The Quality of Public and Private Midwifery Education in Lampung, Indonesia

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The Quality of Public and Private Midwifery Education in Lampung, Indonesia

A thesis submitted in partial fulfilment of the requirement for the degree of Master of Public Health

By

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Where other people's work has been used (either from a printed source, internet or any other source) this has been carefully acknowledged and referenced in accordance with department requirements.
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Table of Content

Table of Content ii
List of Figures iv
List of Abbreviations v
Acknowledgements vi
Abstract vii
Introduction viii
1 Background Information 1
1.1 Geography and Demography 1
1.2 Socio Economic 2
1.3 Education 2
1.4 Health Situation 2
1.5 Governance and Health System 4
1.6 Health Financing 5
1.7 Human Resources for Health 5
1.8 Midwifery Education 5
1.9 Quality Assurance for Midwifery Education 6
1.10 Comparison Between Global and National Standards 6
1.10.1 Vision, Mission, Goals and Objectives, and Strategies to Achieve the Target Program of Study 6
1.10.2 Governance, Leadership, Management Systems and Quality Assurance 7
1.10.3 Students and Graduates 7
1.10.4 Human Resources 8
1.10.5 Curriculum, Learning and Academic Atmosphere 8
1.10.6 Financing, Infrastructure, and Information Systems 9
1.10.7 Research, Community Service and Cooperation 9
2 Problem Statement, Justification, Objectives, and Methodology 10
2.1 Problem Statement 10
2.2 Justification 11
2.3 Objectives 12
2.3.1 General Objective 12
2.3.2 Specific Objectives: 12
2.4 Methodology 12
2.4.1 Study Design 12
2.4.2 Search Strategy 13
2.4.3 Search Words 13
2.4.4 Framework for Analysis 14
3 Quality of Midwifery Education in Public and Private Institutions in Lampung, Indonesia 15
3.1 STANDARD I: VISION, MISSION, OBJECTIVES AND GOALS, ACHIEVEMENTS STRATEGIES 15

3.2 STANDARD II: GOVERNANCE, LEADERSHIP, MANAGEMENT SYSTEM, AND QUALITY ASSURANCE 15
3.3 STANDARD III: STUDENT AND GRADUATES 17
3.4 STANDARD IV: HUMAN RESOURCES 19
3.5 STANDARD V: CURRICULUM, LEARNING AND ACADEMIC ATMOSPHERE 22
3.6 STANDARD VI: FINANCING, FACILITIES AND INFRASTRUCTURE, AND INFORMATION SYSTEM 24
3.7 STANDARD VII: RESEARCH, SERVICE TO THE COMMUNITY, AND COOPERATION 26
4 Evidence based practices 27
4.1 Australia 27
4.1.1 Regulatory bodies 27
4.1.2 Clinical practice 28
4.1.3 Growing demand of the course 28
4.2 Afghanistan 28
4.3 Nigeria 29
4.4 Tanzania 30
5 Discussion 31
5.1 Comparison of Public and Private Midwifery Education 31
5.2 Reflection of the Framework for Assessment 35
6 Conclusion and Recommendation 36
6.1 Recommendations 36
6.1.1 Policy level 36
6.1.2 Schools 36
6.1.3 Further Research 37

List of Figures

Figure 1. Map of Indonesia 9
Figure 2. Maternal Mortality Ratio in Indonesia 11
Figure 3. Proportional Mortality in Indonesia 12

List of Abbreviations

ACU	Australian Catholic University
ANC	Antenatal Care
BAN-PT	*Badan Akreditasi Nasional-Perguruan Tinggi* - National Accreditation Body for Higher Education
CI	Clinical Instructor
CIEC	Curriculum Implementation and Evaluation Committee
DHS	Demography and Health Survey
GDP	Gross Domestic Product
GNP	Gross National Product
GPA	Grade Point Average
HR	Human Resources
HRH	Human Resources for Health
ICM	International Confederation of Midwife
IMCI	Integrated Management of Childhood Illnesses
JKN	*Jaminan Kesehatan Nasinal* - National health insurance
Kopertis	*Koordinasi Perguruan Tinggi Swasta* - Private Higher Education Coordination
LAM	*Lembaga Akreditasi Mandiri* - Independent Accreditation Board
MEPI	Medical Education Partnership Initiative
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
PB 1	Public school 1
PB 2	Public school 2
PDPT	*Pangkalan Data Perguruan Tinggi* - National Higher Education Database
Poltekkes	*Politeknik Kesehatan* – Health Polytechnic
Pusdiknakes	*Pusat pendidikan tenaga kesehatan* – Centre for Education Health Personnel
Puskesmas	*Pusat Kesehatan Masyarakat* – Health Centre
PV 1	Private school 1
PV 2	Private school 2
SPME	*Sistem Penjaminan Mutu Eksternal* – External Quality Assurance System
SPMI	*Sistem Penjaminan Mutu Internal* – Internal Quality Assurance
SRMNH	Sexual Reproductive Maternal Neonatal Health
WHO	World Health Organization

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Abstract

Background:

In Indonesia, efforts to enhance quality of midwives include national competency test and accreditation for midwifery education. However, in 2014, only 53.5% of midwife candidates successfully complete the national competency test. In Lampung, public schools perform relatively higher than private schools in the competency test.

Objective:

The objective of this study is to analyse the quality of public and private midwifery education in Lampung, Indonesia and identify effective interventions for improvement.

Methodology:

This study consists of two components: analysis of secondary data and a literature review. Framework for analysis was developed by comparing national and international (World Health Organisation and International Confederation of Midwives) standard on midwifery education.

The study found no major difference between public and private schools in: vision, mission, goal, objectives and strategies; curriculum, learning and academic atmosphere; facility, infrastructure and information system; community service and cooperation.

However, they were differences in the issues as follows: public schools have more lecturers with master degree, lectureship and lecturer certification than in private schools; public schools have better qualified head of schools; public schools have more enrolment demand; private schools have no data tracer studies although they claim that they did; and capabilities of graduates from public schools have added value.

Notably, the national guidelines have a gap in practical clinical learning process.

Conclusion and Recommendation:

The recommendations are; The National Accreditation Body for Higher Education needs to include standard on practical clinical learning; support lecturers to pursue master degree; and conduct tracer studies.

Keywords: Quality, Midwifery, Education, Accreditation, Indonesia

Word counts: 13,154

Introduction

I graduated from midwifery academy in 2006 then worked as a midwife in a private clinic in Lampung Indonesia. In 2007, I studied for a Bachelor's degree in advanced Midwifery and thereafter I worked as a lecturer in a private midwifery academy.

During my work, I have seen many challenges faced by private midwifery schools in Lampung, Indonesia. Although they are under an education foundation, these institutions are private property that may be seen as business for profit in spite of helping government to educate midwives in order to tackle the shortage. As private institutions should independently guarantee the programme, decision-making in managing the institution cannot be separated from the fiscal matters.

Private schools also face challenges in terms of student recruitment due to the tuition fee which is virtually threefold higher compared to public schools. Private schools tend to be second option for people who fail to be enrolled in public schools.

According to graduated students from Public Schools, the courses in Public Schools are less effective, since lecturers start their lectures late because they are overworked. Schools are required to implement *Tridarma* which has objectives of that include teaching, research and community service and that gives them more workload.

This experience makes me want to explore the differences in quality of midwifery education between public and private institutions. With this thesis, I hope I will be able to gather a better understanding of the differences between public and private midwifery institutions and contribute possible effective improvement for schools.

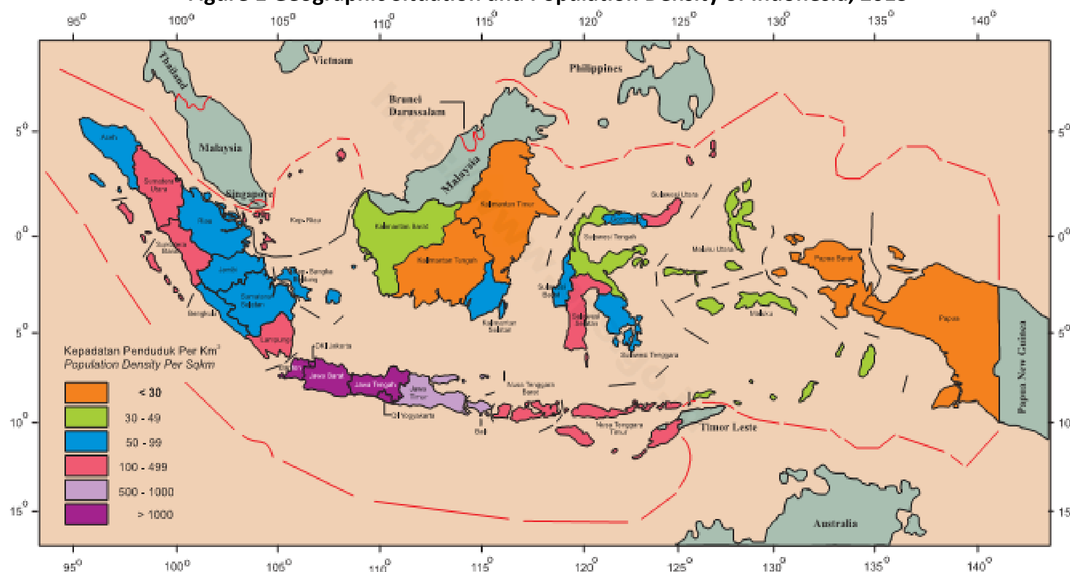
Chapter I: Background Information

1.1. Geography and Demography

Indonesia is the largest country in Southeast Asia with the largest Muslim population (1). It is the largest archipelago country in the world located between Asian and Australian continents. It stretches between the Indian and Pacific Ocean (2). Indonesia has 34 provinces spreading over five main islands and four archipelagos. These include Sumatera Island, Riau Archipelago, Bangka Belitung Archipelago, Java Island, Nusa Tenggara Archipelago (Sunda Kecil), Kalimantan Island, Sulawesi Island, Maluku Archipelago, Papua Island (3). Data on December 2013 state that Indonesia consists of 34 provinces, 413 regencies, 98 cities, 6,982 sub districts, and 80,714 villages (3).

Moreover, Indonesia has about 17 thousand islands and is counted as the sixteenth-largest country in the world (2). It is a home for enormous biodiversity because it is located in large archipelago nature and tropical climate (4). In terms of biodiversity, Indonesia merely ranks second position in the world after Brazil. Additionally, Indonesia has extensive number of ethnic and religious groups. There are about three hundred ethnic groups with two hundred and fifty languages and dialects (2).

Figure 1 Geographic Situation and Population Density of Indonesia, 2013



Source: Statistics Indonesia, 2014

Based on population census in 2010, Indonesia has about 230 million people (3) and projected to increase to more than 256 million in 2015 (5). By the rate of increase 1.19% per year total population will be more than 268 million people in 2019 (5) and it is projected to increase to about 306 million in 2035 (6). Indonesia becomes the fourth most populous country in the world which is also the largest Muslim population as more than 87% population is Muslim (2). Jakarta as the capital city of

Indonesia has more than 10 million inhabitants. Among other islands, Java Island where the capital city is based is the most crowded area that more than half of the population lives there with population density which is about 2,400 people per square mile (2).

The fertility rate has declined in the last three decades and was 2.6 in 2012 (7). The peak of childbearing years increased from 20-24 to the 25-29 age groups (7). However, there are still 10% of adolescent girls that become pregnant between the ages 15-19 years (7). In addition, in 2014, the number of women of reproductive age (15-49 years) was 69,148,825; the number of pregnant women was 5,290,235; and the number of delivery was 5,049,771 (8).

1.2. Socio Economic

Indonesia has the largest economy in South East Asia (4). Value of Indonesian exports in June 2015 reached US $ 13.44 billion and increased by 5.91% compared to exports in May 2015. Imports reached US $ 12.96 billion in June 2015 and this was a 11.63% increase compared to May 2015 (9).

Indonesia's economic growth has slowdown, it was 5.02% in 2014, while in 2013 it was 5.58% (10). In 2014, Gross domestic products per capita (GDP) was US $ 3,048.78; Gross national products per capita (GNP) was US $ 2,949.53; Indonesia income per capita US $ 2,283.43(10). The percentage of poor people was 10.96% in 2014 (11). Poor people were defined as people whom the average of monthly expenditure under the poverty line.

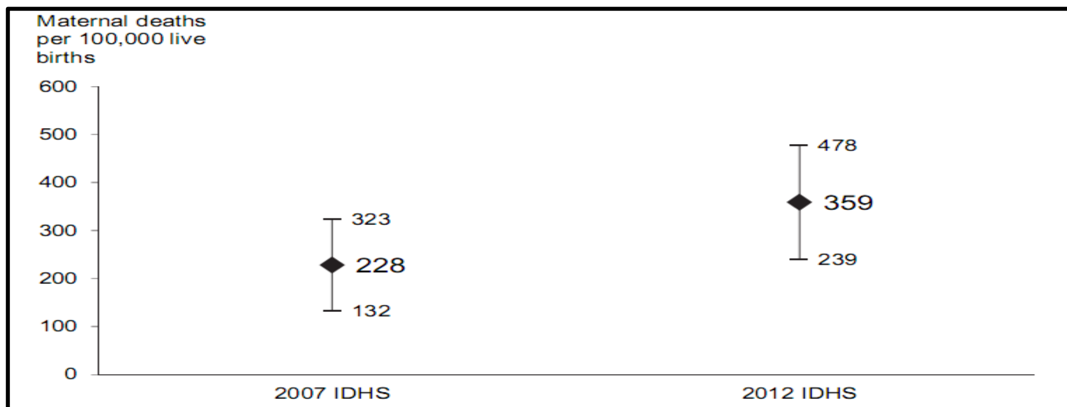
1.3. Education

In the area of education, there is improvement on education among children aged 7-12 that school attendance grows up from 62% to 97% for males and 58% to 98% for females between 1971 and 2011. In addition, number of people who never attended school decreased, while pupils who continue the education to junior high school or higher level have increased (7).

1.4. Health Situation

The maternal mortality ratio is 359 deaths per 100,000 live births in 2012, it increased from 228 deaths per 100,000 live births in 2007 (7).

Figure 2. Maternal Mortality Ratio in 2007 and 2012



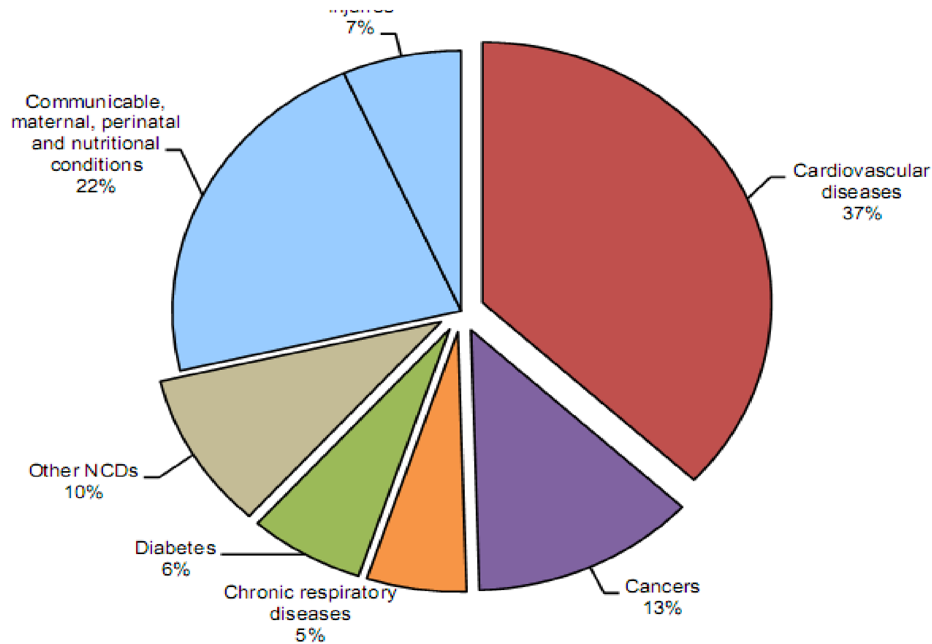
Source: Indonesia DHS, 2012

The rise in maternal mortality rate does not mean a failure in attempts to decrease the maternal mortality ratio. According to DHS, this may be due to sampling error, memory lapses of the respondents, and the wide confident interval in statistical calculations. Based on 95% confidence interval, the range is 239-478 maternal mortality per 100,000 live births in 2012, while it's 132 to 323 in 2007. According to Hill et. al., the wide range of confident interval in the routine sample survey is unable to keep track of maternal deaths for Millennium Development Goals target (7,12).

In addition, differences in the operational definition may also affect the rate of MMR. In the survey in 2007, asked question about maternal mortality to 15-49 years old woman in which ever- married, while in 2012 at the age of 15-49 years all woman regardless marital status (7).

Based on Demographic and Health Survey (DHS) data, infant mortality in Indonesia is 32/1000 live births with 60% occurring in the first month of life. The highest infant mortality rate is in the group of mothers above 40 years old, mothers with low quintile economic status, who are not educated, with short interval of pregnancy (less than two years) and mothers who live in rural area. Under-5 and perinatal mortality rates is 40/1,000 live births, and the highest number of perinatal mortality occur among children born from mothers who had last pregnancy less than 15 months (7).

Figure 3 Proportional Mortality in Indonesia 2014 (% of total deaths, all ages, both sexes)



Source: WHO - Noncommunicable Disease (NCD) – Country Profile, 2014

Proportional mortality in Indonesia is mainly caused by cardiovascular diseases (37%); communicable, maternal, perinatal and nutritional conditions (22%); cancers (13%); and other non- communicable diseases (10%) (13). The government, has plans to reduce the percentage of pregnant woman with chronic energy malnutrition by 18.2% in 2019 (5).

1.5. Governance and Health System

Government of Indonesia runs the principle of *Trias Politica* that legislative, executive, and judicative powers work synergistic (3). As the third-largest democratic country, Indonesia performed free parliamentary elections since 1999 and enacted the law on regional government in the same year by channelling the autonomy to districts/cities (7).

According to the health law No. 23 of 1992 article 4 states that every person has equal rights in obtaining optimal health status. This is with regard to the decentralization that applied in Indonesia where each region set up and manages its own affairs in accordance with the principle of autonomy (14). Thus in terms of expediency, decentralization may improve the efficiency and responsiveness of the government through the fulfilment of public service in accordance with the preferences of local communities (15).

The production of Human Resources for Health (HRH), as part of Health system, conducted in higher education level. The management and regulation is carried out by Ministry of Education and Culture. There are institutions, including midwifery, which carried out by Ministry of Health.

Private midwifery institutions independently managed by guidance and supervision from Private Higher Education Coordination (Kopertis in Bahasa) (16).

1.6. Health Financing

The budget for health as mandated by law No. 36 of 2009 on health amounted to 5% of the state budget and 10% of the regional budget. Although it has increased every year, the proportion of state funds is only about 2.5%. In addition, the funding of regional budget is only about 9.37% and only a few provinces can allocate 10-16% (5).

Indonesia developed National health insurance/*JKN* in 2014 which target universal coverage by 2019. By 31 December 2014 the JKN coverage was 53% (8). The main targets of the National Medium Term Development Plan 2015-2019, in part, are: increasing the health and nutritional status of mothers and children; and the fulfilment of health personnel, drugs and vaccines.

1.7. Human Resources for Health

The number of human resources in health utilized in health care facilities in 2013 amounted to 877,098 people, of which 137,110 are midwives (17). Challenges in reducing maternal mortality lies in the health workers who deal with maternal and child health particularly midwives. The number and deployment of midwives relatively adequate throughout Indonesia, but competency is still inadequate (5).

Health services: The proportion of antenatal care by skilled health care workers is 96% of which 88% of those mothers have more than four ANC visits during pregnancy. This improvement is in line with service delivery by skilled birth attendant which is 83% and institutional delivery is 63% (7).

1.8. Midwifery Education

Midwife education in Indonesia started in 1851 by a Dutch military doctor (DR. W.Bosch) and it is continued to develop dynamically since then. In the period 1975-1984 midwifery education was closed so that in 10 years there are no midwife graduates (18).

Based on the Education Minister Decree No. 009/U/1996 the country has established direct-entry to midwifery education program from high school graduates (grade twelve) as prerequisites (19). A year later, in 1997 the first private midwifery education school in Indonesia was established (20). Based on data National Higher Education Database (PDPT in Bahasa) in 2013 the number of diploma midwifery institutions registered was a total of 692 (21). The number of midwifery diploma students in 2014 was 15.503 in public schools (62 schools under 38 *Health Polytechnic*), while compiled data from 692 private institutions was not found.

According to Harvey, in Zwanikken et al, "Assurance of quality in higher education is a process of establishing stakeholder confidence that provision (input, process and outcomes) fulfils expectations or measures up to threshold minimum requirements". Those stakeholders may include governments; higher education institutions/ providers including academic staff; student bodies; quality assurance and accreditation bodies; academic recognition and professional bodies (22)

1.9. Quality Assurance for Midwifery Education

In order to create supportive environment for midwifery education, World Health Organization (WHO) and International Confederation of Midwives (ICM) developed global standards. In 2009, WHO published Global Standard for the Initial Education of Professional Nurses and Midwives, while the ICM board approved the Global Standard for Midwifery Education in 2010 (23).

In Indonesia, ensuring the quality of midwifery education is done by internal and external quality assurance system (24). Internal Quality Assurance System (SPMI in Bahasa) is a continuous process to supervise the education which is internally driven by the institution. External Quality Assurance System (SPME in Bahasa) is assessment of courses and colleges through accreditation to determine its quality (25).

Since the enactment of Law No. 23 of 2003 on the national education system, the accreditation has changed from voluntary to being mandatory (26). Accreditation of institutions is conducted by National Accreditation Body for Higher Education (BAN-PT in Bahasa) and accreditation for study programme by Independent Accreditation Board (LAM in Bahasa). BAN-PT is an independent institution that is accountable to the minister and has the mandate to conduct accreditation of institutions, while LAM was established by different stakeholders including government and non-government institutions. Specifically, the accreditation of health education courses is conducted by Independent Accreditation Board for Health Courses (LAM-PTKes). Accreditation status should be announced to the public and its valid for five years (27).

1.10. Comparison between Global and National Standards:

Comparative analysis for midwifery education standards from WHO, ICM and LAM-PTKes (national) guidelines was done. Comparison table of this finding is presented in annex 1. The issues found are as follows:

1.10.1. Vision, Mission, Goals and Objectives, and Strategies to Achieve the Target Program of Study

The standards stipulate that an institution is required to have a vision, mission, objectives and goals. Moreover, the ICM guidelines mentioned about the philosophy of the programme which should be conformable with core document of ICM.

Additionally, the national standard emphasized on the clarity, being realistic, and linkages between the vision, mission, goals, and objectives of the study programme. It is pointed out that stakeholders must be involved on its formulation. Strategies for achieving targets with clear time frame and supported by documents as well as an understanding of the vision and mission for the entire academic community are included in the national standard.

