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HEALTH SERVICES PROGRAM ACEH FINAL REPORT 2005-2008





HEALTH SERVICES PROGRAM - ACEH FINAL REPORT 2005-2008

This document represents the Final Report for the Aceh portions of Cooperative Agreement No. 497-A-00-05-00031-00, "Aceh – Special MNCH" (April 1, 2005 – September 30, 2008) and "Aceh – Women and Children Protection" (April 1, 2005 - September 30, 2007). The HSP Aceh Final Report 2005 – 2008 is submitted by JSI Research and Training Institute, Inc. to the United States Agency for International Development in accordance with the terms of the Cooperative Agreement.

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Message from the Chief of Party



To our Donor and Colleagues,

In the wake of the destruction caused by the December 2004 earthquake and tsunami in Aceh, the United States Government committed over US\$400 million to relief and reconstruction aid. With \$5.65 million funding from the US Agency for International Development (USAID), the Health Services Program (HSP) benefited communities along the west coast of Aceh – the area hardest-hit by the disaster. For example, only 23 of 152 staff at the Aceh Jaya District Health Office survived.

When HSP started work in Aceh in April 2005, the province was already transitioning from relief to development. HSP focused support on strengthening the health system's responses to maternal and child health issues. The program worked closely with the Ministry of Health to provide technical assistance in the areas of district planning and budgeting, advocacy, community mobilization, behavior change communications, supportive supervision and improving quality of and access to midwifery services. With HSP's support, the Bidan Delima program was launched in Aceh. In addition, the program facilitated stakeholders to propose an amendment to the provincial health law, now pending formal approval by the legislature.

HSP also addressed psychosocial protection of women and children, and helped to put in place a household-to-hospital continuum of care for the mentally ill. Here we would like to acknowledge our close collaboration with partners that included WHO, University of Indonesia Faculty of Nursing, PULIH, ADB and AmeriCares. Further, the Displaced Children and Orphans Fund (DCOF) provided an additional \$250,000 in funding for HSP to complete its psychosocial work in 2008.

As the HSP concludes work in Aceh, my main memories are of the resilience and determination of the people of Aceh. HSP was lucky to have worked with so many talented Acehnese public health professionals, and to have been a part of making lasting change in Aceh that benefits the health of women and children.

Sincerely,

Dr. Reginald F. Gipson
Chief of Party
Health Services Program

CLINIC REHABILITATION



Renovation of Midwifery Clinics Brings New Life to Communities!

After the 2004 tsunami, Midwife Ratna was not comfortable living in her *Polindes* clinic, let alone helping clients there. The front fence had fallen down, allowing animals to wander in, and the washroom easily flooded because of inadequate drainage. As a result, she generally hand-carried her limited supply of equipment with her to the homes of pregnant women who needed her care.

With a mandate to improve Acehnese women's access to maternity care, HSP's assistance has renovated 11 community midwife clinics, transforming them into clean and bright newly-refurbished birthing facilities. The *Polindes* renovations have brought crucially-needed access to health care to mothers, children and pregnant women in tsunami-affected areas in the Aceh province.

For some clinics, HSP fully renovated the clinic building so that the facility now meets national standards. Other facilities were helped by replacing make-shift furnishings—such as a simple wood-frame bed with cotton mattress—with updated, purposely-designed examination and delivery equipment. All facilities received assistance to improve their water and sanitation systems through HSP's collaboration with the USAID-funded Environmental Services Program (ESP).



BEFORE & AFTER. *Polindes* Lam Gaboh, Aceh Besar.

"Now my clients are more comfortable coming here because I have all the equipment I need to provide proper antenatal care and delivery services!" says *Bidan* Hapnisar, a midwife whose *Polindes* was renovated in the Lam Ateuk village.

And now families can have peace of mind throughout pregnancy, knowing that quality health care is just down the road. Another plus for the community: midwives now live in the clean, well-equipped *Polindes* with their families, in refurbished living quarters provided by the project. Across Indonesia, one of the major barriers to obstetric care is that many village midwives do not reside in the villages they are assigned to serve, meaning that when middle-of-the night services are required, families have more difficulty with access.

Bidan Ratna of Lam Gaboh adds that her *Polindes* is "so nice now that clients readily come for ANC." Encouraged by the positive response and potential to provide better care, *Bidan* Ratna says, "Actually I don't just sit and wait for clients to come. I go visit, door to door and identify women who may be pregnant so that they can get ANC early on. Once diagnosed, I encourage them to come to the *Polindes* for check ups. It's so practical for them because they can come here on the way to market. They don't have to go to the *Puskemas* (Community Health Centre) which is far away."

A *Polindes* yard secured by a clean white fence. A washroom where infection prevention standards can be maintained. A full set of medical equipment. What a difference!



Strengthening Aceh's System of Service Delivery and Clinical Training

A hemoglobinometer? Forceps? A neonatal resuscitation tube? More than twenty health facilities in Aceh are now well-equipped for safe deliveries, thanks to HSP's collaboration with AmeriCares!



In early 2007, HSP secured an in-kind donation valued at approximately \$250,000 from AmeriCares, an international relief organization. The generous donation covered clinical equipment and furniture for 22 health facilities along Aceh's western seaboard – areas devastated by the 2004 tsunami. Eleven of the sites benefiting from the donation are public sector Polindes and Puskesmas.

Additionally, six private midwife clinics received equipment that enabled them to be accredited as clinical training sites for the Aceh Besar clinical training center (P2KP), which was established in 2007-08 through support to the National Clinical Training Network (JNPK). The P2KP training center includes a classroom instruction site at the district hospital, and 10 midwives who have been certified as clinical trainers in the Basic Delivery Care (APN) package. With the establishment of the P2KP, midwives from the west coast of Aceh can now access in-service clinical training more affordably, and the center says it expects to train around 100 midwives a year.

HSP's assistance also introduced technical updates to the service delivery system. Says clinical trainer Bidan Erlaini, "I have learned so much new information, such as what a difference it makes to newborn health to delay the cutting of the umbilical cord!" With the ability to introduce national clinical standards through JNPK's network of regional training centers, quality improvements are spreading across the province.

Muhammad Usaidi: USAID's Namesake Thrives

Twenty three year-old Dharma was home alone when she felt her first labor contractions early in the morning. Her husband had only just been called away to deal with a death in his family, so Dharma had no one at home to help her. A few months before, this situation could have meant grave difficulties for Dharma. She would have needed to find someone to help her travel a long distance to reach a health provider. Instead, this morning Dharma was able to leave her house in Lam Gaboh village and walk down a shady path to her newly-renovated local Polindes, a birthing facility where *Bidan* Ratna, the village midwife, lives and works. It took her only minutes to reach her destination. She stayed with *Bidan* Ratna all morning, and five hours later Dharma gave birth to a healthy baby boy, who she named Muhammad Usaidi.

Dharma's neighborhood is one of 11 in Aceh to receive much-needed renovation and up-to-date medical equipment thanks to USAID and HSP.



