

Department of Maternal and Child Health profile

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Gadjah Mada University

Being the oldest and the largest state university in Indonesia, Gadjah Mada University is also one of Indonesia's premier academic institutions. It was founded on December 19, 1949 and has 18 faculties, a Vocational School, a Graduate School, 70 undergraduate programs, 24 diploma programs, 75 graduate programs and 33 doctorate programs. Located in The Special Region of Yogyakarta, the city entitled as center of learning and culture, the university continues to attract vast majority of the Indonesia's highest academic achievers. The University has generated generations of graduates who have gone on to become leaders in all areas of society.

On December 26, 2000 Gadjah Mada University is stipulated as a state-owned legal entity, based on consideration that the university has been adequately capable of being granted higher responsibility and autonomous independence. The new status enforces Gadjah Mada University to assume the role of a moral and intellectual force with the credibility of advancing national development and competing in the international arena. Gadjah Mada University now broadly disseminates its new vision to be a World Class Research University which is excellent, independent, dignified, inspired by Pancasila, the five-point ideology, and dedicated to the needs and welfare of the nation and the world. Its general mission is to promote excellent teaching-learning opportunities and community service through research. Gadjah Mada University is dedicated to supporting research and teaching that can increase prosperity, security and human welfare. Gadjah Mada University recognizes that this is an ongoing, continual process of improvement, one which requires an engagement with global networks, but which remains committed to uniquely Indonesian values.

Faculty of Medicine

Faculty of Medicine, established on March 5, 1946, is the oldest faculty of medicine in Indonesia. The faculty has 25 departments, 3 undergraduate programs, an international program, 6 graduate programs, a doctorate program, a specialist training consisting of 19 specialties, and now it holds about 5,000 active students. The faculty has gained excellent reputation in national and international arena. It is ranked 103rd in life science and biomedicine based on Time Higher Education Survey (THES)-QS World University Rankings 2009, placing it as best faculty of medicine in Indonesia. There is continuously high demand to study at Faculty of Medicine GMU, nationally and internationally. The faculty also has laid strong collaborations with universities and numerous stakeholders locally and globally.

Along recognition it has gained, the faculty now seek an opportunity to leap forward to become internationally recognized institution. It continuously fosters international efforts and collaborations to improve the quality of education, research, and public service activities. Some of the collaborations that still take place are:

1. KWF (Dutch Cancer Society) on Oncology, Immunology, Pathology from 2000-now.
2. The Netherlands Program for the Institutional Strengthening of Postsecondary Education and Training Capacity (NPT) 2007-2010
3. DGHE-PHKI C 2008-1010.
4. TropEdu 2008-now.

Graduate Program of Public Health

Graduate Program of Public Health has strived to reach 27 years of experience in preparing public health professional with knowledge and skills to improve the health of the society. Its vision has been to become leading institution in public health education, research, and community service, contributing the development of prosperous society. Addressing the dynamic change of the society and the increasing challenges and threats in public health, Graduate Program of Public Health continues the effort to improve and advance its role in educating public health professionals and improving society's quality of life. It focuses on improving the quality of teaching staffs, generating more high quality research and public services, and increasing collaborations to exercise institutional capacity and contribution. Graduate Program of Public Health now offers 11 study tracks covering comprehensive area of public health and has 500 active students enrolled. Its highly active staffs have been involved in numerous collaboration and networking, ensuring the institution to keep pace in global health initiative.

Department of Maternal-Child Health & Reproductive Health (MCH-RH)

The Department of Maternal-Child Health & Reproductive Health seeks to improve national and global reproductive health status through education, research, and public service from a public health perspective. The twenty-first century has arrived with complex changes in demographic patterns, disease burdens, health problems and development policies at national and international levels. These changes are affecting all societies, rich and poor, developed and developing countries that needs to be responded by academic communities.

The Department of MCH-RH is comprised of an interdisciplinary of faculty whose research, teaching, and practice address sexual and reproductive health, maternal and child health, and population changes. Its focus is to promote health, growth, and development across the lifespan, of populations in the Indonesia and worldwide.

