Code/Field of Science:
351/Kesehatan Masyarakat

RESEARCH PROPOSAL
INTERNATIONAL RESEARCH COLLABORATION
AND SCIENTIFIC PUBLICATION

IMPROVING MATERNAL HEALTH SERVICES IN REMOTE RURAL AREAS THROUGH A SHELTER MODEL AS WELL AS MID-LEVEL PROVIDERS INVOLVEMENT

RESEARCH TEAM

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UNIVERSITAS MUHAMMADIYAH YOGYAKARTA
MAY, 2016

HALAMAN PENGESAHAN
PENELITIAN KERJA SAMA LUAR NEGERI DAN PUBLIKASI INTERNASIONAL

Title of Research	:	Improving Maternal Health Services in Remote Rural Areas through a Shelter Model As Well As Mid-Level Providers Involvement
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Year of research	:	2017 (First/~~Second/..~~)
Total research funds	:	Rp. 635.500.000,- (USD 45,393)
Research funds of current year	:	Rp 209.500.000,-(USD 14,964)
- proposed to DRPM	:	Rp 199.500.000,-(USD 14,250)
- Internal univ. fund	:	Rp 10.000.000,-(USD 714)
- Others	:	-
- *in kind*	:	Authorship property, Intelectual property

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IDENTITY AND GENERAL INFORMATION

1. Research Title : Improving Maternal Health Services in Remote Rural Areas through a Shelter Model As Well As Mid-Level Providers Involvement
2. Researchers

No	Name	Position	Expertise	Institution	Allocated Time (hour/week)
1.	Dr.dr. Arlina Dewi, M.Kes	Principal	Public Health (Management Health Services, rural problem)	UMY	10 hours/ week
2.	Dr.dr.Sri Sundari, M.Kes	Member 1	Medical Education	UMY	8 hours /week
3.	dr.Supriyatiningsih, Sp.OG, M.Kes	Member 2	Maternal Health	UMY	6 hours /week

3. Research Object (type of materials):
    - Quality of Shelter
    - Training modul for Mid-Level Provider
4. Time/Period
   Starts : month : March year: 2017
   Ends : month : October year: 2019
5. The Proposed Budget to Directorate General of Research and Development
    - Year 1 : Rp 199.500.000,-
    - Year 2 : Rp 199.000.000,-
    - Year 3 : Rp 199.500.000,-
6. Research Location (~~lab/studio~~/field) : Indonesia (South Sulawesi)
7. Research Partner (if any, mention its contribution)
    - Muenster University : develop MLP training model
    - 'Aisyiyah-Muhamadiyah National Board : person who have willingness to be MLP
8. The targeted findings (explanation, method, theory, or anticipation contributed to the field of study)
    - Unequally distribution of health infrastructures and facilities as the cause of the big disparities of healthcare services' distribution between islands in Indonesia.
    - The limitation of health infrastructures and human resources in remote rural areas in Indonesia leads to high mortality rate especially for mother and children.

- The models of shelters (maternity shelters) with mid-level providers (MLP) could be one of the solution to improve primary healthcare services in remote rural areas (underserved areas) and improve community based healthcare in those areas.
- The models shelters with mid-level health providers can be used a bridging to reduce the gap of healthcare services disparities.

9. The basic contribution to the field of study (explain in not more than 50 words, focus onoriginal and fundamental ideas supporting the development of science and technology)
   Reducing maternal mortality rate through developing maternity shalter model and capacity building for Mid-Level Provider
10. The targeted journals (write the name of the international journal, accredited national journal, or non-accredited, and state the year of publication.
    - Obstetrics, Gynaecology and Reproductive Medicine (Unted Kingdom) **Publisher**: Churchill Livingstone. **Publication type**: Journals. **ISSN**: 18793622, 17517214 **H Index**: 13
      Target Publication : 2018
    - Journal of Public Health Management and Practice (United States**)** Publisher**:** Lippincott Williams and Wilkins**.** ISSN**:** 15505022, 10784659, H Index**:** 35
      Target Submit : 2019
11. Plan for Intellectual Property Right, book, prototype or other targeted outcomes, the targeted year or the completion year
    1) Book (monograph) : Mid Level Provider Training Module in Maternal Health
       Target Publication : 2017
    2) Book (monograph) : Best practice Maternal Health: shelter model in remote area
       Target Publication : 2018
    3) Prototype Property Right : Shelter Model for Maternal Health Services in Remote Area
       Target : 2019

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ABSTRACT

One of the objectives in Milennium Deveopment Goals (MDGs) is decreasing maternal mortality rate (MMR). Currently, by the end of MDGs in 2015, MMR in Indonesia is recorded at 359, out of the target that it should be decreased to 102. This resarch is a multy years program, aiming at reducing maternal death by providing sheltes services in rural areas.

There are many methodologies will be used during the period of research. The methodology of qualitative study and an experiment approach will be implemented. In the first year, qualitative study will be designed as a need assessment tool before developing the program further. In the initial year, the researcher from Germany wil develop a training modul to be used in an experimental study for the Mid-Level Providers (MLP). In the second year, an experiment research were planned by conducting a shelter model pilot project and training modul for MLP. The result of this trial will be evaluated and discussed qualitatively with policy makers, communites, and users on national conference with Germany research partner. The evaluation from the second yea then will be a concern to conduct a qualitative study in the final year for model redevelopment and national conference dissemination.

The output in year 1 and 2 are international publications (Obstetrics, Gynaecology and Reproductive Medicine, submit 2017 and published 2018**;** Journal of Public Health Management and Practice submit 2019); two books (Mid Level Provider Training Module in Maternal Health, published 2017 and Best practice Maternal Health: shelter model in remote published 2018) and invited speaker in scientific international forum. In the third year, in addition to international publications as well as keynote speaker and prototype property right shelter model for maternal health services in remote areas.

The whole research will be held in the remote rural districts of South Sulawesi, namely in district Wajo, Gowa, and Bulukumba.

Key words: maternal health, shelters, rural areas, mid-level providers

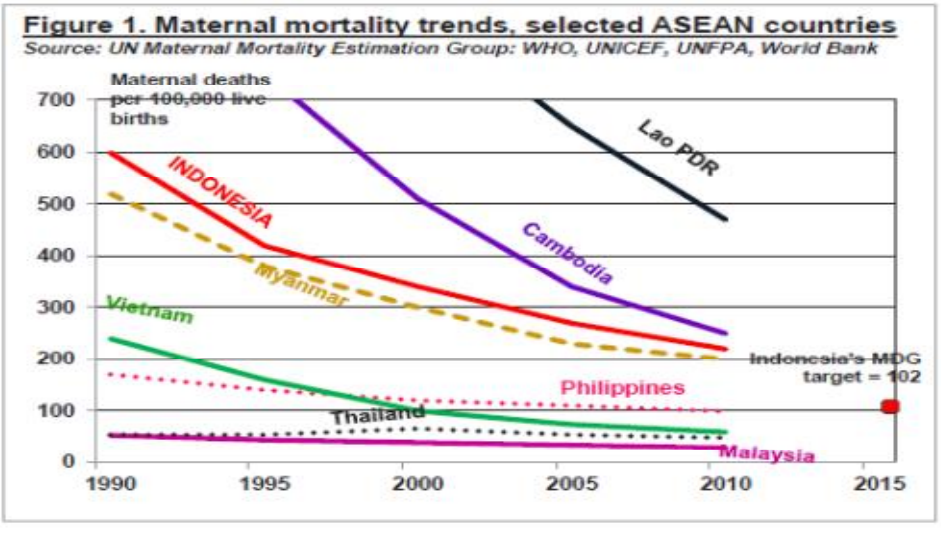
Chapter I
INTRODUCTION

Background of this research is distribution of health workforces between rural and remote areas became main topic in many developing countries. Another hand are the unequally distribution of health infrastructures and facilities as the cause of the big disparities of healthcare services' distributions between Islands in Indonesia. Healthcare services should be equal everywhere to reduce health outcomes disparities in one country. The limitation of health infrastructures and human resources in underserved areas in Indonesia leads to high mortality rate especially for mother and children.

Indonesia's progress on maternal health, the fifth Millennium Development Goal (MDG), has slowed in recent years. Its maternal mortality ratio, estimated at around 228 per 100,000 live births, has remained stubbornly above 200 over the past decade, despite efforts to improve maternal health services. Poorer countries in the region show greater progress in this regard (Figure 1) (UNICEF, 2013).

Figure 1. Maternal mortality trends, selected ASEAN countries

Source: UN Maternal Mortality Estimation Group: WHO, UNICEF, UNFPA, World Bank



Urgency of this research is regarding the fact that until the end of Millennium Development Goals in 2000-2015, maternal mortality rate in Indonesia is still very high at 359. The figures 1 indicate that the target is not reached during the 15 years of development. Target post-Millennium Development Goals on maternal mortality rate

in Indonesia is 102 (WHO,.2013). It means that Indonesia is even worse than the poorest countries in ASEAN, such as East Timor, Myanmar and Cambodia.

Indonesia has now been predicated underdeveloped in Asia in protecting maternal health. Emergency maternal mortality should be terminated with the seriousness of improved policies, budgets and immediate action (BKKBN, 2013). Supratikto *et.al* (2002) showed between 1995 and 1999 the audit reviewed 130 maternal deaths. The leading causes of death were haemorrhage (41%) and hypertensive diseases (32%). Delays in decision-making and poor quality of care in health facilities were seen as contributory factors in 77% and 60% of the deaths, respectively. Indonesia has a long history of unequal infrastructure development, physician shortage und uneven distribution of medical personal between urban and rural area. The side effect of huge disparities of distribution is assumed to contribute to the persistently high neonatal and maternal mortality rates (MoH, 2014).

