

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

Survey for healthcare workers

	DATA COLLECTION GENERAL INFORMATION	Answer Code
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	[]yes []no
A9	Interview date	__/__/__
A10	Interview start time	__ __
A11	Interview finish time	__ __
A12	Interviewer name	
A13	Interviewer Initials	
	CHECKING STATUS AND DATA ENTRY	
B1	Checking date by field coordinator	__/__/__
B2	Field coordinator name	
B3	Field coordinator initials	
B4	Date of data entry	__/__/__
B5	Data entry officer initials	

	Section 1: Demographics	Response code
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C0	Could you tell me your name, for the purposes of this interview?	
C1	Gender of respondent <i>[interviewer to observe only]</i> 1. Female 2. Male	[]
C2	How old are you? <input type="text"/> <input type="text"/> 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 (<i>continue to C7</i>) 2. Poskesdes (<i>continue to C7</i>) 3. Polindes (<i>continue to C7</i>) 4. Pustu (<i>continue to C7</i>) 5. Independent midwife practice (<i>continue to C7</i>) 6. Private clinic (<i>continue to C7 & C8</i>) 7. Other, specify (<i>continue to C7</i>)	[]
C7	Do you work in any other health facility? <i>[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]</i>	
	A. No	A.
	B. Yes, Puskesmas	B.
	C. Yes, Poskesdas	C.
	D. Yes, Pustu	D.

	E. Yes, independent midwife practice	E.
	F. Yes, private clinic	F.
	G. Other, specify	G.
C8	<p><i>[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]</i></p> <p>How would you describe the private clinic you work in. Is it: <i>[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]</i></p>	
	A. Not for profit - Religiously affiliated	A.
	B. Not for profit – not religiously affiliated	B.
	C. For profit	C.
	D. Other, specify	D.
	E. Don't know	E.
C9	<p>Which health services do you support? <i>[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]</i></p>	
	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.
	G. Baby and child services (weighing, vitamin A supplementation, etc)	G.
	H. Other, specify	H.
Section 2: Impact of COVID-19 on Routine Immunisation and MCH services		
<i>If the respondent did not select 'routine child immunisation' or 'COVID-19 immunisation' in Section 1, C9, proceed to D8.</i>		
D1	<p>Do you have systems in place to track people who miss out on routine vaccines or defaulters?</p> <p>1. No 2. Yes 3. Not sure</p>	[]
D2	<p>In the past year have you had a stock-out of any routine vaccines?</p> <p>1. No (<i>skip to D4</i>) 2. Yes (<i>continue to D3</i>) 3. Not sure (<i>skip to D4</i>)</p>	[]

D3	Which vaccines have been stocked out? <i>[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]</i>	
	A. BCG	A.
	B. HepB	B.
	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? <i>[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]</i>	
	A. No	A.
	B. Yes, syringes	B.
	C. Yes, needles	C.
	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 1. No 2. Yes 3. Don't know	[]
	8b. Lockdowns hindering access to the service for parents or caregivers 1. No 2. Yes 3. Don't know	[]
	8c. Fewer parents/caregivers presenting to service for reasons other than lockdown 1. No 2. Yes 3. Don't know	[]
	8d. Not enough staff to provide services 1. No 2. Yes 3. Don't know	[]
	8e. Staff deployed to provide COVID-19 relief 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 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 earlier), what approaches were used to overcome the disruptions due to COVID-19? Did you see.....	
	9a. Task shifting / role delegation 1. No 2. Yes 3. Don't know	[]
	9b. Redirection of parents or caregivers to alternative health care facilities 1. No 2. Yes	[]

