## Impact of COVID-19 on immunisation and maternal child health services in Indonesia

## Survey for healthcare workers

A1 Province 1. Central Java 2. West Nusa Tenggara  A2 District 1. Semarang City 2. Demak District 3. Purbalingga District 4. Surakarta City 5. Mataram City 6. Central Lombok District 7. Sumbawa District 8. Bima City  A3 Subdistrict See code list for subdistricts  A4 Village See code list for villages  A5 Health Facility Type 1. Posyandu 2. Puskesmas/Pustu 3. Clinic 4. Independent midwife practice 5. Hospital 6. Other, specify  A6 Selected respondent number  A7 Unique interview ID A8 Substitute respondent A9 Interview date A10 Interview start time A11 Interview finish time A12 Interviewer name A13 Interviewer name B1 Interviewer initials B4 Date of data entry B5 Data entry officer initials B4 Date of data entry B5 Data entry officer initials		DATA COLLECTION GENERAL INFORMATION	Answer Code
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B5 Data entry officer initials	B4	Date of data entry	//
	B5	Data entry officer initials	

Section 1: Demographics	Response code

CO	Could you tell me your name, for the purposes of this interview?	
C1	Gender of respondent [interviewer to observe only]	[ ]
	1. Female	
	2. Male	
C2	How old are you?	[ ]
	years	
C3	C3. What is your highest level of education?	[ ]
	1. Completed high school	
	2. Completed a diploma (D3)	
	3. Completed diploma (D4)	
	4. Undergraduate degree	
	5. Profession degree	
	6. Masters	
	7. PhD	
C4	What is your current role?	[ ]
	1. Doctor	
	2. Nurse	
	3. Midwife	
	4. Allied health	
	5. Community health worker/village midwife	
	6. Traditional healer	
	7. Other, specify	
C5	How many years have you worked in this professional role?	[ ]
	1. Less than 2 years	
	2. Between 2 and less than 5 years	
	3. Between 5 and less than 10 years	
	4. 10 years or more	
C6	What health facility do you primarily work in?	[ ]
	1. Puskesmas (continue to C7)	
	2. Poskesdes (continue to C7)	
	3. Polindes (continue to C7)	
	4. Pustu (continue to C7)	
	5. Independent midwife practice (continue to C7)	
	6. Private clinic (continue to C7 & C8)	
	7. Other, specify (continue to C7)	
C7	Do you work in any other health facility?	
	[Can have more than one response. Mark (write the number 1 on all the answers mentioned by the respondent). The interviewer	
	MUST NOT read out the answer options, but select the option	
	mentioned which is closest]	
	A. No	A.
	B. Yes, Puskesmas	В
	C. Yes, Poskesdas	C.
	·	
	D. Yes, Pustu	D.

	E. Yes, independent midwife practice	E.
	F. Yes, private clinic	F.
	G. Other, specify	G.
C8	[If respondent answered 'Yes' for private clinic in C6 OR C7, ask the question below. If the respondent does not work in a private clinic continue to C9]  How would you describe the private clinic you work in. Is it: [Can have more than one response. Mark (write the number 1 on	
	all the answers mentioned by the respondent). The interviewer MUST NOT read out the answer options, but select the option mentioned which is closest]	
	A. Not for profit - Religiously affiliated	Α.
	B. Not for profit – not religiously affiliated	B.
	C. For profit	C.
	D. Other, specify	D.
	E. Don't know	E.
C9	Which health services do you support? [Can have more than one response. Mark (write the number 1 on all the answers mentioned by the respondent). The interviewer MUST NOT read out the answer options, but select the option mentioned which is closest]	
	A. Routine child Immunization	A.
	B. COVID-19 Immunization	B.
	C. Antenatal care	C.
	D. Labor and birth	D.
	E. Postnatal care	E.
	F. Family planning	F.
	<ul> <li>G. Baby and child services (weighing, vitamin A supplementation, etc)</li> </ul>	G.
	H. Other, specify	Н.
	Section 2: Impact of COVID-19 on Routine Immunisation and MCH services	
	If the respondent did not select 'routine child immunisation' or	
	'COVID-19 immunisation' in Section 1 , C9, proceed to D8.	
D1	Do you have systems in place to track people who miss out on routine vaccines or defaulters?  1. No 2. Yes 3. Not sure	[ ]
D2	In the past year have you had a stock-out of any routine vaccines?  1. No (skip to D4)  2. Yes (continue to D3)  3. Not sure (skip to D4)	[ ]

