



Collaborative Model for Using Village Funds to Support Maternal and Child Health Resilience in Cirebon Regency

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ABSTRACT

COVID-19 disease has the potency to increase maternal and child mortality rates. It is because pregnant women and children include the vulnerable groups. To increase maternal and child health resilience during the COVID-19 pandemic, community empowerment was needed. Many programs can be done through innovative planning and budgeting. The village fund can be an alternative solution in this condition. This research was qualitative research that used Focus Group Discussion with the participant contains village head, cadres, health professional, Department of Health agent, Village Community Empowerment Service, Regional Planning and Development Agency in the Cirebon Regency. Based on the research, maternal and child health resilience could be improved through developing the innovation program related to maternal and child health such as support in COVID-19 vaccination to pregnant women, support to high-risk pregnant women, and so on. The collaborative model could be done between village funding, Corporate Social Responsibility (CSR), Family Welfare Empowerment' s funding, and non-governmental funding. To identify the situation analysis it can be done through discussion in village level (Musdes). It also can collaborate the maternal and child program with the nasional program, adaptation of new habit, and strategic local issue.

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Kata kunci:

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ABSTRAK

Penyakit COVID-19 berpotensi meningkatkan angka kematian ibu dan anak. Sebab, ibu hamil dan anak-anak termasuk kelompok rentan. Untuk meningkatkan ketahanan kesehatan ibu dan anak di masa pandemi COVID-19, diperlukan pemberdayaan masyarakat. Banyak program yang dapat dilakukan melalui perencanaan dan penganggaran yang inovatif. Dana desa bisa menjadi alternatif solusi dalam kondisi ini. Penelitian ini merupakan penelitian kualitatif dengan metode Focus Group Discussion dengan peserta terdiri dari kepala desa, kader, tenaga kesehatan, Dinas Kesehatan, Dinas Pemberdayaan Masyarakat Desa, Pemberdayaan Kesejahteraan Keluarga (PKK), dan Badan Perencanaan dan Pembangunan Daerah di Kabupaten Cirebon. Berdasarkan penelitian, ketahanan kesehatan ibu dan anak dapat ditingkatkan melalui pengembangan program inovasi terkait kesehatan ibu dan anak seperti dukungan vaksinasi COVID-19 pada ibu hamil, dukungan pada ibu hamil risiko tinggi, dan sebagainya. Model kolaboratif dapat dilakukan dengan dukungan dana desa, Corporate Social Responsibility (CSR), pendanaan PKK, dan swadaya masyarakat. Untuk mengetahui kebutuhan serta analisis situasi, diskusi dapat dilakukan melalui musyawarah tingkat desa (Musdes). Kolaborasi program dan pendanaan juga dapat dilakukan dengan menginsersikan program kesehatan ibu dan anak dengan program strategis nasional, adaptasi kebiasaan baru, dan program strategis terkait isu lokal.

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INTRODUCTION

Maternal and child health is one of the focuses of achievement in the Sustained Development Goals (SDGs) in 2030 (Arthur *et al*, 2018). This is because the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) are important indicators for measuring the health status and communities' quality of life of a country. Maternal and Child Mortality Rates are still high in Indonesia. The latest data obtained in 2015, the MMR was 305 per 1000 live births (Osaki *et al*, 2015). In fact, the target in 2024 is 232 per 1000 live births and the SDGs target is 70 per 100,000 live births in 2030 (Women, 2018).

Another challenge faced by Indonesia in improving the maternal and children health status is the disparity between regions. This can be seen in the variation in the coverage of maternal and child health services between provinces. Differences in geographical conditions and the diversity of resource availability contribute to causing the gap so that the problems faced by one region will be different from other regions (Agustina *et al*, 2019).

The Coronavirus Disease-2019 (COVID-19) pandemic that has occurred in Indonesia since March 2020 has also affected the maternal and child health sector. ⁵ Several programs related to maternal and child health experienced obstacles in their implementation both in terms of quantity and quality, such as the implementation of Ante Natal Care (ANC) and the Complete Basic Immunization (IDL) program. The achievement targets in the program even decreased quite drastically from the previous year. In addition to routine programs that are experiencing obstacles, in the current COVID-19 pandemic, pregnant women, breastfeeding mothers, and children are also vulnerable groups that need attention.