The models of shelters with mid-level providers could be one of the solutions to improve primary healthcare services in underserved areas and improve community based healthcare in those areas. We wish to introduce a model of maternity waiting shelter and mid-level providers to solve of the urgent problem. The limitation of health professionals in remote rural areas are big issues that must be solved. The MLP's programme are the type of programme that improves the quality and quantity of human resources in remote rural areas (WHO, 2015). The MLP's programmes are planned to be a sustainable programmes that improve the local communities to participate in the healthcare system. Those model can reduce the facilities barriers and in healthcare services and improve the health outcomes for mother and children. The contribution of researchers in solving the problems:

1. For researchers Indonesia (UMY): expected to do need assessment, develop and test entrepreneurial models with quality standard for maternity shelter that are responsive to community needs, operationally and financially sustainable and effective in increasing access to quality facility delivery among the most vulnerable women.

2. For German researchers (Muenster University): expected to develop strengthening the workforce with mid-level health providers (MLP). Design of MLP will be the responsibility of Germany researchers. MLP design will be involved in shelters.

The aim of research is to reduce the gap of healthcare services disparities which contribute to the Maternal Mortality Rate.

The potential results to be obtained by the end of this study are:

1. To design a suit and sustainable programmes with Mid-Level Health Provides that will be arranged for underserved area with high maternal and infant mortality rate.
2. The model of a shelter with MLP aim to improve both access and quality of healthcare services especially for mother and children in underserved or remote areas.
3. To empower the community health of rural or remote areas through the model of shelter with MLP

The importance to conduct the research with foreign partners because of maternal mortality rate is one of the global indicators which very important in the era of Millennium Development Goals that ended in 2015 and will be implemented a Sustainable Development Goals starting in 2016-2031. On the basis of these reasons, we need to learn from country that has successfully built on maternal health that has number very low maternal mortality. Countries that have the concept of a comprehensive maternal care are United Kingdom, Germany, Australia, Netherlands and United States. They can reduce the maternal mortality rate to less than 25 (WHO, 2013).

We choose Germany because we have cooperation with the Center for Parents, Children, and Youth Medicine, Muenster University Hospital, Germany. We have conducted cooperative research and community services in 2016 with the title: “A comprehensif approach of maternal health : reducing maternal mortality rate by developing health resources, access, and management” (Germany experts : Prof. Jorg Haier and Evelyn Reinke).

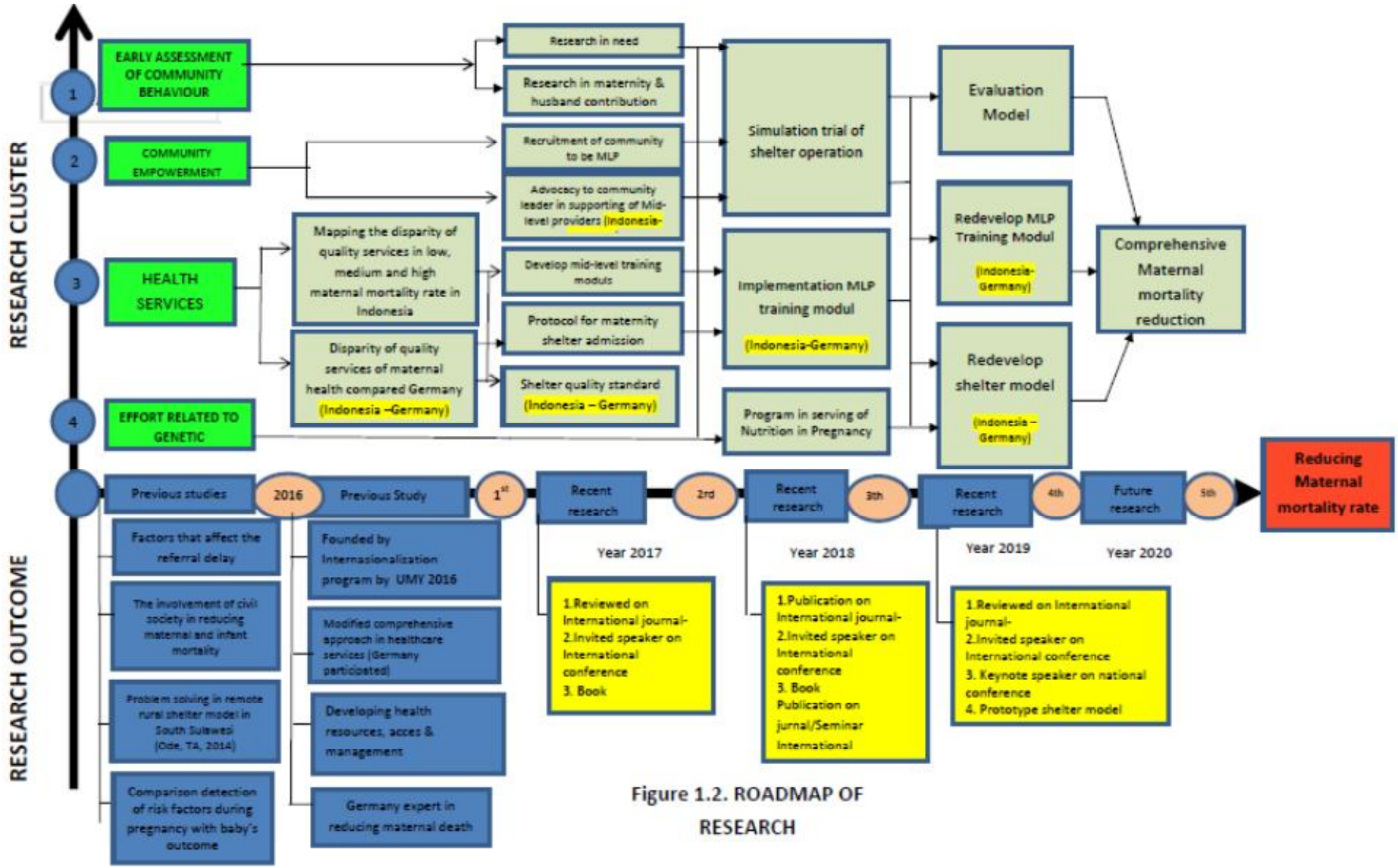


Figure 1.2. ROADMAP OF RESEARCH

Table 1.1. Outcome Planning

No	Type of Outcome		Indicator		
			CY	CY+1	CY+2
1.	Scientific Publication	International	1(reviewed)	1(published)	1(reviewed)
		National-Accredited			
2.	Invited speaker in scientific forum	International	1	1	1
		National			
3.	Keynote speaker in scientific forum	International			
		National			1
4.	Visiting lecturer	International			
5.	Intellectual Property Right	Patent			1
		Simple Patent			
		Copy Right	1	1	
		Trade Mark			
		Trade Secret			
		Industrial Product Design			
		Geographical Indication			
		Plant Variety Conservation			
		Integrated Circuit Topography Conservation			
6.	Intermediate Technology				
7.	Model/Prototype/Design/Art/Social Engineering		-	-	1
8.	Book (ISBN)		1	1	
9.	Technological Readiness Level (TRL)		-	-	-

Chapter II

LITERATURE REVIEW

Scarcity and uneven distribution of health workforces between rural and remote areas became main topic in many developing countries (WHO 2015). Another hand are the unequally distribution of health infrastructures and facilities as the cause of the big disparities of healthcare services' distributions between Islands in Indonesia (MoH 2014). The limitation of health infrastructures and human resources in underserved areas in Indonesia leads to high mortality rate especially for mother and children (ibid). That bad outcomes can be avoided with the development of health facilities and human resources in selected areas. The models of shelters with mid-level providers could be one of the solutions to improve primary healthcare services in underserved areas and improve community based healthcare in those areas.

Figure 2.1: Indonesian Healthcare System Challenges

Rising Population	**Shortage und unequal distribution of medical personal between cities and remote areas**	**Highly centralized advanced healthcare in the main cities**
Double Burden Diseases (communicable and non-communicable diseases)	**Geographical Barriers**	**Growing demand of hospital beds**
High neonatal and maternal mortality rate	**Uneven distribution of quality healthcare**	**Increase health expenditures**

(Source: own presentation original source from MoH, 2014)

The model shelters with mid-level health providers can be used as a bridging to reduce the gap of healthcare services disparities. The most of mother and children mortality rate in underserved areas are happened because of the late of interventions. The complication of pregnancies can be helped with the quick and right intervention from health professionals. The limitation of health professionals in underserved areas

are big issues that must be solved. The MLP's programme are the type of programme that improves the quality and quantity of human resources in underserved areas (WHO 2013). The MLP's programmes are planned to be a sustainable programmes that improve the local communities to participate in the healthcare system. The local people will be selected and trained as MLP and they will be a key person of the communities to improve communication between health professional and communities in remote areas. The local person as MLP has many advantages because they know better the cultural sensitive issues, and how to communicate and get the trust from the local communities. The trust can be used to transfer the knowledge of health issues especially in primary health care to the communities.

2.1. Mid-Level Providers (MLP)

According to the WHO, there are several working definitions of Mid-Level Providers (MLP) that will be used. MLP are health workers

a. Who are trained, authorized and regulated to work autonomously;
b. Who have received pre-service training at a higher education institution for at least 2-3 years;
c. Whose scope of practice includes (but is not restricted to) being able to diagnose, manage and treat illness, disease and impairments (including perform surgeries, where appropriately trained), prescribe medicines as well as engage in preventive and promotive care (WHO 2010, S. 8).

