

1999 BIDAN DI DESA (BDD) PROFILE SURVEY REPORT

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INTRODUCTION

The original Bidan di desa (village-based midwife) Profile Survey was designed in early 1997 with the general intent of getting a comprehensive portrait of all the Bidan di desa working in the three MotherCare districts of South Kalimantan (Banjar, Barito Kuala and Hulu Sungai Selatan districts). Information was collected on socio-demographic characteristics, education and employment histories, and current profile of services they provide. The survey was conducted during interpersonal communication and counseling (IPCC) training in April-May 1997. All of the Bdd in the three MotherCare districts were intended to attend this training, so the expectations was that most of the Bdd could be covered at this time. MotherCare staff from South Kalimantan administered the survey and were responsible for quality control on site. Questionnaires were returned to individual Bidan de desa (Bdd) who had left portions incomplete or whose data was inconsistent. A total of nine Bidan di desa were unable to attend the IPCC training and the MotherCare staff administered the survey separately to these nine women. Thus, the vast majority of the Bidan di desa completed the questionnaire in staggered groups over a one month interval while nine Bidan di desa completed the questionnaire some two months later than the rest (July 1997). One Bdd could not be located, and is assumed to be inactive.

The survey was repeated in March 1999 to document turnover among Bdd, to measure change in Bdd district coverage and services over time, and to obtain information on additional Bdd activities, including iron folate distribution, participation in maternal-perinatal audits, and participation in programs implemented to ease the burden of the economic crisis. A copy of the survey instrument can be found in Appendix A. The survey was administered by MotherCare staff with assistance from local Bidan coordinator in identifying current Bdd. Bdd were asked to come to the District Health Office and MotherCare staff explained the purpose of the survey and requested that the Bdd complete it. There were no refusals. The IEC materials were displayed and numbered to assist with completion of the section related to availability of these materials. Further follow-up was conducted by MotherCare staff to reach the Bdd who did not come to the District Health Office.

Information (all self-reported) from these profile surveys should provide:

- list of all Bdd in MotherCare districts as of May 1997 and as of March 1999
- socio-demographic profile
- place of work (district and village)
- employee type (government or contract)
- length of employment
- expected employment in the district
- pre-service and in-service training
- volume of clients and place of service Bdd currently provides (antenatal care, intrapartum care, postnatal care)
- list of any pregnancy, intrapartum, postpartum or neonatal complications they have seen/managed

The results from these surveys are used to:

- provide a list of Bdd in each of the districts
- provide a profile of the characteristics of the Bdd (mean age; proportion married; proportion childless; fluency in local language; educational preparation for midwifery; distribution

and mean number of deliveries attended in last 3 months; distribution and mean number of postpartum visits, types of complications they have encountered)

- determine coverage of MotherCare Life Saving Skills (LSS) training of Bdd
- estimate the amount and coverage of services provided by Bdd

RESULTS

Information was collected from 498 Bdd; 27% came from Hulu Sungai Selatan (HSS) District, 35% from Barito Kuala District and 38% from Banjar District (Table 1). The absolute number of Bdd decreased from the 1997 survey, although the percent distribution among the districts remained the same. Between the two surveys, there was an 7% net loss of Bdd from the three MotherCare districts. Of the 538 Bdd who responded in the first survey, 438 (81%) responded in the 1999 survey. Sixty Bdd responded in 1999 survey but were not included in the 1997 survey (in-migration rate of 11%), and 100 Bdd who responded in 1997 survey did not respond in 1999 survey (out-migration rate of 19%). The in and out migration was highest in Banjar (44-45%). Nine Bdd moved among the three districts between the surveys.

Socio-demographic characteristics (Table 2)

As expected with the passage of two years, the cohort of Bdd in 1999 are older (36% at least 26 years of age; mean age of 25.5), more likely to be married or widowed (77%), and less likely to have no children (42%) than the cohort of Bdd in 1997 survey (27%, mean age of 24 years, 58%, 60% respectively). The findings that most were from Kalimantan (93%), fluent or nearly so in local language (97%), and live in the village of primary responsibility (88%) has not changed from the 1997 survey (92%, 96%, 87%, respectively).

The variations among the three district identified in the 1997 survey remained. The Bdd from Banjar are slightly older (mean age is 27.2), are more likely to be married (86%), and to have at least one child (73%) than Bdd from HSS or Barito-Kuala (p-values <0.01).

Education and Employment History (Table 3)

The education and employment profile of the 1999 cohort was similar to that of the 1997. The majority of Bdd has junior high school, nursing and midwifery education (74%), and began working as Bdd after 1993 (83%). Sixty-eight percent of the Bdd are employed on three-year contracts with the Indonesian government, of whom 40% are in their second contracts at the time of the survey. This is comparable to the findings among the 1997 cohort in which 73% of the Bdd had have junior high school, nursing and midwifery education, 86% had been working as Bdd for less than 5 years. In 1997, 60% of the Bdd were contract with 59% of these contracts beginning in 1996.

By 1999, 52% of the Bdd in the three MotherCare districts had received Life Saving Skills (LSS) training. By program design, most of the BDD in HSS had been trained (93%) while 39% of the Bdd in Barito-Kuala and 35% of the Bdd in Banjar had received LSS training. At the time of the 1997 survey, only 38 Bdd from HSS had received LSS training.

As with 1997 cohort, the education and employment histories differed when the employment statuses (government employees or contract employees) were compared. The government Bdd were more likely

to have attended nursing school and worked as nurses before they attended midwifery school than the contract Bdd. Most (96%) of the government BDD attended three years of nursing school compared with 68% of the contract Bdd. Of the 159 government Bdd who attended nursing school, 60% worked as nurses before entering midwifery school. Only 8% of the 231 contract Bdd with nursing education worked as nurses before entering midwifery school. The Bdd who are government employees have been employed as Bdd longer than those who were contract employees with mean years of 6.0 and 3.5 respectively. This compares to 1997 survey in which the mean years as Bdd were 4.1 for government Bdd and 1.6 for contract Bdd. Over 50% of the government Bdd have been employed as Bdd for more than five years, while only one of the contract Bdd have been employed more than five years.

Also, variations occurred when the employment histories were examined by the district in which the Bdd resided, as in the 1997 cohort. Bdd from Banjar were more likely to have more than five years of experience as a Bdd and to be government employees than Bdd from the other two districts (p-values < 0.005).