Research, evaluation, and practice are integral to the department's academic programs and faculty efforts. The department's members generate scientific knowledge and public health ideas through their research, strengthen technical and leadership skills through educational programs, and enhance national capacities through collaborative projects, including its collaboration with other the developing world (i.e.: INDEPTH and INCLIN Networks) and developed world (i.e.: the Johns Hopkins University and Umea University). Our faculty apply and develop a broad range of methods which are drawn from demography, biostatistics, epidemiology, nutrition, developmental psychology, sociology, health services research, nutrition, economics, communication sciences, policy analysis, behavioral sciences and related disciplines in research and professional practice. The department faculty members are drawn from expertise in many areas, i.e.: obstetric gynecology, pediatrics, reproductive biology, epidemiology, biostatistics, demography, economics, ethics, anthropology, political science, and sociology.

The Department of MCH–RH program will prepare candidates for careers in academic institution, administration, policy, and evaluation. Students will hone the skills to be a top-notch researcher and/or a visionary program manager and leader in reproductive health-related settings. There are three (3) academic program tracts for the Department of Reproductive Health: a) Maternal and Child Health, b) Reproductive and Perinatal Epidemiology, and c) Population and Family Health Tracts.

A. Maternal and Child Health (MCH) Track

The academic program track of maternal and child health has a holistic focus on women's and children needs, both domestically and internationally. The track enables students to combine an interest in maternal and child health with a broader knowledge base offered by the interdisciplinary faculty of public health, medicine, biology, psychological and social science backgrounds.

The MCH track provides multidisciplinary training in the health and well-being of mother, infants, children, and adolescents. Child development and growth are emphasized from conception through adolescence. The biological, behavioral, social, and psychological processes contributing to child health are studied, and the social, environmental, nutritional, physiological, and economic factors that may enhance or impede well being are considered. The determinants of child health and wellbeing, along with systems of care, are examined within an ecological framework that considers individual, family, and community influences. It provides training in research practice and policy relevant to the following: women reproduction and its control, health problems and care of the newborn and children, and health problems and services for women of reproductive age. In addition, the childhood antecedents of health and disease through the life span are explored, health services are reviewed, legislative and policy implications are analyzed, and preventive strategies are critiqued.

B. Reproductive and Perinatal Epidemiology (RPE) Tract

The academic program, track of reproductive and perinatal focus on the current epidemiological findings regarding underlying etiologic, behavioral, and genetic causes and known preventive mechanisms for reproductive diseases and perinatal conditions. It will cover epidemiologic research in the areas of contraception, infertility, pregnancy, menopause, STD, HIV/AIDS, abortion, and both benign and malignant gynecological conditions. Students will be introduced to methods used in reproductive epidemiology and learn how to critically evaluate results from epidemiologic studies in obstetrics and gynecology. An overview of the clinical and physiological underpinnings of particular topical areas will be provided.

Beginning with the randomized clinical trial as a paradigm, this tract examines common problems in the design, analysis, and interpretation of observational studies in reproductive health and perinatal conditions. Cohort and case-control studies are the focus of the discussion, but not to the exclusion of other designs. Problems of exposure and disease definitions, time-dependent effects, confounding, and misclassification are

considered in the light of data sources typically available. This tract is provides an in-depth investigation of statistical methods for drawing causal inferences from observational and experimental studies. Informal epidemiologic concepts such as confounding, selection bias, overall effects, direct effects, and intermediate variables will be formally defined within the context of a counterfactual causal model and with the help of causal diagrams. Methods for the analysis of the causal effects of time-varying exposures in the presence of time dependent covariates that are simultaneously confounders and intermediate variables will be emphasized. In addition to unique methodological issues, this area encompasses clinical, environmental, cancer and infectious disease epidemiology.

The reproductive and perinatal epidemiology track trains students in the research, practice, and policy dimensions of strategic epidemiologic intervention, including: pregnancy and delivery, family planning, sexual and reproductive health, HIV/AIDS, and other family health issues and related behaviors. Reproductive epidemiologists choose as their interest the broad topic of the determinants and consequences of reproduction, including women's health and male infertility. Students can explore menarche, the menstrual cycle, infertility, conception, abortion, and pregnancy as endpoints or as factors influencing disease outcomes.