Another definition is from Lehmann (2008) : "*Mid-level practioners are front-line health workers in the community who are not doctors, but who have been trained to diagnose and treat common health problem, to manage emergencies, to refer appropriately, and to transfer the seriously ill or injures for further care*" (WHO/WPRO 2001 in Lehmann 2008:1). From those definitions can be summarized that MLP have big influence of healthcare services in developing countries especially in underserved areas. MLP can work as community health workers in the communities. They will be members of the communities their work and would be selected by the communities. They should be answerable to the communities for their

activities and should be supported by health system but they are not necessarily be part of its organization and get shorter training than professional workers. (Lehmann, Uta 2008; Eco,Umberto, 2010; Sanberg, e al 2012).

Figure 2.2 Worldwide physician deficit and uneven distribution of medical personals between remote/Rural and city

No	country	Population vs. physicians
1.	Bangladesh	30% of nurses in four metropolitan districts where 15% of population lives
2.	South-Africa	17% doctors; 27% general practitioners; 25% medical specialists; 7% dentists; 6% phycologists in rural area where 46% of population lives
3.	Kenya	64% of psychologist in Nairobi where only 7,5% of population lives
4.	USA	9% of registered physicians in rural areas where 20% of population lives
5.	Canada	9,3% of physician workforce in rural areas where 24% of population lives

(Source: WHO 2010: 11)

Several benefits that can be got with the implementation of MLP's programmes, such as (Egger, et al, 2012) :

- MLP improves Access to Healthcare services (overcome the geographical barriers)
- MLP improves equity and equality in Healthcare services
- MLP improves the health outcome for the communities
- MLP reduces mother and child mortality and morbidity rate
- MLP is a key for primary healthcare services
- MLP can reduce cost in healthcare system

With MLP's programmes should improve the accessibility, affordability and quality of healthcare services and bring improvement in healthcare management.

Death of women from complications of childbirth remains a major global health problem. In 2010, nearly 300,000 women died in childbirth, the vast majority in developing countries. The maternal mortality ratio—deaths associated with

pregnancy or childbirth per 100,000 live births—has proven to be one of the most intractable health indicators in the developing world. Few resource-limited countries have made significant progress toward the Millennium Development Goal 5 target to reduce the maternal mortality ratio by 75% between 1990 and 2015. Lesotho, for example, has one of the highest maternal mortality ratios in the world—in fact, the maternal mortality ratio increased from 237 to 1155 per 100,000 live births between 1990 and 2009 (Hogan *et al*, 2010; MOHSW, 2010). In contrast, almost all resource-rich countries have less than 10 maternal deaths per 100,000 live births.

Common causes of maternal death in resource-limited settings include obstetrical hemorrhage, peripartum infections, eclampsia, and obstructed labor (WHO, 2005). The majority of these deaths can be prevented with timely access to emergency obstetrical care. However, in resource-limited settings, many deliveries occur at home, often aided by a traditional birth attendant or family member without the skills or the equipment to respond effectively to obstetric emergencies. The geographic distance between women's homes and the nearest health facility can also magnify the problem. In a setting like rural, where women must traverse mountainous terrain to reach a facility with obstetric services, the delay can be significant. If a woman experiences a complication with rapid onset, even a delay of several hours can be fatal. Such emergencies often cannot be easily predicted.

Maternity waiting homes (shelters) are built near a facility with essential obstetric services and allow pregnant women to travel there several weeks before delivery, wait for the onset of labor, and be quickly transferred to the facility for safe delivery. Waiting homes have been introduced in many developing countries, but their efficacy in decreasing maternal mortality remains controversial. In our experience, maternity waiting homes can be an extremely effective intervention, but only if they are part of a larger, comprehensive strategy to increase access to maternal health services. This strategy requires decentralizing primary health care services to bring skilled obstetric care closer to women in rural areas as well as the use of community health workers to identify pregnant women and accompany them to the facility for care (Satti H, *et al*, 2012)

2.2 A HISTORY OF MATERNITY WAITING HOMES (SHELTERS)

Maternity waiting homes/shelters are not a new idea. Since the early 20th century, waiting homes have existed in the United States and Europe, particularly in remote rural areas where women have limited access to an obstetric facility. Maternity waiting homes began to be introduced into developing countries in the 1960s. Though the World Health Organization has provided broad guidelines of what should be included in maternity waiting homes, significant variation exists in how they have been implemented. Waiting homes have also differed in terms of whether food, water, and other necessities are supplied, and whether family members are also accommodated (Wild K, 2012).

Historically, maternity waiting homes have been part of a maternal mortality reduction strategy focused on risk screening to identify women who should receive facility-based intrapartum care. In this model, women at high risk for complications (e.g. previous postpartum hemorrhage, previous cesarean section, age > 35 years) are encouraged to stay in a waiting home built near a hospital with emergency obstetric care several weeks before the onset of labor (WHO, 2005). One rationale for risk screening is that it prevents hospitals from being overwhelmed with patients who could safely be managed at the health center level. In most settings, maternity waiting homes have been constructed near rural hospitals rather than health centers.

The high-risk screening strategy, however, has proven to be largely ineffective because complications are difficult to predict (Campbell OM, 2001; Graham W, 2000). The majority of complications arise in pregnancies initially identified as low-risk. Even in a low-risk population, an estimated 15-20% of pregnancies will result in complications requiring treatment at a facility with comprehensive essential obstetric care (WHO, 2005). Maternity waiting home programs that focus on risk screening fail to account for women with low-risk pregnancies who end up facing an obstetric emergency at home far from facility-based delivery care.

Chapter III
RESEARCH METHODOLOGY

Currently, the team is investigating maternal health service quality ini collaboration with Muenster University, Germany. The study consist of health infrastructure, human resources, the areas whih are overed by the services and funding resources. The result with giving emphasize on the real condition of maternal health status within that area. Furthermore, there are many shelters in South Sulawesi, such as Gowa, Wajo, Bulukumba district. It is served by the local government and had run for about several months. The currents shelters would be a starting point assest in conducting need assessment before proceeding to the next step of the program.

During the first year, an early assessment will be conducted to explore the socio cultural that might be affected the use of the shelters. These socio cultural aspect are covering women and husband views of benefiting the maternity shelters. The study will also examine the health providers views during the services. To support a successfull services, the team will develop a MLP training modul. This basicly contains any skills the MLP should be trained, such as identifying when they should contact the hospital for a maternal emergency. During the first year period, an experimental study was designed aiming for model trial before applicated in the districts.

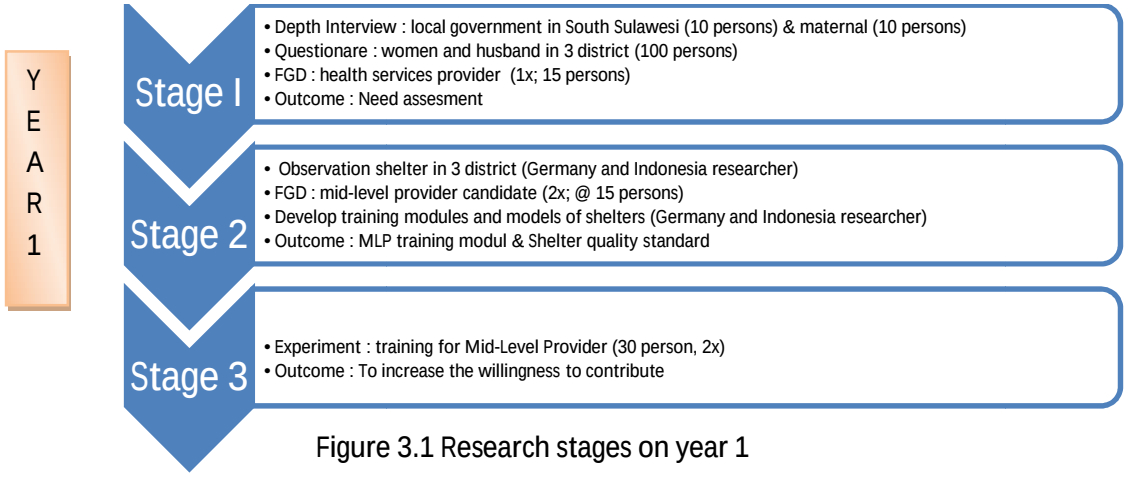


Figure 3.1 Research stages on year 1

Year 2, the research process followed by pilot project a shelter model and training modul for MLP. Prior to the pilot project, it is scheduled for a training for trainer program togather with the team from university partner in Germany. The result of this trial will be evaluated and discussed qualitatively with policy makers, communites, and users (MLP and maternal). Output in year 2 are the result of evaluation program and the reduction in the number of maternal death in this trial location.

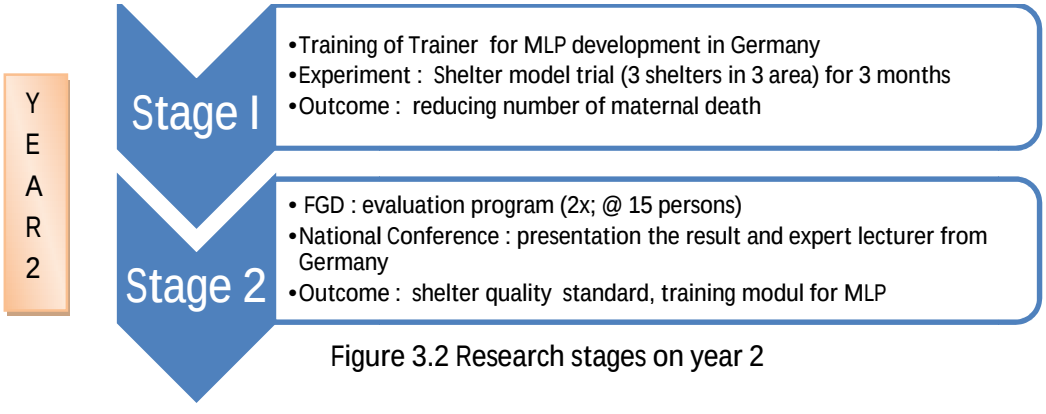


Figure 3.2 Research stages on year 2

In the 3rd year, will be carried out a mixed model (qualitative study and experiment) on the evaluation model for redevelopment shelter dan MLP training modul. Output in this stage is suistanable program, especially operational and financing issues. Thus, it is designed for a capacity building program for shelter management training for the local governments, particularly those who worked under the local health offices.