1.10.2. Governance, Leadership, Management Systems and Quality Assurance

All standards set the rules of the programme leader. A leader should have a degree, experience in leadership and administration, and demonstrates knowledge as an educator.

In the ICM and national standards, they stipulate that the Head of the School should be a midwife. In addition, national standard expect the Head of the School to have a master's degree of midwifery and have publications in accredited journals.

With respect to the quality assurance, ICM and WHO standards assign periodic external reviews/ accreditation for the midwifery study programme was carried out at 5-7 years interval. However, accreditation is not mentioned in national standards, but it is established in the minister of education regulation number 87 of 2014 regarding accreditation for study programme and school. It is conducted every 5 years by LAM-PTKes for study programme and by BAN-PT for schools.

1.10.3. Students and Graduates

In the WHO and ICM standards, recommends that in order to recruit students, national and international policy as well as official documents and workforce trends both globally and locally needs to be taken into account. Moreover, in the ICM standard, geographic area and demographic profile are used to adjust workforce need. These issues are not listed in the national standards.

Admission policy including entry requirement is defined in the WHO and ICM standards. Nevertheless, it’s not mentioned in the national standard because it is regulated in the national technical guidelines and is stipulated in the law of the republic of Indonesia number 12 in 2012 article 21 about higher education.

In addition, the Indonesian midwifery association developed core documents for diploma midwifery education standard in 2013. It has specific requirements of midwifery student but this issue does not emerge in the assessment tools for accreditation.

WHO and ICM standards stipulate that no discrimination, including gender, in the admission and selection process. However, in the health minister regulation number 1464/MENKES/PER/X/2010 defines a midwife as "a woman……" Indonesian midwifery associations' core document also stipulates that the requirement admission for midwifery student is a woman with maximum age 24 years.

Based on ICM standards, the midwifery programme should have clearly written student policies including expectations of students in classroom and practical areas. This standard is neither listed in WHO nor national standards. Moreover, WHO has standard about student retention system in midwifery school but not listed either in ICM or national standard.

For graduates, WHO and ICM standard stipulates that graduates are eligible to pursue advanced education. However, in national standards, it is not mentioned but it is declared in the law no 12 of 2012 about higher education.

1.10.4. Human Resources

WHO, ICM and national standards define the roles for theory and clinical educators. However, in the ICM standard lecturers and clinical instructors (CIs) should have practical experience for two years. This issue is not declared in WHO and national standard. But in the context of Indonesia, health minister policy number 1192/Menkes/PER/X/2004 stipulates that midwifery lecturers should have at least 1 year experience in their expertise.

WHO and ICM standards stipulate that lecturers and CIs should maintained their skills in midwifery practice. Besides that, ICM standards set that clinical preceptor/clinical teacher should hold a current licence/registration or other form of legal recognition to practice midwifery. These issues are not mentioned in the national standard.

ICM standards define the task of lecturers to provide education, support and supervision of individuals who train students in practical learning sites. The lecturer and CI work together to support and facilitate, directly observe, and evaluate students' practical learning. These issues are not mentioned in the WHO and national standards.

WHO standards set the school should have positive reinforcement system in place with an effort of professional development of staff. This standard is not listed in ICM and national standards.

1.10.5. Curriculum, learning and academic atmosphere

The standards stipulate that the study programmes should develop the curriculum so that students are able to gain competency. In addition, ICM standards state that the study programme should reflect philosophy of

the midwifery education which is consistent with the ICM philosophy and model of care. However, this issue is not stated either in WHO or national standards.

ICM standards define selection criteria for appropriate midwifery practical learning sites, but it is not set in WHO and national standards. Moreover, WHO and ICM standards states that schools should conduct continuous assessments for practical learning sites. This is not stipulated in the national standard.

WHO and ICM standards state that study programmes need to use teaching approaches that promote adult learning and are evidence based. This issue is not covered in national standard.

1.10.6. Financing, Infrastructure, and Information Systems

The standards mention the need for sufficient funds to support the midwifery programme. In addition, in order to introduce the midwifery programme to the general population, ICM standards state that the host institution should advocate that the course is promoted by and depicted positively in the host institution materials.

On the other hand, WHO and national standards broadly mention about functional and operational management system including planning which may be elaborated in terms of advertisement of the program in the institution materials.

1.10.7. Research, Community Service and Cooperation

This standard is only found in national standards while WHO and ICM standards do not mention research, community service and cooperation. This standard covers issues of number of researches performed by permanent lecturers; service activities to the community by faculty and students; cooperation with other institutions (home and abroad).

To sum up, there are issues which are not mentioned in the national standards as follows: to include national and international policy as well as official documents and workforce trends both globally and locally (geographic area and demographic profile) in the student recruitment; non-discrimination policy in recruitment; written student policies including expectations of students in classroom and practical areas; student retention system; two years practical experience for lecturer and CI; skill maintenance of lecturers and CI; education, support and supervision of individuals who train students in practical learning sites by the lecturer; coordination and cooperation between the lecturer and CI in practical learning sites; positive reinforcement systems; adult learning approach and uses of evidence based; selection criteria for practical learning sites; continuous assessments of practical learning sites.

Chapter II: Problem Statement, Justification, Objectives, and Methodology

2.1. Problem Statement

Globally, 340,000 maternal deaths and eight million new-born deaths occurred annually (28) partly because of the shortage of fully competent midwives (23).

Availability and quality of health workers are part of the domains that determine the health system to provide effective coverage in Sexual, Reproductive, Maternal and Neonatal Health (SRMNH) (29). Maternal health is an area which the availability of heath workforce is inadequate. From 73 low and middle income countries that are included in 'countdown countries', accounted for more than 92% of global maternal, new-born deaths and stillbirth. Those countries have only 42% of the world's medical, midwifery and nursing personnel. (29)

Indonesia, as one of those 73 countries, that has moved to tackle the maternal health problem, partly by ensuring the availability of midwives. There were 207,761 midwives working full time on maternal and neonatal health in 2012 (29) with an the estimated met need of SRMNH is 87% in Indonesia (29).

That number of midwifery education is based on not only the assessment needs of midwives, but also the encouragement of other factors, such as the commercialization of midwifery education, political element such as decentralization and encouragement of health personnel needs improvement in certain areas (21).

Although the availability of midwives is relatively sufficient, the maternal and neonatal mortality is still far from the Millennium Development Goals target (5). To achieve these goals, it also needs good health systems; funding; political commitment and good quality of care (30). Besides quantity of midwives, to provide an outstanding service in SRMNH requires qualified midwives (29).

According to State of World Midwifery's document, the element of quality is the most important in providing SRMNH, therefore qualified midwives are needed. However, in Indonesia, the competency of some midwives is still inadequate and needs to be improved (5).

A qualified midwife is a person who has finished midwifery education program and mastering competency in the *ICM Essential Competencies for Basic Midwifery Practice*, working autonomously and licensed to conduct midwifery care (31). In order to produce a qualified midwife, the midwifery programme should meet certain standards which ensure the quality of learning process (32,33). Therefore, Global Standard for midwifery education is undeniable due to creating academic environment

so that the midwifery students have opportunity to achieve competencies to be a fully-qualified midwife (31).

In Indonesia, seven standards served to maintain and improve the quality of midwifery education (34). There are small portions (31%) of midwifery institutions which have been accredited (35). This may be due to lack of assessor and budget shortfall (36).

In the strategic plan of the ministry of health in 2015-2019 there were programs for Development and Empowerment of HRH with one of the activities is quality management of higher education. The targets of these activities are increasing the quality management of higher education. The set target for accreditation is 80% for public institutions in 2019 (5).

As well as public schools, private schools also have the duty of accreditation from BAN-PT and LAM-PTKes. They receive supervision, control and guidance from the Kopertis which reports to the General Director of Higher Education (16). The existence of Kopertis is needed considering the rapid increase of private universities, with fostering, supervising and controlling may not be implemented directly by the Directorate of Higher Education (37).

Until October 2011, there have been 729 institutions that organise courses for midwifery diploma. Based on consideration of the insufficiency of practical sites; quality and quantity of lecturers; accreditation status of program study; and prediction on capacity utilization of the graduates, in 2011 a moratorium on the establishment of a new course was issued (38).

Moreover, to ensure the competency of graduates which are nationally standardized, the government held competency test for the graduates. The test is paper based test and was introduced in September 2013 (39).

The result shows inadequate number of midwives passed the competency test with 53.5% nationally (5).The result is varying between provinces and in-provinces as well as between public and private schools.

2.2. Justification

The results of competency test show the differences between public and private midwifery education in Lampung. The percentage of completeness on competency test in public and private schools is 98.5% and 88% respectively. This may be related to the influencing factors such as resources, faculty, curriculum, learning environment and other factors which determine the quality of the schools. There was no study done to review the quality difference between public and private midwifery education in Lampung, Indonesia.

Therefore, I would like to analyse the quality difference between public and private midwifery education in Lampung, Indonesia and identify best practices for improvement.

2.3. Objectives

2.3.1. General Objective

Identify, describe and analyse the quality midwifery education between public and private institutions in Lampung, Indonesia, identify best practices and provide recommendations to the schools, national accreditation board and other stakeholders.

2.3.2. Specific Objectives:

1. Identify, describe, analyse and compare the quality of public and private midwifery education in Lampung, Indonesia.
2. Identify, describe and analyse the best practice of quality in public and private midwifery education.
3. Provide recommendations to the schools, national accreditation board and other stakeholders.

2.4. Methodology

2.4.1. Study Design

This study consists of two components: analysis of secondary data and a literature review.

a. This study will analyse secondary data which come from either self-assessment book of the course or site visit to the institution.

There are 14 midwife schools in Lampung, Indonesia, consisting of two public and twelve private. The author sent a letter of request for data to eight schools (two public and six private). Four (two public and two private) agree to provide the data in the form of self-assessment book which is used for accreditation purposes of their study programme. The public school's self-assessment book was developed based on 2014 data of the schools, while for private schools it is based on 2012 data.

However, the public institution, which has two schools, asked the author to collect the data by directly coming to the schools. This is due to the self-assessment books which are in the progress of development, so the schools objected to provide a soft copy. Besides, all schools requested to keep the confidentiality of the school.

Quality assurance is an interrelated and continuous process and could not only be regarded as an accreditation task (40). However, because of time constraints to develop research protocol and the availability of data, the

author used self-assessment book of institutions to analyse the quality of the schools.

Therefore, there may be a possibility for selection bias. The data comes from four out of fourteen midwifery schools, with each school located in different area. The public schools are located in the provincial capital and city, while both of private schools are located in the districts which are 105kms and 65kms away from the provincial capital. Those factors may lead to not-representative analysis to the general situation.

In addition, observer bias could happen. The narratives of the data could create possibility that experience of the author unconsciously influence the interpretation of the data. Furthermore, the author has informal information either from lecturer or graduates of the schools.

b. Literature review will be used in this study in order to gather information related to best practice in midwifery education.

2.4.2. Search Strategy

The supporting data were collected by using VU library as a library catalogue, as well as PubMed and The Cochrane library as databases and Google Scholar as search engine. In additional, the data was gathered through institutional websites of WHO, UNFPA, ICM, PMNCH, MOH of Indonesia, USAID, Ministry of Education, Indonesia Statistics, BAN-PT, LAM-PTKes. The Ministry of Health of Indonesia data reports, articles, and policy papers are also used.

In order to gain information about evidence based practices, the author searched for articles and case studies in the area of quality midwifery education. The author searched by filtering the articles based on the gap in the finding. The study which has included all issues of accreditation, human resources, practical setting and tracking graduates were selected for evidence based practices.

In order to prevent the outdate information; the literatures selected are between year 2005 and 2015 except for the law and regulation. The search was limited to two languages which are English and Bahasa Indonesia because the author is conversant on those languages.

2.4.3. Search words

In order to explore the information related to quality of midwifery education the search words are: health system, human resources in health, maternal, health, midwifery, education, standard, student, graduate, midwives, private institution, public institution, quality, accreditation, assurance, promotion, competency, test, exam, delivery, training, strategy, intervention, improve, internal, external, quality

assurance, supervision, guidelines, effective, competence, qualified, outcome, best practice, evidence or in combination.

Objectives	Published Peer reviewed literatures	Grey literature	Secondary data	Key search words used
1	-	Institutional websites of MOH-ROI, ministry of education, WHO, ICM, BAN-PT, and LAM-PTKes were used to access policies and standards for midwifery education.	Self-assessment book from four midwifery study program.	Standard, midwifery, education, regulation, higher education, law, accreditation or in combination.
2	Google scholar, PubMed and Medline was used to access published literature.	Institutional websites of as MOH-ROI, ministry of education, WHO, ICM, BAN-PT, and LAM PTKes were used,	-	Standard, midwifery, education, regulation, higher education, law, accreditation, quality assurance, faculty or in combination.

2.4.4. Framework for Analysis

In order to guide the process for the analysis and link to the thesis objectives, the combination framework between WHO, ICM and LAM-PTKes (national) standards will be used as benchmarks in evaluating and assessing the quality of the study program.

This framework is the combination of global standards for the initial education of professional nurses and midwives by WHO, global standards for midwifery education by ICM and accreditation form for midwifery diploma by LAM-PTKes, as developed in chapter 1.

The national standard consists of seven standards as follows.

Standard I : Vision, Mission, Goals and Objectives, and Strategy Achievement
Standard II : Governance, Leadership, Management System and Quality Assurance
Standard III : Students and Graduates
Standard IV : Human Resources
Standard V : Curriculum, Learning and Academic Atmosphere
Standard VI : Financing, Infrastructures, and Information Systems
Standard VII : Research Services / Community Service, and Cooperation

Chapter III: Quality of Midwifery Education in Public and Private Institutions in Lampung, Indonesia

This chapter presents the findings regarding the quality of midwifery education in public and private schools. The study conducted on four midwifery education composed of two public and two private schools (Public 1=PB1, Public 2=PB2, Private 1=PV1, and Private 2=PV2). The comparison table of these findings can be found in annex 2.

3.1. STANDARD I: VISION, MISSION, OBJECTIVES AND GOALS, ACHIEVEMENTS STRATEGIES

All schools have vision, mission, goals and objectives which are, described using the criteria in the author's assessment are, clear and realistic. Three of the schools (PB1, PB2, and PV1) have described strategies for achieving the targets with clear time frame while one private school (PV2) has strategies without clear time frame. Involvement of the faculty, students, staff, alumni and the community in the development of vision, mission, goals, and objectives are described as have been done however one private school (PV1) simply involves people from top management and founding members.

According to the reports, the dissemination of the vision and mission of the program has been done by all the schools. However, a public (PB1) and a private (PV1) school do not provide information about the results of the understanding by the academic community and academic staff. While others (PB2 and PV2) state that the entire academic community and education personnel understood about it. The unknown dissemination results of vision and mission in those schools could be due to incomplete filling of accreditation forms or indeed in accordance with the reality on the ground.

3.2. STANDARD II: GOVERNANCE, LEADERSHIP, MANAGEMENT SYSTEM, AND QUALITY ASSURANCE

Based on the report, three schools (PB1, PB2 and PV2) describe an application of good governance to achieve the vision, mission, and goals by using the strategies including credible, transparent, accountable, responsible and fair. But there is one private school (PV1) which elaborates those elements except the transparency issue in their self-assessment book.

The head of public schools hold master of public health and the heads of private schools hold advanced midwifery (bachelor degree). According to the national standards head of schools should ideally hold a master of midwifery degree but there was no school that fulfilled these criteria. There are lecturers with master of midwifery degree in the public schools

but cannot be the head of schools due to a variety of reasons such as rank and length of service. But the absence of head of schools that hold master of midwifery degree in private schools is purely because of no lecturer that has that degree in those schools.

In addition, the head of public schools have publications in unaccredited journals, but the head of private schools do not have any publications. This situation is avoidable because lack of capacity of the head of private schools may be due to lack of opportunity such as availability of funds and support.

According to the reports, the public schools apply operational, organizational, and public leadership as mandated in national standards. The private schools applied the transformational leadership where the head of schools is always a change agent because transformational leaders always bring changes in a positive direction but they are not in control of the changes. Besides that, functional and operational systems including planning, organizing, development of staff, supervision, directing, representation, and budgeting has been done in public schools, but the issue of representation is missing from one of the public schools (PB1). For the private schools, both schools did not report on issues of representation, development of staff, supervision, and budgeting.

According to the self-assessment book, there is an effective evaluation policy and quality control in public schools and there is good quality of documentation. However, for PB1 there is no information on follow up of effective evaluation reports and for PB2 all reports are followed up. In private schools there is no comprehensive policy on the evaluation and control of the program. Review system tends to be *ad hoc*.

There is no difference between public and private schools in terms of feedback to improve the quality of the learning process. According to the self-assessment book, the schools obtain the feedback from faculty, students, alumni and users which are reportedly done regularly and actionable. But the information can be questioned because the private schools does not state how many graduates were involved in the tracer study.

There are efforts in order to establish the sustainability of the course including; efforts to increase the interest of prospective students; improve the quality of management; improve the quality of graduates; for the implementation and results of partnerships; and achievements to obtain funds from sources other than the students. According to the self-assessment book, the public school (PB1) has done all these efforts and obtained good results. On the other hand, the public school (PB2) have been done various efforts to improve each point but efforts to obtain funding other than student fees have not been done because there is no policy related to the tariffs within the institution. The achievements to

obtain assistance in the form of infrastructure and research in PB2 exist by participating in competitive grants from the local government.

Furthermore, based on the report, there are efforts to improve each point in private schools but efforts to obtain funding other than student fees have not been done and therefore the faculty uses private funds for research.

3.3. STANDARD III: STUDENT AND GRADUATES

Students applying to the public schools exceed the capacity of the course. The number of students who applied against capacity of the course was 773 versus 80 and 361 versus 40 in the public schools. This situation leads to the occurrence of competition and selection. On the other hand, the numbers were 78:60 and 54:80 in private schools. The number of applicants is less than the capacity of the programme in PV2. It is likely that there is less competition for selection due to lack of applicants. The reason could be that tuition fees are about threefold compared to the public schools. In addition, 97% students who passed the admission test enrolled to the course. Based on national standards, it is categorized as excellent as its ratio is ≥ 90%.

There is no student transfer in all schools which means that there is no students who enrolled into the program by transferring credits that has been gained from other courses, both inside and outside the college.

The grade point average (GPA) during the last five years is 3.08 and 3.26 in the public schools, and 3.22 and 3.23 in private schools against a maximum of 4. According to the national standards, it is categorized as excellent because the GPA is ≥ 3.00 and because the ratio of student transfer is ≤ 0.25.

There are student achievements in the areas of reasoning, talents and interests in local level (PB2, PV1 and PV2); and in local, national and international level for PB1. According to standard, it is categorized as excellent for PB1, while it is categorized as fair (PB2, PV1 and PV2) because the achievement only come from local level.

Due to absence in the national standard, there is no information stated that schools use the national and international policies/ standards into consideration to meet maternity workforce needs. Besides that, there is no information about midwifery eligible candidates who are admitted, whether it is in keeping with national health care policies and maternity workforce plans or not.

One public (PB1) school had 100% of on-time graduation while the other had 98.7% (PB2), 30% (PV1) and 75 %(PV2). There are no students dropped out or withdrew from public schools while there was no data about student dropped out or withdrawal forPV1 and it was61% in PV2.

This data is also questionable, since the information was obtained from one lecturer from PV1 by the author that there is a possibility of errors when filling the form caused by lack of capacity of the personnel.

The percentages of first taker (graduate) who passed the national competency test are 100% and 97% in public schools. This is categorized as excellent based on national standards. However there is no data about percentages of completeness of competency test by first takers (graduate) in the private schools since the data which used came from 2011, but the competency test started in 2013.

There are five types of student services in all schools that can be accessed including: guidance and counselling; interest and aptitude (extra-curricular); development of soft skills; service for scholarship; and health services. The qualities of those services are assessed and have been described as conducted in a structured way, and facilities tally with the number of students, accommodate the needs of students, and increase the motivation to learn. Whereas in the private schools, it is not illustrated that it is conducted in a structured way.

According to the data there are five types of efforts that have been done to find jobs for graduates including: provision of information to students; establishing an information centre for work opportunities; inviting possible employers; presenting graduates to employers; and cooperation with employers. But there is one public school (PB2) that is not helping graduates to meet the employers.

According to the self-assessment book, the public schools and a private school (PV1) have conducted the tracking and data recording of the graduates in a comprehensive manner. But the other private school (PV2) does it *ad hoc*. The schools claim that the result of those efforts was used to improve learning process but it was not described how. The other uses of tracking such as fundraising, information network, and building the network have not done by any of the schools.

The user opinion score on the quality of the graduates is 262 for PB2 and 263 for PV1. Data is not available for one public (PB1) and one private school (PV2). The author could not interpret those data, because it needs special software from accreditation board. The number of samples of graduates in the last two years that followed the tracer study compared to the number of graduates is 210 versus 228 and 90 versus 158 in public schools while there is no information for private schools.

According to the self- assessment book, the data in the public schools on issues of skills/ capabilities demonstrate that expertise of the graduates is relevant to the needs of employment. Besides being prepared as a care provider, public school graduates are also prepared as a good communicator and as a manager, as added values in the job competition.

However, these added values are not included in the skills/ capabilities that demonstrate the quality of the graduates from the private schools. The graduates have capacity as midwife which is relevant to the needs of employment, but lack added value beyond capacity as a care provider.

Waiting period of graduates to obtain the first job is about 6 months for public schools in 2014 and about 1-3 months for private schools in 2011. This waiting period cannot be necessary used to compare the ability to get a job by the graduates because the data came from different years. There are about 8000 fresh graduates midwives annually (35), scattered throughout Indonesia and this may lead to the competition in the labour market. The number of midwives in 2011 was 110.896 (41), and it increased to 124,948 in 2014 (8). Moreover, 76.9% of Primary Health Care Centres (*Puskesmas* in Bahasa) had excess midwives in 2013 (MOH 2014).

Based on self-assessment book, the suitability between employment fields to study programme of the graduate is 99% and 93.3% for public schools and 94% and 100% for private schools. This data is questionable because the private schools do not have data about how many students were involved in the tracer study and the public school (PB2) do not include all the graduates in the tracer study.

The data state that 100% of the graduates from private schools are ordered by stakeholders to work as their employees while for the public school its 47% (PB1) and 43% (PB2). This may be caused by the data come from 2011 for private schools, which in that time the number of midwifery graduates was not as many as 2014. Nationally, the numbers of graduates from public schools (*Poltekes*) are 5,652; 7,604; and 6,112 in 2012, 2013, 2014 respectively (8), while there is no data for private schools. Therefore, the cumulative number of graduates from public schools (*Poltekes*) in 2012 to 2014 would be 19,368.

Participation of alumni in supporting the development of the course includes contributions to facilities, input for improvement of the learning process, and development of networking has been done in the public schools. The efforts which are being made in the private schools are the improvement of learning processes and development of networking, but no contribution on facilities. An effort that has not been done either in public or private schools is the contribution of funds from alumni.

There is no data available regarding written student retention system in all schools due to absence of the issue from national standard.

