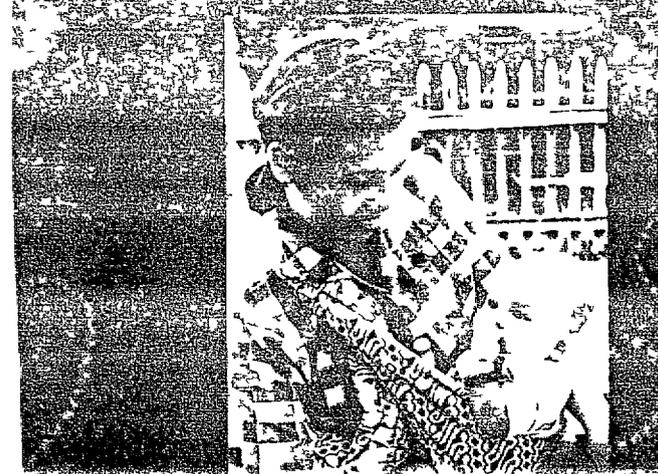
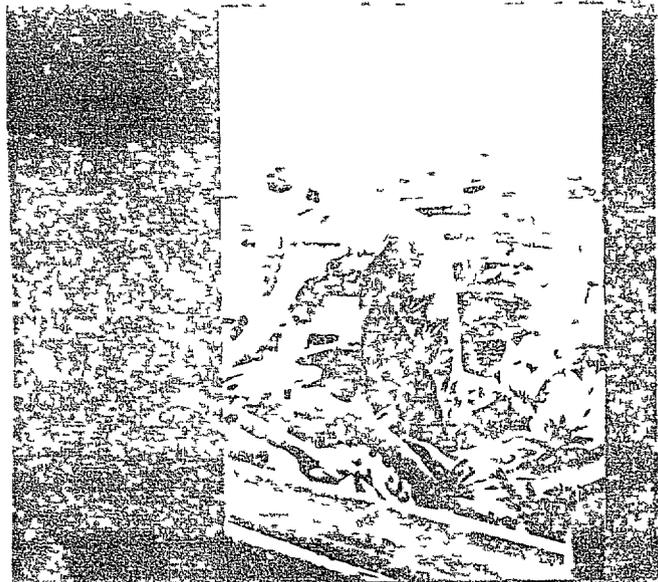


PROMOTING BEHAVIOR CHANGE AMONG PROVIDERS AND COMMUNITIES TO SUPPORT SAFE MOTHERHOOD AND CHILDREN'S SURVIVAL AND DEVELOPMENT



**Promoting Behavior Change Among
Providers and Communities to
Support Safe Motherhood:**

**An Integrated Approach to IEC
(Information, Education and Communication)**

A Guide for Program Planners

MotherCare would like to acknowledge the hard work and contribution made by following to establish and maintain the IEC program in South Kalimantan

Ministry of Health Republic of Indonesia
Regional Health Office of South Kalimantan Province (Kanwil Depkes and Dinas Kesehatan)
National Midwifery Association (IBI) – National and South Kalimantan
Ministry of Religion (Departemen Agama) – National and South Kalimantan
Program for Appropriate Technology in Health (PATH)
University of Indonesia – Center for Family Welfare Studies (PUSKA UI)
Nutrition Academy, Banjarmasin, South Kalimantan
University of Lambung Mangkurat, Banjarmasin, South Kalimantan

Written by Lara Zizic, Health Communications Advisor, MotherCare Indonesia
With editorial and design input from Endang L Achadi, Country Director, MotherCare/Indonesia
Agoes Setyadji, IEC Specialist, and Idrus Jus'at, Anemia Program Coordinator, MotherCare Indonesia

Cover Photographs (Top left to bottom right) (1) a women selling bananas in the “floating market”, Banjarmasin, South Kalimantan (2) a woman and her baby outside of the community health center, HSS district (3) a TBA demonstrating traditional massage techniques for pregnant women, (4) a village midwife explains the MotherCare-MOH “contingency planning brochure” during an antenatal visit

Back cover Traditional sasirangan textile from South Kalimantan, Indonesia
Photo credits Lara Zizic, Ali Zazri

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United States Agency for
International Development



PUSKA UI

path
Program for Appropriate Technology in Health



Background

The maternal mortality rate (MMR) in Indonesia was estimated at 420 live births (1992) which was 3 to 6 times that of other ASEAN countries. Data showed that 70% of births in Indonesia were occurring at home, and 60% were delivered by traditional birth attendants (TBAs). The major strategy of the Ministry of Health (MOH) in reducing maternal mortality has been to increase the number of births attended by clinically trained health care providers whether at a facility or in the home. To this end, the MOH began in 1990 to train the first of 54,000 midwives in a crash course midwifery program and place them directly into villages.

