Posyandu Financing at The District Stunting Management Locus: A Qualitative Study

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ABSTRACT

The prevalence of stunting among under-fives in Indonesia is still high, including in Tegal Regency, one of the loci for stunting reduction. To prevent stunting, the growth and development of children under five are monitored at integrated service posts (posyandu). Some problems in posyandu include an inadequate budget allocation for cadre incentives and the supplementary feeding program and inadequate tools and supporting facilities. This study aims to investigate posyandu funding in the district locus for reducing stunting. This research employed a qualitative approach. Data were collected by document studies and in-depth interviews using a semi-structured interview. Data saturation was achieved after involving ten informants. The informants were posyandu program holders (main informants), sub-coordinators of the Health Office, heads of the community health centre (puskesmas) from four puskesmas, i.e., two puskesmas with a high prevalence of stunting and two puskesmas with a low prevalence of stunting.

Three themes were generated in this study: funding sources, funding allocations, and efforts to fulfil funding. The results revealed that posyandu funds come from the government, the business sector, and the community. Posyandu's funds are allocated for the incentives and training of cadres, the fulfilment of standardized anthropometric supporting tools and facilities, and the supplementary feeding program. Advocacy for posyandu funding was conducted through development planning meetings, Healthy Village Houses, stunting discussions, and cross-sector coordination. Overall, the variety in posyandu finance is consistent with the norms and circumstances of the locals in each area. Cross-sector cooperation must also be strengthened to address the posyandu's operational requirements.

Introduction
Stunting is a global issue and part of Indonesia's national priority program. The prevalence of stunting among children under five in Indonesia reached 21.6% in 2022, above the WHO standard of 20% (De Onis et al., 2019). Stunting impacts the child’s physical and psychosocial development (Rosyidah et al., 2021) and productivity when entering adulthood, which can ultimately reduce economic growth (McGovern et al., 2017).

Various efforts to reduce stunting have been made, one of which is prevention by monitoring the growth and development of children under five at posyandu. A posyandu is a community-based health service effort managed by the community to increase the public’s accessibility to basic health services. Cadres run posyandu with the assistance of local health workers (Kementerian Kesehatan Republik Indonesia, 2011). Periodic monitoring of the growth and development of children under five with the right tools is essential for detecting short stature and stunting and for reducing adverse effects during childhood and adulthood (Mavinkurve et al., 2021).

The high stunting rate of 22.3% (Badan Kebijakan Pembangunan Kesehatan, 2022) in Tegal Regency has made it one of the districts/cities targeted for stunting reduction. Various efforts have been made, including increased funding from the State Budget, Local Government Budget, Village Budget, and other legal budgets. Nevertheless, the budget must be managed optimally to hit targets and meet the area’s needs. The Tegal Regency Government has integrated funding for stunting prevention in the relevant Regional Apparatus Organizations (OPD). Funding is important to support posyandu operations because adequate funding can increase the benefits of health efforts (WHO, 2016).

Preliminary studies showed a uniqueness in advocating funding for posyandu through the Healthy Village House. The community's funding sources for posyandu come through contributions from residents and the village government. Some villages apply incentives for cadres as key persons in posyandu activities. Based on data from the provincial Health Office, the number of villages that utilize the Village Fund for Health in Tegal Regency is 77.6% (Dinas Kesehatan Provinsi Jawa Tengah, 2021). This percentage is higher than several other districts but needs to be increased because 17 other districts have reached 100%. The characteristics of posyandu funding need to be explored so that it can become the basis for planning and managing posyandu funding in Tegal District. Based on the description above, the researcher aimed to explore the funding efforts at posyandu in Tegal Regency using qualitative methods to understand the situation comprehensively.