Muhammad Usaidi has a cozy sleep not long after he is born.

Muhammad Usaidi is just over a year old now, and thriving!



IMPROVING THE QUALITY OF HEALTH SERVICES



Despite reductions in maternal mortality over the past two decades, an Indonesian woman's risk of dying from pregnancy-related causes is still 1 in 404. Yet women need not die due to childbirth. The vast majority of maternal deaths could be prevented if women had access to quality family planning services, and skilled care during pregnancy, childbirth and the first month after delivery.

Similarly, at least half of newborn deaths – which account for around 40% of all under-five child deaths in Indonesia – could be prevented. Mothers need to be immunized against tetanus during pregnancy, have skilled midwifery care during childbirth, and receive care for their newborns during the first month of life to ensure exclusive breastfeeding, as well as manage infections and low birthweight.

A working health system with skilled personnel is key to saving lives. Aceh has one of the highest midwife-to-population ratios in all of Indonesia, but before the end of the civil conflict, security concerns had caused many midwifery practices to fall apart. Revitalizing the midwifery care system, with a focus on expanding access and improving quality in both the public and private sector, has been a focus of HSP's assistance.

Meulaboh's Midwife Training Center: Rebuilding Lives and Families

In the mid-1990's, Indonesia embarked on an ambitious program to place a midwife in every one of the country's 70,000 villages. As the program got started, it soon came to light that the midwifery pre-service education system was not producing graduates with the requisite competence to provide basic midwifery care, or respond appropriately in a childbirth emergency. As a result, Indonesia's national clinical training program got busy. The in-service competency-based training (CBT)—a key component of Indonesia's Making Pregnancy Safer strategy—was introduced in 1999. Today, the most-offered Normal Delivery Care (*Asuhan Persalinan Normal* or APN) course stands as the MOH's national indicator of "skilled attendance." Currently around 25% of village midwives have received APN training.

As families rebuild their lives following the 2004 tsunami, Aceh's birthrate has risen, so the need for delivery services is high. The tsunami capped a 20-year conflict during which midwives were hard pressed to receive any in-service training, and often faced barriers in providing services due to security issues. Since the tsunami, donor assistance in Aceh has prioritized clinical training of midwives – and demand for training grew so fast that the province's only clinical training site couldn't meet it. What's more, midwives from the west coast of Aceh had to travel more than 12 hours to get trained.



Midwife Erni is a certified clinical trainer, one of the province's first Bidan Delima members, and the manager of a midwifery academy. After losing her husband and two children in the tsunami, Erni says, "Losing everything gave me a new focus in life. Delivering babies, and building the future of Aceh, is my calling." Midwife Erni is pictured here with a newborn baby that she delivered in her Banda Aceh clinic.



To help meet the demand for in-service training, HSP assisted the National Clinical Training Network (JNPK) and the West Aceh District Health Office to establish a clinical training center in Meulaboh, referred to as the P2KP. The P2KP center consists of a classroom training site at the district hospital, as well as five clinical sites with 10 qualified trainers where hands-on clinical instruction can take place. The trainers – all midwives – were certified as they demonstrated their training skills during five batches of ten-day APN clinical trainings, which benefited 60 midwives. With their certification in hand from the JNPK, the P2KP continues to train midwives in basic delivery care. Already, 72 midwives have received training from the newly-qualified trainers, funded by UNICEF, Islamic Relief and Project Concern.

“Helping mothers give birth is a great responsibility,” says *Bidan* Afifah, the training coordinator for the P2KP, adding, “Up-to-date methods and training can save lives in our field!”

therapy available? Check! Does the facility have baby and adult thermometers at-the-ready? Check! Is the room free of dust, debris, trash and cobwebs? Check! Check! Check!

After completing the self assessment, village midwives meet with the *Bikor* to verify and review their results. The supervisor then supports each midwife to develop a self-improvement plan, and monitors their progress over time.

During 2007, HSP provided technical assistance to the MOH to update their midwife supervision tools. Since then, the program has trained 15 Midwife Coordinators in as many Puskesmas across our four partner districts in Aceh. HSP then facilitated the *Bikor* to provide support and supervision to 58 village midwives, using the checklist approach. Through the process, village midwives can identify areas where they need to improve their facilities and skills, and their supervisors will make sure they get the support they need.

Supportive Supervision: Check, Check, Check!

Supervision of village midwives is an important part of improving the quality of maternal and newborn health services in Aceh. A supportive supervisor facilitates the midwives she manages to address both clinical and non-clinical aspects of her services—as well as to review management and commodity supply issues.

In Indonesia’s public health system, Midwife Coordinators (*Bikor*) from the Puskesmas use a self-assessment checklist to monitor and supervise midwives working at the village level. The checklist allows each village midwife to assess their own clinical skills and management capacities, as well as the readiness of their facility to deliver quality care. Do they document patient history? Check! During the third stage of labor, do they examine the placenta for completeness? Check! Do they have oral rehydration



Do Acehnese midwives have the opportunity to improve their skills with plenty of supportive supervision? Check!

This poster, designed to be hung in midwifery practices, reminds midwives of the ongoing cycle of quality improvement. Midwives are encouraged to self-assess their skills and needs (steps 1-2), which are then verified by their supervisor (step 3). The midwife then develops a quality improvement plan (steps 4), which is evaluated by her supervisor (step 5). The cycle continues, with midwives making quality improvements over time.



BECOMING A BIDAN DELIMA

- Midwives are recruited through outreach activities and promotional materials. Individuals register to become a Bidan Delima at their local IBI chapter, paying a fee of Rp. 50,000 (USD 6).
- A Bidan Delima facilitator helps each candidate conduct a self-assessment of her readiness for accreditation, providing support in specific areas so that she can meet the facility standards and skills competencies required.
- The facilitator makes an on-site visit to validate that the candidate qualifies for membership. The midwife pays a Rp. 350,000 (USD 39) membership fee, and receives a Bidan Delima kit that includes clinic signage and other materials that help her establish market recognition.
- Bidan Delima members also receive reference materials on all of the clinical service delivery standards, and are routinely supervised by a facilitator. To remain a member in the program requires payment of an annual fee of Rp. 250,000 (USD 28).

Midwives Help Midwives Meet Quality Standards

Time to find a quality accredited midwife? Look for the Bidan Delima sign!

Bidan Delima is a certification program that provides a quality guarantee for private sector midwives, managed by the Indonesian Midwives Association (IBI). Until recently in Aceh, it was hard to find a midwife who'd received any sort of recent clinical training, due to the 20-year conflict. And after the 2004 tsunami, many midwives had to start over from scratch. With donor assistance, the midwifery system is being re-built in Aceh, and IBI wanted to make sure that midwives practicing at national standard were recognized, and set the bar for others. With HSP's support, IBI launched the Bidan Delima program in Aceh in February 2008.

