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The Indonesia Family Life Survey (IFLS): Study Design and Results from Waves 1 and 2

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We recommend the following citations for the IFLS data:

For papers using IFLS1 (1993):

Frankenberg, E. and L. Karoly. "The 1993 Indonesian Family Life Survey: Overview and Field Report." November, 1995. RAND. DRU-1195/1-NICHD/AID

For papers using IFLS2 (1997):

Frankenberg, E. and D. Thomas. "The Indonesia Family Life Survey (IFLS): Study Design and Results from Waves 1 and 2. DRU-2238/1-NIA/NICHD.

Preface

This document describes the design and implementation and provides a preview of some key results of the Indonesia Family Life Survey, with an emphasis on wave 2 (IFLS2). It is the first of seven volumes documenting the IFLS2.

The Indonesia Family Life Survey is a continuing longitudinal socioeconomic and health survey. It is addressed to a sample representing about 83% of the Indonesian population living in 13 of the nation's 26 provinces. The survey collects data on individual respondents, their families, their households, the communities in which they live, and the health and education facilities they use. The first wave (IFLS1) was administered in 1993 to individuals living in 7,224 households. IFLS2 sought to reinterview the same respondents four years later. A follow-up survey (IFLS2+) was conducted in 1998 with 25% of the sample to measure the immediate impact of the economic and political crisis in Indonesia. The next wave, IFLS3, is scheduled to be fielded in 2000.

IFLS2 was a collaborative effort of RAND, UCLA, and the Demographic Institute of the University of Indonesia (LDUI). Funding for IFLS2 was provided by the National Institute on Aging (NIA), the National Institute for Child Health and Human Development (NICHD), U. S. Agency for International Development (USAID), The Futures Group (POLICY Project), the Hewlett Foundation, the International Food Policy Research Institute (IFPRI), John Snow International (the OMNI project), and the World Health Organization. MACRO International developed the data-entry software and had responsibility for some of the data processing.

The IFLS2 public-use file documentation, whose seven volumes are listed below, will be of interest to policymakers concerned about socioeconomic and health trends in nations like Indonesia, to researchers who are considering using or are already using the IFLS data, and to those studying the design and conduct of large-scale panel household and community surveys. Updates regarding the IFLS database subsequent to publication of these volumes will appear at the IFLS Web site, http://www.rand.org/FLS/IFLS.

Documentation for IFLS, Wave 2

DRU-2238/1-NIA/NICHD: *The Indonesia Family Life Survey (IFLS): Study Design and Results from Waves 1 and 2.* Purpose, design, fieldwork, and response rates for the survey, with an emphasis on wave 2; main results from both waves 1 and 2.

DRU-2238/2-NIA/NICHD: *Users Guide for the Indonesia Family Life Survey, Wave 2.* Descriptions of the IFLS file structure and data formats; guidelines for data use, with emphasis on using the wave 2 and wave 1 data together.

DRU-2238/3-NIA/NICHD: *Household Survey Questionnaire for the Indonesia Family Life Survey, Wave 2.* English translation of the questionnaires used for the household and individual interviews. Includes interviewer's instructions.

DRU-2238/4-NIA/NICHD: *Community-Facility Survey Questionnaire for the Indonesia Family Life Survey, Wave 2.* English translation of the questionnaires used for interviews with community leaders and facility representatives. Includes interviewer's instructions.

DRU-2238/5-NIA/NICHD: *Household Survey Codebook for the Indonesia Family Life Survey, Wave 2.* Descriptions of all variables from the IFLS2 Household Survey and their locations in the data files.

DRU-2238/6-NIA/NICHD: *Community-Facility Survey Codebook for the Indonesia Family Life Survey, Wave 2.* Descriptions of all variables from the IFLS2 Community-Facility Survey and their locations in the data files.

DRU-2238/7-NIA/NICHD: *Crosswalk between the Survey Instruments for the Indonesia Family Life Survey, Waves 1 and 2.*

Re-Release of IFLS1 Data

To facilitate using the IFLS1 and IFLS2 data together, a revised version of IFLS1 data has been released in 1999. Abbreviated IFLS1-RR (1999), the re-release incorporates adjustments outlined in the "fixes" files, joins subfiles having the same unit of observation, and adds identifiers that make it easier to link IFLS1 and IFLS2 data. The IFLS-RR data are available at http://www.rand.org/FLS/IFLS and are documented in

DRU-1195/7-NIA/NICHD: *Documentation for IFLS1-RR: Revised and Restructured Indonesia Family Life Survey Data, Wave 1.*

Previous Documentation for IFLS, Wave 1

DRU-1195/1-NIA/NICHD: *The 1993 Indonesian Family Life Survey: Overview and Field Report*. Purpose, design, fieldwork, and response rates.

DRU-1195/2-NIA/NICHD: *The 1993 Indonesian Family Life Survey: Appendix A, Household Questionnaires and Interviewer Manual.* English translation of the questionnaires used for the household and individual interviews. Includes interviewer's instructions.

DRU-1195/3-NIA/NICHD: *The 1993 Indonesian Family Life Survey: Appendix B, Community-Facility Questionnaires and Interviewer Manual.* English translation of the questionnaires used for interviews with community leaders and facility representatives. Includes interviewer's instructions.

DRU-1195/4-NIA/NICHD: *The 1993 Indonesian Family Life Survey: Appendix C, Household Codebook.* Descriptions of all variables from the Household Survey and their locations in the data files. Includes notes about cases that are known anomalies.

DRU-1195/5-NIA/NICHD: *The 1993 Indonesian Family Life Survey: Appendix D, Community-Facility Codebook.* Descriptions of all variables from the Community-Facility Survey and their locations in the data files. Includes notes about cases that are known anomalies.

DRU-1195/6-NIA/NICHD: *The 1993 Indonesian Family Life Survey: Appendix D, Users' Guide.* Descriptions of the IFLS file structure and data formats; guidelines for data use, with emphasis on working with the household, individual, and facility IDs and making links across different parts of the survey.

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Acknowledgments

A survey of the magnitude of IFLS2 is a huge undertaking. It involved a large team of people from both the United States and Indonesia. We are indebted to every member of the team. We are grateful to each of our respondents, who gave up many hours of their time.

The project was directed by Elizabeth Frankenberg (RAND) and Duncan Thomas (RAND and UCLA), who were the Principal Investigators. Lynn Karoly and Paul Gertler were Principal Investigators in the early stages of the project.

Bondan Sikoki was the Project Director appointed by the Demographic Institute of the University of Indonesia (LDUI). She served as the Survey Director during the design and implementation of fieldwork. Her unswerving commitment to maintaining the integrity and quality of IFLS2, in even the most difficult circumstances, was an inspiration to us all. Prior to her appointment, the LDUI Project Director was Dr. IGN Agung.

Three LDUI staff members served as Associate Project Directors. Wayan Suriastini directed the tracking phase of the study and played a central role in the design of the Household Survey Questionnaire. Muda Saputra coordinated much of the Community-Facility Survey fieldwork and data entry. Sutji Rochani Siregar oversaw the administration of the latter phases of fieldwork and data entry.

Data-entry software and field procedures for the Computer-Assisted Field Editing (CAFE) were developed by Trevor Croft, of MACRO International, with the assistance of Hendratno of LDUI. Croft also developed the software used for the final phase of data entry / data quality checks (Look Ups). Iip Umar Ri'fai, Martin Wolfe, and Linda Fitrawati assisted with these tasks.

Eko Ganiarto coordinated the first and second pretests. Victoria Beard worked extensively on the Community-Facility Survey. Endjang Pudjani and Sheila Evans were responsible for the technical production of the Indonesian and English questionnaires. Akhir Matua Harahap coordinated the writing and production of the survey manuals. Mary Linehan managed operations in Jakarta prior to fieldwork; she developed the assessments of physical health, along with Cecep Sukria Sumantri and Merry Widayanti. Nargis, Djainal, and M. Yusuf assisted with the development of the Community-Facility Survey and the training of its staff. Donavan Bustami coordinated printing and shipping for the questionnaires.

John Adams provided critical input for the design of the follow-up protocols and guided the development of sampling weights. Christine Peterson designed the preprinted rosters, assisted with questionnaire design and processing of the pretest data, and helped calculate the sampling weights.

The IFLS2 public-use data files were produced by a team based at RAND. The efforts of Paula Hamilton, Nancy Campbell, Melissa Chiu, Sue Polich, Patty St. Clair, Wayan Suriastini, and Peter Yau went well beyond the call of duty.

Many of our colleagues at RAND have contributed substantially to the survey. We are especially grateful to James P. Smith and John Strauss. We are also grateful to Kathleen Beegle, Julie DaVanzo, William Dow, Micki Fujisaki, Doug Gilbertson, Paul Gertler, Daryl Hill, Michael Hurd, Lynn Karoly, Jacob Klerman, Nancy Krantz, Donna Lee, Lee Lillard, Maria Menchaca, Eileen Miech, Jack Molyneaux, Mathew Sanders, Christine d'Arc Taylor, Jim Tebow, and Beverly Weidmer.

Much effort was put into designing IFLS2 so that it would yield information on topics of special concern in Indonesia and reflect the nation's distinctive social, economic, and policy environment. The input of a large number of scholars and policy-makers in Indonesia was key in this regard. Paramita Sudharto gave us considerable guidance on the overall survey and on its health components. Important contributions were made by Boediono, Mark Brook, Fasli Djalal, Herwindo Haribowo, Bachrul Hayat, Heryudarini, Yayah Husaini, Bambang Indrianto, Stephanus Indradjaya, Jiono, Robert Kim-Farley, Vanda Moriaga, Dr. Mujilah, Muljani Nurhadi, Ratna, Kusnadi Setjawinata , Soeharsono Soemantri, James Stein, Ace Suryadi, and Anton Wijaya.

The survey could not have taken place without the support of the LDUI directors and administrative staff, including N. Haidy Pasay, Sri Moertiningsih Adioetomo, Sri Hariati Hatmadji, Badrun, and Teguh. We are indebted to the Population Study Centers in each of the thirteen IFLS provinces, which helped us recruit the 400 field staff.

Finally, the success of the survey is largely a reflection of the diligence, persistence and commitment to quality of the interviewers, supervisors, and field coordinators. Their names are listed in the *Study Design* (DRU-2238/1-NIA/NICHD), Appendix A.

1. Introduction

By the middle of the 1990s, Indonesia had enjoyed over three decades of remarkable social, economic, and demographic change and was on the cusp of joining the middle-income countries. Per capita income had risen more than fifteenfold since the early 1960s, from around US$50 to more than US$800. Increases in educational attainment and decreases in fertility and infant mortality over the same period reflected impressive investments in infrastructure.

In the late 1990s the economic outlook began to change as Indonesia was gripped by the economic crisis that affected much of Asia. In 1998 the rupiah collapsed, the economy went into a tailspin, and gross domestic product contracted by an estimated 12–15%—a decline rivaling the magnitude of the Great Depression.

The general trend of several decades of economic progress followed by a few years of economic downturn masks considerable variation across the archipelago in the degree both of economic development and of economic setbacks related to the crisis. In part this heterogeneity reflects the great cultural and ethnic diversity of Indonesia, which in turn makes it a rich laboratory for research on a number of individual- and household-level behaviors and outcomes that interest social scientists.

The Indonesia Family Life Survey is designed to provide data for studying these behaviors and outcomes. The survey contains a wealth of information collected at the individual and household levels, including multiple indicators of economic well-being (consumption, income, and assets); education, migration, and labor market outcomes; marriage, fertility, and contraceptive use; health status, use of health care, and health insurance; relationships among coresident and non-coresident family members; processes underlying household decision-making; transfers among family members and inter-generational mobility; and participation in community activities.

In addition to individual- and household-level information, the IFLS provides detailed information from the communities in which IFLS households are located and from the facilities that serve residents of those communities. These data cover aspects of the physical and social environment, infrastructure, employment opportunities, food prices, access to health and educational facilities, and the quality and prices of services available at those facilities.

By linking data from IFLS households to data from their communities, the analyst can address many important questions regarding the impact of policies on the lives of the respondents, as well as document the effects of social, economic, and environmental change on the population.

The IFLS is an ongoing longitudinal survey. The first wave, IFLS1, was conducted in 1993–1994. The survey sample represented about 83% of the Indonesian population living in 13 of the country's 26 provinces.[1] IFLS2 followed up with the same sample four years later, in 1997–1998. One year after IFLS2, a 25% subsample was surveyed to provide information about the impact of Indonesia's economic crisis. IFLS3, which will follow all IFLS households, is scheduled for fielding in 2000.

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[1] Public-use files from IFLS1 are documented in six volumes under the series title *The 1993 Indonesian Family Life Survey*, DRU-1195/1–6-NICHD/AID, The RAND Corporation, December 1995.

Contributions of the IFLS

The Indonesia Family Life Survey complements and extends the existing survey data available for Indonesia, and for developing countries in general, in a number of ways.

First, relatively few large-scale longitudinal surveys are available for developing countries. The IFLS is the only large-scale longitudinal survey available for Indonesia. Because data are available for the same individuals from multiple points in time, the IFLS affords an opportunity to understand the dynamics of the world we are living in today.

In IFLS1 7,224 households were interviewed, and detailed individual-level data were collected from over 22,000 individuals. In IFLS2, 94% of IFLS1 households and 91% of IFLS1 *target*[2] individuals were reinterviewed. These recontact rates are as high as or higher than most longitudinal surveys in the United States and Europe. High reinterview rates were obtained in part because we were committed to tracking and interviewing individuals who had moved or *split off* from the *origin* IFLS1 households.[3] High reinterview rates contribute significantly to data quality in a longitudinal survey because they lessen the risk of bias due to nonrandom attrition in studies using the data.

Second, the multipurpose nature of the IFLS instruments means that the data support analyses of interrelated issues not possible with single-purpose surveys. For example, the availability of data on household decision-making, along with information about the labor force participation of husbands and wives and their contraceptive choices and fertility outcomes, supports analysis of the implications of decision-making patterns for a variety of behaviors and outcomes.

Third, the IFLS collected both current and retrospective information on most topics. With data from multiple points of time on current status and an extensive array of retrospective information about the lives of respondents, analysts can relate dynamics to events that occurred in the past. For example, changes in labor outcomes in recent years can be explored as a function of earlier decisions about schooling, migration, and work.

Fourth, the IFLS collected extensive measures of health status, including self-reported measures of general health status, morbidity experience, and physical assessments conducted by a nurse (height, weight, blood pressure, pulse, hemoglobin level, lung capacity, and time required to repeatedly rise from a sitting position). These data provide a much richer picture of health status than is typically available. For example, the data can be used to explore relationships between socioeconomic status and an array of health outcomes.

Fifth, in both waves of the survey, detailed data were collected about respondents' communities and public and private facilities available for their health care and schooling. The facility data can be combined with household and individual data to examine the relationship between, for example, access to health services (or changes in access) and various aspects of health care use and health status.

In sum, the breadth and depth of the longitudinal information on individuals, households, communities, and facilities make the IFLS data a unique resource for scholars and policymakers interested in the processes of economic development. However, the data are complex. In this and other volumes of the

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[2] Italicized terms and acronyms are explained in the Glossary.

[3] Because of budgetary constraints, movers were followed up only if they had provided detailed individual data or were at least age 26 in IFLS1.

IFLS documentation, we seek to provide scholars and policymakers interested in using the data with the information necessary to do so efficiently.

Organization of This Document

Section 2 documents the IFLS2 Household Survey (HHS), describing the sample and how it changed from IFLS1, providing response rates, and summarizing the questionnaire contents, with comments on respondent burden.

Section 3 documents the IFLS2 Community-Facility Survey (CFS), describing the sample and response rates, summarizing the contents of the questionnaires, and noting links between HHS and CFS data.

Appendix A describes the process of designing, testing, and fielding IFLS2. Appendixes B and C provide further detail about the HHS and CFS instruments, respectively.

2. IFLS2 Household Survey

This section describes the IFLS household survey sample, the protocol that was adopted for following movers, and the substance of the survey instruments. Response rates and attrition are discussed.

Sample Design and Response Rates

IFLS1 Sampling Scheme

Because it is a longitudinal survey, the IFLS2 drew its sample from IFLS1. The IFLS1 sampling scheme stratified on provinces and urban/rural location, then randomly sampled within these strata. Provinces were selected to maximize representation of the population, capture the cultural and socioeconomic diversity of Indonesia, and be cost-effective to survey given the size and terrain of the country. For mainly cost-effectiveness reasons, 14 provinces were excluded.[4] The resulting sample included 13 of Indonesia's 27 provinces containing 83% of the population: four provinces on Sumatra (North Sumatra, West Sumatra, South Sumatra, and Lampung), all five of the Javanese provinces (DKI Jakarta, West Java, Central Java, DI Yogyakarta, and East Java), and four provinces covering the remaining major island groups (Bali, West Nusa Tenggara, South Kalimantan, and South Sulawesi).

