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Rencana Aksi untuk menurunkan Kematian Ibu

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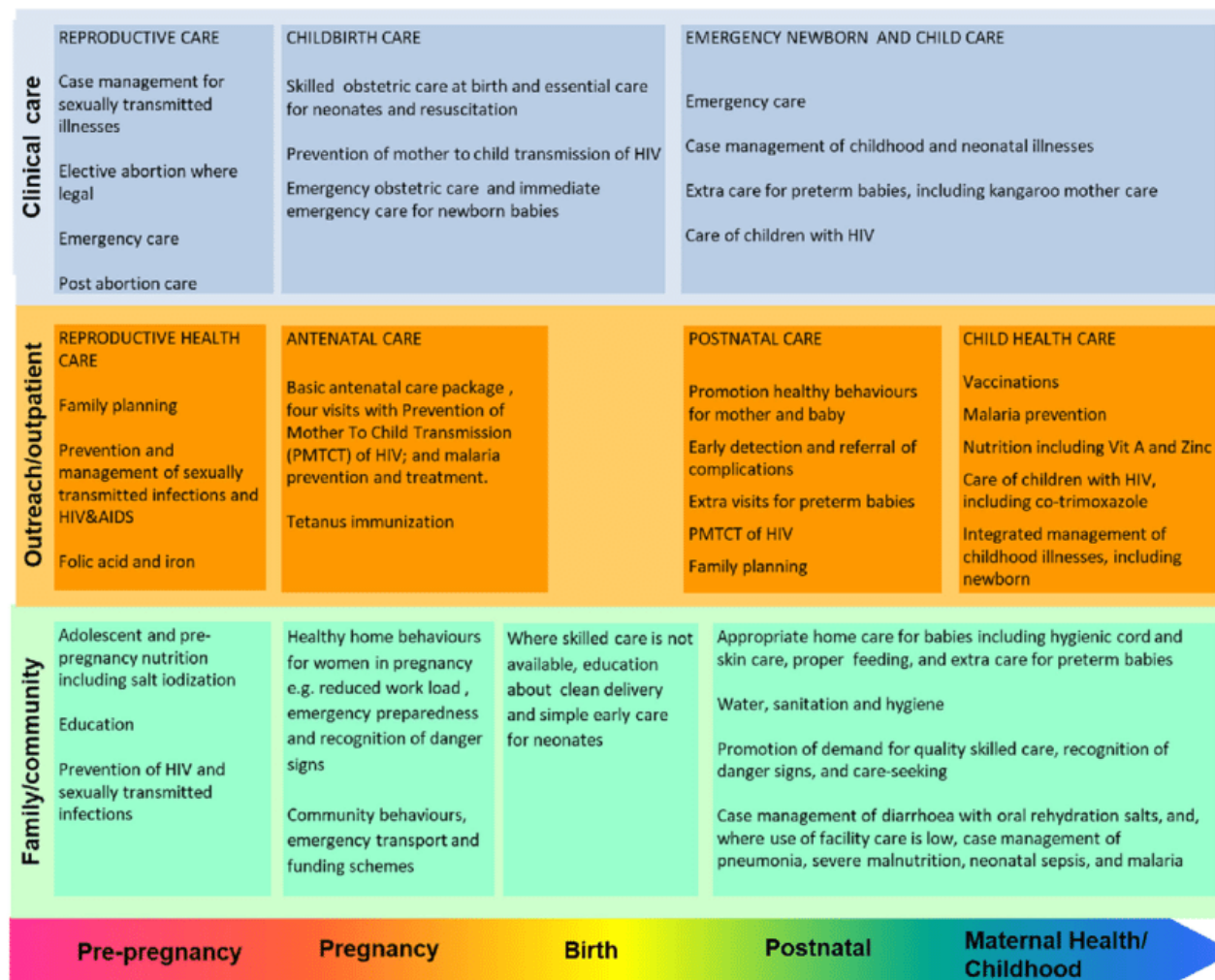


