

## Assistance of Posyandu Service Capacity Building Program in Cancung and Sumberbendo Villages, Bojonegoro Regency

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### ABSTRACT

The purpose of the assistance carried out was to improve posyandu services for infants and children, as an effort to prevent the condition of undernourished children under five. The expected result of the program was an increase in the quality of posyandu services in Cancung and Sumberbendo Villages. The expected immediate results were the implementation of increased knowledge and ability of posyandu cadres to facilitate, rehabilitation of children's nutrition with a Positive Deviance approach, the availability of posyandu service facilities and support from relevant government agencies. From the assistance that had been carried out, there were several outputs and activities carried out, including the support from the village, sub-district and related offices, where this was supported by several activities carried out, they were program coordination with sub-district and district, meetings with villagers, program dissemination, and contribution-raising FGDs. Then, the increased knowledge and ability of posyandu cadres to carry out health promotion was achieved by several activities, including positive deviance training, infant and child feeding training, and public speaking training for cadres. In addition, there were activities to rehabilitate children's nutrition with a positive deviant approach which were achieved with FGDs of mothers and grandmothers, positive deviant family assessments, FGDs for analysis of research results, FGDs for determining welfare levels, nutrition post, home visits, health campaigns, dissemination, routine assistance. Furthermore, the existence of supporting facilities for Posyandu services and health promotion facilities were supported by several activities which included the provision of posyandu promotion media, provision of posyandu service facilities, and monitoring and evaluation.

## INTRODUCTION

Social change is a necessity that must be carried out in the evolution of human life, in line with human needs towards a more decent life. Many theories and practices of social change have been created, promoted, and carried out. However, not a few of the best practices for social change "must be forced" in order to achieve "global" needs which in the end have to enter the TBU (True But Useless) bag or "true but in vain". The development of a social change model that has attracted the attention of many parties, one of which is Positive Deviance which demands community involvement, uses existing resources in the community so that its sustainability will be maintained. However, this Positive Deviance model must be started in a small group where the intensity of their social interaction is quite high and in the end a solution is found in the small group, not from outside. So this model has a significant impact on the surrounding community. Positive Deviance as a model of behavior change has been demonstrated in dozens of developing countries, such as behavior change in reducing malnutrition in Vietnam, Myanmar, Nepal/Buthan, Bolivia, Bangladesh and others; prevention of the spread of HIV/AIDS in the third world, prevention of female mutilation in Egypt, ethnic conflicts in Africa and others.

In this context, positive deviance was used in Posyandu Service Capacity Strengthening Program which aims to improve posyandu services for infants and children, as an effort to prevent undernourished children under five. The expected result of the program was an increase in the quality of posyandu services in Cancung and Sumberbendo Village. The expected immediate results were the implementation of increased knowledge

and ability of posyandu cadres to facilitate, rehabilitation of children's nutrition with a Positive Deviance approach, the availability of posyandu service facilities and support from relevant government agencies.

The outcome of this program was the Posyandu Service Capacity Strengthening Program which aimed to improve posyandu services for infants and children. The expected impact of the program was an increase in the health status of the Bojonegoro community, while the output was the support from the village, sub-district and related agencies, the increased knowledge and ability of Posyadu cadres to carry out health promotion, the existence of rehabilitation activities for children's nutrition with a positive deviation approach, and the existence of Posyandu Service Support Facilities and health promotion facilities.

## LITERATURE REVIEW

### Public Service

Public services are all activities in the context of fulfilling basic needs in accordance with the basic rights of every citizen and resident of an item, service or administrative service provided by service providers related to the public interest. Public Service Providers are public service institutions and officers, both Regional Governments and Regional Owned Enterprises that provide public services. With Public Service Recipients are individuals or groups of people and or legal entities that have rights and obligations towards public services (East Java Provincial Regulations concerning East Java Province Public Services). Research conducted by Putra, (2012), states that the results of the IKM show a value of 63.93 and the quality of service gets a B value, but there are still

some indicators that are not good, such as discipline, responsibility, speed and decisions. According to Damai, (2017), that there is a difference between patient satisfaction at the Halmahera Health Center and the Tlogosari Public Health Center.