Method
This study used a qualitative study design. With a qualitative study, researchers can thoroughly investigate a complex phenomenon (Rashid et al., 2019). Data saturation was achieved after involving ten informants, signifying that sufficient information had been collected to attain a comprehensive understanding of the subject. The ten informants of this study were posyandu program holders (primary informants), heads of puskesmas, and sub-coordinators of the Tegal District Health Office (triangulation informants), who were selected by purposive sampling. Purposeful sampling was employed as it can deliberately select individuals who possess relevant knowledge, experiences, or perspectives related to the posyandu's funding system. The selected puskesmas were two health centres with a low prevalence of stunting and two with a high prevalence of stunting. Data on the prevalence of stunting were taken from the Electronic Community-Based Nutrition Reporting as of 6 September 2022, at 20.27 WIB, with data coverage being more than ninety per cent.

Data was collected through in-depth interviews and document studies in Tegal Regency between September and December 2022. The qualitative research involved face-to-face in-depth interviews, each lasting around one hour per respondent. The interviews commenced with a broad opening question regarding challenges in the posyandu program and then delved into funding-related inquiries. Conducted in a professional yet warm atmosphere, the interviews took place in the privacy of the informant’s office. The termination point for each interview was
determined by data saturation, indicating that sufficient information had been gathered. A semi-structured interview approach allowed flexibility to explore emerging themes and ideas. The posture and tone of the interviewer were respectful and attentive, facilitating open and insightful conversations. The planning documents and reports from the puskesmas and the health Office were also reviewed.

After conducting the interviews, the researchers made a verbatim transcription of the recorded interviews. It was then analyzed with thematic analysis. Thematic analysis is a widely used approach in qualitative studies that involves systematically organizing and categorizing data to identify, analyze, and interpret patterns or themes, aiming to uncover commonalities, concepts, or meanings that emerge from the data set (Maguire, Moira & Delahun, 2017). This research was approved by the Health Research Ethics Commission of the Faculty of Public Health of Diponegoro University (362/EKPK- FKM/2022). To ensure the trustworthiness of this qualitative study, several measures were taken. These include prolonged engagement and persistent observation to establish credibility, employing triangulation of data sources for reliability with observation, document study and interview, implementing member checking for informant validation of findings, maintaining reflexivity to address biases, seeking peer review for external input from colleague and experts, and providing detailed and contextually rich descriptions through the thick description. These steps were undertaken to enhance the rigour, accuracy, and transparency of the research, ensuring that the findings are trustworthy and reflect the informants’ perspectives and experiences.

Table 1. The informants’ Characteristics

<table>
<thead>
<tr>
<th>Informant’s Code</th>
<th>Age (Years)</th>
<th>Work Experience (Years)</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>IU-SS</td>
<td>50</td>
<td>24</td>
<td>Midwife Coordinator</td>
</tr>
<tr>
<td>IU-NN</td>
<td>48</td>
<td>20</td>
<td>Midwife Coordinator</td>
</tr>
<tr>
<td>IU-LL</td>
<td>29</td>
<td>5</td>
<td>Health Promotion Programmer</td>
</tr>
<tr>
<td>IU-NL</td>
<td>49</td>
<td>27</td>
<td>Midwife Coordinator</td>
</tr>
<tr>
<td>IT-EV</td>
<td>46</td>
<td>14</td>
<td>Head of Puskesmas</td>
</tr>
<tr>
<td>IT-DE</td>
<td>59</td>
<td>14</td>
<td>Head of Puskesmas</td>
</tr>
<tr>
<td>IT-AF</td>
<td>38</td>
<td>6</td>
<td>Head of Puskesmas</td>
</tr>
<tr>
<td>IT-IB</td>
<td>42</td>
<td>12</td>
<td>Head of Puskesmas</td>
</tr>
<tr>
<td>IT-SR</td>
<td>49</td>
<td>21</td>
<td>Public Health Sub Coordinator</td>
</tr>
<tr>
<td>IT-SL</td>
<td>51</td>
<td>17</td>
<td>Community Empowerment Sub Coordinator</td>
</tr>
</tbody>
</table>