MotherCare began working with the Indonesian Ministry of Health (MOH) in three districts of South Kalimantan province (Banjar, Barito Kuala, and Hulu Sungai Selatan) to support and enhance the ongoing Safe Motherhood program. MOH data prior to the MotherCare intervention showed that the use of health services in the three project districts, especially for labor and delivery, was low.

To better understand the barriers to seeking care, MotherCare conducted qualitative research, in the form of a *Community Diagnosis*. From the findings, an Information, Education, and Communications (IEC) strategy was developed around two major topic areas: Safe Motherhood and Anemia/Iron Pills.

Profile of MotherCare Districts in South Kalimantan *

(Banjar, Barito Kuala, Hulu Sungai Selatan)

Population **	960,133
Pregnant Women	25,358
Village Midwives	575
MMR ***	543/100,000 live births
% of births attended by midwife/village midwife	63.17 %
% of births attended by TBAs	36.83 %

*) MOH statistics (PWS-KIA), 1997

**) National Socio Economic Survey, 1997

**) Statistics office, South Kalimantan, 1997



Village midwives with their midwife coordinator (2nd from left) in Sungai Jarum village, Hulu Sungai Selatan district.

An Integrated Approach to IEC Initiatives

Experience in South Kalimantan and in other developing countries has shown that it is essential to develop and implement IEC programs using an integrated approach if they are to be successful in reaching their targeted populations. Such an approach should involve the inclusion of findings from qualitative research into the development of an IEC strategy and the integration of an IEC component of a project into the overall intervention.

The following steps for the development and implementation of an IEC Campaign are based on the MotherCare II experience in South Kalimantan Indonesia. These steps are to serve as guidelines for program planners to effectively promote behavior change at both community and health provider levels. They can be divided into: Step 1) establishing collaboration among partners; Step 2) qualitative research - the community diagnosis; Step 3) developing an IEC strategy; Step 4) development of materials; Step 5) training of providers on materials; Step 6) strategies to support the IEC campaign; Step 7) monitoring and evaluation; Step 8) ensuring sustainability.



Step 1 Establishing Collaboration among Partners

Prior to developing an IEC campaign, collaboration must be initiated between partner organizations and local and national levels of the MOH. In addition, agreements must be made between all involved on roles and responsibilities as well as funding. Initial meetings should include discussions about past IEC campaigns in the project area and a review of existing qualitative and quantitative data. Collaboration should be continued throughout all stages of development, implementation and evaluation of the project. Meetings between partners should be held on a regular basis to discuss changes in planning and lessons learned from each phase of the program.

Lessons Learned *Establishing Collaboration among Partners*

In collaborating closely with the Indonesian MOH and the communities, the major obstacle encountered was the time required to obtain input from all of the necessary organizations and individuals. The full schedules of MOH staff at National, Provincial and District levels and the seasonal changes in community activities made it essential to allow for timing delays and revisions in scheduling to allow for MOH and community input.

Since mothers in law are key decision makers in caring for pregnant and postpartum women, focus groups were held to determine their knowledge and beliefs related to safe motherhood.

Step 2 Qualitative Research The Community Diagnosis

Qualitative research - research which examines community knowledge attitudes and behavior concerning maternal/neonatal health should be conducted to determine the existing barriers to the IEC campaign in the targeted population as well as the channels of information which will be most effective promoting behavior change

A *Community Diagnosis* is a set of qualitative research tools including focus-groups, in-depth interviews and observations of infrastructure health facilities and hospitals. While this process requires a more intensive investment of human resources and time than traditional qualitative methods, the results reflect a comprehensive picture of existing maternal/neonatal health services, health provider perceptions of the quality of these services and community attitudes, perceptions and norms related to accessing maternal health services.

The topic areas to be included should be based on existing information and research priorities. In South Kalimantan, use of maternal health services and of trained providers was low and the prevalence of maternal anemia was relatively high, estimated to be 45.2%¹. Therefore, focus-groups and in-depth interviews were conducted with women, their husbands, mothers-in-law, key informants and with village and facility-based midwives. Topic areas included recognition of complications in pregnancy, labor/delivery and postpartum care-seeking during birth and for complications, perception of the quality of services, barriers to care, anemia and family planning².

