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# Rencana Aksi untuk menurunkan Kematian Ibu

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## Disclaimer

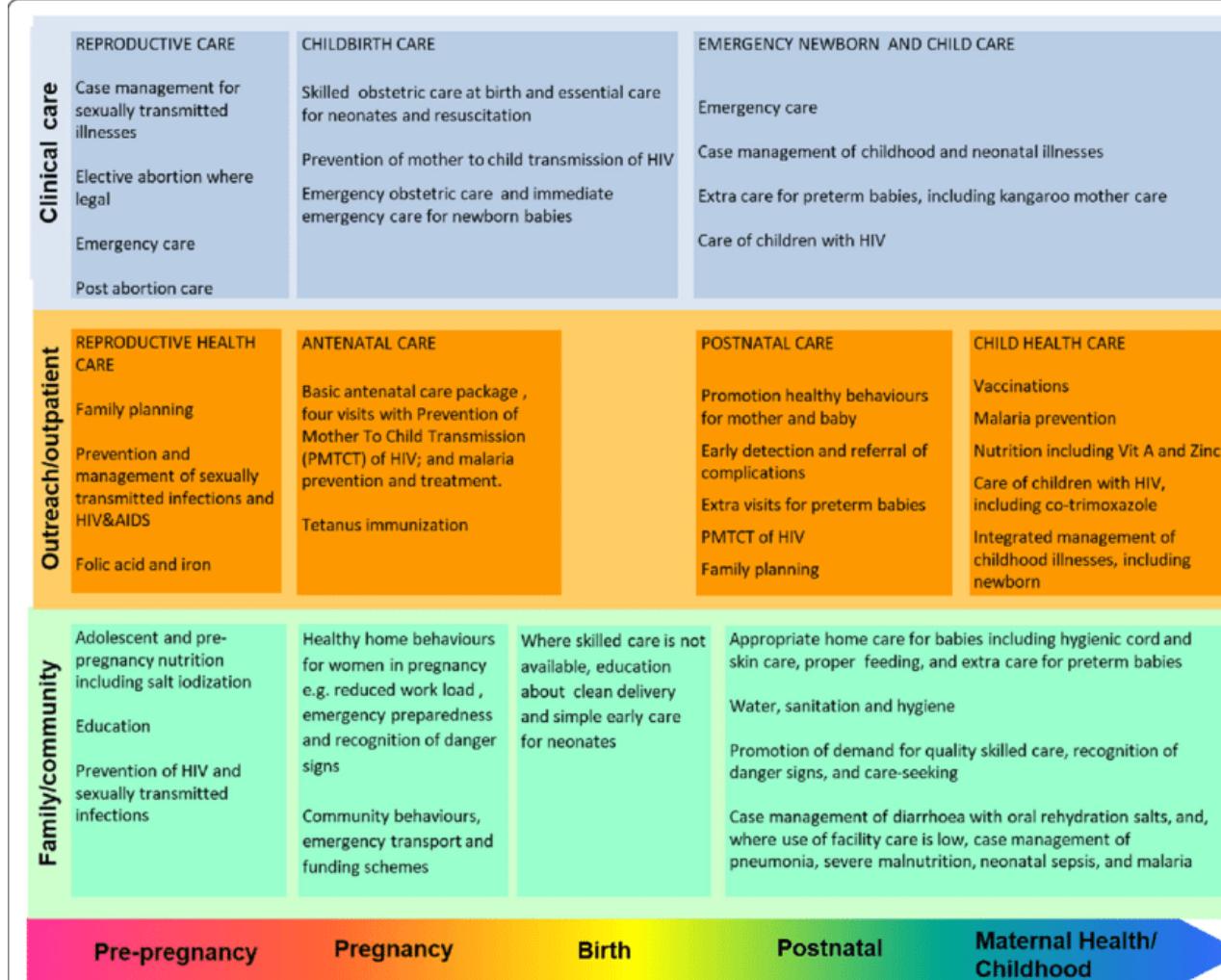
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# Kerangka

- Pengantar (10 menit)
- Paparan (30 menit)
- Pembahasan (30 menit)



