

## Implementation of Health Service Policy Programs to Reduce Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) Through the Strengthening of AMP-SR (Maternal Perinatal Audit Surveillance and Response) in Sidoarjo Regency

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### ABSTRACT

*Maternal Mortality Rate (MMR) and Infant Mortality Rate (AKB) remain critical public health challenges in Indonesia, including in Sidoarjo Regency. In response, the local government has implemented health service policies focused on strengthening the Maternal Perinatal Surveillance and Response Audit (AMP-SR) to accelerate reductions in AKI and AKB. Nevertheless, the effectiveness of these policy interventions requires further in-depth evaluation to ensure that implementation aligns with local conditions and achieves intended outcomes. This research aims to analyze the implementation of health service program policies in the context of reducing AKI and AKB through strengthening AMP-SR in Sidoarjo Regency. This study employs a descriptive qualitative approach, focusing on policy implementation processes, key actors, and the socio-institutional context influencing program execution. Data were collected through policy document analysis, stakeholder interviews, and field observations. The results of the study show that the implementation of the policy to reduce AKI and AKB in Sidoarjo Regency has been carried out in accordance with Regent Regulation Number 27 of 2020 through the establishment of the Forum for Reducing Maternal and Infant Mortality Rates (Penakib). The main supporting factors include strengthening integrated ANC, optimizing Posyandu, assisting high-risk pregnant women, utilizing health technology, and cross-sector collaboration. However, policy implementation faces challenges, including uneven community economic empowerment, limited private sector involvement, and low public awareness of maternal and child health. Overall, strengthening AMP-SR is crucial for enhancing the effectiveness of AKI and AKB reduction policies, but greater collaboration and community empowerment are essential to ensure sustainable outcomes.*

**KEYWORDS:** Implementasi kebijakan; Pelayanan kesehatan; AKI; AKB; AMP-SR

### INTRODUCTION

Maternal Mortality Rate (MMR) (Angka Kematian Ibu or AKI) and Infant Mortality Rate (AKB) (Angka Kematian Bayi) remain global public health issues that have received serious attention from various countries and international organizations. The World Health Organization (WHO) positions the decline in AKI and AKB as main indicators of the success of national health systems and an integral part of achieving the Sustainable Development Goals (SDGs), especially the third goal on healthy living and well-being for all (WHO, 2019). Despite global declines, gaps between regions remain high, especially in developing countries, where policy factors, health service governance, and the quality of program implementation play significant roles in determining maternal and infant health outcomes (UNICEF, 2021). This

situation demonstrates that AKI and AKB problems are not only clinical issues but also public policy matters and their implementation.

In Indonesia, the high incidence of AKI and AKB stems from various interrelated factors, ranging from limited access to health services and the quality of maternal and neonatal care to community social, economic, and cultural factors (Artha Budi & I Putu, 2020; de Paz et al., 2017; Puspitasari, 2023). Moreover, the effectiveness of health policies depends heavily on the capacity of implementing actors, cross-sector coordination, and clear program monitoring and evaluation mechanisms (Grindle, 2017). Previous studies have shown that weak policy implementation is often the primary cause of failure in AKI and AKB reduction programs, even when these policies are normatively well designed (Purnamasari et al., 2018; Andriani et al., 2019). Thus, AKI and AKB problems are inseparable from how health policies are implemented at the regional level (Elrggal et al., 2023; Jha et al., 2016; Kalyesubula et al., 2024; Okpechi et al., 2021).

The impact of weak policy implementation to reduce AKI and AKB extends beyond high mortality rates; it also affects family life quality, community socio-economic burdens, and regional development sustainability (Marshall, 2018; Mehta, 2019; Sriyanto et al., 2023). Maternal and infant mortality contributes to increased poverty, reduced productivity, and long-term social instability (Bappenas, 2020). At the local government level, failure in maternal and child health programs reflects poor public service performance and health policy governance, ultimately eroding public trust in government (Imron, 2022). Therefore, efforts to reduce AKI and AKB require a policy approach that is not only technical but also systemic and sustainable.