An example of a midwife who has benefited from the Bidan Delima program is *Bidan* Ratna, who lost nearly everything in the 2004 tsunami. Living in Aceh Jaya sub-district – one of the hardest hit areas – *Bidan* Ratna's home was destroyed and her husband and daughter lost. Miraculously, three months later *Bidan* Ratna discovered her daughter was alive, cared for by a family in Banda Aceh who found her in the aftermath.

After the tsunami, *Bidan* Ratna had to start over again as a midwife. She opened a clinic at home, using her living room as a waiting room. But in mid 2007, *Bidan* Ratna almost gave up her practice because she felt unable to meet the quality standards – she was concerned that high quality service required a luxurious place, and her clinic was modest.

Her colleagues from IBI reassured her that quality service provision did not depend on the size of the clinic. As long



Healthy baby, happy mother and village midwife (left). Midwife Ratna is proud of her Bidan Delima certification (right).



as it was clean, safe and properly equipped, and clients felt comfortable and satisfied with the services, she could still deliver high quality care. With IBI's support, *Bidan* Ratna came to understand she had the ability to become a top-notch midwife, and in time, she was qualified to serve as one of Nanggroe Aceh Darussalam (NAD's) 19 Bidan Delima facilitators. Today, she is an inspiration for other midwives – especially those motivated to improve their small practices.



Aceh Governor Irwandi Yusuf inaugurated 85 new Bidan Delima at the official launch of the program in early 2008. Since the program started in three Aceh districts in 2007, more than 88 Bidan Delima midwives have been accredited.

Acehnese mothers can now look for the cheerful red pomegranate Bidan Delima logo for quality care!



Midwives Promote Early Initiation of Breastfeeding at Aceh's 1,001 Event



Under warm sunshine in Taman Sari Square, in front of the Great Baiturrahman Mosque, 1,001 pregnant women gathered along with health care providers, midwives, the Banda Aceh mayor and his wife, and officials from USAID to state their commitment to practice immediate breastfeeding. Outdoor screens showed footage of an Indonesian baby placed immediately on its mother's chest after birth, skin-to-skin, and women watched raptly as the baby rested peacefully and then made its way to suckle at his mother's breast. In a celebratory atmosphere, midwives plus a range of speakers encouraged women to breastfeed their babies within the first hour of delivery, and to breastfeed exclusively for the first six months of life. Aceh's most famous folk-singer Rafli also performed a song praising mothers and breastfeeding, especially written for the event.

Dr. Utami Roesli captivated the crowd with an multi-media presentation

To build momentum for the event, radio spots aired for the month previous; two large billboards promoting the event were posted downtown; and PKK volunteers leafleted motorists at key intersections to raise awareness and promote participation. At the event itself, flyers, stickers, posters and even T-shirts promoting immediate breastfeeding were distributed.

Dr. Utami, a nationally-recognized pediatrician and leading breastfeeding expert, gave the keynote speech at the event. Afterwards, she guest starred on a talk show on Aceh's leading radio station, Flamboyant Radio. Speaking well over the scheduled time in a station flooded with calls, and Dr. Utami answered dozens of questions posed by eager mothers-to-be.

The event was co-sponsored by a variety of local businesses, including Flamboyant Radio, Bank Bukopin, Cempaka Hospital, Az-Sahra, Pamor Party, Matahari Motor, Coty Baby Shop and Indosat. Attended by over 1,250 people, the April 20th gathering was one of five large-scale breastfeeding events held country-wide in 2008. Other cities with similar events included Jakarta, Deli Serdang (North Sumatra), Tangerang (Banten) and Surabaya (East Java).



Acehnese singer Rafli performed (left) and stakeholders signed a declaration to support early and exclusive breastfeeding (right).

EFFECTIVE BEHAVIOR CHANGE



How can communities be supported to adopt new, more healthful behaviors? Most of the time there is a real need for social support to reinforce behavior change. The Behavior Change Communication (BCC) process begins with understanding cultural norms, beliefs and peer and family influences within a community. Then, messages can be developed to respond to community concerns, and communication processes –from interpersonal exchanges to the mass media– can be used to persuade people to change behaviors that place them at risk. BCC doesn't end at providing useful information; it involves communities assessing, trying out and sustaining new behaviors.

Gampong SiAGA: **Alert Communities Mobilize to Support Pregnant Mothers**

For many years, the MOH has supported a community-based birth preparedness initiative, referred to in Aceh's local language as *Gampong SiAGA*, or the "Alert Community." This initiative ensures that every pregnancy is high profile —and mobilizes community concern and responsibility for a healthy delivery. In addition to meaning "alert," SiAGA is also an acronym for *Siap* (prepare), *Antar* (accompany) and *Jaga* (protect), reminding the community of the steps for birth preparedness and complication readiness during pregnancy and delivery.

As a first step, HSP's program facilitates community members to undertake a village health assessment that identifies problems related to maternal and child health. Then a community health committee (CHC) is formed, with a management structure incorporated into village government. The village midwife is usually a key member of the committee, and the CHC generally has a number of working groups that manage the Posyandu health post, environmental health initiatives, and health education. In Aceh, HSP's support has established CHCs in 49 villages, and ensured that each CHC has a *Gampong SiAGA*



committee responsible for four main birth preparedness and complication readiness tasks:

1. Identify every pregnant woman, and ensure she has a birth preparedness plan. Often, a green flag is posted on the woman's house.
2. Map vehicles in the community that can be used for emergency transport, and plan ahead for transport to the health clinic or Polindes.
3. Establish a list of blood donors in the village, and ensure each pregnant mother knows her blood type.
4. Create a savings fund that can be used to pay for delivery services – and emergency services – as needed.

With a *Gampong SiAGA* flag on her house, emergency care can ramp up quickly for pregnant woman who need it. The birthing plan includes her due date, the name of her health care provider, the mode of transport she has arranged for getting to services, and the name of her potential blood

Post-partum hemorrhage remains the leading cause of pregnancy-related deaths among Indonesian women. Since blood supplies are chronically low at health centers throughout the country, having your own blood donor is a kind of insurance, one recommended through the *Gampong SiAGA* birthing plan.

donor. The program is now the model for the Aceh Provincial Health Office, and is being replicated with government and other donor funds.

Acehnese families have many reasons to be thankful for the *Gampong SiAGA* program. Chief among them are the mothers and babies who are doing well today thanks to the quick thinking of midwives and community leaders – community health committee members have made crucial life-saving decisions to use emergency resources available through the *Gampong SiAGA*. With community savings, emergency transport, blood donors and support for emergency hospital care at-the-ready, mothers and babies can get help when they most desperately need it.

An alert community. A healthy mother and baby. Results worth celebrating!



Turning Around Breastfeeding Misconceptions

While almost all women breastfeed in Indonesia, most mothers also feed their newborns additional food right from the start. Foods commonly given like rice water, bananas and formula milk are dangerous because they are difficult for a newborn to digest, introduce harmful bacteria into the baby's system, and replace the much-needed nutrients of breast milk. Given this, how best to promote early and exclusive breastfeeding among new mothers?