Lessons Learned *Qualitative Research*

Qualitative research is essential to identify barriers to seeking care and to determine local beliefs and levels of community knowledge/misconceptions about topic areas of the IEC strategy. In South Kalimantan, the community diagnosis was used to determine the content of messages on anemia and safe motherhood and the key target audience for each IEC material.

Step 3 Designing an IEC Strategy

Findings from the Community Diagnosis should yield the following information relevant to developing an IEC strategy:

- main messages based on existing level of knowledge and misconceptions in the community
- behavior change objectives
- the target population (s)
- facilitators of messages
- appropriate channels of information
- possible forms of IEC materials

In South Kalimantan, findings were used to develop an IEC program. The main topic areas were safe motherhood and anemia/iron pills. The main messages included the fact that a pregnant woman needs special attention, the crucial role of the village midwife and services she can provide and the need to prepare for emergencies during pregnancy, delivery and in the postpartum period. The behavioral change objectives related to safe motherhood are to see an increase in the number of women who use village midwives for prenatal delivery and postpartum care and an increase in the number of families who prepare for emergencies. Concerning anemia, objectives are to increase the number of women-to-be-married, pregnant and postpartum women who consume the recommended course of iron pills. The primary targets of the safe motherhood campaign were pregnant and postpartum women, husbands and families of these women.

¹ *Community Baseline Survey 1996*

² *See Report on the Community Diagnosis*

and traditional birth attendants

Influential community leaders *Guru Ijai* a local religious leader and the wife of the governor acted as *“facilitators”*, they were featured in some of the materials to strengthen the credibility of the messages

The main channel of information is through the village midwife. As existing knowledge on both anemia and safe motherhood in the community was relatively low, the midwife can answer questions and provide additional information while using the IEC materials

The possible forms of IEC materials were counseling booklets (to be used by midwives) flyers posters and radio spots

midwife's skills and services. Since pregnant women are not viewed as needing extra care and decision-making about care is influenced by husbands and mothers-in-law **flyers** were created for husbands and families of pregnant women and **a radio campaign** (4 radio spots) was aired in the community. The messages focused on the need to use a village midwife for antenatal, delivery and postpartum care and the need to take special measures to ensure a safe pregnancy and delivery

Community Diagnosis finding also showed that to mention complications is taboo (because then they may occur) resulting in the fact that little fore thought or preparation for an emergency is made. A **contingency planning brochure** was designed for pregnant women and their families, explaining



A midwife at primary health center examines a pregnant woman. The “village midwife” poster, explaining her skills and the services she offers is posted in the examining room

Step 4 Development of Materials

The community diagnosis findings showed that though women said they were confident in the skills of the village midwife many still preferred to use the TBA. This led to the design of a **poster**, to inform community members about the village

the need to plan for an emergency as it can happen to anyone. Since many families live in rural communities where transportation at off peak hours is expensive the brochure emphasized the need to save money and secure transportation in case of an emergency

Concerning recognition of complications these findings showed that the majority of women and families cannot recognize complications themselves but depend on the provider present (TBA or village midwife) to recognize a complication and to tell them when to refer the women to a health facility. Since complications are difficult to recognize without medical training and all women are encouraged to use a midwife during pregnancy and delivery, counseling materials were developed for the village midwife including a **booklet on complications** to use with the TBA and a **flyer** for women and families.

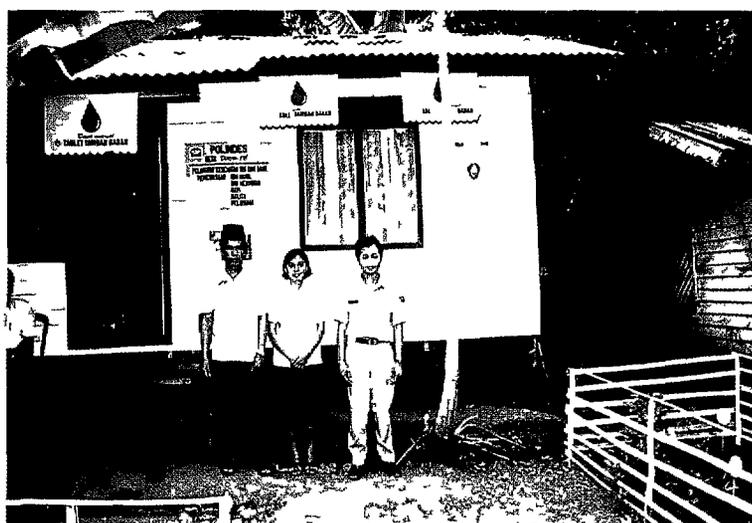
To help encourage exclusive breast-feeding a **breast-feeding booklet** was produced for village midwives to use during antenatal counseling.