Maternal and child health is one of the priorities in the Cirebon Regency. In 2020, the maternal mortality rate in Cirebon Regency reached 40 cases with the Neonatal Mortality Rate reaching 134 cases (DHO Cirebon, 2020). Maternal and child health is a together responsibility, not only the government but the private sector and the community are also involved. Maternal and child health programs need to get support from various stakeholders, including village heads, sub-district heads, health offices,

Family Welfare Empowerment's (PKK), Posyandu organizers, Public Health Center, and this requires village commitment.

The use of village funds for empowerment to reduce MMR and Infant Mortality Rate (IMR) is a priority in the use of village funds (Anggraeni *et al*, 2021). The key to success in the program depends on the mindset of the village head and the village planning agency who must also have the same vision for the use of village funds.

METHOD

This research was qualitative research that used Focus Group Discussion with the 30 participants that contain village head, village planning agency, cadres, and village midwives from 4 villages in Cirebon Regency i.e Ciawiasih, Cikulak, Cikulak Kidul, and Karangmangu Village. And also the Department of Health agent, Village Community Empowerment Service, Regional Planning and Development Agency, and Family Welfare Empowerment in the Cirebon Regency. They divided into 4 groups based on the villages. The data was collected using the list of questions related to situation analysis, development of maternal and child health innovation programs, and program funding. Data that has been collected certainly has complexity, so that data reduction was done, then data was presented in the form of a narrative. The research was done in May until June 2021 and has been approved by the Research and Health Ethics Committee, Faculty of Public Health Number 71/EA/KEPK-FKM/2021.

RESULTS AND DISCUSSION

Participant Criteria

The participants of Focus Group Discussion divided into 4 groups based on the village that mentioned in table 1. The member from regency level also assist each village to support the discussion.

Table 1.
Participant Criteria

Group	Village	Member
Group 1	Ciawiasih	Head of village, cadres, village planning agency, village midwife of Ciawiasih, Department of Health agent
Group 2	Cikulak	Head of village, cadres, village planning agency, village midwife of Cikulak, Regional Planning and Development Agency
Group 3	Cikulak Kidul	Head of village, cadres, village planning agency, village midwife of Cikulak Kidul, Village Community Empowerment Service
Group 4	Karangmangu	Head of village, cadres, village planning agency, village midwife of Karangamngu, Family Welfare Empowerment

Situation Analysis

The situation analysis was conducted to identify maternal and child (MCH) problems in each village. If the problems and causes of existing problems were known, the alternative solutions can be found. In addition to maternal and child health problems, the challenges and obstacles to routine maternal and child health programs were identified in this phase. Based on the research, there were many MCH

problems in Ciawiasih, Cikulak, Cikulak Kidul and Karangmangu Village especially during COVID-19 pandemic.

In Ciawiasih Village, there are 5089 people with 1640 total family. As 999 couples of childbearing age, 70 pregnant women, 437 toddlers, 39 stunting toddlers, 6 Integrated Service Post (Posyandu), 2 Posyandu for adolescents, and 2 Integrated Coaching Post (Posbindu). Most of the people have elementary school education and work as laborers, farmers, and traders. In addition, monitoring the child's

growth and development is disturbed in COVID-19 pandemic era.

In Cikulak Village were cases of maternal death in 2019 caused by complications of the disease. And in 2020, there are cases of infant mortality due to Low Birth Weight (LBW), 1 case of mother and baby exposed to COVID-19, and 1 case of death of pregnant women with COVID-19. In Cikulak Kidul, there are 2 cases of maternal death, while there were no infant deaths in 2020. The population is 7800 people, with 3 cases of malnutrition in children.

In Karangmangu Village, total population more than 5000 people with 1533 families. There are 52 pregnant women, 398 toddlers, 89 babies, and 372 couples of childbearing age. Most of the population has middle to lower economic conditions. Access to health services (Public Health Center) is relatively close, means of transportation are easy. The perceived obstacle to the program was that the village alert program was not optimal and there were still early marriages in one hamlet. There is 1 maternal death in 2020 and child development is not monitored during the COVID-19 pandemic.

Problems with maternal and child health services during the COVID-19 pandemic occurred throughout Indonesia. In a study conducted by Yulia et al (2021), there was a decrease in K1 and K4 coverage, delivery coverage in health facilities,

and monitoring growth and child development in Depok City. The MCH service most affected by the COVID-19 pandemic is monitoring the growth and development of toddlers (Yulia et al, 2021).

The same thing is also found in a study conducted by Felicia et al in Denpasar City which stated that the COVID-19 pandemic affected basic immunization services in hospitals in the form of a decrease in the number of visits compared to the previous year for the same period. The influencing factor is the reason for visiting the immunization patient (Felicia et al, 2020).