In focus groups, women pointed out that their own mothers told them babies need additional food; that midwives are likely to offer formula milk early on; and that friends often say their babies needed additional feeding because they "didn't have any breast milk." Up against those 'credible' sources, how did the HSP-supported BCC teams determine to get the message about breastfeeding out in the most effective way?

First, the program created compelling and accessible messages. Second, midwives were promoted as a credible source of information through the *Bidan Geutanyoe* campaign – Acehnese for "Our Midwife". The program also taught midwives to initiate early breastfeeding in a clinical training program, and developed visual aides to help midwives counsel their clients. To emphasize the message, posters were hung in clinics and other public places, and the mass media was used to launch large scale awareness. In Banda Aceh, a snappy radio jingle ran on local radio stations, and was followed by the "1,001 pregnant women" event that included billboards, posters, flyers, and radio talk shows.

Materials have strong audience segmentation. A leaflet encourages men to get involved in their wife's pregnancy and delivery.

A poster from Banda Aceh tells mothers about the benefits of breastfeeding.

The Bidan Geutanyoe campaign characterizes midwives as caring and experienced.



Hand Washing Keeps Kids Healthy!

Hand washing is perhaps the single most important means of preventing the spread of childhood disease, and hand washing habits are established early in life. That's why primary schools were the first target for HSP's hand washing campaign in Aceh. HSP partnered with the Environmental Services Program and the Decentralized Basic Education (DBE2) program to promote "hands on" learning about this important behavior.



Since the program launched in 2007, 65 schools and more than 6,000 children (6,184 to be exact!) have taken part in fun activities like relay races and writing competitions. At the educational events, children's voices rang out with "My friends, let's wash our hands, let's wash our hands with soap!" sung to the tune of "If you're happy and you know it, clap your hands!"

Science lessons about clean water sources and health education about hygiene and healthy lifestyles underscore the hand washing message for kids. With schools committed to keeping wash rooms stocked with soap, kids remember to "Lather Up!"

HSP OVERVIEW: ACEH



Key Results

HSP undertook a series of household surveys to track the program's key results indicators over time. While HSP's assistance covered four districts, outcome data was only collected from the two districts with the lowest baseline levels (Aceh Jaya and Aceh Barat). A total of 1,185 households were sampled in Aceh during the baseline survey (November 2005), while 480 households were sampled at follow-on (August 2007) and 481 households were sampled at endline (August 2008).

Significant improvements were seen in key areas of maternal and newborn health. The coverage rates of skilled birth attendance increased over time, from 46% to 82% coverage in Aceh Barat, and from 62% to 73% coverage in Aceh Jaya. Antenatal care and post-partum neonatal visits also increased significantly, attesting to the expansion of midwifery services. The proportion of newborns initiating early breastfeeding within one hour increased dramatically, and the coverage of early initiation in Aceh is high (55.6%) as compared to the average from HSP's other partner provinces (27.2%). The prevalence of using modern contraceptives is also showing an upward trend, which is encouraging as Aceh has historically faced challenges in meeting unmet demand for family planning.

In child health, results were more mixed. While diarrhea incidence among children seems to be going down, trends show that gains made after the tsunami in hand washing promotion are not being sustained over time. Still, the proportion of caretakers reporting hand washing with soap in Aceh (24.8%) is higher than the 7.4% of caretakers who reported hand washing in HSP's other five partner provinces. While immunization rates are holding steady, and are an improvement over pre-tsunami rates, DPT coverage is still alarmingly low at around 48.1%. *Posyandu* attendance is also decreasing, indicating that investments in community health services are not being sustained over time. The downward trend in *Posyandu* utilization is similar to the downward trend documented by HSP in five other provinces.



A school handwashing station.



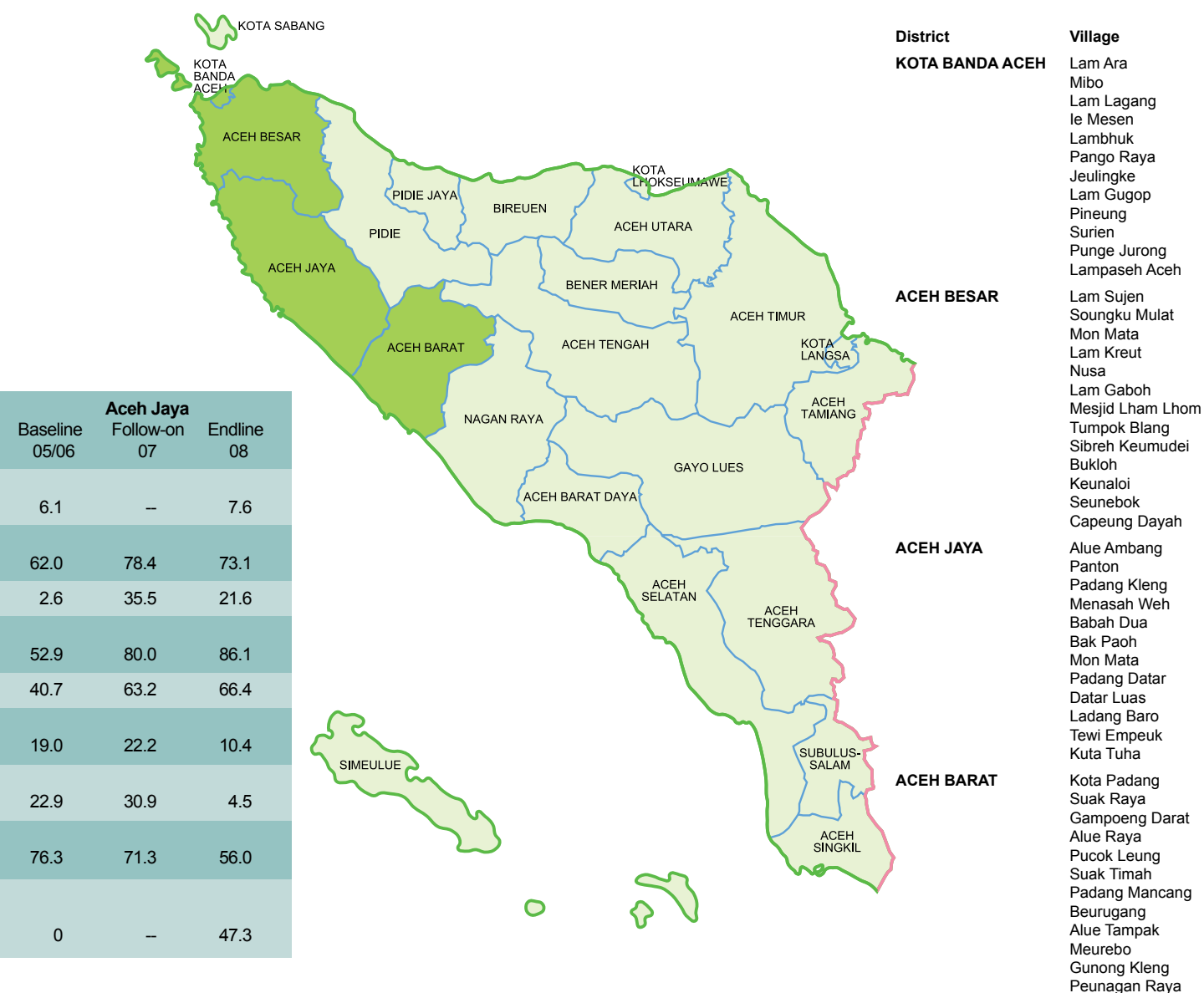
A midwife counsels a client.

