
Analysis of Achievement of Maternal and Child Health Programs in the SDG's Era

Analisis Pencapaian Program Kesehatan Ibu dan Anak di Era SDGs

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ABSTRACT

Sustainable development through the Sustainable Development Goals (SDGs), particularly Goal 3, targets a reduction in the Maternal Mortality Rate (MMR) to fewer than 70 deaths per 100,000 live births and the elimination of preventable deaths among infants and children under five by 2030, with a Neonatal Mortality Rate (NMR) of at most 12 per 1,000 live births and an Infant Mortality Rate (IMR) of at most 25 per 1,000 live births. However, in Padang City between 2014 and 2018, there was an increase in maternal deaths from 16 to 17 cases, while IMR rose from 89 to 92, and NMR increased from 52 to 70 cases. This study uses a prospective observational design to monitor policy implementation and applies descriptive analysis to evaluate the achievement of MMR and IMR-related indicators within the jurisdiction of the Padang City Health Office. Findings from 24 community health centers (Puskesmas) indicate that while some maternal and child health (MCH) programs have met their targets, others have not. Therefore, it is crucial to strengthen the role of Puskesmas as gatekeepers in MCH services and enhance coordination among Puskesmas, the Health Office, cross-sectoral stakeholders, and community support systems

ABSTRAK

Pembangunan berkelanjutan melalui Sustainable Development Goals (SDGs), khususnya Tujuan 3, menargetkan penurunan Angka Kematian Ibu (AKI) menjadi kurang dari 70 kematian per 100.000 kelahiran hidup serta penghapusan kematian yang dapat dicegah pada bayi dan anak di bawah usia lima tahun pada tahun 2030, dengan Angka Kematian Neonatal (AKN) paling tinggi 12 per 1.000 kelahiran hidup dan Angka Kematian Bayi (AKB) paling tinggi 25 per 1.000 kelahiran hidup. Namun demikian, di Kota Padang pada periode 2014 hingga 2018 terjadi peningkatan jumlah kematian ibu dari 16 menjadi 17 kasus, sementara AKB meningkat dari 89 menjadi 92, dan AKN meningkat dari 52 menjadi 70 kasus. Studi ini menggunakan desain observasional prospektif untuk memantau implementasi kebijakan dan menerapkan analisis deskriptif untuk mengevaluasi pencapaian indikator terkait Angka Kematian Ibu (AKI) dan Angka Kematian Bayi (AKB) di wilayah yurisdiksi Dinas Kesehatan Kota Padang. Temuan dari 24 puskesmas menunjukkan bahwa meskipun beberapa program kesehatan ibu dan anak (KIA) telah mencapai targetnya, yang lain belum. Oleh karena itu, sangat penting untuk memperkuat peran Puskesmas sebagai penjaga gerbang dalam layanan

INTRODUCTION

Health is a basic universal right and needs for every human being. As a human right, the right to health is defined as a right that is attached to a person because of his birth as a human being, not as a gift from someone or the state. Therefore, the right to health cannot be revoked or violated by anyone, including the state. According to the World Health Organization, health encompasses overall physical, mental, and social well-being and extends beyond simply being free from disease¹.

Every country recognizes that health is the main capital in achieving public welfare. So a commitment as a result of an agreement from 189 United Nations (UN) countries as outlined through the Millennium Development Goals, which is currently being continued with the Sustainable Development Goals. MDGs itself has 63 indicators, of which 31 are directly related to the health sector, of which there are 7 indicators that require hard work to achieve these targets.

The Millennium Development Agreement, which has been agreed and implemented since 2000, means that Indonesia itself is still faced with conditions related to maternal mortality and infant mortality at a level that is not too good. The reason is that at the end of the MDGs in 2015, the expert staff of the Coordinating Minister for People's Welfare for the Achievement of the MDGs said that there were three goals that could not be achieved by 2015². Indonesia's maternal mortality ratio, based on Inter-Census Population Survey Data released by the Central Statistics Agency, reached 305 per 100,000 live births in 2015. It is still very far from the MDGs target of 102 per 100,000 live births. The low condition of maternal and infant health in Indonesia shows that the commitment to improving health by reducing the number of maternal and infant deaths is still low compared to other Asian countries^{3,11}.