The RPE is also designed to introduce students to the epidemiology of HIV infection. It is designed for those students with a keen interest in both HIV/AIDS and epidemiologic methods. This course will survey state-of-the-art knowledge of the epidemiology of HIV infection and will emphasize epidemiologic principles and methods; including studies of the etiology of AIDS, estimation of the incidence and prevalence of HIV and AIDS, natural history and survival. The use of appropriate study designs and potential sources of bias will be discussed, with a focus on observational designs. This course will provide the student with experience in the critical review of epidemiologic studies in this area.

C. Population and Family Health (PRH) Tract

Assessments of the global and local burden of disease in both high- and low-income countries have become an important resource. These studies involve an understanding of demography (the growth, structure, and change of human populations) and additional training in biostatistics and epidemiology. Such global, regional, and national analyses, attempting to partition the factors determining population health, require competence in several areas, including the capacity to translate census, survey, and routine health statistics into summary assessments for both priority setting and action. Another aspect of these analyses, focusing on women, is to measure the contribution of sexual health and reproduction to the burden of disease in those of reproductive age and beyond.

The population and family health area of interest is designed to provide the foundation for work on population health around the world but especially in low-income countries, such as Indonesia. The area utilizes demographic analysis as an essential tool for the measurement of mortality, fertility, and reproductive behavior. Several courses illustrate the way in which models and well-established demographic estimation techniques can be

applied to new challenges in burden of disease assessments, especially related to reproductive health condition. Other required courses describe major methods of data collection and analysis, especially using a large data set from our CHN-RL surveillance, or secondary data such as a national census or survey. Although the training is primarily quantitative, an understanding of the value of qualitative and ethnographic approaches is encouraged.

The PRH academic track focuses on the dynamics of population in terms of size, structure, and characteristics, and on both determinants and the consequences of changes of sexual and reproductive behavior. The basic training in reproductive health, family planning, public health, epidemiology, sociology, economics, and statistics is incorporated with training in demography, the core discipline underlying this PRH studies. Areas of study include: a) components of population change (births, deaths, and migration) and its determinants, b) components of population structure (age, sex, family arrangements, urbanization), c) determinants of fertility and mortality changes, family planning and population change, and the mathematical and statistical patterns underlying demographic and reproductive changes.

The PRH academic track will also cover on constructions of gender and sex and their implications for understanding determinants of population health and creating healthy public and population policy. It will consider how different frameworks of addressing gender and biological sex shape questions asked and explanations and interventions offered for societal patterns of health, disease, and well-being. The focus also to demonstrate ways of conceptualizing gender in relation reproductive and sexual health using case examples pertaining to breast cancer, smoking, HIV/AIDS, violence, access to health services, and population policy. In all these cases, issues of gender will be related to other social determinants of health, including social class, racism, and other forms of inequality.

Competencies for MCH-RH Professionals

To provide the basis for curriculum development and continuing education programming, the department has formulated The Maternal and Child Health and Reproductive Health (MCH-RH) Competencies. These competencies, considered as an evolving document, are periodically revised to reflect priorities and needs in the dynamic MCH-RH practice and research environments.

This MCH-RH Competencies are adopted and modified from the latest works of ASPH (Association of Schools of Public Health) Education Committee on Master's Degree in Public Health Core Competency Development Project (Version 2.1) period of October 2004-June 2006 and the Maternal and Child Competencies developed by ATCMH (Association of Teachers in Maternal Child Health) in 2001.

The competencies of MCH-RH Professionals comprised of the following fields:

- Scientific Basis of MCH-RH and Public Health
- Methodological and Analytical Skills

- Management and Communications Skills.
- Policy and Advocacy Skills.
- Values and Ethics in Public Health Practices.

Those for competencies are basically not fully mutually exclusive. Some of the competencies are overlap each other little bit.