3.4. STANDARD IV: HUMAN RESOURCES

According to the data, there is written guidance on recruitment, placement, development, retention, and dismissal of faculty and staff in all schools. However, one private school (PV1) does not have written

guidance on the issue of retention and dismissal. There are also written guidance on monitoring and evaluation systems, as well as the track record for the performance of faculty and staff, and the consistency of implementation in all schools.

In the data there is no peer observation implemented which can show the effectiveness of faculty. Implementation of monitoring and evaluation of faculty performance in education, research, community service cannot be assessed due to limitation of this study which could not get the documents related to the implementation. The information is not provided in the self-assessment books.

The percentage of permanent lecturers who hold master degree (minimum) in areas of expertise in line with the course content is 100% in public schools whereas in the private schools it is 14.2% and 0%. Furthermore, permanent lecturers who have lectureship in that area of expertise in line with the course are 83% and 93% in public schools and 0 % in the private schools.

The ratio of students to permanent lecturers whose area of expertise in accordance with the program is 15:1 and 17:1 in public schools and 17: 1 and 21:1 for the private schools. According to the law number 12 in 2012 about higher education, the lecturer of diploma degree should hold master degree. However, because of this law assigned in 2012, the private schools used minister of health regulation number 1192 of 2004 when they did the accreditation in 2011. That regulation stipulates that advanced midwifery bachelor degree is acceptable to be a lecturer. Therefore, public and private schools are eligible where the maximum ratio of students to lecturer is 25:1(42).

Permanent lecturers who have certificate of professional educators (lecturer certification) were 81% and 57% in the public schools and none from private schools. One of the requirements to get lecture certification is having master degree. This is the reason why there is none of lecturers in private school that have lecturer certification. Moreover, there are 88% and 52% lecturers in the public schools that have registration letter as health worker (STR in Bahasa) and none from private schools. This is written evidence given by the government to health workers who registered after having certificate of competence (43). The private schools data is questionable, sine confirmation from one lecturer in PV1 revealed that the information was not completely filled in the form.

There is no data that a midwife teacher demonstrates competency in midwifery practice, generally accomplished with two (2) years full scope practice. This is due to the absence of this standard from the national standards.

The average workload (in credit) for lecturer per semester is 21 and 12.20 credits in the public schools and 9.78 and 7 credits in the private

schools. The ideal workload for lecturer is at least 12 credits (44). It is not clear why there is a difference between schools but it can be seen that PB2 is closer to the standard. In addition, private schools employ more non-permanent lecturers than public schools that could lead to less workload in private schools.

According to the data, one to three subjects are taught by lecturers who do not have appropriate expertise in the subjects taught in the schools (PB1, PB2 and PV1) and no information was provided in a private school (PV2). Members of the faculty who implement educational processes influence the quality of the graduates of the institution (45). In all schools lectures fulfilled their teaching obligations by conducting all schedule lectures.

The percentage of non-permanent lecturers against the total number of lecturers is 19% and 47% for the public schools, and >100% for private schools. This data is questionable, after confirmation with a lecturer from PV1 by the author, it was found that the schools include all the names of non-permanent lecturers who had been involved in teaching in the study programme, regardless of whether the lecturer is still associated with the school or not. Non-permanent lecturers sometimes are replaced due to a variety of considerations such as unsatisfactory performance of the lecturer, the unwillingness of the lecturer to teach or because of political necessity of the institution. All the non-permanent lecturers taught the subject which is their expertise and their attendance for the lectures was 100% in all schools.

Due to the absence of the relevant standard in the national standards, the data regarding maintenance competency in midwifery practice and holding a current licence/registration by the CI are not available.

There are efforts to improve human resources by all schools. The schools invite experts to be the speaker in the seminar/ training that is relevant to the subject except in one private school (PV2). Furthermore, there are lecturers who have been continuing their education either master or doctoral degree.

In all schools, there are also activities of permanent lecturers whose area of expertise is in accordance with the course in scientific seminars and workshops which involve lecturers from other schools.

Furthermore, two lecturers got awarded from academic activities of regional level and four lecturers obtained competitive grants from local government in public schools, while none was awarded for academic activities in private schools. 96% and 100% lecturers are members of professional association in public schools, while no information was provided for the private schools.

Due to the absence of the standard in the national standards, there was no information regarding the issue of midwife teachers providing education, support and supervision to individuals who train students in practical learning sites. Moreover, there is no information about midwife teachers and CI working together to support (facilitate), directly observe, and evaluate students' practical learning.

Based on the self-assessment data, the amount, ratio, academic qualifications and competence of educational staff including librarians, laboratory technicians, analysts, technicians, operators, programmers, administrative staff, and/ or other support staff are sufficient and appropriate with their competence area. The efforts to improve the qualifications and competence of staff have been done in all schools according to the data.

3.5. STANDARD V: CURRICULUM, LEARNING AND ACADEMIC ATMOSPHERE

According to the data, the curriculum includes complete competency (primary, supporting, and others) which are clearly formulated for all schools. The curriculum is in accordance with the vision and mission, and it has been oriented to the future. Furthermore, the curriculum is in line with the Indonesian midwives competency standards, it has been aligned to the future for all schools.

The number of credits that are used for practicum/ internship is 69 and 67 for public schools and 57 and 65 for private schools. Based on national standard, ≥ 52 credits for practicum/ internship is categorized as excellent.

All the schools met the standard for having subjects with ≥ 20% of final assessment weight contributed by assignment/task. All schools scored more than 90% except one public school (PB1) that scored 63%. National standard set ≥ 60% subject should have ≥ 20% of final assessment weight contributed by assignment/task.

The percentage of subjects which are equipped with course descriptions, syllabi/ modules/ session overview is ≥ 95% for all schools. According to the self-assessment book, substances and implementation of practical guidelines in subjects which include laboratory practicum are more than adequate. It's coupled with demonstration in the laboratory and outlined in the competency targets. Moreover, it is evidenced by the planning and monitoring practicum guidance recapitulation book.

Due to the absence of standards from national standards, there is no data on selection criteria for appropriate midwifery practical learning sites as well as implementation of midwifery faculty conducting continuous

assessments of practical learning sites and their suitability for student learning/experiences in relation to expected outcomes for all schools.

Based on the data, all schools monitor the presence of students, lecturers, and the course materials but no evaluation of those results in all schools. The number of real hours used for practicum/ practice/ internship is 2688 hours for both public schools and 1728 and 1736 hours for private schools. According to national standards, ideally it should be ≥ 2084 hours used for practicum/ practice/ internship, but 1636 < to < 2084 hours is still acceptable (46). Therefore, all have acceptable standards, but public schools have reached the ideal target. Data was not available to determine the quality of the exam.

As stated in the self-assessment book, development of curriculum in public schools is carried out independently by engaging internal and external stakeholders and paying attention to the vision, mission, and feedback but external stakeholder are not involved in PB1. For private schools, development of curriculum is carried out by the faculty and is unstructured but depends on the needs and scientific evidence.

Based on the data, curriculum renewal have been done in accordance with the scientific evidence while paying attention to the needs of stakeholders in one public school (PB2) while other schools (PB1, PV1 and PV2) it is done in accordance with scientific evidence, but no attention to the needs of stakeholders.

The average number of students per academic advisor per semester is 14 and 13 in public schools and 8 and 5 in private schools. This data are questionable because according to the number of lecturers, the private schools have fewer lecturers. Furthermore, the average number of coaching meetings per student is 6 times per semester, and according to the self-assessment book, academic assistance systems run effectively for all schools. Guardianship performed by faculty but not entirely according to written guidelines for all schools, except for one public school (PB2) which has been done according to written guidelines.

According to the data the quality of the final project report is relevant to the needs of employment, and aligned to the future for all schools. The final assessment includes a project is research in the area of midwifery and a case study in addition to the practical assessment. Based on the data, there is a written guideline for that final project which is disseminated and consistently implemented.

The average number of students per supervisor for the final project is 3 and 7 students for public schools and 4 and 8 students for private schools. The average number of meetings/ guidance for completion of final project is 12 and 9 times for public schools and 8 and 25 times for private schools. According to national standard, ideally it is ≥ 12 times in

average. The data from PV2 is questionable due to large number of meetings.

The percentage of thesis supervisors who hold master degree is 85% and 95% in the public schools and 12.5% and 11.1% in the private schools. Based on the national standard, academic qualification thesis supervisor is master degree according to their expertise and have a certificate of competence/ profession (46).

Efforts have been made to improve the learning system which has been conducted related to: subject; learning methods; the use of learning technologies; and ways of evaluation in all schools. There is a policy of academic atmosphere including scientific autonomy, academic freedom, and freedom of academic forum in all schools. Moreover, based on the data, there is infrastructure that enables the creation of academic interaction, including the library room, laboratories, classrooms, offices, extra-curricular activities and the student executive board are available.

Academic activities to create an academic atmosphere, such as seminars, symposia, workshops and others, have been done in all schools. Based on the data these activities create a conducive academic's atmosphere. However, data related to the midwifery programme uses evidence-based approaches in teaching and learning processes that promote adult learning and competency based education are not available.

Students are taught professional ethics which is given in Professional Ethics subjects. According to the data, for the sake of safety, there are guidelines and tools that are actively adhered to.

3.6. STANDARD VI: FINANCING, FACILITIES AND INFRASTRUCTURE, AND INFORMATION SYSTEM

The schools PB1, PV1 and PV2 did not have autonomy, but are involved in carrying out the planning allocation and management of funds, while PB2 autonomously carried out planning allocation and management of funds. The percentage of funds from students compared with total receipts of funds 22% and 28% for public schools and 100% for private schools. This is due to private schools independently managing funds without support from the government (47).

Operational funds per student per year are about 370 US dollar for PB1 and about 445 US dollar for PB2 but no data for private schools. Funds for research in the last three years were about 460 US dollar/lecturer/year (PB1) and 846 US dollar/lecturer/year (PB2). The average funds for community service are 2297 US dollar/year (PB1), 1519 US dollar/year (PB2), 192 US dollar/year (PV1) and no information for PV2. Community service is defined as activities to deliver benefits to the society by lecturers and students.

Workspace for the lecturers is 3.7m^2 for PB1 but there is no data for other schools. According to the standard, workspace for lecturer is 4m^2 (42). Moreover, based on the data, there is complete infrastructure in all schools with good quality for the learning process, and the property belongs to the school such as office, classrooms, clinical lab, computer room, and library. Complete supporting infrastructure with good quality to meet the needs of students such as student board room, hall, sports centre, praying room and discussion site are also available.

The number of library materials includes midwifery books and other books that are relevant which were published within the past 10 years. The number of books was 373 and 172 in public schools while 228 and 315 in private schools. Library materials in the form of modules for practicum/practice related to midwifery and in accordance with courses are 7 and 30 modules for public schools and 2 and 12 modules for private schools as stated in the self-assessment book.

As written in the self-assessment book, library materials in the form of popular science magazines which are relevant to midwifery are 2 and 4 types in public schools while 4 and 20 types in private schools. Library materials in the form of scientific journals which accredited by the higher education board and relevant to midwifery is 2 for public school (PB2) and private school (PV1) and none for others. Library material in the form of international scientific journal is 1 type in one of the public schools (PB2), and none in other schools. Moreover library materials in the form of proceedings of the seminar in the past three years which are relevant to midwifery is 6 and 16 types in public schools, and none in the private schools. There are libraries outside the university with good amenities that can be accessed by all the schools.

Based on the self-assessment book, the laboratory is well maintained and has flexibility in using the laboratory outside scheduled activities in all schools. Good commitment of health care institutions for education for public schools, but no data in the private schools. Moreover, there is no data regarding ratio of CI with minimal diploma midwifery qualification and a certificate as CI in public and private schools.

As stated in the self-assessment book, the learning process used computers which connected to an internet in public schools, while private schools partially used a computer that did not connect to the internet. The data or information stored in the computer can be accessed through the local network in the public schools but not in the private schools. This condition may be due to time difference of the data. After contacting the school for confirmation, the author was informed that private schools use computers that are connected to an internet nowadays.

3.7. STANDARD VII: RESEARCH, SERVICE TO THE COMMUNITY, AND COOPERATION

The score of research performed by permanent faculty which is relevant to the fields of the course is 1.4 and 2.8 in public schools while 0.9 and 1 in private schools. Based on national standard score ≥ 1 is categorized as excellent (46). The score of scientific articles produced by permanent faculty which are in the same area as their expertise is 1.5 and 2.6 in public schools, and none in private schools. Based on national standard score 1 to < 3 is categorized as good (46).

A public school (PB2) have 4 books which acquire recognition of national institutions which are written by its faculty but the other schools do not have it. The score of service community performed by the faculty over the last three years 0.4 and 2.2 for public schools while 0.9 and 0.8 for private schools. Based on national standard score 0 > to < 2 is categorized as good (46). Moreover, students are fully engaged and responsible for community service in all schools.

There is cooperation with institutions in the country which is relevant to area of expertise including hospitals, health department, department of education and midwives who work independently. However, there is no activity of cooperation with institutions abroad.

Chapter IV: Evidence Based Practices

This chapter present the evidence based practices as the option to fulfil the gap to improve the quality of the midwifery schools.

4.1. Australia

'Werna Naloo Bachelor of Midwifery consortium', an affiliation of three universities in Melbourne, started Bachelor of Midwifery programmes in the state of Victoria, Australia in 2002. They used two approaches to build collaborative work through offering online unit and on-campus unit.

Initially, 'Werna Naloo' consisted of three university including Monash University, Australian Catholic University (ACU) and Victoria University. The reason behind developing consortium was to ''pool expertise, provide support and collegiality and realize economies of scale''. However, Victoria University withdrew gradually while reshaping the size of the consortium.

The universities constructed their 'consortium unit' which had the duty to teach on-campus and provide online lectures for all participating universities. Moreover, in order to ensure the accomplishment of the consortium, a structure was developed. It included three committees: Curriculum Implementation and Evaluation Committee (CIEC); Reference Committee; and Steering and Management Committee. CIEC consists of midwifery teacher units and the course coordinators from each university. The Reference Committee provides advice and involves representation from stakeholders (professional and industrial bodies, maternity services providers, consumers) and students, whereas the Steering and Management Committee consists of head of Schools and course coordinators. It was proven that administration of the course and the structure are complex and time consuming.

There is no school that had applied online learning for midwifery undergraduate school. Based on that article, it is a pioneer programme which had no clue where the destiny is. At the beginning, 50% of the course was online learning which consisted of midwifery theory and supportive subjects of sociology. This was reduced to one third in 2008. New students did not have online subjects in the first semester in order to give time to adjust with on-campus environment (48).

4.1.1. Regulatory Bodies

Nurses Board of Victoria adopted the Australian College of Midwives Incorporated Standard's for the Accreditation of Bachelor of Midwifery Programs Leading to Initial Registration as a Midwife as a basis for accreditation of Bachelor of Midwifery courses. The programme found difficulties in fulfilling the requirement that each student should assist 40 normal deliveries. Therefore, the requirement changed to include the option of 30 normal plus 20 other such as forceps, caesarean sections,

and vacuum extractions. Student responsible for 1500 clinical hours over 3 years in order to complete the course.

In Victoria, there is no separation between nurses and midwife registration. As a result, the Nurses Board of Victoria registers the bachelor of midwifery graduates together with nurses but they are only allowed to practice in midwifery (48).

4.1.2. Clinical practice

ACU and Monash University have different approaches for clinical practice. ACU apply block approach where the student spends 5 days per week for 4 weeks in clinical practice. This approach gives the student opportunity to comprehensively follow their clientele. On the other hand, Monash University apply 2 days per week over all semester in the same practical site during the course. This also has merit for the student where they can have time to the processes of socialization and enculturation with maternity unit. The students were placed in the public hospitals with the private hospitals reluctant to host them. Issues of indemnity prevented students to do the internship with independent midwives (48).

4.1.3. Growing demand of the course

When the course became well known by the public, there was growing demand but only a small number of students could be partly due to limited practical site for students (48).

4.2. Afghanistan

Ministry of public health of Afghanistan started to tackle the issue of licensure and regulation in 2003-2004. There was no policy regarding management of midwifery education and accreditation at that time. The government schools, donor and technical agency, agreed on accreditation through consensus building approach. Moreover, the government approved 'National policy on midwifery education and the accreditation of midwifery schools in Afghanistan' to institute educational and procedural standard including accreditation at the same time. There was no job description for midwives before 2003. It was adapted from ICM, as the back bone of a new midwifery curriculum and course materials (49).

With regards to importance of clinical courses, the faculties are given obstetric care related courses to update and standardize their knowledge and skills. Lecturers were trained on competency based teaching methodology which was never used before in the curriculum. In addition, the faculty is responsible to take either clinical or pedagogical courses (49).

In 2004, a series of workshops were held with the aim of developing standards which resulted in 59 educational standards in 4 areas, namely

theory and practical instruction; clinical instruction and practice; school infrastructure and training materials; and school management. This draft was piloted and finalised in 2005, and then it was translated to the local language (49).

The support was given to the school administrator on how to use the tool. They were trained to interpret the performance of the school, scoring, reporting and presenting the results. Furthermore, the school administrator had meetings every 4-6 months to present their school performance. By then, they could discuss the challenges, experiences and problems which were common among the schools. Besides, they monitored the progress of their schools by looking at the result from previous workshops while recheck if there is missing issues from the tool (49).

By consensus, it was agreed that a school could get accreditation if it was able to fulfil ≥80% overall score for standards, and should have achieved at least by 80% for each standard. The team for assessment consisted of three people including one person from 'The National Midwifery Education Accreditation Board', and the other two from other faculties. This was intended for meaningful involvement of the faculty (49).

Due to fiscal issues, schools were responsible for payment of accreditation fees. Government and non-governmental organizations committed to only employ the graduates from schools which were accredited. Moreover, the Logo of the National Midwifery Education Accreditation Board was only used by the accredited school and was attached to the graduate certificate. Another advantage gained by accredited schools is that donors were willing to support accredited schools financially. Graduates from accredited schools were exempted from taking the licensing test (49).

4.3. Nigeria

Capacity Plus, a project funded by USAID, assessed the midwifery graduates in Nigeria and found that more than 50% people fail to pass the certifying test. This may be due to lack of funding; lack of capacity of the faculty because they did not have regular refresher trainings, poor quantity of school materials and supplies which may compromise the clinical skills (50).

In order to create the master plan to support to the midwifery education, Capacity Plus involved the stakeholders from regional and state level. It provided clinical materials for simulation, teaching materials, books, training for the faculty in emergency obstetric care, integrated management of childhood illnesses (IMCI), computer skills and scholarships (50).

It was found that that more than 80% of lecturers had not attended any training for more than 5 years. This issue made the lecturers not to know

the new evidence based practice and new guidelines in practical settings. To fill this gap, Capacity Plus gave the opportunity to 60 lecturers from 21 midwifery, nursing and community health schools to get the training which was given by nationally accredited master trainers (50).

Capacity Plus identified the library and laboratory materials which were needed for 19 schools. It gave textbooks, obstetric models, posters and other supplies so that the tutors and students could use it for practical and theoretical learning. Moreover, Capacity Plus provided competitive scholarships to 2,065 last-grade students from 92 schools (50).

As the result of the scholarship, a number of students who completed the education programme and passed the competency test grew up by more than 9%. The impact of training for tutors and learning resources assistance are undergoing evaluation (50).

4.4. Tanzania

Medical Education Partnership Initiative (MEPI) work together with Capacity Plus project developed graduate tracking software which was implemented in 18 medical institutions.

Kilimanjaro Christian Medical University College, Moshi, Tanzania establishes graduate tracking and career counselling by using that software. It has been piloted since 2014. This effort aims to gather information from alumni which can be used to enhance the quality of the school. The data could be used to monitor graduates' employment outcomes; feedback for curriculum review and mentorship for current students; and encourage graduate participation in research and other academic activities (51).

Chapter V: Discussion

In this section the main findings are discussed.

5.1. Comparison of Public and Private Midwifery Education

In standard I, generally there is no difference between public and private schools. All schools have vision, mission, goal, objectives and strategies. This finding is not surprising because it is a basic standard for any organisation.

In standard II, the major difference is on the issues related to the head of the school. Public schools have heads of the school that hold a master degree and have publication in unaccredited journal, while none from the private schools. That master degree's issue also related to the lecturer's standards.

All lecturers have the same opportunity to access fund either from government or non-government organizations to continue their education. This fund is available as a competitive scholarship. Based on directorate general of higher education's regulation, the lecturer who accessed governments' scholarship bound by contract to the home institution for one study period plus one year (N+1). So, if the master course takes 2 years, it means that the contract is 3 years.

Most of private schools independently have scholarship for the lecturer. However, it has own regulation in terms of the length of the contract which range for 5 to 11 years. This may lead the lecturers to be reluctant to continue education. Possible solution for this circumstance is to support the lecturers to get scholarship from government or non-government organizations.

In standard III, the ratio of students who applied against the capacity of the school and the proportion of students who successfully completed the competency test was better for public schools than for private schools. The graduates from public schools have added value which relevant to the labour market. Public schools had done tracer studies while private schools reported that they did but there was no information on how many students were involved.

The public schools have more potential student than private schools may be caused by tuition fees or quality issues. The private schools have higher tuition fee with lower percentage of completeness in competency test. Intervention that could be done is the private schools should enhance their performance and/or diminish the tuition fees. However, there is no study on that issue in Indonesia.

In line with increasing number of midwives, additional skills required of a graduates to be able to compete in the labour market. Public schools equip the graduates with skills as care provider, community leader, comunicator, decision maker, and manager.

Based on several studies (52,53), ‘a good midwife’ is beyond technical issue related to competencies in midwifery area. It includes emotional intelligence in giving empathy, caring, supportiveness and friendliness.

The feedback from the graduates plays a role in supporting quality assurance. As the user of the school, the graduates could be ‘mirror’ for the schools’ service. From their feedback, the school could develop strategies in the teaching and learning process and get information on how the graduates perform from the employers’ point of view.

A school in Tanzania has been piloting the software for tracking their graduates. The aim of this activity is to gather the data from graduates and use it as feedback to improve school performance. Although the schools do not have special software, the idea of using technology to tracking the graduates may be applicable in Indonesia. Most of the areas in Indonesia have access to the internet. It’ is as an asset if the schools want to stay connected with their graduates.

In standard IV, the qualification of the lecturers is the major difference between public and private schools. All of public schools lecturers hold master degree, while small numbers of private school lecturers do.

Based on the framework, quality of teaching staff may compromise the quality of the course. From the analysis it can be seen that the lecturers from the private schools are fewer and have lower qualifications than the public school lecturers. This issue could influence another standard including lectureship and lecturer certification, because that recognition is only given to those who possess the master degree. Moreover, the government funds either for research or community service can be accessed by schools with good results of accreditation which are difficult to achieve if the school has lack of capacity of human resources. Instead of being a booster, this circumstance may bring more gaps between public and private schools.