Within each of the 13 provinces, enumeration areas (EAs) were randomly chosen from a nationally representative sample frame used in the 1993 SUSENAS, a socioeconomic survey of about 60,000 households.[5] The IFLS randomly selected 321 enumeration areas in the 13 provinces, oversampling urban EAs and EAs in smaller provinces to facilitate urban-rural and Javanese–non-Javanese comparisons.

Within a selected EA, households were randomly selected based upon 1993 SUSENAS listings obtained from regional BPS office. A household was defined as a group of people whose members reside in the same dwelling and share food from the same cooking pot (the standard BPS definition). Twenty households were selected from each urban EA, and 30 households were selected from each rural EA. This strategy minimized expensive travel between rural EAs while balancing the costs of correlations among households. For IFLS1 a total of 7,730 households were sampled to obtain a final sample size goal of 7,000 completed households. This strategy was based on BPS experience of about 90% completion rates. In fact, IFLS1 exceeded that target and interviews were conducted with 7,224 households in late 1993 and early 1994.

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[4] The far eastern provinces of East Nusa Tenggara, East Timor, Maluku and Irian Jaya were excluded due to the high cost of fieldwork in these more remote provinces. East Timor is now an independent state. Aceh, Sumatra's northernmost province, was excluded out of concern for the area's political violence and the potential risk to interviewers. Finally, we omitted three provinces on each of the major islands of Sumatra (Riau, Jambi, and Bengkulu), Kalimantan (West, Central, East), and Sulawesi (North, Central, Southeast).

[5] A similar approach was taken by the Demographic and Health Surveys (DHS) fielded in Indonesia in 1987, 1991, 1994 and 1997. The SUSENAS frame, designed by the Indonesian Central Bureau of Statistics (BPS), was based on the 1990 census. The IFLS was based on the SUSENAS sample because the BPS had recently listed and mapped each of the SUSENAS EAs (saving us time and money) and because supplementary EA-level information from the resulting 1993 SUSENAS sample could be matched to the IFLS sample areas. The SUSENAS EAs each contain some 200 to 300 households, although the BPS listed a smaller area of about 60 to 70 households for its annual survey.

Figure 1 summarizes the household sampling history of IFLS1.

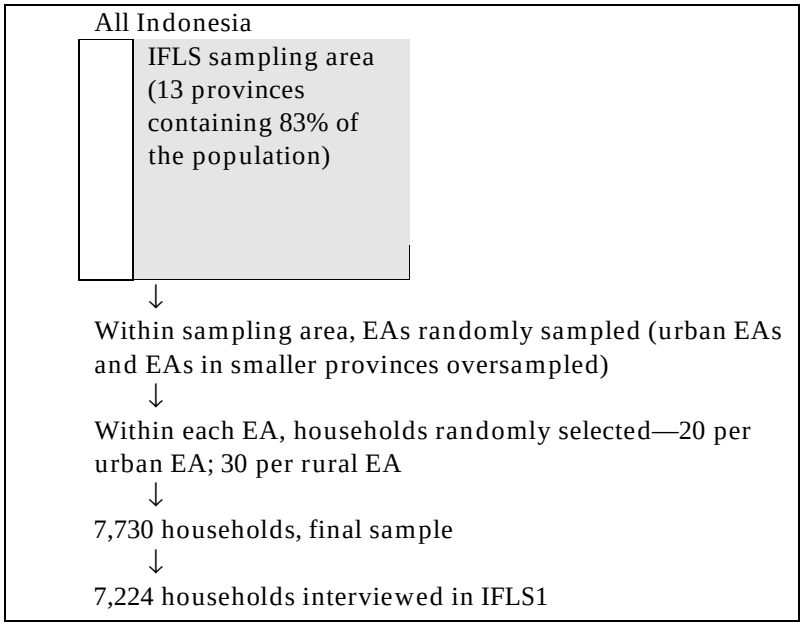

Fig. 1—IFLS1 Sampling History

In IFLS1 it was determined to be too costly to interview all household members, so a sampling scheme was used to randomly select several members within a household to provide detailed individual information. IFLS1 conducted detailed interviews with the following household members:

- the household head and his/her spouse
- two randomly selected children of the head and spouse age 0 to 14
- an individual age 50 or older and his/her spouse, randomly selected from remaining members
- for a randomly selected 25% of the households, an individual age 15 to 49 and his/her spouse, randomly selected from remaining members.

IFLS2 Recontact Protocols

In IFLS2 our goal was to relocate and reinterview the 7,224 households interviewed in 1993. If no members of the household were found in the 1993 interview location, we asked local residents (including an informant identified by the household in 1993) where the household had gone. If the household was thought to be within any of the 13 IFLS provinces, the household was tracked to the new location and if possible interviewed there. Our willingness to track movers sets IFLS2 apart from the follow-up waves of many household surveys in developing countries, which simply revisit the original location of the household and interview whoever is found there.

Our commitment to tracking movers paid off. In IFLS2 a full 94% of IFLS1 households were relocated and reinterviewed, in the sense that at least one person from the IFLS1 household was interviewed.

(That number includes the 69 IFLS1 households whose every 1993 member had died by 1997, according to local informants.) Of the 7,224 households we sought to find, just under 88% were interviewed in close proximity to their location in 1993, and another 1% were close enough to be interviewed by a team while it was working in an IFLS community. An additional 5% of FILS1 households were interviewed in more distant locations during the tracking phase of fieldwork.[6] Table 2.1 shows the numbers of households, by province, that were interviewed in IFLS1 and IFLS2, and the province-specific completion rates for each wave.[7]

In addition to interviewing all IFLS1 households, we also wanted to achieve high reinterview rates for individual members of the 1993 households. The IFLS2 protocols for individual interviews reflect this goal. IFLS2 attempted to interview all IFLS1 household members who provided detailed individual-level data in 1993, whom we called *panel respondents*.

We considered trying to locate and reinterview all individuals who had been in the household in 1993 but had moved out by 1997. We had relatively little information about what types of members would have left their 1993 households and how difficult it would be to find these movers four years later.[8] We were concerned that the task of reinterviewing all movers would be overwhelming and would result in a highly selected sample and low overall recontact rates. To reduce the burden, we targeted two groups of IFLS1 household members as a high priority for tracking and follow-up interviews in 1997 if they had moved out of the 1993 household as of 1997.

- Individuals who provided detailed individual-level information in 1993. If these panel respondents had left the 1993 household by 1997, information on their whereabouts was collected and every effort was made to track them to their new location and interview them there. We viewed these respondents as a priority relative to other IFLS1 household members who had not completed an individual interview (since we knew relatively little about the lives of the latter).

- All IFLS1 household members who were 26 or older in 1993 (i.e. those born before 1968). By including these respondents in the tracking design, IFLS2 should be representative of all cohorts of Indonesians born before 1968 (apart from attrition).

Because we tracked 1993 household members who had left their IFLS1 household and interviewed them in their new locations, we added a total of 878 *split-off* households to the 6,820 *origin households* in the IFLS2 sample. Table 2.1 also shows the number of split-off households per province.

The rules for interviewing household members differed for origin and split-off households. In origin households we sought to interview all members. In split-off households we attempted to interview all *target respondents* (panel respondents or IFLS1 household members who were born before 1968), their

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[6] Appendix A describes field procedures, including those used for tracking. In addition, tracking procedures are described and household-level attrition is analyzed in Duncan Thomas, Elizabeth Frankenberg, and James P. Smith, *Lost But Not Forgotten: Attrition in the Indonesia Family Life Survey*, DRU 2059-NICHD, Santa Monica: RAND, February 2000.

[7] Numbered tables appear at the end of the document.

[8] We conducted one relocation pretest and two full-scale pretests that together covered about 100 IFLS1 households. These pretests provided limited but valuable information about the difficulties that would be faced in tracking movers.

spouses, and any of their biological children living in the household. Our reasoning was that we wanted to limit the size of the sample so that we did not overwhelm the interviewers with large numbers of new respondent who had only a tenuous connection with the IFLS1 household members. Figure 2 summarizes recontact rates for these groups of households and individuals.

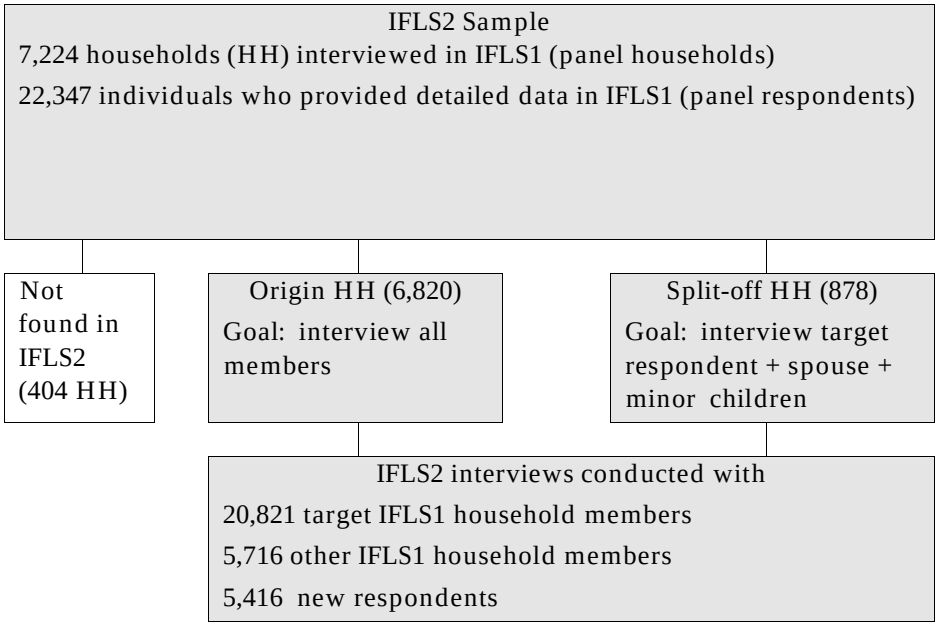

Fig. 2—IFLS2 Response Rates

As a result of both attrition among IFLS1 households and the addition of split-off households, the number of households diverged from the original sampling frame of 20 households per urban EA and 30 households per rural EA. The geographic distribution of the households also changed, since not all households interviewed in 1997 were living in the same area as in 1993. We can distinguish between households that did not move, that moved locally, and that moved "long-distance" (see Table 2.2). Of the IFLS1 households that were reinterviewed in 1997, 90.7% had not moved at all, and another 3% had moved locally. Fully 6% were interviewed in locations outside the village or township in which they were living in 1993.

Table 2.3 presents information from origin households interviewed in IFLS2 on the status of IFLS1 household members as of 1997. Of the 22,799 target respondents whose origin households were reinterviewed, 20,127 were still living in the origin household, and another 1,096 had moved out but were found elsewhere. About equal numbers of target respondents had moved out of the origin household but weren't found elsewhere (800) and had died since 1993 (776). In total, over 91% of target respondents whose origin households were found in IFLS2 provided individual-level interviews in 1997. Parallel numbers are presented for nontarget respondents, whom we did not try to track if they were found to have moved out of an origin household by 1997. For this group, we reinterviewed about 65% of those whose origin households were found in IFLS2.

Tables 2.4 and 2.5 show, for IFLS1 and IFLS2 respectively, the number of interviews conducted with members of various demographic subgroups. In IFLS1, the practice of sampling within the household yielded lower interview rates for certain groups, such as never-married adults and children born to someone other than the household head or spouse. In IFLS2 we attempted to interview all household

members in origin households and a subset of members in split-off households. This protocol change yielded considerably higher interview rates in IFLS2 for a number of demographic subgroups.

Survey Instruments

The IFLS is a comprehensive multipurpose survey that collects data at both the household and individual levels. One or two household members were asked to provide information at the household level. The interviewers then attempted to conduct an interview with every individual age 12 and over. For children less than 12, interviewers attempted to interview a parent or caretaker. The IFLS2 strategy of interviewing all household members was more expansive than the IFLS1 strategy of interviewing a sample of household members. Because obtaining interviews with all household members is difficult, IFLS2 included a proxy book that was used for collecting more limited information (from other household members) about individuals who could not be interviewed in person.

The household questionnaire in IFLS2 was organized like its IFLS1 counterpart and repeated many of the same questions to allow comparisons across waves. The IFLS1 questionnaire contained many retrospective questions covering past events. In IFLS2, full retrospectives were asked of new respondents. For most sections, panel respondents were only asked to update the information, starting approximately five years before the 1997 interview, so there is one year of overlap between IFLS1 and IFLS2 data.[9] Table 2.6 outlines the questionnaire structure and contents, which are described in more detail below.

The questionnaire was divided into *books* (usually addressed to different respondents) and subdivided into topical *modules*. Three books collected information at the household level, generally from the household head or spouse[10]: book K, book 1, and book 2. The next four books collected individual-level data from adult respondents (books 3A and 3B), ever-married female respondents (book 4), and children younger than 15 (book 5). Some modules appear in more than one book to facilitate collecting the data efficiently (for example, ever-married women under 50 answer questions about marriage in Book 4, whereas other respondents answer marriage questions in Book 3A). Some modules appear in both a household book and an individual book (for example HI), because we wanted to make sure that we collected data for the household as a whole, in addition to collecting data from individuals. Individual measures of health status were recorded for each household member (book US). Household members between the ages of 7 and 24 were asked to participate in cognitive assessments of their skills in mathematics and Indonesian language (book EK). More detail on the contents of the individual books is provided in Appendix B and in the User's Guide.

Book K: Control Book and Household Roster. Book K recorded whether a household was found and interviewed and the location of the household. If the household was interviewed, information on the composition of the household and basic socioedemographic and some economic characteristics was collected, as was information on key characteristics of the housing structure that the interviewer could observe. The interviewer filled out a portion of this book for all 7,224 households interviewed in the

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[9] The overlap was intended to facilitate linking retrospectives from IFLS1 with updates from IFLS2. For one year, events reported in IFLS1 should be able to be matched to events reported in IFLS2. The analyst can reconstruct the respondent's full history and can compare the information reported in each wave of the survey for the overlap period.

[10] In both IFLS waves, one member of the household was designated the household head by the person who provided information on the composition of the household. Where a married couple headed the household, the husband was generally designated the head and the wife, the spouse of the head. The head of the household in IFLS1 was not always the head of the household in IFLS2.

IFLS1, even if they were not interviewed in IFLS2. In addition, book K was completed when individuals from origin households were tracked to a split-off household and interviewed there

Book 1: Household Expenditures and Knowledge of Health Facilities. This book was typically answered by a female respondent, either the spouse of the household head or another person most knowledgeable about household affairs. The first module recorded information about household expenditures[11] and about quantities and purchase prices of several staples. The second module probed the respondent's knowledge of various types of public and private outpatient health care providers. This information was used in drawing the sample of facilities for interviews in the Community-Facility Survey. Book 1 was shortened from its IFLS1 counterpart to reduce the response burden on the household head's spouse, who typically received a very long interview.

Book 2: Household Economy. This book was usually answered by the household head or the head's spouse. Modules asked about household businesses (farm and nonfarm), nonbusiness assets, and nonlabor income. Combined with individual-level data on labor and nonlabor income collected in book 3A, this information can be used to provide a picture of current household income from market-wage income, self-employment income, family businesses, informal-sector activities, and nonlabor income. Other modules collected information about housing characteristics, economic shocks experienced by the household in the previous five years, and about the household's plans to move in the future (helpful in planning for subsequent rounds of data collection and in tracking respondents who moved).

Book 3A: Individual Adult Information (part 1). This book asked all household members 15 years and older about their educational, marital, work, and migration histories. In addition, the book included questions on asset ownership and nonlabor income, household decision-making, fertility preferences, and (for women 50 and older) cumulative pregnancies.

The amount of retrospective information collected varied by module and by whether the respondent had answered book III in IFLS1. Respondents who did not complete Book III in IFLS1 were typically asked for lengthy histories that mirrored the data obtained in IFLS1. Respondents who had answered book III in IFLS1 were generally asked only to update the information for the five years preceding the interview. The specific rules varied by module (see Table 2.6).[12]

Book 3B: Individual Adult Information (part 2). Book 3B emphasized current rather than retrospective information. Separate modules addressed insurance coverage, health conditions, use of inpatient and outpatient care, and participation in community development activities. Another module asked in detail about the existence and characteristics of non-coresident family members (parents, siblings, and children) and about whether money, goods, or services were transferred between these family members during the year before the interview. Books 3A and 3B were administered as one book in IFLS1. They were separated in IFLS2 to establish a natural breaking place for the interview if respondents could not answer all the questions in one sitting.