As a sustainable development effort to accelerate the decline in the MMR and IMR which is still high, the SDGs have been present since 2015 and have been running until now. It is still a challenge going forward for five years to achieve the target and lagging behind in previous years., especially those related SDGs to the third goal, the goals focus on lowering

maternal mortality to 70 deaths per 100,000 live births by 2030, ending preventable deaths among newborns and children under five, and encouraging all countries to reduce neonatal mortality to no more than 12 per 1,000 live births and under-five mortality to 25 per 1,000 live births. Additionally, they emphasize universal access to sexual and reproductive health services, including family planning, education, information, and the incorporation of reproductive health into national policies and programs.

In the city of Padang itself from 2014 to 2018 there was still an increase in maternal mortality cases from a total of 16 to 17 people, whereas from 2016 to 2017 there had been a decrease but not so significant. Likewise, cases of infant and neonatal mortality increased significantly from 89 cases of IMR in 2017 increasing to 92 while neonates from 52 to 70 cases⁶. This happens because of the many factors that influence, one of which is how the influence of existing regulations. So it is necessary to conduct a study or analysis related to the achievements of the MCH program in the SDGs era, especially the achievements of the six MCH programs based on the report of the Padang City Health Office. The implementation of the MCH program in Padang City consists of several core activities, including first antenatal visits (K1), fourth antenatal visits (K4), detection of high-risk pregnancies, delivery assistance by skilled health personnel, postpartum care services, neonatal visits, immunization, nutrition monitoring, and integrated management of sick toddlers. These activities are conducted through routine maternal and child health services at Community Health Centers, outreach activities, Posyandu services, referral coordination with hospitals, and collaboration with independent midwives and cross-sector stakeholders.

MATERIAL AND METHOD

This type of research is a prospective observational method by following the journey and implementation of policies as well as descriptive analysis that describes the achievement of indicators, especially related to the problem of MMR and IMR in the work area of the Padang City Health Office. Descriptive studies are used to solve

or answer the problems being faced in the current situation⁵.

This study uses a prospective observational research design with a descriptive analysis approach, which is aligned with Notoatmodjo's (2002) explanation that descriptive studies are used to solve or answer current problems based on existing data. The research focuses on monitoring the implementation of Maternal and Child Health (MCH) policies and evaluating the achievement of related indicators in 24 Community Health Centers (Puskesmas) in Padang City. The Purpose to evaluate maternal and child health program performance in achieving Sustainable Development Goal (SDG) 3, particularly targets related to maternal and infant mortality.

The study utilized both primary and secondary data. Primary data were gathered through direct field observations related to MCH program implementation and policy monitoring in selected Community Health Centers. Secondary data included the Padang City Health Office Annual Reports (2014–2018), records from the MCH Information System, and documentation related to Sustainable Development Goal (SDG) indicator achievements. Data collection techniques involved document reviews to compile MCH program achievement data, direct field observations to monitor service delivery, and key informant interviews with health workers, midwives, and program managers (where applicable). The research design follows an algorithmic procedure: (1) Preparation, which involved defining key SDG 3-related MCH indicators (e.g., K1, K4, skilled birth attendance, postpartum and neonatal care, sick toddler services) and developing data collection instruments; (2) Data Collection, including retrieving health report data, observing service processes, and validating data through triangulation; (3) Data Analysis, using descriptive statistics to calculate indicator achievements, trend analysis for annual progress (2014–2018), gap analysis against SDG targets, and identifying success or failure factors; and (4) Interpretation and Reporting, where findings were synthesized into conclusions and strategic recommendations for strengthening the role of Community Health Centers as MCH service gatekeepers. Data analysis combined quantitative methods (descriptive statistics, trend visualization) with qualitative approaches (policy and content analysis), supported by triangulation to ensure validity and reliability.