Upgrading the capacity of the lecturer is very important. Lesson learned from case study in Nigeria and Afghanistan, the state or donor could take a part to induce further education for the teaching staff. In Afghanistan, the training was given in order to update and standardize the lecturers, while in Nigeria it was given to update the knowledge and skills of the lecturer.

Although those two countries do not give the degree training, but basically it has similar purpose which is to enhance the capacity of the lecturer in order to have better outcome in the teaching and learning process.

This measure may be applicable in Indonesia. There is Indonesia Endowment Fund for Education scholarship programme since 2012 and also foreign education sponsors which could be taken by the lecturer.

In standard V, VI and VII, there is no major difference in curriculum, facility and infrastructure, community service and cooperation. However, the private schools are conducting less research than public schools.

The entire schools use 96 credits national core curriculum for midwifery which and have added some institutional curriculum up to 120 credits. Most of the time, it leads to almost same schedule including internship time. This circumstance may create difficulties to fulfil the practical requirement due to accumulation of students in the practical learning sites at the same time.

The schools may apply strategy such as in Monash University to have 2 days in a week throughout the semester in one practical site. The merit is that students become more familiar with the setting. However, the block approach as used by ACU could also be done as long as there is good communication in arranging the internship among the schools.

Accreditation as external quality assurance has been applied in Indonesia. It uses self-assessment forms to look at school by 'our own mirror'. The self-assessment book should be objective, reflective and self-criticized, because quality control imposed from outsider will not properly work. Lack of capacity of the faculty to fill in the form may also create unrepresentative self-assessment. According to informal discussion with a member of faculty, the author got information that the school is hiring other people to develop self-assessment book for that school.

In Afghanistan, support and training are given to the schools' administrator to fill the accreditation form, interpreting, scoring and reporting. Moreover, the school administrator has a meeting to share their quality progress. Based on that data, they could discus common problems that schools face, knowing how their colleagues deal with their school and to give input if there are issue not covered in the tools. Besides that, the meeting indirectly deliver sort of competition among the schools.

By support from the government, this measure would be applicable in Indonesia. Training assistants to correctly fill the form may help the school to know 'where they are now' (current situation) and 'where to go' (set their target). However, the possible obstacle to implement this venture is financial issue. In 2013, the government was only able to accredit 3,200 courses and 30 institutions. It means that 14,800 courses and 3,400 institutions remained unaccredited (36).

Student admission policy looks 'rigid' in International standards. It is bound by national and international policy; geography and demography profile of the area; and the need of midwives workforce. According to HRH plan 2011-2025, the ratio of midwives projected to be 75 per 100,000 inhabitants in 2019 (54), while the ratio was 55.2 per 100,000 inhabitant in 2013 (55). Moreover, 76.9% of *Puskesmas* have already exceeded the required numbers for midwives.

Clinical setting which include selection of the practical site and issues related to CI are missing in National standards. Midwifery student is required to fulfil the requirement in order to complete the course. Appropriate number of clinical sites should be taken into consideration when schools admit the student to ensure that they achieve those requirements. As the more students are admitted, more practical sites are needed.

The more students are exposed to clinical setting does not necessary mean more competency will be gained. However, practical learning site is one of the elements in the framework which contributes to the quality of the school. The result of the competency test in Indonesia is generally low with 53%; it may reflect that not all graduates are qualified to practice as a midwife. This may be due to poor clinical experience during the training as a result from shortage of practical learning sites.

In Indonesia, the requirement to complete diploma degree of midwifery is adopted from ICM standards, which one of them is assistance of 50 deliveries. There were 14 midwifery schools in Lampung with 997 graduates in 2014. This means that it needs 49,850 targets of deliveries. However, there are 155,676 deliveries by skilled birth attendance spread all over the province.

Lesson learned from Bachelor of midwife course in Australia is the importance of considering the number of practical learning sites for students. Although the demand increased, the course restricts admissions due to large clinical practice requirement (assistance of 40 deliveries) and limited number of practical learning sites.

This could be applicable in Indonesia through appropriate planning of HRH, especially for midwifes. The projection of population may guide in determining how many midwives need to be trained each year to get ratio 75 midwives per 100,000 inhabitants in 2019. So the schools are able to train appropriate number of fully competent midwives.

Another issue in practical setting which was missed from national standards is maintenance skill for CI and midwifery lecturer. Most of issues related to CI are stipulated in the National standards. Moreover, permanent lecturers work for 40 hours in a week (56) mostly in the school. This workload may prevent the lecturer from practising their skill as midwives.

5.2. Reflection of the Framework for Assessment

The author found interesting issues related to the international standards which not include in the national standards. Major difference between National and International (WHO and ICM) standards is in the issues of student admission and clinical learning.

Chapter VI: Conclusion and Recommendation

The result of analysis indicates that there is quality difference between public and private midwifery education in Lampung, Indonesia. Major differences between public and private are in the area of Human Resources, enrolment demand, capability of the graduates and tracer study. The number and qualification of lecturers in public schools is more appropriate compared to private schools, as well as the head of the school. Potential students are more interested to the public schools than to private schools. The capability of the public schools graduates is more relevant to the labour market. Tracer study not sufficiently conducted especially in the private schools.

Moreover, the absence of CI issues from the national standards may lead the schools to not sufficiently address issues on maintaining practical settings including the selection criteria for practical sites and the CI. Due to issue of maintaining the skill for the midwifery lecturer, opportunity should be given to them to apply their skill in clinical area. Additionally, the capacity to fill the accreditation form is less in the private schools than public schools.

6.1. Recommendations

6.2. Policy level

1. Include the standards from WHO and ICM which are missing from LAM-PTKes (National standard) particularly issue of CI.
2. Policy change in accreditation which intends to guide the school to interpret, score and report the self-assessment book. Moreover, to facilitate the meeting among the schools to discus and monitor the quality progress of the schools.
3. Policy change which is from fulltime faculty to part-time faculty. In order to maintain the midwifery skills, the lecturer should have time to practice as a midwife.

6.2.1. Schools

1. Giving support to the lecturer to pursue Master degree by the school board/ the founders that could be in terms of funds and/or time.
2. Take national and international policy as well as geography and demography picture into consideration in student recruitment.
3. Address the availability of practical learning site and qualification of CI. In case limited number of practical learning sites, the schools may apply different scheduling of practical learning/internship which could be the solution of accumulation of students in one practical learning site.
4. Conduct innovative approach of tracking graduates and give added value to the graduates.

6.2.2. Further Research

1. Qualitative research on the internal quality assurance of midwifery education in order to explore the strength, weakness and challenges of quality improvement faced by the school.
2. Pilot project of innovative approach based technology to tracking graduates is needed. In this century, everyone connected by internet. It would be useful to use a tool to stay connected with graduates in order to get information, job information sharing and business network.

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Annex 1: Analysis WHO, ICM and LAM (National) standards for midwives education

WHO standard	ICM standard	LAM standard	Difference		Description
			Yes	No	
Standard 2.1.1 Nursing or midwifery schools define and make public their mission, vision and objectives.	Standard 1.1 The host institution/ agency/ branch of government supports the philosophy, aims and objectives of the midwifery education programme.	This standard is a benchmark of excellence and quality of implementation of program strategies to achieve future studies. Strategy and efforts embodiment understood and supported with full commitment and good participation by all stakeholders. The whole formula that is easily understood is described logically, sequentially and setting steps follow the flow of thought (logic) that reasonable academically.	Yes		The ICM standard includes philosophy.
	Guidelines The midwifery programme philosophy and design is shared with the host institution along with core ICM documents that support these.	**Guidelines** The institution has a clearly stated vision is in line with the vision of the institution managers. To materialize the vision, the mission of the midwifery institution is expressed specifically about what is being implemented. The study program has goals and objectives with the formulation of a clear, specific, measurable goal in a specified period of time, relevant to the vision and mission and well understood by the entire			

	Evidence The midwifery programme philosophy and design is shared with the host institution along with core ICM documents that support these.	academic personnel. **Evidence** Midwifery institution has written a vision, mission, goals, and objectives which are clear, realistic mutually related to one another and involves faculty, students, staff, alumni and the community. Strategies for achieving targets with clear time frame and supported by documents. (Master plan and strategic plan).			
Standard 2.3.4 Nursing or midwifery schools have a budget allocation and budget control that meets programme, faculty and student needs.	**Standard I.2** The host institution helps to ensure that financial and public /policy support for the midwifery education programme are sufficient to prepare competent midwives. **Guideline** The host institution has a financial commitment to the midwifery programme	**Standard 6** It's about financing, facility and infrastructure, as well as the information system. **Guidelines** The institution has finance management systems, facilities and infrastructure, as well as information systems. It must ensure the feasibility, sustainability, and sustainability studies program.		No No	-

	Evidence The host institution budget process is known to the midwifery program director/personnel.	**Evidence** The study programme autonomously carries out planning and allocation of funds management.			-
	Guideline The midwifery programme personnel/director negotiates a budget that meets the programme needs.	**Guideline** Involvement of the course personnel in planning of performance targets, planning activities / work and planning the allocation and management of funds.		No	
	Evidence The midwifery programme receives an equitable allocation of the host institution's overall budget.	**Evidence** the percentage of operational costs in the past five years to support academic programs (education, research, and service / community service) are sufficient*			
	Guideline The host institution works with and supports midwifery faculty to seek external funds (if needed) to achieve programme goals.	**Guideline** Capacity study programs in acquiring, plan, manage, and improve the quality of the acquisition of financial resources, infrastructure and facilities and information systems required to support the activities *Tridarma*		No	

	Evidence The funds allocated are appropriate to the needs of the midwifery programme. **Guideline** The host institution advocates for the programme. **Evidence** The midwifery programme is promoted by and portrayed favourably in host institution materials. **Standard I.3** The midwifery school/programme has a designated budget and budget control that meets programme needs. **Guidelines**	program study. **Evidence** Percentage of acquisition of funds from students compare with total receipts of funds is appropriate. - **Standard IV** The midwifery programme indicate program guarantees the availability of sufficient funds for the implementation of quality academic programs, and stated in the work plan, performance targets and budgets. **Guideline**	Yes		The LAM standard (standard 2.3) broadly mention about functional and operational management system including planning which can be elaborated in term of advertisement of the program in the institution materials.

	The agreed budget includes categories such as: • Personnel • Teaching materials including equipment and supplies • Travel • Communication • Space rental • Administration • Programme development and evaluation • Practical site development and maintenance. Priorities for allocations among categories are set by the midwifery programme according to need. **Evidence** Budget documents and annual audit statements show amounts allocated to categories. The allocation is consistent with programme	Acquisition of funds from students compared with total receipts of funds; Operational funds per student per year; Faculty research funds in the last three years; Funds service / community service in the last three years. Financing guarantee implementation of the academic program established by the institutions managing the resources, and managed in a transparent and accountable. **Evidence** Document report related acquisition of funds from students compared with total receipts of funds; Operational funds per student per year; Faculty research funds in the last three years; Funds service /		No	

	needs.	community service in the last three years.			
Standard 2.1.2 Nursing or midwifery schools educate their students through the programme to meet the health care needs of their societies. **Standard 3.1.2** Nursing or midwifery schools plan and design curricula to meet national and international education criteria, and professional and regulatory requirements for practice.	**Standard I.4** The midwifery faculty is self-governing and responsible for developing and leading the policies and curriculum of the midwifery education programme. The midwifery faculty develops policies that address topics such as how decisions are made within the midwifery programme, job descriptions, faculty workload, and agreed markers for assessment of the programme quality. The policies are in accord with those of the host institution and in keeping with quality midwifery education.	**Standard V** Midwifery institutions develop curricula based on completeness and the formulations of competence based learning outcomes, compliance with the vision and mission and conformity courses and order the competency standards.		No	Although written separately, LAM standards include how decisions are made (leadership) in standard 2.1, job descriptions (in SOP) in standard 2.3, faculty teaching loads in standard 4.3.3 and internal quality assurance system (SPMI) in standard 2.4.

	The midwifery faculty develops the curriculum in keeping with core ICM documents, country needs and requirements of the midwifery regulatory body (See Standard IV: Curriculum). **Evidence** Written policies exist and are implemented by the midwifery faculty.	**Evidence** Evidenced by the curriculum covers core competencies, supporting report and others.			
Standard 4.1.1 The head of a nursing or midwifery programme is a nurse or midwife who holds a graduate degree, is educated and experienced in leadership and administration, and demonstrates knowledge as an	**Standard I.5** The head of the midwifery programme is a qualified midwife teacher with experience in management/administration. **Guideline** The required	**Standard II.2** The leader in the institution. • Educational qualifications of the chairman midwifery. • Publication in the journal by the head of midwifery institution • Leadership characteristics in courses that include: operational leadership, organizational leadership, and public leadership. **Guideline** Master of midwifery with basic	Yes		The LAM standard stipulate requirement of publication in the journal. In Indonesia, legal recognition as a midwife regulates in the health minister regulation no 1192/menkes/per/2004.

educator.	qualifications of the midwife head of programme are set out in institutional and programme policies and usually include: Educational credentials Related prior work experience Legal recognition as a midwife **Evidence** Qualifications of the head of programme are documented in a resume or CV, letters of reference, performance reviews, registration and/or licensure.	professional education of midwives. **Evidence** Document related level of education chairman midwifery courses; Publication of the journal chairman of midwifery courses; and midwifery characteristics of leadership courses, namely operational leadership, organizational leadership, and public leadership.			
Standard 3.1.1 Nursing or midwifery schools design curricula and deliver programmes that take into account workforce planning flows	**Standard I.6** The midwifery programme takes into account national and international policies and standards to meet maternity workforce needs.	**Standard 3** The midwifery programme must provide quality assurance, feasibility policies and implementation of the system of recruitment and selection of candidates for management students and graduates as a whole integrated quality.	Yes		All documents consider about recruitment and selection of midwifery student, but ICM standard emphasize on official documents and workforce trends

and national and international health-care policies.	**Guideline** Midwifery faculty are aware of official documents and workforce trends both globally and specific to their geographic area. Recruitment strategies, enrolment targets and content of the programme are adjusted as needed to reflect workforce needs. **Evidence** Midwifery faculty demonstrates that the programme meets workforce needs in the country and/or community. Evidence includes such things as the demographic profile and number of students admitted, strategic planning documents, letters of support from country officials, admission	**Guideline** Recruitment and selection of prospective students: The ratio of students who participate in the selection: carrying capacity; The ratio of new students registering regular class: new students who pass the selection. ; The ratio of new students transfer to new students' regular class. **Evidence** Document related and written efforts to help graduates to find a job are (evidenced by the documents), include: 1. Provision of information to students 2. Establish an information centre container work opportunities 3. Invite user 4. Offer to the user 5. Cooperation with users graduates Efforts tracking and data recording graduates.			both globally and specific to their geographic area. On the other hand LAM standard more pointed on selection in order to ensure the quality of graduates. The LAM standard does not consider geographic area and demographic profile to adjust workforce needs.

	policies and procedures, follow-up of graduates to know employment/ retention/ career development.				
Standard 2.1.4 Nursing or midwifery schools employ nursing or midwifery faculty (see Glossary) with relevant expertise in the subject matter and the ability to develop and revise their programmes. **Standard 2.1.6** Nursing or midwifery schools define role descriptions for theoretical and clinical educators including, but not	**Standard II. Midwifery faculty** **Standard II.1** The midwifery faculty includes predominantly midwives (teachers and clinical preceptors / clinical teachers) who work with experts from other disciplines as needed. **Guideline** Midwifery programme planners prioritize recruitment and development of sufficient midwives as teachers and clinical preceptors /clinical teachers to meet programme needs. Experts from other disciplines such as	**Standard 4** This standard is the benchmark of quality human resources are reliable and capable of guaranteeing the quality of the implementation of the study program, through academic programs in accordance with the vision, mission, goals, and objectives. **Guideline** Academic qualifications, competency (pedagogical, personality, social, and professional), and number of permanent and non-permanent lecturer including guest lecturer and expert as needed to guarantee the quality of the academic program. Profile permanent and		No	

limited to, faculty, clinical super-visors, mentors, preceptors and teachers. **Standard 3.3.1** Nursing or midwifery schools develop partnerships with other healthcare disciplines. **Standard 4.1.2** The core academic faculty are nurses and midwives who demonstrate know-ledge as educators and have a minimum of a bachelor's degree preferably a graduate degree with advanced preparation and clinical competence in their specialty	psychology, sociology, nursing, paediatrics, and obstetrics work with midwifery teachers to provide content in their area of expertise. **Evidence** The midwifery programme has a record of the educational contributions of all midwifery faculties to the midwifery programme. Examples of such documentation may include CVs, employment con-tracts, performance reviews, subject and number of hours taught, and hours spent supervising	temporary lecturer which include level of education, academic position, the ratio of students to faculty remain in his field of expertise, has a faculty certificate, certificate of competency / profession and membership of the profession; The average workload per semester lecturer in credits; Suitability faculty expertise with courses taught. Minimum number of midwifery programmer in one institution is 6 people. **Evidence** Written guidelines on recruitment, placement, development, retention, and dismissal of faculty and staff, as well as the effectiveness of its implementation and other documents related. Minimum percentage of permanent lecturers holding master degree which areas of expertise in accordance with the midwifery competency.			

area.	students in practical sites. Midwives teach nearly all the theoretical and practical content required for midwifery care. Experts from other disciplines teach sessions/content that are foundational or complementary to midwifery content.				
Standard 4.1.2 The core academic faculty is nurses and midwives who demonstrate knowledge as educators and have a minimum of a bachelor's degree preferably a graduate degree with advanced preparation and clinical competence in their specialty area.	**Standard II.2. a** The midwife teacher has formal preparation in midwifery. **Guideline** Each midwife teaching in the midwifery programme is a graduate of a midwifery education programme recognized in the country of preparation**.** **Evidence** Copies of diplomas /credentials are on file	**Standard 4.3.1** The program utilizing permanent lecturers who meet the academic and professional qualifications. **Guideline** Permanent lecturer educated minimum master degree which areas of expertise in accordance with the competence of the midwifery programme. **Evidence** Document related.		No	

	in the midwifery programme office.				
Standard 2.1.6 Nursing or midwifery schools define role descriptions for theoretical and clinical educators including, but not limited to, faculty, clinical supervisors, men-tors, preceptors and teachers.	**Standard II.2.b** The midwife teacher demonstrates competency in midwifery practice, generally accomplished with two (2) years full scope practice. **Guideline** The midwifery programme determines a method to assess the current practice competency of each midwife teacher. When competency is lacking in one or more areas of practice, a written plan for obtaining such competencies is agreed. The suggested amount of two (2) years of previous full time work	**Standard 4.3 & 4.5** Professional competence and qualifications for lecturers and capacity building to improve human resources. **Guideline** The study programme has a system of selection, recruitment, placement, **development**, retention, and dismissal of faculty and staffs are attuned to the needs of academic quality assurance programme.	Yes		There is no regulation on mini-mum 2 years full scope practice for midwifery lecturer in LAM standard. But in the health minister policy number 1192/MENKES/PER/X/2004 stipulates that midwifery teacher should have at least 1 year experience in their expertise.

	in a variety of areas (antepartum, intrapartum, postpartum, newborn, family planning) is a proxy measure of competence. **Evidence** The midwifery programme files include documentation of practice competence of each midwife teacher such as previous employer certifications, letters of reference, CVs, evidence of on-going education or written documentation of how areas where there is a lack of competency have been achieved.	**Evidence** Certificate of competence/ professional membership card of midwifery association. Document that proved the effort to increased ability permanent lecturers through programmes of learning in the field corresponding to the field of midwifery.			
Standard 2.1.6 Nursing or midwifery schools define role descriptions for theoretical and clinical educators	**Standard II.2.c** The midwife teacher holds a current license/registration or other form of legal recognition to practice midwifery.	**Standard 4** The permanent and temporary lecturer Including: level of education, academic position, the ratio of students to faculty remain in his field of expertise, has a faculty certificate, **certificate of**		No	

including, but not limited to, faculty, clinical supervisors, mentors, preceptors and teachers.	**Guideline** Each midwife teacher is responsible for providing a copy of the license or registration to the head of the midwifery programme every time it is renewed. **Evidence** The midwifery programme keeps a copy of each teacher's current license and/or registration to practice as a midwife in that legal jurisdiction.	**competency / profession and membership of the profession**; The average workload per semester lecturer in credits; Suitability faculty expertise with courses taught. **Guideline** Describe the programme management unit view the study of data covering aspects: adequacy, **qualifications**, and career development. **Evidence** Certificate of competence and professional membership card of midwifery association.			
Standard 2.1.6 Nursing or midwifery schools define role descriptions for theoretical and	**Standard II.2.d** The midwife teacher has formal preparation for teaching, or undertakes such preparation as a condition of continuing	**Standard 5**. Curriculum, Learning and Academic Atmosphere This standard is the benchmark of the quality of curriculum, learning, and academic		No	There is no direct standard refers to teacher to do formal preparation in LAM standard, but this activity can be seen by looking standard

clinical educators including, but not limited to, faculty, clinical supervisors, mentors, preceptors and teachers.	to hold the position. **Guideline** Each midwife teacher is responsible for providing documentation of teacher preparation or a mutually agreed plan between the teacher and the midwifery programme for obtaining such preparation. Teacher preparation normally includes: • principles of adult teaching and learning, • skills in developing course materials, curriculum • skill in facilitating student inquiry and	atmosphere to ensure the quality of academic programmes at the level of implementation of the study programme. The curriculum is designed and implemented by the faculty to be able to ensure the achievement of objectives, the implementation of the mission, and the realization of the vision of the course. **Guideline** The curriculum is designed around the learning activities of students as a reference in the programme study plan, implement, monitor and evaluate all activities to achieve the goal of the programme study, which includes: • conformity graduates' competence based learning outcomes • lectures monitoring mechanism • Review and implementation of curriculum, improvement efforts and participation of the parties involved • academic guidance system • Mentoring final report / case • efforts to improve learning system includes materials,			5.1.2.1.4 The percentage of subjects equipped with course descriptions, syllabus/ modules/ Session Objective (SO).

	participation, ability to impart information, • ability to construct and evaluate technical/manual, oral and written student work **Evidence** The midwifery programme has written documentation of teacher preparation or a written plan for obtaining such preparation including a timeframe for completion.	teaching methods, the use of learning technologies and how evaluation • academic atmosphere • professional ethics • workplace safety culture in the activities of the practice / practicum **Evidence** Document Related as follow: • Unit Class event and kind of assignment. • Assessment of task • Results of student assignments			
Standard 4.3.1 Nursing or midwifery schools have a policy and system in place that validates the updated clinical and educational expertise and competency of faculty. **Standard 4.3.2**	**Standard II.2.e** The midwife teacher maintains competence in midwifery practice and education. **Guideline** Each midwife teacher maintains competency by • continuing to provide midwifery care to women and	**Standard 4.5.3** Increased ability of permanent lecturers whose area of expertise in accordance with the programme study. **Guideline** Permanent lecturers activities that area of expertise in accordance with the programme of study in the scientific seminars / workshops / upgrading / performance / exhibition /	Yes		There is no clear requirement for the teachers to continue providing midwifery care to women and their newborn infants in the LAM standard.