D3	Which vaccines have been stocked out? [Can have more than one response. Mark (write the number 1 on all the answers mentioned by the respondent). The interviewer MUST NOT read out the answer options, but select the option mentioned which is closest]	
	A. BCG	A.
	В. НерВ	В.
	C. OPV	C.
	D. IPV	D.
	E. Pentavalent (DPT-HB-Hib)	E.
	F. PCV	F.
	G. MMR/MR	G.
	H. Other, specify	H.
D4	In the past year have you had a stock out of any injection equipment? [Can have more than one response. Mark (write the number 1 on all the answers mentioned by the respondent). The interviewer MUST NOT read out the answer options, but select the option mentioned which is closest]	
	A. No	A.
	B. Yes, syringes	B. C.
	C. Yes, needles D. Yes, diluent	D.
	E. Don't know	E.
D5	Apart from your basic professional training, have you had any formal training in immunisation?  1. No 2. Yes	[ ]
D6	Do you have a copy of the standard operating procedure for routine immunisation in your clinic?  1. No 2. Yes 3. Don't know	[ ]
D7	If required, would it bother you to give more than one injection during a vaccine encounter?  1. No 2. Yes	[ ]
D8	In the facility that you primarily work in (service mentioned earlier), did you experience any of the following disruptions due to COVID-19?	

	8a. Closure of the service	ſ	1
	1. No		•
	2. Yes		
	3. Don't know		
	8b. Lockdowns hindering access to the service for parents or	Γ	]
	caregivers		J
	1. No		
	2. Yes		
	3. Don't know		
	8c. Fewer parents/caregivers presenting to service for reasons	ſ	1
	other than lockdown		J
	1. No		
	2. Yes		
	3. Don't know		
	8d. Not enough staff to provide services	Г	1
	1. No	[	]
	2. Yes		
	3. Don't know		
	8e. Staff deployed to provide COVID-19 relief	г	1
	1. No	[	]
	2. Yes		
	_ · · · · · ·		
	3. Don't know	-	•
	8f.Insufficient personal protective equipment (PPE) available for	[	]
	health care providers to provide services		
	1. No		
	2. Yes		
	3. Don't know	_	_
	8g. Unavailability/stock out of vaccines or injecting equipment at	l l	]
	service		
	1. No		
	2. Yes		
	3. Don't know	_	
	8h. Changes in policies for who can be vaccinated	[	]
	1. No		
	2. Yes		
	3. Don't know		
	8i. Others (please specify what are the other causes of this		
	disruption and/or changes in service utilization):		
D9	In the facility that you primarily work in (service mentioned		
<i>D</i> 3	earlier), what approaches were used to overcome the disruptions		
	due to COVID-19?		
	Did you see		
	9a.Task shifting / role delegation	-	1
	1. No	[	J
	2. Yes		
	3. Don't know		
		-	1
	9b. Redirection of parents or caregivers to alternative health care	l l	]
	facilities		
	1. No		
	2. Yes		