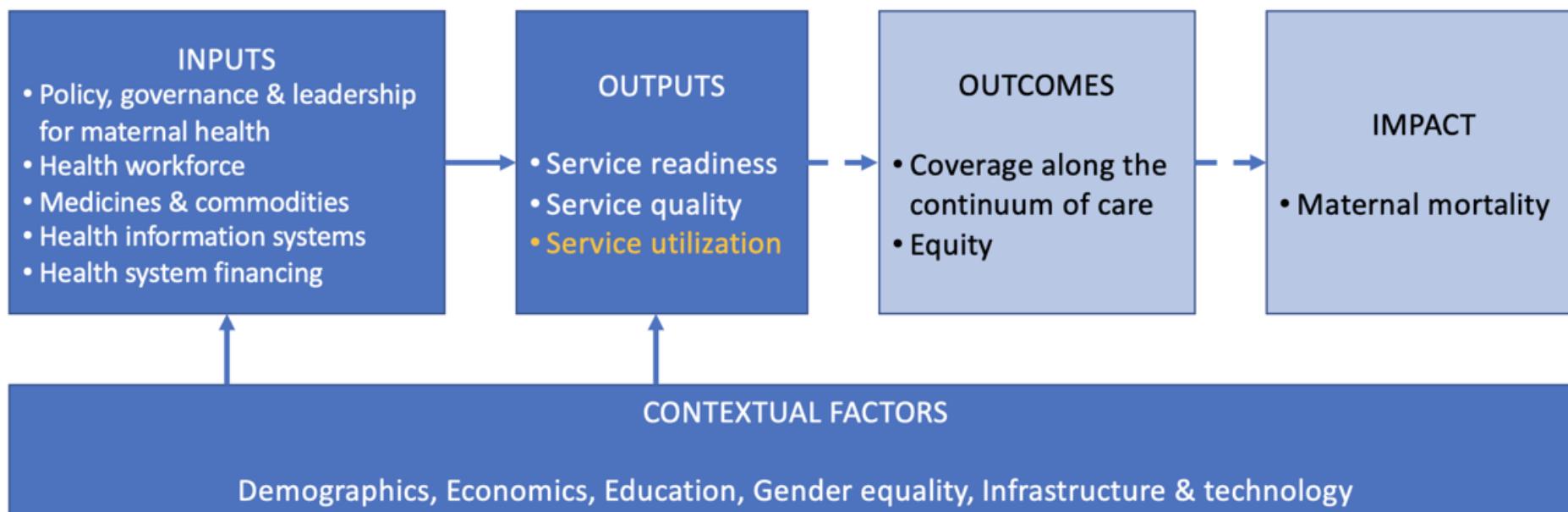
## Pilihan Intervensi

Kerber et al (*Continuum of care for maternal, newborn, and child health: from slogan to service delivery. The Lancet, 2007;370:1358–1369*) membagi 190 intervensi KIA ke dalam tiga kelompok setting



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## Logical Framework



NS Singh, L Huicho, H Afnan-Holmes, T John, AC Moran, and T Colbourn. Countdown to 2015 country case studies: systematic tools to address the “black box” of health systems and policy assessment. *BMC Public Health*. 2016;16:Suppl 2790 DOI: [10.1186/s12889-016-3402-5](https://doi.org/10.1186/s12889-016-3402-5). [PMID:[27634035](https://pubmed.ncbi.nlm.nih.gov/27634035/)]

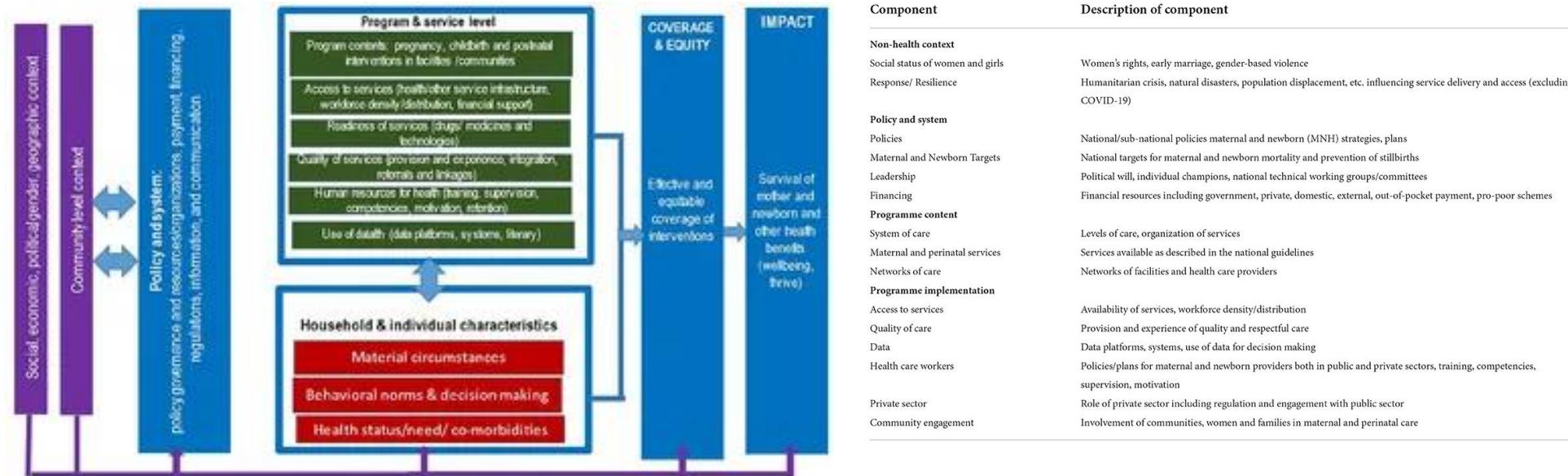
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Kerangka kerja ini merangkum berbagai faktor yang saling terkait yang memengaruhi kesehatan ibu dan bayi baru lahir, termasuk pengaruh *kontekstual non-kesehatan, kebijakan kesehatan, komponen program dan tingkat layanan* serta *karakteristik individu dan rumah tangga* yang mengarah pada pencapaian tujuan *keadilan dan cakupan intervensi* yang pada akhirnya berdampak pada kesehatan dan kesejahteraan ibu dan perinatal.