According to Stoner in Domai (2005, p.32) the definition of management is the process of planning, organizing, directing, coordinating, and supervising the efforts of members of the organization and the use of other organizational resources in order to achieve the goals that have been set. Meanwhile, what is meant by service management according to Moenir (1995, p.186) is process management because here service is defined as a process so that the outline can be captured, it is the management side that regulates and controls the service process, so that the mechanism of service activities can run in an orderly, smooth manner, right on target, and satisfying for those served.

The definition of public service according to Kurniawan in Lijan (2006, p.5) is as the provision of services of people needs or communities who have an interest in the organization in accordance with the basic rules and procedures that have been set. Furthermore, according to Kepmenpan Nr. 63 of 2003, public services are all service activities carried out by public service providers as an effort to fulfill the needs of service recipients as well as the implementation of statutory provisions. In addition to paying attention to service standards, it is also an important element to be able to see the quality of a form of service. Public services organized by the government must be provided based on certain standards. Public service standards themselves are technical specifications of services that are standardized as a

benchmark in carrying out public services. Every public service provider must have service standards and be published as a guarantee of certainty for service recipients. In addition, public service standards must also be adhered to by service providers and recipients. Public service standards according to the Decree of the Minister of State Apparatus Nr. 63/KEP/M.PAN/7/2003, at least include: 1) Service procedures; 2) Completion time; 3) Service fee; 4) Service products; 5) Facilities and infrastructure; 6) Competence of service officers;

Service quality is closely related to systematic and comprehensive service which is better known as the concept of excellent service. The Decree of the Minister of State for Administrative Reform (MENPAN) Nr. 81 of 1995 states that excellent service is a service that provides customer satisfaction. Meanwhile, according to Lijan (2006, p.8) explains that the service apparatus should understand the variables of excellent service as contained in the agenda of excellent service behavior in the public sector. The variables in question include: 1) Government in charge of serving; 2) Communities served by the government; 3) Policies that are used as the basis for public services; 4) Sophisticated equipment or service facilities; 5) Resources available to be formulated in the form of service activities; 6) Quality of service that satisfies the community in accordance with the standards and principles of community service; 7) Management and leadership as well as community service organization; 8) The behavior of officials involved in community service, whether each has carried out their functions.

## Health services

Health services are a form of public service organized by the government. The government has a full obligation to provide rights for all citizens to obtain health services fairly and equitably without discrimination. The definition of health according to Law Nr. 23 of 1992 concerning health, it was a state of well-being of body, soul and social that enables people to live socially and economically productive lives. To be able to realize this healthy condition, many efforts need to be made, one of which is considered to have an important role is to provide health services. According to Levey and Loomba in Azwar (1996, p.34), what is meant by health services is any effort that is carried out alone or together in an organization to maintain and improve health, prevent and cure disease and restore the health of individuals, families, groups, and or society. From the above understanding, it can be seen that there are many forms and types of health services.

## RESEARCH METHODOLOGY

### Positive Deviance

Mounting evidence shows that these reforms commonly produce poor results—either failing to achieve objectives at all or generating changes in forms (like laws and systems) but not having a positive impact on practice or leading to the resolution of governance problems. Using measures from the World Bank Country Policy and Institutional Assessment (CPIA) indicators, for instance, a 2008 World Bank evaluation showed that many countries failed to improve aspects of government quality even after reform projects were completed. The proportion of countries seeing post reform declines or stagnation on these measures ranged from 40% to 60%: for example,

over half of the countries stayed the same or went backwards on indicators of “quality of public administration” (World Bank, 2008, p. 46). However, research also points to the existence of more successful reform experiences that do lead to more functional governments. In these instances, reforms facilitate the establishment of governments that solve problems and achieve the kind of functionality needed to produce public value; new public financial management systems actually foster better resource use, administrative reforms foster better service delivery, trade reforms generate higher volumes of trade, and so forth. These experiences could be called positive outliers; given that they produce results that are better than the norm. “Positive deviance” is another term that describes such experiences. The term has been used in various literatures but entered the development domain because of the work of Pascale et al. (2010).