Key Results

Indicator	Baseline 05/06	Aceh Barat	
		Follow-on 07	Endline 08
Average number of antenatal contacts with a health provider	6.4	--	7.9
% of deliveries attended by a skilled health personnel	46.3	61.9	82.1
% of newborns initiating early breastfeeding	0	44.4	62.5
% of newborns receiving a neonatal care visit from a health provider in the first week	73.7	84.6	87.4
Modern contraceptive prevalence rate	62.0	77.3	78.2
% of children less than 36 months of age with diarrhea in the past 2 weeks	19.6	20.0	11.4
% of caretakers washing hands with soap at least 3 of 5 critical times	35.9	52.1	28.8
% of under-three children contacting the Posyandu in the last month	64.2	71.9	48.7
% of children age 12-136 months whose KMS card shows 3 DPT immunizations before 1st birthday	47.7	--	48.2



Project Locations



PROMOTING GOOD GOVERNANCE



Aceh has a history of political independence movements that date back to the period of Dutch colonialism. Uprisings for special autonomy started in the 1950's, and in 1976 the Free Aceh Movement (GAM) was founded. Indonesia military operations against GAM were active for more than 15 years, and it was only after the devastation caused by the 2004 tsunami that a historic peace accord was signed. A year later, in Aceh's first direct election, Irwandi Yusuf – once jailed as a GAM rebel – won 40% of the popular vote and was elected Governor of Aceh.

Improving the welfare of his people is Governor Irwandi's top priority. In theory, he has the resources to do so, particularly from gas and oil revenues. But Aceh continues to suffer one of the highest poverty rates in Indonesia, at 26.5%. The Governor also faces a bureaucracy new to managing decentralized health services, and an inexperienced legislature. Still, the Governor's leadership in the areas of policy reform and opening up civil society has created many opportunities to improve health in the province. HSP's assistance has built on a history of USAID investments in civil society approaches to strengthening political and stakeholder commitment to maternal, newborn and child health (MNCH).



Promoting Legal Reform

While Aceh's Law 11/2003 on health mandated that 15% of local APBD revenues be allocated to health, the law was not widely enforced and made no special mention of MNCH. To ensure that the newly-proposed provincial Health Law specifically addressed MNCH, and to lay the groundwork for districts to pass MNCH-specific legislation, HSP partnered with the Aceh Anti-Corruption Movement, or GeRAK. Through a significant process of stakeholder consultation and review, GeRAK submitted a revised health bill to provincial legislators on July 3, 2008, and the full law is now being considered by provincial Parliament and the Governor.

To further institutionalize political commitment for MNCH, HSP engaged GeRAK to work with district MNCH Advocacy teams, which had already been established in all four of the program's partner districts. Advocacy teams are comprised of legislators, members of the executive government – including the district health office, activists from NGOs and faith-based organizations and the media. These teams lobby for district-specific MNCH legislation that further ensures adequate funding levels and health services for mothers and children.

The greatest advancements were made in Banda Aceh, where municipal legislation was introduced through legislative members (DPRD) in July 2008. On August 22, 2008, a floor vote saw unanimous passage of the legislation by all political fractions, with enactment of the law forthcoming. MNCH-specific legislation was also introduced in the districts of Aceh Barat and Aceh Besar, where DPRD members now continue to debate it.

The challenges of making progress on legal reform are many, particularly in a political environment as complex as Aceh. A high turnover in elected officials has posed challenges, as has the overall inexperience of legislators and their lack of awareness about MNCH in particular. But through partners like GeRAK, public support and attention for maternal and child health has increasingly grown in Aceh.



Proposed reforms to the Aceh provincial health law, which now make special mention of MNCH, was published by GeRAK in Aceh's leading newspaper, Serambi, as a way to secure civil society and political support for the proposed law.



Talk with an MNCH Champion

When leaders of the Aceh Anti-Corruption Movement (GeRAK) first heard about plans to advocate around maternal and child health, they weren't so sure that health was the issue for them. "We asked ourselves, why would an NGO focused on addressing corruption want to be involved in maternal and child health issues?" recalls Abdullah Abdul Muthaleb from GeRAK.

But over time, Abdullah became convinced. "As I became aware of how high maternal and infant mortality rates are in Aceh, I came to view it as an incredible corruption of humanity."

As an anti-corruption watch-dog in Aceh, Abdullah says that GeRAK wants to move beyond criticizing the government of Aceh – GeRAK wants to be an integral part of the solution. "We see anti-corruption efforts and initiatives to improve basic services as two sides of the same coin," says Abdullah. "Ensuring appropriate and effective budget allocations for maternal and child health is a part of addressing corruption. And our multi-stakeholder approach means that everything we've achieved has been done in partnership with other members of MNCH advocacy teams across Aceh."

Having an NGO like GeRAK involved has made all the difference. With broad name recognition among the Acehnese people, respect from government partners and a reputation for being effective, GeRAK's involvement in MNCH advocacy has been extremely valuable. Through strong networks among local legislators and NGOs, GeRAK ensures that the province's health legislation has broad stakeholder input, and that broader support for MNCH exists within Aceh's elite legislature.

Through its experience working with HSP on policy reform, GeRAK now has the capacity and interest to assist with legal reform in other districts, and perhaps even other provinces. Says Abdullah, "As advocates for maternal and child health, taking control of funding and fighting for state policies can't be delayed. And there's no such thing as giving up!"

Participatory Learning for MNCH

When the Indonesian government rapidly decentralized Indonesia's health system seven years ago, it was based on a vision of increased equity and utilization of health services. But today, Indonesia's district planners continue to struggle to address their public health problems.

Working closely with the Ministry of Health, HSP invested in the District Team Problem Solving (DTPS) approach to support evidence-based planning and budgeting for MNCH. The DTPS approach is a problem-oriented, rational-analytical planning method that boils down situational analysis and project planning steps to their essential ingredients. Starting in 2006, HSP assisted our four partner districts in Aceh to utilize the DTPS tool for planning and budgeting. The participatory methods made for vibrant planning sessions that gathered the input of a broader range of stakeholders. As a result, funds for MNCH have expanded in each of our four partner districts.