Book 3P: Individual Adult Information by Proxy. The proxy book was designed to facilitate collecting data by proxy about individuals who could not be interviewed directly. The proxy book contains shortened versions of most of the sections included in Books 3A, 3B, and 4.

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[11] IFLS1 and IFLS2 included essentially the same items and reference periods for expenditures. For each non-food item, IFLS1 asked whether the reported expenditure pertained only to the individual answering the question or the household as a whole. The question is not standard in budget surveys and was dropped in IFLS2, with the cost that 1993 expenditures and 1997 expenditures are not directly comparable. The IFLS expenditure module is a shortened version (about 40 minutes) of the three-hour module included in every third wave of the SUSENAS. It is very similar to the SUSENAS short form consumption module.

[12] Further detail on these differences is provided in the *User's Guide* (DRU-2238/2-NIA/NICHD), Table 2.1.

Book 4: Ever-Married Woman Information. This book was administered to all ever-married women age 15–49 and it women who completed Book 4 in IFLS1 irrespective of age. Book 4 collects retrospective life histories on marriage, children ever born, pregnancy outcomes and health-related behavior during pregnancy and childbirth, infant feeding practice, and contraceptive use. The marriage and pregnancy summary modules replicated those included in book 3 so that women who answered book 4 skipped these modules in book 3. Similarly, women who answered questions about non-coresident family in book 4 skipped that module in book 3. A separate module asked married women about their use of contraceptive methods on a monthly basis over the previous 5 to 10 years.

Book 5: Child Information. This book collected information about children younger than 15. For children younger than 11, the child's mother, guardian, or caretaker answered the questions. Children between the ages of 11 and 14 were allowed to respond for themselves if they felt comfortable doing so. The five modules focused on the child's educational history, morbidities, self-treatment, and inpatient and outpatient visits. Each paralleled a module in the adult questionnaire (books 3A and B), with some age-appropriate modifications. For example, the list of acute health conditions specified conditions relevant to younger children.

Book US: Physical Health Assessments. In addition to the respondent-assessed health status information recorded in Books 3 and 5, IFLS2 sought to collect physical health assessments on every respondent. In IFLS2 a health worker (either a nurse or a recently trained doctor) visited each household (often multiple times) to record various measures of physical health for each household member. The health workers received special training in taking the measurements, which included height and weight (all respondents), blood pressure and pulse (respondents 15 and older), lung capacity (respondents 9 and older), and hemoglobin (respondents 1 and older). In addition, respondents 15 and older were timed while they rose from a sitting to a standing position five times (a physical assessment developed by the WHO team).[13] At the end of the assessment the health worker nurse also evaluated the individuals' health status on a 9-point scale and recorded comments about the individual's health. As an indication of household health, the iodine content of the household's salt was tested.

Book EK: Cognitive assessments. Children between the ages of 7 and 24 were administered cognitive tests to assess their skills in the Indonesian language and in mathematics. The tests were designed by two members of the testing division of the Indonesian Ministry of Education, drawing items from the National Achievement Test (EBTANAS). Tests were originally designed to cover four levels (age 7–9, the first three years of elementary school; age 10–12, the last three years of elementary school; age 13–15, the three years of junior high school; and age 16–24, senior high school and beyond). The first few weeks of fieldwork revealed that the highest test level was too difficult. Subsequently all respondents 13–24 were given the same test, that originally designed for 13–15-year-olds.

Notes on Response Burden

The HHS survey instrument is complicated and takes time to complete. In IFLS2 we attempted to organize and format the instrument so as to minimize response burden. As Table 2.7 shows, most

[13] Measures of weight were taken using Seca floor-model scales developed in collaboration with UNICEF. The floor-model scales have a digital readout and are accurate to the nearest 0.1 kg. Children who were unable to stand on their own were held by a parent and weighed (after the scale had been adjusted to zero with just the parent alone on the scale). Recumbent length or standing height was measured with Shorr measuring boards. Standing height was measured for adults and children over age 2, and recumbent length was measured for younger children. Both instruments have been used in survey work in other countries and are suitable for fieldwork given their portability, durability, and accuracy. Blood pressure and pulse were measured with an Omron digital measuring device. Hemoglobin was assessed using the hemocue method, which involves pricking a finger and collecting a drop of blood into a cuvette, then inserting the cuvutte into the Hemocue measuring device. Three measurements of lung capacity were recorded using Personal Best peak flow meters.

questionnaire books were completed in one visit. The median time to complete a book varied across the books, with the longest times observed for individual-level books addressed to adults.

Some respondents answered more than one book because they provided information not only about themselves but also about their household and potentially about their children, spouse, or parents. Table 2.8 shows median completion times for respondents of different types. Ever-married women age 15–49 generally spent more time being interviewed than others. They were asked to answer three individual-level books for themselves and were likely to answer book 1 (household expenditures and knowledge of health services) as well as book 5 if they had young children. The median time for women 50 and older, regardless of marital status, was 72 minutes, while for married men it was just about an hour.

3. IFLS2 Community-Facility Survey

It is often hypothesized that the characteristics of communities affect individual behavior, but rarely are household survey data accompanied by detailed data about the communities from which households are sampled. The IFLS is an exception. For each IFLS community in which we interviewed households, extensive information was collected from community leaders and from staff at schools and health facilities available to community residents.
This section describes the CFS sample for IFLS2 and tabulates the response rates; summarizes the contents of the survey instruments; and notes the links between CFS and HHS data.

Sample Design and Response Rates

The CFS sought information about the communities of HHS respondents. As in IFLS1, most of the information was obtained in the following ways:

- The official village / township leader[14] and a group of his / her staff were interviewed about aspects of community life. Supplementary information was obtained by interviewing the head of the community women's group,[15] who was asked about the availability of health facilities and schools in the area, as well as more general questions about family health and prices of basic commodities in the community.

- In visits to local health facilities and schools, staff representatives were interviewed about the staffing, operation, and usage of their facilities.

- Statistical data were extracted from community records, and data on prices were collected through visits to up to three markets or sales points in the community.

IFLS2 gathered data from two new sources in each community[16]:

- We interviewed someone considered an expert in the *adat* (traditional law) about the customary laws that influence behavior in the community. The purpose was to provide a perspective on cultural heterogeneity in Indonesia. Interviews with *adat* experts were not conducted in communities that were highly diverse in ethnic composition.

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[14] In Indonesia, village leaders are typically elected whereas municipality leaders are appointed. We use the terms "village" and "municipality" interchangeably.

[15] Besides having a village leader, Indonesian villages have a Family Welfare Group (PKK), usually headed by the wife of the village leader. The PKK is responsible for implementing a 10-point program mostly relating to family health. Although the village leader is nominally responsible for family health, activities related to family health are almost always sponsored by the PKK.

[16] In IFLS1, interviews were conducted in 321 enumeration areas, each within a village or township that served as the administrative area for the collection of CFS data. In the IFLS, 9 villages / townships contained not one but two EAs, so CFS data from their community-level respondents pertain to two EAs rather than one. In IFLS2, the Community-Facility Survey collected data in 322 EAs. This occurred because in one EA, a sizable fraction of households containing army personnel had moved en masse to a new area. For that EA, CFS data were collected in two separate administrative areas to reflect the bifurcation in origin households' locations.

- We interviewed a social activist in the community about a project in which he or she was involved. Priority was given to projects providing safe water or building sanitation infrastructure. An important feature of Indonesia's economic development strategy has been the encouragement of local development initiatives by community members. We wanted to provide a perspective on such initiatives outside the formal leadership structure.

Sample Selection

To cover the major sources of public and private outpatient health care and school types, we defined six strata of facilities to survey:

- Government health centers and subcenters (*puskesmas, puskesmas pembantu*)
- Private clinics and doctors, midwives, nurses, and paramedics (*kliniks, praktek umum, perawats, bidans, paramedis, mantri*)[17]
- Community health posts (*posyandu*)[18]
- Elementary schools (SD)
- Junior high schools (SMP)
- Senior high schools (SMU)

IFLS2 used the same protocol for selecting facilities as IFLS1. We wanted the specific schools and health providers targeted for detailed interviews to reflect facilities available to the communities from which HHS respondents were drawn. Rather than selecting facilities based solely on information from the village leader or on proximity to the community center, we sampled schools and health care providers from information provided by HHS respondents.

Health Facility Sampling Frame. For each EA, we compiled a list of facilities in each health facility stratum from HHS responses about the names and locations of facilities the respondent knew about. Specifically, we drew on responses from HHS book 1, module PP, which asked (typically) the female household head if she knew of health facilities of various types, such as government health centers. If she provided names and locations, those facilities were added to the sampling frame.

HHS respondents did not need to have actually used a health facility for it to be relevant to the CFS sample. Though someone in the household may well have used a facility that was mentioned, any facility known to the respondent was relevant. We rejected requiring actual use of a facility because we judged that it would yield a more limited picture of community health care options (since use of health

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[17] Because of time and money constraints, IFLS2 did not interview traditional practitioners, as did IFLS1. And whereas IFLS1 grouped doctors and clinics in a different stratum from midwives, nurses, and paramedics, those strata were combined in IFLS2 because of the difficulty of categorizing practitioners correctly. An advantage of grouping all private practitioners in one stratum is that the mix of provider types interviewed within the stratum better reflects what is available in the community. For example, in communities where paramedics were more plentiful than doctors, the mix of interviewed providers reflects that fact.

[18] We did not visit hospitals for several reasons. For most Indonesians, hospitals are not a common provider of outpatient care. In rural areas hospitals are often far away and not easily incorporated into the sampling scheme. Also, an effective hospital questionnaire is quite difficult to design.

care is sporadic) and possibly be biased by factors such as what illnesses were common around the time of the interview.

School Sampling Frame. Names of candidate schools were obtained from HHS responses to book K, module AR, in which (typically) the household head verified the name and location of all schools currently attended by household members under age 25.[19] Therefore, unlike the health facility sampling frame, each school in the candidate list had at least one member of an IFLS household attending.

Final Samples. Not all identified health facilities and schools were eligible for interview. A facility was excluded if it had already been interviewed in another EA, if it was more than 45 minutes away by motorcycle, or if it was located in another province.[20] We also set a quota of facilities to be interviewed in each stratum. The goal was to obtain, for each stratum, data on multiple facilities per community. We also sought to maximize coverage of the facilities known and used by household members. For example, the larger quota for private practitioners than for health centers reflects the fact that Indonesian communities tend to have more private practitioners than health centers.

Stratum	*Quota per EA*
Health centers and subcenters	3
Private clinics and practitioners	6
Community health posts	2
Elementary schools	3
Junior high schools	3
Senior high schools	2

Two forms were used in developing the facility sample for each stratum. Sample Listing Form I (SDI) provided space to tally HHS responses and ascertain which facilities met the criteria for interview. Those facilities constituted the sampling frame and were listed on the second form, Sample Listing Form II (SDII), in order of frequency of mention. The final sample consisted of the facility most frequently mentioned plus enough others (selected to match a random priority order grid in the SDII) to fill the quota for the stratum.[21]

[19] For more detail on the content of the module cited here, see Appendix B.

[20] It was not feasible to interview facilities in provinces other than the 13 IFLS provinces because of the difficulty and expense of obtaining the appropriate permissions. The 45-minute rule was made to avoid visits to extremely distant facilities. Data from an earlier survey in Indonesia suggested that most outpatient visits are made on foot or using public transportation to providers well within a 45-minute motorcycle trip.

[21] In some EAs the pooled household responses did not generate enough facilities to fill the quota. Then, information from the village/township leader or women's group head was used to supplement the sample.

Figure 3 depicts the sample-selection process for each facility stratum within an EA.

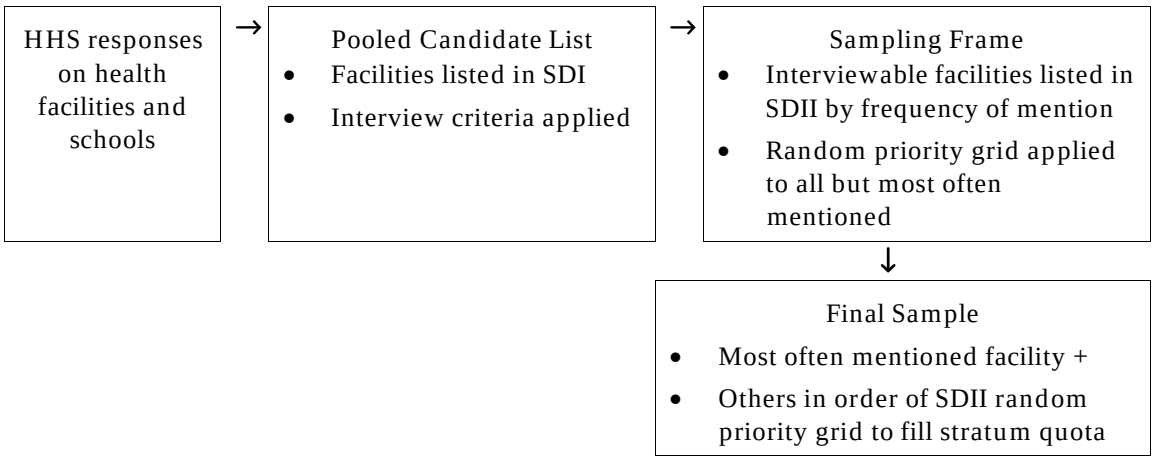

Fig. 3—Sample Selection for Health Facility and School Questionnaires

Response Rates

Table 3.1 shows the number of respondents and facilities covered in IFLS1 and IFLS2. In both waves we met our interviewing quotas. In IFLS2 we were able to interview almost 3,400 health facilities and over 2,500 schools. Table 3.2 shows the number of facilities interviewed in each province, by stratum.

A number of the same facilities interviewed in IFLS1 were also interviewed in IFLS2. This is not surprising, since the sampling approach in the two waves was almost identical and the rate of turnover in facilities is relatively slow. The lowest reinterview rate was in private health facilities. We could have increased our reinterview rate by deciding *a priori* to go back to the same facilities that we visited in 1993. However, we judged it important to refresh the sample in 1997 to allow for new facilities, since the CFS was intended to portray the current nature of the communities and the facilities in which IFLS households resided. Table 3.3 shows the fraction of IFLS1 facilities that was reinterviewed in IFLS2, the number of facilities interviewed in IFLS2 for which IFLS1 data also exist, and the number of new facilities interviewed only in IFLS2.

Survey Instruments

As with the HHS, the CFS questionnaire was divided in *books* (addressed to different respondents) and subdivided into topical *modules*. Community-level information was collected in six books: book 1, book 2, book PKK, book SAR, book Adat, and book PM. Health facility information was collected in book PUSK, book PP, and book Posyandu. Each level of school was covered in a separate book, whose contents were nearly identical: book SD, book SMP, and book SMU. Table 3.4 briefly summarizes the structure and contents of each book, which are described below and in Appendix C in more detail.

Community Questionnaires

Book 1. This book collected a wide range of information about the community. It was addressed to the head of the community in a group interview. Ideally the group included the village/township leader, one or two of his staff members, and one or two members of the Village Elders Advisory Board, but the composition varied across villages, reflecting who was available and whom the village leader

wanted to participate. Respondents were asked about available means of transportation, communications, sanitation infrastructure, agriculture and industry, history of the community, credit opportunities, community development activities, and the availability of schools and health facilities.

Book 2. This book provided a place to record statistical data about the community. Generally the data were extracted from the community's Statistical Monograph or from a copy of its *PODES questionnaire.* If neither source was available, the village head was asked to estimate the answer, which was recorded as an estimate. Separate modules asked the interviewer to make direct observations about community conditions and to visit up to three markets or sales outlets and record the prices of various foods.

Book PKK. Administered to the head of the village women's group, this book asked about the availability of health services and schools in the community, including outreach activities; changes in the community over time; and in detail about the prices of foods and other items.

Book SAR. The Service Availability Roster was new for IFLS2. It was added after analysis of the IFLS1 data showed that community informants provided incomplete listings of the facilities to which HHS respondents had access. The SAR gathered in one place information on all the schools and health facilities available to residents of IFLS communities. It included

- Facilities identified by HHS respondents to IFLS2 modules PP and AR
- Facilities interviewed in IFLS1 but not mentioned in IFLS2.
- Any other facilities mentioned by the head of the village/township or the women's group head in IFLS2 book 1 or PKK.

For each facility mentioned, the head of the village/township or the women's group head was asked to estimate the distance, travel time, and travel cost to the facility. In addition, the interviewer went to the facility to obtain a GPS reading of latitude and longitude. These readings were used to construct measures of distance to the facilities from the center of the IFLS cluster and from the office of the village/township leader.