Scientific Basis

MCH-RH Professionals should have knowledge and understanding of:

1. The major domestic and international causes of mortality and morbidity within populations including differences between the Indonesia and other developed and less developed countries.
2. The normal patterns of reproductive cycles and reproduction of an individual and couples.
3. The normal patterns of individual and family growth and development from an intergenerational and lifespan perspective.
4. The determinants of health and illness, and concomitant theories including biological, behavioral and socio-cultural influences such as racism, sexism, and economic disparity, as well as protective factors.
5. The characteristics of health care systems, including dimensions of, use of, and access to health care.
6. The principles and theories of population-based health promotion at the individual, family and community levels.
7. The theories and principles of community organization, change, and development.
8. A comprehension of the foundations of scientific inquiry, and the uses and limitations of conceptual frameworks.
9. Describe MCH-RH problems in terms of time, magnitude/severity, scope, dispersion/location, and co-occurrence/co-morbidity.
10. Identify the scientific underpinnings and determine the validity of evidence for interventions addressing MCH-RH problems.
11. Apply knowledge of demographic, health, familial, socio-cultural, environmental and community factors to the design of MCH-RH programs and services.
12. Critically analyze inequities in health status based on race/ethnicity, socioeconomic position, and gender.
13. Recognize different strengths, needs, values, and practices of diverse cultural, racial, ethnic, and socioeconomic groups and determine how these factors affect health status, health behaviors, and program design.

Methodological/Analytical Skills

MCH-RH Professionals should have knowledge and understanding of:

1. Research design, sampling, basic descriptive and inferential statistics, and validity/reliability assessment of measures.
2. Epidemiological concepts, descriptive and analytical epidemiology and intervention trials at community and individual patients.
3. The use of data to illuminate ethical, political, scientific, economic, and overall public health issues.

4. Strengths and limitations of qualitative and quantitative methods.
5. Data collection strategies and their strengths and limitations, including surveys, focus groups, and record-based information.
6. Principles and key features of community assessment, program design, implementation, and evaluation.
7. Prepare and interpret data from vital statistics, censuses, surveys, service utilization, and other relevant reports on the health of populations, and have the ability to detect meaningful inferences from data and the translation of data into information.
8. Apply appropriate qualitative methods to understand maternal and child health and reproductive health status.
9. Ability to conceptualize and appropriately use data and statistical/ epidemiological methods for problem and asset identification, assessment, program planning, implementation, and evaluation.
10. Formulate hypotheses or research questions, develop and implement a analytic strategy using epidemiology and biostatistical techniques.
11. Evaluate the integrity and comparability of data and identify existing gaps.
12. Extract data from primary and secondary sources; use basic statistical and graphics software, including programs such as EPI-info, R, S-Plus, and STATA for data management, analysis, and the linkage of data sets.

Management and Communication Skills

MCH Professionals should have knowledge and understanding of:

1. Organizational and management theories and practices, emphasizing leadership aspects and their administration in both public and private agencies.
2. The application of inter-organizational theories including contractual agreements and linkages and the use of principles of systems development, management, and analysis.
3. The purpose, rationale, activities, and performance measures for existing major MCH-RH programs.
4. Appropriate use of networking, team building, small group processes, advocacy, negotiation, and conflict resolution skills, and the knowledge of community organization and coalition-building techniques to address maternal and child health issues and problems.
5. Techniques for soliciting and maintaining consumer and other constituency involvement at all levels of an organization.
6. The processes, organization, and administration of quality management techniques in maternal and child health programs and agencies, including an understanding of the appropriate use, analysis, and interpretation of quality improvement data as it applies to employees, clients, and management.
7. Apply knowledge of management and organizational theories and practices to the development, planning, staffing, administration, and evaluation of public health programs, including the implementation of strategies promoting integrated service systems for populations.
8. Integrate population-based health promotion and disease prevention strategies within primary care and other service delivery systems.

9. Develop mechanisms to monitor and evaluate programs and service networks for their effectiveness and quality, including the use of performance measures.
10. Develop, justify, and present a health-budget at local, provincial and national levels.
11. Develop the background and significance section of a grant application and/or develop the rationale for a program or intervention, incorporating scientific, methodological, and practice knowledge and skills as appropriate.
12. Effective written and oral communication skills, including accurate and effective preparation and presentation of reports to agency boards, administrative organizations, legislative bodies, consumers, and/or the media using demographic, statistical, programmatic, and scientific information.
13. Apply knowledge of management and organizational theories and practices to the development, planning, staffing, Effective written and oral communication skills, including accurate and effective preparation and presentation of reports to agency boards, administrative organizations, legislative bodies, consumers, and/or the media using demographic, statistical, programmatic, and scientific information.
14. Use appropriate techniques for development and dissemination of professional development and continuing education programs for MCH-RH professionals.
15. Effectively resolve internal employee and/or organizational conflicts through a knowledge of applicable management techniques.
16. Develop and maintain an affiliation with community/consumer boards, boards of directors, and coalitions.
17. Effective and appropriate use of information technology, including but not limited to computer graphics and other software necessary for efficient program management and communication.
18. Develop strategies to assure integrated service systems for populations.