"There's no such thing as giving up!" – Abdullah Abdul Muthaleb



PSYCHOSOCIAL & MENTAL HEALTH PROMOTION



A Public Health Approach

The aftermath of the tsunami brought widespread concern about the psychosocial well-being of Acehese women and children. The region had already seen human rights abuses as a result of a long-standing conflict, and the tsunami's effect on village infrastructure, human resources, the economy, health care, education, family networks and social relations left communities and the health system in an even weaker position to offer psychological and social support to women and children.

Yet today, Aceh leads growing national recognition that for all individuals, mental, physical and social health are vital and closely interwoven strands of life. The province has implemented an integrated public health approach to mental health pioneered globally by the World Health Organization (WHO). Soon after the tsunami, WHO introduced this approach in Aceh through support to Community Mental Health Nursing (CMHN). HSP followed on these efforts, and with partners PULIH and the University of Indonesia (UI) Faculty of Nursing, enabled the health system to offer three levels of mental health and psychosocial care and support:

- At the *Puskesmas* level, HSP supported training for two trained mental health nurses per 30,000 residents in 12 *Puskesmas* clinics. Nurses attended a rigorous and highly structured training program, and then received a high level of supervision from senior mental health nurses from UI.
- At the village level, HSP supported the training of psychosocial volunteers who identify and address the psychosocial needs of vulnerable women and children in 49 villages. Volunteers received training and tools related to psychosocial support from PULIH, as well as ongoing assistance from local Acehese organizations.
- At the district level, HSP renovated and equipped a 10-bed acute care psychiatric unit on the campus of the Jantho district hospital, representing state-of-the-art standards for inpatient mental health care facilities.

Across these three levels of care, nurses are key. They take referrals from community volunteers who identify individuals with a mental illness, offering patients and their families treatment and support to recover from mental illness. They serve as a resource for community programs addressing psychosocial issues such as domestic violence and parenting children. And they provide acute psychiatric care, with quick reintegration back into the community, for individuals experiencing an acute episode of mental illness that requires clinical stabilization. HSP's program has supported basic, intermediate and advanced-level training courses for nurses.

Now, what is different? An external evaluation of HSP's programs led by Colombia University found that 90% of patients and caretakers surveyed in Aceh Besar reported improvements. Social functioning improved to the point that the patient could be left safely home alone, without immediate supervision or confinement. Interestingly, the vast majority (70%) of patients reported having problems before the tsunami – indicating that the tsunami was neither a trigger nor a cause of their mental illness.

Today, the approach is being fully integrated into the Acehese public health system. And because the technical and implementing partners for this initiative are established Indonesian agencies, HSP is confident that the model can be replicated on a wider scale throughout the archipelago.

The Bupati of Aceh Besar presents a certificate of achievement to Community Mental Health Nurses (top), who were trained with HSP support (at right). A psychosocial volunteer shows a booklet she uses to discuss family violence with women (next page).





Supporting Communities to Recover from Crisis

During times of crisis, individuals, families and communities experience stress that can make people vulnerable to psychological problems. Anxiety can manifest as increased family violence, and regressive behaviors in children who then have trouble doing well in school. If left unattended, the numbers of vulnerable people suffering from trauma and psychological problems may increase. With strengthened community support systems, individuals and families can develop coping strategies that help them heal.



In partnership with PULIH, a national leader in community-based psychosocial support programs for communities affected by disaster and conflict, HSP supported a psychosocial approach that strengthened social support systems for women and children. Volunteers identified vulnerable women and children, and provided individual outreach and support. They also arranged for community workshops for women on identifying and dealing with family violence, support for parents through “caregivers groups” that provided information about and skills for parenting troubled children, and encouraged religious leaders to deliver heartening messages that could promote psychosocial healing. HSP and PULIH also partnered with local NGOs concerned about the well-being of children and women to provide ongoing support.

“Through HSP’s program, we became aware of the high levels of family violence that our women friends were suffering,” says Cut Meutia, a psychosocial volunteer from a village in Ulee Kareng. “But we also learned how to help my neighbors communicate with their husbands, and begin to restore harmony in their marriage.” Volunteers like Ibu Cut are strengthening resilience and restoring hope, one village at a time.

It Takes a Village: One Woman’s Story

“Since 2004, I’d been hearing voices in my head,” recounts Ibu Mawar, a resident of Bukloh village in Aceh Besar. “I sought help at the provincial hospital, but nothing seemed to work. At one point, I was taking more than a dozen pills a day.”

Mawar is one of the more than 1,100 individuals who have been treated through the mental health service system developed with HSP’s support in Aceh Besar. The village Mawar lives in is covered by the Suka Makmur *Puskesmas*, which employs three nurses trained in mental health. Since the *Puskesmas* set aside a separate space for mental health nursing a year ago, they have managed 73 cases of individuals with a mental illness.

Mawar’s village also has volunteers trained on psychosocial protection strategies for women and children. “We’ve implemented a number of protection programs for children, as well as promotion programs for women,” explains Ibu Mulyati, one of the village volunteers. “In Mawar’s case, we may accompany the mental health nurse when she makes home visits. And we have worked with Mawar’s sister to provide additional support.”

Mawar explains that she first started seeing Nurse Alfiana about a year ago. “I was put on medication for a while, but over time my doses were decreased. Now I am off of medications completely,” says Mawar. “I continue to teach English at the local primary school, and the village volunteers have been supportive in helping me out personally.”

With the right diagnosis and plenty of community support, Acehnese women like Mawar have been able to reclaim their lives from mental illness.





Restoring Health, Human Rights, and Dignity for the Mentally Ill

The Universal Declaration of Human Rights states that “all human beings are born free and equal in dignity and rights.” Too often this is not the case for the mentally ill, around whom there has long existed a stigma resulting in discrimination and violations of basic rights.

The household-to-hospital continuum of psychosocial support and mental health care has received accolades from many sides, but most importantly has promoted a highly effective system that both prevents mental illness among vulnerable populations, and treats mental illness through appropriate care and medication. Here’s a closer look:

Household: Vulnerable families are identified and given psychosocial support that protects women and children. Families with mentally-ill members are supported to provide the best care at home.



Village: Community programs address psychosocial issues such as gender discrimination, family violence and child protection through venues such as parenting groups and religious leaders. Volunteers raise awareness and reduce stigma about mental illness, and refer people with a mental illness to community mental health nurses (CMHN).



Puskesmas: CMHN nurses offer out-patient mental health care. They conduct home visits, ensure patients receive appropriate medication and provide support to families. When needed, they refer patients for acute care.



District Hospital: People suffering acute mental illness are referred here for short-term care. When they’ve been stabilized, they can go back home, where their families and communities know how to take care of them!

A Model of Acute Psychiatric Care

The newly-renovated acute care psychiatric unit at Jantho Hospital is an integral part of the community mental health referral system. With a design that characterizes the human-rights-based principle of care, the hospital constitutes a paradigm shift from custodial care for mental health, and stands as a model for Indonesia.

