

# IMPACT OF INNOVATION SANPIISAN

Outreach Service for Maternal Care and Stunted Children in Semarang City

### MAP THAT BEST ILLUSTRATES THE PHYSICAL CONTEXT OF THE INITIATIVE



### IN 2015

229

 Number of perinatal mortality

283

Number of child mortality

79%

 Antenatal care examination

65%

• High risk pregancy

#### **RISK FACTOR**

- 65% High risk pregnancy
- Teenage pregnancy (pregnant women under 20 years old): 3%
- Geriatric pregnancy (pregnant women over 35 years old): 64%

#### Health Service

- Inadequate health service access
- Childbirth helper by non-health workers
- Inadequate antenatal care examination

#### Health information and technology

- Maternal health data collected manually and has a risk of duplicate data and nonintregated data
- · Delayed of data report

#### SOCIAL

- · Poor knowledge related to MCH services
- Poor community participation in healthrelated community activities

#### **ECONOMY**

health insurance unequally distributed

# **SAN PIISAN**

- . Data collection, reporting, and health screening of pregnant women, postpartum women, infants and toddlers by village health volunteers (kader)
- 2. Assistance for pregnant women, postpartum and toddlers by health workers with the community
- 3. Health education through counseling, classes for pregnant women, classes for mothers of toddlers
- 4. Women's health services at workplace
- 5. Free delivery services and health insurance through the "RAISA" program
- 6. Provision of additional food for pregnant women, infants and toddlers
- 7. Referral for mothers with emergency conditions
- 8. Integrated single data reporting

**IMPACT** 



Year 2015

128/100.000 KH

**DECREASE** 

Year 2020

71.35/100.000 KH

INFANT MORTALITY RATE

Year 2015

8.38/1000 KH

**DECREASE** 

Year 2020

6.09/1000 KH

MATERNAL CHECK-UP VISITS(KI)

Year 2015

**79** %

**INCREASE** 

Year 2020

100 %

CHECK ANC Pregnant women work

Year 2015

**53** %

**INCREASE** 

Year 2020

100%

LABOUR Attendant

Year 2015

155 Kasus

Bersalin dukun

**DECREASE** 

Year 2020

O kasus

KONTRIBUTIO N 4 TOO

Year 2015

43 %

DECREASE

Year 2020

13 %

ACCOMPANI MENT

Year 2015

0%

**INCREASE** 

Year 2020

**100** %

REPORTING TIME

Year 2015

15 Hari

**INCREASE** 

Year 2020

1 Hari

The qualitative impacts that occur: Changes in community behavior who agree on the importance of accompanying mothers during pregnancy and understand their respective roles, education occurs massively in the RT environment, creation of discussion forums via WA for pregnant women and respective regional cadres

INDICATOR IMPACT
STAKEHOLDER IMPORTANCE
Data collection
Assistance pregnant until delivery
Akses pelayanan kesehatan

## **AFTER**

**BEFORE** 

Efforts to reduce MMR are

only carried out by Health

Department only

Pregnant women data from

mother's arrival to the facility

Health and manua

No Asistance

Pregnant Women need to go

to hospital/community

Health center to find out the

situation

Pregnant Women Work

Hard Examnination ANC

Maternity Mother do not have delivery trasportation



# ADVOCACY INVOLVES MULTISTAKEHOLDER & SOCIETY WOMEN

TP-PKK, FKK, Subdistrict Head, Village Head, Disdalduk-KB, Dp3A, Ministry of Religion, Pergurunan High, Private, Company/ Apindo, Professional Organizations (POGI, IDI, IDAI))



REGISTRATION & SCREENING SINCE
PREGNANCY UNTIL MATERNITY BY REGIONAL
Door-to – door using SAYNG BUNDA Aplication



HOME CARE CONSULTATION APPOINTMENT ONLINE BENEFIT



GEPUK PEPES WORKING MOTHER SERVICES (HEALTHY WOMEN WORKERS MOVEMENT)

Health check-ups, integrated ANC, counselling and education, classes for pregnant women, breastfeeding time, breastfeeding ojek, family planning services, advocacy: Maternity Leave without pay, Provision of supporting infrastructure, Permission for pregnant women's class activities in the company.



MATERNITY SERVICES WITH (CARE FOR

MATERNITY MOTHER): Labouring Mums get: FREE SHUTTLE, FREE DELIVERY, FREE HOSPITALISATION, FREE LOUNDRY



DATA INTEGRATION FOR PREGNANT WOMEN BABIES BORN with ONE DATA Semarang City