Book Adat. This book, new in IFLS2, was administered to someone the village head identified as a local expert in the *adat* (traditional law) of the community. After questions about the respondent's own religious, educational, and ethnic background, he/she was asked about village characteristics, e.g., the most important changes to occur in the past 5 years. Then, he/she was asked detailed questions about traditional laws and customs relating to marriage, childbirth, divorce, gender roles, living arrangements for the elderly, and death and inheritance. A final set of questions probed about community organization, governance, mutual aid, and decision-making practices.

Book PM. This book, new in IFLS2, was administered to someone the village head identified as a community resident actively involved in a community development project, preferably one designed to improve the water supply or sanitation facilities. After a obtaining a profile of the respondent, the main module probed the background of the particular development project, its prospective benefits, and project planning, management, implementation, and funding. Finally, the respondent was asked about the history of development activities in the community.

Health Facility Questionnaires

Separate books were designed for each health facility stratum:

- Book PUSK for government health centers
- Book PP for private doctors and clinics
- Book Posyandu for community health posts

The contents of books PUSK and PP were very similar to maximize comparability while reflecting that different types of facilities provide different types of services. Book PUSK was the most comprehensive, and the director of the government health center was asked to designate an appropriate respondent for each module. Both books collected data on the availability and prices of services, lab tests, and drugs, and on the availability of equipment and supplies. Both provided space for the interviewer to record direct observations about the facility's cleanliness and other features that might influence its attractiveness to patients. Five hypothetical patient scenarios or "vignettes" probed the respondents' knowledge of process in patient care. The vignettes concerned the provision of IUDs, provision of oral contraceptives, prenatal care, treating a child with vomiting and diarrhea, and treating an adult with a respiratory illness.

Books PUSK and PP were designed to indicate the facility's functional capacity (adequacy of the laboratory, pharmacy, equipment, staff, the physical environment) and the adequacy of specific services for outpatient care, care for pregnant women, well-baby care, and family planning.

The contents of book Posyandu reflected the different role this facility plays in providing health services. It asked about the characteristics of the volunteer staff (including general education and health training) and their frequency of contact with outreach workers from the government health center. In addition to questions about services offered at the post, there were general questions about health problems in the village. Finally, questions about prices from book PKK, module H, were repeated here to provide another data source for that topic.

School Questionnaires

The questionnaires for the three levels of schools (elementary, junior high school, and senior high school) had similar contents. In most of the modules, the principal or designee answered questions about the staff, school characteristics, and student population. One module, investigating teacher characteristics, was addressed to teachers of Indonesian language and mathematics. Another module had the interviewer answer specific questions based on direct observation about the quality of the classroom infrastructure. The final sections recorded student expenditures, math and language scores on the EBTANAS tests for a random sample of 25 students,[22] and counts of teachers and students.

Links from HHS Data to CFS Data

As mentioned above, HHS responses to various questions about health facilities and schools generated the frame from which the CFS teams drew the facility samples. Therefore, most of the facilities visited by the CFS teams match the names mentioned by HHS respondents.[23] To permit explicit links between

[22] EBTANAS tests are national achievement tests administered at the end of each school level (e.g., after grade 6, for students completing elementary school). The scores can be used to judge student achievement levels in a school.

[23] Because the facility sample was supplemented in some EAs with facilities mentioned by the village leader, we conducted interviews for some facilities that were not mentioned by HHS respondents.

facilities mentioned in the HHS and facilities visited in the CFS, it was necessary to assign each facility a unique code. That same code is used to identify the facility in the HHS data files.

In nine modules of the HHS questionnaire, the CFS field supervisor assigned codes to link the facility mentioned by an HHS respondent to a specific facility in the CFS data:

HHS Module	CFS Facilities Linked
AR	schools attended by household members age 25 or less
PP	government health centers, private clinics, general practitioners, nurses / paramedics / midwives, and traditional healers known to wife of household head
RJ	providers of outpatient care for adults during the month before the interview
RN	providers of inpatient care for adults during the year before the interview)[24]
CX	supply sources for various contraceptive methods mentioned by ever-married women
KL	providers of treatment for contraceptive-related side effects or prenatal care for ever-married women during the two years before the interview
DLA	providers of outpatient care for children during the month before the interview
RNA	providers of inpatient care for children during the year before the interview (see footnote 11)

[24] There are few matches here between HHS responses and CFS data because most people received inpatient care at hospitals, which were not covered in the CFS.

Appendix A:
Survey Operations

This appendix describes the process of developing and fielding IFLS2. The survey was designed between January 1996 and July 1997. Interviewer training began in August 1997, and field work took place largely between August and December 1997, with about 5% of interviews extending into 1998. Table A.1 shows a timeline of IFLS2 activities.

Development of Questionnaire and Field Procedures

The HHS and CFS questionnaires fielded in IFLS1 provided the base for the IFLS2 questionnaires. The goal was to kept the instruments as similar as possible across the two waves in substantive content and questionnaire wording to maximize comparability. Changes were made to correct mistakes and improve questionnaire flow, lessen the response burden of the female household head, accommodate the existence of both panel respondents (who had given extensive data in IFLS1) and new respondents (who had provided no prior data), and to collect new data on topics of particular interest (decision-making in the household, community participation, and women's choices about pregnancy and childbirth). A few IFLS1 questions and modules were deleted, some modules were moved to across books, skip patterns were added to differentiate content for panel vs. new respondents, and new modules and questions were added. The contents of the questionnaires and IFSL1–IFSL2 changes are summarized in Secs. 2 and 3 of this document for the HHS and CFS, respectively.

The instruments, data entry software, and field procedures were extensively tested before the fieldwork began. Protocols for locating and reinterviewing IFLS respondents were designed during pilot tests and revised during full-scale pretests. New questions and modules were developed and tested using focus groups and pilot tests. The HHS questionnaire was tested in its entirety during two full-scale pretests. The CFS questionnaire and the health status measurements were each tested during one pretest. Pretests allowed us to evaluate questionnaire changes in a field setting.

First Pretest of HHS Questionnaire

The first pretest of the HHS questionnaire, conducted in Solo, Central Java, in October 1996, focused on questionnaire content and field editing protocols. Its primary objectives were to

- Test procedures for relocating households and individuals.
- Assess our ability to differentiate between panel and new respondents and administer the questionnaire correctly, depending on the respondent's status.
- Evaluate the advantages and disadvantages of using preprinted information from IFLS1.
- Evaluate the length of the questionnaire, the length of each module, and the burden imposed on different types of respondents.
- Evaluate the content of new or heavily revised questionnaire modules.
- Assess the feasibility of administering school achievement and cognitive tests to children under age 15.
- Evaluate the advantages and disadvantages of Computer-Assisted Field Editing (CAFÉ).

The pretest showed that the revised HHS questionnaire for IFLS2 was too long and complicated for both respondents and interviewers and that cognitive tests for children under age 5 would be expensive and of questionable value (tests for older children were deemed feasible). The pretest also showed that it would require carefully formulated protocols for relocating IFLS1 respondents and considerable initiative by field personnel to obtain high reinterview rates.

Second Pretest of HHS Questionnaire

The second pretest was held on Bali in February 1997. It was conducted by a team of twelve interviewers, one supervisor, and four field editors in one urban and one rural site. Besides testing the reformatted, shortened, and simplified questionnaire, this exercise focused on training protocols, relocation protocols, and CAFÉ procedures.

Training. We recruited interviewers, primarily recent college graduates from social science departments, and devoted much effort to training them. We developed training syllabi for questionnaire modules that included an explanation of the module and its questions, a dialog for the trainers to use in a demonstration interview, and questions for quizzes and homework. The training syllabi provided the basis of the HHS Interviewers' Manual. We also restructured the training to include more participatory exercises and to use an overhead projector so that trainees could watch the recording of responses on the questionnaire during the demonstration interviews. The first few days of the pretest showed the effectiveness of the training in that interviewers made remarkably few mistakes.

Careful attention to training for the second pretest also helped us strengthen training for the real survey. For example, it was clear that interviewers needed more help introducing themselves to the household, gaining respondents' cooperation, and managing the interview process. Also, rather than proceeding sequentially through the questionnaire, we learned that it was preferable to start with simple modules. Finally, because the interviewers improved greatly in the first five days of fieldwork, realistic field practice was clearly needed *before* fieldwork. Field practice also gave supervisors and editors a chance to learn their jobs.

Tracking. Because reinterviewing panel respondents was key to the success of IFLS2, much effort was devoted to devising procedures for finding households and respondents and experimenting with various methods in the field. From the experience of tracking households in the second pretest, we identified common scenarios and developed protocols in response. For example:

- Rather than make arbitrary rules about how many informants interviewers should query when looking for someone, we required interviewers to keep looking for informants until someone was found who knew something about the family or individual being sought.

- The more information interviewers had about who is being sought, the more likely they were to find someone who knew where the household or individual was. To facilitate a full description to informants, we preprinted a relocation sheet for every IFLS1 household with information on the jobs and birthplaces of the household head and spouse, the names and activities of other household members, and information on the parents and siblings of the household head and spouse.

- "First contact" rule: the first goal in relocating ILS1 respondents was to find someone who had lived in the household in 1993 and could therefore update the preprinted 1993 household roster regarding the current location of all 1993 target respondents. Once the roster was completed, the tracking effort could focus on target individuals rather than the household.

- To preserve the link to IFLS1 data, each individual in every 1993 household was assigned a Panel Tracking ID linking him / her to the origin household. This ID was retained regardless of where or in which household the individual was living in 1997.

- Often, remaining members of the origin household would tell us about subgroups of IFLS1 household members who had moved out of the 1993 household together to establish a new household elsewhere. While helpful, such information could not be confirmed until the individuals had actually been relocated. Rather than treating these movers as a new household during the tracking process, we continued to treat them as individual movers until the new household was actually found, in order to minimize the chance of anyone slipping through the cracks.

- Because the obvious place to begin looking for an IFLS1 household was its 1993 location in the origin EA, we required the HHS interviewer teams to complete a book K for every household interviewed in that EA in IFLS1. If a household had moved out of the team's range, its book K in the origin EA indicated that the household could not be interviewed and that the case had been referred for further tracking. For households not interviewed in the origin EA, an additional book K was completed when the household was found and interviewed or when efforts to find the household proved fruitless.[25]

Questionnaire Length. Between the first and second pretests we implemented a number of formatting changes to streamline the questionnaire. These included changes of font, type size, paper size, pagination, and methods for recording locations, time units, and rupiah values. We adopted a three-column format: one for questions, another for answers, and a third for skip instructions. While these changes may appear trivial, they shaved several minutes off the interview time for each book—a savings of time that was extremely valuable.

CAFÉ Procedures. In order to use computer-assisted field editing, all questionnaires had to be keypunched in the field. This had the advantage of completing the first round of data entry as well. The second pretest provided convincing evidence that CAFÉ was feasible: a diskette containing pretest data was available only one day after the interviews had ended.

CAFÉ allowed a far more thorough check of completed questionnaires than is possible with traditional manual (e.g., eyeball) methods of editing. In the pretest, CAFÉ reduced missing data and cleared up confusion due to interviewer handwriting. When interviewers completed a questionnaire book, they first edited it themselves, then turned it over to the editors, who entered the data using notebook computers. If the software indicated a problem with data being entered, the editor conferred with the interviewer to resolve the problem. If interviewer wasn't immediately available, the question was flagged and held until the interviewer's return. In the pretest, interviewers were usually able to correct a problem on the spot without having to return to the household. In one case, a young adult panel respondent was mistakenly given book 5 rather than book 3. CAFÉ caught the problem, and the interviewer returned to the household and administered book 3.

Health Measurement Pilot Test

In June 1997 we conducted a pilot test of the HHS health status measurements. It showed the importance of training health workers not only to measure respondents accurately but also to record measurements accurately on the paper questionnaire. It also revealed that health workers needed a porter to assist in carrying and setting up equipment. The pilot test also helped us refine methods for collecting certain measurements. For example, we learned that the lung capacity test procedures needed to be explained in detail in order to obtain accurate measurements.

As a result of the field practice at the end of training, we developed protocols to fully integrate health workers into the interview team so that comradeship could foster high completion rates for both questionnaires and health measurements.

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[25] Though multiple book Ks were created for some households for tracking purposes, only one was retained in the public use data.

Pretest of the CFS

The CFS pretest was held in May 1997 in a rural area outside Jakarta. It was primarily a test of the instruments, since basic procedures and protocols for drawing the facility sample changed little between IFLS1 and IFLS2. The results were valuable in indicating how to revise the questionnaires.

Field Staff for the IFLS2 Surveys

The IFLS2 interviews were conducted by teams of interviewers, composed as shown below. Each team of HHS interviewers was paired with a team of CFS interviewers:

HHS Team	CFS Team
Supervisor	Supervisor
6–8 interviewers	2 interviewers
CAFÉ supervisor	
2 CAFÉ editors	
Health worker	

The supervisors, interviewers, and CAFÉ editors were recruited from within the provinces in which we interviewed by the province's Population Studies Center. Interviewers were selected to obtain an appropriate mix of language abilities. For example, the team that was sent to the island of Madura contained some Maduranese-speaking interviewers. Language ability was less of an issue for the CFS teams, since most CFS respondents were in a position of authority and thus likely to speak Bahasa Indonesia. The names of the field staff in each province are listed in Table A.2.

CAFÉ supervisors were recruited in Jakarta from computer studies academies. Each pair of HHS and CFS teams was supervised by either a Field Coordinator or Assistant Field Coordinator (with backstopping from a Field Coordinator). Field Coordinators were research associates from Lembaga Demografi; Assistant Field Coordinators were recruited elsewhere. Supervisory training was held for CAFÉ supervisors and Assistant Field Coordinators in Jakarta in June 1997. The training acquainted staff with basic aspects of the survey and questionnaire content and helped prepare them to assist with interviewer training.

Each team (HHS + CFS) was designated by a letter code. In addition, each team member received a two-digit numeric code, of which the first digit signifies the team member's job (see below for designations). The combination of the letter and numeric code uniquely identifies each field staff member.

Field Staff Codes

11 = Field Coordinator
21 = Assistant Field Coordinator
31 = HHS supervisor
41 = CAFÉ supervisor
51 = CFS supervisor
61–69 = HHS interviewer
71–74 = CFS interviewer
81–84 = Health worker
91–94 = CAFÉ editor

Interviewer Training

Interviewer training was conducted in two phases (classroom training and field practice) and took place in three sites. In Malang, East Java, teams from South Kalimantan, South Sulawesi, Nusa Tenggara Barat, Bali, East Java, Jakarta, and West Java were trained in August 1997. At Tawangmanggu, Central Java, teams from Central Java and Yogyakarta were trained in September 1997. Also in September, training was held at Medan, North Sumatra, for teams from North Sumatra, West Sumatra, South Sumatra, and Lampung.

HHS interviewers received three weeks of classroom training. CAFÉ editors were chosen from this group and given about one week of specialized training. Local HHS supervisors were also selected from interviewer candidates and given special training. CFS interviewers were trained simultaneously and received 10 days of classroom training. Local CFS supervisors were selected from this group. All health workers were trained at one time in Jakarta.

One week of "dress-rehearsal" field practice followed the classroom training. HHS interviewer teams were assigned to interview certain households, and supervisors were responsible for making sure that the work got done, while CAFÉ editors and supervisors were responsible for entering the data. Health workers joined the field practice and conducted health assessments on members of the practice households. From information generated by the HHS interviews, the CFS teams practiced drawing a sample and then conducted facility interviews.

Fieldwork

A total of 23 pairs of teams (HHS + CFS) were sent into the field. There were two phases of fieldwork: the main fieldwork period (August-December, 1997) and the tracking phase (December, 1997-March, 1998). Each pair of teams was assigned a route that would take them to 8–12 enumeration areas. The HHS team interviewed first, with the CFS team visiting the same EA about two weeks later, after the household interviews were completed. The table below indicates which teams worked where, and how many EAs were in each province. Teams worked in only one province, but some provinces required multiple teams. After the main fieldwork ended, some interviewers moved to different provinces to help locate and reinterview movers during the tracking phase.

Province	Team Code(s)	No. of HHS Interviewers	No. of EAs
Jakarta	A, B	8	40
West Java	C, D, E, F	6	52
East Java	G, H, I	6	30
South Kalimantan	J	6	13
South Sulawesi	K	6	16
South Sumatra	L	6	15
West Nusa Tenggara	M	8	16
Central Java	N, O, P	6	37
Yogyakarta	Q, R	6	22
Bali	S	8	14
North Sumatra	T, U	6, 8	26
West Sumatra	V	6	14
Lampung	W	6	11

Main Fieldwork

In each EA, the following sequence of events took place:

1. The HHS supervisor made an advance visit to the EA to meet the leader of the community, obtain local permissions, arrange a base camp, and scout for IFLS1 households.