The Jantho unit—the first of its kind in Indonesia—offers inpatient mental health services at the district hospital level. People with a high level of acuity can have their condition stabilized quickly, and then receive good continuity of follow-up care through community services delivered by nurses in their home. This makes mental health care cost efficient, as well as effective in terms of human costs.

The ten-bed unit represents state-of-the-art standards for inpatient care facilities, with interactive work stations, tranquil rooms for patients, and “locked down” capacity to respond to care crises. Staffing includes six CMHNs and a GP who have completed an advanced training program. They are supervised weekly by a psychiatrist from Aceh’s provincial mental hospital. Staff have close ties to nurses who work at *Puskesmas*, so that when patients go home, they are linked to ongoing support.

Visitors to the acute care unit will quickly recognize that the facility’s tranquil surroundings provide a therapeutic ambience—in itself an important part of patient care. The unit’s familiar surroundings have a normalizing effect for patients, and the calm and un-obtrusive setting promotes refuge and healing. At the same time, the safe and secure outdoor spaces provide places for patient rest, recreation, exercise and socializing. The exterior of the Jantho unit was designed with support from the Environmental Services Program (ESP), which ensured that issues such as waste disposal, preventing water contamination, vector control, preventing soil erosion and promoting species diversification were addressed. As a result, the Jantho unit is both patient-friendly, and environmentally-friendly!



The Jantho hospital campus (top), and psychiatric unit grounds (above). With a design that encourages interaction between patients and nurses, safety features of the unit include tempered glass windows, and door locks and bathrooms designed to ensure patient safety.

The Jantho acute care psychiatric unit was only achieved through partnerships with other agencies. The UI Faculty of Nursing provided all the technical support to train nurses, and the Bogor Mental hospital allowed Jantho staff to participate in hands-on practicum at their facility. The ADB funded international technical assistance, including expert review of the facility design, and a two-month on-site supervisor from Malaysia. AmeriCares donated \$160,000 worth of fixtures, furnishings and medications.

Indonesia's National Mental Health Conference

It came as no surprise that Aceh was chosen to host Indonesia's Annual Mental Health Conference in June 2008. Over 400 mental health professionals gathered from across Indonesia, giving Aceh the opportunity to showcase its significant accomplishments in developing a human rights-based mental health system.

To that end, the community mental health nursing system and the Jantho acute care psychiatric unit in Aceh Besar figured prominently. During a site visit to the Jantho unit, the Bupati introduced visitors to people who had received treatment through the new system. They spoke of how much their lives had changed, and noted that with families and communities alert to the best ways to offer care, there was renewed hope for all.

The Aceh Declaration on Comprehensive Hospital and Community Mental Health Services, signed by conference participants, underscored the message of hope. The declaration takes a firm stand on "protecting the human rights of people with mental illness and their families [as] both a legal and ethical obligation and a government priority."

DEKLARASI BANDA ACEH tentang

Pelayanan Kesehatan Jiwa yang Menyeluruh dan Terpadu

Menimbang bahwa:

- Gangguan jiwa sudah merupakan masalah kesehatan masyarakat;
- Promosi dan prevensi kesehatan jiwa masyarakat sangat berpengaruh terhadap perkembangan ekonomi dan sosial;
- Hak asasi manusia penderita dengan gangguan jiwa dan keluarganya wajib dilindungi secara hukum dan etik serta menjadi prioritas; dan
- Setiap penderita gangguan jiwa berhak mendapatkan pengobatan dan perawatan yang efektif, efisien, dapat diakses, sesuai dengan kebutuhan dan terjangkau;

Memperhatikan bahwa:

- Telah tercapainya kemajuan yang substansial dalam pengembangan pelayanan kesehatan jiwa masyarakat di Aceh;
- Sistem pelayanan kesehatan jiwa masyarakat sangat bermanfaat;
- Pengembangan pelayanan kesehatan jiwa masyarakat di Nangroe Aceh Darussalam dapat dijadikan model;
- Terdapat tantangan dalam pengembangan pelayanan kesehatan jiwa yang menyeluruh dan terpadu; dan
- Adanya keragaman situasi dan sumber daya di berbagai daerah;

Maka Pertemuan Nasional Kesehatan Jiwa menyatakan bahwa:

- Pengembangan pelayanan kesehatan jiwa menyeluruh dan terpadu merupakan prioritas nasional; dan
- Pemerintah provinsi dan kabupaten/kota di seluruh Indonesia harus segera memulai upaya pengembangan pelayanan kesehatan jiwa yang menyeluruh dan terpadu.

Banda Aceh, 13 Juni 2008

PROTECTION OF VULNERABLE CHILDREN

Strengthening Communities to Protect Children

Where whole districts are recovering from not only 20 years of conflict, but a natural disaster of the magnitude of the 2004 tsunami, activities to protect vulnerable populations like women and children become crucial. In particular, activities that address the cognitive, social and psychological well-being and development of children are key. Psychosocial approaches that work to strengthen community-based responses are most effective, helping teachers, parents and other caretakers to understand and support children's recovery and development.

In Aceh, a number of international agencies took a psychosocial approach to working with children after the tsunami, promoting community-based responses in lieu of institutionalization of vulnerable children in orphanages and boarding schools. In particular, UNICEF supported the Aceh Department of Social Affairs to develop "child centers" in communities hard-hit by the tsunami, with the aim of offering protection programs that developed children's life skills, knowledge and participation, as well as families' capacity to care for them.

When HSP started work in Aceh, a lot of progress had already been made on child protection. In its assessment of outstanding needs, HSP identified the Muhammadiyah network of children's centers as a promising partner. Muhammadiyah is Aceh's largest mass-based Islamic organization, and managed eight of the 21 UNICEF-funded children's centers. The managers of the center in Labui, Aceh Besar, requested that HSP provide technical support for staff to deal with the psychological problems of the 150 children they serve, many of whom had lost parents and family members in the tsunami. Staff needed help addressing issues such as prolonged grief, acting out and school performance.

In response, HSP supported the secondment of an expert from the PULIH foundation to develop an in-service training



program for its staff and volunteers on protection and psychosocial promotion for vulnerable children. Twenty one Labui staff benefited from training over a period of six months and valued the learning so much that they used the PULIH-developed materials to provide similar assistance to other Muhammadiyah child centers in Aceh, with funding support from HSP.

As part of the program, HSP also sponsored Dr. Fauzi Ali Amin, Dean of the Muhammadiyah School of Public Health and Chair of the Muhammadiyah Aceh committee that oversees the Labui Children's Center, to attend the Ninth International Congress on Community Services for Children, Youth and Families with Special Health Care Needs.

The Labui Center stands as proof that when communities are supported to focus on protective social practices that help children enjoy the right to learn, thrive, and experience joy and well-being in a safe environment, the future for every community member looks brighter!

At the Labui children's center, children can take computer classes and check out library books.