Kerangka

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



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Pilihan Intervensi

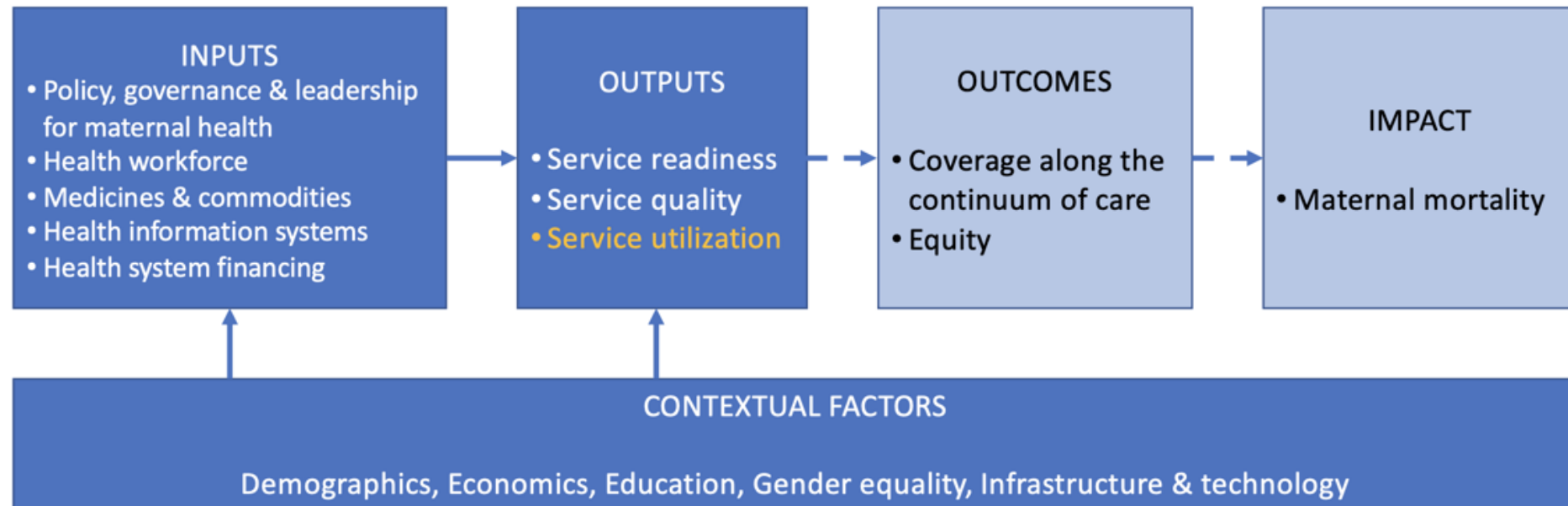
Kerber et al (*Continuum of care for maternal, newborn, and child health: from slogan to service delivery. The Lancet, 2007;370:1358–1369*) membagi 190 intervensi KIA ke dalam tiga kelompok *setting*

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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/)]

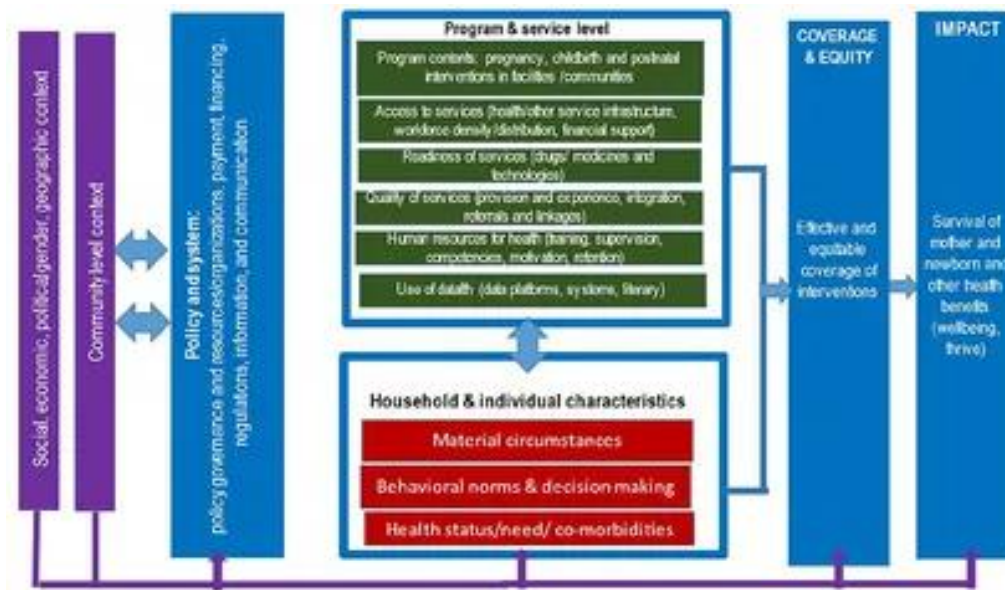
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Pendekatan Sistem

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.



Component	Description of component
Non-health context	
Social status of women and girls	Women's rights, early marriage, gender-based violence
Response/ Resilience	Humanitarian crisis, natural disasters, population displacement, etc. influencing service delivery and access (excluding COVID-19)
Policy and system	
Policies	National/sub-national policies maternal and newborn (MNH) strategies, plans
Maternal and Newborn Targets	National targets for maternal and newborn mortality and prevention of stillbirths
Leadership	Political will, individual champions, national technical working groups/committees
Financing	Financial resources including government, private, domestic, external, out-of-pocket payment, pro-poor schemes
Programme content	
System of care	Levels of care, organization of services
Maternal and perinatal services	Services available as described in the national guidelines
Networks of care	Networks of facilities and health care providers
Programme implementation	
Access to services	Availability of services, workforce density/distribution
Quality of care	Provision and experience of quality and respectful care
Data	Data platforms, systems, use of data for decision making
Health care workers	Policies/plans for maternal and newborn providers both in public and private sectors, training, competencies, supervision, motivation
Private sector	Role of private sector including regulation and engagement with public sector
Community engagement	Involvement of communities, women and families in maternal and perinatal care