	3. Don't know		
	9c. Community outreach to explain service disruptions and	Г	1
	changes	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	J
	1. No		
	2. Yes		
	3. Don't know		
	9d. Patients or caregivers seen outdoors from the facility	[	]
	1. No	ļ .	J
	2. Yes		
	3. Don't know		
	9e. Government removal of user fees	] [	]
	1. No		
	2. Yes		
	3. Don't know		
	9f. Phone calls to patients or caregivers	[	]
	1. No	•	•
	2. Yes		
	3. Don't know		
	9g. Others, describe what other approaches are being used	[	]
			•
	Section 3: COVID-19		
E1	Have you ever had COVID-19?	1	]
	1. No (skip to E6)		•
	2. Yes (continue to E2)		
	3. Not sure (skip to E6)		
E2	In your opinion, based on the symptoms you suffered/felt, was it	] [	]
	mild, moderate or severe?	_	-
	1. Mild		
	2. Moderate		
	3. Severe		
	4. Not Sure		
E3	Was it confirmed by a test?	[	]
	1. Confirmed by a test (continue to E4)		
	2. Not confirmed by a test (Skip to E5)		
E4	If confirmed by tests, what tests were performed?		
	[Can have more than one response. Mark (write the number 1 on		
	all the answers mentioned by the respondent). The interviewer		
	MUST NOT read out the answer options, but select the option		
	mentioned which is closest]		
	A. PCR test	Α.	
	B. Antigen test	В.	
	C. Antibody test	C.	
	D. Other, specify	D.	
	E. Don't know	E.	
E5	Were you hospitalized?	[	]
	1. No	<b>'</b>	,
	2. Yes		

E6	Has anyone you know had COVID-19?  1 No  2. Yes, family only  3. Yes, other people only (not family)  4. Yes, family and other people	[ ]
E7	5. Not sure  Do you know where to go to get a COVID-19 vaccine for yourself?	[ ]
	1. No 2. Yes	. ,
E8	Have you received a COVID-19 vaccine? Would you say  1. No (skip to E11)  2. Yes, you received one dose (continue to E9)  3. Yes, your received two doses (continue to E9)  4. Yes, you received three or more doses? (continue to E9)  5. Not sure (skip to E11)	[ ]
E9	Do you still need another dose of COVID-19 vaccine? Would you say  1. No, you do not need another dose 2. Yes, you do need another dose or doses 3. Not sure	[ ]
E10	Do you have a vaccine card/certificate?  1. Yes, showable (peduli lindungi/card) (ask to view the card)  2. Yes, but can't be shown  3. No	[ ]
E11	[If respondent is not vaccinated – see E8] Do you want to get a COVID-19 vaccine? Would you say  1. No, you do not want to 2. Yes, you do want to, or are you 3. Not sure	[ ]
E12	Do you think most of your close family and friends would want you to get a COVID-19 vaccine?  1. No 2. Yes	[ ]
E13a	How easy is it to get a COVID vaccine for yourself? Would you say  1. Not at all easy 2. A little easy 3. Moderately easy 4. Very easy	[ ]
E13b	What makes it hard for you to get a COVID-19 vaccine? Would you say [Can have more than one response. Mark (write the number 1 on all the answers mentioned by the respondent). The interviewer may read out the answer options]	
	A. COVID-19 vaccination is not yet available for me	A.
	B. Making an appointment is hard	В.
	C. I can't go on my own (I have a physical limitation)	C.
	D. The vaccination site is hard to get to	D.
	E. The opening times are inconvenient	E.

	F. Sometimes people are turned away without vaccination	F.
	G. The waiting time takes too long	G.
	H. Something else, specify	H.
	I. Nothing. It's not hard	l.
E14	How cheap is it to pay for COVID-19 vaccination? When you think	[ ]
	about the cost, please consider any payments to the clinic, the cost	l l
	of getting there, plus the cost of taking time away from work.	
	Would you say	
	1. Not at all cheap	
	2. A little easy cheap	
	3. Moderately cheap	
	4. Very cheap	
E15	How concerned are you about getting COVID-19? Would you say	[ ]
	1. Not at all concerned	
	2. A little concerned	
	3. Moderately concerned	
	4. Very concerned	
E16	How concerned are you about your patients getting COVID-19 from	r 1
	you? Would you say	l J
	Not at all concerned	
	2. A little concerned	
	3. Moderately concerned	
	4. Very concerned	
E17	How important do you think getting a COVID-19 vaccination will be	r 1
LI/	for your health? Would you say	l J
	1. Not at all important	
	2. A little important	
	3. Moderately important	
F4.0	4. Very important	
E18	How confident are you that you could answer patient questions	l l
	about getting a COVID-19 vaccine? Would you say	
	1. Not at all confident	
	2. A little confident	
	3. Moderately confident	
	3. Very confident	
E19	In the last year, have you seen or heard anything that made you	r 1
	worry about the COVID-19 vaccine?	l I
	1. No	
	2. Yes	
E20	Have you encountered information on COVID-19 where you found	r 1
L20	it hard to decide whether it was right or wrong? For example,	l l
	information about ways to prevent the disease or to recover?	
	· ·	
	1. No (skip to E22) 2. Ves (continue to E21)	
F24	2. Yes (continue to E21)  Where did you see or bear this information?	
E21	Where did you see or hear this information?	
	[Can have more than one response. Mark (write the number 1 on	
	all the answers mentioned by the respondent). The interviewer	
	MUST NOT read out the answer options, but select the option	
	mentioned which is closest]	
	A. Via an online search	A.