In this study, the implementation of health service policies is understood as the process of translating formal policies into concrete actions involving various actors, resources, and coordination mechanisms in the field (Cucciniello et al., 2015; Granström et al., 2018; Shankardass et al., 2018). One key instrument in policies to reduce AKI and AKB is the Maternal Perinatal Audit Surveillance and Response (*Audit Maternal Perinatal Surveillance and Response* or AMP-SR), which serves as an evaluation tool for maternal and infant mortality to prevent similar incidents in the future (Ministry of Health of the Republic of Indonesia, 2020). AKI and AKB are positioned as indicators of policy implementation effectiveness. Thus, the relationship between health service policy implementation and AKI/AKB reduction is the focus of this study.

The novelty of this research lies in analyzing implementation of health service policy programs to reduce Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) through strengthening AMP-SR with a regional contextual approach. Unlike previous studies that generally focused on clinical aspects or partial program evaluations, this study integrates public policy, health governance, and cross-sector collaboration perspectives into a single analytical framework. Additionally, it develops an effective policy implementation model based on empirical findings in Sidoarjo Regency, contributing conceptually to health policy implementation models at the regional level (Susilawati, 2019; Imron, 2022).

The urgency of this research intensifies with the issuance of Sidoarjo Regent Regulation Number 27 of 2020 and East Java Governor Regulation Number 12 of 2024, which integrate AKI, AKB, and stunting reductions into one regional health policy framework. Although these regulations provide a strong legal foundation, the main challenge lies in effective and sustainable implementation. Without comprehensive implementation evaluation, policies risk

becoming merely administrative without significantly impacting AKI and AKB reductions (AREBI, 2024; East Java Provincial Government, 2024). Therefore, this research is urgent to ensure that established policies effectively address local maternal and infant health problems.

Based on this description, this study aims to analyze the implementation of health service program policies in the context of reducing AKI and AKB through strengthening AMP-SR in Sidoarjo Regency. Specifically, it seeks to identify factors affecting policy implementation success and obstacles, evaluate the roles of actors and cross-sector coordination mechanisms, and develop effective, contextual policy implementation models suited to regional conditions. This research offers both theoretical and practical benefits. Theoretically, it enriches public policy implementation studies in the health sector by positioning AMP-SR as a strategic instrument for reducing AKI and AKB. Practically, its findings can guide local governments, health offices, and stakeholders in designing and improving more effective, collaborative, and sustainable maternal and child health service policies in Sidoarjo Regency and other Indonesian regions.

## **METHOD**

This research employed a qualitative design with a descriptive approach. This approach was chosen to gain a comprehensive understanding of health service policy implementation aimed at reducing Maternal Mortality Rate (AKI) and Infant Mortality Rate (AKB) through strengthening Maternal Perinatal Surveillance and Response Audit (AMP-SR). Qualitative research enabled exploration of policy realities in the field, including the meanings, processes, and dynamics of interactions among policy actors, thereby identifying factors that supported or hindered policy goal achievement in a complete and contextual manner.

This research was conducted in Sidoarjo Regency, East Java Province, selected as the study site because it had enacted regional regulations related to AKI and AKB reduction and had implemented AMP-SR strengthening as part of maternal and child health service policies. Sidoarjo Regency also represented a region with complex social, economic, and institutional characteristics, making it a relevant context for examining health policy implementation effectiveness at the regional level. The research focused on the local government environment, health service facilities, and stakeholder networks involved in AKI and AKB reduction programs.

This research was carried out from 2024 to 2025. The timing accounted for the ongoing implementation of policies to reduce AKI and AKB, including the Regent Regulation and related derivative policies. This period allowed observation of policy dynamics in a sustained manner, spanning planning, implementation, and evaluation stages, ensuring that findings reflected actual field conditions.

This research examined several interrelated main aspects: policy, implementing actors, institutional, and social environment aspects. Policy aspects included regulations, guidelines, and health service programs related to AKI and AKB reduction through AMP-SR. Implementing actor aspects encompassed roles of local governments, health offices, health workers, and forums or teams formed to accelerate AKI and AKB reduction. Institutional aspects covered policy coordination, communication, and supervision mechanisms, while social environment aspects addressed community social, cultural, and economic conditions affecting policy implementation.