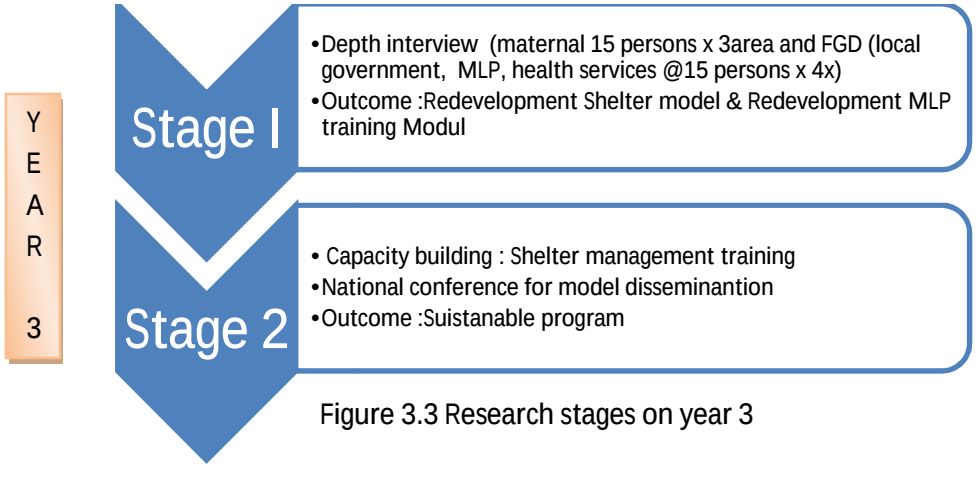
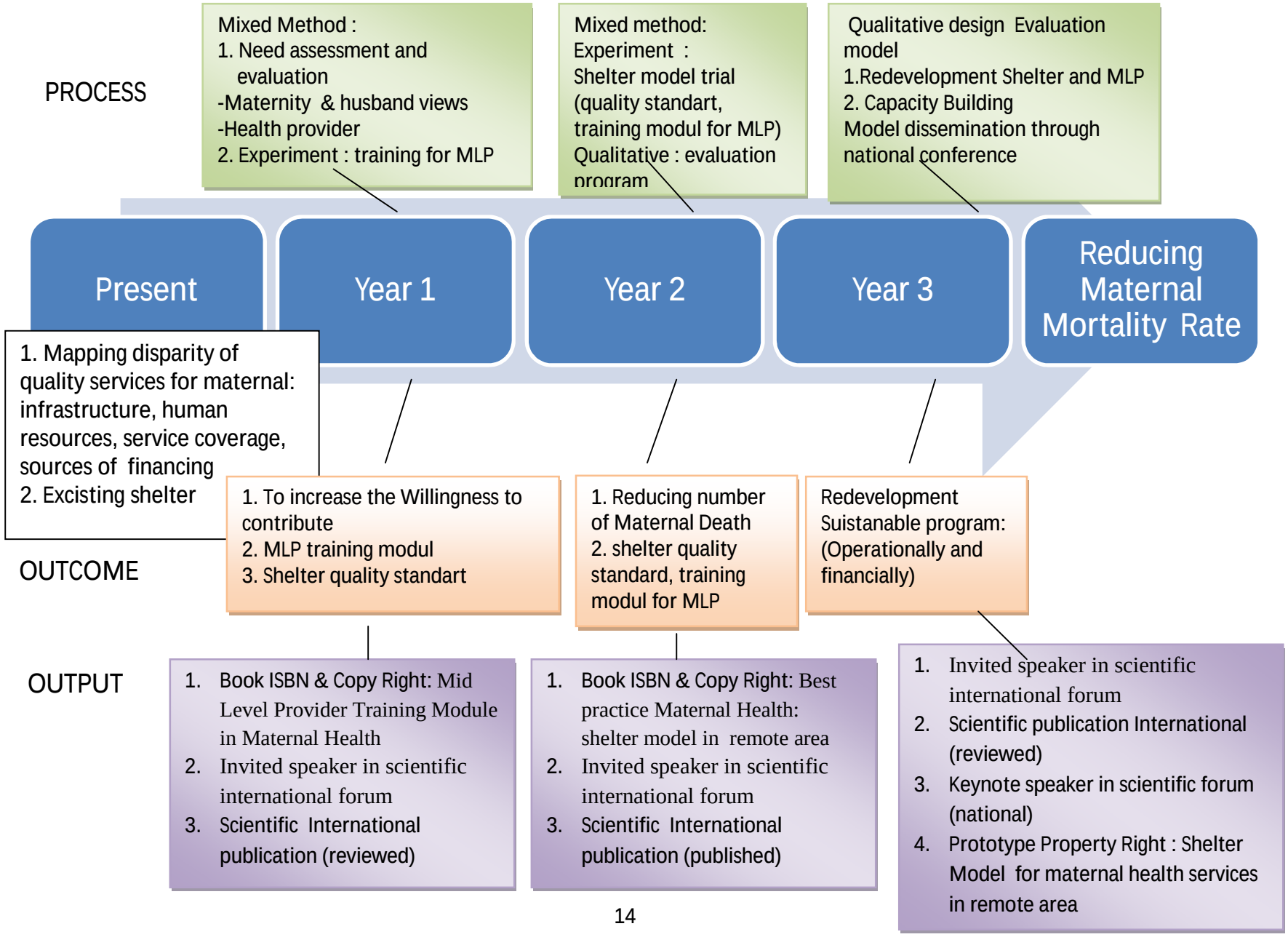


Figure 3.3 Research stages on year 3

Figure 3.4 Research Process, Outcome and Output



Chapter IV
RESEARCH BUDGET AND TIME SCHEDULE

4.1 Research Budget

Table 4.1. Budget Summary

No	Type of expenditure	The proposed fee (Rp)					
		Year 1		Year 2		Year 3	
		Rp	%	Rp	%	Rp	%
1	Honorarium	28,800,000	14	28,800,000	14	28,800,000	14
2	Direct expenses	89,700,000	45	93,700,000	47	83,200,000	42
3	Travel expenses	75,000,000	38	72,000,000	36	74,000,000	37
4	Leasing	6,000,000	3	4,500,000	2	13,500,000	7
		199,500,000		199,000,000		199,500,000	

4.2 Time Schedule

NO	Activity	YEAR 1												YEAR 2												YEAR 3											
		1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
1	Meeting to prepare the research among researchers (sample, questionare, etc)																																				
2	Ethical clearance and renew																																				
3	Research permit by Local Government																																				
4	Recruitment and training surveyor																																				
5	Data collection (Primary and secondary Data)																																				
6	In depth interview																																				
7	Focus Group Discussion																																				
8	Data analysis																																				
9	Develop training MLP modul and Shelter Model (German-Ind)																																				
10	Experiment: training for MLP																																				
11	TOT for MLP Development in Germany																																				
12	Shelter Operation trial																																				
13	Capacity Building (shelter management training)																																				
14	Book : published ISBN & Copy Right																																				
15	Call for paper (international Conference)																																				
16	National Conference (Expert lecturer and presentation the result)																																				
17	National Conference for Model dissemination																																				
18	Prototype Property Right : shelter model																																				
19	Preliminary reports (70%)																																				
20	Seminar result																																				
21	Publication (reviewed International Journal)																																				
22	Publication (published International Journal)																																				
23	Draft Final Report (90%)																																				
24	Reporting (100%)																																				
25	Maintenance and improve shelter model and MLP																																				

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LAMPIRAN 1

Research Budget

1.Honorarium

Honor	Honor/hour (Rp)	Time (hour/ week)	Week	Honor/Year		
				Year 1	Year 2	Year 3
Researcher 1	50000	10	24	12,000,000	12,000,000	12,000,000
Researcher 2	50000	8	24	9,600,000	9,600,000	9,600,000
Researcher 3	50000	6	24	7,200,000	7,200,000	7,200,000
Subtotal (Rp)				28,800,000	28,800,000	28,800,000

2.Direct Expenses

Material	Justification	Quantity	Unit cost (Rp)	Price		
				Year 1	Year 2	Year 3
Consumables 1	Questionare (Stage 1 2017)	100 persons	25,000	2,500,000		
Consumables 2	Depth interview (stage 1 2017)	20 persons	300,000	6,000,000		
Consumables 3	Focus Group Discussion stage 1 2017 (health services provider)	1 event	10,000,000	10,000,000		
Consumables 4	Focus Group Discussion stage 2 2017 (MLP)	2 event	10,000,000	20,000,000		
Consumables 5	Training MLP	2	10,000,000	20,000,000		
Consumables 6	Shelter model (subsidize)	3	7,500,000	22,500,000		
Consumables 7	Focus Group Discussion stage 1 2018 (MLP)	2 event	10,000,000		20,000,000	
Consumables 8	Shelter operation (subsidize) 3 month	3 shelter*3	5,000,000		45,000,000	
Consumables 9	National conference stage 2 2018	1 event	20,000,000		20,000,000	
	(UMY subsidized)				(15,000,000)	
Consumables 10	Depth interview (stage 1 2019)	45persons	300,000			13,500,000
Consumables 11	Focus Group Discussion stage 1 2019	4 event	10,000,000			40,000,000
	National conference (Stage 2 2019)	1 event	20,000,000			20,000,000
Consumables 12	Publication journal				15,000,000	