2. The HHS interviewers and CAFÉ team arrived. Pairs of interviewers (one male, one female) were assigned households to contact and reinterview.[26] Their initial task was to establish "first contact" with an IFLS1 household member and complete the preprinted roster. Interviewers were responsible for turning in a book K for every IFLS1 household, even if they were not able to relocate or reinterview the household.

3. As HHS interviewers completed questionnaire books, they turned them over to the CAFÉ team, which entered the data, edited the data, and resolved any questions or inconsistencies with the interviewers. Sometimes interviewers returned to the respondents to clarify answers.

4. The HHS supervisor monitored progress using a variety of MIS forms, observed interviews that were randomly chosen, randomly visited households to check interviewers' work, and handled financial and logistical issues.

5. The HHS supervisor oversaw the collection of information about movers and worked with the team and the Field Coordinator to determine whether a mover could be tracked locally. If the mover was thought to be within a 45 minute trip by public transport, the team attempted to track the mover while working in the mover's origin EA (local tracking).

6. The health worker visited each household to conduct the physical health assessments. He or she was assisted by a porter.

7. When all HHS interviews were completed, the HHS supervisor assembled the *NCR pages* from the HHS questionnaires that the CFS team needed for drawing the facility sample. The HHS supervisor had the pages delivered to the CFS team, either by the Field Coordinator or a hired messenger. The HHS supervisor also completed a financial report and mailed it, along with the paper questionnaires and diskettes containing the electronic data, to Jakarta.

8. When the electronic data were received in Jakarta they were transmitted to Santa Monica. In both Jakarta and Santa Monica the data were run through consistency and quality checks.

9. The CFS team arrived, usually 3–10 days after the completion of HHS interviews. The CFS supervisor drew the facility sample, assigned interviews to the interviewers, completed the Service Availability Roster (SAR), and assigned identifier codes to facilities on the SAR and on the NCR pages from the HHS.

10. The CFS interviewers conducted their assigned interviews.

11. When all CFS interviews were completed, the CFS supervisor completed a financial report and mailed it, along with the paper questionnaires, to Jakarta.

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[26] Male-female pairs were used because households appeared to feel more comfortable than when approached by two males, and it was more culturally appropriate to have female interviewers complete the questionnaire modules pertaining to pregnancy and contraception.

Tracking

Once each team had completed work in its assigned EAs, the HHS interviewers were given additional tracking assignments for households or individuals that had not been located during the main fieldwork period but were thought to reside in the province. In addition to being provided with the names of the households and individuals that needed to be tracked, the teams were given all the information that had been collected in the origin EA (for example from local informants) about the potential whereabouts of each case. We tried to attain the highest possible reinterview rate and to minimize differences in reinterview rates across EAs. If an EA showed a low recontact rate that we thought could be raised through revisits (for example, if households had been located in the original EA but had not been able to participate at the time the team was there, or if information on movers was inadequate), the teams were asked to return and try to recontact households or to obtain better information on movers.

Managing the tracking information was centralized in Jakarta, and tracking assignments were made from there after consultation with the team's Field Coordinator and Assistant Field Coordinator. Tracking progress was monitored daily from Jakarta based on faxed reports from the field. Records of each household's and target individual's interview status were maintained in an electronic database, which was developed from the survey data entered during the main fieldwork and updated as cases were completed. The fact that we had information on who needed to be tracked along with their whereabouts played an important role in the success of our tracking.

The tracking phase was one of the most arduous in terms of managing the work and keeping the staff motivated. We judged it important to centrally monitor success rates and set work priorities. As interviewers tired and remaining cases became more stubborn, we assigned smaller and smaller tracking teams. We sent the most talented field supervisors from Lembaga Demografi to particularly difficult areas, where they worked with tracking teams and on their own to pursue respondents' whereabouts. Teams and sometimes respondents were visited by the RAND project directors. Interviewer bonuses were offered to increase incentives to find missing respondents.

Data Entry, Verification, and Data Cleaning

A second round of data entry, verification of data against the paper questionnaire, and extensive data cleaning were completed for the IFLS2, beginning in the field. These procedures are described in detail in the *User's Guide*, Sec. 5.

Appendix B:
Description of the IFLS2 Household Survey Questionnaire

This appendix expands on the summary presented in Sec. 2 for those interested in more detail about the HHS instrument.

Book K: Control Book and Household Roster

The interviewer completed this book, or a portion of it, for all households interviewed in IFLS1, even if they were not interviewed in IFLS2. The cover of the book indicates (for each household, identified by HHID97) whether the household was interviewed in 1997 and if not, why not. Module SC indicates the precise location of the household. Much of this information is suppressed in the public-use data to protect respondent confidentiality.

Module AR (the household roster) was preprinted with the name and characteristics of each member of a household interviewed in 1993. In 1997, the interviewer used the roster to update information on 1993 household members and added new household members. The roster was used to indicate whether each 1993 member was still living in the household and to enter basic information on age, sex, marital status, relationship to the head of the household, presence in the household of the individual's mother, father, and spouse, religion, whether the respondent worked or was in school, earnings in the last year, and highest level of education. For individuals who had left the household since 1993, information was collected on the reason for and date of departure and the person's current location. For individuals who joined the household since 1993, information was collected on the reason for and date of entry into the household.

Book 1: Expenditures and Knowledge of Health Facilities

This book was answered by the spouse of the household head or by another person knowledgeable about household affairs. Module KS recorded information on expenditures for a variety of food and nonfood goods and services, including foods purchased and self-produced in the last week, personal care and household items bought during the last month, and durable goods bought in the last year. Quantities and purchase prices for several staples were also collected. Module PP probed the respondent's knowledge of various outpatient health care providers, both public and private. Respondents were asked whether they knew of a facility of each of several types. If so, the name and address were collected and the respondent was queried about the distance, travel time, and cost of travel to the facility.

Book 2: Household Economy

Book 2 was answered by the household head or other person knowledgeable about household affairs. Module KR included questions about the physical infrastructure of the household and participation in certain programs. Modules UT and NT focused on household revenue, expenses, and value of household-owned agricultural and nonagricultural businesses. Module HR asked about the current value of household nonbusiness assets (e.g., land, livestock, jewelry), as well as asset ownership and ownership shares. Module HI asked about household-level nonlabor income, by source. Module GE asked about economic shocks experienced by the household during the last five years.

Book 3A: Adult Information (part 1)

This book elicited current and retrospective information from each household member age 15 and older.

Education history. Module DL recorded the highest level of education attended and highest grade completed for new respondents and respondents 50 years and older (for panel respondents who had answered Book III in IFLS1, this information is recorded there). For each level of schooling attended (elementary, junior high, senior high and post-secondary), detailed information was collected from all new respondents and from panel respondents younger than 25 who had attended school within the past five years. The information included the name, location, and type of school, EBTANAS (achievement test) scores, and whether any elementary grade was repeated. Details about school expenses, class size, travel time, and whether the respondent worked during school were collected for those enrolled currently or during the last year. Module DLR queried respondents younger than 25 about interruptions in their schooling within the last five years (any absence of four weeks or longer).

Marriage history and pregnancy summary. Module KW obtained a complete marriage history from new respondents, including the start and end dates of their unions, characteristics of former or non-coresident spouses, and dowries and living arrangements in the first marriage. Panel respondents were asked about the current marriage and any other marriage that had begun within the past five years. Module BR elicited, from ever-married new women respondents older than 49, information about all pregnancies (women 15 to 49 answered these questions in book 4). Panel respondents age 50 or older in IFLS1 were not asked these questions since it was assumed that no pregnancy had occurred since the IFLS1 interview.

Household decision-making. Module PK asked respondents who were currently married and who had lived with their spouse in the past six months about financial arrangements between husband and wife (including control over labor income), who made decisions within the household, and the relative status of the husband's and wife's families at the time of marriage.

Migration history. Module MG collected information on the geographic mobility of individuals, as well as the causes and consequences of migratory movements, including short-stay and circulatory migration. Information was recorded about the respondent's location at birth, age 12, and each subsequent location where a move crossed a *desa* (village) boundary and lasted for 6 months or longer. For each move, data were collected on dates and locations, motivation for moving, and distance moved.

Employment history. Module TK asked in depth about respondents' current and retrospective labor market experience. Work was defined broadly to include formal and informal, full-time and part-time, and seasonal and year-round labor. Occupation, type of employer, and hours and wages for up to two jobs were recorded for those employed at the time. A nearly identical set of employment information was collected for each of the previous five years (both primary and secondary jobs) and for the first job. IFLS1 also included a five-year employment history. In order to evaluate the quality of retrospective information on employment, IFLS2 panel respondents were asked employment questions for a full nine-year period (to enable comparison of IFLS1 and IFLS2 data for the four-year period between 1989 and 1993).

Individual nonlabor income and assets. To round out the information on individual-level economic well-being, module HR asked respondents about the current value of their nonbusiness assets (e.g., land, livestock, jewelry), as well as asset ownership and ownership shares. Module HI asked about nonlabor income by source.

Book 3B: Adult Information (part 2)

This book elicited current and retrospective information from each household member age 15 and older.

Smoking. Module KM asked respondents whether they currently smoked, and if so, how much. Respondents who had quit smoking were asked when they quit and how much they had smoked before quitting.

Health status and physical performance. Module KK asked about general health status and recent health history and physical functioning. Module MA asked about morbidities in the past four weeks and about experience with conditions symptomatic of heart disease, diabetes, and high blood pressure.

Health benefits and health care utilization. Module AK asked about health care benefits to which respondents might be entitled. Information on health care utilization included from whom and where medical care was received, how much it cost, who paid for it, how far the respondent traveled, and whether drugs were purchased. Information was collected on outpatient visits during the last four weeks (module RJ) and on inpatient visits during the previous 12 months (module RN). Respondents were also asked about the type and cost of any self-treatments administered in the previous four weeks (module PS).

Community participation. Community development activities have long been a backbone of development in Indonesia. Module PM asked about participation in, contributions of time and money to, and perceived benefits from, a slate of community development activities. Questions were included on participation in rotating credit schemes (*arisan*) and knowledge and use of credit sources.

Non-coresident family roster and transfers. Module BA recorded detailed information on the location and sociodemographic characteristics of all non-coresident immediate kin (parents, siblings, and children), to permit a measure of the complete transfer-choice set. Questions were asked about transfers of money, goods, and time to and from non-coresident parents and children in the last twelve months. Information on transfers to and from siblings, as a group, was also collected.

Book 4: Ever-Married Woman Information

Book 4 was administered to all ever-married women 15 to 49 years old. Modules KW, BR, and BA (for children) resembled the same modules described in books 3A and 3B but were administered to ever-married women as part of book 4 for the sake of efficiency. Module BF updated information on breastfeeding status for children who were still being breastfed at IFLS1.

Pregnancy history. Module CH asked new respondents about all pregnancies and recorded the outcome and date. For live births respondents were asked the child's gender and name, whether the child was ever breastfed, and the length of breastfeeding. For pregnancies in the last five years, respondents were asked whether and where prenatal care was received, number of visits made in each trimester, services received during pregnancy and (except for miscarriages), length of labor, place of birth, and type of attendant. For pregnancies that did not end in a miscarriage, information was collected on the infant's size and weight at birth. For all live births, questions on the survival status and (if dead) date of death were asked. Some information about breastfeeding and the introduction of other foods was collected for children born in the last five years. Panel respondents were asked only about pregnancies after the pregnancy that produced the youngest child as of 1993.

Contraceptive knowledge and use and contraceptive calendar. Information on contraceptive knowledge was assessed in module CX by asking respondents whether they had ever heard of a number of modern and traditional contraceptive methods, whether they had ever used each method, and, if appropriate, whether they knew the price and where to obtain the method. Module KL presented a monthly retrospective contraceptive calendar to record the start and end dates of all marriages, pregnancies, and periods of post-partum amenorrhea, abstinence, and contraceptive use. Some data were collected on side effects and visits to providers.

Book 5: Child Information

This book was administered to household members younger than 15. For children younger than 11, the mother, female guardian, or household caretaker answered the questions. Children between the ages of 11 and 14 were allowed to respond for themselves if they wished. Topics included the child's educational history, EBTANAS scores, and schooling disruptions (module DLA), general health status and morbidities (module MAA), self-treatment (module PSA), and inpatient and outpatient utilization (modules RJA and RNA). Generally each module paralleled a module in the adult questionnaire (books 3A and 3B), with age-appropriate modifications.

Book US: Physical Health Assessment

A specially trained nurse recorded physical measurements of health for household members. The measurements included height and weight (all members), blood pressure and pulse (members 15 and older), lung capacity (members 9 and older), and hemoglobin (members 1 year and older). In addition, respondents 15 and older were timed while they rose from a sitting to a standing position five times. The nurse also assessed each respondent's health status on a nine-point scale. In addition to individual measurements, the iodine content of the household's salt was tested.

Book ES: Cognitive Assessment

Children between the ages of 7 and 24 were given cognitive tests to assess their skills in the Indonesian language and mathematics. The tests were designed by testing division staff at the Indonesian Ministry of Education, drawing on items from the EBTANAS data bank. Tests were designed for each of four levels (ages 7–9, covering the first three years of elementary school; ages 10–12, covering the last three years of elementary school; ages 13–15, covering the three years of junior high school; and ages 16–24, covering senior high school and beyond). The first few weeks of fieldwork revealed that the highest test level was too difficult. Subsequently all respondents aged 13–24 were given the test originally designed for 13–15-year-olds.

Appendix C:
Description of the IFLS2 Community-Facility Survey Questionnaire

This appendix expands on the summary presented in Sec. 3 for those interested in more detail about the CFS instrument.

Book 1: Community History and Characteristics

In a group interview, the village or municipal head and other community leaders were asked detailed questions about their community, past and present.

Transportation. Module A determined the location of various institutions (market, bus stop, post office, telephone, administrative city) relative to the village leader's office, and the mode, time, and cost associated with using public transportation to reach those institutions. Questions were also asked about the availability of public transportation within the village and the passability of the main route to the community during the year.

Electricity. Module B determined the availability of electricity within the village, the approximate proportion of households using electricity, the most important sources of electricity (public versus private, individual generator, local community group), and the frequency of blackouts.

Water sources and sanitation. Module C determined primary and secondary sources of water for drinking, cooking, bathing, and laundry. If a piped water system existed, the module probed the date of its establishment, water source, frequency of disruptions, and the most common source of drinking water before the system was installed. Other questions concerned the adequacy of water sources during the dry season and alternative sources should the primary source be inadequate. Respondents were also queried about the existence and establishment date of sewage systems, the most common and other types of toilets, and methods of garbage disposal. If a garbage collection system existed, the start up date and monthly subscription fee were asked.

Agriculture and industry. In rural enumeration areas, module D identified the three primary agricultural crops, the extent of irrigation, the existence of animal husbandry projects, whether the village benefited from agricultural extension projects (and their duration), and male, female, and child wage rates for agricultural work. In both rural and urban areas module D queried village leaders about cottage industries. For up to five cottage industries and five factories, the product, location, date of establishment, and wage rates (for males, females, and children) were collected. Finally, the module determined whether the village had a public employment project and, if so, the associated wage rates.

History and climate. Module E recorded any change that had occurred in the name of the village and the typical dates of the rainy season. Descriptions and dates were collected of significant village events since 1980 (e.g., natural disasters, epidemics, crop failures / famines, elections, major infrastructure changes). The leaders were also asked to estimate the proportion of the population affected by the event.

Migration. Module F determined whether, when, and why the village had experienced any significant in- or outmigration since 1992. It also asked whether any government projects affecting land use or population size had taken place in or near the village.

Credit institutions. Module G collected data on the presence, date of establishment, and ownership of formal credit institutions in the village, the distance to the nearest credit institution before a credit source was established within the village, whether an informal money lender existed in the village and, if so, the monthly interest rates for loans of various amounts.

School availability. Module I collected information on the current availability of elementary, junior high, and senior high schools.

History of health services availability. Module J asked about outreach activities in the village conducted by staff from the area health center (including mass immunization campaigns since 1980) and about health-related volunteer activities in the village.

Housing characteristics. Module S asked about common construction materials, average house size, and housing prices in the community.

Community development activities. Module PMKD queried leaders on the existence of various community development activities, when they began, and the estimated number of community members involved in the activity.

Neighborhoods. Module RW asked respondents how the neighborhoods from which IFLS households were drawn compared with the community as a whole on various dimensions of development.

Respondent identity. Module K recorded the name, age, sex, official position, tenure in position, education level, and length of time living in the village for up to six participants in the group interview. Also noted were the specific questionnaire modules in which each respondent participated.

Book 2: Community Statistics

The interviewer recorded current community characteristics by consulting statistical records and through direct observation.

Statistics. Module S recorded the village's topography, altitude, rainfall, number of households, employment structure, conventions of housing construction, and housing prices.

Direct observation. Module OL asked the interviewer to record observations about indicators of village cleanliness, prosperity, and social cohesion (e.g., whether farm animals roamed freely in the village, whether public areas were well maintained).