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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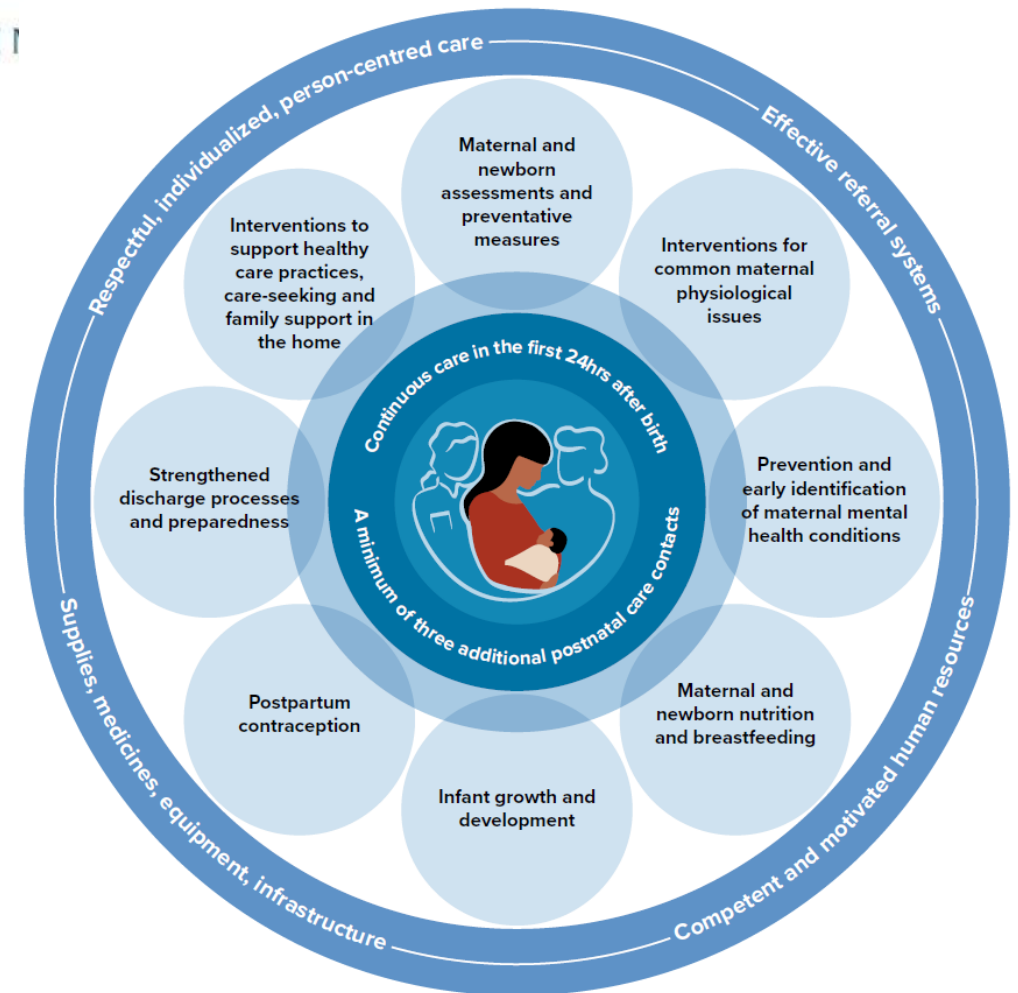
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Pendekatan Person-centered

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)

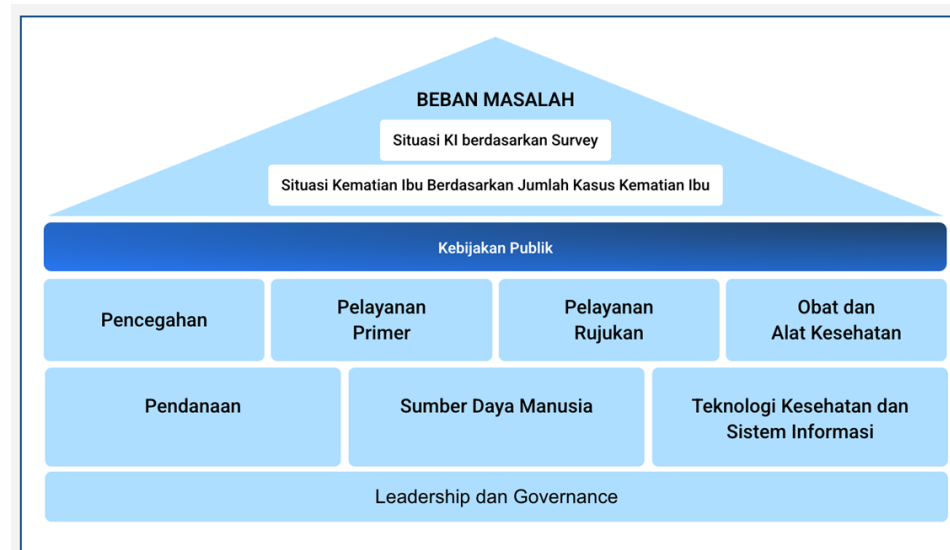


<https://www.alignmnh.org/issue/mother-baby-dyad/>

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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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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 CMOC 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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