Consumables 13	Invited speaker in International conference	1 person	7,500,000	5,000,000	5,000,000	5,000,000
	UMY susidized			(5,000,000)	(5,000,000)	(5,000,000)
Consumables 14	Publication Book	100 exp	75,000	7,500,000	7,500,000	
	UMY susidized			(5,000,000)	(5,000,000)	
Consumables 15	Prototype Property Right	1	5,000,000			6,000,000
	UMY susidized					(2,500,000)
Consumables 16	Communication cost	6 months	500,000	3,000,000	3,000,000	3,000,000
Consumables 17	Corespondence	6 months	200,000	1,200,000	1,200,000	1,200,000
Consumables 18	Lisensi		1,000,000	1,000,000	1,000,000	1,000,000
Consumables 19	Report		1,000,000	1,000,000	1,000,000	1,000,000
Subtotal (Rp)				89,700,000	93,700,000	83,200,000

3. Travel Expenses

Material	Justification	Quantity	Unit cost (Rp)	Price		
				Year 1	Year 2	Year 3
Travel 1	Jogya-Makasar-Pinrang-Gowa/Wajo/Bulukamba-Jogya (Stage 1,2,3 2017)	2 person*3xpp	3,000,000	18,000,000		
Travel 2	Accomodation (stage 1,2,3 2017)	2 person*25 day	500,000	25,000,000		
Travel 3	Muenster-Jogya-Makasar-Pinrang-Gowa/Wajo/Bulukamba-Muenster(Stage 2 2017)	1 person	25,000,000	25,000,000		
Travel 4	Accomodation (researcher from Germany) (Stage 2 2017)	1 person*7 days	1,000,000	7,000,000		
Travel 5	TOT MLP (Jogya-Muenster-Jogya)	1 person*5 days	20,000,000		20,000,000	
Travel 6	Jogya-Makasar-Pinrang-Gowa/Wajo/Bulukamba-Jogya (Stage 1, 2 2018)	2 person*3xpp	3,000,000		18,000,000	
Travel 7	Accomodation (stage 1,2 2018)	2 person*7 day	500,000		7,000,000	
Travel 8	Muenster-Jogya-Makasar-Muenster(Stage 2 2018)	1 person	25,000,000		25,000,000	
Travel 9	Accomodation (expert from Germany) (Stage 2 2018)	1 person*2 days	1,000,000		2,000,000	
Travel 10	Jogya-Makasar-Pinrang-Gowa/Wajo/Bulukamba-Jogya (Stage 1 2019)	2 person*7xpp	3,000,000			42,000,000
Travel 11	Accomodation (stage 1 2019)	2 person*28 day	500,000			7,000,000
Travel 12	Muenster-Jogya-Muenster(Stage 2 2019)	1 person	20,000,000			20,000,000
Travel 13	Accomodation (expert from Germany) (Stage 2 2019)	1 person*5days	1000000			5000000
	Subtotal (Rp)			75,000,000	72,000,000	74,000,000

4.Leasing						
Budget Item	Justification	Quantity	Unit cost (Rp)	Price		
				Year 1	Year 2	Year 3
Leasing 1	Building rental (for FGD) Stage 1, 2 2017	4 days	1000000	4,000,000		
Leasing 2	Building rental (for FGD) Stage 2, 2 2018	3 days	1000000		3,000,000	
Leasing 3	Building rental (for FGD) Stage 1, 2 2019	9 days	1000000			9,000,000
Leasing 4	Vehicle rental 2017	4 days	500000	2,000,000		
Leasing 5	Vehicle rental 2018	3 days	500000		1,500,000	
	Vehicle rental 2019	9 days	500000			4,500,000
			Subtotal (Rp)	6,000,000	4,500,000	13,500,000
TOTAL (Rp)				199,500,000	199,000,000	199,500,000

Lampiran 2

In developing this research, there are current shelters provided by the local government in the districts of Wajo, Gowa, and Bulukumba, but the condition are understandart. There are also volunteer to assist with the daily routine activities in the shelters.

However, these shelters have not yet developed tools to asses incoming pregnant women that should be received shelters's services. This is important, as the shelters number are limited and they who benefited from the shelters should be the right population. Thus, it is needed a module as a screening tools for the shelters attendants.

Another tools that the research needed is the module for MLP training. As the MLP comes from the community with different education background, it is needed to assess their current capacity and to what extend the training could be improve their skills as an MLP.

The expert on MLP training will be from Germany partner and they will responsible for the developing of the module. Moreover, the workshop on how to implement the module would also very essential, thus, Germany researchers should provide support for this.

Lampiran 3

Organizational Structure and Tasks

No	Name/NIDN	Institution	Field	Allocated Time (hour/week)	Tasks
1.	Dr.dr. Arlina Dewi, M.Kes	UMY	Public Health (Management Health Services)	10 hours/ week	· Planning and controlling the activities of research · Quantitative data coordinator · Quantitative data processing · Develop a shelter model · Prepare for regulary research report and final report · Presentation on international conference (year 1) and Keynote speaker
2.	Dr.dr.Sri Sundari M.Kes	UMY	Medical Education	8 hours/ week	· Accompanying research partners prepare training modules for Mid-Level Provider · Prepare for international publication · Presentation on international conference (year 2)
3.	dr.Supriyatiningsih, Sp.OG, M.Kes	UMY	Medical Sciences (Health Reproduction-Maternal Health)	6 hours/ week	· Licensing and training surveyor · Qualitative data coordinator · Qualitative data processing · Training for Mid-Level Provider · Presentation on international conference (year 3) · Prepare for book publication

MEMORANDUM OF UNDERSTANDING

BETWEEN

Universitas Muhammadiyah Yogyakarta

Represented by the Rector Prof. Dr. Bambang Cipto, M.A.

and

Westfälische Wilhelms-Universität Münster,

Represented by the Rector Prof. Dr. U. Nelles, on behalf of University Hospital of Münster Dr. Ch., Hoppenheit

Albert-Schweitzer-Campus 1, Gebäude D 5

48149 Münster

And

University Hospital of Münster

Represented by the Managing board, being itself represented by

the Commercial Director Dr. Christoph Hoppenheit,

Albert-Schweitzer-Campus 1, Gebäude D 5,

48149 Münster

Whereas Muenster University Hospital and Universitas Muhammadiyah Yogyakarta with the objective of promoting cooperation in the implementation of health management, clinical management and education in Indonesia.

Article 1

Both Parties agree to promote the following activities so as to enhance their educational and academic roles:

1. Implementation of specialization, Sub specialization, short course and special training in the fields of cardiovascular, cardiovascular and endovascular surgery, cancer, endocrine fertility and reproductive medicine, radiology, oncology, clinical epidemiology, clinical pathology, clinical laboratory and haematology, nursing palliative care, clinical pharmacology and oral medicine;
2. Research, publication, conference, seminars, symposia collaboration especially in clinical and epidemiological subjects;
3. Exchange of information in fields which are of interest to both parties;
4. Exchange of lecturer, staff and students in the fields stated in the article 1.1
5. Any other areas of cooperation to be mutually agreed upon by both parties.

Article 2

The implementation of this agreement, financial and other arrangements shall be separately negotiated and determinated for each case and by both parties.

Article 3

The agreement shall become effective on the day representatives of both parties affix their signature and seals, will be in force for a period of 5 (five) years, and is subject to revision or modification by mutual consent of both parties. It is also understood that termination by either party by written notice for good cause.

Article 4

The agreement shall be written in English, and shall come into force when signed by Rector of Universitas Muhammadiyah Yogyakarta and the legally authorized representatives of Westfälische Wilhelms-Universität and University Hospital of Münster

Date :
Universitas Muhammadiyah Yogyakarta

Prof. Dr. Bambang Cipto, M.A.
Rector, Universitas Muhammadiyah Yogyakarta

Witnessed by:

Ir. Ahmad Syauqi Soeratno, MM.
Treasurer, Board of Trustees, Universitas Muhammadiyah Yogyakarta

Gubernur Hamengku Buwono X

Date :
Westfälische Wilhelms-Universität Munster and University Hospital of Münster

i.A. Dr. Ch. Hoppenheit

Witnessed by:

Prof. Norbert Roedder
Medical Director and CEO of Munster University Hospital

Dr. Ch. Hoppenheit
Commercial Director of University Hospital

Prof. Dr. Schmitz
Dean of the Medical Faculty

Westfälische Wilhelms-Universität Münster

UKM Universitätsklinikum Münster

Universitätsklinikum Münster . Univ.-Prof. Dr. med. R. J. Lellé, MIAC
Klinik und Poliklinik für Frauenheilkunde und Geburtshilfe . 48129 Münster

Klinik und Poliklinik für Frauenheilkunde und Geburtshilfe

Univ.-Prof. Dr. med. Ralph J. Lellé, MIAC

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To whom it may concern

Muenster, May 26th 2016

Scientific cooperation
"Improving maternal health services in remote rural areas through a shelter model as well as mid-level providers involvement"

Dear Dr. Supriyatiningsih,
Dear Dr. Arlina Dewi,

I herewith confirm our scientific collaboration regarding the project mentioned above between researchers from the University Hospital of Muenster - myself as well as members of the Hospital Management Study Program – and the Faculty of Medicine and Health Sciences Universitas Muhammadiyah, Yogyakarta, Republik Indonesia.