C. WhatsApp D. YouTube D. YouTube E. Twitter E. TikTok G. Instagram G. H. Snapchat H. I. Word of mouth J. Other, specify J. Whow confident are you that you could respond to misinformation about the COVID-19 vaccine? 1. Not at all confident 2. A little confident 3. Moderately confident 4. Very confident 4. Very confident 7. No a vary formal training on the COVID-19 vaccination? 1. No 2. Yes E24 In the past year have you had a stock-out of the COVID-19 vaccines? 1. No 2. Yes 3. Not sure 4. Do not stock the COVID-19 vaccine E25 Has delivering COVID-19 vaccination taken you away from other priorities? 1. No tat all 2. Slightly 3. Moderately 4. Very 5. I have not delivered the COVID-19 vaccination E26 Have you been treated poorly during the COVID-19 pandemic because you are a health worker? 1. No (skip to E28) 2. Yes (continue to E27) 3. Not sure (skip to E28) E27 What were the reasons for this? (Can have more than one response. Mark (write the number 1 on all the answers mentioned by the respondent). The interviewer MUST NOT read out the answer options, but select the option mentioned which is closest] A. Patients angry at service closures B. Patients angreed by the vaccine brands offered C. Patients angered by trequest for medical exemption C. D. Patients angered by longer wait times D.		B. Facebook	B.			
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F. TikTok G. Instagram G. H. Snapchat H. I. Word of mouth J. Other, specify J. Word of mouth I. J. Other, specify J. Word of mouth I. J. Other, specify J. Word of mouth I. J. Other, specify J. Not at all confident J. Apart from your basic professional training, have you had any formal training on the COVID-19 vaccination? J. No J. Yes J. No J. Yes J. No J. Yes J. Not sure J. No to stock the COVID-19 vaccine J. No to stock the COVID-19 vaccine J. Not at all J. Slightly J. Moderately J. Not at all J. Slightly J. Moderately J. Not word delivered the COVID-19 vaccination J. Not sight to E28 J. Yes (continue to E27) J. Not swip to E28 J. Yes (continue to E27) J. Not swere then one response. Mark (write the number 1 on all the answers mentioned by the respondent). The interviewer MUST NOT read out the answer options, but select the option mentioned which is closest A. B. Patients angered by request for medical exemption C. Patients angered by request for medical exemption C.			D.			
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4. Do not stock the COVID-19 vaccine  E25 Has delivering COVID-19 vaccination taken you away from other priorities?  1. Not at all 2. Slightly 3. Moderately 4. Very 5. I have not delivered the COVID-19 vaccination  E26 Have you been treated poorly during the COVID-19 pandemic because you are a health worker? 1. No (skip to E28) 2. Yes (continue to E27) 3. Not sure (skip to E28)  E27 What were the reasons for this? [Can have more than one response. Mark (write the number 1 on all the answers mentioned by the respondent). The interviewer MUST NOT read out the answer options, but select the option mentioned which is closest]  A. Patients angry at service closures  B. Patients angered by the vaccine brands offered  C. Patients angered by request for medical exemption  C.		2. Yes				
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mentioned which is closest]       A.         A. Patients angry at service closures       A.         B. Patients angered by the vaccine brands offered       B.         C. Patients angered by request for medical exemption       C.		all the answers mentioned by the respondent). The interviewer				
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B. Patients angered by the vaccine brands offered  C. Patients angered by request for medical exemption  C.		-				
C. Patients angered by request for medical exemption C.		A. Patients angry at service closures	A.			
5 , 1		B. Patients angered by the vaccine brands offered	В.			
D. Patients angered by longer wait times D.		C. Patients angered by request for medical exemption	C.			
		D. Patients angered by longer wait times	D.			
E. Patients believe I am a COVID-19 risk E.		E. Patients believe I am a COVID-19 risk	E.			
F. Other, specify F.		F. Other, specify	F.			