RESULTS

Coverage of K1 visits represents the percentage of pregnant women obtaining their first antenatal care services from healthcare workers at Community Health Centers and other healthcare facilities within the Padang City Health Office work area during a specific period. K1 services are important for early pregnancy monitoring, identification of pregnancy risk factors, and health education for pregnant women. The achievement of K1 coverage in Padang City from 2014–2018 showed fluctuating trends but remained above 90% annually. However, the coverage in 2018 slightly decreased compared to previous years, indicating that some pregnant women still delayed accessing antenatal care during the first trimester.

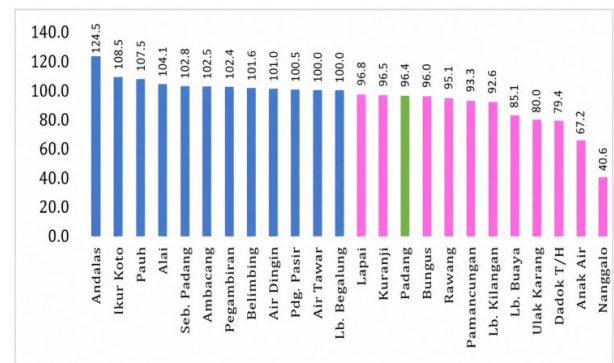


Figure 1. Coverage of K1 Pregnant Women Visits in Padang City 2014–2018

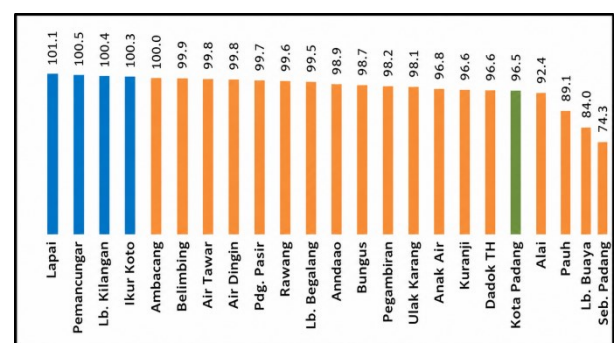


Figure 2. Coverage of Visits for Pregnant Women K4 in 2018

K4 coverage represents the proportion of pregnant women who complete a minimum of four standard antenatal care visits, following the recommended schedule of one visit in the first trimester, one in the second trimester, and two visits in the third trimester.

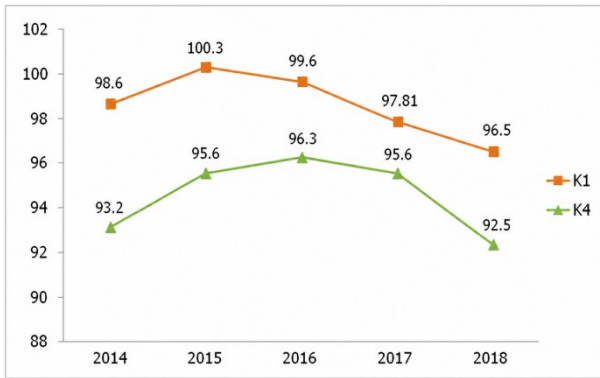


Figure 3. Coverage of Visits for Pregnant Women K1 and K4 Padang City 2014-2018

Detected Pregnant women at high risk are pregnant women who are at risk of pregnancy and are detected by health workers. The purpose of detecting high-risk pregnant women is to find out whether pregnant women are in a condition during pregnancy, childbirth, or childbirth that are not in a condition of complications and are safe in childbirth. In accordance with the operational definition that the calculation of high-risk pregnant women is 20% of the target for pregnant women. The target number of pregnant women with rest in 2018 is 3,655 people.