A girl presents the Health Committee's recommendations to policy makers (above). Governor Irwandi congratulated the Children's Parliament participants for their inputs and contributions (left).

Good Citizenship Knows No Age



"Because of gender beliefs in Aceh, the community often belittles girls' aspirations," says Putri, a ninth grade student from Banda Aceh. "As a result, some girls put aside their true aspirations, develop low self esteem, and let boys push them around."

Putri spoke while presenting the findings of Committee IV, Gender, during a provincial-level Children's Parliament held in Aceh on April 10, 2008. Putri also noted gender inequities in girls' access to sports facilities, science classes and leadership positions in student government. The representative from the Education Committee described problems with the quality of teachers and school infrastructure, and called on the government to prevent the corruption of scholarships for the poor. The Health Committee voiced similar concerns with access to and quality of health

services, and the overall lack of pediatricians in the province. Across sectors, equity and the welfare of the poor emerged as primary concerns.

And the policy makers of Aceh were listening.

Formally assembled to receive recommendations from the Children's Parliament were the Governor, Head of Provincial Parliament (DPR-A), and the heads of the Provincial Offices of Education, Social Welfare, Health, and Women's Empowerment. Governor Irwandi Yusuf commented that he particularly valued inputs from children, given that their observations and suggestions come from the heart. "Children are the true good citizens. Their recommendations are for the good of the community, with no political intentions." Governor Irwandi called on community participation—including children—to make further progress on his administration's social welfare initiatives.

The Children's Parliament was organized by the Aceh Cultural Institute (ACI), with HSP's support. Founded by the former Minister for Human Rights, Dr. Hasballah Said, ACI designed the Parliament to provide a democratic forum for children to participate in civil society, and to facilitate children's views being delivered to government. Dr. Hasballah noted the importance of children having the opportunity to experience truly participatory and democratic forums from a young age, so that when as adults they hold leadership positions, acting democratically will come naturally to them.

After the event, Putri discussed her positive experience participating in the Children's Parliament. "At school, other kids sometimes make fun of me for talking about gender issues. Here, everyone is equal, and we listened to one another. Half of the members of our gender committee were boys, but they listened to us. They even admitted that boys can be chauvinistic." With spokes-girls like Putri, the future for Acehnese children looks all the more positive.

ENSURING SUSTAINABILITY

Promoting Best Practices

Any time a donor-assisted project ends, there are questions about whether inputs will be sustained. This has been of particular concern in the context of Aceh, where recently-decentralized health services are now managed by district officials with limited experience, and with newly emerging regulatory frameworks.

To ensure a smooth handover of the Aceh program to provincial and district counterparts, HSP supported the NAD Provincial Health Office to host a “best practices” conference as the project was phasing out. Over 300 stakeholders from all 23 of Aceh’s districts attended, representing district health office staff, Parliamentarians, NGO activists, professional associations and health providers. During the conference, participants took part in skills-building sessions on a range of issues: planning and budgeting for health, advocacy, quality assurance, service provision, community mobilization, behavior change communications, and partnerships with the private sector. The conference was designed to allow participants to “track” courses in their specialty areas, with nationally-known resource people. By the end of the two days, district participants had forged relationships between health service providers, local government policy makers, NGOs and the private sector, and left Banda Aceh with a range of tools to improve the health of women and children in their districts.

Representatives from the MOH, NAD Governor’s office, USAID and the NAD Provincial Health Office officially open the NAD “Best Practices in MNCH” conference (upper right).

Dr. Mahlil Ruby gave an engaging presentation on health financing during the plenary session (middle left).

Dr. Gulardi H. Wiknjosastro, director of the National Clinical Training Network (JNPK), presented new evidence on the clinical management of eclampsia. Other JNPK presenters led sessions on the integration of AMTSL with immediate breastfeeding, and quality assurance methods. (middle right).

Over 300 participants attended the conference (below).



Abbreviations and Indonesian Terms

ACI	: Aceh Cultural Institute
ADB	: Asian Development Bank
AIG	: American International Group (a multinational insurance group)
APN	: <i>Asuhan Persalinan Normal</i> (Basic delivery care training for midwives)
BCC	: Behavior change communication
<i>Bidan</i>	: Midwife
<i>Bidan Geutanyoe</i>	: Acehnese for "Our Midwife"
<i>Bikor</i>	: Midwife coordinator
CBT	: Competency-based training
CHC	: Community health committee
CHF	: Community Habitat Finance
CMHN	: Community Mental Health Nursing
DBE2	: Decentralized Basic Education (USAID program)
DPR-A	: <i>Dewan Perwakilan Rakyat Aceh</i> (Aceh Provincial Parliament)
DPDR	: <i>Dewan Perwakilan Rakyat Daerah</i> (Local House of Representative)
DTPS	: District Team Problem Solving (WHO-originated budgeting and planning tool)
ESP	: Environmental Services Program (USAID program)
GAM	: <i>Gerakan Aceh Merdeka</i> (Free Aceh movement)
<i>Gampong SiAGA</i>	: Acehnese for "Alert community" – referring to community birth preparedness and complication readiness program
GeRAK	: <i>Gerakan Anti Korupsi Aceh</i> (Aceh anti-corruption movement)
GP	: General practitioner doctor
HSP	: Health Services Program (USAID program)
IBI	: <i>Ikatan Bidan Indonesia</i> (Indonesian Midwives Association)
IMR	: Infant mortality rate
JNPK	: <i>Jaringan Nasional Pelatihan Klinis</i> (National Clinical Training Network)
<i>Kader</i>	: Village health volunteer, usually at the <i>Posyandu</i>
MNCH	: Maternal, neonatal and child health
MOH	: Ministry of Health
MPS	: Making Pregnancy Safer (MOH national strategy)
NAD	: Nangroe Aceh Darussalam
NGO	: Non-governmental organization
P2KP	: <i>Pusat Pelatihan Klinis Primer</i> (District clinical training center)
PKK	: <i>Pemberdayaan dan Kesejahteraan Keluarga</i> (national women's group promoting family welfare and empowerment)
<i>Polindes</i>	: <i>Pos Persalinan Desa</i> (Village birthing facility)
<i>Posyandu</i>	: <i>Pusat Pelayanan Terpadu</i> (Integrated community health post)
PPNI	: <i>Persatuan Perawat Nasional Indonesia</i> (Indonesia Nurses Association)
PPP	: Public-Private Partnership
<i>PromKes</i>	: <i>Promosi Kesehatan</i> (Health Promotion Unit of the MOH)
PULIH	: National NGO specializing in psychosocial recovery
<i>Puskesmas</i>	: <i>Pusat Kesehatan Masyarakat</i> (sub-district health facility)
SBA	: Skilled birth attendance
UI	: University of Indonesia
UNICEF	: United Nations Children's Fund
US	: United States
USAID	: United States Agency for International Development
WHO	: World Health Organization

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Heaven lies under a mother's feet.

– Indonesian expression taken from the Haditz

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