Nursing or midwifery schools have a system in place that provides faculty with opportunities for development in teaching, scholarship, practice and external professional activity.	their newborn infants • reading relevant books, journals and research articles • participating in professional development activities relevant to midwifery education and practice • fulfilling the requirements of the midwifery regulating/ registration body **Evidence** The midwifery programme has written documentation of each teacher's maintenance of competency.	demonstration involving not only from own faculty. Activity experts / specialists as speakers in the seminar / training, guest speakers, etc., from outside the college itself (not including temporary lecturers). The participation of permanent lecturers whose area of expertise in accordance with the programme of study, in scientific organizations or professional organizations nationally / internationally. Achievement lecturer in awarded grants, funding programmes and academic activities. Reputation and breadth of networking lecturer in academic and profession **Evidence** Document related			

Standard 2.1.6 Nursing or midwifery schools define role descriptions for theoretical and clinical educators including, but not limited to, faculty, clinical super-visors, mentors, preceptors and teachers. **Standard 4.2.1** Clinical faculty comprises nurses, midwives and other health professionals who hold a minimum of a university degree and possess clinical and educational expertise in their specialty area.	**Standard II.3.a** The midwife clinical preceptor/clinical teacher are qualified according to the ICM Definition of a midwife. **Guidelines** Each midwife clinical preceptor/clinical teacher in the midwifery programme is: • a graduate of a midwifery education programme recognized in the country of preparation • legally able to practice midwifery in the country of the programme • understands and complies with country's scope of midwifery practice **Evidence** Copies of licenses and	**Standard 6.4.5** The clinical instructor required to hold diploma of midwifery (minimum) and a certificate as a perceiver/ mentor (clinical instructor). **Guidelines** Ratio of the students and clinical instructor 1:5 (define as excellent). **Evidence** Document related.		No	The requirements to be clinical instructor more specifically described in the core document of Indonesian midwife association.

	diplomas are maintained on file in the midwifery programme office.				
Standard 2.1.6 Nursing or midwifery schools define role descriptions for theoretical and clinical educators including, but not limited to, faculty, clinical super-visors, mentors, preceptors and teachers. **Standard 4.2.2** Nurses and midwives with clinical expertise in the content area being taught are designated to supervise and teach students in that clinical	**Standard II.3.b** The midwife clinical preceptor /clinical teacher demonstrates competency in midwifery practice, generally accomplished with two (2) years full scope practice. **Guideline** The midwifery programme deter-mines a method to assess the current practice competence of each midwife clinical preceptor /clinical teacher. The suggested amount of two (2) years of previous full time work in a variety of areas	-	Yes		The requirements to be clinical instructor more specifically described in the core document of Indonesian midwife association stipulated in 4.4.3 that a CI should have a minimum of 5 years clinical experience.

practice area. **Standard 4.2.3** Nursing or midwifery schools form partnerships to secure a variety of qualified people to be clinical supervisors and teachers.	(antepartum, intrapartum, post-partum, newborn, family planning) is a proxy measure of competence. **Evidence** The midwifery programme maintains documentation of practice competence of each midwife clinical preceptor /clinical teacher such as previous employer certifications, letters of reference, CVs, evidence of on-going education.				
Standard 2.1.6 Nursing or midwifery schools define role descriptions for theoretical and clinical educators including, but not	**Standard II.3.c** The midwife clinical preceptor /clinical teacher maintains competency in midwifery practice and clinical education.	-	Yes		The requirements to be clinical instructor more specifically described in the core document of Indonesian midwife association.

limited to, faculty, clinical supervisors, mentors, preceptors and teachers. **Standard 4.3.2** Nursing or midwifery schools have a system in place that provides faculty with opportunities for development in teaching, scholarship, practice and external professional activity.	**Guideline** Each midwife clinical preceptor/clinical teacher maintains competency by: • Continuing to provide midwifery care to women and their newborn infants. • reading relevant books, journals and research articles • participating in professional development activities relevant to midwifery education and practice • Fulfilling the requirements of the midwifery regulating /registration body. **Evidence** The midwifery programme has written documentation of each clinical preceptor /clinical teacher's maintenance of competency.				

Standard 2.1.6 Nursing or midwifery schools define role descriptions for theoretical and clinical educators including, but not limited to, faculty, clinical super-visors, mentors, preceptors and teachers.	**Standard II.3.d** The midwife clinical preceptor /clinical teacher hold a current license/registration or other form of legal recognition to practice midwifery. **Guideline** Each midwife clinical preceptor /clinical teacher is responsible for providing a copy of the license or registration to the head of the midwifery programme every time it is renewed. **Evidence** The midwifery programme maintains a copy of each midwife clinical preceptor/clinical teacher's current license and/or registration to practice as a midwife in that legal jurisdiction.	-	Yes		The requirements to be clinical instructor more specifically described in the core document of Indonesian midwife association

Standard 2.1.6 Nursing or midwifery schools define role descriptions for theoretical and clinical educators including, but not limited to, faculty, clinical supervisors, Mentors, preceptors and teachers. **Standard 4.2.2** Nurses and midwives with clinical expertise in the content area being taught are designated to supervise and teach students in that clinical practice area. **Standard 4.2.3** Nursing or	**Standard II.3.e** The midwifery clinical preceptor/clinical teacher have formal preparation for clinical teaching or undertake such preparation. **Guideline** Each midwife clinical preceptor /clinical teacher or the employing institution is responsible for providing documentation of clinical preceptor /clinical teacher preparation or an agreed plan for obtaining such preparation. Clinical preceptor /clinical teacher preparation normally includes: • principles of adult	**Standard 5** 5.1.2.2 Substances and practical implementation/ internship in accordance with subjects which charged lab practicum outlined in the competency guidelines due to targets to be achieved, evidenced by the plan and monitoring practical activities, recapitulation book of guidance.		No	Preparation for the teaching learning process either theory or practical assigned in the LAM standard, but no emphasize on who should responsible for it e.g. clinical instructor.

midwifery schools form partnerships to secure a variety of qualified people to be clinical supervisors and teachers.	teaching and learning, • skills in facilitating student inquiry and participation, ability to impart information • ability to evaluate student performance **Evidence** The midwifery programme maintains written documentation of each clinical preceptor /clinical teacher's preparation or a written plan for obtaining such preparation including a timeframe for completion.	**Evidence** Document related.			
Standard 2.1.6 Nursing or midwifery schools define role descriptions for theoretical and clinical educators including, but not limited to,	**Standard II.4** Individuals from other disciplines who teach in the midwifery programme are competent in the content they teach. **Guideline** The midwifery	**Standard 4.4.2** Conformity between faculty and the subjects that are taught. **Guideline** Ideally, all courses are taught by		No	

faculty, clinical supervisors, mentors, preceptors and teachers. **Standard 3.3.2** Nursing or midwifery schools use interprofessional teamwork approaches in their classrooms and clinical learning experiences. **Standard 4.1.3** Other health professionals who are guest lecturers in nursing or midwifery programmes hold a graduate degree and possess clinical and educational expertise in their specialty.	programme defines the specific content expertise needed and the appropriate qualifications for the content experts. The midwifery programme is responsible for orienting content experts to the midwifery curriculum and evaluating their performance. **Evidence** The midwifery programme maintains written documentation of content expertise of non-midwives teaching in the midwifery programme that includes CVs, letters of reference, student evaluations.	lecturers with appropriate expertise. Institutions have teaching activity data in the past year. **Evidence** Filled form and document related			
Standard 2.1.6	**Standard II.5**				

Nursing or midwifery schools define role descriptions for theoretical and clinical educators including, but not limited to, faculty, clinical supervisors, mentors, preceptors and teachers.	Midwife teachers pro-vide education, sup-port and supervision of individuals who teach students in practical learning sites. **Guideline** Midwife teachers : • Agree terms of reference with the preceptors • Develop and pro-vide regular education sessions that reflects the midwifery learning out-comes, course outlines, student assessment forms, expectations of students in practical settings. • Provide supportive supervision as needed for individuals supervising students in practical settings • Maintain communication channels for discussion of	-	Yes		Supervision to the field were done but not regulated

	student progress • Provide recognition for teaching efforts such as certificates, books , conference fees, remuneration **Evidence** Midwifery faculty minutes of meetings or other joint professional development sessions, practical site visit reports, student evaluations of each clinical preceptor /clinical teacher are available in written form.				
Standard 2.1.6 Nursing or midwifery schools define role descriptions for theoretical and clinical educators including, but not limited to, faculty, clinical supervisors,	**Standard II.6** Midwife teachers and midwife clinical preceptors / clinical teachers work together to support (facilitate), directly observe, and evaluate students' practical learning. **Guideline**	-	Yes		

mentors, preceptors and teachers. **Standard 2.4.1** Nursing or midwifery schools demonstrate successful partnerships with the academic institution where their programme is located , with other disciplines, with clinical practice sites, with clinical and professional organizations and with international partners. **Standard 3.2.4** Nursing or midwifery programmes provide supervised clinical learning experiences that	Midwife teachers and midwife clinical preceptors /clinical teachers actively collaborate to ensure: • that learning out-comes are achieved during practical placements • availability to students when learning needs require special attention • students receive direct supervision during placements • A variety of acceptable forms of assessment are used to evaluate student performance and progress. **Evidence** Midwifery faculty minutes of meetings or other joint professional development sessions, records of student progress evaluations,				

support nursing or midwifery theory in diverse settings.	records of discussions between clinical preceptors / clinical teachers and midwife teachers that demonstrate participation and collaboration among midwife teachers and midwife clinical preceptors /clinical teachers in matters relating to student learning are available in written form.				
	Standard II.7 The ratio of students to teachers and clinical preceptors /clinical teachers in classroom and practical sites is determined by the midwifery programme and the requirements of regulatory authorities. **Guideline** The midwifery programme, in collaboration with the	**Standard 6.4.5** The clinical instructor required to hold diploma of midwifery (minimum) and a certificate as a perceiver/ mentor (clinical instructor). **Guidelines** Ratio of the students and clinical instructor 1:5		No	Standard 3.1.1 written the number of students, while the 4.3 standard is written the number of lecturers and their qualifications. So that the ratio of lecturers and students can be calculated.

	host institution, and in keeping with national regulatory requirements, defines the student - teacher/preceptor ratio. For example, the ratio of students to teachers in the classroom is much greater than when the students are in the practice site where 1 or 2 students per clinical preceptor/clinical teacher is ideal. **Evidence** The midwifery programme has documentation of their student/faculty ratios with justification.	Ratio of the students and lecturer 1:12 to 1:20			
	Standard II.8 The effectiveness of midwifery faculty members is assessed on a regular basis following an	**Standard 4** The programme must have a system of effective monitoring and evaluation of the human resources management to ensure the quality of academic	Yes		Peer observation as an element which can show the effectiveness of faculty is missing from LAM standard.

	established process. **Guideline** The midwifery programme has a written strategy for regular assessment of faculty performance that takes account of institutional policies, quality assessment strategies, and regulatory requirements. Examples of faculty effectiveness include: • student performance • student evaluations • peer observation • graduation rates • qualification or registration success rates The midwifery faculty and head of programme agree to a time-frame for regular assessment.	programmes. **Guideline** 4.2 Written guidance on monitoring and evaluation systems, as well as the track record of the performance of faculty and staff, and the consistency of implementation; Monitoring and evaluation of faculty performance in the fields of education, research, and community service. **Evidence**			

	Evidence The midwifery programme maintains files of completed faculty assessments that take place at regular intervals. The records include follow up of any recommendations for improvement.	Related document which show that the written guidelines was being used consistently.			
Standard 5.1.4 Nursing or midwifery schools have entry requirements that meet national criteria for higher education institutions including, but not limited to, completion of secondary education.	**Standard III: Student Body** Standard III.1 The midwifery programme has clearly written admission policies that are accessible to potential applicants. Standard III.1.a. The admission policies include entry requirements including minimum requirement of completion of secondary education.	**Standard 3** Recruitment and selection policy of prospective students The programme study must participate actively in the recruitment and selection of prospective students to be able to produce quality students and graduates.	Yes		Admission policy including entry requirement regulates in the national technical guidelines and stipulates in law of the republic of Indonesia number 12 in 2012 article 21 about higher education. The Indonesian midwifery association core document has specific requirements of midwifery student which elaborate in

	Guideline Entry requirements can exceed completion of secondary education. **Evidence** Written materials describing the midwifery entry requirements are publically available.				the standard 3.3. Nevertheless, this document does not used as assessment tools for accreditation.
Standard 5.1.1 Nursing or mid-wifery schools have a trans-parent admission policy that specifies the process of student selection and the minimum acceptance criteria.	**Standard III.1.b** The admission policies include a transparent recruitment process. **Guideline** The transparency of the midwifery recruitment process may include: • explicitly written application procedures • published minimum scores/marks/acade mic grades • published deadlines for application	-	Yes		The issue of trans-parency mention in the national technical guidelines for admission. Moreover, the Indonesian midwife association core documents, standard 3.2., has says about systems and recruitment mechanisms conducted in an open and transparent.

	• published admission decisions • list of admission committee members **Evidence** Written materials describing the midwifery recruitment policies and procedures are publically available.				
Standard 5.2.1 Nursing or midwifery schools admit students with backgrounds in basic science and mathematics who demonstrate skills in the language of instruction and in dealing with the clients. **Standard 5.2.3** Nursing or mid-wifery schools admit students who meet the	**Standard III.1.c** The admission policies include a selection process and criteria for acceptance. **Guideline** Each midwifery programme establishes both the process and criteria for acceptance based on national needs and cultural norms. The selection criteria may include the following: • Able to read and write the national	-	Yes		Include in the national technical admission guidelines.

institution's health and any other requirements, as well as any national requirements for selection. **Standard 5.2.4** Nursing or midwifery schools seek students who demonstrate the will to serve in health and the ability to be independent learners.	language or the language of instruction if different from the national language. • successful completion of courses in relevant subjects, such as basic sciences and mathematics • proof of good conduct • able to interact amicably • strong motivation to become a midwife The materials assessed for selection may include a written application, personal interview, letters of reference, standardized tests, records of previous schooling. **Evidence** Written materials describing the criteria and means of				

	assessing and selecting midwifery applicants are publically available.				
Standard 5.1.3 Nursing or midwifery schools have a system and policy in place that takes into account different entry points of students, recognition of their prior learning, experience and progression options toward higher education goals.	**Standard III.1.d** The admission policies include mechanisms for taking account of prior learning. **Guideline** The midwifery programme has clearly stated policies related to recognition of prior learning. Examples of mechanisms that assess prior learning include: • challenge examination • presentation of documentation of prior learning such as transcripts • portfolios of previous experience and competencies Relevant prior learning may reduce the number of	-	Yes		The minimum requi-rement to enter the midwifery school are elaborated in the national technical guideline admission, including: High school graduate certificates.

	modules/courses or content hours that the applicant undertakes to complete the programme. **Evidence** Written policies about the extent of recognition of prior learning, and the procedures and deadlines for obtaining recognition are publicly available. Records of implementation of such policies are part of programme files.				
Standard 5.1.2 Nursing or midwifery schools have a transparent non-discriminatory admission and selection process.	**Standard III.2** Eligible midwifery candidates are admitted without prejudice or discrimination (e.g., gender, age, national origin, religion) **Guideline** Written policies support universal	-	Yes		Based on health minister regulation number 1464/MENKES/PER/X /2010 midwife is "a **woman**……" Indonesian midwifery associations' core document in standard 3.3.1 stipulates that the

	human rights. **Evidence** Written policies are publicly available.				requirement admission for midwifery student is a woman with maximum age 24 years.
Standard 5.2.2 Nursing or midwifery schools admit students who have the ability to meet the requirements of the programme.	**Standard III.3** Eligible midwifery candidates are admitted in keeping with national health care policies and maternity workforce plans. **Guidelines** See Guidelines that accompany Standard I.6. **Evidence** See evidence that accompanies Standard I.6.	-	Yes		Regulated in the national technical guideline.
	Standard III.4 The midwifery programme has clearly written student policies: a. Student policies include expectations of	-	Yes		Academic guides for students contains about: • student discipline • duties and responsibilities of students • the rights and

	students in classroom and practical areas **Guideline** Examples of expectations of students include that the student: • takes responsibility for his/her own learning • demonstrates a respectful and positive attitude towards women and their families, teachers, colleagues • practices in accord with ethical standards such as maintaining confidentiality • exhibits culturally appropriate behaviour and appearance in practical learning sites **Evidence** Students provide				obligations of students

	feedback that they received, discussed, and were given time to ask any questions about the written policies during their orientation period.				
Standard 2.3.5 Nursing or midwifery schools have a system in place for student-support services.	**Standard III.4.b** Student policies include statements about students' rights and responsibilities and an established process for addressing student appeals and/or grievances.	**Standard 2.3 and 2.5** **Guidelines** Functional and operational management systems of the course include: (1) planning, (2) organizing, (3) development of staff, (4) supervision, (5) directing, (6) representation, and (7) Budgeting, this is carried out effectively. **Evidence** It is characterized by the existence of the document: (1) Strategic Plan and RENOP faculty / PT (2) The plan for the development of the study programme (3) Standard Operating Procedure (SOP)		No	This standard does broadly state in the LAM guidelines. Moreover, it can be seen from academic guides for students which is contains about: • student discipline • duties and responsibilities of students • the rights and obligations of students Grievances and complaints are regulated through SOP and feedback mechanism.

	Guidelines Clear policies and procedures about grievances and complaints include: • Informal methods for dispute resolution where issues are resolved in person, with facilitation if needed • Formal methods that rely on an adjudication process and include procedures for: ✓ filing complaint ✓ timeline for addressing complaint ✓ neutral/unbiased committee reviews the complaint ✓ possible outcomes of the complaint process are understood Student counselling				

	and support services are available as needed (see Standard V: Resources, facilities and services). **Evidence** Written policies are available to students and confidential files are kept of past complaints and their resolution.	 **Evidence** SOP on academic guidance.			
	Standard III.4.c Student policies include mechanisms for students to provide feedback and on-going evaluation of the midwifery curriculum, midwifery faculty and the midwifery programme. **Guidelines** Mechanisms for soliciting student feedback include: Formal anonymous or open student feedback	**Standard 2.4 and 2.5** Feedback carried out to improve the quality of the learning process that includes a source of feedback, sustainability implementation and follow-up. **Guideline** Feedback: • Obtained from four sources (lecturers, students, alumni, graduate users) • Regularly conducted		No	

	using evaluation forms. Informal feedback using • suggestion boxes • open forums • internet communication forums **Evidence** The midwifery programme has evaluation tools available and a published time frame for their use. Copies of completed evaluation forms are kept on file in the programme office.	• Actionable **Evidence** Documents related.			
Standard 2.1.3 Nursing or midwifery schools clearly define the educational and clinical outcomes of the programme.	**Standard III.4.d** Student policies include requirements for successful completion of the midwifery programme. **Guideline** Requirements generally include: Achievement of	**Standard 5** Completeness and formulation of competence based learning outcomes **Guideline** The curriculum includes a complete competency (primary,	Yes		Standard 5 on LAM state that learning system was built based on plans that are relevant to the purpose, the realm (domain) learning and hierarchy. Requirement completion of the midwifery

	programme outcomes at the designated level of proficiency. Amount and type of theory and practical learning experiences. Methods and criteria for determining final achievement of programme outcomes such as comprehensive exams. **Evidence** Requirements are written and shared with students at the beginning of the programme. Students verify this.	supporters, etc.) which are clearly formulated including: • The number of real hours used for practicum / practice / internship • courses are equipped with course descriptions, syllabus / modules / session outline • Substance and practical implementation / practice in accordance with subjects outlined in the guidelines to achieve competency targets. **Evidence** Document related			programme stipulates in the academic guidelines book, but no standard in national guideline that specific address it.
	Standard III.5 Mechanisms exist for the student's active participation in midwifery programme governance and committees.	**Standard** 2.3 Functional and operational management systems of the courses include: (1) planning, (2) organizing, (3) development of staff, (4) supervision, (5) directing,		No	

	Guidelines Mechanisms may include : Membership on committees such as admissions, curriculum, disciplinary. Student committees or association Planned discussion with faculty and head of midwifery programme. **Evidence** A record of student membership and participation on relevant committees is maintained.	(6) **representation**, and (7) budgeting **Guidelines** 5.7.2 and 3.3 Services to students of the midwifery programme includes the type of service provided to students which can be used to foster and develop reasoning, interests, talents, artistic, and well-being (including student committees). **Evidence** There are all (five types) student services that can be accessed.			
Standard 1.1.1 Graduates demonstrate established competencies in nursing and midwifery practice	**Standard III.6** Students have sufficient midwifery practical experience in a variety of settings to attain, at a minimum, the current ICM Essential competencies for basic midwifery practice.	**Standard 5** Completeness and formulation of competence based learning outcomes.		No	Clearly elaborated in the Indonesian midwifery association core document in standard 3.4.4. In addition, this information can be found in the academic guidelines.

	Guideline Practical experiences take place in a variety of institutional and community settings that meet country needs and ICM scope of practice. Sufficient practical experience can be defined by: • Number of prenatal visits, labour and births attended, postpartum, newborn, and family planning visits and/or • Number of hours spent in each practical area (Antepartum, Intrapartum, Postpartum. Newborn, Family Planning) and/or • Measures of quality of experience and/or • Achievement of	**Guidelines** Evidenced by the curriculum that covers the core competencies and supporting competence (syllabus / course material / Modules).			

	learning outcomes. Where regulatory or regional policies require a certain number of practical experiences, midwifery faculty may need to seek the support of and collaboration with regulatory/licensing bodies to meet these requirements. Sufficient practical experiences mean enough for each student to be able to demonstrate competency in all areas of midwifery practice. A formula for 'sufficient' practical experiences varies from country to country and programme to programme. The formula depends on patient volume in clinical sites, availability of qualified clinical teachers, and				

	the individual needs of each student. Given the variation in student needs, one way of determining if there will be 'sufficient' clinical experience available for the number of students planned for admission is to determine ahead of time if there are, as a guideline, a minimum of 50 new AN visits, 100 repeat AN visits, 50 labours and births, 50 newborn examinations, and 100 primary care/family planning visits for ***each*** student admitted across the combination of practical sites used during the programme. Then one needs to multiply these numbers by the number of students admitted. Some students will require more for competency demonstration and				

	others will require less. **Evidence** A list of or contracts with all practice settings for midwifery student experience are available in the programme office. The midwifery programme defines in writing *sufficient experience* for their setting, context and regulatory framework and the means of measuring that experience. The midwifery programme is able to demonstrate that each midwifery student has achieved proficiency with the specified level of practical experiences. Student records of practical experiences are available and reflect the midwifery programme requirements.	**Evidence** Document related.			