Policy and Advocacy Skills

MCH Professionals should have knowledge and understanding of:

1. The historical development and scientific basis of MCH-RH public policies and practices in the Indonesia for national, provincial, and local agencies and programs serving maternal and child health populations.
2. Significant past and current national legislative mandates relevant to the development and delivery of maternal and child health services.
3. The structure and roles of legislative, judicial, and administrative bodies at the national, state, and local levels.
4. The organization and financing of health services in Indonesia and the position of MCH-RH within the system.
5. The theories and mechanisms of MCH-RH policy development and implementation within the scope of health and other public policy programs in Indonesia.
6. The operation of federal entitlement programs in conjunction with private insurers to financially support maternal and child health services.
7. Identify essential gaps in existing MCH-RH programs and implement appropriate policy and advocacy measures to assure optimal care.
8. Identify public health laws, regulations, and policies related to specific programs.
9. Place a maternal and child health and reproductive health program within the historical and current context of related programs.

10. Collect and summarize data relevant to a particular policy/problem; articulate the health, fiscal, administrative, legal, social, and political implications of each policy option.
11. State the feasibility and expected outcomes of and barriers to achieving each policy option and decide on the appropriate course of action.
12. Write a clear and concise policy statement, position paper, and/or testimony appropriate for a specific audience.
13. Develop a plan to implement a policy, including goals, outcome and process objectives, implementation steps and evaluation plan.
14. Translate policy into organizational plans, structures, and programs.

Values and Ethics in MCH-RH Public Health Practice

MCH Professionals should have knowledge and understanding of:

1. The philosophy, values, and social justice concepts associated with public health practices in MCH, and an appreciation that concepts and theories apply to all populations, irrespective of socioeconomic or “social-safety net” (such as: Insurance for the poor) eligibility status.
2. The principles and issues involved in the ethical and sensitive conduct of practice and research within populations, and in the organization and delivery of public health services within communities and governmental agencies; including the ethical and confidential collection of data and its management, analysis, and dissemination.
3. The philosophical concepts and rationale underlying the delivery of family-centered, comprehensive, community-based, and culturally competent MCH-RH and public health services and programs, including recognition of community assets.
4. Ethical conduct in practice, program management, research, and data collection and storage.
5. Promotion of cultural competence concepts within diverse MCH-RH settings.
6. Ability to build partnerships within communities and constituencies to foster community empowerment, reciprocal learning and involvement in design, implementation, and research aspects of MCH-RH programs and systems.

Course of Master Level Degree in Public Health

Public health, as a profession and a discipline, focuses on population and society’s role in monitoring and achieving good health and quality of life. Public health professionals work in many settings to guarantee:

1. optimal human growth, development, and dignity across the life-span;
2. air, food and water safety;
3. workplace, school and recreation site safety;
4. respect for community participation and preferences in health;
5. timely detection of disease outbreaks and public health threats;
6. science-based responses to public health problems;
7. health care access, efficiency, and effectiveness;
8. encouragement of healthy choices that prolong a high quality life; and,
9. design and maintenance of policies and services to meet community and individual needs for physical and mental health.

Public health professionals also recognize the contributions of other disciplines, including but not limited to the health professions, Business, Economics, Education, Engineering, Law, Political Science, Psychology, Public Administration, and Sociology.

The following core competencies are aimed at providing a baseline overview of the knowledge, skills, and other attributes expected of emerging public health professionals working in areas of maternal and child health and reproductive health.

The competencies are anticipated to serve as a useful guide for faculty to include, as appropriate, relevant content in their existing courses; as well as for MCH-RH students to seek opportunities to comprehensively update their understanding.