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## Pendekatan Sistem



Source: Syed U, Kinney MV, Pestvenidze E, Vandy AO, Slowing K, Kayita J, Lewis AF, Kenneh S, Moses FL, Aabroo A, Thom E, Uzma Q, Zaka N, Rattana K, Cheang K, Kanke RM, Kini B, Epondo J-BE and Moran AC (2022) Advancing maternal and perinatal health in low- and middle-income countries: A multi-country review of policies and programmes. *Front. Glob. Womens Health* 3:909991. doi: 10.3389/fgwh.2022.909991

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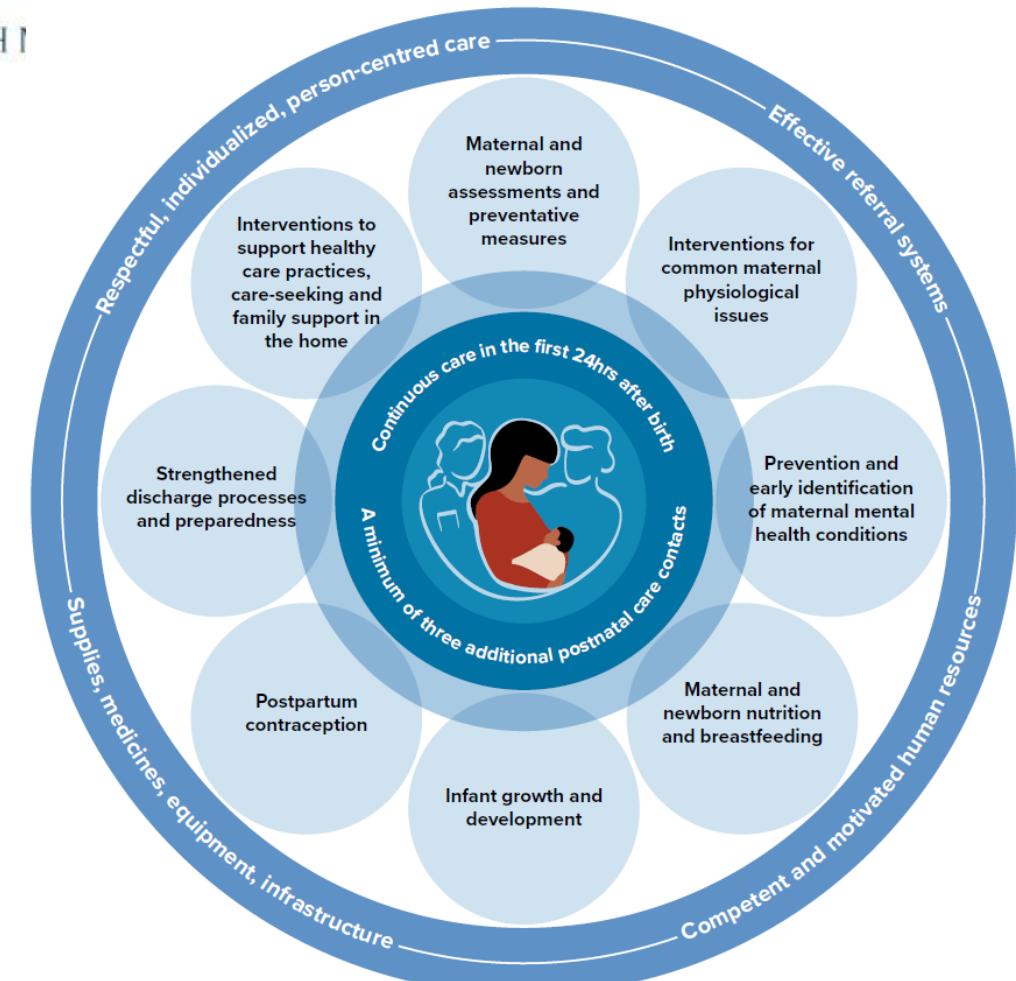


# Pendekatan Person-centered

World Health Organization (WHO) merekomendasikan negara-negara untuk secara sadar mempertimbangkan perspektif individu, keluarga, dan komunitas, dan menanggapi preferensi dan kebutuhan mereka

(WHO Global Strategy on People-Centred and Integrated Health Services. Geneva: WHO; 2015.