The anemia/iron pills IEC campaign was developed around community diagnosis findings that most women did not know the causes of anemia, the symptoms associated with it, nor the specific effects upon pregnancy. There were also misconceptions among women that iron pills may cause high blood pressure or make the baby grow too large and cause a difficult birth. To help village midwives counsel pregnant and postpartum

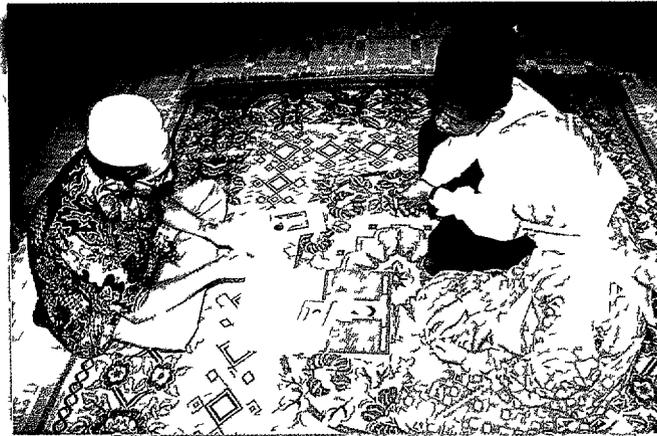
women, **counseling cards** on anemia and taking iron pills were produced. To reach the community a **flyer** and **poster**, encouraging women to take iron pills, with the image of *Guru Ijai* – an influential local religious leader, were produced. **Radio spots** explaining the benefits of taking iron pills were also aired in the community. To help women finish the recommended course of iron pills (90 pills during pregnancy and 40 postpartum), **reminder cards** were produced – with one box to be marked off for each day the women takes a pill.

To meet the increased demand for iron pills expected as a result of the IEC campaign, MotherCare worked with MOH to provide a supply of low-cost iron pills through the private sector. By working with pharmaceutical companies, iron pills were placed in small shops and drug stores at the community level and given to village midwives in a standardized dose and package that is easily recognizable. To help the drug stores advertise their iron pills supplies, each received a package of IEC materials including 1) a **banner** to announce “we sell iron pills here” and 2) a **flyer** to help the retailer

explain to women the need for and possible side effects of taking iron pills.



The village midwife (center) and local MOH staff in front of the midwife's polindes – or birthing hut. She has placed the ‘Guru Ijai’ poster and the banner announcing “we sell iron tablets here” on the outside of the hut.



A Ministry of Religion official counsels a couple to be married about anemia using the calendar and pocket size information booklet. This anemia counseling has become part of the marriage registration process in the three MotherCare districts in South Kalimantan.

Based on the findings of a Community Baseline Survey on anemia which showed that a large percentage of women were entering pregnancy with iron deficiency, IEC materials on anemia/iron pills were developed to reach women prior to pregnancy. Since it is customary in Indonesia for women to conceive their first child within the first year of marriage, a **poster** encouraging women-to-be-married to take iron pills was placed in the community. A **calendar** (two years) with messages on anemia and iron pills and a **pocket-size information booklet** were also produced for couples-to-be-married. These materials were to be distributed through the Ministry of Religion, at the time of marriage registration and further explained by the village midwife. **Two information booklets** on iron supplementation for women-to-be-married, one for Ministry of Religion staff and one for village midwives were produced to help each of the two groups understand their distinct role in counseling couples.

User's Guides for the two sets of IEC materials (safe motherhood materials and anemia materials for pregnant/postpartum women) were also developed to assist providers in counseling with the materials.

Pre-testing of materials in the community provides more specific information related to local perceptions of the maternal health topic, past IEC campaigns and local preferences of the form of materials. Even when the IEC campaign is being developed by a local organization, the preferences

of the staff may differ from those of the community. In addition, when there are several different cultural or age groups within the target population, it is important to ask for their input if the messages are to be effective.

During finalization process, all materials should be reviewed by collaborating partners to ensure that the IEC messages are in accordance with past IEC campaigns and National Safe Motherhood strategies.