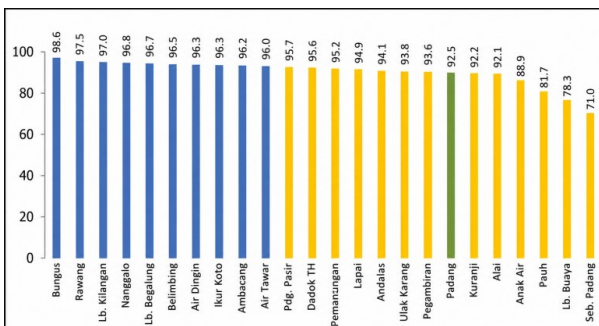


Figure 4. Coverage of Detection of High-Risk Pregnant Women by Health Workers in 2018

Pregnant women who gave birth with health workers were 16,264 out of 17,445 mothers who gave birth (93.2%). This figure has not reached the set target of 100%. This shows that there is still a lack of cooperation and coordination between the Community Health Centers, BPM (Independent Practice Midwives), and hospitals in the implementation of Local Area Monitoring System for Maternal and Child Health (PWS-MCH) as well as the lack of maximum roles and responsibilities of regional supervisors.

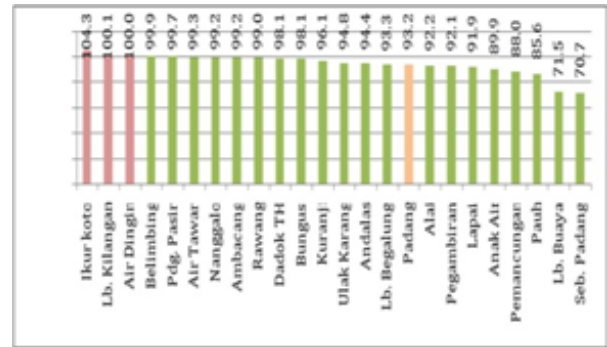


Figure 5. Coverage of Detection of High-Risk Pregnant Women by Health Workers in 2018