Health Services Provided by Bdd (Table 4)

The activities in the three months prior to the survey as reported by the Bdd are shown in Table 4. Although the ultimate goal of the Bdd program in Indonesia is for the Bdd to replace the traditional birth attendant (TBA, locally known as a dukan) as the primary birth attendant, the strategy to achieve this has been to promote teamwork between the Bdd and the TBA. As a result, the number of deliveries attended by the Bdd alone, the number the Bdd attended with a TBA, and the combined number will be reported to present a current picture of the activities of the Bdd in this regard.

Twenty-two percent of the Bdd are responsible for more than one village. This is increased from 15% reported in 1997 survey. As in 1997 survey, the Bdd with responsibility for more than one village are concentrated in Banjar (28%) and HSS (37%) districts. Bdd reported attending a mean of 5.4 deliveries in the three months prior to the survey. Bdd reported delivering more women alone (mean=3.5) than with a TBA (mean=1.9). Eight percent of the Bdd reported attending no deliveries, either alone or with a TBA in this period. Only 10% of the Bdd reported attending more than 10 deliveries in the three months prior to the survey. Visits to newly delivered mother and infants in the first week after delivery (PP visit) were more numerous among the Bdd. Only 6% reported no PP visits; mean number of postpartum visits was 6.3. This pattern of volume of service relationships did not differ when examined by district.

As in the 1997 survey, the Bdd from Banjar appeared to be the most active, reporting attending the most deliveries, either alone (mean=4.8) or with a TBA (mean=1.9), and making the most first week postpartum visits (mean=8.5). The Bdd from HSS reported the fewest number of deliveries (mean=4.1) and postpartum visits (mean=4.4). These estimates are assumed to reflect the general level of delivery and postpartum visit activity at the time of the survey.

Of the 466 Bdd who reported making any first week postpartum visits in the three months prior to the survey, 171 (37%) included visits to women for whom they did not attend the birth. This percentage differs by district with 37%, 23% and 49% for HSS, Barito-Kuala and Banjar respectively. This contrasts to 1997 survey in which 49% of the Bdd reported visiting women whom they did not deliver with any variation in this percentage by district.

Fifteen percent of the Bdd reported taking vacation during the reporting period (Dec'98 to Feb '99). Slightly more Bdd took vacation in HSS (19%) than in Barito-Kuala or Banjar (14%). Among the Bdd who took vacation, the mean number of days were 22 for HSS, 30 for Barito-Kuala and Banjar. Information is not available from the 1997 survey about vacation taken during the reporting period. It is not known how the vacation information affected the reported volume of services.

Table 5 compares the mean number of services reported in 1997 survey and 1999 survey. Most of the services showed increases in services provided by the Bdd.

Coverage of Maternal and Newborn Care by Bdd (Table 6)

The number of deliveries that occurred in the villages for which each BDD is responsible is needed to determine the individual Bdd coverage of services (percentage of eligible deliveries and postpartum mothers and babies in her village(s) of responsibility for which the Bdd attended the delivery and made a PP visit). This information is not available.

Coverage of services by Bdd can be estimated on a district level. The expected number of deliveries for each district can be calculated based on population size of the districts (488,872 for Banjar, 289,692 for BK, and 192,562 for HSS) and the provincial crude birth rate (24.5 births per 1000 population). The number of deliveries and PP visits the Bdd reported that she attended in the three months prior to the survey can be used to estimate the number she would attend in a year (multiple by 4 to get number for 12 months), assuming that the number reported in three month period reflect three month activities at any time of year. The coverage of deliveries and postpartum visits by Bdd for 1997 and 1999 are presented in Table 6. The assumption is made that the number of expected births would remain the same for 1999 as 1997.

The estimated coverage has increased slightly since 1997, except for postpartum visits in HSS and Barito-Kuala. If you "adjust" for the fact that there are 7-8% fewer Bdd in 1999, the estimated coverage for 1999 increases by an additional 3-4%.

Complications Identified by Bdd (Table 7 and 8)

The Bdd reported 226 women with complications at labor and delivery, 168 women with postpartum complications and 80 newborns with complications among the 2,687 women for whom they attended delivery (alone or with TBA) and 3,122 mothers they visited postpartum in 1999 survey. Bdd identified complications among 8% of the women for whom they attended the delivery, either alone or with TBA, among 5% of the mothers and 3% of the newborns they visited postpartum.

More information about the time of the complication (delivery, postpartum, newborn) was collected in 1999 survey than in 1997 survey. The types of complications are included in Table 7 and 8. As in 1997 survey, the largest category of complication was hemorrhage, followed by dystocia and hypertensive diseases of pregnancy. The category "Other" includes some complications which are poorly defined or may be minor.

Iron Distribution by Bdd (Table 9)

The 1999 survey collected information from the Bdd about their participation in iron folate supplementation. To address the high prevalence of anemia in the three MotherCare districts (estimated at 45% of pregnant women in 1996), MotherCare with MOH has implemented interventions to increase

awareness of the problem among women and providers and to increase demand for and supplies of iron folate supplementation. In addition, the target groups for supplementation are expanded to include postpartum women and newly married women. One of the avenues for increased awareness, demand and supplies has been through Bdd.

Half of the Bdd reported selling iron tablets in the three months prior to the 1999 survey. Slightly more Bdd in HSS and Barito-Kuala reported selling iron (60% and 59% respectively) than in Banjar (34%). Bdd report selling Iron folate tablet to all three-target groups: pregnant women (78%), postpartum women (63%) and newly married women (62%). Packets with 30 iron folate tablets were the most frequently sold (94%) at a mean price of 1271 rupiah. The mean profit reported by the Bdd was 325 rupiah. The Bdd reported a mean of 7.1 packets sold in the three months prior to the survey. Some variations by district can be seen in Table 9.

Participation in Maternal-Perinatal Audit (Table 10)

The MOH has promoted the participation of providers in maternal-perinatal audits at district level as an intervention to improve the quality of care. The Bdd serve a vital role in the MPA process as the provider responsible for obtaining the verbal autopsy information from the providers and family and presenting the audit case at the meeting.

Most of the Bdd (85%) reported having participated in an MPA with over 90% of the Bdd from HSS and Barito-Kuala having participated. Their participation has been mostly limited to attending the meetings, although 24% reported obtaining a verbal autopsy and 19% reported presenting the case. Twenty-one percent of the BDD reported 22 maternal deaths and 87 perinatal deaths in the villages of their responsibility. Most of the Bdd found the MPA useful (73%) and reported that participation added to their knowledge (83%). Variations in participation found among the Bdd by district most likely reflects the varying levels of activities related to MPA in the districts.