E28	Would you say you've experienced trauma or burnout related to	
	the COVID-19 pandemic?	[ ]
	1. No (skip to E30)	
	2. Yes (continue to E29)	
	3. Not sure (skip to E30)	
E29	What are the main reasons you have felt trauma or burnout in	
	your job related to COVID-19?	
	[Can have more than one response. Mark (write the number 1 on	
	all the answers mentioned by the respondent). The interviewer	
	MUST NOT read out the answer options, but select the option	
	mentioned which is closest]	
	A CLICE LLE	
	A. Shifting work duties     B. Changes in service delivery	A. B.
	,	С.
	C. Long work hours D. Patient distress	D.
	E. Use of PPE	E.
	F. Lack of access to PPE	F.
	G. Fear of illness	G.
	H. Fear of making family ill	Н.
		I.
	I. Training requirements J. Other, specify	J.
E30	Do you feel like your job has increased risk of exposure to COVID-	J.
L30	19?	r 1
	1. No	l J
	2. Yes	
E31	How much has your mental/emotional health been worsened by	
231	the COVID-19 pandemic?	r 1
	1. Not at all	l J
	2. Slightly	
	3. Moderately	
	4. Very	
	5. Extremely	
	Section 4: Self-efficacy	
	Now I will ask you some questions, each with four responses and wou	ıld like to think about
	how true these are in regard to your current role. (Use Option Card/K	artu Bantu)
F1	I can always manage to solve difficult problems if I try hard enough	
	1. Not true at all	[ ]
	2. Hardly true	
	3. Moderately true	
	4. Exactly true	
F2	If someone opposes me, I can find the means and ways to get what	
	I want.	[ ]
	1. Not true at all	
	2. Hardly true	
	3. Moderately true	
_	4. Exactly true	
F3	It is easy for me to stick to my aims and accomplish my goals.	, ,
	1. Not true at all	

	2. Hardly true	
	3. Moderately true	
	4. Exactly true	
F4	I am confident that I could deal efficiently with unexpected events.	
	1. Not true at all	[ ]
	2. Hardly true	
	3. Moderately true	
	4. Exactly true	
F5	Thanks to my resourcefulness, I know how to handle unforeseen	
	situations.	[ ]
	1. Not true at all	
	2. Hardly true	
	3. Moderately true	
	4. Exactly true	
F6	I can solve most problems if I invest the necessary effort.	
	1. Not true at all	[ ]
	2. Hardly true	
	3. Moderately true	
	4. Exactly true	
F7	I can remain calm when facing difficulties because I can rely on my	
''	coping abilities.	[ ]
	1. Not true at all	l j
	2. Hardly true	
	3. Moderately true	
	4. Exactly true	
F8	When I am confronted with a problem, I can usually find several	
10	solutions.	[ ]
	1. Not true at all	L J
	2. Hardly true	
	3. Moderately true	
	4. Exactly true	
F9	If I am in trouble, I can usually think of a solution.	
	1. Not true at all	[ ]
	2. Hardly true	
	3. Moderately true	
	4. Exactly true	
F10	I can usually handle whatever comes my way.	
	1. Not true at all	[ ]
	2. Hardly true	
	3. Moderately true	
	4. Exactly true	