Children and pregnant women are a vulnerable group to be infected with COVID-19. This is because during pregnancy there are physiological changes that result in a decrease in the body's partial immunity (Aritona et al, 2020). While in children the immune system is formed is not perfect (Botutihe et al, 2020)

Development of maternal and child health innovation programs

Based on the situation analysis and the exploration of the use of maternal ad child problems. The maternal and child innovation programs have been developed in each village. The innovation programs can be shown in table 2.

Table 2.
Innovation programs

Village	Innovation Programs
Ciawiasih	Garden Posyandu Gate (Independently Weighing Toddler Movement) Strengthening the Referral System for Pregnant Women Clean-hearted Cadres Kulil Imun (Basic Immunization Program) Local food-based supplementary food
Cikulak	Posyandu Star Rewards Blood Donor Volunteer
Cikulak Kidul	Contribution fund for mothers who successfully give breast milk
Karangmangu	Monitoring of Pregnant Women Supplementary feeding for pregnant women with chronic energy deficiency Addition of Village Ambulance Unit

In the implementation of the maternal and child health innovation program during the COVID-19 pandemic, modifications and breakthroughs need to be made so that the program can be done. One of the innovations that can be done is the application of telemedicine services during the COVID-19 pandemic (Siboro et al, 2021).

The implementation of classes for pregnant women can be modified online even though the participants' interest is not as much as if it is done offline (Refiani et al, 2021). The implementation of the Posyandu in the working area of the Campalagian Public Health Center used various innovations. Among them are providing emergency handwashing facilities, arranging visit schedules, arranging the Posyandu waiting area, urging mothers of children who are being weighed to bring their sarong, and disinfecting the Posyandu room (Nadjah & Nurbaya 2021).

In addition to health service innovations, support from families is also important in improving maternal and child health services during the COVID-19 pandemic. In a study conducted by Naibaho (2021), there was a relationship between the husband's support and the completeness of neonatal visits at the Panjatan II Public Health Center, Kulon Progo (Naibaho, 2021).

Collaborative Model for Using Village Funds to Support Maternal and Child Health

The use of village funds plays a very important role in supporting the implementation of maternal and child health innovation programs during the COVID-19 pandemic. Collaboration from funding sources such as village funds, funds from PKK, BOK funds from the Public Health Center, and CSR funds can be used to support budgeting in the realization of the planned innovation program. In addition to the special funds budgeted for maternal and child health, these funds can also be integrated related to the handling of COVID-19. For example, support for the implementation of COVID-19 vaccination for pregnant women by increasing the role of companion cadres.

According to Article 15 of Cirebon Regent Regulation Number 3 of 2021 concerning Procedures for Distribution and Determination of Village Fund Details in Cirebon Regency in 2021, the priority of using village funds in Cirebon Regency is aimed at national economic recovery, national priority programs, the adaptation of new habits, and strategic problems related to the public interest of the community (Cirebon Regent Regulation, 2021).

In its implementation, health programs are often separate and have a small portion in the use of village funds. Whereas maternal and child health can be included in various programs related to national priority programs, the adaptation of new habits, and addressing local strategic issues. In programs related to national priorities, for example, it can be allocated through strengthening food security and preventing stunting, which in this case is related to adolescents, couples of childbearing age, pregnant women, breastfeeding mothers, and toddlers.

In programs related to adaptation of new habits, the insertion of maternal and child health programs can be carried out related to COVID-19 such as vaccine support for pregnant women and children, providing child-friendly isolation rooms, and so on. In programs related to local strategic issues, maternal and child health can be linked to women's empowerment, child protection, and families. Thus, the allocation of village funds for maternal and child health is greater.

The collaborative model for using village funds to support maternal and child health can be shown in picture 1.