These authors argue that positive deviance is observable in every community or field, where some agents find better solutions to problems than their peers even though they have similar resources as their peers and face similar challenges and obstacles. Given such belief, the positive deviance approach has emerged as a way of identifying workable solutions to development’s toughest problems. It emphasizes the importance of learning from the positive deviants within the contexts where failure is more normal; and focuses especially on learning about the strategies adopted to find and fit effective solutions. (Andrews, 2015)

“Solutions to community problems already exist within the community”, Jerry Sternin adopts a radical approach to change with the mind: real change starts from within. (David Dorsey, 2000). At least

according to Jerry Sternin the problem does not lie with the experts or with the community, the application of traditional models to carry out social and organizational change will not work and has never been successful, maybe the problem lies in the process of how the change occurs holistically, but the essence is that we do not can import changes from outside to inside. The wise solution is that we have to look for small “deviant” but proven successful activities in the community and then strengthen these activities. The beginning of a big change will occur when we manage to find it. This has been proven by Sternin while on duty to help save hungry and malnourished children in Vietnam by using an approach that has proven successful in subverting conventional ideas in a planned, decisive, dramatic and successful manner.

Sternin’s approach is based on the work done by Marian Zeitlin at Tufts University in the late 1980s conducting a study in several hospitals in developing communities to find out why a small proportion of malnourished children (deviants) cope with the condition by better than most other malnourished children, what enabled them to quickly overcome? (David Dorsey, 2000). From this research came the idea of reinforcing positive deviance as a theory that was tested by Sternin and his wife Monique in the 1990s under different circumstances. The idea emerged in response to a request by the Vietnamese government to help reduce the massive malnutrition rate. Sternin does not use conventional solutions because they are only about: poor sanitation systems, ignorance, food distribution patterns, poverty, and poor access to clean water. While thousands and even millions of children can not wait until the problem can

be solved. Eventually Sternin and his wife decided to reinforce the positive deviation.

In every community, organization, or social group, there are some individuals who have their own behavior and habits that make them able to get better results than the people around them even though they have the same resources. Unwittingly these “positive deviants” have found a path to success for the entire group if their secrets can be analyzed, isolated, and then shared with the entire group. In carrying out his duties in Vietnam, Sternin took the following steps: First, don’t assume that you already have a solution; Second, don't think of it as a dinner party with lots of different people and resources; Third, let them do it themselves; Fourth, identification of conventional policies; Fifth, identification and analysis of deviants; Sixth, let deviants adopt deviations by themselves; Seventh, observe the results and publish; Eighth, repeat steps one through seven. (David Dorsey, 2000)

In positive deviance, theoretically there are steps that must be carried out which are referred to as 6 "D" as steps that must be passed with a note that the community concerned is accompanied by a facilitator.

- a. Define, define the problem and its solution, listen to what the cause (situation analysis) according to them/community so that a problem statement is born from the community. For example, in a community group, children from poor families are malnourished.
- b. Determine, determine whether there are people from their community who have shown the expected behavior or deviants from other poor families. For example, there are children from poor families who are well nourished,

- while they come from the same place and use the same resources
- c. Discover, find out what makes "deviants" able to find better solutions than their neighbors. For example, "deviants" actively feed their children, provide nutritious food (locally sourced) even though they are not normally consumed by others, and feed their children more often. Make sure the "deviant" does not get subsidies from his family who can afford it, both in the village and in other areas, so that it is also the cause of the child becoming healthier.
  - d. Design, design strategies that enable others to access and adopt these new behaviors. For example, making a nutrition program and participants are required to bring food contributions in the form of "deviant" food and practice it actively, or there are other strategies that are rooted in local customs that can support the adoption of these healthy "deviant" behaviors.
  - e. Discern, observe the level of effectiveness of the intervention through continuous supervision and monitoring. For example, measuring the nutritional status of children participating in the nutrition program by weighing and its impact on children over time, also don't forget to measure the level of concern of other community members towards improving child nutrition, because this is also an increase in community capacity for health, especially child nutrition.
  - f. Disseminate, disseminate success to other appropriate groups. For example, set up a "University of Life" (social laboratory) as a place of study for others who are interested in adopting their own behavior

elsewhere and are ready to participate in the program. For supporters, it is also better to conduct a campaign to improve the nutritional status of children which is more effective and efficient than the conventional pattern. Make this issue a community issue, not a personal issue.

## RESULTS AND DISCUSSION

### Coordination with various parties

There were some meetings with various parties which had been carried out, such as coordination with Bojonegoro Health Office, Bubulan Sub-district Head, Bubulan Health Center Cancung and Sumberbendo Village Governments. The meetings were attended by some representatives including from the related office, government, EMCL, and IDFoS Indonesia. The meetings resulted information on the implementation plan for Posyandu Service Capacity Building Program in 2020 was conveyed, which included the objectives and results to be achieved by the program, program mechanisms and stages, implementation time, as well as supporting institutions that would facilitate the program.