The study population comprised all parties involved in implementing health service policies to reduce AKI and AKB in Sidoarjo Regency. Informants were purposively selected from this population based on their direct involvement and knowledge of the policies studied. Informants included local government officials, health office program managers, health workers in service facilities, and other stakeholders contributing to AMP-SR strengthening. This selection ensured diverse and complementary perspectives on the policy implementation process.

The primary instrument was the researcher, supported by interview guides, observation checklists, and document review formats. Data collection involved in-depth interviews to explore informants' experiences, views, and assessments of policy implementation. Observations captured real-world conditions of health service programs, while document reviews examined relevant regulations, activity reports, and policy documents. This combination of techniques yielded rich, in-depth data.

Data analysis proceeded descriptively and iteratively from the start of data collection. Data were grouped by key themes aligned with the research focus, then analyzed to identify patterns, relationships, and issues in policy implementation. The process highlighted gaps between formulated policies and field practices, enabling formulation of more effective, contextual policy solutions and recommendations.

Data validity was ensured through source and method triangulation, by cross-verifying data from multiple informants and techniques. Researchers also member-checked findings with informants to confirm interpretive accuracy. These steps enhanced the credibility and scientific accountability of the results.

All methodological strategies were designed to address challenges in implementing policies to reduce AKI and AKB. By elucidating implementation processes, actors, and contexts, this research produced practical recommendations, including a more effective, collaborative, and sustainable model for health service policy implementation—particularly through AMP-SR strengthening—at the regional level.

## **RESULTS AND DISCUSSION**

This research was carried out in Sidoarjo Regency, East Java Province, with a focus on the implementation of health service program policies in the context of reducing the Maternal Mortality Rate (MMR) and Infant Mortality Rate (AKB) through strengthening the Maternal Perinatal Surveillance and Response Audit (AMP-SR). Sidoarjo Regency was chosen as the location for the research because it already has a relatively complete regulatory base, including Regent Regulation Number 27 of 2020 concerning the Reduction of Maternal and Infant Mortality Rates, as well as derivative policies that integrate AMP-SR as the main instrument for controlling AKI and AKB (Perbup Sidoarjo No. 27 of 2020).

The subject of the study involves various policy actors who are directly or indirectly involved in the implementation of the AKI and AKB reduction programs. These actors include elements of local governments, health offices, health service facilities, health workers, and cross-sector forums formed to support the acceleration of the reduction of AKI and AKB. This diversity of actors provides a comprehensive picture of the dynamics of policy implementation at the regional level, as emphasized in the study of public policy implementation (Grindle, 2017).

The research data was obtained through a combination of in-depth interviews, field observations, and the review of policy documents and health program reports. Overall, the data analyzed reflects the process of implementing policies to reduce AKI and AKB from the planning, implementation, to evaluation stages. The documents analyzed included regional regulations, reports on the implementation of maternal and child health programs, and supporting documents for AMP-SR used by health offices and health service facilities.

The amount of data used in this study is considered adequate to comprehensively describe the conditions of policy implementation. Interview data provides an overview of policy actors' perceptions and experiences, while observation data and documents provide empirical evidence regarding policy implementation practices in the field. This approach is in line with the characteristics of descriptive qualitative research that emphasizes data depth and context (Creswell, 2014).

### **a. Policy and Regulatory Framework**

The results of the study show that the implementation of the policy to reduce AKI and AKB in Sidoarjo Regency has a fairly strong regulatory framework. Regent Regulation Number 27 of 2020 is the main legal umbrella that regulates the implementation of the program, including the establishment of a special forum tasked with coordinating various efforts to reduce AKI and AKB. This regulation provides clarity on the roles and responsibilities of policy actors, and serves as a reference in the preparation of technical programs in the health sector (Perbup Sidoarjo No. 27 of 2020).

However, the results of the study also show that the existence of regulations has not fully guaranteed uniformity of implementation in all areas of Sidoarjo Regency. Differences in resource capacity and institutional support lead to variations in the effectiveness of policy implementation at the health care facility level.

### **b. The Role of Policy Actors in Program Implementation**

The findings of the study show that policy actors play a strategic role in the successful implementation of policies to reduce AKI and AKB. Local governments and health offices play the role of policy makers and program coordinators, while health workers are the main implementers in the field. The Forum for Reducing Maternal and Infant Mortality (Penakib) functions as a forum for cross-sector coordination to ensure synergy between agencies.