Standard 3.2.4 Nursing or midwifery programmes provide supervised clinical learning experiences that support nursing or midwifery theory in diverse settings.	**Standard III.7** Students provide midwifery care primarily under the supervision of a midwife teacher or midwifery clinical preceptor/clinical teacher. **Guideline** Ideally, all midwifery care provided by students is supervised by a qualified midwife. **Evidence** Written agreements exist with practical settings and individual preceptors.	**Standard 5 and 6.4.5** The number of credits that are used for practical activities / practices/ internship (supervised by clinical instructor/ midwife teacher). **Guideline** Preceptor/mentor personnel qualified minimal hold diploma of midwifery and have a certificate of clinical instructor, with ideal ratio of 1: 5. **Evidence** Document related (schedule, SO, MOU with practical setting)		No	
	Standard IV: Curriculum Standard IV.1 The philosophy of the midwifery education programme is consistent with the ICM Philosophy and model of care. **Guideline** The written philosophy	**Standard 5** The curriculum is based on in-depth study of the nature of science midwifery and needs of stakeholders towards science by observing quality standards, and the vision, mission midwifery institutions.	Yes		The issue about philosophy and beliefs of midwifery education programme are missing. In the LAM standard broadly mention the formulation of competence based learning outcomes.

	includes beliefs about teaching and learning and midwifery care. Beliefs about teaching and learning may include: • Level and type of learner • Educational theories • Respectful relationships between teachers and learners • Environment of learning Beliefs about midwifery care include: • partnership with women • empowerment of women • individual/personalized care • continuity of care • normality of pregnancy and birth • safe care keeping to standards • cultural safety • (evidence-based) practice • autonomous				

	practice **Evidence** The programme has a written philosophy of midwifery education and practice.				
Standard 1.2.2 Nursing or midwifery schools prepare graduates who demonstrate: • use of evidence in practice, • cultural competence, • the ability to practise in the health-care systems of their respective countries and meet population needs, • critical and analytical thinking, • the ability to	**Standard IV.2** The purpose of the midwifery education programme is to produce a competent midwife who a. Has attained/ demonstrated, at a minimum, the current ICM Essential competencies for basic midwifery practice. **Guidelines** Midwifery graduates are competent practitioners, in accord with the core ICM documents (*Essential Competencies for Basic Midwifery Practice, Definition of a Midwife,*	**Standard 5 and 3.5.2** The curriculum should be designed based on their relevance to the objectives, scope and depth of the material, the organization that encourages the formation of hard skills and personality and behavioural skills (soft skills) that can be applied in various situations and conditions. **Guidelines** The curriculum includes a complete competency (primary, supporters, etc.) which are clearly formulated.		No	

manage resources and practise safely and effectively, • the ability to be effective client advocates and professional partners • with other disciplines in health-care delivery, • community service orientation, • Leadership ability and continual professional development. **Standard 2.1.3** Nursing or midwifery schools clearly define the educational and clinical outcomes of the programme.	*International Code of Ethics for Midwives*) and national and international regulations on midwifery. Competence includes demonstration of: • evidence based practice • lifesaving competence • culturally safe practice • the ability to practise in the health-care systems of their countries and meet the needs of women and their families • critical thinking and problem solving • the ability to manage resources and practise effectively • the ability to be effective advocates for women and				

Standard 3.1.7 Nursing or midwifery schools enable the development of clinical reasoning, problem solving and critical thinking in their programmes.	their families • the ability to be professional partners with other disciplines in health-care delivery • community service orientation • leadership ability • on-going professional development (life-long learning) **Evidence** The written learning outcomes of the midwifery programme reflect ICM core documents. When a midwifery programme requires the achievement of competencies that exceed those of ICM, there is documentation of the added competencies.	**Evidence** Document related to the curriculum.			

Standard 1.1.3 Graduates of an initial program-meme in nursing or midwifery meet regulatory body standards leading to professional licensure/registra tion as a nurse or a midwife.	**Standard IV.2.b** Meets the criteria of the ICM definition of a midwife and regulatory body standards leading to licensure or registration as a midwife. **Guideline** Requirements for completion of the midwifery programme are consistent with the ICM *Definition* and enable graduates to be eligible for registration/recognitio n within their site of practice. **Evidence** All midwifery graduates meet the requirements for registration/legal recognition and provide copies of such recognition to the programme upon request.	**Standard 4 and 3.5.2** • Graduation rate of competency test. • Expertise/ capabilities that demonstrate by graduated students. **Guidelines** The percentage of competency test by first takers (student). The capacity of graduates are highly relevant to the needs of employment, has the advantage of the added value in the job competition. **Evidence** Registration letter as a midwife (STR).		No	Registration and recognition done by Majlis Tenaga Kesehatan Indonesia/MTKI (health workers council in bahasa) stipulates in the minister of health regulation number 1464/MENKES/PER/X /2010.
Standard 1.1.4 Graduates are	**Standard IV.2.c** is eligible to apply for	-	Yes		Stipulates in the law number 12 of 2012

awarded a professional degree. **Standard 1.1.5** Graduates are eligible for entry into advanced education programmes.	advanced education. **Guideline** In order to apply for advanced education, midwifery programmes need to confer a credential upon completion of the midwifery programme that is recognized in the country. **Evidence** The midwifery programme completion credential conferred is recognized in the country and graduates are able to pursue further education.				about higher education.
Standard 1.2.1 Nursing or midwifery school graduates will be knowledgeable practitioners who adhere to the code of ethics and standards of the profession.	**Standard IV.2.d** is a knowledgeable, autonomous practitioner who adheres to the ICM International Code of Ethics for Midwives, standards of the profession and established scope of	In order to know that the graduates are knowledgeable, there are some points in the LAM standard that used to measure it, such as: • Timely graduation rates and the percentage of drop out (DO) / resignation • Number of graduates who pass the competency test.		No	Autonomous practice of midwife regulated by minister of heath regulation no 369/menkes/sk/III/2007 and 1464/ menkes/per/x/2010.

Standard 1.1.6 Nursing or midwifery schools employ methods to track the professional success and progression of education of each graduate.	practice within the jurisdiction where legally recognized. **Guideline** Midwifery programme outcomes are consistent with regulatory requirements for autonomous practice. **Evidence** The midwifery programme follows graduates systematically for defined time periods to know of their continuing practice record.	• The waiting period graduates to get a first job. • Suitability employment field of graduate midwifery. • Graduates who ordered and accepted by the agency (agency /industry).			
Standard 3.2.1 Nursing or midwifery curricula provide core content that will enable their graduates to	**Standard IV.3** The sequence and content of the midwifery curriculum enables the student to acquire essential competencies for	**Standard 5.1.2.1** Conformity courses and the sequence in order to achieve the competency standards. Evidenced by the curriculum covers core competencies,		No	

meet the established competencies. **Standard 3.2.4** Nursing or midwifery programmes provide supervised clinical learning experiences that support nursing or midwifery theory in diverse settings.	midwifery practice in accord with ICM core documents. **Guideline** The midwifery curriculum is organized in a logical, systematic manner that helps students progressively acquire the essential knowledge, skills and behaviours. Examples of approaches include a sequence of content from preconception to postpartum care; or from physiologic processes to pathologic conditions; or from simple, usual situations/problems to complex, infrequent emergencies.	supporting competencies and other. Note: To assess the suitability of the course and order, if necessary assessor pay attention to the syllabus / course material / Module.			

	The underlying approach informs the arrangement of content and the acquisition of the *Essential Competencies*. It informs also the timing of regular assessments of the development of the competencies (see III Student body, and VI Assessment strategies) **Evidence** The organizational framework is evident in midwifery curriculum documents. Faculty and students understand the organization of content and the approach to assessing achievement of competencies.	**Evidence** Document related to curriculum.			
Standard 3.1.4 Nursing or midwifery schools establish and demonstrate	**Standard IV.4** The midwifery curriculum includes both theory and practice elements with	**Standard 5.1.2 and 5.2.2** The time provided for the implementation of real learning process organized by the institution.		No	The national academic guidelines for midwifery stipulates that for Diploma midwifery

balance between the theory and practice components of the curriculum. **Standard 3.2.3** Midwifery programmes provide core content in midwifery theory, practice, interventions and scope of practice for strengthening health systems through the primary health-care approach.	a minimum of 40% theory and a minimum of 50% practice. **Guideline** Each programme plans its midwifery theory and practice ratio in order to : • enable the achievement of the ICM competencies, (knowledge, skills and professional behaviours), • facilitate transfer of competencies into practice and • Enable the student during the learning process to demonstrate the ability to contextualize care. Midwifery programmes may opt to have a 50%/50% balance, whereas others will have a 40%/60% balance. The added practical time may	The amount of time which is used in the clinical setting.			minimum level of credits is 110 and a maximum of 120 credits with a percentage of 40% theory and 60% practice. Core document of Indonesian midwifery association in standard 5.1.5 also has same point.

	afford expanded practical education or simulation learning. The added time for practical may be needed to demonstrate added competencies, achieve learning outcomes when practice volume is small, or when individuals acquire competencies at a slower pace. **Evidence** The programme has a written overview of the structure of the programme that sets out the proportion of time allocated to midwifery theoretical and practical learning. The rationale for the structure is clearly described. If other theoretical content not directly related to midwifery competencies, such as research, is included,	**Evidence :** Document related			

	the rationale for inclusion is also clearly described. This content is not considered in the ratio described above.				
	Standard IV.4.a The minimum length of a direct entry midwifery education programme is three (3) years. **Guideline** The minimum length of midwifery education programmes were agreed as part of the modified Delphi survey process. ICM understands that time periods are ***informed estimates*** of the time needed to achieve full competency in the practice of midwifery, whatever the route of entry into the education programme. The ICM Resource packet #2 (2012)	-	Yes		Include in the core document of Indonesian midwifery association and minister of health regulation number 1464/MENKES/PER/X /2010 article 2.

	presents a model curriculum outline for a three year direct entry programme and ways to determine hours needed for learning theory and demonstrating competence. The number of courses/modules and the hours needed for each is determined by experienced educators based on the amount of content to be learned and its level of difficulty (simple or complex), and whether there is a clinical component or not. Time available in the curriculum is a reality factor as well. For example, ante-partum theory and practice cover nine months of pregnancy with basic physiology for mother and the developing fetus whereas labour and birth content				

	covers a much shorter time frame but requires competency in life-saving skills for mother and newborn along with normal labour and birth. Modules without clinical content, (e.g., pharmacology, anatomy, epidemiology, professional issues) may require less time for learning concepts with application in midwifery care modules. Overall it is suggested that clinical practice courses (AP, IP, PP, NB, FP) should have the majority of time allocated in the curriculum, with other course complementary. If the programme is housed in an educational institution, the formula for hours				

	per credit will already be deter-mined (e.g., 1 hour theory per week = 1 credit; 3-5 hours clinical practice per week = 1 credit over a 12-14 week time period). If the Antepartum course is 6 credits, normally 3 credits will be 3 hours of theory per week and 3 credits will be 9 – 15 hours practical experience per week. **Evidence** The formula used by the programme for theoretical and practical experience (courses/units of study) is written and available to students and all midwifery teachers. The rationale for the formula is also recorded, and evaluated periodically in relation to the graduate's ability to demonstrate all the |ICM Essential				

	Competencies.				
	Standard IV.4.b The minimum length of a post-registration programme is eighteen (18) months.	Not applicable			
Standard 3.1.5 Nursing or midwifery schools demonstrate use of recognized approaches to teaching and learning in their programmes, including, but not limited to, adult education, self-directed learning, e-learning and clinical simulation.	**Standard IV.5** The midwifery programme uses evidence-based approaches to teaching and learning that promote adult learning and competency based education. **Guideline** Evidence of best practice in education changes over time and faculty need to remain current about education topics such as: • methods to acquire competencies • students as adult	5.6 Efforts to improve the learning system which has been conducted over the last three years relating to: a. subject b. learning methods c. The use of learning technologies d. Ways of evaluation	Yes		Learning methods broadly mentioned in standard 5.6 on improvement of learning systems that have been conducted over the last three years. Include in standard 5.1.3 and 5.2.3 of Indonesian midwifery associations core document.

	learners • gender specific learning • Principles of life-long learning (ICM *Position statement basic and ongoing education for midwives).* Evidence-based teaching methods include: • inquiry-based learning, • modelling, • case method, • simulation learning • supervision • reflection Teaching methods can be used in the classroom or in web based formats if appropriately modified. **Evidence** Evidence based teaching methods are reflected in course materials.				

Standard 3.1.9 Nursing or midwifery programmes offer opportunities for multidisciplinary content and learning experiences. **Standard 3.3.2** Nursing or midwifery schools use interprofessional teamwork approaches in their classrooms and clinical learning experiences.	**Standard IV.6** The midwifery programme offers opportunities for multidisciplinary content and learning experiences that complement the midwifery content. **Guideline** The midwifery programme encourages contributions from experts in related disciplines in order to: • improve the knowledge base of student midwives, • understand discipline specific content, • learn from and about other disciplines/professions in maternity care and • Improve interprofessional teamwork (ICM *Position statement Basic and on-going*	**Standard 5** The curriculum covers core and supporting competencies. Conformity expertise (the latest education) of faculty to teach the courses also taking into account.		No	

	education for midwives). Experts in disciplines complementary to midwifery can teach content in areas such as sociology, psychology, pharmacology, anatomy and physiology. Specific topics in maternity care can be taught by nurses, obstetricians, paediatricians, anaesthesiologists. Midwifery programmes can include inter-professional learning experiences in community, institutional and primary health care settings within the country or in elective international locations whereby midwifery students collaborate with students and/or other health care providers as members				

	of teams. **Evidence** The midwifery programme has learning objectives for students that include interprofessional collaboration. The curriculum plan includes input from other disciplines and interprofessional practical experiences. The programme maintains a roster of all persons and their backgrounds who teach midwifery students.	**Evidence** Document related.			
Standard 2.3.2 Nursing or midwifery schools have a system and policy in place that ensures the safety and welfare of students and faculty.	**Standard V: Resources, facilities and services** **Standard V.1** The midwifery programme implements written policies that address student and teacher safety and wellbeing in teaching and learning	**Standard 5.9**		No	

	environments. **Guideline** Policies include such items as: • safe travel/ trans-port to clinics community practice site, rural/remote areas • personal safety in community settings • observing universal precautions for blood borne pathogens • management of sharps injuries • students submit proof of ongoing current immunization protection • students show proof of good conduct/police clearance **Evidence** The midwifery programme has written policies that	**Guidelines** Safety culture in practicum/ practice. **Evidence** • the availability of guidelines, • effectiveness (dissemination			

	are given to all midwifery faculty, students, and clinical preceptors/clinical teachers. Recipients are knowledgeable about policies.	and implementation), • Completeness of equipment and materials.			
Standard 2.3.1 Nursing or midwifery schools have accessible, current and relevant physical Facilities including, but not limited to, classrooms, clinical practice sites, information and communications technology, clinical simulation laboratories and libraries. **Standard 3.1.3** Nursing or midwifery schools provide classroom and	**Standard V.2** The midwifery programme has sufficient teaching and learning resources to meet programme needs. **Guidelines** Sufficient teaching and learning re-sources include: • access to current learning resources such as current text, journals and reference sources in printed or electronic form • communication technologies such	Institution indicates guarantee the availability of funds, facilities and infrastructure, have guaranteed access to and utilization of information technology and management systems to support the management and delivery of academic programmes, operations, and development studies programme. **Guideline** (located in some of the standards) • Access to and utilization of the infrastructures used in the administrative process and learning and organizing activities *Tridarma* effectively. (standard 6.4) • Include in minister of health regulation number 1192/MENKES/PER/X/2004 • Completeness, ownership, and		No	

clinical learning that delivers the knowledge and skills required to meet the needs of their respective populations.	as telephones, pagers • classroom space or distance learning options • access to laboratories equipped to support basic sciences and practical skills development • equipment and materials to support student practical learning such as mannequins, gloves, instruments • access to student support services such as financial aid, personal counselling services Refer to the ICM *Standard Equipment Lists for Competency-based Skills Training in Midwifery Schools (2012)* as a resource for setting up teaching and learning resources.	quality of infrastructure (offices, classrooms, laboratories and completeness tools, practice area, library, etc. (standard 6.3.2 and 5.7.2) • Academic guidance system: the number of students per faculty academic supervisor, implementation of activities, the average meeting per semester, the effectiveness of the activities of the guardianship			

	Evidence Documentation of resources is available. Budget planning takes account of acquiring and updating learning resources. Pooled resources of the host institutions are available to the midwifery programme as needed and appropriate.	**Evidence** 6.3 Workspaces lecturer (average area for each faculty and completeness of its facilities Completeness, ownership, and quality of infrastructure (offices, classrooms, laboratories and completeness tools, practice area, library, etc. in accordance with the standard, which is used by institution in the learning process Infrastructure to implement the learning process, other infrastructure for activities and student welfare (health facilities, sports facilities, a common room, hall and policlinic HIMA). 6.4 The materials library in the form of textbooks, lab module / practice, popular scientific magazines, scientific journals accredited or international journals and proceedings of seminars in accordance with the relevant field of obstetrics and midwifery; Access to the library outside the college itself or other literature sources; The availability of flexibility in use outside the laboratory practical			

		activities scheduled; Commitment rides practices; Availability and qualifications precept / mentors. 6.5 The information and facilities used in the process of learning courses (hardware, software, e-learning, on-line access to the library, etc.) And accessibility of data in information systems.			
Standard 2.3.3 Nursing or midwifery schools have professional support personnel and human resources to meet programme and student demand. **Standard 4.3.3** Nursing or midwifery schools have a system and policy in place and provide time and resources for competency	**Standard V.3** The midwifery programme has adequate human resources to support both classroom /theoretical and practical learning. Adequate human resources require: • a human resource plan • a programme budget sufficient to recruit and retain qualified faculty members • The number of faculty needed to meet required	**Standard 4.5** Efforts to improve human resources (HR) in the last three years. **Standard 6.2** Operational costs in the last five years to support academic programmes (education, research, and service / community service) **Standard 4.6** The number, ratio, academic qualifications and competence of educational staff (librarians, laboratory, analysts, technicians, operators, programmers, administrative staff, and / or other support staff)		No	The number of faculty needed include in the minister of health regulation number 1192/MENKES/PER/X /2004.

development for staff.	teaching loads and responsibilities. Midwifery programmes have support staff to: • help administer and organize the programme • maintain financial and other records • work with other programmes or departments as needed **Evidence** There is information on file about persons who provide theoretical instruction and supervision/evaluation of students in practical sites, such as the number of persons their time commitments to the midwifery programme their qualifications and teaching experience Personnel files include qualifications and job	**Evidence** Related documents.			

	descriptions for each member of the support staff.				
Standard 2.4.1 Nursing or midwifery schools demonstrate successful partnerships with the academic institution where their programme is located, with other disciplines, with clinical practice sites, with clinical and professional organizations and with international partners. **Standard 3.1.6** Nursing or midwifery schools provide classroom and clinical learning based on established competencies	**Standard V.4** The midwifery programme has access to sufficient midwifery practical experiences in a variety of settings to meet the learning needs of each student. **Guideline** The variety of midwifery practical settings include: • hospitals • clinics, • health centres • communities • homes Practical placements are negotiated with individual sites and include: • type and number of experiences available • number of students that can be	**Standard 6. 4.4** Commitment health care institution as a site for practice. **Guideline** Judgments expert assessment of the following aspects: commitment • Management and • administrative (MOU) • HR (certificate Preceptor) • Supporting education • Curriculum and implementation of education		No	-

and grounded in the most current, reliable evidence. **Standard 3.3.3** Nursing or midwifery schools have access to, and arrangements for, the clinical learning sites required for programme delivery.	accommodated availability of clinical preceptors/ clinical teachers **Evidence** There are signed contracts from a variety of agencies kept on file in the midwifery programme office. Contracts are updated and renewed periodically. [See Standard III.6]	**Evidence** Document related.			
	Standard V.5 Selection criteria for appropriate midwifery practical learning sites are clearly written and implemented. **Guideline** The criteria for choosing sites include: • the quality of care provided to mothers and babies, • woman and baby	-	Yes		The selection criteria include in the core document of Indonesian midwifery association. (standard 6.2.1.2) The existence of specific prerequisites compiled by the midwifery education programme for the use of any setting practices:

	friendly philosophy • accessibility and safety for students • availability of learning opportunities • provision of equipment and instruments • availability of midwife clinical preceptors/ clinical teachers • other health care professionals willing to facilitate learning **Evidence** Selection criteria are written and followed. Student evaluations of practical sites reflect these criteria.				• The number and types of cases • The number of students that can be accommodated in these locations • Availability clinical instructor • The quality of midwifery services in the practice site. • Practice models in accordance with the management philosophy of midwifery • The willingness of other health professionals to assist learners in site • practice
Standard 2.1.5 Nursing or midwifery schools have in place and use a system of formative and summative	**Standard VI: Assessment strategies** **Standard VI.1** Midwifery faculty uses valid and reliable formative and	Efforts to improve the learning system include materials, teaching methods, the use of learning technologies and the way of evaluation. **Standard 5.2.3** Quality of the exam is		No	

assessment of the programme's educational and clinical objectives and outcomes. **Standard 3.4.1** Nursing or midwifery schools assess student learning, knowledge and skill development throughout their programmes, using reliable evaluation methodologies.	summative evaluation/assessment methods to measure student performance and progress in learning related to a. knowledge, b. behaviours, c. practice skills, d. critical thinking and decision making, and e. interpersonal relationships/communication skills. **Guidelines** The midwifery programme selects or develops assessment tools needed for formative and summative evaluation. Evaluation methods are selected that best suit the domain (cognitive, affective, psychomotor) being assessed and are matched to learning outcomes. For example,	determined by supporting evidence in the form of the grating/ blue print of each exam questions, form matter, and the analysis item of the questions.			

	knowledge acquisition, critical analysis and reflective thinking can be assessed using oral or written exams, and essays whereas practical skills, professional behaviours, decision-making and interpersonal relationships can be observed and assessed in practice sites and/or in simulated scenarios/ situations Self-assessment and peer assessments can be done in addition to those done by teachers. Multiple tools and multiple assessments afford a greater "sampling" of student capabilities. **Evidence** A variety of valid and reliable assessment tools are available and	**Evidence** Document related. The good quality of test script			

	used. Course materials clearly describe the methods used for evaluating attainment of learning outcomes.	that the and according to the course syllabus.			
	Standard VI.2 The means and criteria for assessment/evaluation of midwifery student performance and progression, including identification of learning difficulties, are written and shared with students. **Guideline** The criteria for adequate progress and means of remediation (if needed) are part of course and programme written policies /information. Students have on line	-	Yes		Criteria for assessment are written in the academic guideline.

	access or written copies of the information. **Evidence** A written assessment plan is available to students and midwifery faculty. Policies and arrangements are in place that supports remedial work.				
Standard 2.4.1 Nursing or midwifery schools demonstrate successful partnerships with the academic institution where their programme is located, with other disciplines, with clinical practice sites, with clinical and professional organizations and with	**Standard VI.3** Midwifery faculty conducts regular review of the curriculum as a part of quality improvement, including input from students, programme graduates, midwife practitioners, clients of midwives and other stakeholders. **Guideline** Quality improvement is a cyclical process: feedback obtained from formal and	**Standard 5.3.1** A review of the curriculum during the last 5 years: mechanism, the parties involved, the results of the review.		No	

international partners. **Standard 3.1.8** Nursing or midwifery schools conduct regular evaluations of curricula and clinical learning, and include student, client, stakeholder and partner feedback. **Standard 3.4.2** Nursing or midwifery schools use a variety of methods to assess the subject matter being studied including, but not limited to, student performance based assessment and client/stakeholder feedback.	informal means (e.g. surveys, appraisals, invited reviews) provides the basis for making needed improvements and/or changes in the programme. Reassessment is carried out after a suitable period of time. Input from a variety of stakeholders, including consumers of midwifery care, offers a broader perspective and helps increase visibility and credibility of the programme. **Evidence** Written evidence of assessment periods, improvements/changes made and timeframes are available.	**Evidence** Developments are carried out independently by engaging internal and external stakeholders and pay attention to the vision, mission, and feedback.			