### Socialization

The village meeting for socialization and dissemination of the program had been carried out in 2 villages in the program target locations. The meeting in Cancung Village was attended by 25 participants from village apparatus, village midwives, Posyandu cadres, community leaders and PKK cadres, Bubulan Subdistrict Head, Bubulan Health Center, Cancung Village Government, EMCL and IDFos Indonesia. Then, Sumberbendo village meeting was attended by 24 participants from village officials, village midwives, Posyandu cadres,

community leaders and PKK cadres, Bubulan sub-district, Bubulan health center, village government and ID Fos Indonesia. The two meetings resulted information on program implementation is conveyed to participants in the socialization which includes the objectives, mechanism and stages of the program, supporting institutions and time of program implementation.

Improving the knowledge and ability of Posyadu cadres to carry out health promotion in 4 Posyandu

The training was conducted to increase the knowledge of Posyandu cadres regarding child nutrition and the ability of cadres to facilitate Posyandu activities. The knowledge about nutrition post activities was also given with a positive deviation approach to Posyandu cadres, midwives and representatives of Community Health Center. The trainings that had been carried out including: Positive Deviance at Bubulan Health Center meeting hall which was attended by 31 participants from training representatives of 9 Posyandu cadres from Cancung and Sumberbendo villages. The training presented 2 experts from Jakarta who provided material on Positive Deviance, balanced nutrition, and material on nutrition posts. The training was carried out using the method of exposure, discussion and group practice. The opening ceremony of the training event was attended by the Health Office, the Head of Bubulan Health Center and EMCL. The Infant and Child Feeding Training was held at Bubulan Health Center meeting hall attended by 31 participants from training representatives of 9 Posyandu cadres from Cancung and Sumberbendo villages plus participants from village midwives. The training presented 2 expert resource persons from

Jakarta who provided material on feeding infants and children, MP-Asia, balanced nutrition, designing menus and implementing nutrition post practices. The training was also carried out using the method of exposure, discussion and group practice. Then, for the public speaking training for cadres, it was at Bubulan Health Center attended by 24 participants from 4 cadres at Srikandi, Delima, Cambodia, Sakura from Cancung and Sumberbendo villages, also posyandu cadres in Sarirejo village, Balen sub-district, midwives in Cancung and Sumberbendo villages. The training presented an expert from Jakarta who provided material on effective communication techniques, how to present and speak in forums and other communication materials. The training was carried out using the method of exposure, discussion and group practice. The results of the previous training were increased knowledge and skills of Posyandu cadres in providing health services, health campaigns and implementation of post nutrition stages and procedures.

Child nutrition rehabilitation program with a positive deviation approach in 4 Posyandu in 2 villages.

The stages of activities included Focus Group Discussion with mothers and grandmothers. Then, the discussions were held in 2 Posyandu with the targets were divided into 2 groups, including the main caregiver group (mother of toddlers and their grandmothers) and decision-making groups. in the family (head of household/father/grandfather), FGD determining the level of welfare, positive deviant family assessment, FGD Analysis of Research Results, FGD Contribution Raising, Nutrition Post, Home visits, and Health Campaign. The essence of this

activity was the implementation of Nutrition Post activities carried out every month to rehabilitate the nutrition of children who experienced malnutrition problems. However, these activities were obliged to use a Positive Deviance (PD) approach because it had proven successful in reducing malnutrition and preventing malnutrition after the program was completed. The results were identified malnutrition problems in the target villages, formulated a strategy to overcome malnutrition based on available village potential, the community became aware and understood about a balanced nutrition menu for toddlers, implemented nutrition posts, increased weight of toddlers participating in the Nutrition posts, and changes in people's behavior, especially mothers of toddlers in parenting and providing better eating patterns for toddlers.