Six core discipline-specific domains:

1. Biostatistics,
2. Demography-Population Science,
3. Epidemiology,
4. Health Policy Management,
5. Social and Behavioral Sciences, and
6. Environmental Health Sciences.

Seven interdisciplinary, cross-cutting domains:

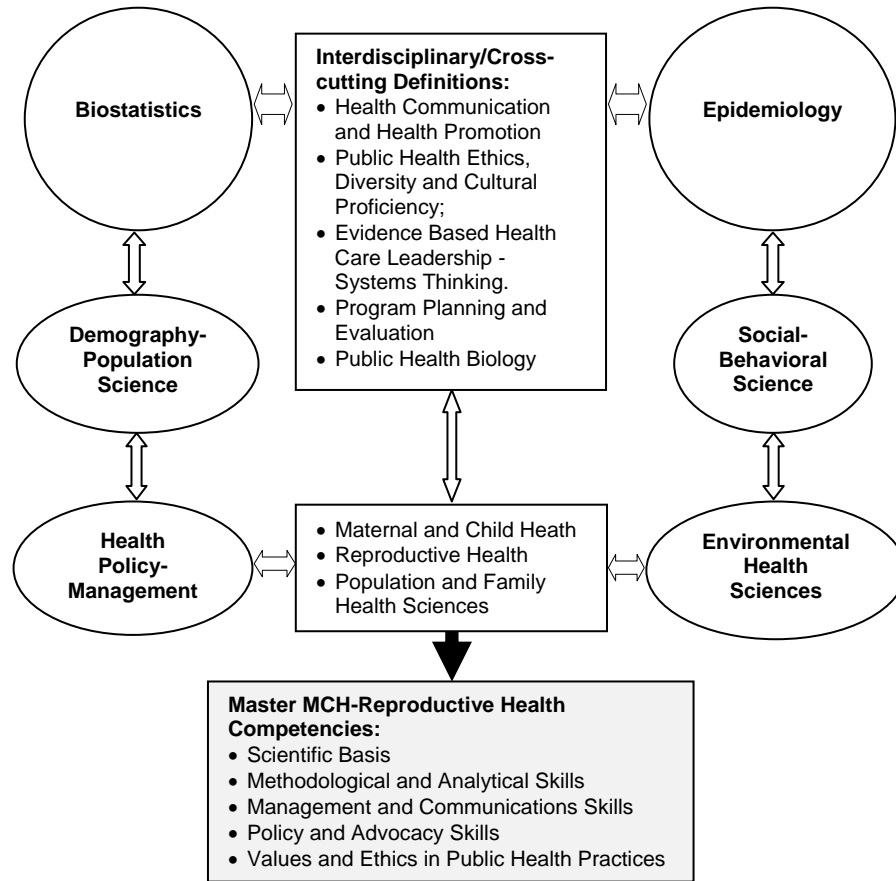
1. Communication-Informatics, and Health Promotion, Education and Advocacy
2. Diversity and Culture,
3. Leadership,
4. Systems Thinking
5. Professionalism,
6. Program Planning and Evaluation, and
7. Public Health Biology.

Scientific Basis on MCH-RH

Graduate students typically have to mastery on the core discipline areas first, and then should choose to focus their studies on particular subject/tract on one of these three areas:

1. Maternal and Child Heath
2. Reproductive Health
3. Population and Family Health Sciences

Figure: Master Degree Courses



Primary Faculty:

Dr. Siswanto Agus Wilopo, SU, M.Sc. Sc.D.

Population Dynamics, Biostatistics, Clinical Epidemiology, Sexual and Reproductive Health and Population Policies

Prof dr. Mohammad Hakimi, PhD, SpOG

Obstetrics-Gynecology, Clinical Epidemiology, Chronic Disease Epidemiology, Micro-Nutrient, and Evidence Based and Health Services

Prof dr. Djaswadi Dasuki, MPH, PhD, SpOG

Obstetry-Ginaecology, Reproductive Epidemiology, Contraceptive Technology, Leadership in Reproductive Health

Prof Djauhar Ismail, PhD, SpAK.

Pediatrics, Child Nutrition, Immunization and Child Growth and Development

Dr. Ova Emilia, M.M.Ed, Ph.D.