Standard 2.4.1 Nursing or midwifery schools demonstrate successful partnerships with the academic institution where their programme is located, with other disciplines, with clinical practice sites, with clinical and professional organizations and with international partners.	**Standard VI.4** Midwifery faculty conducts on-going review of practical learning sites and their suitability for student learning/experiences in relation to expected outcomes. **Guideline** Midwifery programme faculty regularly visit and audit suitability of the practice sites. Key audit features include: • support for the programme's midwifery philosophy and model of care, • inclusion of students in all aspects of care, • level of interest and enthusiasm of clinical preceptors/clinical faculty in teaching	-	Yes		In standard 5.6 broadly mention about efforts to improve learning system but not specific to practical learning sites.

	and evaluating students, • adequate number of clients with presenting conditions that reflect desired student learning outcomes. Students provide regular feedback about practical learning sites such as the overall environment, support for students, extent of teaching, quality of services. **Evidence** Audit reports are kept on file in the programme office.				
Standard 2.2.2 Nursing or midwifery schools have criteria in place that meet	**Standard VI.5** Periodic external review of programme effectiveness takes place.	-	Yes		Accreditation conducted every 5 years regulated by BAN and LAM under supervision from ministry of education

accreditation standards for clinical practice components of their programmes, academic content and the demonstration of professional outcomes. **Standard 2.2.3** Nursing or midwifery schools and their programmes are recognized or accredited by credible, relevant professional and academic bodies and reaccredited as required.	**Guideline** External assessment may be done as part of meeting the requirements of the institution/ state/ country where the programme is based or to meet requirements of national accreditation, or to be approved by a midwifery regulating body. Where no requirement exists, the midwifery programme should organize a review conducted by 2 or 3 midwife teachers/experts who are from another region/country. Reviewers can observe and interview faculty, students, administrators and graduates about their views of the programme and its ability to educate				which stipulates in the minister of education regulation number 87 of 2014 regarding accreditation board.

	midwives who are successful practitioners. Reviewers also should read programme documents, review policies and procedures, and form an overall picture of strengths and weaknesses to formulate recommendations for improving programme quality. External reviews carried out at 5-7 year intervals can increase the quality and integrity of the programme. Evidence The midwifery programme has a plan in place for formal review at intervals. Appraisals from reviewers are on file and there is				

	documented follow-up of recommendations.				

ANNEX 2 : STANDARD 1. VISION, MISSION, OBJECTIVES AND GOALS, AND ACHIEVEMENTS STRATEGIES

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
1.1 Vision, mission, goals, and objectives, and strategies for achieving the target of study programmeme.	1.1.1 Clarity, realistic, and linkages between the vision, mission, goals, objectives of the study programmeme, and the stakeholders involved in its development.	"Become an educational institution that produces midwifery graduates which professional, superior and Independent in the field of midwifery in 2015". Having a vision, mission, goals, and objectives which is clear, realistic, mutually related to one another. Involving faculty, students, staff, alumni and the community in its development.	"Making the midwifery academy institutions as qualified and professional midwifery educational institutions by promoting the comprehensive concept of education in 2016". Having a vision, mission, goals, and objectives which is sufficiently clear, realistic, less related to one another. Simply involves elements of leadership and foundations.	"Produce graduates of diploma midwifery which professional, excellence and independent in the field of midwifery in the 2015" Having a vision, mission, goals, and objectives which is clear, realistic, mutually related to one another. Involving faculty, students, staff, alumni and the community in its development.	"Midwifery Academy that creates professional midwives are devoted to God so that they can advance and develop midwifery through research and community service in Indonesia, especially in South Lampung. Having a vision, mission, goals, and objectives which is sufficiently clear, realistic, less related to one another. Involving faculty, students and staff and the community in its development.

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	1.1.2. Strategies for achieving targets with clear time frame and supported by documents (master plan for development, Strategic Planning).	Strategies for achieving goals: (1) with clear time stages and realistic. (2) supported by complete document.	Strategies for achieving goals : (1) with clear time stages and sufficient realistic. (2) not supported complete documents.	Strategies for achieving goals : (1) with clear time stages and realistic. (2) supported by complete document.	Strategies for achieving goals: (1) without clear time stages. (2) not supported complete documents.
1.2 Understanding the vision, mission, goals, and objectives of the study programmeme.	1.2 Understanding of internal stakeholders (academicians and educators) to the vision, mission, goals and objectives of the study programmeme.	There are socializing the vision and mission of the programme, but it is not known the results of understanding the academic community and academic staff to it.	There are socializing the vision and mission of the programme, but it is not known the results of understanding the academic community and academic staff to it.	There are socializing the vision and mission of the programme and well understood by the entire academic community and education personnel.	There are socializing the vision and mission of the programme and well understood by the entire academic community and education personnel.

STANDARD II. GOVERNANCE, LEADERSHIP, MANAGEMENT SYSTEM, AND QUALITY ASSURANCE

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
2.1 Procedures of the faculty	2.1 Good governance to achieve the vision, mission, and goals by using the strategy which is credible, transparent, accountable, responsible and fair.	The existence of documents, data and information that is valid and reliable that all elements of governance ensures the implementation of courses that meet the following five pillars: (1) credible (2) transparent (3) accountable (4) responsible (5) fair	The existence of documents, data and information that is valid and reliable that all elements of governance ensures the implementation of courses that meet the following five pillars: (1) credible (2) accountable (3) responsible (4) fair But not state about issue of transparency.	The existence of documents, data and information that is valid and reliable that all elements of governance ensures the implementation of courses that meet the following five pillars: (1) credible (2) transparent (3) accountable (4) responsible (5) fair	The existence of documents, data and information that is valid and reliable that all elements of governance ensures the implementation of courses that meet the following five pillars: (1) credible (2) transparent (3) accountable (4) responsible (5) fair
2.2 Leadership in the study programme	2.2.1 The educational qualifications of the chairman.	Educational qualifications of the chairman : Diploma midwifery, advance midwifery , bachelor of edu-	Educational qualifications of the chairman : advance midwifery	Educational qualifications of the chairman : Diploma midwifery, bachelor of education and master	Educational qualifications of the chairman : advance midwifery

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
		cation and master of Public Health.		of Public Health.	
	2.2.2 Publication in the journal by the chairman of midwifery courses.	Have publications in unaccredited journals. There are 5 articles in the local journal	Does not have a publication in the journal	Have publications in unaccredited journals. There are 5 articles in the local journal	Does not have a publication in the journal
	2.2.3 Characteristics of leadership in courses that include: operational leadership, organizational leadership, and public leadership.	Leadership in the courses have strong characteristics : (1) The operational leadership, (2) the organizational leadership, (3) public leadership.	Leadership that is applied to the courseis transformational leadership where the head of study programme has always been a change agent because transformational leaders always bring changes in a positive direction instead of control the existing changes.	Leadership in the courses have strong characteristics : (1) The operational leadership, (2) the organizational leadership, (3) public leadership.	Leadership that is applied to the courseis transformational leadership where the head of study programme has always been a change agent because transformational leaders always bring changes in a positive direction instead of control the existing changes.
2.3 Functional and operational system of the course	2.3 Functional and operational system including:	Functional and operational management system has done, but the	Functional and operational management system has done,	Functional and operational management system carried out in ac-	Functional and operational management system has done, but the

<table>
<tr><th rowspan="2">ELEMENTS OF ASSESSMENT</th><th rowspan="2">DESCRIPTOR</th><th colspan="4">ANALYSIS</th></tr>
<tr><th>PB1</th><th>PV1</th><th>PB 2</th><th>PV2</th></tr>
<tr><td></td><td>(1) planning,
(2) organizing,
(3) development of staff,
(4) supervision,
(5) directing,
(6) representation, and
(7) budgeting

It is characterized by the existence of the document :
(1) Strategic Plan
(2) The plan for the development of the study programme
(3) Standard Operating Procedure (SOP)</td><td>missing issue of representation.
Functional and operational management system carried out in accordance with the SOP, but the document incomplete.</td><td>but the missing issue of representation, development of staff, supervision, representation, and budgeting.

Functional and operational management system carried out in accordance with the SOP, but the document incomplete.</td><td>cordance with the SOP, which is supported by a complete document.</td><td>missing issue of development of staff, supervision, representation, and budgeting.</td></tr>
</table>

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
2.4 Quality assurance	2.4 Implementation of quality assurance in study programmes, include: (1) There is a quality assurance system in accordance with the policy of quality assurance in management unit, (2) documentation, and internal audit (3) Follow-up to the report on the implementation	(1) There is an effective policy of evaluation and quality control. A good programme review system (there is a reliable method validation). The implementation is in accordance with the policy. (2) Good quality of documentation (3) Reports that followed are unknown.	(1) There is no comprehensive policy on the evaluation and control of the programme. Review system tend to be *ad hoc*.	(1) There is an effective policy of evaluation and quality control. A good programme review system (there is a reliable method validation). The implementation is in accordance with the policy. (2) Good quality of documentation (3) All reports are followed up.	(1) There is no comprehensive policy on the evaluation and control of the programme. Review system tend to be *ad hoc*.
2.5 Feedback	2.5 Feedback to improve the quality of the learning process. Information includes : a source of feedback, sustai-	Feedback: (1) Obtained from faculty, stude-nts, alumni and users.	Feedback: (1) Obtained from faculty, students, alumni and users. (2) Do regularly (3) Actionable	Feedback: (1) Obtained from faculty, students, alumni and users. (2) Do regularly (3) Actionable	Feedback: (1) Obtained from faculty, students, alumni and users. (2) Do regularly (3) Actionable

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	nability implementation, and follow-up. Note: (1) Source feedback, among others, from: faculty, students, alumni, users. (2) The periodic (minimum once in 3 years) (3) Follow-up to improve the curriculum, the implementation of the learning process, and increased activity of the courses.	(2) Do regularly (3) Actionable			
2.6 Efforts to ensure the sustainability (sustainability) study programme.	2.6 The efforts that have been made by the course to ensure the sustainability	There is evidence that all efforts conducted with good results.	There are various effort to improve each point. But efforts to obtain funding other than	There are various effort into improving each point. But efforts to obtain funding	There are various effort to improve each point. But efforts to obtain funding other than

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	of the study programme. The efforts include : (1) Efforts to increase the interest of pro-spective students (2) Efforts to improve the quality of management (3) Efforts to improve the quality of graduates (4) Efforts for the implementation and results of partnerships (5) The efforts and achievements to obtained funds from sources other		student fees have not done so for research faculty must use private funds.	other than student fees have not done because there is no policy related to the tariffs within the institution. Whereas achievements to obtain assistance in the form of infrastructure and research are exist by following a competitive grants from the local government.	student fees have not success yet.

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	than the student.				

STANDAR 3. THE STUDENT AND GRADUATES

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
3.1.1 The effectiveness implementation of recruitment and selection system for prospective students to produce qualified prospective students.	3.1.1.1 The ratio of students who participate in the selection: capacity.	773:80	78:60	361:40	54:80
	3.1.1.2 The ratio of regular new students who register : regular new students who pass the selection.	77:80 (96%)	59:61(97%)	40:40 (100%)	45:48 (94%)
	3.1.1.3 The ratio of new transfer students : new regular students.	0:77	0:59	0:40	0:45
	3.1.1.4 Average grade point average (GPA) during the last five years.	3.08	3.23	3.26	3.22

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
Non-discrimination policy in recruitment	Eligible midwifery candidates are admitted without prejudice or discrimination (e.g., gender, age, national origin, religion)	Data not available	Data not available	Data not available	Data not available
The midwifery programme takes into account national and international policies and standards to meet maternity workforce needs.	The midwifery programme takes into acc-ount national and international policies and standards to meet maternity workforce needs.	Not available	Not available	Not available	Not available
	Eligible midwifery candidates are admitted in keeping with national health care policies and maternity workforce plans.	Not available	Not available	Not available	Not available

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
3.1.2 Achievement and academic reputation, talents and interests of students.	3.1.2 Award for student achievement in the areas of reasoning, talents and interests.	There is evidence by award of scientific competitions, sports, and art in international, national, regional, and local level. There is one award winner at the international level, one at the national level and seven at the local level	There is evidence by award of scientific competitions, sports, and art in local level. There are 7 awards at the local level	There is evidence by award of scientific competitions, sports, and art in local level. There are 20 awards at the local level	There is evidence by award of scientific competitions, sports, and art in local level. There are 2 awards at the local level
3.1.3 Timely graduation rate and the percentage of dropouts (DO) / resign.	3.1.3.1 The percentage of on-time graduation.	100%	30%	98.7%	75%
	3.1.3.2 The percentage of students who dropped out or withdrew.	0%	No data	0%	61%
3.2 The competency test passing rate.	3.2 The percentage of completeness competency test by first taker (graduate).	100%	Not available because the data come from 2012, but the competency test start in 2013.	97%	Not available because the data come from 2012, but the competency test start in 2013.

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
The midwifery programme has clearly written student policies	Student policies include expectations of students in classroom and practical areas	Data not available	Data not available	Data not available	Data not available
3.3 Services to students.	3.3.1 The type of service that provided to the students which can be used to foster and develop reasoning, interests, talents, art, and welfare. The type of services to students, among others: 1. Guidance and counseling 2. Interest and aptitude (extra-curricular) 3. Development of soft skills	There are all (five types) student services that can be accessed.	There are all (five types) student services that can be accessed.	There are all (five types) student services that can be accessed.	There are all (five types) student services that can be accessed.

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	4. Service for scholarship 5. Health Services				
	3.3.2 Quality of service to stude-nts. For each type, has the following criteria: (1) Conducted in a structured (2) Facility accor-ding to the number of students (3) Accommodate the needs of students (4) Increase the motivation to learn	(1) Conducted in a structured (2) Facility according to the number of students (3) Accommodate the needs of students (4) Increase the motivation to learn	(1) Facility accor-ding to the number of students (2) Accommodate the needs of students (3) Increase the motivation to learn But not conducted in a structured way.	(1) Conducted in a structured (2) Facility accor-ding to the number of students (3) Accommodate the needs of students (4) Increase the motivation to learn	(1) Facility accor-ding to the number of students (2) Accommodate the needs of students (3) Increase the motivation to learn But not conducted in a structured way.
3.4 Graduate placement	3.4 Efforts of the programmes study to find job for graduates. There are five	These five type of effort is well done.	These five type of effort is well done.	These four type of effort is well done. However, efforts to offer graduate to the stakeholders who are require	These five type of effort is well done.

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	types of efforts are evidenced by the documents, include : 1. Provision of information to students 2. Establish an information center for work opportunities 3. Invite user 4. Offer to the user 5. Cooperation with users			midwifery work-force has not been done.	
3.5 Evaluation of graduates.	3.5.1.1 Efforts tracking and data recording of the graduates.	There are intensive efforts to track graduates and the data recorded in a comprehensive manner.	There are intensive efforts to track graduates and the result has recorded in a comprehensive manner.	There are intensive efforts to track graduates and the data recorded in a comprehensive manner.	There are inci-dentally efforts to track graduates and the data recorded.

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	3.5.1.2 The use of tracking results for the improvement of the following aspects: (1) the learning process, (2) fundraising, (3) information work, (4) Build a network.	Results tracking only repair an aspect (learning process).	Results tracking only repair an aspect (learning process).	Results tracking only repair an aspect (learning process).	Results tracking only repair an aspect (learning process).
	3.5.1.3 User Opinions (employer) on the quality of the graduates.	Not available due to failure to fill the form	262	263	Not available due to failure to fill the form
	3.5.1.4 The number of samples of graduates in the last two years that followed the tracer study (compared to the number of graduates).	210:228	No information	90:158	No information

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	3.5.2 Skills/ capabilities that demonstrate the quality of the graduates.	Expertise graduates are highly relevant to the needs of employment, has the advantage of the added value in the job competition.	Graduate expertise relevant to the needs of employment, but still general.	Expertise graduates are highly relevant to the needs of employment, has the advantage of the added value in the job competition.	Graduate expertise relevant to the needs of employment, but still general.
	3.5.3 Waiting period of graduates to obtain the first job	≤ 6 months	3 months	6 months	1-2 months
	3.5.4 Suitability of the employment field with the study field of the graduate	The percentage of graduates in the last five years who work on the field in accordance with the expertise = 99%.	The percentage of graduates in the last five years who work on the field in accordance with the expertise = 94 %.	The percentage of graduates in the last five years who work on the field in accordance with the expertise = 93,3 %.	The percentage of graduates in the last five years who work on the field in accordance with the expertise = 100 %.
	3.5.5 Graduates who ordered and accepted by the users (agency/ industry)	47.5% (38 out of 80 graduates in 2014)	100% (56 out of 56 graduates in 2011)	42.8% (18 out of 42 graduates in 2014)	100% (47 out of 47 in 2011)

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
3.6 Participation of alumni in supporting the development of academic and non-academic courses.	3.6 Participation of alumni in supporting the development of the study programmeme. Forms of participation include: (1) Contribution of funds (2) Contribution facilities (3) Input for improvement of the learning process (4) Development of networking	Three forms of participation made by alumni (contribution facilities, input for improvement of the learning process, development of networking)	Two forms of participation made by alumni (input for improvement of the learning process, development of networking)	Three forms of participation made by alumni (contribution facilities, input for improvement of the learning process, development of networking)	Two forms of participation made by alumni (input for improvement of the learning process, development of networking)
Student retention	Midwifery schools have student retention system in place.	Data not available	Data not available	Data not available	Data not available

STANDARD 4. HUMAN RESOURCES

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
4.1 The system of recruitment, placement, development, retention, and dismissal of faculty and staff to ensure the quality of the academic programme delivery.	4.1 Written guidance on recruitment, placement, development, retention, and dismissal of faculty and staff, as well as the effectiveness of its implementation.	There is a complete written guidelines.	There are written guidelines except for the issue of retention and dismissal.	There are written guidelines except for the issue of dismissal.	There is a complete written guidelines.
4.2 Monitoring and evaluation system, as well as the track record of the performance of faculty and staff	4.2.1 Written guidance on monitoring and evaluation systems, as well as the track record of the performance of faculty and staff, and the consistency of implementation.	There is a complete written guidelines; and there is evidence consistently implemented.	There is a complete written guidelines; and there is evidence consistently implemented.	There is a complete written guidelines; and there is evidence consistently implemented.	There is a complete written guidelines; and there is evidence consistently implemented.
	Peer observation as an element which can show	Data not available	Data not available	Data not available	Data not available

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	the effectiveness of faculty				
	4.2.2 Implementation of monitoring and evaluation of faculty performance in the fields of education, research, community service.	No information	No information	No information	No information
4.3 Academic qualifications, competency (pedagogical, personality, social, and professional), and number (faculty-student ratio, academic positions) permanent and non-permanent lecturer (lecturer, guest lecturers, experts)	4.3.1.1 Permanent lecturers who hold (minimum) master degree which areas of expertise in accordance with the competence of the study programme.	18 lecturers with master degree (100%)	10 lecturers with bachelor degree, with no one hold master degree. (0%)	14 lecturers with master degree. (100%)	6 lecturers with bachelor degree and 1 with master degree.(14.2%)
	4.3.1.2 Permanent lecturers who have lectureship that	15 lecturers (83%)	No one	13 lecturers (93%)	No one

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
to guarantee the quality of the academic programme.	area of expertise in accordance with the competence of the study programme.				
	4.3.1.3 The ratio of students to permanent lecturers whose area of expertise in accordance with the programme.	277:18 ≈15:1	173:10 ≈17:1	239:14 ≈17:1	147:7 ≈21:1
	4.3.2.1 Permanent lecturers that has a certificate of professional educators (lecturers certification)	21	none	12	none
	4.3.2.2 Permanent lecturers who have certificates of competence/ Profession and professional membership card	23(88%) 25	10	11(52%) 21	7

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
The midwife teacher demon-strates compe-tency in mid-wifery practice, generally ac-complished with two (2) years full scope practice	The midwife teacher demon-strates compe-tency in mid-wifery practice, generally ac-complished with two (2) years full scope practice	Not available	Not available	Not available	Not available
	4.3.3 The average of workload (in credit) for lecturer per semester.	21credits	9.78 credits	12.20 credits	7 credits
	4.3.4 Suitability of expertise (the latest education) of faculty to teach the courses.	1-3 courses taught by lecturers who do not appropriate their expertise.	1-3 courses taught by lecturers who do not appropriate their expertise.	1-3 courses taught by lecturers who do not appropriate their expertise.	No data
	4.3.5 Percentage of attendance by permanent lecturer in the course.	100%	100%	100%	100%

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
4.4 The number, qualifications, and the tasks implementation of the non-permanent lecturers.	4.4.1 The percentage of non-permanent lecturers, against the total number of lecturers.	19%	>100%	47%	>100%
	4.4.2.1 Conformity of the non-permanent lecturers expertise with the courses that is taught.	All the non-permanent lecturers taught the subject wich is their expertise.	All the non-permanent lecturers taught the subject wich is their expertise.	All the non-permanent lecturers taught the subject wich is their expertise.	All the non-permanent lecturers taught the subject wich is their expertise.
	4.4.2.2 The percentage of attendance by non-permanent lecturer in the course.	100%	100%	100%	100%
The midwife clinical preceptor / clinical teacher demonstrates competency in midwifery practice, generally accomplished with	The midwife clinical pre-ceptor / clinical teacher demonstrates competency in midwifery practice, generally accomplished with two (2) years full	Data not available	Data not available	Data not available	Data not available

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
two (2) years full scope practice.	scope practice.				
The midwife clinical pre-ceptor / clinical teacher main-tains compe-tency in mid-wifery practice and clinical education.	The midwife clinical pre-ceptor / clinical teacher maintains compe-tency in mid-wifery practice and clinical edu-cation.	Data not available	Data not available	Data not available	Data not available
The midwife clinical pre-ceptor / clinical teacher hold a current license /registration or other form of legal recognition to practice mid-wifery.	The midwife clinical preceptor /clinical teacher hold a current license/registration or other form of legal recognition to practice mid-wifery.	Data not available	Data not available	Data not available	Data not available
4.5 Efforts to improve human resources (HR) in the last three years.	4.5.1. Activity experts/ specia-lists as speakers in the seminar/ training, guest	12 specialist as speaker.	3 specialist as speaker.	2 specialist as speaker.	None