Tabulin Fund (Table 11)

The Tabulin fund was established to provide villages in need (designated IDT by Indonesian government) seed money (100,000 rupiah) to fund community needs for emergencies, particularly for transportation.

Information related to the status of the Tabulin fund is reported in Table 11. Among the 387 Bdd with one village of responsibility, 54% reported that their village was IDT and 40% reported that their village had a Tabulin fund. Almost 70% of the Bdd either had full management responsibility or participated in the management of the fund. Sixty-four percent of the Bdd reported that the fund was active.

Among the 111 Bdd with responsibility for more than one village, over 60% reported that at least one of their villages were IDT and 42% reported a village with Tabulin Fund. Only 30% of the Bdd reported any management responsibility for the fund, and 345 reported active funds.

The mean amount in the funds varied depending but none reached levels over 150,000 rupiah. Again, variations are seen among the districts with highest activity in Banjar, the district with lowest percentage of villages with a fund.

Participation in “Safety Net” Program (Table 12)

The “Safety Net” program was created by the Indonesian government to provide a reimbursement mechanism for providers to provide health care to families with financial difficulties as a result of the economic crisis. Over 65% of the Bdd reported that they received reimbursement for services through safety net program. Most of the reimbursed services were for prenatal care (mean number of women was 3.3). Mean number of women for which delivery care and postpartum care was reimbursed were 1.5 and 1.7 respectively. Bdd from Barito-Kuala reported the highest level of services provided through this program.

Impact of MotherCare LSS Training (Table 13)

One of the goals of the MotherCare Project in Indonesia is to accelerate the utilization of Bdd for deliveries and postpartum care. The training component of the project is expected to significantly contribute to this goal. These 9-day training sessions began at the end of November 1996.

No differences are detected in total number of deliveries or PP visits when the activity levels for the MotherCare trained Bdd are compared to the untrained BDD. However, untrained Bdd reported significantly more deliveries alone (mean 3.9) than trained Bdd (mean 3.2), and trained Bdd reported significantly more deliveries with TBA (mean 2.2) than the untrained (mean 1.5; Table 13).

It may be too early to expect demonstrable changes in service provision as a result of the LSS training. Also, differences existed among the districts in 1997 with the Bdd in Banjar being the most active and those in HSS the least active. Almost half of the trained Bdd are from HSS while the Bdd from HSS make up 27% of the Bdd from three MotherCare districts. This may mask the effect that training had on increasing services.

Characteristics of the Bdd who migrated out from MotherCare Districts (Table 14)

When the socio-demographic characteristics in 1997 of the 100 Bdd who were included in the 1997 survey but not in the 1999 survey are compared to the 438 Bdd included in both surveys, the Bdd who were not included in the 1999 survey were more likely to be married, to have children and to be contract Bdd than those included in 1999 survey (p value < 0.05). No differences were detected in volume of services reported.

DISCUSSION

This cross-sectional survey provides a repeat snapshot of the profile and activities of the Bdd in the three MotherCare districts in 1999. It provides information so that Bdd can be compared among the three districts in terms of their profile (socio-demographic, educational, and employment history) and their activities. It also provides information so that the 1999 cohort of Bdd can be compared to the 1997 cohort.

One surprising finding from this repeat survey was the 7% (40 Bdd) net loss in Bdd over a two year period. Luckily, the high out-migration of 100 Bdd (19%) was buffered by in-migration of 60 Bdd (11%). However, this amount of Bdd turnover results in a less stable work force in which to implement interventions, particularly in-service training. In 1999, over 65% of the Bdd are under contract with MOH with over half in the last year of their contract. This finding has implications for future stability in the Bdd work force.

The ultimate goal of the Bdd program is for the Bdd to replace the TBA as primary birth attendant. However, the strategy to achieve this goal is to promote teamwork between the Bdd and TBA. This survey provides information that suggests that progress is being made. Overall, the mean number of deliveries either alone or with TBA has increased in all three districts. The mean number of postpartum visits has increased in Banjar, remained the same in HSS, but decreased in Barito-Kuala.

One of the goals of the MotherCare Project in Indonesia is to accelerate the utilization of Bdd for deliveries and postpartum care. The training component of the project was expected to contribute to this goal. To date, 52% of the Bdd had received LSS training with largest percentage of trained Bdd in HSS (93%). This survey did not detect significant increases in the mean number of deliveries alone or with TBA or postpartum visits among trained Bdd are compared. The untrained Bdd reported more mean number of deliveries alone, while trained BDD reported more deliveries with TBA. The trained Bdd were also more likely to participate in maternal and perinatal audit. However, it may be too soon to expect such changes. A repeat survey could provide information to evaluate the impact of the LSS training on the utilization of Bdd. Unfortunately, economic conditions within the country may reduce the impact of the MotherCare project.

Evaluation of the success of the Bdd is best measured by the coverage of eligible women by individual Bdd. This is difficult to determine and impossible with the available information. The BDD are expected to provide services to women who live in the villages of her responsibility. As in the 1997 survey, the higher mean number of PP visits (6.5) than mean number of deliveries attended by the Bdd, either alone or with a TBA (5.4), provides evidence that some women continue to deliver without a Bdd's attendance. Coverage by individual BDD will continue to be difficult to estimate accurately.

However, district level estimates of coverage indicate that Bdd are attending the births of 45% of the women who are expected to deliver in the districts. This is a slight increase from 1997 estimates of coverage (42%). This increase seems to be due to more births in which the Bdd is attending with TBA. This is confirmed by the community-based survey conducted in these three districts in 1996 and 1999. The percent of women who reported that a Bdd was present at their last birth (within the last three years) for the 1996 survey and within the last year from 1999 community survey) increased from 10%, in Barito-Kuala, 6% in HSS and 8% in Banjar reported in the 1996 community survey to 32%, 47% and 20% respectively in 1999 community survey. In the 1996 community survey, less than 1% of women reported both a TBA and a Bdd present at their last birth. In the 1999 community survey, 13% of the women in Barito-Kuala, 21% of the women in HSS and 9% of the women in Banjar reported both a TBA and Bdd at their last birth. An increase also is seen in the coverage for postpartum visits by Bdd. Thirty-six percent of the respondents in the 1996 community survey reported a postpartum visit by a Bdd This increased to 72% in the 1999 community survey with 58% reporting a visit within the first day. The estimated coverage from the community-based survey in 1999 is higher than the coverage for postpartum visits estimated from the 1996 profile survey of 51%. The increased coverage by Bdd can be explained, at least in part, by the availability of Bdd in the three MotherCare districts. Almost 50% of the Bdd reported in the 1997 Bdd profile survey that they had been Bdd for two or less years. Many of the women with births in the last three years (1993-1996) included in the 1996 community-based survey probably did not have the opportunity to use a Bdd for delivery or for postpartum visit.