Obstetry-Ginaecology, Medical Education

Drs. Sukamdi, M.Sc

Demography, Population Dynamics, Population and Health policy

Dra. Budi Wahyuni, MM, MA

Sexual and Reproductive Health, Family planning, safe-motherhood, reproductive health policy, and medical anthropology

Drs. Abdul Wahab, MPH

Public health and Demography

Agung Nugroho, MPH

Public Health, Nutrition, Epidemiology

Dra. V Utari Marlinawati MPH

Public Health, Health Anthropology

Drs. Danardono, MPH, Ph.D.

Biostatistics, Mathematics and Computing

Research and Teacher Assistance:

1. Althaf Setyawan, S.Si
2. dr. Ifta Choriayah
3. M. Boedi Soetanto, S.S

Administration:

1. Dra. Antini Kurniawati
2. Dra. Utami Dwi Astuti

Center of Reproductive Health

Center of Reproductive Health is dedicated to implement three missions of higher education or university (Tri Darma Perguruan Tinggi), which aims at achieving goals to be a center of excellence and innovation on reproductive health research, demographic and health surveillance, and educational activities to increase population health status. Its main objectives are: 1) to undertake demographic and public surveillance at household level to understand reproductive health behavior as well as descriptive health, nutritional, epidemiologic, demographic, and social-economic determinants that are fundamentals to health planning and provision of reproductive health care services; 2) to develop public health prevention and intervention actions to accelerate the achievement of MDGs goal related to reproductive health problems, including development of new contraceptive technology; 3) to evaluate effectiveness and efficiencies of reproductive health programs targeted to large population, such as screening, immunization or vaccination program for mother and children, and micronutrient and food supplementation program for targeted group; 4) to offer facilities for degree and non-degree training on public health and reproductive health sciences that apply demographic and health surveillance.

Department of MCH-RH has been establishing a community and health and nutrition research laboratory (CHN-RL) since the late of 1994. The CHN-RL has been used to facilitate the faculty and students' researches, as well as efforts to test new an intervention and training area for the Government's worker. CHNRL based at Purworedjo district, offers the opportunity to gain experience in data collection and analysis of large-scale population-and clinical-based epidemiological studies. Students and researchers also have the opportunity to pursue gynecological as well as reproductive health topics at the Sardjito Hospital, to name a few of the extensive resources available. The CHN-RL is member of INDEPTH Network, which link scientist working in population and demography across the world. Students and researchers may also collaborate with other faculty members at the Department Obstetrics and Gynecology and Pediatrics, and the Sardjito-affiliated hospitals.

Some of the collaborative research that has been successfully completed in the past are:

1. Impact evaluation of vitamin A supplementation on maternal & neonatal infection & prematurity; CHNRL-Mother Care Applied Research Program. John Snow Inc. Arlington, Virginia, U.S.A; July 1995 - June 1997.
2. The effect of reproduction on the energy stores of women; CHNRL-Faculty of Medicine Gadjah Mada University - Swedish Agency for Research Cooperation with Developing Countries (SAREC); July 1994 – July 1998.
3. Development of Simple Breastmilk Indicators to Assess Vit A and Iodine Deficiencies in Communities. (Yodivita); CHNRL -The John Hopkins University; June 1995 - May 1996.
4. Impact of Domestic Violence on Maternal and Infant Health and Nutritional Status : A Cohort Study in Purworejo District; CHN-RL - Department of Public Health & Clinical Medicine Umeå University; Rifka Annisa Women Crisis Center - Center for Health and Gender Equity Washington, USA.

5. Strengthening of Leadership Capacity of Human Resources on Reproductive Health Programs to Support the Decentralization of Health Services in Indonesia; CHN-RL - Bill-Melinda Gates Foundation – JHU; July 2003 – Aug 2005.
6. ROTAVIRUS - Surveillance to determine the disease burden and the epidemiology rotavirus in Indonesia; CHN-RL - Department of Pediatrics/Dr. Sardjito Hospital - Department of Microbiology, Faculty of Medicine, GMU - Respiratory and Enteric Virus Branch National Center for Infectious Diseases CDC, ADIP and Respiratory and Enteric Virus Branch National Center for Infectious Diseases CDC; 2003 – 2004.