The results of the interviews indicate that cross-sector coordination has been running, but it is not yet fully optimal. Some actors still view the program to reduce AKI and AKB as the responsibility of the health sector alone, so that the participation of other sectors has not been maximized. This condition has an impact on the limited non-health support, such as economic empowerment and social education of the community, which actually play an important role in the prevention of AKI and AKB (Imron, 2022).

### **Findings Related to AMP-SR Strengthening**

The results of the study show that AMP-SR has been implemented as an instrument for evaluating maternal and infant mortality cases. Audits are conducted to identify medical and non-medical causes, as well as formulate recommendations for the prevention of similar

incidents. This finding is in line with national guidelines that place AMP-SR as a learning tool for the health system (Ministry of Health of the Republic of Indonesia, 2020).

However, the implementation of audits has not been fully consistent across all health care facilities. Some of the obstacles found include limited trained human resources, workload of health workers, and limited time to conduct in-depth audits.

The results of the study show that the follow-up of AMP-SR recommendations is a key factor in the effectiveness of the program. In some cases, audit recommendations have been followed up through improved service procedures and capacity building of health workers. However, there are also findings that audit recommendations have not always been systematically integrated into policies or follow-up programs.

This condition shows that there is a gap between the evaluation process and the implementation of recommendations, which has the potential to reduce the impact of AMP-SR on the reduction of AKI and AKB.

The results of the study identified several main supporting factors for the implementation of policies to reduce AKI and AKB, including strengthening integrated ANC, optimizing the role of Posyandu, assisting high-risk pregnant women, and utilizing health information technology. These programs help improve early detection of risks and expand the reach of maternal and child health services.

In addition, the commitment of the local government and regulatory support are important factors that enable the sustainability of the program. This support is reflected in the allocation of resources and the establishment of cross-sectoral coordination forums (Purnamasari et al., 2018).

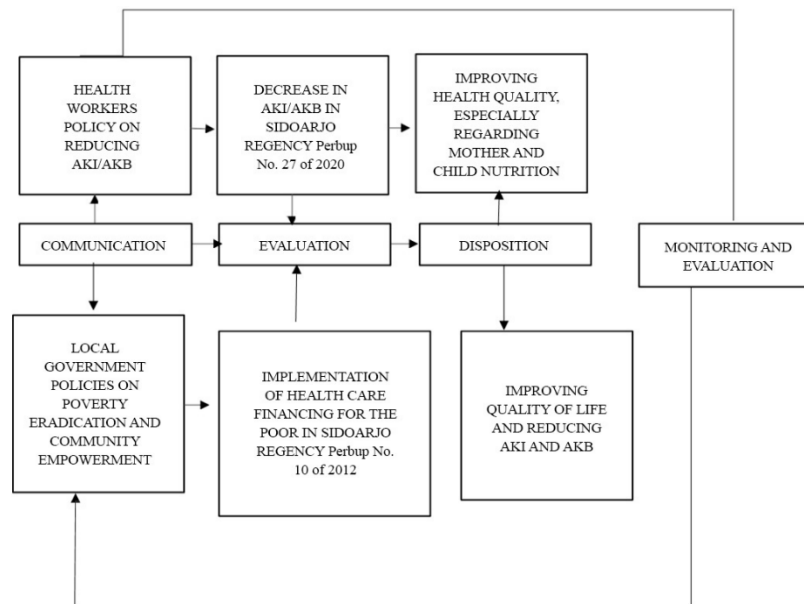
On the other hand, this study also found a number of factors that hinder policy implementation. These factors include limited human resources, uneven economic empowerment of the community, low public awareness about maternal and child health, and lack of private sector involvement. These obstacles show that the implementation of health policies does not only depend on medical technical aspects, but also on the social and economic conditions of the community (Andriani et al., 2019).

Overall, the results of the study show that the implementation of the policy to reduce AKI and AKB through strengthening AMP-SR in Sidoarjo Regency has been running with a clear policy framework and relatively good institutional support. However, the effectiveness of implementation still faces challenges in terms of cross-sector coordination, consistency in the implementation of AMP-SR, and follow-up on audit recommendations.