As in 1997, the survey revealed that the profile of Bdd differs among the districts. The Bdd from Banjar

are older, more likely to be married and to have children, be more experienced, and be government employees than the Bdd from the other two districts. Banjar Bdd also reported providing more services than the Bdd from the other two districts. The higher level of activities among the Banjar Bdd probably reflects the larger population base in general and one that is more urban than the other two districts. When coverage by Bdd is estimated on a district level, Banjar Bdd appear to be providing services to a slightly lower percentage of eligible women than the Bdd in the other two districts. However, this may only reflect the possibility of more options for professional care available to the women in more urban Banjar.

BDD PROFILE SURVEY, APRIL-MAY 1997 AND MARCH 1999

TABLE 1: COVERAGE OF BIDAN DI DESA (BDD)

	TOTAL		HSS*		BARITO-KUALA*		BANJAR*	
	N	%	n	%	n	%	n	%
Number in 1999 Survey	498		134	27	174	35	190	38
Number in 1997 Survey	538		145	27	189	35	204	38
Number in Both Surveys	438		115	26	160	37	163	37
New in 1999 Survey	60		19	32	14	23	27	45
Not in 1999 Survey	100		28	28	28	28	44	44
Out-migration ¹		19		19		15		22
In-Migration ²		11		13		7		13
Net loss ³		7		8		8		7

* Nine Bdd moved among the MotherCare districts between surveys

¹ Number not in 1999 survey/ number in 1997 survey

² Number new in 1999 survey/number in 1997 survey

³ Difference between numbers in 1997 and 1999 surveys/number in 1997 Survey

TABLE 2: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF BIDAN DI DESA

	TOTAL (N=498) %	HSS (n=134) %	BARITO-KUALA (n=174) %	BANJAR (n=190) %
Age: ≤ 20 yrs	3	4	3	2
21-25 yrs	61	70	68	48
26-30 yrs	24	22	18	30
31-35 yrs	8	4	9	11
>35 yrs	4	<1	1	9
Mean age	25.5	24.1	24.6	27.2
Married or widowed	77	71	71	86
No children	42	55	48	27
From Kalimantan	93	93	91	94
Fluent in local language	85	88	82	86
Only occasional language difficulties	12	10	14	12
Lives in village of primary responsibility	88	92	95	78

TABLE 3: EDUCATION AND EMPLOYMENT HISTORY OF BIDAN DI DESA

	TOTAL (N=498) %	HSS (n=134) %	BARITO- KUALA (n=174) %	BANJAR (n=190) %
Education				
Jr hi + 3 yr nsg+ 1 yr mw	71	63	73	74
Jr hi + 3 yr mw	17	22	16	13
Other combinations	13	14	11	13
Received MotherCare LSS training	52	93	39	35
Length of time as Bdd:				
1998-99	2	4	2	<1
1996-97	41	51	49	27
1994-95	40	28	40	49
1992-93	10	9	7	13
1990-91	7	8	2	11
Employment status				
Government	32	24	23	47
Contract	68	76	77	53
Among government employees:	N=161	n=32	n=40	n=89
Employed prior to 1994	52	72	40	49
Employed 1994 & after	48	28	60	51
Among contract employees:	N=337	n=102	n=134	n=101
with 1 st contract	60	69	63	49
with 2 ND contract	40	31	37	51
Among contract employees:	N=337	n=102	n=134	n=101
Year current contract ends				
1999	52	55	58	41
2000	30	22	28	43
2001	15	21	13	14
2002-3	1	2	-	1
Unknown	1	1	2	2

**TABLE 4: REPORTED ACTIVITIES OF BIDAN DI DESA IN PAST 3 MONTHS
(Dec 1998-Feb 1999)**

	TOTAL (N=498) %	HSS (n=134) %	BARITO- KUALA (n=174) %	BANJAR (n=190) %
Covers more than 1 village	22	37	5	28
Number of deliveries by Bdd alone				
0	20	28	20	15
1-2	32	41	33	25
3-5	29	24	33	28
6-10	14	4	12	22
more than 10	5	2	2	11
Mean	3.5	2.2	3.2	4.8
Number of deliveries with TBA				
0	39	38	35	43
1-2	35	35	40	29
3-5	20	19	20	21
6-10	4	4	3	5
more than 10	2	3	1	2
Mean	1.9	1.5	1.8	1.9
Number of deliveries alone/with TBA				
0	8	8	3	12
1-2	22	31	25	14
3-5	34	38	39	27
6-10	25	18	28	27
more than 10	10	5	4	20
Mean	5.4	4.1	5.0	6.7
Number of 1 st week postpartum visits				
0	6	7	4	8
1-2	19	29	23	7
3-5	33	38	39	23
6-10	28	17	27	37
more than 10	14	8	6	25
Mean	6.3	4.4	5.3	8.5

TABLE 5: MEAN NUMBER OF HEALTH SERVICES REPORTED FOR THE THREE MONTH PERIOD PRIOR TO 1997 AND 1999 BDD SURVEYS

	TOTAL		HSS		BARITO-KUALA		BANJAR	
	1997	1999	1997	1999	1997	1999	1997	1999
Number of Bdd	538	498	145	134	189	174	204	190
Deliveries alone	3.2	3.5	2.4	2.2	3.0	3.2	4.0	4.8
Deliveries with TBA	1.4	1.9	1.0	1.9	1.3	1.8	1.7	1.9
Deliveries alone or with TBA	4.6	5.4	3.4	4.1	4.2	5.0	5.8	6.7
Week one postpartum visits	5.6	6.3	4.4	4.4	5.5	5.3	6.5	8.5

TABLE 6: ESTIMATED COVERAGE OF SERVICES BY BDD FOR 1997 AND 1999

	TOTAL		HSS		BARITO-KUALA		BANJAR	
	1997	1999	1997	1999	1997	1999	1997	1999
Expected no. deliveries	23,792		4,718		7,097		11,977	
No. Bdd	538	498	145	134	189	174	204	190
Mean # deliveries in 3 months	4.6	5.4	3.4	4.1	4.2	5.0	5.8	6.7
Yearly # per Bdd	18.4	21.6	13.6	16.4	16.8	20	23.2	26.8
Deliveries with Bdd	9899	10757	1972	2198	3175	3480	4733	5092
Coverage deliveries	42%	45%	42%	47%	45%	49%	40%	43%
Mean # PP 3mths	5.6	6.3	4.4	4.4	5.5	5.3	6.5	8.5
Yearly # per Bdd	22.4	25.2	17.6	17.6	22	21.2	26	34
PP visits by Bdd	12052	12550	2552	2358	4158	3689	5304	6460
Coverage	51%	53%	54%	50%	59%	52%	44%	54%