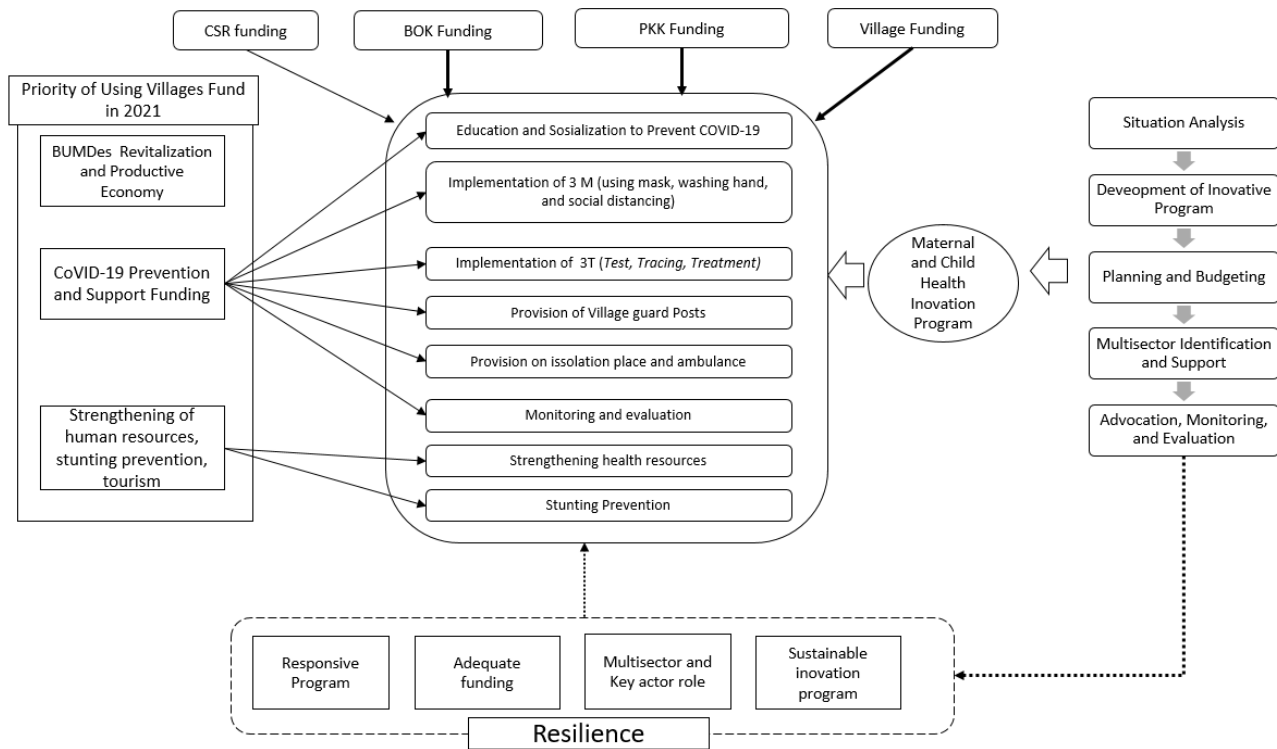


Figure 1. Collaborative model for using village funds to support maternal and child health

Since 2017, village funds in Pasuruan and Sampang districts have been allocated for health development. As much as 0.5% of village funds are allocated for community empowerment at Posyandu, 0.63% to Polindes, 2.46% to health promotion and activities related to health services, and 0.58% to other health activities. However, the allocation of village funds for health in Pasuruan and Sampang districts is still low at around 4.17% (Tumaji&Gurendro, 2018).

In managing village funds, the village government needs to collaborate with various parties. Limited capabilities, resources, and networks that are supporting factors for the implementation of a program or policy encourage the government to cooperate with various parties so that collaborative cooperation can be established in achieving program or policy objectives. The involvement of various parties has the potential to advance the village by collaborating with the resources owned by various parties (Andriani & Hanafi, 2020).

In the implementation of innovative programs, responsive program designs are needed, adequate funding, the role of key stakeholders and supporting multi-stakeholders, support from the community, and the need for

sustainable innovation. This is needed as a village resilience capital in dealing with MCH problems amid during in the COVID-19 pandemic.

Collaboration in the use of village funds requires several stages. Anshel and Gash describe there are 5 stages to collaborate, namely face to face, trust-building, commitment to the process, shared understanding, intermediate outcome (Rahayu, 2018). In this case, the equality of vision and mission is important. In addition, an integrated program can reduce the silo mentality so that the goal of improving maternal and child health can be achieved.

CONCLUSIONS AND SUGGESTIONS

Utilization of village funds for maternal and child health can be done by inserting maternal and child health programs into national strategic programs, programs related to adaptation of new habits, as well as programs related to local strategic issues so that the allocation of village funds for maternal and child health is quite large. In addition, the

collaboration of funds with CSR, PKK, BOK funds, and non-governmental organizations can be carried out so that maternal and child health innovation programs can be carried out properly. Integrated planning and budgeting can reduce program overlap and silo mentality so that program objectives can be achieved.

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ETHICAL CONSIDERATIONS

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Conflict of Interest Statement

Authors declare that there are no conflict of interest in this research.

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