My contribution to the cooperation with the indonesian team will be intellectual assistance as well as support in research.

Univ.-Prof. Dr. med. R. J. Lellé, MIAC

LAMPIRAN 5

BIODATA PENGUSUL (KETUA)

A. Identitas Diri

1.	Nama Lengkap (dengan gelar)	Dr. dr.Arlina Dewi,M.Kes
2.	Jenis Kelamin	Wanita
3.	Jabatan Fungsional	Lektor
4.	NIP/NIK/Identitas lainnya	19681031200310 173060
5.	NIDN	0531106801
6.	Tempat dan Tanggal Lahir	Balikapapan, 31 Oktober 1968
7.	Email	dewikoen@yahoo.com
8.	No.Telepon/Hp	0274-382073/08122972576
9.	Alamat Kantor	Kampus UMY Terpadu. Jl. Lingkar Barat, Tamantirto, Kasihan, Bantul, DIY
10.	No.telp /Faks	0274-387656
11.	Lulusan yang telah dihasilkan	S-1= 45 orang, S-2= 31 orang S-3= - orang
12.	Mata Kuliah yang diampu	1. Ilmu Kesehatan Masyarakat
		2. Kedokteran Keluarga
		3.Manajemen Rumah Sakit dan Klinik Pratama
		4.Regulasi dan Kebijakan Kesehatan

B. Riwayat Pendidikan

	S1	S2	S3
Nama Perguruan Tinggi	UNDIP	UGM	UGM
Bidang Ilmu	Kedokteran	Kedokteran-Manajemen RS	Kedokteran- Ekonomi Kesehatan
Tahun Masuk-Lulus	1987-1994	2001-2003	2010-2015
Judul Skripsi/Tesis/Disertasi		Keinginan Membeli Terhadap Pelayanan Kesehatan Rumahsakit di Sekolah	Permintaan Masyarakat Terhadap Paket Asuransi Katastrofik dan Faktor-faktor Yang Mempengaruhinya
Nama Pembimbing/Promotor	Dr. Nasution	Prof. Bhisma Murti	1. Prof. Ali Ghufron Mukti 2. Prof. Bhisma Murti

C. **Pengalaman Penelitian Dalam 5 Tahun Terakhir**

No	Tahun	Judul Penelitian	Pendanaan	
			Sumber	Jml (Juta)
1	2010	Keinginan Membeli terhadap Pelayanan Kesehatan RS di Sekolah (2010)	RS PKU Muhammadiyah Solo	25
2	2011	Analisis Terhadap Data Profil Amal Usaha Muh-Aisyah Bidang Kesehatan	AUMKES PP Muhammadiyah	40
3	2011	"*Conjoint Analysis approach for determining community preferences of benefit package in achieving universal coverage in Indonesia*	Depkes	200
4	2011	*The correlation of Family Apgar with adolescent Emotion Quotient*	Prodi	3
5	2012	Analisis Gap Persepsi Pimpinan, Karyawan serta Masyarakat dalam Pemenuhan Skor Self Assessment Unit Gawat Darurat (Studi kasus di RSIA Sakina Idaman Sleman, Yogyakarta)	Prodi	0,5
6	2013	Peran Gaya Kepemimpinan Dalam Menerapkan Budaya Patient Safety di RSUD Prof.dr.Soekandar, Mojosari, Kabupaten Mojokerto	Prodi	0,5
7	2013	*"Relationship Quality, Key Performane Indicator, and Performance of Hospital Services"*	MPKU PP Muhammadiyah	40
8	2014	*Differences in attitude of urban and rural residents in accepting National Health Insurance*	Kemenkes	2
9	2014	Analisis Faktor-faktor yang Berpengaruh tergadap	Prodi	1

		Kepuasaan Kerja Dokter di RS Jiwa Daerah Klaten		
10	2014	*Progress Report on Universal Health Coverage Roadmap*	UNDP	50
11	2015	Analisis Kualitas Pelayanan Persalinan di Puskesmas Rawat Inap Mampu PONED Kota Batam Tahun 2015	Pribadi	4
12.	2016	*A comprehensive approach of maternal health: Reducing maternal mortality rate by developing health resources, access and management*	UMY	300

D. Pengalaman Pengabdian Kepada Masyarakat dalam 5 Tahun Terakhir

No	Tahun	Judul Pengabdian	Pendanaan	
			Sumber	Jml (Juta)
1	2010	Penyusunan Dokumen Sistem Kesehatan Daerah Kota Balikapan	Dinas Kesehatan Balikpapan	150
2	2011	Manajemen Mutu Rumah Sakit	Dinas Kesehatan Pontianak	100
3	2012	Penyusunan dan Pelatihan RS dalam menghadapi akreditasi RS versi 2012	Aumkes PP Muhammadiyah	25
4	2013	Pelatihan Manajemen Sumber Daya Manusia RS	Dinas Kesehatan Balikpapan	150

E. Publikasi Artikel Ilmiah dalam Jurnal 5 Tahun Terakhir

No.	Judul Artikel Ilmiah	Nama Jurnal	Volume/Nomor
1	Keinginan Membeli terhadap Pelayanan Kesehatan RS di Sekolah	JMMR	Vol 1 no 1 Juli 2011, 31-41
2	Analisis Gap Persepsi Pimpinan, Karyawan serta Masyarakat dalam	JMMR	vol 2 no 2 Juli 2012, 31-41

	Pemenuhan Skor Self Assessment Unit Gawat Darurat (Studi kasus di RS Ibu Anak Sakina Idaman Sleman, Yogyakarta)		
3	Peran Gaya Kepemimpinan Dalam Menerapkan Budaya Patient Safety di RSUD Prof.dr.Soekandar, Mojosari, Kabupaten Mojokerto.	JMMR	vol 1 no 1, Januari 2013
4	*Differences in attitude of urban and rural residents in accepting National Health Insurance.*	*Journal of Biology, Agriculture and Healthcare*	vol 4 no 14, 2014
5.	Evaluasi Kualitas Pelayanan terhadap Kepuasaan Pasien Rawat Jalan Peserta BPJS di RSUD Panembahan Senopati Bantul	Jurnala Admmirasi	Vol 1 no 1, Juli 2015
6.	Perbandingan Efisiensi Penatalaksaan Apendisitis Akut pada Pasien Jaminan Kesehatan Nasional dengan Pasien Umum	JMMR	Vol 5 No 1, Januari 2016
7.	*The Difference of Satisfaction Level in BPJS Health Insurance Patient and Non Insurance Patient Toward Health Service in Negara General Hospital*	*International Journal of Public Health Science (IJPHS)*	Vol.5, No.1, March 2016

F. Pemakalah Seminar Ilmiah (Oral Presentation) dalam 5 tahun Terakhir

No.	Nama Pertemuan Ilmiah/Seminar	Judul Artikel Ilmiah	Waktu dan Tempat
1.	*The 1st Jogja International Nursing Conference 2011 Implementing Evidence Based to Improve Quality of Life*	Pengaruh Apgar Keluarga terhadap tingkat kecerdasan emosi remaja	21-22 Okt 2011, Yogyakarta
2.	8th World iHEA Congress,Toronto,Canada	"*Conjoint Analysis approach for determining community preferences of benefit package in achieving universal coverage in Indonesia*"	Toronto, July 10--13, 2011

3.	*National Input for Achieving Universal Health Coverage in Indonesia*	*Willingness to Pay* Paket Asuransi yang Menjamin Penyakit Berbiaya Katastrofik : studi Contingent Valuation	Yogyakarta, 28-29 Mei 2012
4.	*4th Asian International Conference on Humanized Health Care*	*"Relationship Quality, Key Performane Indicator, and Performance of Hospital Services",*	Yogyakarta, 2013
5.	*11th World Congress: Health Economics and Nutrition: an iHEA World Congress*	*Does Urban Acceptance of National Health Insurance Better than Rural Society?*	Milan - Italy, 12 – 15 Juli 2015

G. Karya Buku dalam 5 Tahun Terakhir :

No	Judul Buku	Tahun	Jumlah Halaman	Penerbit
1.	Kumpulan Kasus-Kasus: Manajemen Rumah Sakit di Indonesia	2015	127	LP3M UMY

H. Perolehan HKI Dalam 5-10 tahun Terakhir : belum ada

I. Pengalaman Merumuskan Kebijakan Publik Rekayasa Sosial Lainnya dalam 10 Tahun terakhir : belum ada

J. Penghargaan dalam 10 Tahun terakhir (dari pemerintah, asosiasi atau institusi lainnya)

Semua data yang saya isikan dan tercantum dalam biodata ini adalah benar dan dapat dipertanggungjawabkan secara hukum. Apabila di kemudian hari ternyata dijumpai ketidak sesuaian dengan kenyataan, saya sanggup menerima sanksi.
Demikian biodata ini saya buat dengan sebenarnya untuk memenuhi salah satu persyaratan dalam pengajuan Penugasan Penelitian Dasar : Penelitian Kerjasama Luar Negeri dan Publikasi Internasonal

Bantul, 25 Mei 2016
Ketua Pengusul

(Dr.dr.Arlina Dewi, ~~M.Kes~~)

LAMPIRAN 5

BIODATA PENGUSUL (Anggota 1)