Lessons Learned: Development of Materials

Focus group discussions among the target population of a proposed IEC material should be held before the first draft of the material is produced, to determine barriers in the community and the background level of knowledge about the topic of the material. In South Kalimantan, focus groups on anemia showed there was a high level of confusion among men and women about who should take iron pills. Men thought that since they felt tired after working they should take iron pills, so messages had to be specific about the needs of pregnant and postpartum women concerning iron pills.

All IEC materials should be pre tested in the community before they are finalized to ensure the messages are straightforward and easily understood, and the colors and images are culturally appropriate. In developing materials for couple-to-be-married, results from pre-testing showed that the picture in the materials should be of a young woman (since most women get married between the ages of 18-20) and the colors should be very vibrant.



A focus group of husband of pregnant women to pre test radio spots on safe motherhood and anemia

Step 5 Training of Providers

The distribution of all new IEC materials should include specific training for providers on how to use the materials. The training should include an explanation of the need for the materials, the technical subject matter, the target population, and role-plays in which the providers practice using the materials during counseling. In cases where materials are designed to be used by providers in different levels of, or outside of the health system, training events should be tailored to each group of providers.

The MotherCare anemia materials were distributed during a special **Interpersonal Counseling and Communication (IPCC)** training given to all village midwives in the three districts (see box). The MotherCare safe motherhood IEC materials were included as part of a two-week **Life Saving Skills (LSS)** training held for village midwives. This training included an explanation of how to use the materials and role-plays. To ensure the community health centers under which the village midwives work were familiar with the materials, special **Safe Motherhood IEC Workshops** for health center doctors and senior

midwives were conducted. Since materials developed for couples-to-be-married were distributed through the Ministry of Religion and further explained by the village midwife, special training was given to both health and religion staff.

Lessons Learned *Training of Providers*

Use of IEC materials by providers (e.g. counseling cards, posters etc) is strengthened by provide training (including role-plays) on how to use the materials. In South Kalimantan, the LSS and IPCC training provided opportunities to integrate the IEC training with clinical training. Distribution of materials should be integrated into planned activities which provide an opportunity to gather together providers and to ensure that distribution is systematic.

Interpersonal Communication and Counseling (IPCC) Training

In an IEC strategy which uses health providers as the main channels of information, their communication skills must be assessed and if necessary enhanced, before the IEC campaign is implemented. Community Diagnosis findings showed that in South Kalimantan, the majority of women still preferred to use the TBA. Reasons included that the village midwives scolded often, did not listen to their clients, were impatient and were viewed as young and inexperienced. To increase their communication skills and sensitivity to the needs of women, all 555 village midwives in the three MotherCare districts were trained in IPCC.

The training focused on two main areas: interpersonal counseling/communication and ethnography/cultural sensitivity. The technical component of training focused on anemia, and the MotherCare anemia IEC materials were used as the subject matter for role-plays and practice.

The evaluation of IPCC training included exit interviews of clients and observations of IPCC trained village midwives in the three districts and of non-trained village midwives in a control district. Results were analyzed using a scoring system to measure midwives' skills in the areas of welcoming, active listening and responding to questions, general attitude and counseling. After training, there was a significant difference between IPCC trained midwives and non-trained midwives in all of the above mentioned categories. Training also had a significant positive impact on the village midwives' ability to answer questions completely, counsel effectively, avoid criticism of their patients and ensure women understand and are capable of following the midwives' advice. Anecdotal evidence also showed trained midwives felt they had learned to be more sensitive to their clients and knew how to answer their questions more appropriately.

Step 6 Strategies to support the IEC campaign

In every IEC campaign, special strategies should be utilized to maximize the effectiveness of the messages in reaching the target population. These may include holding special events or ceremonies, working with community organizations, the private sector, other sectors of the government or with influential community figures.

As part of the safe motherhood IEC campaign, special **"village midwife ceremonies"** were organized to support the role of the midwife when she returned to her village after Life Saving Skills training. In each village, the doctor of the health center under which the village midwife worked, the local branch of the women's organization for family welfare (PKK), the village head and the midwife worked together to organize the event. Through these ceremonies, it was hoped that the community would become more aware of the services provided by the village midwife and of the new technical and counseling skills she had acquired.

To improve awareness in the community of the causes of maternal deaths and to promote emergency planning, **a workshop was held for PKK**. These influential women have the capability to mobilize the community around issues of social and family welfare. During the meeting, specific cases of maternal death were presented and the importance of actively supporting the village midwife was explained to PKK. At the conclusion of the event, PKK agreed to explore ways to secure emergency transport for women with complications. The head of the provincial PKK, the wife of the governor, was also featured in the **contingency planning brochure**, which was given to pregnant women and families during antenatal counseling.