(Source: Primary Data, 2022)

Based on Table 1, some of the informants are over 40 years old and vary in work experience, ranging from 5 to 27 years. The posyandu program manager at the three puskesmas is the midwife coordinator, while the manager at another puskesmas manages the posyandu program about health promotion. The community health sub-coordinator is in charge of maternal and child health efforts, which includes nutrition monitoring in the posyandu, while the community empowerment sub-coordinator is in charge of posyandu cadres and institutions as a form of community empowerment (Peraturan Bupati Tegal Nomor 82 Tahun 2021 Tentang Kedudukan, Susunan Organisasi, Tugas Dan Fungsi, Serta Tata Kerja Perangkat Daerah Dan Staf Ahli Bupati Di Lingkungan Pemerintah Kabupaten Tegal, 2021).

After conducting the interviews, the researchers obtained themes from the code submitted by the informants. All themes and codes are presented in Table 2.
Table 2. Themes, Categories, and Posyandu Funding

<table>
<thead>
<tr>
<th>Theme</th>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source of Funding</td>
<td>Government</td>
<td>Health Operational Assistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Local Community Service Agency</td>
</tr>
<tr>
<td>Village Government</td>
<td>Village fund</td>
<td></td>
</tr>
<tr>
<td>Allocation of Funding</td>
<td>Cadres’ needs</td>
<td>cadre incentives</td>
</tr>
<tr>
<td></td>
<td>Administration</td>
<td>supporting facilities</td>
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<tr>
<td></td>
<td></td>
<td>anthropometric tools</td>
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<td></td>
<td>Children's needs</td>
<td>supplementary feeding</td>
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<tr>
<td>Funding meeting efforts</td>
<td>Advocation</td>
<td>Development Planning Meeting</td>
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<td></td>
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<td>Healthy Village House</td>
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<td></td>
<td></td>
<td>Stunting discussion</td>
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<td></td>
<td>Cross-sector</td>
<td>coordination</td>
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</tbody>
</table>

Sources of Funding

Government

Posyandu receives funding from the Central Government and Village Government. One of the items in the Non-Physical Special Allocation Fund (Dana Alokasi Khusus/DAK Non Fisik) is Health Operational Assistance (Bantuan Operasional Kesehatan/BOK). Non-Physical Special Allocation Funds are budgets sourced from the State Budget used to finance regional affairs per national priorities (Peraturan Menteri Kesehatan Republik Indonesia Nomor 2 Tahun 2022 Tentang Petunjuk Teknis Penggunaan Dana Alokasi Khusus Nonfisik Bidang Kesehatan Tahun Anggaran 2022, 2022). The Non-Physical Special Allocation Fund for the Health Sector 2022 includes the stunting reduction program (Peraturan Presiden Republik Indonesia No 18 Tahun 2020 Tentang RPJMN 2020-2024, 2020). Only one puskesmas use Local Community Service Agency (Badan Layanan Umum Daerah/BLUD) funds to finance posyandu needs. The use of this fund follows the puskesmas’ policy because it is given autonomy in managing BLUD funds (Peraturan Menteri Dalam Negeri Republik Indonesia Nomor 79 Tahun 2018 Tentang Badan Layanan Umum Daerah, 2018).

"... Cadres are given incentives. Incentives from the village..." (IU-NL)

They received the posyandu budget from the Village Government comes from the Village Fund (Dana Desa/DD) and Village Fund Allocation (Alokasi Dana Desa/ADD). Village Funds are sourced from the State Budget for villages and transferred through the district Local Government Budget to finance community empowerment (Bupati Tegal, 2021). Posyandu budgeting is directed at national priority programs, such as stunting prevention (Peraturan Menteri Desa, Pembangunan Daerah Tertinggal, Dan Transmigrasi Nomor 13 Tahun 2020 Tentang Prioritas Penggunaan Dana Desa, 2021). Likewise, for Village Fund Allocations where one of the funding targets is community empowerment (Peraturan Bupati Tegal Nomor 92 Tahun 2021 Tentang Tata Cara Pengalokasian Dan Pelaksanaan Serta Penetapan Lokasi Dana Alokasi Dana Desa Kabupaten Tegal Tahun 2022, 2021).