TABLE 7: MATERNAL PROBLEMS REPORTED BY BIDAN DI DESA IN 1999 BDD SURVEY, IN PAST 3 MONTHS (DEC. 1998 TO FEB. 1999, APPROXIMATELY 2700 DELIVERIES)

	DELIVERY	IST WEEK	TOTAL
HEMORRHAGE			
Retained placenta		49	49
Hemorrhage (unspecified)	21		21
Antepartum hemorrhage	4		4
Postpartum hemorrhage	14	7	21
DYSTOCIA			
Prolonged 1 st stage	6		6
Prolonged 2 nd stage	14		14
Prolonged labor	9		9
Obstructed labor	9		9
CPD	4		4
Breech presentation	15		15
Transverse presentation	2		2
C-section	2		2
Twins	6		6
HYPERTENSIVE DISEASES OF PREGNANCY			
Pre-eclampsia	12	1	13
Eclampsia	2		2
Hypertension	2	5	7
OTHER			
Prolapsed cord	1		1
Premature ROM	13		13
Anemia	2	5	7
Thrombophlebitis		2	2
Jaundice		1	1
Mastitis/Breast abscess		7	7
FEVER/CHILLS		1	1
Sub-involution		1	1
Problems with defecation		7	7
Problems with urination		3	3
Refused referral	5		5

TABLE 8: NEONATAL PROBLEMS REPORTED BY BIDAN DI DESA IN 1999 BDD SURVEY, IN PAST 3 MONTHS (DECEMBER 1998 TO FEBRUARY 1999 APPROXIMATELY 2700 DELIVERIES)

Stillbirth	2
Problems with breast milk	43
Problems with baby breast feeding	14
Engorgement	7
Nipple problems	7
Low birth weight	32
LBW/premature	2
Premature	5
Jaundice	8
Asphyxia	18
Breathing problems	4
Neonatal tetanus	2
Infection	1
Skin problems	2
Conjunctivitis	2
Cephalohematoma/caput	2
Congenital anomalies	3
Cord hemorrhage	2

TABLE 9: IRON SUPPLIED BY BDD IN THREE MONTHS IMMEDIATELY PRIOR TO BDD SURVEY IN MARCH 1999

	TOTAL (N=498) %	HSS (n=134) %	BARITO- KUALA (n=174) %	BANJAR (n=190) %
Sold iron tablets in past 3 months	50	60	59	34
Sold iron tablets	N=247	N=80	N=103	N=64
Sold iron tablets to:				
-pregnant women	78	83	71	85
-postpartum women	63	69	54	70
-newly wed women	62	54	72	56
Sold iron tablets to:				
-to all 3 groups of women	38	35	37	42
-only to pregnant women	15	16	13	16
-only to postpartum women	3	1	3	6
-only to newly wed women	17	13	24	9
-to pregnant & postpartum women	20	29	13	22
-to pregnant & newly wed women	6	2	9	5
-to postpartum & newly wed women	2	4	2	
Sold other than sachets with 30 tablets	6	5	0	17
Mean number of sachets (30 tabs) sold	7.1	8.1	6.3	7.3
Mean price (rupiah) bought sachets (30tabs)	946	949	1144	625
Mean price (rupiah) sold sachets (30tabs)	1271	1361	1447	873
Mean profit (rupiah)	325	413	304	248
Since start of private iron program, mean number of sachets (30 tabs) sold	17.4	26.1	12.7	14.0

TABLE 10: MATERNAL-PERINATAL AUDIT (MPA) ACTIVITIES REPORTED BY BDD

	TOTAL (N=498) %	HSS (n=134) %	BARITO- KUALA (n=174) %	BANJAR (n=190) %
Participated in MPA	85	93	99	66
Activities:				
Attend meeting only	70	66	75	67
Present case only*	3	3	-	6
Verbal autopsy only	2	2	1	4
Attend & present case	2	<1	1	3
Attend & verbal autopsy	8	10	7	8
Attend & other	<1	-	<1	
Present & verbal autopsy*	1	2	-	2
Attend, present & VA	13	17	5	10
Attend, present, VA & other	<1	-	-	1
Opinion about MPA				
Useful	73	72	77	68
Not useful	1	1	1	1
Adds knowledge	85	82	91	79
Is scary	14	12	20	6
Does not like	1	-	2	-
Other	<1	-	<1	<1
Deaths occurred in villages of responsibility	21	31	24	11
	N	n	n	n
Number of maternal deaths	22	9	6	7
Number of perinatal deaths	87	35	38	14

* answer inconsistent- can not present case without attending meeting

TABLE 11: TABULIN FUND ACTIVITIES REPORTED BY BDD

	TOTAL (N=498) %	HSS (n=134) %	BARITO-KUALA (n=174) %	BANJAR (n=190) %
No. of villages per Bdd				
one	78	63	96	72
two	21	34	4	26
three	1	2	-----	2
more than three	<1	<1	-----	<1
Only one village (n)	387	84	167	136
Village is IDT (n)	54	54	66	38
Have Tabulin Fund *	40	24	59	27
Manage fund:				
Bdd alone	37	30	36	43
Health post alone	17	10	8	46
PKK alone	12	50	5	11
Bdd+HP+PKK+other	21	----	32	-----
Bdd+HP+Other	11	----	17	-----
All other combinations	2	10	1	----
Mean amount in fund	R 115,905	R 97,647	R111,286	R 136,077
Activity Yes	64	35	59	95
Mean amount if active	R128,120	R 112,000	R120,730	R141,141
Activity No**	35	60	41	3
Mean amount if inactive	R98,113	R100,000	R100,000	R 0
More than one village (n)	111	50	7	54
Two villages (n)	103	46	7	50
Both are IDT	40	37	86	36
One of two	22	24	14	22
None	38	39	-----	42
Have Tabulin Fund *	42	54	86	26
Manage fund:				
Bdd alone	30	19	83	29
Health post alone	38	37	-----	57
PKK alone	28	41	17	7
Bdd+HP+PKK+other	-----	----	-----	----
Bdd+HP+Other	-----	----	-----	----
All other combinations	4	4	-----	7
Mean amount in fund	R107,410	R115,238	R100,000	R98,185
Activity Yes	34	7	17	93
Mean amount if active	R99,775	R110,000	R100,000	R98,185
Activity No**	60%	85%	83%	0%
Mean amount if inactive	R112,500	R115,789	R100,000	R0