Market prices. Module HPJ asked interviewers to visit up to three markets or sales outlets to collect data on prices charged for various items.

Book PKK: Community History, Characteristics, and Prices

This book was addressed to the head of the village women's group. Several book 1 modules (or adaptations) were administered to obtain an additional perspective on community history and characteristics (see the descriptions of book 1 modules E, I, J, and PMKD). In addition, the women's group head was asked to provide the local prices (and associated quantities) of common food and other household items (module H).

Book SAR

The Service Availability Roster, new in IFLS2, was added after analysis of IFLS1 data showed that community informants provided incomplete lists of the facilities to which HHS respondents had access. The SAR gathered in one place information on all the schools and health facilities available to residents of IFLS communities. It included

- Facilities identified by HHS respondents to IFLS2 modules PP and AR
- Facilities interviewed in IFLS1 but not mentioned in IFLS2
- Any other facility mentioned by the head of the village/township or the women's group head in IFLS2 book 1 or PKK.

For each facility mentioned, the head of the village/township or the women's group head was asked to estimate the distance, travel time, and travel cost to the facility. In addition, the interviewer went to the facility to obtain a GPS reading of latitude and longitude. These readings were used to construct measures of distance to the facilities from the center of the IFLS cluster and from the office of the village/township leader.

Book Adat

New in IFLS2, this book was administered to someone the village head identified as a local expert in the *adat* (traditional law) of the community.

Respondent characteristics. Module KD recorded the respondent's age, sex, education, occupation, source of knowledge, and frequency with which he or she was consulted about *adat* matters.

Marriage and divorce. Module AP asked about traditional rules regarding choice of spouse, marriage gifts, who pays for the ceremony, and living arrangements after marriage. Module AC asked about acceptable grounds for divorce, rights to assets in the event of divorce, and child custody.

Gender roles. Module AG asked about a woman's right to own land and businesses and to work outside the home. It also asked about a husband's right to his wife's earnings and a man's right to have more than one wife. Module CK asked whether gender affected household decision-making, including the management of household finances and decisions to sell assets, to save, and to make large expenditures.

Birth and elderly care. Module BK probed the rules and ceremonies around childbirth, traditions about where a woman gives birth, how quickly she and the baby can bathe and leave the home, preferences regarding the gender of offspring, and living arrangements for children who do not live with their parents. Module BL asked about rules regarding care for the elderly, including responsibilities of adult children toward their aged parents.

Inheritance. Module BW asked about the ownership of assets when a spouse dies, rights of widows and widowers to remarry, and gender-based division of inheritances.

Land use. Module DG asked about traditional laws governing the ownership and sale of land in the community.

Community decision-making and cooperation. Module EK asked about the process by which community decisions were taken. Module FG asked whether an ethic of mutual cooperation existed, as well as the purpose and degree of participation in activities involving mutual cooperation.

Community organizations. Module GO asked about the sources of authority within the community and the spheres over which authority was exercised.

Book PM

New in IFLS2, this book was administered to someone the village head identified as a resident actively involved in a community development project, preferably one designed to improve the water supply or sanitation facilities. After a obtaining a profile of the respondent, module PM asked about the background of the particular project, its prospective benefits, and project planning, management, implementation, and funding. Module A asked about the history of development activities in the community.

Book PUSK

This book was addressed to the director or designee of the local government health center (*puskesmas*). It was the most comprehensive of the three health facility questionnaires (book PUSK, book PP, and book Posyandu), reflecting the fact that this stratum provided the most elaborate array of services and conducted outreach activities.

Head of the Facility. Module A collected information about the director of the health center (typically a physician), such as age, tenure in position, education, and ability to speak the local language. The module also attempted to ascertain how much time the director spent examining patients, performing outside administrative duties, and conducting outreach activities.

Development of the facility. Module B, administered to the professional staff member with the longest tenure at the facility, asked about the facility's development, including the dates certain broad classes of service became available (e.g., inpatient, dental, pharmaceutical, laboratory), as well as characteristics of the current facility's infrastructure.

Service availability. Module C asked about which services were available, how often, and at what prices. It also asked about outreach activities and referral practices.

Staff. Module D recorded the number and training levels of full- and part-time staff. Information was also collected on the amount of time doctors, nurses, and midwives spent treating patients and whether those staff practiced privately.

Equipment and supplies. Module E asked about the availability of various items of basic equipment needed to provide primary health care, such as stethoscopes, thermometers, and suturing material. It also addressed the availability of basic laboratory materials such as Giemsa dyeing solutions and centrifuges.

Direct observation. Module F asked interviewers to record their observations about the cleanliness of the examination rooms, laboratory, and vaccine storage room. Regarding commonly prescribed medications, they were also asked to record the current prices and availability as well as the number of weeks in the last six months specific medications were out of stock.

Family planning services. Module G asked about the characteristics and scope of the center's family planning service.

Hypothetical Patient Vignettes. Respondents were presented with five hypothetical patient scenarios to test their knowledge of treatment process. The scenarios concerned the provision of IUDs and provision of oral contraceptives (module H), prenatal care (module I), an adult with a respiratory illness (module

J), and a child with vomiting and diarrhea (module K). The director of the health center was asked to identify staff members who would typically treat such cases. Those staff members were then asked to describe the procedures they would use to provide treatment. Interviewers cross-checked the descriptions against a standard set of procedures and queried respondents about any procedures not mentioned. Procedures mentioned spontaneously were thus distinguished from those mentioned after interviewer prompting.

Book PP

Addressed to private doctors and clinics, book PP had the same modules as book PUSK except that some modules were scaled down to reflect the differences in the scope and types of services provided.

Book Posyandu

The questions administered to volunteers who staffed the community health post (*posyandu*) reflect the different role of this type of facility in community health care. Book Posyandu recorded information on utilization of the post and general health care in the community (module A), specific services provided (module B), characteristics of the volunteer staff, including their general education and health training (module C) , and the availability of specific medications, supplies, and equipment (module D). Questions on local food prices (module H from book PKK) were also included to provide additional data on that topic.

Book SD (Elementary School)
Book SMP (Junior High School)
Book SMU (Senior High School)

Although addressed to different school levels, the instruments were similar. Each was administered to the school principal or designee.

Module A recorded characteristics of the school principal, for example, age, education level, experience in education, tenure in current job, current activities, and whether he or she held another position.

Module B recorded characteristics of the school, such as date of establishment, length of time in session per day and per year, administration and religious orientation, and whether particular facilities (gymnasium, library) were available.

Module C was administered twice, once to the teacher of mathematics and once to the teacher of Indonesian language.[27] The questions asked about the teacher's background, hours worked and salary, whether other jobs were held simultaneously, what curriculum was used, and the adequacy of books and instructional materials.

Module D recorded both the interviewer's direct observations and respondent's answers to questions about the quality of classroom infrastructure in grade 6 or 3, depending on the level of the school.

Module E recorded student expenditures, math and language scores on EBTANAS achievement tests for a random sample of 25 students,[28] and counts of teachers and students.

[27] In elementary schools this module was administered with respect to grade 4; in junior and senior high schools the designated level was grade 3.

[28] EBTANAS tests are national achievement tests administered at the end of each school level (e.g., after grade 6, for students completing elementary school). The scores can be used to judge student achievement levels in a school.

Glossary

A–F	
adat	Traditional law of a community.
arisan	A kind of group lottery, conducted at periodic meetings. Each member contributes a set amount of money, and the pool is given to the tenured member whose name is drawn at random.
Bahasa Indonesia	Standard national language of Indonesia.
bidan	Midwife, typically having a junior high school education and three years of midwifery training.
bina keluarga balita	child development program.
book	Major section of an IFLS questionnaire (e.g., book K).
BPS	Biro Pusat Statistik, Indonesia Central Bureau of Statistics.
CAFÉ	Computer-Assisted Field Editing, a system used for the first round of data entry in the field, using laptop computers and software that performed some range and consistency checks. Inconsistencies were resolved with interviewers, who were sent back to respondents if necessary.
CFS	IFLS Community-Facility Survey.
data file	File of related IFLS2 variables. For HHS data, usually linked with only one HHS questionnaire module.
desa	Rural township, village. Compare *kelurahan*.
DHS	Demographic and Health Surveys fielded in Indonesia in 1987, 1991, 1994, 1997.
dukun	Traditional birth attendant.
EA	Enumeration Area.
EBTANAS	Indonesian National Achievement Test, administered at the end of each school level (e.g., after grade 6 for students completing elementary school).

G–K	
HH	Household.
HHID	Household identifier. In IFLS1 called CASE; in IFLS2 called HHID97.
HHS	IFLS Household Survey. IFLS1-HHS and IFLS2-HHS refer to the 1993 and 1997 waves, respectively.
IFLS	Indonesia Family Life Survey. IFLS1 and IFLS2 refer to the 1993 and 1997 waves, respectively.
IFLS1 re-release, IFLS1-RR (1999)	Revised version of IFLS1 data released in conjunction with IFLS2 and designed to facilitate use of the two waves of data together (e.g., contains IDs that merge with IFLS2 data). Compare *original IFLS1 release*.
interviewer check	Note in a questionnaire for the interviewer to check and record a previous response in order to follow the proper skip pattern.
kangkung	Leafy green vegetable, like spinach.
kabupaten	District, political unit between a province and a *kecamatan* (no analogous unit in U.S. usage).
kartu sehat	Card given to a (usually poor) household by a village / municipal administrator that entitles household members to free health care at a public health center.
kecamatan	Subdistrict, political unit analogous to a U.S. county.

kelurahan	urban township (compare *desa*).

G-K (cont.)	
klinik, klinik swasta, klinik umum	Private health clinic.
kotamadya	Urban district; urban equivalent of *kabupaten*.
kyai	Muslim religious leader.
L–O	
LDUI	Lembaga Demografi, Demographic Institute of the University of Indonesia.
Look Ups (LU)	Process of manually checking the paper questionnaire against a computer-generated set of error messages produced by various consistency checks. LU specialists had to provide a response to each error message; often they corrected the data.
madrasah	Islamic school, generally offering both religious instruction and the same curriculum offered in public school.
madya	Describes a *posyandu* that offers basic services and covers less than 50% of the target population. Compare *pratama*, *purnama*, and *mandiri*.
mandiri	Describes a full-service *posyandu* that covers more than 50% of the target population. Compare *pratama*, *madya*, and *purnama*.
mantri	Paramedic.
mas kawin	Dowry—money or goods—given to a bride at the time of the wedding (if Muslim, given when vow is made before a Muslim leader or religious officer).
module	Topical subsection within an IFLS2 survey questionnaire *book*.
NCR pages	Treated paper that produced a duplicate copy with only one impression. NCR pages were used for parts of the questionnaire that required lists of facilities.
origin household	Household interviewed in IFLS1 that received the same ID in IFLS2 and contained at least one member of the IFLS1 household. Compare *split-off household*.
original IFLS1 release	Version of IFLS1 data released in 1995. If this version is used to merge IFLS1 and IFLS2 data, new IFLS1 IDs must be constructed. Compare *IFLS1 re-release*.
"other" responses	Responses that did not fit specified categories in the questionnaire.
P–R	
panel respondent	Person who provided detailed individual-level data in IFLS1.
peningset	Gift of goods or money to the bride-to-be (or her family) from the groom-to-be (or his family) or to the groom-to-be (or his family) from the bride-to-be (or her family). Not considered dowry (see *mas kawin*).
perawat	Nurse.
pesantren	School of Koranic studies for children and young people, most of whom are boarders.
PID	Person identifier. In IFLS1 called PERSON; in IFLS2 called PID97.
PIDLINK	ID that links individual IFLS2 respondents to their data in IFLS1.
PKK	Family Welfare Group, the community women's organization.
PODES questionnaire	Questionnaire completed as part of a census of community infrastructure regularly administered by the *BPS*. Retained at village administrative offices and used as a data source for CFS book 2.

P–R (cont.)

posyandu	Integrated health service post, a community activity staffed by village volunteers.
praktek swasta, praktek umum	Private doctor in general practice.
pratama	Describes a *posyandu* that offers limited or spotty service and covers less than 50% of the target population. Compare *madya, purnama,* and *mandiri.*
preprinted roster	List of names, ages, sexes copied from IFLS1 data to an IFLS2 instrument (especially AR and BA modules), to save time and to ensure the full accounting of all individuals listed in IFLS1.
province	Political unit analogous to a U.S. state.
purnama	Describes a *posyandu* that provides a service level midway between a *posyandu madya* and *posyandu mandiri* and covers more than 50% of the target population. Compare *pratama, madya,* and *mandiri.*
puskesmas, puskesmas pembantu	Community health center, community health subcenter (government clinics).
RT	Sub-neighborhood.
RW	Neighborhood.

S–Z

SAR	Service Availability Roster, CFS *book.*
SD	Elementary school (*sekolah dasar*).
SDI	Sampling form 1, used for preparing the facility sampling frame for the CFS.
SDII	Sampling form 2, used for drawing the final facility sample for the CFS.
sinse	Traditional practitioner.
SMP	Junior high school (*sekolah menengah pertama*). The same meaning is conveyed by SLTP (*sekolah lanjutan tingkat pertama*).
SMU	Senior high school (*sekolah menengah umum*). The same meaning is conveyed by SMA (*sekolah menengah atas*) and SLTA (*sekolah lanjutan tingkat atas*).
special codes	Codes of 5, 6, 7, 8, 9 or multiple digits beginning with 9. Special codes were entered by interviewer to indicate that numeric data are missing because response was out of range, questionable, or not applicable; or respondent refused to answer or didn't know.
split-off household	New household interviewed in IFLS2 because it contained a target respondent. Compare *origin household.*
SUSENAS 1993	1993 socioeconomic survey of 60,000 Indonesian households, whose sample was the basis for the IFLS sample.
system missing data	Data properly absent because of skip patterns in the questionnaire.
tabib	Traditional practitioner.
target respondent	IFLS1 household member selected for IFLS2 either because he/she had provided detailed individual-level information in IFLS1 (i.e., was a *panel respondent*) or had been age 26 or older in IFLS1.
tracking status	Code in preprinted household roster indicating whether an IFLS1 household member was a *target respondent* (= 1) or not (= 3).
tukang pijat	Traditional masseuse.

S–Z (cont.)	
Version	A variable in every data file that indicates the date of that version of the data. This variable is useful in determining whether the latest version is being used.
warung	Small shop or stall, generally open-air, selling foodstuffs and sometimes prepared food.

Table 2.1

HHS Samples and Completion Rates, IFLS1 and IFLS2

	1990 Population[b]			IFLS1 Households		IFLS2 Households		
Province[a]	N (000)	%	IFLS EAs	N	% Interviewed (N)	% Interviewed (N) [c]	Split-off	Total
Aceh	3,476	1.9						
North Sumatra	10,391	5.7	26	620	90.8 (563)	89.5 (504)	44	548
West Sumatra	4,041	2.2	14	360	97.3 (351)	93.7 (329)	50	379
Riau	3,372	1.9						
Jambi	2,059	1.1						
South Sumatra	6,403	3.5	15	370	94.1 (349)	91.1 (318)	55	373
Bengkulu	1,213	0.7						
Lampung	6,108	3.4	11	300	91.4 (274)	94.5 (259)	38	297
DKI Jakarta	8,352	4.6	40	800	91.4 (731)	87.8 (642)	65	707
West Java	35,973	19.8	52	1250	88.9 (111)	96.0 (1066)	141	1207
Central Java	28,733	15.8	37	920	95.6 (878)	98.9 (868)	135	1003
DI Yogyakarta	2,923	1.6	22	500	95.6 (478)	94.4 (451)	49	500
East Java	32,713	18.0	45	1120	93.3 (1044)	96.2 (1004)	117	1121
Bali	2,798	1.5	14	350	97.1 (340)	94.7 (322)	43	365
West Nusa Tenggara	3,416	1.9	16	420	96.9 (407)	98.8 (402)	54	456
East Nusa Tenggara	3,306	1.8						
East Timor	762	0.4						
West Kalimantan	3,292	1.8						
Central Kalimantan	1,431	0.8						
South Kalimantan	2,636	1.5	13	330	97.8 (323)	91.6 (296)	51	347
East Kalimantan	1,930	1.1						
North Sulawesi	2,504	1.4						
Central Sulawesi	1,735	1.0						
South Sulawesi	7,045	3.9	16	390	96.1 (375)	95.7 (359)	36	395
Southeast Sulawesi	1,382	0.8						
Maluku	1,885	1.0						
Irian Jaya	1,671	0.9						
Total	181,548	100.0	321	7730	93 (7724)	94 (6820)	878	7698

a Boldface denotes IFLS provinces.

b Source of 1990 population data: BPS.

c Includes 69 whose members had died and 9 that had merged with other IFLS households by 1997.