#### Facilitation of Posyandu Service Facility Assistance and Health Promotion

In this program, the provision of assistance for Posyandu service facilities and health promotion had been carried out. The result of the activity included the availability of Posyandu service facilities as needed for 9 Posyandu from 2 villages, availability of Posyandu signboard for 9 Posyandu from 2 villages, availability of teaching aids and health promotion posters for 9 Posyandu from 2 villages, and availability of uniform for Posyandu cadres in each village containing information on health promotion

#### Positive Deviance Dissemination

The meeting was attended by community representatives, Posyandu cadres, village midwives, village heads, sub-district heads, health offices, and PMD

offices which aimed to convey the results of PD research and nutrition post activities that had been carried out to gain support from stakeholders regarding the importance of the PD program implemented as an effort to reduce stunting and malnutrition in a sustainable manner. The result was dissemination of rehabilitation implementation of children under five with a Positive Defiance approach in Cancung and Sumberbendo villages to related parties, identified the findings of challenges and potential implementation of the rehabilitation program for children under five, especially in the 2 target villages of the program, There were recommendations from various sectors for the implementation of the rehabilitation program for children under five and overcoming malnutrition and Stunting in Bojonegoro

#### Program Monitoring and Evaluation

Program evaluation was carried out once in a program period, especially in the final month of program implementation. The evaluation used a participatory method in the form of FGDs facilitated by top management of IDFoS Indonesia. In the evaluation involved the Bojonegoro Regency Health Office, Bojonegoro Regency Community and Village Empowerment Service, Bubulan Sub-district Head, Bubulan Health Center Head, target village midwife and representatives of Posyandu cadres, where this evaluation aimed to provide input on good practices and weaknesses in the program as well as discuss how the program was sustainable and exit strategies and establish mutual agreements. The activity resulted identified challenges and potential program implementation and the emergence of recommendations from



various sectors regarding program implementation.

## Stakeholder Involvement

Stakeholders who play an active role in this program consisted of the Health Office, and the village community empowerment office. This coordination was carried out with the head of the field in each work unit, and sub-district coordination: the sub-district head and the sub-district secretary, the head of the Bubulan village health center: the village head, posyandu cadres, community leaders and women leaders. The communication model used was personal, group and mass communication. Personal communication was carried out with key figures in the village such as religious leaders, women and youth leaders. This communication was carried out in every activity that will be carried out in the village. Group communication is carried out during trainings and group discussions. group communication in Posyandu and PKK groups.

## Output Achievement Indicator

From the assistance that had been carried out, there were several outputs and activities carried out, including the support from the village, sub-district and related offices, where this was supported by several activities carried out, such as Program Coordination, Village Meetings, program dissemination, and Contribution-Raising FGDs. Then, the increased knowledge and ability of posyandu cadres to carry out health promotion was achieved by several activities, such as Positive Deviance Training, Infant and Child Feeding Training, and Public speaking Training for cadres. In addition, there were activities to rehabilitate children's nutrition with a

positive deviant approach which were achieved with FGDs of mothers and grandmothers, positive deviant family assessments, FGDs for Analysis of Research Results, FGDs for determining welfare levels, Nutrition Post, Home visits, Health campaigns, PWD Dissemination, Mentoring routine. Furthermore, the existence of Posyandu Service Support Facilities and health promotion facilities, which was supported by several activities which include the provision of posyandu promotion media, the provision of posyandu service facilities, and monitoring and evaluation.

In general, the beneficiaries of this activity were all communities in the target villages who used Posyandu health service facilities, but the specifics could be detailed as follows: (i) Posyandu cadres (ii) Village midwives (iii) Toddlers (iv) vulnerable communities (poor, women) in every community meeting and discussion. The condition of the program target community was in the forest edge area where it could be conveyed that the majority of the population's work was as farmers working on forest land owned by the government. Because living in this rural area, the sense of solidarity between fellow citizens was very strong as well as from the religious aspect.

The effectiveness of the program obtained in Posyandu Service Capacity Building Program was that all elements of the community are directly involved in the process of analysis, planning, formulation and supervision of program implementation. The positive impacts of program implementation included:

- Changes in parenting patterns, selection of a balanced nutrition menu and PHBS in daily family life.

- The emergence of more attention from the government and related stakeholders to health programs, especially the handling of under nutrition and reducing the number of "stunting"
- The Posyandu Service Capacity Strengthening Program is very contributing and beneficial to the central and local government program objectives in the effort to "prevent stunting and malnutrition"
- Posyandu Service Capacity Building Program that had been implemented was used as a model to be applied by the Bojonegoro Health Office in designing and implementing programs for handling malnutrition and stunting.