*Some non-IDT villages have funds

**Some Bdd did not know if funds were active or not

TABLE 12: PARTICIPATION IN "SAFETY NET" PROGRAM REPORTED BY BDD

	TOTAL (N=498) %	HSS (n=134) %	BARITO- KUALA (n=174) %	BAJAR (n=190) %
Received safety net in last 3 months	68	71	68	66
Number who reported receiving	(N=338) %	(N=95) %	(N=118) %	(N=125) %
Women for prenatal care				
0	3	2	<1	6
1-2	46	51	44	43
3-5	38	37	37	39
6-10	11	10	14	9
more than 10	2	1	4	3
Mean	3.3	2.9	3.7	3.4
Women for delivery care				
0	30	35	15	41
1-2	51	48	61	42
3-5	16	16	19	14
6-10	3	1	5	2
more than 10	<1	0	0	<1
Mean	1.5	1.3	1.8	1.2
Women for postpartum care				
0	28	31	13	40
1-2	46	45	52	42
3-5	22	22	30	14
6-10	3	2	5	2
more than 10	1	0	1	2
Mean	1.7	1.5	2.2	1.4
If no safety net program, these women would have received care from you:				
Yes	87	90	85	88

TABLE 13: HEALTH SERVICES IN 3 MONTHS PRIOR TO SURVEY FOR BDD

	Trained* (n=259) %	Untrained (n=239) %
Number of deliveries by Bdd alone		
0	23	18
1-2	34	29
3-5	25	33
6-10	13	15
more than 10	5	6
Mean **	3.2	3.9
Number of deliveries with TBA		
0	36	42
1-2	23	37
3-5	22	18
6-10	5	2
more than 10	5	1
Mean**	2.2	1.5
Number of deliveries alone or with TBA		
0	6	10
1-2	25	19
3-5	35	34
6-10	23	27
more than 10	12	9
Mean	5.4	5.4
Number of 1st week PP visits		
0	6	7
1-2	23	14
3-5	32	33
6-10	25	32
more than 10	14	15
Mean	5.8	6.8
Sell iron folate tablets	51	48
Participation in Maternal-perinatal Audit activities**	90	79

*Trained - has received MotherCare Life Saving Skills Training

** P values < 0.05

TABLE 14: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF BDD INCLUDED IN 1997 BY INCLUSION IN 1999 SURVEY

	Included in 1999 survey	
	YES (n=438) %	NO (n=100) %
From Kalimantan	93	89
Marital status*		
unmarried	46	28
married	54	70
widowed	<1	2
Number of children *		
none	64	46
1	25	38
2	8	11
≥ 3	4	5
Mean age	23.7	25.2
Speaks language fluently	79	79
Number of villages responsible:		
1	87	78
2	12	17
≥ 3	1	5
Lives in village of primary responsibility	87	85
Employment status*		
Government	66	43
Contract	34	57
Length of time as Bdd:		
1996-97	42	18
1994-95	41	40
1992-93	10	22
1990-91	7	18
prior to 1990		2
Reported activities- mean in 3 months prior to survey		
Deliveries alone	3.1	3.5
Deliveries with TBA	1.4	1.3
Total Deliveries	4.5	4.8
Postpartum visits	5.5	5.8

- P values < 0.05

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APPENDIX A

BIDAN DI DESA PROFILE SURVEY #2- 1999

Number	Question	Answer
1.	What is today's date?	___ day ___ month ___ year
2.	What is your name?	Name : _____
3-5	Where do you live (Please fill in name of):	Village : _____ Subdistrict : _____ District _____
6.	Where did you live between when you were born until 18 years old ?(please circle one) :	1. In Kalimantan 2. Outside of Kalimantan 3. Both
7.	What is your date of birth (please fill in)	___ day ___ month ___ year
8.	What is your age (please fill in)	_____ years
9.	What is your marriage status (please circle one):	1. Unmarried 2. Married 3. Divorced 4. Widowed
10.	How many children have you given birth to (Fill in the number or write 0 if you have not had any children)	_____ children
11 - 14.	What is the Puskesmas that supervises you (please fill in):	Name : _____ Village : _____ Subdistrict : _____ District : _____

15.	How many villages are you responsible for (please circle the number of villages, if more than 3 fill in the number under "4. Other"):	1. One 2. Two 3. Three 4. Other (fill in number) _____
16 - 19.	List the names of villages for which you are responsible :	Village No. 1 _____ Village No. 2 _____ Village No. 3 _____ Other Villages _____ _____
19b.	Have you ever worked in other desa before you work in this desa?	1. Yes 2. No 3. Do not know
19c.	If yes, where : Desa (s) Kecamatan Kabupaten	-----, ----- ---- -----, -----
19c.	Since when did you move from that desa?	----- month; -----year
20 - 21	What is your primary village (please fill in):	Name _____ Subdistrict _____
21a	Is your responsible village received "Tabulin" funding from MotherCare?	1. Yes 2. No 3. Don't know
21b	If Yes, Who manage the Tabulin currently?	1. Bdd 2. Posyandu Kader 3. PKK 4. Others, explain
21c	If Yes, does it work? (Participants exist, voluntarily fee, etc)	1. Yes 2. No 3. Don't know
21d	How much is the Tabulin funds currently?	1. Rp..... 2. Don't know

22.	How well do you speak the local language where you work (Please circle one):	<ol style="list-style-type: none"> 1. Fluently 2. Sometimes I have difficulties in speaking 3. Speak very little 4. Do not speak at all
23.	Is your primary village the same village that you live in (please circle yes, no, or do not know):	<ol style="list-style-type: none"> 1. Yes go to question No. 25 2. No 3. Do not know
24.	If it is not the same village, how long would it take you to walk from where you live to your primary village (please fill in hours or circle "too far to walk" if the distance is so far that you can not estimate how long it would take):	<ol style="list-style-type: none"> 1. _____ Hours 2. Too far to walk (code as 99)
25.	When did you start working as a Bidan di desa (please fill in) :	_____ year
26.	Are you currently a government employee Bidan di desa (please circle yes, no, or do not know):	<ol style="list-style-type: none"> 1. Yes 2. No - go to question No. 28 3. Do not know - go to question No. 28.
27.	If yes, since when have you been a government employee (please fill in):	_____ year
28.	Are you currently a contract Bidan di desa (please circle yes, no, or do not know):	<ol style="list-style-type: none"> 1. Yes 2. No - go to question No. 31 3. Do not know - go to question No. 31.
29	If yes, when was your contract started? (Please fill in) :	First contract : _____ month _____ year Second contract : _____ month _____ year
30.	If yes, when does your contract end (please fill in) :	First contract : _____ month _____ year Second contract : _____ month _____ year