Table 2.2

Households Interviewed in IFLS2: Relocation Since IFLS1

	Origin Households		Split-off Households	
Relocation	N [a]	%	N	%
Did not move	6125	89.8	0	0.0
Moved within village/township	212	3.1	353	40.2
Moved within *kecamatan*	99	1.5	103	11.7
Moved within *kabupaten*	120	1.8	133	15.1
Moved within province	122	1.8	202	23.0
Moved to another IFLS province	73	1.1	87	9.9
All HHM died	69	1.0	0	0.0
Total	6820		878	

[a] Excludes 69 origin households whose members had died by 1997

Table 2.3

Status of IFLS1 Household Members in IFLS2

Respondent Type	Still in Origin HH	Moved from Origin HH, Found Elsewhere	Moved from Origin HH, Not Found	Dead	Total
Target respondents:					
Total	20127	1096	800	776	22799
Interviewed	19746	1075	0	0	20821
Nontarget respondents:					
Total	5642	364	65	81	8744
Interviewed	5397	319	0	0	5716

Note: An additional 1538 IFLS1 household members resided in 404 origin households that were not found in IFLS2.

Table 2.4

IFLS1 Samples, by Gender and Age

	Both Males and Females			Males			Females		
		Interviewed			Interviewed			Interviewed	
Age Group	Total	N	%	Total	N	%	Total	N	%
Children of head / spouse:									
0–5	3545	2686	75.8	1843	1428	77.5	1702	1258	73.9
6–10	3624	2647	73.0	1812	1316	72.6	1812	1331	73.5
11–14	3140	2272	72.4	1573	1140	72.5	1567	1132	72.2
Other children:									
0–5	686	81	11.8	353	45	12.7	333	36	10.8
6–10	270	35	13.0	125	20	16.0	145	15	10.3
11–14	178	27	15.2	92	15	16.3	86	12	14.0
Ever-married adults:									
15–19	319	149	46.7	38	9	23.7	281	140	49.8
20–29	3128	2246	71.8	1126	709	63.0	2002	1537	76.8
30–39	4288	3850	89.8	2016	1787	88.6	2272	2063	90.8
40–49	2849	2649	93.0	1445	1362	94.3	1404	1287	91.7
Never-married adults:									
15–19	3315	382	11.5	1738	206	11.9	1577	176	11.2
20–29	2286	280	12.2	1403	182	13.0	883	98	11.1
30–39	246	47	19.1	123	20	16.2	123	27	22.0
40–49	54	18	33.3	21	6	28.6	33	12	36.4
All older adults:									
50–59	2485	2433	97.9	1117	1098	98.3	1368	1335	97.6
60–69	1612	1570	97.4	773	758	98.1	839	812	96.8
70–79	718	686	95.5	334	318	95.2	384	368	95.8
80+	283	269	95.1	104	101	97.1	179	168	93.9

Note: Excludes respondents whose age is unknown.

Table 2.5

IFLS2 Samples, by Gender and Age

	Both Males and Females			Males			Females		
		Interviewed			Interviewed			Interviewed	
Age Group	Total	N	%	Total	N	%	Total	N	%
Children of head/spouse:									
0–5	2811	2733	97.2	1449	1408	97.2	1362	1325	97.3
6–10	3013	2947	97.8	1558	1527	98.0	1455	1420	97.6
11–14	2797	2692	96.3	1407	1358	96.5	1390	1334	96.0
Other children:									
0–5	1041	1001	96.2	495	475	96.0	546	526	96.3
6–10	607	581	95.7	296	279	94.3	311	302	97.1
11–14	524	475	90.7	246	220	89.4	278	255	91.7
Ever-married adults:									
15–19	306	291	95.1	42	39	92.9	264	252	95.5
20–29	2776	2618	94.3	972	904	93.0	1804	1714	95.0
30–39	4644	4429	95.4	2147	2038	94.9	2497	2391	95.8
40–49	3491	3293	94.3	1716	1614	94.1	1775	1679	94.6
Never-married adults:									
15–19	3574	3247	90.9	1884	1701	90.3	1690	1546	91.5
20–29	2337	2035	87.1	1421	1244	87.5	916	791	86.4
30–39	334	272	81.4	175	143	81.7	159	129	81.1
40–49	73	60	82.2	23	19	82.6	50	41	82.0
All older adults:									
50–59	2654	2516	94.8	1206	1150	95.4	1448	1366	94.3
60–69	1802	1685	93.5	825	785	95.2	977	900	92.1
70–79	855	801	93.7	414	387	93.5	441	414	93.9
80+	298	276	92.6	109	101	92.7	189	175	92.6

Note: Excludes respondents whose age is unknown.

Table 2.6

IFLS2 Household Survey Questionnaires

Respondent	*Module*		*Remarks*
Book K: Control Book			
Interviewer and household head, spouse, or knowledgeable other person	SC	Sampling and enumeration record	
	AR	Household roster	For panel respondents, preprinted with the names of all IFLS1 household members. In IFLS1, part of book I
	KRK	Housing characteristics (interviewer's observations)	In IFSL1, part of book I
Book 1: Expenditures and Knowledge of Health Facilities			
Wife of household head, household head, or other knowledgeable person	KS	Household expenditures	Corresponds to IFLS1, book I, but was shortened in IFLS2 to reduce respondent burden. Non-food expenses are for households in IFLS2, for households or individuals in IFLS1.
	PP	Knowledge of outpatient care providers	
	CP	*See Note at end of table.*	
Book 2: Household Economy			
Household head, wife of household head, or other household member	KR	Housing characteristics	In IFLS1, part of book I
	UT	Farm business	
	NT	Nonfarm business	
	HR	Household assets	
	HI	Household nonlabor income	In IFLS1, information on labor income was collected as well. In IFLS2 this information is collected in AR and in TK.
	GE	Household economic shocks	
	IK	Recontact information	
	CP	*See Note at end of table.*	

Continued on the next page.

Respondent	*Module*		*Remarks*
Book 3A: Adult Information (part 1):			
Each household member age 15 and older	DL	Education history	Panel respondents were asked detailed questions about schooling within the last five years.
(IFLS1: administered to only a subset of adult household members)	DLR	Schooling disruptions (< 25 respondents)	New in IFLS2
	HR	Individual assets and nonlabor income	
	HI	Nonlabor income	
	KW	Marital history	Panel respondents were asked detailed questions about the current marriage and any other marriage that was current in 1993 or begun later.
	PK	Household decision-making (married respondents	New in IFLS2
	BR	Pregnancy summary (women age 50 and older)	Panel respondents excluded (had already answered these questions)
	MG	Migration history	Panel respondents were asked about all migrations since age 12
	TK	Employment history	Panel respondents were asked about 9 full years of work; new respondents, 5 full years of work.
	CP	*See Note at end of table.*	
Book 3B: Adult Information (part 2)			
Each household member age 15 and older	KM	Tobacco smoking	
	KK	Health conditions	
(IFLS1: administered to only a subset of adult household members)	AK	Health insurance	In IFLS1, part of book II collecting household-level data
	MA	Acute morbidity	
	PS	Self-treatment	
	RJ	Outpatient visits	
	RN	Inpatient visits	
	PM	Community participation	New in IFLS2
	BA	Non-coresident family roster and transfers	For panel respondents, preprinted with the names of IFLS1 family members
	CP	*See Note at end of table.*	

Continued on the next page.

Respondent	*Module*		*Remarks*
Book 4: Ever-Married Woman Information			
Each ever-married woman age 15–49 (IFLS1: administered to only a subset of ever-married woman age 15–49)	KW	Marital history	Panel respondents were asked detailed questions about the current marriage and any other marriage that was current in 1993 or begun later.
	BR	Pregnancy summary	
	BA	Non-coresident children and transfers	For panel respondents, preprinted with the names of IFLS1 family members
	BF	Breastfeeding update	New in IFLS2
	CH	Pregnancy and infant feeding history	Panel respondents were asked only about pregnancies after the pregnancy that produced the youngest child as of 1993
	CX	Contraceptive knowledge and use	
	KL	Contraceptive use on a monthly basis	75% of panel respondents received a 5-year calendar; a 25% subsample received a longer calendar. New respondents received a 5-year calendar.
	CP	*See Note at end of table.*	
Book 5: Child Information			
Each child, age 0–14 (usually answered by the mother if the child was less than 11 year) IFLS1: administered to only 2 children of household head	DLA	Child education history	
	MAA	Child acute morbidity	
	PSA	Child self-treatment	
	RJA	Child outpatient visits	
	RNA	Child inpatient visits	
	CP	*See Note at end of table.*	
Book Proxy			
Someone who answered for the intended respondent to book 3A, 3B, or 4 in his / her absence	Shortened versions of other modules: Book 3A—KW, MG, DL, TK Book 3B—PM, KM, KK, MA, PS, RJ, RN, BA Book 4—BR, CH, CX		
Not used in IFLS1	CP	*See Note at end of table.*	
Book US: Health Assessment			
Each household member	US	Measures of physical health	New measurements added relative to IFLS1, all household members measured.

Continued on the next page.

Respondent	*Module*		*Remarks*
Book EK: Cognitive Assessment			
Each household member age 7–24	EK	Skills in Bahasa Indonesia and mathematics	New in IFLS2

Note: The CP module at the end of nearly every book asked the interviewer to record the conditions of the interview (who else was present, whether others provided assistance in answering questions), the respondent's level of attention, and any other relevant information about the interview environment. The interviewer could also add information to explain or clarify the respondent's answers. Much of this information was incorporated in the data during the Look Ups process, described in the *User's Guide*, Sec. 5.

Table 2.7

IFLS2 Household Survey Completion Times, by Questionnaire Book

	Book	Median Completion Time (min.)	% Books Completed in One Visit
K	Control book	17	99.4
1	Household expenditures, health facility knowledge	30	98.9
2	Household economy	20	99.7
3A	Adult information	25	98.8
3B	Adult information	21	99.1
4	Ever-married woman information	25	98.4
5	Child information	15	99.7
3p	Proxy Book for Adults	25	98.0

Table 2.8

IFLS2 Household Survey Completion Times, by Respondent Type and Questionnaire Part

	Median Completion Time (min)
Respondent type:	
Married women, age 15–49	115
Unmarried women, age 15–49	41
Women, age 50+	72
Married men	60
Unmarried men	37
Children, age 11–14	15
Questionnaire part:	
Book 3A for panel respondents	25
Book 3A for new respondents	22
Book 3B for panel respondents	24
Book 3B for new respondents	20

Table 3.1

CFS Interviews Completed in IFLS1 and IFLS2, by Respondent and Facility Types

	IFLS1		IFLS2	
	Average per EA	Total	Average per EA	Total
Respondent type:				
Community leaders (book 1)	1	312	1	313
Women's group head (book PKK)	1	312	1	310
Community records (book 2)	1	312	1	312
Village head or women's group head (book SAR)	NA	NA	1	313
Traditional law expert (book Adat)	NA	NA	.88	277
Community activist (book PM)	NA	NA	.97	303
Facility type:				
Government health center, subcenter	3.1	993	2.9	919
Private doctor, clinic	1.7	549	NA	NA
Private nurse, midwife, paramedic	2.8	892	NA	NA
Any private practitioner	NA	NA	5.7	1832
Traditional practitioner	2.0	624	NA	NA
Community health post (*posyandu*)	2.8	899	1.9	619
Senior high school	1.8	944	3.0	964
Junior high school	2.8	900	2.9	945
Elementary school	3.0	584	1.9	618

Table 3.2

CFS Interviews in IFLS2, by Province and Facility Type

Province	Gov't Health Centers	Private Practitioners	Community Health Post	Elementary School	Jr High School	Sr High School
North Sumatra	71	147	47	76	72	46
West Sumatra	42	84	28	42	42	27
South Sumatra	43	85	27	45	44	29
Lampung	32	67	21	33	33	22
DKI Jakarta	107	235	77	119	119	79
West Java	151	299	104	156	154	99
Central Java	109	221	73	111	110	74
DI Yogyakarta	66	133	44	66	66	45
East Java	135	255	85	15	134	86
Bali	38	90	30	47	40	28
West Nusa Tenggara	48	94	32	47	48	31
South Sulawesi	35	65	26	39	38	21
South Kalimantan	41	57	25	47	45	31
Total	919	1832	619	964	945	618

Table 3.3

CFS Cross-Wave Interviews, by Facility Type

Facility Type	IFLS1 Facilities Reinterviewed in IFLS2 (%)	IFLS2 Facilities Also Interviewed in IFLS1	New Facilities in IFLS2
Government health centers	66.5	660	259
Private practitioners	40.4	582	1250
Elementary school	64.9	613	351
Junior high school	55.3	498	447
Senior high school	44.2	258	360

Table 3.4

IFLS2 Community-Facility Survey Questionnaires

Community Questionnaires

Book 1		
Respondent/Source	*Module*	
Village head and community representatives (group interview)	LK	Basic information
	A	Distances between community institutions and available transportation
	B	Electricity
	C	Water sources and sanitation
	D	Agriculture and industry
	E	Community history and climate
	F	Migration
	G	Credit institutions
	I	Availability of schools
	J	History of health services availability
	S	Housing characteristics
	PMKD	Community development activities
	RW	Variation across neighborhoods
	K	Respondents' identities
Book 2		
Community statistical records	LK	Basic information
	S	Statistics
	OL	Direct observation (e.g., cleanliness, prosperity, social cohesion)
	HPJ	Prices
Book PKK		
Head of women's group	LK	Basic information
	H	Prices of food and common nonfood household items
	E	Community history and climate
	I	Availability of schools
	J	History of health services availability
	PM	Community development activities

Continued on the next page.

Respondent/Source	*Module*	
Book SAR: Service Availability Roster (new in IFLS2)		
Village head or women's group head	SAR	From center of IFLS household cluster to each available school and health facility: distance, travel time, and travel cost
Book Adat (new in IFLS2)		
Expert in traditional village law	KD	Respondent characteristics
	AP	Marriage
	AC	Divorce
	AG	Gender roles
	BK	Birth
	BL	Care for the elderly
	BW	Inheritance
	CK	Household decision-making
	DG	Land use
	EK	Community decision-making
	FG	Mutual cooperation
	GO	Community organizations
Book PM (new in IFLS2)		
Community activist	LK	Basic information
	—	Sampling page for recording multiple candidate names and criteria for selecting respondent
	PM	Respondent profile, background and benefits of project, and project planning, management, implementation, and funding
	A	History of development activities in community

Continued on the next page.

Health Facility Questionnaires

Book PUSK		
Respondent/Source	*Module*	
Government Health Center director or designee	LK	Basic information
	A	Head of facility
	B	Development of facility
	C	Services available
	D	Staff
	E	Equipment and supplies
	F	Direct observation (e.g., cleanliness)
	G	Family planning services
	H	Family planning vignette
	I	Prenatal care vignette
	J	Adult cough, fever vignette
	K	Child vomiting, diarrhea vignette
Book PP		
Private doctors and clinics	LK	Basic information
	A	Head of facility
	B	Development of facility
	C	Services available
	D	Staff
	E	Equipment and supplies
	F	Direct observation (e.g., cleanliness)
	G	Family planning services
	H	Family planning vignette
	I	Prenatal care vignette
	J	Adult cough, fever vignette
	K	Child vomiting, diarrhea vignette

Continued on the next page.