To complement the MotherCare Anemia IEC campaign, a special **"Anemia Launching"** was held to announce the availability of low-cost iron pills in small shops, drug stores and through the village midwife. The event was attended by national, provincial and district level government officials, health officials, pharmaceutical

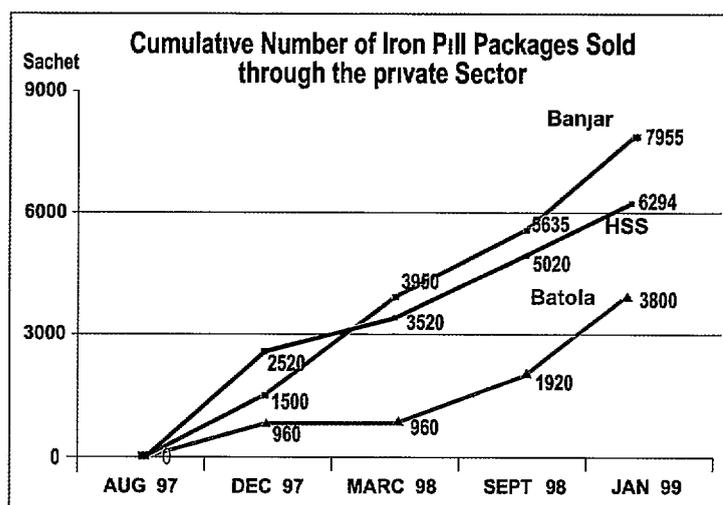
companies drug store owners and members of the National Midwifery Association (IBI) to which all midwives belong. The purpose was to motivate participants to take an active role in supporting iron pill consumption among women in the community.



At a 'village midwife' ceremony in HSS district, women, the TBA and community members gathered in the village head's house to learn about the service offered by the village midwife.

Since all couples planning to be married must register with the Ministry of Religion, and the women must get a tetanus toxic immunization, MotherCare worked with both the Ministries of Religion and Health as partners in promoting iron pill consumption among women to-be married.

By distributing IEC materials to couples at the time of marriage registration, the influence of religious officials was utilized to emphasize the importance of taking iron pills to couples.



Program monitoring over a period of 17 months from the start of iron pills sales program in August 1997 to January 1999 showed steady or increasing purchase of iron in all three study sites. Sachets of 30 iron pills were sold by village midwives to women who did not qualify for government supplied free supplements. Women could also purchase iron sachets from local shops selling pharmaceutical. The increased sales mirror an increased demand for iron supplementation by women pre-conceptually and during pregnancy. Cumulative sales were lowest in Batola district, the least well-off of the three districts. However, free tablets remain accessible from the Ministry of Health for low-income women.

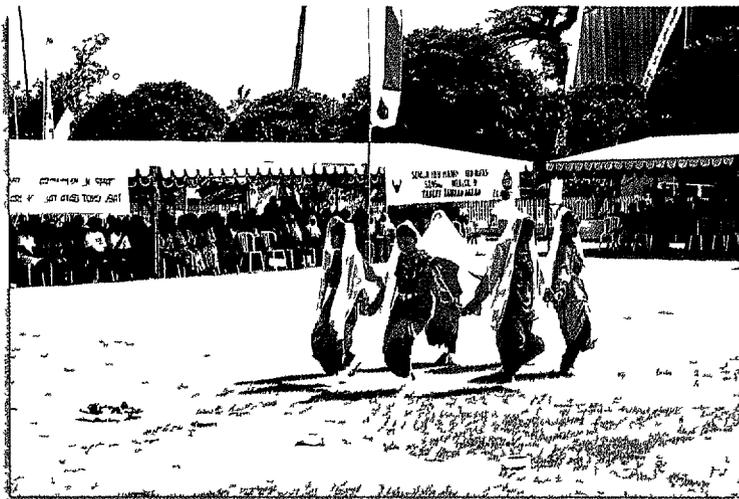
Lessons Learned *Strategies to support the IEC campaign*

The inclusion of influential community leaders (in this case a well-known religious leader and the wife of the governor) can strengthen the credibility of the IEC messages. Materials with these leaders were the most popular IEC materials produced by MotherCare among the community.

Special events can be used as a supporting strategy to increase enthusiasm among providers, the community and collaborative partners about topics highlighted in the IEC campaign. These events can also be used to involve organizations or government departments outside of the health sector in supporting the IEC campaign.