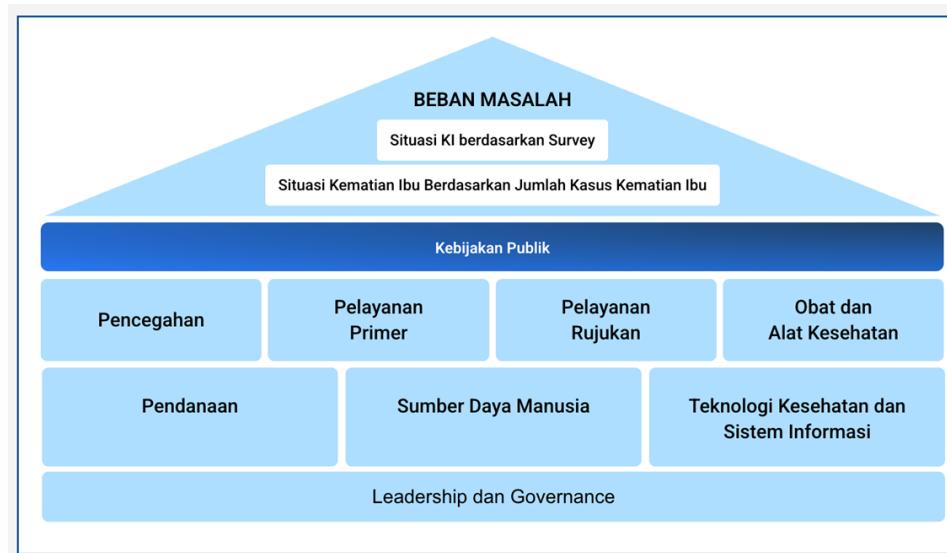
<http://apps.who.int/iris/bitstream/10665/155002/1/WHO HIS SDS 2015.6 eng.pdf?ua=1&ua=1>



<https://www.alignmnh.org/issue/mother-baby-dyad/>



## Bagaimana Rencana Aksi untuk Menurunkan Kematian Ibu di daerah?



<https://kematianibu.diklatkesehatan.net/>

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# Penentuan Rencana Aksi menurunkan Kematian Ibu

- Tidak semua “akar masalah” dapat diselesaikan dengan kebijakan
- Pilihan aksi untuk mengatasi akar masalah harus didasari oleh bukti tentang efektivitas intervensi
- Pembelajaran apa yang paling dirasakan dalam Latihan ini?
- Organizational and System Learning serta Akuntabilitas: membangun kepemilikan bersama

Mbuo et al. *BMC Pregnancy and Childbirth* (2025) 25:1086  
<https://doi.org/10.1186/s12884-025-08183-x>

BMC Pregnancy and Childbirth

REVIEW

Open Access



Community engagement  
in maternal and perinatal death surveillance  
and response: a realist review

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Matthews Mathai<sup>4</sup> and Merlin Willcox<sup>2</sup>

## Abstract

**Background** Community engagement in maternal and perinatal death surveillance and response (MPDSR) could support health systems in providing people-centred care and ensure accountability for the prevention of maternal and perinatal deaths. Although community engagement activities in MPDSR have been described, the literature does not adequately explain which community engagement in MPDSR strategies succeed, the contexts in which they work, the outcomes they produce, and for whom.

**Methods** We conducted a realist review, which involved the identification and refinement of programme theories. An initial literature search identified four initial programme theories (IPTs) that explain how community engagement works in the different parts of the MPDSR cycle.

Six databases (Medline, Embase, Scopus, Global Health, CINAHL Plus and Web of Science) and Google were searched for papers and grey literature published between 2004 and August 2022. We used retroductive analysis on included articles to support the identification of generative causation using the heuristic of context-mechanism-outcome configuration (CMOCs), which explained what mechanisms were triggered in different contexts and the outcomes that were produced. The findings were then used to refine the IPTs and produce final programme theories.

**Results** Forty-five articles from 40 studies reported some form of community engagement in MPDSR. We identified 20 CMO configurations that were synthesised into five programme theories: (1) Fear of blame demotivates community members and health professionals from engaging in MPDSR.

(2) Dialogue between health professionals and community members improves collaboration and empowers community members to propose innovative solutions.

(3) Trusted social connections between bereaved families and community volunteers enables them to identify and report deaths.

(4) Financial and non-financial incentives motivate community members and health professionals to engage in MPDSR.

(5) Community engagement is more sustainable when it is routinised and integrated into the health system.

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A woman dies every two minutes  
due to pregnancy or childbirth

(WHO, 2023)

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