Respondent/Source	*Module*	
Book Posyandu		
Volunteer staff member of community health service post	LK	Basic information
	A	Facility utilization and community health
	B	Services available
	C	Staff
	D	Health instruments (equipment, supplies, medications)
	H	Prices of food and common nonfood household items

School Questionnaires

Book SD: Elementary School		
Principal or designee	LK	Basic information
	A	Principal
	B	School characteristics
	C	Teacher characteristics (administered to teachers of Bahasa Indonesia and mathematics)
	D	Classrooms
	E	Student population, test scores, expenditures

Book SMP: Junior High School		
Principal or designee	LK	Basic information
	A	Principal
	B	School characteristics
	C	Teacher characteristics (administered to teachers of Bahasa Indonesia and mathematics)
	D	Classrooms
	E	Student population, test scores, expenditures

Book SMU: Senior High School		
Principal or designee	LK	Basic information
	A	Principal
	B	School characteristics
	C	Teacher characteristics (administered to teachers of Bahasa Indonesia and mathematics)
	D	Classrooms
	E	Student population, test scores, expenditures

Table A.1: Timeline of IFLS2 Activities, 1996–1997

Activity	J 96	F 96	M 96	A 96	M 96	J 96	J 96	A 96	S 96	O 96	N 96	D 96	J 97	F 97	M 97	A 97	M 97	J 97	J 97	A 97	S 97	O 97	N 97	D 97
Modify HHS questionnaire (stage 1)																								
Revise modules, develop new modules (stage 1)																								
Develop recontact protocols (stage 1)																								
Pilot-test recontact protocol																								
Focus groups for new/revised modules																								
Pilot-test new and heavily revised modules																								
Revise new or changed modules (stage 2)																								
Revise recontact protocol (stage 2)																								
Develop CAFÉ program (stage 1)																								
HHS pretest 1																								
Modify HHS questionnaire based on 1st pretest																								
Revise recontact protocols based on 1st pretest																								
Develop field procedure and MIS																								
Develop training procedures and materials																								
Modify CAFÉ program based on 1st pretest																								
HHS pretest 2																								
Finalize HHS questionnaire based on 2nd pretest																								
Finalize recontact protocols based on 2nd pretest																								
Finalize field procedures and MIS based on 2nd pretest																								
Finalize training procedures and materials																								
Finalize CAFÉ program																								
Modify CFS questionnaires (stage 1)																								
Pretest CFS																								
Finalize CFS questionnaire based on pretest																								
Develop CFS field procedures																								
Develop CFS training procedures and materials																								
Develop objective health measurements																								
Pretest objective health measurements																								
Recruit fieldworkers																								
Train Assistant Field Coordinators and CAFÉ Supervisors																								
Print and distribute questionnaires, field supplies																								
Interviewer training wave 1 (Malang)																								
Health worker training (Jakarta)																								
Fieldwork for interviewers trained in wave 1																								
Interviewer training wave 2 (Tawangmanggu and Medan)																								
Fieldwork for interviewers trained in wave 2																								
Tracking																								
Develop CFS data entry program and manual																								
1st and 2nd CFS data entry, comparison, and modification																								
2nd HHS data entry, comparison, and modification																								
Develop Look Up program, manual, procedures																								
Look Ups (Jakarta)																								
Translate open-ended questions																								
Recode "other" responses																								
Do final cleaning, write documentation																								

Table A.1 (cont.): Timeline of IFLS2 Activities, 1998–1999

Activity	J 98	F 98	M 98	A 98	M 98	J 98	J 98	A 98	S 98	O 98	N 98	D 98	J 99	F 99	M 99	A 99	M 99	J 99	J 99	A 99	S 99	O 99	N 99	D 99
ModifyHHS questionnaire (stage 1)																								
Revise modules, develop new modules (stage 1)																								
Develop recontact protocols (stage 1)																								
Pilot-test recontact protocol																								
Focus groups for new/revised modules																								
Pilot-test new and heavily revised modules																								
Revise new or changed modules (stage 2)																								
Revise recontact protocol (stage 2)																								
Develop CAFÉ program (stage 1)																								
HHS pretest 1																								
Modify HHS questionnaire based on 1st pretest																								
Revise recontact protocols based on 1st pretest																								
Develop field procedures and MIS																								
Develop training procedures and materials																								
Modify CAFÉ program based on 1st pretest																								
HHS pretest 2																								
Finalize HHS questionnaire based on 2nd pretest																								
Finalize recontact protocols based on 2nd pretest																								
Finalize field procedures and MIS based on 2nd pretest																								
Finalize training procedures and materials																								
Finalize CAFÉ program																								
Modify CFS questionnaires (stage 1)																								
Pretest CFS																								
Finalize CFS questionnaire based on pretest																								
Develop CFS field procedures																								
Develop CFS training procedures and materials																								
Develop objective health measurements																								
Pretest objective health measurements																								
Recruit fieldworkers																								
Train Assistant Field Coordinators and CAFÉ Supervisors																								
Print and distribute questionnaires, field supplies																								
Interviewer training wave 1 (Malang)																								
Health worker training (Jakarta)																								
Fieldwork for interviewers trained in wave 1																								
Interviewer training wave 2 (Tawangmanggu and Medan)																								
Fieldwork for interviewers trained in wave 2																								
Tracking																								
Develop CFS data entry program and manual																								
1st and 2nd CFS data entry, comparison, and modification																								
2nd HHS data entry, comparison, and modification																								
Develop Look Up program, manual, procedures																								
Look Ups (Jakarta)																								
Translate open-ended questions																								
Recode “other” responses																								
Do final cleaning, write documentation																								

Table A.2

Field Staff for IFLS2 Surveys

This table lists the names of all staff who participated in field operations for the IFLS2. Persons listed under HHS and CFS supervisors served as interviewers unless identified as a health worker (HW). Persons listed under CAFÉ supervisors served as CAFÉ editors. Persons whose names are followed by an asterisk (*) left their positions before the survey was finished. Persons whose names are followed by two asterisks (**) provided help in other provinces when the work of their original teams was finished.

Jakarta

Field Coordinator: Akhir Matua Harahap

Assistant Field Coordinator: Wawan Setiawan
HHS Supervisor: Dedy Djunaidi
Acep Saifulah
Upi Wiriyanto
Mohammad Asran
Fifin Darmayati
Aom Subardiman
Endah Kusumardani
M. Yafri
Joyce LA
Meli (HW)*
CAFÉ Supervisor: Isnaini
Meinar Dewi Pujansari
Siti Nurmakidah
CFS Supervisor: Reza Barwiasari
Dody Iswarman
Dessy Mataliani

Assistant Field Coordinator: Rusman
HHS Supervisor: Lulus Kusbudiharjo
Agung Jadmiko
Peni Retno Handayani
Asep Mukti Ali
Yanti Yulianti
Mulia Kurniawan
Rika Septi
Wawan Halwani
Dewi Nopiani
Farida Amin (HW)
CAFÉ Supervisor: Eva Antariksa
Eti Tantyani

West Java

Field Coordinator: Donovan Bustami

Assistant Field Coordinator: Yudi Aswis
HHS Supervisor: Mugi Bumarti
Dodi Abdulrachman
Marlina
Edi Suhara
R. Safarini
Yuyon Tri
Heni Hyria
Cece Hidayat (HW)
CAFÉ Supervisor: Budi Santosa
Fatima
Nita Nilawati
CFS Supervisor: Daryati
Hasan Assegaf
Eka Aryanti

Assistant Field Coordinator: Nelliza
HHS Supervisor: Herlan Shalanudi
Wawan Setiawan
Aan Haerani
Gun-Gun
Hasanah
Yadi Erlangga
Kartika Pertiwi
Elizabeth Kalalingi (HW)
CAFÉ Supervisor: Robie Almubarak
Yulian Rozi
Eka Widiawati
CFS Supervisor: Parjuangan
Arif Gunawan
Nurhayati

Sri Purwanti
CFS Supervisor: Ade Sachrul*
Ilham Yektiaji
Leo Agus Sandi*
Asep Komarudin

West Java (cont.)

Assistant Field Coordinator: Muhiyyin
HHS Supervisor: Budhi Hidayat
Ari Cahyadi
Siti Zulva Jamilia Sari
Aris Nandi
Mala Sondang
Deden Kusuma
S. Dwi Purwanti
Tri Murti Asmarani (HW)
CAFÉ Supervisor: Syarif Hidayat
Dadang Hermawan
Iis Surtina
CFS Supervisor: Moch. Abdullah
Selvi Handayani
Dewi Santika

Assistant Field Coordinator: Dody Afandi
HHS Supervisor: Bonie
Heri Priatna
Neneng Amalia
Anas Sutisna
Noorhayati
Dicky Wachyudin
Rosmaniar
Dyna Melyana (HW)
CAFÉ Supervisor: Ufi Najib
Upik Kalsum
Sri Ratnaningrum
CFS Supervisor: Lintang T
Etty Karyunita
Erna Susanti

East Java

Field Coordinator: M. Yusuf

Assistant Field Coordinator: Junaedi
HHS Supervisor: Surya Irawan
M. Nurhadi
Suharti
Oky Finaqry
Lilik Idawati
M. Mashudi

East Java (cont.)

Assistant Field Coordinator: Juliawan Sasongko Adji
HHS Supervisor: Janoe Teguh Prasetyo
Achmad Saldi H
Ririn Dwi Handayani
M. Zamzam
Sri Kadarwati
Deni kusumawardani
Sugiarko Hengky
Susi Haryani Br. Purba (HW)
CAFÉ Supervisor: Edy Purwanto
Judik Roy S.Z.Manalu
Bambang Sri Asmoro
CFS Supervisor: Achmad Saiful
Epifah Yuli Astuti
Kwartika Chandra Dewi

Assistant Field Coordinator: Eny Prihastuti
HHS Supervisor: Fajar Poernomo
Achmad Solihin
Sri Tuti Arina
Edy Suryono*
Decky Soedhewo
Ummi Rahmaniyah
Aminatus Suhriyah*
A. Husni Thamrin
Media Putri R.
Agus Sucahyanto (HW)**
Yunarni (HW)*
CAFÉ Supervisor: Agus Gunawan,* Subai Musakhor
Dewi Mutmainah
Ummi R
CFS Supervisor: Hendro Susenohadi*
Heru Kurniawan
Tri Yani

South Kalimantan

Field Coordinator: Cecep Sukria Sumantri

Assistant Field Coordinator: Unang Yudi Hermawan*
HHS Supervisor: Winarno
Yulizar

Made Deni Mirawati
Nurlela Permatasari (HW)
CAFÉ Supervisor: Iip Umar Ri'fai
Ahmad Afif Almahmudi
Sulaiman
CFS Supervisor: Udjik Prioko
Dwi Wahyuni

Mahilawati
Alpri Widianjono
Ermawati
Arief Muamary
Rakhmalina Bakhriati
Okto Janisar (HW)**
CAFÉ Supervisor: Musnedi
Insan Nuryadin
Raudatul Jannah
CFS Supervisor: Noorhalis Majid
Jumri
Sari Dewi

South Sulawesi

Field Coordinator: Nargis

Assistant Field Coordinator: Iskak Ismuwidarto
- HHS Supervisor: Ali Bas
  - Kuswahyudi
  - Asia M
  - Amirulah
  - Nilma Wiryanti*
  - Amdi Ichsan
  - Nursyamsi
  - M. Ridwan
  - Ratna
  - Puspita (HW)*
  - Arianti Fitri (HW)
- CAFÉ Supervisor: Yudi Herman Velanda,*
  - Siti Nurmasita
  - Nurmillah Ilyas
- CFS Supervisor: M. Hafid,* Sulaksono
  - Iryanti Renreng

South Sumatra

Field Coordinator: Asmanedi

Assistant Field Coordinator: Nurhanafiansyah*
- HHS Supervisor: Sri Musyawarohyati
  - Idil Fitriadi
  - Elvi Juniarti
  - Hamonangan
  - Sutinah
  - Endro Shotoha
  - Yun Damayanti
  - Hepni Chandra
  - Jhony Rahman (HW)*
- CAFÉ Supervisor: S. Prasetya
  - Ardiansyah
  - Nurhada
- CFS Supervisor: Yulia Herawati**
  - Sri Suparti
  - Yulianita

West Nusa Tenggara (cont.)
- CAFÉ Supervisor: Mochtar Saleh
  - Agus Ibrahim
  - Sufiati
- CFS Supervisor: Ketut Sudharmana
  - Muhammad Nursamsu
  - Khairunisa

Central Java

Field Coordinator: Wayan Suriastini

Assistant Field Coordinator: Wiryawan Prastowo
- HHS Supervisor: Kusworo Rahadyan
  - Mulyadi
  - Sri Kustati
  - Edy Purwanto**
  - Oetjoe Dewi Astiana
  - Tiyana
  - Endah Sriwiyani
  - Evita Yuliana (HW)
- CAFÉ Supervisor: Umar Dhani
  - Cahyono Raharjo
  - Nana Setyana
- CFS Supervisor: Yadimin**
  - Makhzum
  - Wini Pudyastuti**

Assistant Field Coordinator: Dasriyamto
- HHS Supervisor: Adi Sasmito
  - Arifin Ibnu Islam
  - Mevie Suprihesti**
  - Andreas Heru Wibowo
  - Nunuk Nurmatiningsih
  - Benyamin B. Yulianto**
  - Ripi Mardhini**
  - Indri Handayani (HW)
- CAFÉ Supervisor: Ismail
  - Prasetya Adi Wardhana
  - Aryanti Kuswulandari
- CFS Supervisor: Frietqi Suryawan
  - Ahmad Mofid

Sri Mardiyani

West Nusa Tenggara

Field Coordinator: Merry Sri Widyanti

Assistant Field Coordinator: Wilson Victor

HHS Supervisor: Syafrudin

Mawan Erlangga
Nurhaida
Badri
Baiq Herwiniana
Muslin H. Nurdin
Rusminah
Saktiwansyah Efendi
Khadaryati
Rohmat Edy Setiawan (HW)

Assistant Field Coordinator: Khairil

HHS Supervisor: Agus Winarno

Agus Budi Santoso**

Setyo Pujiastuti
Eko Rahmanto
Ch. Setyadewi M**
Sri Kiswati**
Sri Lumintu Hudatin
Anggraeni (HW)

Central Java (cont.)

CAFÉ Supervisor: Heny Mahmudah
Aryanto
Sri Hardiyani
CFS Supervisor: Ahmad Syahir Fathoni
Nasirudin
Untari Tri Wardani

Yogyakarta

Field Coordinator: Eko Ganiarto

Assistant Field Coordinator: Mulyatno Widodo
HHS Supervisor: Hary Agus Sanyoto
Agus Joko Pitoyo
Dwi Puji Mulyandari**
Agus Suwarto

Aris S. Nugrahaningsih
Ade Wawan**
Leli Arizona**
Sapto Budi Setyo (HW)
CAFÉ Supervisor: Joko Priyono
Evi Ratna Yuliati
Nursuci Arnashanti
CFS Supervisor: Deny Purwo Sambodo
Ulik Umami Rofiqoh**
Dyah Candra Dewi

Assistant Field Coordinator: Rianto Wicaksono**
HHS Supervisor: Sadwanto Purnomo
Masykuri**
Theresia Sumartini
Akbarudin Arif
Polana Setya Hati
Djentot Subechi
Rika Harini
Peni Setiawati (HW)
CAFÉ Supervisor: Andi Suhendi
Sri Widyastuti
Suminar W. Pancadewi

Bali (cont.)

D.A.P. Asrinadi
Ni Made Padmi Budiayu
Sutardi (HW)
CAFÉ Supervisor: Junedi

Ni Luh Putu Mariani*
Darnik
Ni Made Netriani
CFS Supervisor: Daja Pamilu Arsa Putra
I.G.A. Made Restini
Ni Putu Umadewi

North Sumatra

Field Coordinator: Muda Saputra

Assistant Field Coordinator: Wawan Sobari
HHS Supervisor: M Madi Kaban
M. Nasir
Farida Hariani
Daniel MDP
Triwani
Syaifuddin
Elidatati
Dedy Kurniawan

Eka Kesumawardani
Martinus (HW)**
CAFÉ Supervisor: Khoeruddin
Zulfan Effendi

Mardiana

CFS Supervisor: Robin Butar-Butar
Dianita Ekawati
Nelly Arjuna

Assistant Field Coordinator: Daiman
HHS Supervisor: Drs Rifki Warisan
Martin L. Harffa
Agnes F.B.
M. AL Husyairi Drs
Herlina Magdalena

CFS Supervisor: Zainal Abidin Ala Mutho' **
Henny Ekawati
Dian Sitaresmi

Bali

Field Coordinator: Endang Pudjani

Assistant Field Coordinator: Suparman Madjij*
HHS Supervisor: I Gede Suinaya
Ciptaningwiyati
I Wayan Dipta
I Wayan Mental
Heni Wahyuningsih
I Wayan Ardip
Afril Bahagia Harahap

Nuraisah P
Marcil (HW)
CAFÉ Supervisor: Robert Harianja
Leonardis

Dewi
CFS Supervisor: Faisal Alkhausar Aziz

Yeni

West Sumatra

Field Coordinator: Djainal Abidin

Assistant Field Coordinator: Surya Darma

HHS Supervisor: Yun Pelizar
- Muhammad Fadli
- Sumarni
- Ahmad Taufik
- Riza Realita
- Andrizal
- Surya Armi
- Dafrimon
- Anita
- Yulia Sari (HW)

CAFÉ Supervisor: Yulius Haris
- Anto
- Suzana

CFS Supervisor: Hidayat
- Roza Meitis
- Eva Yelita

Lampung

Field Coordinator: Asmanedi

Assistant Field Coordinator: Mokhamad Agus Prijadi*

HHS Supervisor: Adjiansyah,* Muhammad Arif S
- Ahmad Farobi
- Tri Astuti
- Muhammad Arif S
- Fironita
- Zulhedar
- Setiorini
- Teti Aida Fitri (HW)*
- Warsito(HW)**

CAFÉ Supervisor: R. Budi Mulyana B
- Farid
- Adri

CFS Supervisor: Iwansyah**
- Maulia Dwi Oktarini
- Nia Rohayati