IEC Monitoring Results 1997-1998

Monitoring results from the responses of 473 pregnant and postpartum women showed that the anemia and safe motherhood print materials and radio spots had reached the community and that most women understood and could describe the message content. One third to one half of family members (husbands and mothers in law) had seen and could identify the IEC materials. Over 96% of TBAs questioned had worked with the village midwife in assisting births and over 75% could describe the messages in the booklet on complications for TBAs. The IEC materials preferred by the community were the ones with simple messages and bright colors.



A traditional dance ceremony opened the 'Anemia Launching' to announce the availability of low cost iron pills in South Kalimantan. In the background banners with the generic 'drop of blood' logo were displayed to familiarize participants with the logo featured on iron pill sachets.

Step 7 Monitoring and Evaluation

Periodic monitoring, beginning 3 to 6 months after materials are distributed, should be done to determine whether the messages are reaching the community. The monitoring should include all target groups (i.e. women, families, health providers, etc.) and results can be used to improve the design of upcoming IEC materials.

The behavior change objectives of the IEC campaign should be clearly stated during the design stage. If the campaign strives to increase knowledge among pregnant and postpartum women about complications requiring immediate attention, messages must include specific symptoms which can be identified and steps on when to act and what to do if symptoms occur. Evaluation indicators should be designed simultaneously to ensure that the indicators are correlated with the information being given in the IEC campaign.

In many cases the IEC campaign is part of a larger intervention so the final IEC evaluation can be integrated into an overall project evaluation. In South Kalimantan, a post-survey will be conducted in the spring of 1999 and will include knowledge and behavior change objectives to measure the effects of the IEC campaign.

Since community-based surveys are often expensive and time consuming many projects do not conduct baseline surveys before the start of the IEC campaign so there are no available project-specific measurements of change. In these cases national or regional health statistics can often be used as indicators of change. In South Kalimantan MOH statistics on the number of women who consumed the recommended course of iron pills during pregnancy were used to measure the effectiveness of the anemia IEC campaign.

When there are no available statistics which can be used to measure the effects of an IEC campaign focus-groups in-depth interviews and small community-based surveys can be done to obtain self-reported changes in women's knowledge and behavior. While no factual evidence of behavior change can be gathered these methods can be used to test the overall awareness level among women about anemia the number of women who reportedly take iron pills and knowledge of the specific messages included in the IEC campaign. Final evaluation should ideally be conducted one to two years after the intervention, to ensure that the increased knowledge is long-lasting.

Lessons Learned *Monitoring and evaluation*

Monitoring of IEC material distribution should begin soon after the start of the campaign to allow for corrections in the distribution process if necessary. Monitoring of provider and community reactions to the materials should be conducted every 6 months to ensure that the materials are still present in the community and that the messages are comprehensible.

Behavior change objectives should be defined during the development stage of the IEC campaign. Evaluation indicators should capture these objectives and final evaluation should take place 1-2 years after the start of the IEC campaign, to determine whether changes are long-lasting.

Step 8 Ensuring Sustainability

It is crucial to the sustainability of IEC campaign to involve local staff at all levels of implementation. MotherCare Indonesia utilized a local country director and field staff.

The Indonesian MOH structure and personalities of the staff made it essential for the campaign to be directed by an individual who was familiar with these circumstances, to ensure that no part of MOH was left out of the revision process and to appropriately tailor the interventions to local present and future needs.

IEC campaign strategies should keep close track of implementation steps and evaluation results to prepare for obstacles to sustainability. During the third year of project implementation Indonesia was affected by political instability and an economic crisis. This limited the funds available within MOH to continue all MotherCare activities after international financial assistance stopped. Therefore presentations and meetings were arranged for MOH staff on the essential steps of developing IEC materials. Evaluation is being used to determine the most effective approaches and materials in case not all can be supported by MOH in the future.

MotherCare is a global project funded by USAID to address maternal and neonatal health problems. In Indonesia, MotherCare is working with the Ministry of Health (MOH) in three districts of South Kalimantan province (Banjar Barito Kuala and Hulu Sungai Selatan) to support and enhance the ongoing safe motherhood program with the development of a model approach that encourages linkages between program components. These components include a training and continuing education system for village and facility-based midwives, print media and radio campaigns in the community on anemia and safe motherhood, counseling and communication training for health care workers, audits of cases of maternal and perinatal mortality, implementation of monitoring systems in health facilities and capacity building for the National Midwifery Association (IBI). With these initiatives, we expect to see an improvement in the health of mothers and newborns and an eventual reduction in maternal and neonatal mortality. The MotherCare Indonesia Project completed its third year of project implementation in September 1998. We are currently in the process of project evaluation and assisting MOH in sustaining project activities through March 2000.