**Table 1. Policy Implementation Findings Summary**

<b>Aspects</b>	<b>Key Findings</b>
Regulation	Available and relatively complete
Policy actors	Coordination exists but is not optimal
AMP-SR	It has been implemented; the follow-up has not been consistent
Supporting factors	Integrated ANC, Posyandu, technology
Inhibiting factors	human resources, socio-economy, public awareness

Source: Primary Data Analysis from Field Study, 2024



**Figure 1. Implementation Flow of the AKI and AKB Reduction Policy through AMP-SR**

Source: Compiled by researchers

Conceptual flow that describes the relationship between regional policies, the implementation of AMP-SR, the role of policy actors, and their impact on the reduction of AKI and AKB in Sidoarjo Regency. This image represents the results of a synthesis of research findings.

### **Implementation of the Policy to Reduce AKI and AKB as a Strategic Public Health Issue**

The problem of the Maternal Mortality Rate (MMR) and Infant Mortality Rate (AKB) which is still relatively high shows that the main challenge to maternal and child health does not only lie in the clinical aspect, but also in the effectiveness of the implementation of health service policies. The results of this study confirm that Sidoarjo Regency already has an adequate regulatory framework through Regent Regulation Number 27 of 2020 as well as policies to strengthen Maternal Perinatal Surveillance and Response Audit (AMP-SR). However, as stated in the theory of public policy implementation, the success of policies is not only determined by the quality of regulations, but also by how they are translated into practice in the field (Grindle, 2017).

The findings of the study show that although the AKI and AKB reduction policies have been designed normatively and systematically, their implementation still faces structural and operational challenges. This is in line with the findings of Purnamasari et al. (2018) and Andriani et al. (2019) who stated that the gap between policy design and implementation is the main cause of the low effectiveness of maternal and child health programs at the regional level.

### **Factors Causing Ineffective Policy Implementation**

#### **1. Limitations of Cross-Sector Coordination**

One of the main causes identified in this study is the lack of optimal coordination across sectors. Although a forum for reducing AKI and AKB has been established, the involvement of the non-health sector is still partial. In fact, various literature confirms that the determinants of

maternal and infant mortality are not only sourced from health services, but also from social, economic, educational, and environmental factors (WHO, 2019; UNICEF, 2021).

The results of this study strengthen the argument of Imron (2022) who states that health policies that are not integrated with other sectors tend to produce limited impacts. In the context of Sidoarjo Regency, weak cross-sector integration has caused economic empowerment, social education, and community role strengthening programs to not fully support the goal of reducing AKI and AKB.

## 2. Human and Institutional Resource Capacity

The findings of the study also show that the capacity of human resources is a determining factor in the success of policy implementation. The limitations of trained health workers, high workload, and limited time in carrying out AMP-SR audits affect the quality of evaluation of maternal and infant mortality cases. This condition is in line with the findings of Susilawati (2019) who emphasized that the implementation of health policies is highly dependent on the readiness and competence of implementing actors.

In addition, policy implementing institutions have not been fully able to ensure the sustainability of the follow-up of AMP-SR recommendations. When audit recommendations are not integrated into follow-up policies or service system improvements, AMP-SR has the potential to become just an administrative activity with no significant impact.

## **AMP-SR as a Health System Learning Instrument**

### 1. AMP-SR's Strategic Role in Policy Evaluation

The results of the study confirm that AMP-SR has great potential as a learning instrument for the health system. Maternal and perinatal audits not only serve to identify the causes of death, but also as a basis for continuous improvement of the health service system (Ministry of Health of the Republic of Indonesia, 2020). These findings are in line with the learning organization approach in public policy, where policy evaluation is used as a means of continuous learning and improvement (Grindle, 2017).

However, this study shows that the learning function of AMP-SR has not been fully realized due to the weak follow-up mechanism. Audit recommendations have not always been the basis for changes in policy or service practices, so the impact of AMP-SR on the reduction of AKI and AKB has not been optimal.

### 2. Gap between Evaluation and Follow-up

The gap between the evaluation and follow-up processes is an important finding in this study. This condition shows that the success of AMP-SR is not only determined by the quality of the audit, but also by the institutional commitment to follow up on the audit results. These findings expand on previous research results that have highlighted more technical aspects of audits, by emphasizing the importance of integrating audit results into regional health policies and management (Purnamasari et al., 2018).