31.	What is the highest school level completed before you attended nursing or midwifery school (please circle the correct answers):	1. Junior High School or equivalent 2. Senior High School or equivalent 3. Other (fill in) _____
32.	Did you attend nursing school (please circle yes, no, or do not know)	1. Yes 2. No - go to question No. 36 3. Do not know - go to question No. 36.
33.	If yes, how many years (please fill in number):	_____year
34.	If yes, Where was the nursing school (please circle):	1. In Kalimantan 2. Outside of Kalimantan 3. Do not know
35.	If yes, did you work as a nurse before going to midwifery school (please circle yes, no or do not know)	1. Yes 2. No 3. Do not know
36.	How many years did you attend midwifery school (please fill in number):	_____year
37.	Where was the midwifery school (please circle the correct answer):	1. In Kalimantan 2. Outside of Kalimantan 3. Do not know
38.	When did you graduate from midwifery school (please fill in):	_____year
39.	Have you had any MotherCare LSS Training since graduating from midwifery school (please fill in yes, no, or do not know):	1. Yes 2. No - go to question No. 40b 3. Do not know - go to question No.40b
40.	If yes, please fill in LSS Training ID Number:	_____LSS Training ID number
40b.	Did you complete a survey like this in 1997 <u>during IPC/C training</u> ?	1. Yes 2. No 3. Do not know

Now we will ask you questions about recent DELIVERIES you attended. With each question we will ask about the last three months: (Dec, Jan, Feb)

Please check with the Bidan di desa record book (Delivery and ANC)

40c	In the last three months (Dec-February) did you take vacation outside your subdistrict?	<ol style="list-style-type: none"> 1. Yes - go to question No. 40d 2. No - 3. Do not know
40d-f	If yes, how many days?	Dec _____ days Jan _____ days Feb _____ days

NO.	QUESTION	In the month of December (fill in number, if none put 0)	In the month of January (fill in number, if none put 0)	In the month of February (fill in number, if none put 0)
41 - 43	How many deliveries did you attend by yourself alone:			
44 - 46	How many deliveries did you attend with Dukun:			
47 - 49	How many deliveries did you attend in total :			
50 - 52	How many of these women had a problem during labor and delivery:			
53	Explain (list) the problems that you saw in these women:	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 	<ol style="list-style-type: none"> 1. 2. 3. 4. 5.
54 - 56	How many times were you called for a delivery but arrived after the baby was born:			

Now we will ask you questions about POSTPARTUM visits you conducted. With each question we will ask about each of the last three months: (Dec, Jan, and Feb)

No.	QUESTION	In the month of December (fill in number, if none put 0)	In the month of January (fill in number, if none put 0)	In the month of February (fill in number, if none put 0)
57 - 59	<p>How many women did you visit within the first week after delivery :</p> <p>If you visited the same women more than one time in that first week, count it as one visit</p>			
60 - 62	<p>Of these women who you visited during their first PP week, at how many of these births were you present:</p>			
62a-c	<p>How many of these women had a problem during the first week postpartum :</p>			
62d-f	<p>Explain (list) the problems that you saw in these women :</p>			
62g-i	<p>How many babies have a problem during the first week postpartum :</p>			
62j-l	<p>Explain (list) the problems that you saw in these babies</p>			

Now we want to ask you some questions about the services you are offering:

No.	Question	
63a	Have you received any payment from the social security network (safety net) for women for whom you have provided care in the last three months?	1. Yes 2. No- go to ques # 3. Do not know- go to ques #
63b	How many women for (fill in number): - prenatal care - labor & delivery care - postpartum care	prenatal care _____ labor & delivery care _____ postpartum care _____
63c	Has this program allowed patients to receive care from you whom would not have been able to if the program did not exist?	1. Yes 2. No 3. Do not know
64a	Did you sell iron tablets to pregnant women in the last 3months (Dec, Jan, Feb)?	1. Yes 2. No 3. Do not know
64b	Did you sell iron tablets to postpartum women in the last 3months (Dec, Jan, Feb)?	1. Yes 2. No 3. Do not know
64c	Did you sell iron tablets to <u>newly-wed</u> women in the last three months?	1. Yes 2. No 3. Do not know
64d	in the last three months (Dec, Jan, Feb), how many sachets did you sell?	----- Sachets of 30 pills ----- Sachets of 15 pills ----- Sachets of 10 pills
64e	Since the start of private iron program, how many sachets did you sell?	----- Sachets of 30 pills ----- Sachets of 15 pills ----- Sachets of 10 pills
64f	For how much do you sell the tablets?	Rp ---- Sachets of 30 pills Rp ---- Sachets of 15 pills Rp ---- Sachets of 10 pills
64g	How much do you pay for the tablets?	Rp ---- Sachets of 30 pills Rp ---- Sachets of 15 pills Rp ---- Sachets of 10 pills
65a	Have you participated in a maternal perinatal audit?	1. Yes

		<ul style="list-style-type: none"> 2. No 3. Do not know
65b	If yes, circle all of the ways that you participated:	<ul style="list-style-type: none"> 1. Attend the meeting 2. Presenting case 3. Verbal Autopsy 4. Others, explain ____
65c	What is your opinion about MPA?	<ul style="list-style-type: none"> 1. Useful 2. Not Useful 3. Improve Knowledge 4. "Scary" 5. I don't like it 6. Others, explain _____
65d	Did any of the deaths occur in your responsible village/s?	<ul style="list-style-type: none"> 1. Yes, go to ques # 2. None
65e-f	How many were maternal deaths and how many were perinatal deaths?	<p>_____maternal deaths</p> <p>_____perinatal deaths</p>
66a	Did you receive MotherCare LSS training?	<ul style="list-style-type: none"> 1. Yes 2. No
66b	If you did not received LSS training, are you expecting to get training?	<ul style="list-style-type: none"> 1. Yes 2. No 3. Do not know
66c	If you received LSS training, what do you think the three most useful about LSS training	<ul style="list-style-type: none"> 1. ----- 2. ----- 3. -----

Now, I want to ask you about PR/CE activities. As the previous questions, these questions are not meant to assess or evaluate your performance, rather to get general information about PR/CE activities by Bidan di desa. Please answer the following questions.