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	speakers, etc., from outside the institution itself, (not including part-time lecturers) that are relevant to the course.				
	4.5.2 Increased ability of permanent faculty through a programme of learning in the field corresponding to the field study programme.	There are 4 lecturers in the process of continuing education: 3 master degree, 1 doctoral degree.	There are two lecturers in the process of continuing their education to the master degree.	There are one lecturers in the process of continuing their education to the master degree	There are two lecturers in the process of continuing their education to the master degree
The midwife teacher maintains competence in midwifery practice and education.	The midwife teacher maintains competence in midwifery practice and education.	Data not available	Data not available	Data not available	Data not available
	4.5.3 Activity of permanent faculty whose area of expertise in accordance with the institution in	There are 8 lecturer pursue scientific seminars / workshops / upgrading / performance /	There are 9 lecturer pursue scientific seminars / workshops / upgrading / performance /	There are 14 lecturer pursue scientific seminars / workshops / upgrading / performance /	There are 4 lecturer pursue scientific seminars / workshops / upgrading / performance /

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	scientific seminars / workshops/ upgrading / performance / exhibition / demonstration involving not only faculty from programmes study itself within a period of three years.	exhibition / demonstration	exhibition / demonstration	exhibition / demonstration	exhibition / demonstration
	4.5.4 Achieve-ments of the lecturer in award-ed grants, funding programmes and academic activiti-es (Tridarma, speakers) from international, national, regional, and local levels in the last three years	Getting the award of academic activi-ties of regional level institution. Two lecturers parti-cipate as outstand-ing lecturers candi-dates and one person as resource persons dissemi-nation of research results about the use of IUDs in family planning board, Lampung Province.	None	Four lecturers obtaining compe-titive grants from local government.	None

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	4.5.5 Reputation and breadth of lecturer networking in academic and profession. (the scientific community).	96% lecturers are member of professional association.	No data	100% lecturers member of professional association.	No data
Midwife teachers provide education, support and supervision of individuals who teach students in practical learning sites.	Midwife teachers provide education, support and supervision of individuals who teach students in practical learning sites.	Data not available	Data not available	Data not available	Data not available
Midwife teachers and midwife clinical preceptors / clinical teachers work together to support (facilitate), directly observe, and evaluate students' practical learning.	Midwife teachers and midwife clinical preceptors / clinical teachers work together to support (facilitate), directly observe, and evaluate students' practical learning.	Data not available	Data not available	Data not available	Data not available

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
4.6 The amount, ratio, academic qualifications and competence of educational staff (librarians, laboratory technicians, analysts, technicians, operators, programmemers, administrative staff, and/ or other support staff) to ensure the quality of the implementation of the study programme	4.6.1.1 the number and qualifications of the librarians	One librarians with diploma degree	Two librarians with bachelor degree	One librarians with diploma degree	One librarians with diploma degree and onelibrarians with bachelor degree
	4.6.1.2 Laboratory staff : Adequacy, suitability to the area of competence.	The number is sufficient and appropriate with their competence area.	The number is sufficient and appropriate with their competence area.	The number is sufficient and appropriate with their competence area.	The number is sufficient and appropriate with their competence area.
	4.6.1.3 Human resources in Administration: adequacy and suitability of competence.	The number is sufficient and appropriate with their competence area.	The number is sufficient and appropriate with their competence area.	The number is sufficient and appropriate with their competence area.	The number is sufficient and appropriate with their competence area.
	4.6.2 Efforts that have been made in improving the qualifications and competence of educational staff	The efforts to improve the qualifications and competence of staff have done well.	The efforts to improve the qualifications and competence of staff have done well.	The efforts to improve the qualifications and competence of staff have done well.	The efforts to improve the qualifications and competence of staff have done well.

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	Efforts to improve qualifications and competence are associated with: 1. The provision of learning opportunities/ training 2. Provision of facilities, including funds 3. Career path				

(4)

(5) STANDARD 5. CURRICULUM, LEARNING AND ACADEMIC ATMOSPHERE

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
5.1 Curriculum	5.1.1 Competence of the graduates 5.1.1.1 Comple-teness and for-mulation of the competency ba-sed on learning outcomes	The curriculum includes a complete competency (pri-mary, supporters, etc.) which are clearly formulated.	The curriculum includes a complete competency (pri-mary, supporters, etc.) which are clearly formulated.	The curriculum includes a complete competency (pri-mary, supporters, etc.) which are clearly formulated.	The curriculum includes a com-plete com-petency (primary, supp-orters, etc.) which are clearly for-mulated.
	5.1.1.2 Orientation and conformity with the vision and mission	The curriculum be accordance with the vision and mission, it has been oriented to the future.	The curriculum be accordance with the vision and mission, it has been oriented to the future.	The curriculum be accordance with the vision and mission, it has been oriented to the future.	The curriculum be accordance with the vision and mission, it has been oriented to the future.
	5.1.2 Structure of Curriculum 5.1.2.1.1 Compliance and sequence of the courses with the competency standards.	The curriculum be accordance with the competency standards, it has been oriented to the future.	The curriculum be accordance with the competency standards, it has been oriented to the future.	The curriculum be accordance with the competency standards, it has been oriented to the future.	The curriculum be accordance with the competency standards, it has been oriented to the future.

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	5.1.2.1.2 The number of credits that are used for practicum/ internship. Note: It should be ensured that 1 credit practicum = 2 hours of scheduled activities per week, 1 credit of clinical midwifery practice = 4 hours of activity per week and 1 credit comprehensive midwifery practice in the community= 6-8 hours of activity per week. If 1 credit for practicum numbers less than 2 hours, must be adjusted.	69 credits	57 credits	67 credits	65 credits

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	5.1.2.1.3 The percentage of subjects which task (homework or report) have ≥ 20% weight in determining its final mark	63%	95%	100%	92%
	5.1.2.1.4 The percentage of subjects which are equipped with course descrip-tions, syllabus/ modules/ session overview	≥ 95%,	≥ 95%,	≥ 95%,	≥ 95%,
	5.1.2.2 Substan-ces and imple-mentation of practical guide-lines in subjects which include lab practicum, outli-ned in the compe-tency targets to be achieved, and evidenced by the plan and moni-	Implementation of lab module / practice more than adequate (coupled with demonstration in the laboratory).	Implementation of lab module / practice more than adequate (coupled with demonstration in the laboratory)	Implementation of lab module / practice more than adequate (coupled with demonstration in the laboratory)	Implementation of lab module / practice more than adequate (coupled with demonstration in the laboratory)

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	toring practicum guidance recapi-tulation book.				
Selection criteria for appropriate midwifery prac-tical learning sites are clearly written and implemented.	Selection criteria for appropriate midwifery prac-tical learning sites are clearly written and implemented.	Not available	Not available	Not available	Not available
Midwifery facul-ty conducts on-going review of practical learn-ing sites and their suitability for student learning/experie nces in relation to expected outcomes.	Midwifery faculty conducts ongoing review of practical learning sites and their suitability for student learning/experien ces in relation to expected outcomes.	Not available	Not available	Not available	Not available
5.2 Implemen-tation of the learning process	5.2.1 Monitoring mechanism of the lecture. Implementation of learning have a	There are monitor-ing but no evaluation	There are monitor-ing but no evaluation	There are monitor-ing but no evaluation	There are monitor-ing but no evaluation

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	mechanism to monitor, assess, and improve every semester about: (a) the presence of students (b) the presence of lecturers (c) the course materials				
	5.2.2 The number of real hours are used for practi-cum/ practice/ internship	2688 hours	1728 hours	2688 hours	1736 hours
	5.2.3 Quality of the exam is determined by the supporting evidence in the form of the grating/ blue print of each course, form matter, the analysis of the exam questions.	Data not available	Data not available	Data not available	Data not available

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	5.3.1 A review of the curriculum during the last 5 years : mechanism, the parties involved, the results of the review.	Development of curriculum is carried out independently by engaging internal stakeholders and pay attention to the vision, mission, and feedback. External stakeholder do not involved.	Development of curriculum is carried out independently, unstructured but depending on the needs of the development of science.	Development of curriculum is carried out independently by engaging internal and external stakeholders and pay attention to the vision, mission, and feedback.	Development of curriculum is carried out independently, unstructured but depending on the needs of the development of science.
	5.3.2 Adjustment of the curriculum with the development of science and technology and the needs of stakeholders.	Curriculum renewal is done in accordance with the development of science, but lack of attention to the needs of stakeholders.	Curriculum renewal is done in accordance with the development of science, but lack of attention to the needs of stakeholders.	Curriculum renewal is done in accordance with the development of science, and pay attention to the needs of stakeholders.	Curriculum renewal is done in accordance with the development of science, but lack of attention to the needs of stakeholders.
5.4 Academic guidance system : the number of students per faculty (academic advisors), implementation of activities, the average meeting	5.4.1.1 The average number of students per faculty (Academic Advisors) per semester.	14	8	13	5

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
per semester, the effective-ness of the activities of guardianship	5.4.1.2 Average number of coach-ing meetings per student per semester	6 times	6 times	6 times	6 times
	5.4.2.1 The implementation of academic coach-ing: the invol-vement of the faculty and the suitability of its implementation with the guideline.	Guardianship per-formed by faculty but not entirely according to written guidelines.	Guardianship per-formed by faculty but not entirely according to written guidelines.	Guardianship per-formed by faculty and entirely according to written guidelines.	Guardianship per-formed by faculty but not entirely according to written guidelines.
	5.4.2.2 The effectiveness of guardianship activities.	Academic assistance and guidance systems run effectively	Academic assistance and guidance systems run effectively	Academic assistance and guidance systems run effectively	Academic assistance and guidance systems run effectively
5.5 Final project : form of the report/ thesis, the availability of a guide, the average student	5.5.1 The form and the quality of the final project report.	Quality is very relevant to the needs of employ-ment, and oriented to the future.	Quality is very relevant to the needs of employ-ment, and oriented to the future.	Quality is very relevant to the needs of employ-ment, and oriented to the future.	Quality is very relevant to the needs of employ-ment, and orient-ed to the future.

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
per supervisor, the average number of meetings/ mentoring, academic qualification of the advisor.	5.5.2.1 Availability of the guideline of the thesis (including dissemination, and implementation of the guideline).	There is a written guide disseminated and consistently implemented.	There is a written guide disseminated and consistently implemented.	There is a written guide disseminated and consistently implemented.	There is a written guide disseminated and consistently implemented.
	5.5.2.2 Average number of students per supervisor for the thesis.	3 students	4 students	7 students	8 students
	5.5.2.3 The average number of meetings/ guidance for completion of thesis.	12 times	8 times	9 times	25 times
	5.5.2.4 Academic qualification for thesis supervisor is master degree according to their expertise and has a certificate of competence / profession.	85% thesis supervisors hold master degree.	12.5% thesis supervisors hold master degree.	95% thesis supervisors hold master degree.	11.1% thesis supervisors hold master degree.

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
5.6 Efforts to improve the learning system which has been conducted over the last three years in order to improve the quality of graduates.	5.6 Efforts to improve the learning system which has been conducted over the last three years relating to: a. subject b. learning methods c. The use of learning technologies d. Ways of evaluation	Efforts made to improve all of which should be corrected (4 aspect)	Efforts made to improve all of which should be corrected (4 aspect)	Efforts made to improve all of which should be corrected (4 aspect)	Efforts made to improve all of which should be corrected (4 aspect)
5.7 Increased academic atmosphere: Policy on academic atmosphere, the availability and type of infrastructure, facilities and funds, programmes and academic activities to create an atmosphere of	5.7.1 Policy on academic atmosphere (scientific autonomy, academic freedom, freedom of academic forum).	There is a policy of academic atmosphere include scientific autonomy, academic freedom, freedom of academic forum	There is no policy on academic atmosphere.	There is a policy of academic atmosphere include scientific autonomy, academic freedom, freedom of academic forum	There is a policy of academic atmosphere include scientific autonomy, academic freedom, freedom of academic forum, but not well documented.
	5.7.2 Availability of infrastructure that enables the creation of	Available, own property, complete, and adequate funding.	Available, own property, complete, and adequate funding.	Available, own property, complete, and adequate funding.	Available, own property, complete, and adequate funding.

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
academic, academic interaction between faculty-student, as well as the development of scholarship behavior	academic interaction, including the library room, laboratories, classrooms, offices, extra-curricular activities and the Student Executive Board				
	5.7.3 Programme and academic activities to create an atmosphere of academic (seminars, symposia, workshops, book review, joint research, etc.).	There are good efforts and the results is conducive atmosphere to enhance the academic atmosphere.	There are good efforts and the results is conducive atmosphere to enhance the academic atmosphere.	There are good efforts and the results is conducive atmosphere to enhance the academic atmosphere.	There are good efforts and the results is conducive atmosphere to enhance the academic atmosphere.
	5.7.4 Academic interactions between faculty-student	There are good efforts and the results is conducive atmosphere to enhance the academic atmosphere.	There are good efforts and the results is conducive atmosphere to enhance the academic atmosphere.	There are good efforts and the results is conducive atmosphere to enhance the academic atmosphere.	There are good efforts and the results is conducive atmosphere to enhance the academic atmosphere.

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
The midwifery programme uses evidence-based appro-aches to teach-ing and learning that promote adult learning and competency based edu-cation.	Evidence-based teaching methods include: • inquiry-based learning, • modeling, • case method, • simulation learning • supervision	Not available	Not available	Not available	Not available
5.8 Professional ethics.	5.8 Debriefing for the graduate in professional ethics.	There is a briefing which is given in specialized subjects Professional Ethics	There is a briefing which is given in specialized subjects Professional Ethics	There is a briefing which is given in specialized subjects Professional Ethics	There is a briefing which is given in specialized subjects Profes-sional Ethics
5.9 Safety Cul-ture in a practicum/ practice	5.9 Safety Culture in a practicum/ practice: • the availability of guidelines, • effectiveness (dissemination and implemen-tation), • Completeness of equipment and materials.	• complete Guide-lines. • effective imple-mentation of guidelines. • completeness of tools/ safety materials.	• complete Guide-lines. • effective imple-mentation of guidelines. • completeness of tools/ safety materials.	• complete Guide-lines. • effective imple-mentation of guidelines. • completeness of tools/ safety materials.	• complete Guidelines. • effective imple-mentation of guidelines. • completeness of tools/ safety materials.

(6) STANDARD 6. FINANCING, FACILITIES AND INFRASTRUCTURE, AND INFORMATION SYSTEM

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
6.1 Management of funds	6.1 Involvement of the faculty in planning performance targets, planning activities / work and planning the allocation and management of funds.	Programmes study are not given autonomy, but are involved in carry out the planning allocation and management of funds.	Programmes study are not given autonomy, but are involved in carry out the planning allocation and management of funds.	The courseautonomously carry out planning allocation and management of funds.	Programmes study are not given autonomy, but are involved in carry out the planning allocation and management of funds.
6.2 Operational costs in the last five years to support academic programmes (education, research, and service / community service)	6.2.1.1 The percentage of fund from students compared with total receipts of funds	22%	100%	28%	100%
	6.2.1.2 Operational funds per student per year.	Rp 4.814.880 (about 5 million)	No data	Rp6.120.226 (about 6 million)	No data
	6.2.2 Fund for faculty research in the last three years.	Average 6.2 million /lecturer/year	No data	Average 11.4 million /lecturer/year	No data

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	6.2.3 Funds for community service in the last three years.	Average 31 million / year	average	Average 20.5 million / year	
6.3 Infrastructure	6.3.1 Workspace for the lecturers.	3.7m2/ lecturer	No data	No data	No data
Workspace for the lecturers that fulfill the eligibility and quality to perform work activities, self-development, and academic services.	6.3.2 Completeness, ownership, and quality of infrastructure (offices, classrooms, laboratories and completeness tools, practice area, library, etc. in accordance with the standard, which is used in the learning process.	There is complete infrastructure with good quality for the learning process, and the property is belongs to the study programmeme. There are 21 unit self-owned infrastructure with preserved condition consists of office space, classroom, clinical lab, language lab, computer lab, dormitories, counseling space and library.	There is complete infrastructure with good quality for the learning process, and the property is belongs to the study programmeme. There are 13 unit self-owned infrastructure with preserved condition consists of office, classrooms, clinical lab, administration room.	There is complete infrastructure with good quality for the learning process, and the property is belongs to the study programmeme. There are 13 unit self-owned infrastructure with preserved condition consists of office, classrooms, clinical lab, language lab, computer lab and library.	There is complete infrastructure with good quality for the learning process, and the property is belongs to the study programmeme. There are 8 unit self-owned infrastructure with preserved condition consists of office, classrooms, laboratorium, hall dan library.

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	6.3.3 Eligibility of other infrastructure (such as places of worship, sports, common room, student club rooms, polyclinic)	Complete supporting infrastructure with good quality to meet the needs of students. Including: Executive student board, hall, sport center, prayer room and discussion site.	Complete supporting infrastructure with good quality to meet the needs of students. Including: hall, meeting room, canteen, parking lot, classroom, laboratorium, and library.	Complete supporting infrastructure with good quality to meet the needs of students.	Complete supporting infrastructure with good quality to meet the needs of students. Including: dining room, sport center, soup kitchen, praying room dan policlinic.
6.4 Access and utilization of the infrastructures which is used in the learning process as well as the administration and implementation of the activities of Tridarma.	6.4.1.1 Library Materials includes midwifery books and other books that are relevant which published in 10 years, covering the main and supplementary books	373 book title	228 book title	172 book title	315 book title
	6.4.1.2 Library materials in the form of modules for practicum /practice (according to the	7	2	30	12

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	standard of writing modules) related to obstetrics and in accordance with existing courses practical and clinical practice midwifery				
	6.4.1.3 Library materials in the form of popular science magazines that are relevant to midwifery	2 title	4 title	4 title	20 title
	6.4.1.4 Library materials in the form of scientific journal which accredited by the Higher Education board and relevant to midwifery	-	2 title	2 title	-
	6.4.1.5 Library materials in the form of an	-	-	1 title	-

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	international scientific journal which relevant to midwifery				
	6.4.1.6 Library materials in the form of pro-ceedings of the seminar in the past three years which relevant to midwifery.	6 title	-	16 title	-
	6.4.2 Access to libraries outside the institution or other literature sources. Note the MoU documents	There is a library outside the uni-versity with good amenities that can be accessed. • Lampung pro-vincial library.	There is a libraries outside the university with good amenities that can be accessed. • Bandar Lampung library. • Lampung univer-sity library • National archives in Jakarta • Digital Library	There is a library outside the uni-versity with good amenities that can be accessed. • Lampung uni-versity library • Metro library	There is a library outside the uni-versity with good amenities that can be accessed. • Poltekes Bandar Lampung library. • Lampung provincial library • Digital Library

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	6.4.3 Availability and flexibility in using the laboratory outside the main means of practical activities scheduled in the lab (a lab, space for simulation).	Adequate, well maintained, and have flexibility in use the lab outside scheduled activities.	Adequate, well maintained, and have flexibility in use the lab outside scheduled activities.	Adequate, well maintained, and have flexibility in use the lab outside scheduled activities.	Adequate, well maintained, and have flexibility in use the lab outside scheduled activities.
	6.4.4 Commitment from health care institution as a site for practice	Good commitment of health care institution for education. There are 13 institutions.	No data	Good commitment of health care institution for education. There are 50 institutions.	No data
	6.4.5 The ratio of preceptor/mentor with minimal diploma Midwifery qualification and a certificate as perceive/mentor (clinical instructor).	No data	No data	No data	No data

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
6.5 Access and utilization of information systems in the management of data and information on the administration of academic programmes.	6.5.1 Information systems and facilities used in the learning process (hardware, software, e-learning, on-line access to the library, etc.).	The learning process use computer that is connected to an internet.	The learning process partially using computer, but does not connect with a internet.	The learning process use computer that is connected to an internet.	The learning process partially using computer, but does not connect with a internet.
	6.5.2 Accessibility of data in information systems	2.6 Data addressed by computer, and can be accessed through the local network (LAN).	Data cannot be assesed.	2.8 Data addressed by computer, and can be accessed through the internet.	Data cannot be assesed.

STANDARD 7. RESEARCH, SERVICE TO THE COMMUNITY, AND COOPERATION

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
7.1 Productivity and quality of the research faculty in research activities, community service, cooperation, and the involvement of students in these activities.	7.1.1 The number of research performed by permanent faculty which relevant to scientific fields of study programmeme.	1.4 Caterorized as very good	0.9 Caterorized as fair	2.8 Caterorized as verygood	1 Caterorized as good
	7.1.2 The number of scientific articles produced by permanent faculty which are in the same area as their expertise and relevant with course in the last 3 years.	27/18 = 1.5	0	37/14 = 2.6	0
	7.1.3 The works of institutions that have obtained the protection of intellectual property (Patents) or works that received recognition /	0	0	4 books acquire patent/ recognition of national institutions.	0

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
	appre-ciation of national / inter-national institutions.				
7.2 Community service by faculty and students that bring benefit to stakeholders (cooperation, work, study, and utilization of services/ products expertise).	7.2.1 The number of service com-munity service performed by the faculty over the last three years.	8 times:18= 0.4	9 times:10=0.9	31 times:14=2.2	6 times:7=0.8
	7.2.2 Student in-volvement in community ser-vice	Students fully engage and res-ponsibly. Students involved in the preparation and help to provide health services to the community such as growth and development of infants exami-nations, supple-mentary feeding, and pregnancy exercise.	Students fully engage and res-ponsibly. Students are invol-ved in community service activities include blood donation, giving free Ante Natal Care(ANC), coun-seling in schools.	Students fully engage and responsibly. Students involved in the preparation and help to provide health services to the community such as growth and development of infants examina-tions, supple-mentary feeding, weighing babies and toddlers, ANC, the elderly and pregnancy exercise.	Students fully engage and res-ponsibly. Students are involved in com-munity service activities include blood donation, giving free Ante Natal Care(ANC), counseling in schools, mass cir-cumcision etc.

ELEMENTS OF ASSESSMENT	DESCRIPTOR	ANALYSIS			
		PB1	PV1	PB 2	PV2
7.3 The amount and quality of effective part-nerships that support the implementation of the study programme/institution's mission and the impact of co-operation for the implemen-tation and de-velopment of the study programme.	7.3.1 The acti-vities of coope-ration with insti-tutions in the country in the last three years	There is coope-ration with many institutions in the country which is relevant to area of expertise There are 7 institution including hospitals and health department.	There is coope-ration with many institutions in the country which is relevant to area of expertise There are 18 institution including hospitals, midwife who works inde-pendently and health department.	There is cooperation with many institutions in the country which is relevant to area of expertise There are 26 institution including hospitals, depart-ment of education and health depart-ment.	There is cooperation with many institutions in the country which is relevant to area of expertise There are 4 institution inclu-ding hospitals, profesional orga-nization and health depart-ment.
	7.3.2 The activity of cooperation with institutions abroad in the last three years.	None	None	None	None