Postpartum Service Coverage

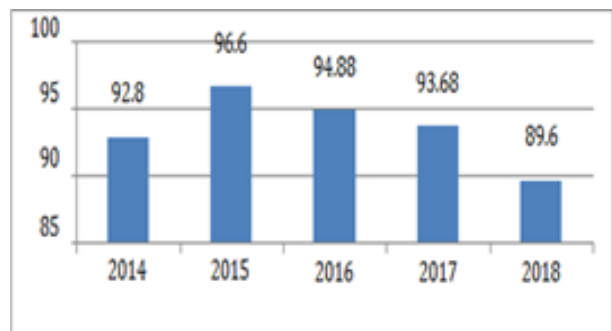


Figure 6. Coverage of Postpartum Visits in Padang City in 2014-2018

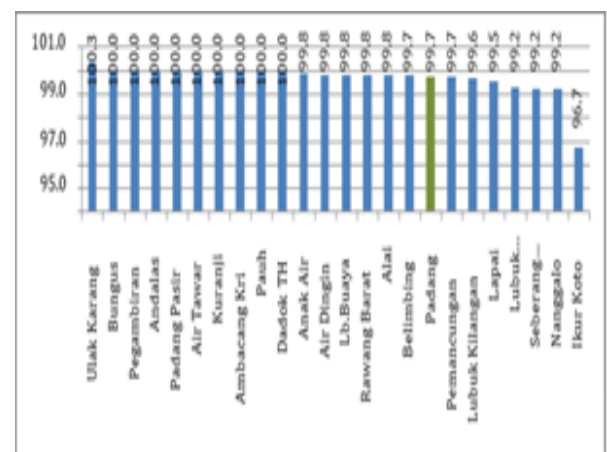


Figure 7. Coverage of the First Neonatal Visit in 2018

Coverage of Sick Toddler Health Treatment

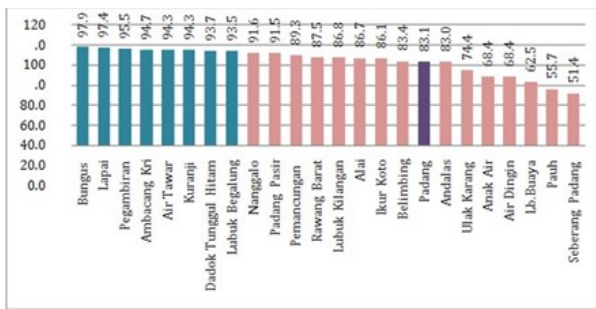


Figure 8. Coverage of Toddler Visits in 2018

DISCUSSION

1. Position of Maternal and Child Health in the Framework of the SDGs

Maternal and Child Health (MCH) programs have an important role in supporting the achievement of SDG 3 targets, especially in reducing maternal mortality ratio (MMR) and infant mortality rate (IMR). Strengthening antenatal care services, safe delivery services, postpartum care, neonatal services, and child healthcare programs is necessary to improve maternal and child health outcomes in Padang City. Collaboration between Community Health Centers, hospitals, Independent Practice Midwives, and community stakeholders is needed to improve the quality and accessibility of MCH services⁴.

a. Interaction of SDGs Goals Related to Health (Goals 2,3,5,6)

The interaction between various SDGs supports maternal and child health through improved nutrition (Goal 2), health services (Goal 3), gender equality and reproductive rights (Goal 5), and clean water and sanitation (Goal 6) (*INFID ISAI, 2013*). Universal access to reproductive health, skilled birth attendants, and adequate nutrition are fundamental elements of an integrated strategy⁶.

Improving the competency of healthcare workers through regular training and supervision is important to strengthen maternal and child healthcare services. Adequate healthcare financing and availability of healthcare personnel at Community Health Centers are also necessary to improve service quality. Strengthening healthcare infrastructure and service accessibility may support better

implementation of MCH programs in Padang City. Strengthening antenatal care services through active pregnancy monitoring and home visit programs can improve K1 and K4 coverage among pregnant women. Community Health Centers should improve coordination with hospitals and Independent Practice Midwives to strengthen referral systems and continuity of maternal healthcare services. Health promotion activities and maternal education programs are also important to encourage pregnant women to utilize healthcare services regularly. Improving maternal and child healthcare services at healthcare facilities may contribute to better maternal and neonatal health outcomes. Strengthening delivery services by skilled health workers is important to prevent complications during childbirth and reduce maternal mortality. In addition, improving healthcare services for sick toddlers through early detection and appropriate treatment may support child health improvement

Strengthening integrated maternal and child healthcare services may contribute to reducing maternal mortality ratio (MMR) and infant mortality rate (IMR) in Padang City. Increasing healthcare utilization at Community Health Centers and other healthcare facilities can improve early detection and management of maternal and child health problems. Sustainable collaboration between healthcare providers, community health workers, and families is necessary to support long-term improvement of maternal and child health programs.

b. Health as an Input for Sustainable Development

Strengthening maternal and child healthcare services is important to support sustainable development in Padang City. Community Health Centers should improve access to antenatal care services, safe delivery services, immunization, and essential maternal and child healthcare programs. Improving healthcare worker capacity and healthcare service accessibility may contribute to reducing maternal mortality ratio (MMR) and infant mortality rate (IMR)⁴.

c. Health as a Sustainable Development Outcome

Reducing maternal mortality ratio (MMR) and infant mortality rate (IMR) is an important target in achieving sustainable development goals in Padang City. Strengthening antenatal care services, delivery services at healthcare facilities, neonatal care, and healthcare services for sick toddlers may improve maternal and child health outcomes. Sustainable collaboration between healthcare providers, communities, and local government is necessary to support long-term improvement of maternal and child healthcare programs³⁴.