	3. Don't know	
	9c. Community outreach to explain service disruptions and changes 1. No 2. Yes 3. Don't know	[]
	9d. Patients or caregivers seen outdoors from the facility 1. No 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. No (<i>skip to E6</i>) 2. Yes (<i>continue to E2</i>) 3. Not sure (<i>skip to E6</i>)	[]
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 (<i>continue to E4</i>) 2. Not confirmed by a test (<i>Skip to E5</i>)	[]
E4	If confirmed by tests, what tests were performed? <i>[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]</i>	
	A. PCR test	A.
	B. Antigen test	B.
	C. Antibody test	C.
	D. Other, specify	D.
	E. Don't know	E.
E5	Were you hospitalized? 1. No 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 5. Not sure	[]
E7	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 (<i>skip to E11</i>) 2. Yes, you received one dose (<i>continue to E9</i>) 3. Yes, your received two doses (<i>continue to E9</i>) 4. Yes, you received three or more doses? (<i>continue to E9</i>) 5. Not sure (<i>skip to E11</i>)	[]
E9	Do you still need another dose of COVID-19 vaccine? Would you say... 1. No, you do <u>not</u> 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) (<i>ask to view the card</i>) 2. Yes, but can't be shown 3. No	[]
E11	<i>[If respondent is not vaccinated – see E8]</i> 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... <i>[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]</i>	
	A. COVID-19 vaccination is not yet available for me	A.
	B. Making an appointment is hard	B.
	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	I.
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 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 you? Would you say... 1. 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 for your health? Would you say... 1. Not at all important 2. A little important 3. Moderately important 4. Very important	[]
E18	How confident are you that you could answer patient questions 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 worry about the COVID-19 vaccine? 1. No 2. Yes	[]
E20	Have you encountered information on COVID-19 where you found it hard to decide whether it was right or wrong? For example, information about ways to prevent the disease or to recover? 1. No (<i>skip to E22</i>) 2. Yes (<i>continue to E21</i>)	[]
E21	Where did you see or hear this information? <i>[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]</i>	
	A. Via an online search	A.

	B. Facebook	B.
	C. WhatsApp	C.
	D. YouTube	D.
	E. Twitter	E.
	F. TikTok	F.
	G. Instagram	G.
	H. Snapchat	H.
	I. Word of mouth	I.
	J. Other, specify	J.
E22	How 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	[]
E23	Apart from your basic professional training, have you had any 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. 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 (<i>skip to E28</i>) 2. Yes (<i>continue to E27</i>) 3. Not sure (<i>skip to E28</i>)	[]
E27	What were the reasons for this? <i>[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]</i>	
	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.
	D. Patients angered by longer wait times	D.
	E. Patients believe I am a COVID-19 risk	E.
	F. Other, specify	F.

E28	Would you say you've experienced trauma or burnout related to the COVID-19 pandemic? 1. No (<i>skip to E30</i>) 2. Yes (<i>continue to E29</i>) 3. Not sure (<i>skip to E30</i>)	[]
E29	What are the main reasons you have felt trauma or burnout in your job related to COVID-19? <i>[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]</i>	
	A. Shifting work duties	A.
	B. Changes in service delivery	B.
	C. Long work hours	C.
	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	H.
	I. Training requirements	I.
	J. Other, specify	J.
E30	Do you feel like your job has increased risk of exposure to COVID-19? 1. No 2. Yes	[]
E31	How much has your mental/emotional health been worsened by the COVID-19 pandemic? 1. Not at all 2. Slightly 3. Moderately 4. Very 5. Extremely	[]
Section 4: Self-efficacy		
<i>Now I will ask you some questions, each with four responses and would like to think about how true these are in regard to your current role. (Use Option Card/Kartu Bantu)</i>		
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	[]

	<p>2. Hardly true 3. Moderately true 4. Exactly true</p>	
F4	<p>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</p>	[]
F5	<p>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</p>	[]
F6	<p>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</p>	[]
F7	<p>I can remain calm when facing difficulties because I can rely on my coping abilities. 1. Not true at all 2. Hardly true 3. Moderately true 4. Exactly true</p>	[]
F8	<p>When I am confronted with a problem, I can usually find several solutions. 1. Not true at all 2. Hardly true 3. Moderately true 4. Exactly true</p>	[]
F9	<p>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</p>	[]
F10	<p>I can usually handle whatever comes my way. 1. Not true at all 2. Hardly true 3. Moderately true 4. Exactly true</p>	[]