Research by Handayani et al. (2020) showed a relationship between the role of the village head and the cadres’ ability to provide adequate facilities, conduct monitoring, oversee cadres’ performance, and develop the posyandu (Handayani et al. 2020). In collaboration with puskesmas, village midwives can advocate for Village Government to utilize Village Funds and Village Fund Allocations and conduct supplementary feeding programs, purchase medical devices and support facilities, provide cadre incentives, and fulfill other posyandu operational needs (Pamungkas et al., 2021). Funding for the village is expected to reduce the prevalence of stunting, but this will not work if the funding does not focus on treating stunting among children under five (Putro, 2018).

Business sector
A company operating in the Tegal Regency area had provided supplementary feeding for children under five in their working area. However, the provision of supplementary food was only given once and is not a routine activity of the company. This is a form of Corporate Social Responsibility (CSR) of a company.

"I think it was eggs. To help prevent stunting in children under five, they were given eggs..." (IU-SS)

CSR is a management concept in which companies integrate social and environmental concerns in business and stakeholder interactions (UNIDO, 2023). CSR programs from the private sector can be adapted to existing health programs in the community (Gumilar et al., 2019) and target behavioural, environmental, healthcare, and hereditary factors (Indah et al., 2015). This is similar to what was done in West Sumatra (Joko Nugroho, 2023) and posyandu in Bandung Regency, which received company assistance (Aditianti et al., 2019). However, not all private sector companies perform CSR because they depend on company policies and awareness (Martin et al., 2018).

Community

Mothers who come to posyandu donate cash into boxes or cans during posyandu activities. According to the informant, this was a voluntary donation from residents who visited the posyandu. If they did not bring money, the children would still be provided with health services. These voluntary contributions have received permission from the village government and are agreed upon by the residents.

"... There is a form of payment. Usually around Rp. 2000" (IT-IB)

This voluntary contribution follows the Governor of Central Java's Regulation on Posyandu management, which states that posyandu funding sources can come from the government, non-governmental organizations, and foreign aid (Peraturan Gubernur Jawa Tengah Nomor 57 Tahun 2006 Tentang Pedoman Operasional Pos Pelayanan Terpadu (Posyandu) Model Di Jawa Tengah, 2006). The puskesmas and the community can explore other potential sources of funding, such as individual/group donations and social funding sources (zakat, infak, sedekah) (Kementerian Kesehatan Republik Indonesia, 2011), and independent Posyandu funds (Eko et al., 2015).

Funding Allocation

Cadres' needs

Cadres require incentives and training. Cadre incentives come from the Health Operational Assistance and the village government budget (Village Fund Allocation and Village Fund). The Puskesmas Health Operational Assistance is intended to assist Puskesmas operations, such as efforts to improve community nutrition. The Puskesmas Health Operational Assistance was used to provide cadre incentives, transportation, and training. The cadres received cash incentives as a substitute for activity transportation costs. The budgeting also varied between 8-12 months a year and was adjusted to the villages' or puskesmas' financial conditions.

"The Health Operational Assistance funds the cadre's transport fees..." (IU-NN)

Incentives are important because they make cadres feel part of the government (Wisnuwardani, W, 2012). Cadres who receive incentives will be more enthusiastic and improve their performance when performing their duties (Wisnuwardani, W, 2012). They can motivate mothers with children under five years to come to posyandu (Hidayat, 2018).