A. Identitas Diri

1.	Nama Lengkap (dengan gelar)	Dr. dr.Sri Sundari ,M.Kes
2.	Jenis Kelamin	Wanita
3.	Jabatan Fungsional	Lektor Kepala
4.	NIP/NIK/Identitas lainnya	19671304199607173019
5.	NIDN	0513046701
6.	Tempat dan Tanggal Lahir	Boyolali, 13 April 1967
7.	Email	sundari_purbo@yahoo.com.sg
8.	No.Telepon/Hp	0274-619442/08122789196
9.	Alamat Kantor	Kampus UMY Terpadu. Jl. Lingkar Barat, Tamantirto, Kasihan, Bantul, DIY
10.	No.telp /Faks	0274-387656
11.	Lulusan yang telah dihasilkan	S-1= 45 orang, S-2= 31 orang S-3= - orang
12.	Mata Kuliah yang diampu	1. Ilmu Pendidikan Kedokteran
		2. Ketrampilan Medik
		3. Parasitologi

B. Riwayat Pendidikan

	S1	S2	S3
Nama Perguruan Tinggi	UGM	UGM	UGM
Bidang Ilmu	Kedokteran	Kedokteran-Kedokteran Dasar dan Biomedik	Kedokteran-Pendidikan Kedokteran
Tahun Lulus	1992	2001	2015
Judul Skripsi/Tesis/Disertasi		Efektifitas Pemberian Antibiotik Rifampisin, Eritromisin, dan Linkomisin terhadap Mecit Swiss Diinfeksi	Pengembangan Model Pembelajaran CAL menggunakan Desain Instruksional Gagne

		Plasmodium berghei	
Nama Pembimbing/Promotor	Dr. MP. Damanik, Sp.A	Prof. dr. Supargiyono, Ph.D	1.Prof. dr. Harsono, Sp.S(K) 2.Dr. Titi Savitri. P, M.A, M.Med.Ed, Ph.D

C. **Pengalaman Penelitian Dalam 5 Tahun Terakhir**

No	Tahun	Judul Penelitian	Pendanaan	
			Sumber	Jml (Juta)
1	2010	Pengaruh Pemberian Echinacea terhadap Imunitas Mencit Swiss terinfeksi *Plasmodium berghei*	Universitas	15
2	2011	Pengaruh Pemberian Echinacea terhadap Aktifitas Makrofag dan Limfosit Mencit Swiss terinfeksi *Plasmodium berghei*	HPEQ	50
3	2011	Korelasi antara Metode Seleksi dengan Prestasi Akademik Mahasiswa Baru Prodi Pendidikan Dokter FKIK UMY	Fakultas	5
4	2011	Perbandingan efek Phylanthus niruri antara sebelum dan selama infeksi *Plasmodium berghei* pada Mencit.	Fakultas	5
5	2011	Peningkatan Kompetensi komunikasi Efektif Interprofesi melalui Pengembangan Modul Pembelajaran Komunikasi Kolaboratif pada Mahasiswa Prodi Pendidikan Dokter	HPEQ	50
6	2012	Penilaian Performa Peserta Didik menggunakan Multisource Asesmen pada Mahasiswa Program Sarjana Pendidikan Dokter FKIK UMY	HPEQ	50
7	2012	Korelasi Hasil Belajar dengan Metode Seleksi Masuk Mahasiswa Baru Prodi Pendidikan Dokter FKIK UMY	Fakultas	5
8	2013	Evaluasi Pembelajaran IPE pada Mahasiswa Profesi FKIK UMY	Fakultas	7

9	2013	Pembelajaran menggunakan CAL untuk meningkatkan kemampuan kognitif peserta didik (Studi pada Blok Alimentari)	HPEQ	50
10	2014	Analisis Situasi Tb di Kabupaten Bandung	Funding	52
11	2016	Metode Pembelajaran e-Learning dengan Desain Instruksional Gagne untuk meningkatkan kemampuan Self Directed Learning pada Mahasiswa Prodi Pendidikan Dokter FKIk UMY	Desentraslisasi Dikti	50

D. Pengalaman Pengabdian Kepada Masyarakat dalam 5 Tahun Terakhir

No	Tahun	Judul Pengabdian	Pendanaan	
			Sumber	Jml (Juta)
1	2012	Tanda, gejala dan penanganan Penyakit Demam Berdarah di Dusun Pepe, Bogoran, Bantul	Universitas	1
2	2014	Penyuluhan dan Pemeriksaan Penyakit DM dan Osteoarthritis di UMY	Fakultas	5
3	2015	Peningkatan kemampuan kader dalam deteksi dini penyakit DM dan Hipertensi pada Usila	Universitas	10

E. Publikasi Artikel Ilmiah dalam Jurnal 5 Tahun Terakhir

No.	Judul Artikel Ilmiah	Nama Jurnal	Volume/Nomor
1	Deteksi resistensi Nyamuk Aedes aegypti Berdasarkan Aktifitas Enzim Glutation-S-Transferase,	Jurnal Kedokteran & Kesehatan , Mutiara Medika. Vol.	11 No.2, Juli 2010, ISSN 1411-8033
2	Applied CAL on Problem Based Learning Using Gagne's Instructional Design	International journal on Emergency Learning Technology	Volume 9, Issue 9: "Blended Learning", 2014
3	E-Learning Implementation in Medical Education: Why Does The Program Fail in Our Department?	Advanced Science Letters	Vol. 21(1), 1–130, 2015

F. Pemakalah Seminar Ilmiah (Oral Presentation) dalam 5 tahun Terakhir

No.	Nama Pertemuan Ilmiah/Seminar	Judul Artikel Ilmiah	Waktu dan Tempat
1.	Pembicara Pakar dalam workshop Pengembangan Assesmen	Assesment Pendidikan S1 dan Profesi di Fakultas Kedokteran.	Makasar 2011
2.	Pembicara International Congress Medical Plants, di Universitas Jenderal Soedirman,	Effectivity of Echinacea to immunity of Swiss Mencit infected by Plasmodium berghei.	Purwokerto, 9-10 Oktober 2012
3.	Pembicara Poster, ,Universitas Tanjungpura, Kalimantan Barat.	Pengembangan Modul Komunikasi dalam meningkatkan kemampuan Komunikasi Kolaboratif,	PEPKI(Pameran dan Ekspo Pendidikan Kedokteran Indonesia), Pontianak 2012
4.	Pembicara Pakar dalam In House Training,	Pelatihan Pengembangan Modul dan Buku Ajar, di Fak. Kedokteran Unismuh Makasar	29-30 Okt 2012
5.	Pembicara Poster: International Medical Conference	Evaluation of Collaborative Communication on IPE clinical student of Faculty of Medicine and Health Science UMY,	Malaysia, 20014

G. Karya Buku dalam 5 Tahun Terakhir :

No	Judul Buku	Tahun	Jumlah Halaman	Penerbit
	-	-	-	-

H. Perolehan HKI Dalam 5-10 tahun Terakhir : belum ada

I. Pengalaman Merumuskan Kebijakan Publik Rekayasa Sosial Lainnya dalam 10 Tahun terakhir : belum ada

J. Penghargaan dalam 10 Tahun terakhir (dari pemerintah, asosiasi atau institusi lainnya)

Semua data yang saya isikan dan tercantum dalam biodata ini adalah benar dan dapat dipertanggungjawabkan secara hukum. Apabila di kemudian hari ternyata dijumpai ketidak sesuaian dengan kenyataan, saya sanggup menerima sanksi.
Demikian biodata ini saya buat dengan sebenarnya untuk memenuhi salah satu persyaratan dalam pengajuan Penugasan Penelitian Dasar : Penelitian Kerjasama Luar Negeri dan Publikasi Internasonal

Bantul, 25 Mei 2016
Anggota Pengusul

(Dr.dr.Sri Sundari, M.Kes)

LAMPIRAN 5

BIODATA PENGUSUL (Anggota 2)

A. Identitas Diri

1.	Nama Lengkap (dengan gelar)	dr.Supriyatiningsih, M.Kes., SpOG
2.	Jenis Kelamin	Wanita
3.	Jabatan Fungsional	Lektor
4.	NIP/NIK/Identitas lainnya	19720218200010 173 041
5.	NIDN	0518027203
6.	Tempat dan Tanggal Lahir	Gombong, 18 Februari 1972
7.	Email	supriyatiningsih_upi@yahoo.com
8.	No.Telepon/Hp	0274-553249/08122969429
9.	Alamat Kantor	Kampus UMY Terpadu. Jl. Lingkar Barat, Tamantirto, Kasihan, Bantul, DIY
10.	No.telp /Faks	0274-387656
11.	Lulusan yang telah dihasilkan	S-1= 50 orang, S-2= 7 orang S-3= - orang
12.	Mata Kuliah yang diampu	1. Sistem Reproduksi
		2. Manajemen Pelayanan Rumah Sakit
		3. Keperawatan Maternitas
		4. Kesehatan Reproduksi
		5. Ilmu kesehatan masyarakat
		6. Kedokteran keluarga

B. Riwayat Pendidikan

	S1	S2	Spesialis
Nama Perguruan Tinggi	Universitas YARSI	UGM	UGM
Bidang Ilmu	Kedokteran	Kedokteran-Manajemen RS	Obstetri dan Ginekologi
Tahun Masuk-Lulus	1991-1997	1999-2001	2007-2010
Judul Skripsi/Tesis/Disertasi	Pemberian Asi Eksklusif Menurut Tinjauan Agama	Analisis pengembangan strategi Rumah Sakit PKU Muhammadiyah Gamping	Perbandingan kepuasan pasien askeskin dan askes terhadap mutu pelayanan di instalasi rawat jalan SMF Obstetri dan Ginekologi RS Sardjito Yogyakarta

