpatient care?	All fees that were charged and released during the treatment center. If the patient cannot specify the details of the payment the total can be directly written in the row of total hospital 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 it costs to inpatient care?	All fees that were charged and released during the treatment center. If the patient cannot specify the details of the payment the total can be directly written in the row of total hospital bill. Question 10.12.8 s / d 10:12:11. of the expenses incurred by patients outside the health center bills.

No and Description	Explanation and how to fill in
10.14 Who is the payer?	Clear
10.15 How far is the hospital to your house?	In kilometer (rounded)
10.16 How long does it take to get here?	Clear
10.17 How do you get here?	Clear
10.18 Is anybody accompanying you in the hospital?	Clear
10.19 How much the transportation cost to the hospital?	If using a personal vehicle, then the estimated fuel cost incurred
10.20 Do you have to pay other accommodation 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
10.23 What services satisfy you the most?	Clear
10.24 Which is the worst?	Clear
10.25 Enumerator name	Full name

11. Discharge Patient Survey

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

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

No.	Category	ICD 10
1.	Appendicitis	K35-K38
2.	Caesarean section	O82
3.	Hernia inguinal	K40
4.	Fracture of femur	S72
5.	Breast cancer	C50
6.	Urolithiasis	N20-N23
7.	Cataract	H28
8.	Diarrhea	A09
9.	Dengue Hemorrhagic Fever (DBD)	A90-A91
10.	Ischemic heart disease	I20-I25
11.	Stroke	I64
12.	Heart Failure	I50
13.	Gastritis	K29

No and description	Explanation
Discharge data	Enumerators need to capture information from patient medical record. To ensure the information is recorded accurately, it is suggested enumerator work together with the nurse and medical records staff. This is important to jointly determine the ICD-X or ICD-IX on the diagnosis. Enumerators will be equipped with ICD Browser.
11.1. Case no.	Serial number of cases
11.2. Medical Record No.	Fill in the number of the medical record of the patient
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	clear
11.7.1. Comorbidities that exist at the time admitted	Clear
11.7.2. Complications that occur during treatment (1)	Clear
11.7.3. Complications that occur during treatment (2)	Clear
11.7.4. Complications of comorbidity (if any)	Clear
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 diagnosis when patient was discharged
11.7.7. Comorbidities were detected during hospitalization (1)	Clear
11.7.8. Comorbidities were detected during hospitalization (2)	Clear
11.8. The total number of inpatient days	Discharged 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 stay in ICU
11.12. Payer	Can be answered more than one
11.13. Drugs	Fill out the drugs that patients received during hospitalization, including in intensive care and prescription drugs bought outside the hospital by the patient. This information can be obtained from sheets of nursing care and medical records
11.14. Medical supplies	Fill in BMHP received during the hospitalization including in ICU and BMHP bought 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 hospitalization, 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 hospitalization, 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 in surgical intervention received during hospitalization. This information can be obtained from sheets of nursing care and medical records
11.19. Non-invasive action	Fill in all non-invasive procedures received during hospitalization, 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 hospitalization
11.21. Status when discharged	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: To collect data on drugs prescription for outpatient and inpatient in a hospital either purchased at a pharmacy owned by a hospital, or outside the 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, 50 prescriptions per main unit or a maximum of 1 week at:

- Obstetric and gynecology clinic
- Surgical Clinic
- Internal medicine clinic
- Pediatric clinic

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

- Obstetric gynecology
- Surgery
- Internal medicine
- Pediatric
- ICU room.

No and Description	Explanation and how to fill in
12.1. Survey of outpatient pharmacy	<p>Patient number is serial number of patient sequence in the hospital.</p> <p>Originally patients were divided into 4:</p> <p>1= Obstetrics and gynecology</p> <p>2 = Surgery</p> <p>3 = Internal medicine</p> <p>4 = Pediatric</p> <p>Name of drug is a drug name with the dose. Example: 250mg amoxicillin. Packaging is the smallest unit. Example tablets, capsules, ampoules, etc.</p> <p>"Purchased in" can be selected at the hospital's pharmacy (1) and outside the hospital (2).</p>
12.2. Survey of inpatient pharmacy	<p>Patient number is serial number of patient sequence in the hospital.</p> <p>Originally patients were divided into 5:</p> <p>1= Obstetrics and gynecology</p> <p>2 = Surgery</p> <p>3 = Internal medicine</p> <p>4 = Pediatric</p> <p>5= ICU</p>

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 outside the hospital (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 Discipline 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 standardization

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 (Kr) – 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 & magazine
OE	07	Travelling Expenditure
OE	08	Meetings
OE	09	Training & capacity Building
OE	10	Tax of accommodation
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 (Rehabilitation)
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	Diarrhea
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	Repertory infection
9	Communicable Diseases	Typhoid 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	Dyspepsia
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 Immunization
46	Routine health	Routine Infant or Child Health
47	Routine health	Counselling
48	Routine health	Other routine