For further information about MotherCare contact

MotherCare Head Office

MotherCare/John Snow Inc
1616 N Fort Myer Drive 11th Floor
Arlington, VA 22209
USA
(703) 528-7474 Fax (703) 528-7480
E-mail: marge_koblinsky@jsi.com
Marjorie Koblinsky, Director

MotherCare Indonesia

Wisma Anugraha, 1st Floor
Jalan Taman Kemang No 32B
Jakarta 12730
INDONESIA
(62-21) 717-92181 Fax (62-21) 717-92182
E-mail: mcindo@indo.net.id
Endang Achadi, Project Director

MotherCare Indonesia Related Document

Marsaban, Julie/PATH and Lara Zizic (1998) The Community Diagnosis of the MotherCare Project in South Kalimantan, Indonesia. A Working Paper. MotherCare, John Snow Inc, Jakarta, Indonesia

PATH/MotherCare (1996) Interpersonal Communication and Counseling Skills Training Models for Trainers and Village Midwives. MotherCare, John Snow Inc, Jakarta, Indonesia

MotherCare/Salto Films (1998) Making Motherhood Safe – The experience of integrated approach to Safe Motherhood. Twenty-two minute video. MotherCare, John Snow Inc, Jakarta, Indonesia

"Safe Motherhood" IEC Materials

PESAN KH. M. ZAINI GHANI
dalam rangka
Gerakan Sayang Ibu

Gerakan Sayang Ibu

Pergerakan Gerakan Sayang Ibu adalah gerakan yang bertujuan untuk meningkatkan kesehatan ibu dan anak, serta meningkatkan peran ibu dalam keluarga dan masyarakat.

Pergerakan Gerakan Sayang Ibu dilaksanakan di seluruh Indonesia, dengan melibatkan berbagai pihak, termasuk pemerintah, swasta, dan masyarakat.

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PESAN KH. M. ZAINI GHANI
(Guru Ijari)

PERISTIA YANG SANGAT ISTIMEWA
Bagi Seorang Istri

PENTING UNTUK DIPERHATIKAN LE SUAMI

2 ANAK BIASA DALAM

JIKA IBU MENCAKAMI PERKAWINAN
agar bisa melahirkan anak-anak

INSAI PERAN SUAMI DAN KELUARGA SAMA-SAMA MELAKUKAN
Insyallah Ibu dan Bayi S'kama dan Sehat

PESAN PESAN YANG DAPAT DISAMPAIKAN
KEPADA BIDAN KAMPUNG
TENTANG KAPAN SEBAIKNYA MERUJUK IBU

Bidan Ada Untuk Anda

Pemeriksaan kesehatan ibu dan bayi sebelum melahirkan

Melahirkan dengan selamat

Pemeriksaan kesehatan ibu dan bayi setelah melahirkan

Mendukung ibu dan bayi dalam kehidupan sehari-hari

Ibu Sehat Bayi Sehat

Keluarga Bahagia

Bidan siap memberikan pelayanan untuk kesehatan ibu dan anak

MotherCare

Pesan Ibu H. G. Nalini An
Pemeriksaan kesehatan ibu dan bayi sebelum melahirkan

AIR SUSU IBU (ASI)
Makanan Terbaik Untuk Bayi

PETALAN POKJAWANA

MATERI-MATERI
KEPERAWATAN DAN EDUKASI
IBU

KESEHATAN IBU
DAN BAYI

IEC Materials : Anemia Program for Pregnant & Postpartum Women

PESAN KH. M. ZAINI GHANI
(Guru Ijari)

Agar Ibu Hamil dan Nifas tetap sehat,
minumlah satu tablet tambah darah
setiap hari

MotherCare

TOLET TAMBAN DARAH

AMERISA DAN
TABLET TAMBAN DARAH

KESEHATAN IBU DAN BAYI
SAFETY TAMBAN DARAH
IBU HAMIL

Disini menjuwal
TABLET TAMBAN DARAH

Perintah tentang Tablet Tambah Darah

MEMORANDUM POKJAWANA
AMERISA DAN
TABLET TAMBAN DARAH

IEC Materials :

Anemia Program for newly-wed women