2. Overview of Achievement of MCH Program Indicators in the City of Padang

The achievements of MCH program indicators include coverage of the first visit of pregnant women (K1) and fourth visit of pregnant women (K4), coverage of pregnant women who are detected at high risk, coverage of delivery assistance by health workers, coverage of services postpartum, coverage of neonatal visits (KN), and coverage of health care for sick children under five.

Based on the 2018 Annual Report of the Padang City Health Office, several MCH indicators in 24 Puskesmas (Community Health Centers) have shown varying levels of achievement⁷.

a. The First Visit to Pregnant Women (K1) and Fourth Visit to Pregnant Women (K4)

In 2018, the number of pregnant women in Padang City was 18,275, with K1 coverage reaching 17,638 pregnant women (96.5%). The target was not fully achieved because some pregnant women did not access antenatal care services during the first trimester of pregnancy. Several pregnant women visited healthcare facilities after 12 weeks of gestation, resulting in delayed K1 coverage. However, of the 24 existing health centers, there are four health centers that have achieved the target including the Lapai, Pemandangan, Ikur Koto, Ambacang, and Lubuk Kilangan health centers. While the lowest achievement (74.3%) was at the Seberang Padang Health Center.

Based on Figure 2, the achievement of K4 visits in Padang City was 92.5% (16,900 people) of the 96% target (17,544 people). This figure has not reached the target due to one of the reasons for the lack of knowledge of pregnant women to check their pregnancy at the health facilities and the lack of coordination of the Puskesmas with hospitals and BPM (Independent Prektek Midwives) that provide services to pregnant women so that it affects the recording and reporting of visits by pregnant women.

In addition, the coverage of K4 visits is strongly influenced by the achievements of K1 visits. The health centers that have achieved the target are the Bungus, Rawang, Lubuk Kilangan, Nanggalo, Lubuk begalung, Belimbing, Cold Water, Ikur koto, Ambacang, and Freshwater Health Centers. The lowest achievement was at the Seberang Padang Health Center (71%) in the first trimester (pure K1). This happens because there are still pregnant women who access health facilities after their pregnancy is over 12 weeks (K1 access).

From the graph figure 3, it can be seen that the coverage of pregnant women's visits for the last 5 years from 2014 to 2018 was on average above 90%. The highest K1 achievement was in 2015 and K4 in 2016 while the lowest achievement for both K1 and K4 was in 2018.

While the average achievement is above 90%, some areas fall short due to limited maternal awareness and access¹²¹³. Coordination between health facilities such as hospitals and independent midwives (BPM) also affects reporting accuracy.

b. The Coverage of Pregnant Women at High Risk

Based on the annual report of the Padang City Health Office that the number of healthy pregnant women detected by health workers was 3,525 people with a percentage of 96.4%, meaning that not all high-risk pregnant women were detected by officers at the health center. Public health center. If there are undetected pregnant women, it will increase the risk of maternal death so that program innovation and strengthening in the implementation of Local Area Monitoring System for Maternal and Child Health (PWS-MCH) by the public health center, especially by program managers and regional supervisors, can be detected so that all high-risk pregnant women can be detected. Although

96.4% of high-risk pregnancies were detected, undetected cases remain a significant concern contributing to maternal mortality¹⁰.

c. Coverage of Delivery Assistance by Health Workers

Based on the graph figure 5, it can also be seen that only 3 public health centers achieved the target, namely Ikur Koto Health Center, Lubuk Kilangan, and Air Cold. Meanwhile, the lowest coverage of deliveries by health workers was at the Seberang Padang Health Center (70.7%).