"The training are usually from the Health Operational Assistance funds. We have already budgeted it in the Health Operational Assistance funds." (IT-EV)

Training for cadres at the puskesmas level is budgeted through funds from the Local Community Service Agency and Health Operational Assistance. In contrast, training for cadres at the village level is financed by the village government (Village Fund Allocation and Village Fund). The frequency of training varies between 1-2 times a year. Training is also conducted when cadres must be trained in using new anthropometric tools. The training needed is standardized training related to anthropometric measurements (Sanjaya et al., 2021) and is continuously held so cadres can carry out their duties properly (Tambi, Imelda, F.S; Yueniwati, 2019).

Administration

To support posyandu activities, anthropometric tools and supporting facilities are required. Funds from the Puskesmas Health Operational Assistance can improve
the performance of puskesmas in providing services to the community (Yuliantini et al., 2019), including increasing the scope of growth monitoring and measuring the weight of children under five (Priyatiningih & Nurwahyuni, 2019; Septiyantie & Cahyadin, 2013). The standardized anthropometric tools come from the Stunting Health Operational Assistance, which procured 100 sets of standardized anthropometric tools in 2022. These tools were addressed to the District Health Office and distributed to the puskesmas. Procurement of anthropometric tools by puskesmas is budgeted from Local Community Service Agency funds (one puskesmas) and the village government budgets from the Village Fund and Village Fund Allocation (four puskesmas).

"The standardized equipment is old; that is why we will usually use the village budget (to buy new equipment) ..." (IU-NN)

Standardized tools are needed for accurate measurements (Handayani et al., 2020). They can increase public trust in posyandu, increasing the visitation rate of children under five (Hidayat, 2018). Moreover, the Village Funds support facilities such as tables, chairs, and tripod scales. Books and stationery are purchased from voluntary contributions from posyandu visitors.

Children's Needs

Supplementary feeding is a program for children. The provision of supplementary feeding at posyandu comes from the village government budget and voluntary contributions from the residents. The mothers who come to the posyandu would donate money to the container. The residents and the village midwife have agreed upon the amount of money to donate.

"... For the posyandu itself, for example, for the supplementary food distribution, people would submit donations of around Rp. 2000..." (IT-EV)

This is supported by research by Aditianti et al. (2019), which states that supplementary feeding funds come from community contributions put into containers (Aditianti et al., 2019). Procurement of supplementary feeding is also important because it can increase the visitation rate of children under five to posyandu (Hidayat, 2018).

Posyandu Funding Efforts

Advocation

The posyandu, puskesmas, and the health Office all contribute to meeting the posyandu's funding. One of the strategies for community empowerment in the health sector is advocacy (Peraturan Menteri Kesehatan Republik Indonesia Nomor 8 Tahun 2019 Tentang Pemberdayaan Masyarakat Bidang Kesehatan, 2019). The advocacy process is performed through several activities, such as the Development Planning Meeting (Musyawarah Perencanaan Pembangunan/musrenbang), the Healthy Village House (Rumah Desa Sehat), the Stunting Forum (Rembuk Stunting), and Cross-Sector Coordination.

All informants stated that they had proposed the posyandu budget to the village government through the Village Development Planning Meeting. This activity was conducted in the n-1 fiscal year, meaning the 2022 budget has been planned since 2021. As a representative for the puskesmas, the village midwife will attend this meeting and convey the needs for the health budget in the village, including the posyandu. Furthermore, the village midwife must also continue to supervise and continue to coordinate with the village government so that the health budget can be included in the Village Government Work Plan (Peraturan Menteri Dalam Negeri Republik Indonesia Nomor 114 Tahun 2014 Tentang Pedoman Pembangunan Desa, 2013).