Name of Bidan di desa :	_____
District :	_____

66d	So far, has Bidan coordinator from Puskesmas ever conducted PR visit to you?	1. Yes 2. No. ... Go to no. 87a 3. Don't know ... go to no.87a
66e	If Yes, how many time did she visited you? times
66f	If Yes, did she use check list?	1. Yes 2. No 3. Don't know
66g	What is your opinion about PR visit?	1. Very useful/helpful 2. Useful/helpful 3. Not useful 4. I don't like it 5. Others, explain
66h	Could you explain the reasons about your opinion above? _____ _____	
66i	Have you attended CE activities conducted by IBI district?	1. Yes 2. No 3. Don't know
66j	What is your opinion about the CE activities	1. Very useful/helpful 2. Useful/helpful 3. Not useful 4. I don't like it 5. Others, explain

66k	Could you explain the reasons about your opinion above?				
<hr/> <hr/>					
66l	What are the topics that have been discussed during CE?	1. _____ 2. _____ 3. _____ 4. _____			
66m	Are these topics met your needs?	1. Yes 2. No 3. Don't know			
66n	Are these topics, discussed during CE, are problems that you frequently seen/faced when your are working in the village?	1. Yes 2. No 3. Don't know			
66o	What is your opinion about Bidan who facilitate/ teach in CE?	1. Comprehend the material/topics 2. Fair 3. Somewhat comprehend 4. Do not comprehend 5. Others , explain _____			
66p	Do you have any suggestion to improve these CE activities?	1. Yes 2. No			
66q	If Yes, please explain:				
<hr/> <hr/> <hr/>					
67	IEC MATERIAL	Did you receive this IEC material?		Did you still have it?	
KIE 1	Poster Promoting Iron Pills message from Guru Ijai	1. Yes	2. No	1. Yes	2. No
KIE 2	Flyer for Iron Pill Retailers	1. Yes	2. No	1. Yes	2. No
KIE 3	Anemia Counseling Cards	1. Yes	2. No	1. Yes	2. No

KIE 4	Banner for Iron Pill Retailers	1. Yes	2. No	1. Yes	2. No
KIE 5	Reminder Card for taking Iron Pills	1. Yes	2. No	1. Yes	2. No
KIE 6	User's guide to Anemia & Iron Pill IEC materials	1. Yes	2. No	1. Yes	2. No
KIE 7	Brochure/leaflet for contingency planning message from the Governor's wife	1. Yes	2. No	1. Yes	2. No
KIE 8	Breastfeeding counseling booklet	1. Yes	2. No	1. Yes	2. No
KIE 9	Dukun referral booklet : message for traditional birth attendants	1. Yes	2. No	1. Yes	2. No
KIE 10	Bidan poster : The Bidan is available for you	1. Yes	2. No	1. Yes	2. No
KIE 11	Safe Motherhood Flyer for families: message from Guru Ijai	1. Yes	2. No	1. Yes	2. No
KIE 12	Pregnancy flyer for husbands : message from Guru Ijai	1. Yes	2. No	1. Yes	2. No
KIE 13	User's guide to Safe Motherhood IEC Material	1. Yes	2. No	1. Yes	2. No
KIE 14	Poster Promoting Iron Pills for women-to-be-married/Newlywed women	1. Yes	2. No	1. Yes	2. No
KIE 15	Anemia/Iron Pill booklet for women-to-be married/Newlywed women	1. Yes	2. No	1. Yes	2. No
KIE 16	Iron pill Calendar for couples-to-be-married/Newlywed couples	1. Yes	2. No	1. Yes	2. No
KIE 17	Counseling Booklet for religious officials on anemia/iron pill information for women-to-be-married/Newlywed women	1. Yes	2. No	1. Yes	2. No
KIE 18	counseling booklet for health providers on anemia/Iron pill Information for women-to-be-married/Newlywed women	1. Yes	2. No	1. Yes	2. No

KIE 19	Technical Guide for Health Providers on Anemia/Iron pill Information for women-to-be-married/Newlywed women	1. Yes	2. No	1. Yes	2. No
67a	Have you ever received information from the head of Puskesmas or Bidan Coordinator about IEC media or Iron tablets and anemia (IEC 1 to 6)	1. Yes 2. No			
67b	If Yes, what is the information? (The answer could be more than 1)	1. Purpose of IEC media 2. How to use them 3. Who is the target			
67c	Do you think the information Is clear?	1. Clear 2. Somewhat clear 3. Not clear			
67d	Have you ever received information from the head of Puskesmas or Bidan Coordinator about IEC media or Iron tablets and anemia (IEC 7 to 13)	1. Yes 2. No			
67e	If Yes, what is the information? (The answer could be more than 1)	1. Purpose of IEC media 2. How to use them 3. Who is the target			
67f	Do you think the information Is clear?	1. Clear 2. Somewhat clear 3. Not clear			
67g	Have you ever received information from the head of Puskesmas or Bidan Coordinator about IEC media for couple to be married? (IEC no. 14 to 19)	1. Yes 2. No			
67h	If Yes, what is the information? (The answer could be more than 1)	1. Purpose of IEC media 2. How to use them 3. Who is the target			
67i	Do you think the information Is clear?	1. Clear 2. Somewhat clear 3. Not clear			
67j	Have you ever received information from the head of Puskesmas or Bidan Coordinator about anemia for couple to be married	1. Yes 2. No			
67k	If Yes, what is the information? (The answer could be more than 1)	1. Purpose of IEC media 2. How to use them 3. Who is the target			

67l	Do you think the information is clear?	1. Clear 2. Not really clear 3. Not clear
67m	Have you ever supervised at the village by the head of Puskesmas or Bidan coordinator using MCH-LAM/integrated MCH-Nutrition-Immunization checklist?	1. Yes 2. No
67n	What is your opinion about this activity?	1. Useful/helpful 2. Somewhat useful 3. Not useful 4. Don't like it.

_____ FOR DATA ENTRY PURPOSES ONLY: NOT FILLED IN BY BDD

NUMBER	QUESTION	ANSWER
68	Received LSS Training :	1. Yes 2. NO
69	LSS Training ID No. : (Should be same as answer in question No. 40 for those who received training before this survey)	
70	Date of Training	____Day ____Month ____year
71	Score on PRETEST	_____Score