This is a challenge in itself because antenatal care has a very important role in detecting and early management of complications that can arise in childbirth. If a mother comes directly to give birth to a health worker without any previous antenatal history, then the risk factors and possible complications during delivery will be more difficult to anticipate. Coverage by health professionals is below target in most centers, indicating a gap in antenatal care utilization⁸.

d. Postpartum Service Coverage

Based on the Achievement of Postpartum Visits in Padang City from 2014 to 2018 there was still no increase even though in 2014 to 2015 there was an increase but it was not significant. In fact, there was a decrease from 2015 to 2018. This is quite a significant decline in 2018 from 93.68% to 89.6%. The number of postpartum visits is also smaller when compared to the number of deliveries by health workers.

If the number of delivery coverage by health workers is not the same as the postpartum coverage, it is possible that childbirth complications will occur during the puerperium or the postpartum period is not controlled by the birth attendant. The wider the distance between delivery and postpartum visits, the greater the risk of maternal death.

A significant decline in postpartum visit coverage from 93.68% to 89.6% between 2015 and 2018 suggests gaps in follow-up care after childbirth, which is critical to prevent maternal complications¹⁴.

e. Coverage of Neonatal Visits

Coverage of First Neonatal Visits or known as KN1 is an indicator that describes health efforts made to reduce the risk of death in the

neonatal period, which is 6 - 48 hours after birth, by detecting as early as possible problems that may be faced by newborns. , while at the same time ensuring the services that newborns should receive, which include counseling for newborn care, exclusive breastfeeding, administration of Vitamin K1 injection (if not already given), and Hepatitis B 0 (zero) injection (if not already given).

This visit was carried out using the MTBM (Integrated Management of Young Infants) approach to handling complicated neonates and case referrals. The calculation of this coverage is done by comparing the number of newborns who received the first neonatal visit with the total number of newborns in the area which is then converted in percentage form. The indicator target for the first neonatal visit (KN 1) in 2018 is 90% and the achievement of Padang City in 2018 has reached the target of 99.7%, which means as many as 16,240 new babies have received the first neonatal visit from the total number of newborns as many as 16,282 babies.

From the graph above, it can be seen that for the first neonatal visit all public health centers have reached the target. In addition to the First Neonatal Visit, an indicator that describes health services for neonates is a complete neonatal visit (KN complete). Complete KN is a neonatal coverage that receives complete neonatal health services at least once each at the age of 6-48 hours, at the age of 3-7 days, and at the age of 8-28 days after birth in a work area during the period certain. KN3 achievement indicator target is 95%. and the achievement of the city of Padang in 2018 has reached the target of 97.4%, which means as many as 15,861 new babies have had complete neonatal visits from the total number of newborns as many as 16,282 babies.

First Neonatal Visit (KN1) and Complete Neonatal Visit (KN Lengkap) targets were successfully achieved at 99.7% and 97.4%, respectively, indicating strong early life health service coverage¹.

f. Coverage of Sick Toddler Health Treatment

The scope of health services for children under five who receive services according to standards includes: Monitoring Growth (weighing) every month (minimum 8 times per

year/4 times within 6 months); Monitoring development at least 2 times per year / every 6 months; and Provision of vitamin A capsules twice a year (February and August)

This indicator measures the ability of the MCH program management to protect children under five so that their health is guaranteed through the provision of health services. All health services provided to infants and toddlers are recorded in the cohort. Regional supervisors are responsible for the completeness and continuity of the content of the cohort in accordance with the number of targets in their working area. The filling of the cohort is carried out, among others, in order to meet the availability of report data.

The graph Figure 8 shows that the coverage of under-five health services in 2018 between public health center was in the range of 51.4 - 97.9%, with the highest coverage at Bungus Health Center and the lowest at Seberang Padang Health Center. When viewed based on the 2018 target of 92.5%, the coverage of health services for toddlers in the city of Padang has not reached the target, while for the health center level there are only 8 health centers that have reached the target. Health service coverage for children under five in Padang City averaged 83.1%, representing 67,736 of the 81,473 targeted children. Consequently, around 9.4%, or 14,737 children, remain without fulfillment of their right to adequate health services. Coverage ranged from 51.4% to 97.9%, revealing disparities between Puskesmas and indicating that around 9.4% of toddlers had not received adequate services⁹.