"... That is why it's crucial for midwives to attend the Development Planning Meeting. If they attend the meeting, it will be included in the budget..." (IU-NL)

The perceived obstacle is the mindset of the village government that posyandu belongs to the puskesmas while posyandu belongs to the community. This aligns with Hidayat's research (2018), which stated that the village government does not feel it owns the posyandu (Hidayat, 2018). However, in most cases, the use of village funds for health issues is still low (Putro, 2018) and usually focuses on physical buildings and infrastructure (Wicaksono, 2022). Nevertheless, the village government plays an important role in meeting the need to monitor the growth and development of children under five at posyandu (Suhroh & Pradana, 2021). The village government and community leaders must cooperate to overcome health
service problems and improve children's health (Pardosi, 2017).

The budget submission for posyandu needs can be made through the Healthy Village House (Rumah Desa Sehat/RDS), but not all villages have this. A Healthy Village House is a joint secretariat for community empowerment and village development activists in the health sector. One of their functions is to advocate for policies in the health sector.

"... When we advocate, we would also communicate with the village government... For the stunting issue, we have the RDS program, and the posyandu budget is included in it. It covers the budget for facilities and infrastructure, cadres, and transport." (IU-LL)

Every village in the district/city where stunting prevention is prioritized is expected to have a Healthy Village House. The Healthy Village House can improve the bargaining position of health activists in advocating for access to health services in villages, including posyandu (Kementerian Desa Pembangunan Daerah Tertinggal dan Transmigrasi, 2018).

Advocacy for meeting posyandu needs is also conducted through the Stunting Forum (Rembuk Stunting), which is the third of the eight actions in integrated stunting prevention interventions performed at the district/city and sub-district levels (Kementerian PPN/Bappenas, 2018). During the meeting, the Health Service, puskesmas, and related parties (relevant agencies, sub-district/village governments, religious leaders, and community leaders) would discuss the planning and evaluation of the stunting prevention program, including meeting the needs of the posyandu.

"Through the forum, we can convey to the public what determines a child to be stunting or not stunting and inform them of the available facilities and infrastructure..." (IT-SR)

Various participants attend the stunting forum, and each village has representatives, such as the village head, community leaders, and sub-district heads. It is hoped that there will be a mutual agreement to make efforts to reduce stunting. The agreement results are then outlined in the Village Government Work Plan and Health Office Work Plan (Kementerian PPN/Bappenas, 2018).

Furthermore, cross-sectoral meetings are a regular agenda for the puskesmas every quarter. This meeting would involve related parties (relevant agencies, sub-district/village governments, religious leaders, and community leaders). The puskesmas can plan and evaluate their activities, including posyandu activities (Peraturan Menteri Kesehatan Republik Indonesia Nomor 44 Tahun 2016 Tentang Pedoman Manajemen Puskesmas, 2016).

"During the cross-sectoral meeting, we would mention the stunting issue because it has recently been highlighted (by the government). We would also mention the activities we would do with the budget." (IT-IB)

At the regency level, The Tegal District Health Office provided input on drafting a district head’s regulation on technical guidelines for using Village Funds and Village Fund Allocations. The technical guideline contains a menu for the health sector budget, including efforts to reduce stunting. This cross-sector collaboration needs to be improved because good cooperation between organizations affects the performance of policy implementation (Jamaluddin, 2020).

**Conclusion**

Three themes were obtained from this study: funding sources, funding allocations, and posyandu funding efforts. The growth and development of children under five in posyandu can be monitored through sufficient funding and proper allocation. The diversity of posyandu funding follows the policies and conditions of the community in each region. Transparency in fund management is needed to increase public trust in posyandu. Cross-sector cooperation must also be strengthened to meet the posyandu's operational needs. Future studies on posyandu funding can be conducted with a broader scope to obtain a comprehensive picture of the fulfilment of posyandu funding and provide relevant input for posyandu funding by the government.

**Limitations**

This study has limitations in that it only involved four puskesmas in one district. Thus, it cannot be generalized to all posyandu in Indonesia.

**Acknowledgement**

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research, as well as to everyone who supported the implementation of this research.

**Conflict of Interest**

We declare there is no conflict of interest in this research.

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