	Islam	menjadi Rumah Sakit Pendidikan bagi Fakultas Kedokteran UMY	
Nama Pembimbing/Promotor	Dr.H. Masagus Tadjudin Roni,SpOG	1. Prof. Dr. dr. Hardiyanto Soebono, SpKK, 2. Agastya, SE.,MBA.,MPM	1. Dr. Risanto Siswosudarmo, Sp.OG 2. dr. Rukmono Siswishanto,M.Kes,Sp. OG (K)

C. **Pengalaman Penelitian Dalam 5 Tahun Terakhir**

No	Tahun	Judul Penelitian	Pendanaan	
			Sumber	Jml (Juta)
1	2015	EFEKTIVITAS HYPNOBIRTHING TERHADAP PENURUNAN NYERI DAN CEMAS PADA PERSALINAN NORMAL DI ASRI MEDICAL CENTRE	LP3M UMY	19
2	2016	**"**The Implementation of Indonesia's National Insurance Scheme: Knowledge, Perception and Experiences of the Poorest Households related to Maternal and Child Health"	GKIA	150
3	2016	*A comprehensive approach of maternal health: Reducing maternal mortality rate by developing health resources, access and management*	UMY	300

D. Pengalaman Pengabdian Kepada Masyarakat dalam 5 Tahun Terakhir

No	Tahun	Judul Pengabdian	Pendanaan	
			Sumber	Jml (Juta)
1	2011-sekarang	Pelatihan Kesehatan Reproduksi Remaja untuk menurunkan kematian maternal	BKKPPKB Bantul	Per kegiatan anggaran dana 5 juta
2	2011	Pelatihan kader kesehatan reproduksi dan KB di Sleman	BPPM kota Yogyakarta	5
3	2012	IVA DI Asri Medical Center Yogyakarta	Asri Medical Center	10
4	2014	IVA di PKU Pakem Jl. Cangkringan Km 0,4 Pakem Yogyakarta Utara/Sleman	UMY	10
5	2014	Pelatihan IVA bagi bidan di RS Nomensen Balige, Medan	UMY	10
6	2014	IVA di Kulon Progo	UMY	10
7	2015	IVA Di Asri Medical Center	Asri Medical Center	10
8	2016	Penyuluhan tentang kesehatan reproduksi usia dini di TK Kalifa, Yogyakarta	TK Kalifa	5

E. Publikasi Artikel Ilmiah dalam Jurnal 5 Tahun Terakhir

No.	Judul Artikel Ilmiah	Nama Jurnal	Volume/Nomor
1	Analisis pengaruh Body Mass Index (BMI) dan tekanan Intra-Abdominal terhadap penurunan saturasi oksigen pada pasien yang dilakukan sterilisasi laparoskopi	*Indonesian Journal of Obstetrics and Gynecology*	Volume 34, Suplemen I, 2010
4	Hubungan antara paritas terhadap kejadian Ekspulsi IUD pada Akseptor IUD *post placental delivery* pada persalinan spontan	*Indonesian Journal of Obstetrics and Gynecology*	Vol 3, Supplement I, August 2015
5.	PELAKSANAAN KEBIJAKAN DAN PENILAIAN PENGGUNAAN APD (ALAT PELINDUNG DIRI) OLEH DOKTER DAN BIDAN DI RUANG BERSALIN DAN NIFAS	JMMR	Vol 4 no 1, January 2015

	RSU PKU MUHAMMADIYAH YOGYAKARTA UNIT I TAHUN 2014/2015		
6.	The Differences between pregnant women with obese and non obese towards Length of labor time in Sadewa Mother and Children Hospital, Yogyakarta	Journal of Health, medicine and nursing	Vol.17, 2015, September

F. Pemakalah Seminar Ilmiah (Oral Presentation) dalam 5 tahun Terakhir

No.	Nama Pertemuan Ilmiah/Seminar	Judul Artikel Ilmiah	Waktu dan Tempat
1	Seminar "An Update On Comprehensive Cardiovascular and Cancer Health Care Delivery Service".	OVARIAN CANCER STAGE IIIC IN PATIENT WITH LYNCH SYNDROME (Case Report)	Oktober 2014 di Yogyakarta
2	Kongres Obstetri dan Ginekologi Indonesia (KOGI) 2015	Hubungan antara Paritas Terhadap Kejadian Ekspulsi IUD pada Akseptor IUD Post Placental Delivery pada Persalinan Spontan di Kota Magelang, Jawa Tengah	25 Agustus 2015 di Bandung
2.	Simposium Praktik Cerdas - Gerakan Kesehatan Ibu dan Anak	Perbandingan Perawatan Tali Pusat Secara Kering Terbuka dan Perawatan Menggunakan Betadin terhadap Waktu Pelepasan Tali Pusat: Studi Klinis	Agustus 2015 di Jakarta
3	International Conference on Medical and Health Sciences 2015	The Differences Between Pregnant Women With *Obese* And *Non Obese* Towards Length of Labor Time in SADEWA Mother and Children Hospital, Yogyakarta	2 September 2015 di Yogyakarta
3.	Seminar Continuing Medical Education ke-40	Hubungan Faktor Risiko Infeksi Saluran Kemih dan Fakto Risiko Paritas terhadap Kejadian Ketuban Pecah Dini	16 Januari 2016 di Yogyakarta

		di RSKIA Sadewa Yogyakarta	
4.	INTERNATIONAL CONFERENCE 2016 "Current Issue of Non-Communicable Disease" Faculty of Public Health, University of Ahmad Dahlan, Yogyakarta, Indonesia	The Relationship between the Parity and The Use of IUD Contraception with the Result of Pap Smear Examination at Asri Medical Center	26 Mei 2016 di Yogyakarta

G. Karya Buku dalam 5 Tahun Terakhir :

No	Judul Buku	Tahun	Jumlah Halaman	Penerbit
1.	Monograf : Penggunaan vaginal douching terhadap kejadian candidiasis pada kasus leukorea	2015	46	LP3M UMY
2	Buku: Scalling Up Nutrition and the future of Indonesia	2016	100	LP3M UMY
3	Penuntun Kesehatan Reproduksi Pranikah	2016	60	GKIA
4	Monograf : Akurasi Antara *Magnetic Resonance Imaging* (MRI) Dan Usg Transvaginal Dalam Diagnosis, Pemetaan Dan Pengukuran Mioma Uteri	2016	45	LP3M UMY
5	Monograf : Anemia Dalam Kehamilan Dengan Kejadian Hiperemesis Gravidarum	2015	50	LP3M UMY

H. Perolehan HKI Dalam 5-10 tahun Terakhir : belum ada

I. Pengalaman Merumuskan Kebijakan Publik Rekayasa Sosial Lainnya dalam 10 Tahun terakhir : belum ada

J. Penghargaan dalam 10 Tahun terakhir (dari pemerintah, asosiasi atau institusi lainnya)

Semua data yang saya isikan dan tercantum dalam biodata ini adalah benar dan dapat dipertanggungjawabkan secara hukum. Apabila di kemudian hari ternyata dijumpai ketidak sesuaian dengan kenyataan, saya sanggup menerima sanksi.
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Bantul, 25 Mei 2016
Ketua Pengusul

(dr.Supriyatiningsih, M.Kes., SpOG)

Univ.-Prof. Dr. med. Ralph J. Lellé, MD, PhD, MIAC

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48149 Muenster
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Secretary:
Alexandra Woltering
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1976 - 1982	Medical School Training: Universities of Heidelberg, Mannheim and Mainz, Germany
1982	M.D. (Dr. med.) University of Heidelberg, Germany
1982 – 1987	Intern and Resident in Obstetrics and Gynecology, Hannover Medical School, Germany
1987	German Board of Obstetrics and Gynecology
1988	Ph.D. Hannover Medical School: Ph.D.-thesis „*Zellkinetische Befunde beim Mammakarzinom – Bestimmung der Wachstumsfraktion mit Hilfe des monoklonalen Antikoerpers Ki-67*“
1989 - 1992	Fellow and Lecturer, Department of Gynecologic Oncology, University of Michigan, Ann Arbor, USA
1992 – 1996	Senior Staff Physician, Department of Obstetrics and Gynecology, Hannover Medical School, Germany
1994	Associate Professor, Department of Obstetrics and Gynecology, Hannover Medical School, Germany
1997 - present	Professor, Department of Obstetrics and Gynecology, University of Muenster, Germany

SURAT PERNYATAAN KETUA PENGUSUL

Yang bertanda tangan di bawah ini :

Nama	: Dr. dr. Arlina Dewi,M.Kes
NIDN	: 0531106801
Pangkat/Golongan	: IIIC
Jabatan Fungsional	: Lektor

Dengan ini menyatakan bahwa proposal saya dengan judul :
Improving Maternal Health Services in Remote Rural through Shelter Model and Mid-Level Providers Involvement
yang diusulkan dalam skema Penelitian Dasar: Penelitian Kerjasama Luar Negeri dan Publikasi Internasional untuk tahun anggaran 2017 **bersifat original dan belum pernah dibiayai oleh lembaga/sumber dana lain**.

Bilamana di kemudian hari ditemukan ketidaksesuaian dengan pernyataan ini, maka saya bersedia dituntut dan diproses sesuai dengan ketentuan yang berlaku dan mengemballikan seluruh biaya penugasan yang sudah diterima ke Kas Negara.

Demikian pernyataan ini dibuat dengan sesungguhnya dan dengan sebenar-benarnya.

Mengetahui,
Ketua Lembaga
Penelitian/Pengabdian

Hilman Latief,S.Ag., M.Ag., Ph.D
NIK 19750912200004113033

Yogyakarta, 25 Mei 2016
Ketua Tim Pengusul

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Dr. dr. Arlina Dewi, M.Kes
NIK:19683110200310 173060