CONCLUSION AND RECOMMENDATION

The evaluation of Maternal and Child Health (MCH) program indicators in Padang City showed that several programs had not yet achieved the expected targets related to maternal and infant health services. Coverage of K1, K4, delivery services at healthcare facilities, postpartum care, and healthcare services for sick toddlers still require strengthening to support the reduction of maternal mortality ratio (MMR) and infant mortality rate (IMR). Strengthening integrated maternal and child healthcare services at Community Health Centers is important to improve the quality and accessibility of healthcare services in Padang City.

The Padang City Health Office should strengthen technical implementation of Maternal and Child Health (MCH) programs through routine monitoring of K1 and K4 coverage at Community Health Centers using the Local Area Monitoring System for Maternal and Child Health (PWS-MCH). Strengthening referral coordination between Community Health Centers, hospitals, and Independent Practice Midwives is also necessary to improve delivery services at healthcare facilities and management of high-risk pregnancies. In addition, the Health Office should improve Integrated Management of Childhood Illness (IMCI) services, conduct regular healthcare worker training, and strengthen community-based health promotion programs to improve healthcare services for sick toddlers and reduce maternal and infant mortality.

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REFERENCES

1. Kementerian Kesehatan Republik Indonesia. Profil kesehatan Indonesia tahun 2014. Jakarta: Kemenkes RI; 2014.
2. Hoelman MB, Parhusip B, Eko S, Bahagijo S, Santono H. *Sustainable Development Goals (SDGs): Panduan untuk pemerintah daerah (kota dan kabupaten) dan pemangku kepentingan daerah*. Jakarta: International NGO Forum on Indonesian Development; 2016.
3. INFID, ISAI. Sustainable Development Goals (SDGs). Jakarta; 2013. Available from: <http://infid.org/pdfdo/1393225294.pdf>
4. Badan Pusat Statistik. Kajian indikator Sustainable Development Goals (SDGs). Jakarta: BPS; 2014. Available from: <https://media.neliti.com/media/publications/48852-ID-kajian-indikator-sustainable-development-goals.pdf>
5. Notoatmodjo S. Metodologi penelitian kesehatan. Jakarta: Rineka Cipta; 2002.
6. Karunathilake ID. Health changes in Sri Lanka: Benefits of primary health care and public health. *Asia Pac J Public Health*. 2012;24:663-671.

7. Dinas Kesehatan Kota Padang. Laporan tahunan Dinas Kesehatan Kota Padang. Padang; 2018.
8. Evaluasi kinerja kebijakan kesehatan ibu dan anak. Indonesia; 2017.
9. Kementerian Kesehatan Republik Indonesia. Laporan hasil Riset Kesehatan Dasar (Riskesdas) 2013. Jakarta: Kemenkes RI; 2013.
10. Mariati U, Agus Z, Sulin D, Masrul. Studi kematian ibu dan kematian bayi di Provinsi Sumatera Barat: Faktor determinan dan masalahnya. *J Kesehat Masy Nas*. 2011;5(6).
11. Hoelman MB, et al. Sustainable Development Goals (SDGs): Panduan untuk pemerintah daerah dan pemangku kepentingan daerah. Jakarta: International NGO Forum on Indonesia Development; 2016.
12. Badan Pusat Statistik. Profil penduduk Indonesia hasil SUPAS 2015. Jakarta: BPS; 2015.
13. Sistiarani C, Gamelia E. Analisis pencapaian indikator cakupan program kesehatan ibu dan anak (KIA). *J Kesmasindo*. 2012;5(2):95–120.
14. Susanti SD, Agus S. Kajian faktor-faktor penyebab kematian bayi di Kota Padang. *J Human Care*. 2018;2(3):105–117.