This study shows that the implementation of policies to reduce AKI and AKB through strengthening AMP-SR has had a positive impact, especially in increasing the awareness of policy actors and health workers on the importance of preventing maternal and infant mortality. Programs such as integrated ANC, optimization of Posyandu, assistance for high-risk pregnant

women, and the use of health technology contribute to increasing early risk detection and access to maternal and child health services.

This finding is in line with the Bappenas report (2020) which emphasizes that strengthening basic health services is the key to reducing AKI and AKB. Thus, the implementation of policies in Sidoarjo Regency has shown the right direction, although it still needs to be strengthened in certain aspects.

On the contrary, this study also confirms that ineffective policy implementation has the potential to have a wide negative impact. Failure to reduce AKI and AKB not only has an impact on increasing the death rate, but also increases the social and economic burden of the community and decreases public trust in local governments. These findings reinforce the argument that maternal and child health policies have multidimensional implications that go beyond the health sector alone (UNICEF, 2021)

Based on the findings of the research, the main solution that needs to be developed is to strengthen cross-sector coordination. The policy of reducing AKI and AKB needs to be integrated with policies of economic empowerment, education, and social protection. This collaborative approach is in line with the governance paradigm in public policy which emphasizes the importance of synergy between actors and sectors (Grindle, 2017).

Another proposed solution is the strengthening of the AMP-SR follow-up mechanism. Audit recommendations need to be institutionalized into health care policies and practices, so that AMP-SR truly functions as a learning tool and system improvement. These findings are an important contribution to this research in expanding the understanding of the role of AMP-SR in health policy implementation.

When compared to previous research, this study offers novelty in two main aspects. First, this study not only evaluates the implementation of policies to reduce AKI and AKB, but also examines the role of AMP-SR as a policy learning mechanism. Second, this study develops a policy implementation model framework that emphasizes integration between regulations, actors, and evaluation follow-up.

Previous research has generally focused on the partial evaluation of programs or the role of health workers (Purnamasari et al., 2018; Andriani et al., 2019; Susilawati, 2019). Instead, this study expands the perspective by placing policy implementation within a more holistic and sustainable framework of regional health governance.

Theoretically, this discussion enriches the literature on the implementation of public policies in the health sector by emphasizing that the success of policies to reduce AKI and AKB is highly determined by the integration of policy evaluation and institutional follow-up. Practically, the results of this discussion provide a basis for local governments to improve the design and implementation of maternal and child health policies, especially through strengthening AMP-SR and cross-sectoral collaboration.

## CONCLUSION

This study aims to analyze the implementation of health service program policies in the context of reducing the Maternal Mortality Rate (AKI) and Infant Mortality Rate (AKB) through strengthening the Maternal Perinatal Surveillance and Response Audit (AMP-SR) in Sidoarjo Regency. Based on the overall findings of the study, it can be concluded that the success of reducing AKI and AKB is not solely determined by the existence of health

regulations and programs, but is highly dependent on the quality of policy implementation, the capacity of implementing actors, and the effectiveness of cross-sectoral coordination. The main findings show that Sidoarjo Regency already has a relatively strong policy framework and the commitment of the local government in supporting the strengthening of AMP-SR, but the effectiveness of these policies still faces obstacles in terms of consistency of implementation, follow-up of audit results, and integration of health policies with social, economic, and cultural factors of the community. This study emphasizes that AMP-SR has a strategic role not only as an instrument for evaluating cases of maternal and infant mortality, but also as a learning mechanism for the health system that is able to encourage continuous improvement if the results are systematically institutionalized in health service policies and practices. Theoretically, this study contributes to the development of the public policy implementation literature in the health sector by emphasizing the importance of the relationship between policy evaluation, institutional capacity, and policy follow-up in the context of maternal and child health. Practically, this research provides an empirical foundation for local governments and health stakeholders to strengthen policy governance to reduce AKI and AKB through cross-sector collaboration and AMP-SR optimization. However, this study has limitations in the scope of the research area and a qualitative approach that does not allow for extensive generalization. Therefore, further research is recommended to involve more diverse regions, using a quantitative approach or mixed methods, and examine in more depth the long-term impact of strengthening AMP-SR.

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