Another program effectiveness that can be conveyed is in the identification of proposals related to social and cultural conditions in the program target village community. The effectiveness obtained from this is the effectiveness of time, information and relationships between stakeholders. The unexpected results that emerged but made a positive contribution to the program were: (i) information sharing between the village government and the community that fostered motivation from the community and village government stakeholders in the target village, (ii) the breadth of the communicant (audience) information about care and support EMCL for programs in the health sector in Bojonegoro district.

Learning Experiences obtained by local organizations or partners

Learning experiences and capacity building from organizations and partners gained from implementing this program were, program management involved was

able to understand the economic conditions, social conditions and culture of the village community in the program's target locations. In addition, there was also a positive interaction from program management, especially the mentoring team, which fostered social relations and trust from the community towards the program management team, especially in the program implementation. This Posyandu Service Capacity Program was implemented in cooperation with three parties, including EMCL as the main supporter of the program, IDFoS Indonesia as the program implementer, and Bojonegoro Regency Government as the regional authority. The EMCL's involvement in this program was carried out in various forms, which we can describe as follows: Involving EMCL directly to communicate in various activities at several stages of the program. For example, in coordination activities at the district level to the sub-district level, village level dissemination, opening of training as well as monitoring and evaluation. The communication built in this program, was not only carried out by EMCL, but also carried out by IDFoS Indonesia as an EMCL partner. It was carried out by having assistants as communicators, and conveying messages to key figures in the targeted villages. For example in assessment activities, the assistant communicates with the village head, village officials, and community leaders. The communication was carried out with the aim that the program was able to be well understood by these stakeholders. In addition, in communication with stakeholders, facilitators conveyed messages containing EMCL's commitment and concern to the community through its CSR program pillars (education, health, and economy) as

a strategy to minimize the community's excessive expectations of EMCL. Then, there was also some informaruon related to the implementation of the Posyandu Service Capacity Strengthening Program activities which was published on IDFoS Indonesia official website, [www.idfos.or.id](http://www.idfos.or.id)

In this assistance process, there were several supporting documents for the report, including the minutes and attendance list of activities, cooperation agreements for experts, and reports on the implementation of the activity stages. In addition, there is also some documentation in the form of photos that include program coordination (regency, sub-district, health center, village), village meetings for program dissemination, positive deviance training, training on feeding infants and children, public speaking training for cadres, FGD determining welfare levels, FGD of mothers and grandmothers, positive deviant family assessment, FGD analysis of research results, contribution-raising FGD, nutrition post, home visits, health campaigns, PWD dissemination, provision of Posyandu promotion media, provision of Posyandu service facilities, monitoring and evaluation, and the existence of budget report, realization of funds and evidence of transactions supporting financial statements

## POLICY IMPLICATIONS AND RECOMMENDATIONS

There were some implications of the program including:

- a. Identified malnutrition problems in the target villages.
- b. Formulation of malnutrition prevention strategies
- c. The community awareness on balanced nutritional menu for toddlers

- d. Changes in the behavior of the community, especially mothers of toddlers in parenting and feeding patterns for toddlers
- e. Availability of posyandu service facilities as needed for 9 posyandu from 2 villages
- f. Availability of Posyandu signage for 9 posyandu from 2 villages
- g. Availability of teaching aids and health promotion posters for 9 posyandu from 2 villages
- h. Availability of uniform t-shirts for posyandu cadres in each village containing information on health promotion
- i. Dissemination of the implementation of the rehabilitation of children under five with a Positive Defiance approach in Cancung and Sumberbendo villages to related parties
- j. Identified the findings of challenges and potential implementation of the rehabilitation program for children under five, especially in the 2 target villages of the program
- k. There were recommendations from various sectors for the implementation of the toddler rehabilitation program and the prevention of malnutrition and stunting in Bojonegoro
- l. Identified challenges and potential program implementation
- m. The emergence of recommendations from various sectors regarding program implementation.

There are some recommendations provided from the carried out program, including:

- a. Additional support from the village, sub-district and related agencies is needed
- b. More trainings are need to increase the knowledge and ability of

posyadu cadres to carry out health promotion

- c. Supporting facilities for Posyandu services and health promotion facilities are needed to maintain the sustainability of the program.

## CONCLUSION

From the assistance program above, it could be said that solutions to community problems already exist within the community itself. The problem does not lie with the experts or with the community, the application of traditional models to carry out social and organizational change will not work and has never been successful, maybe the problem lies in the process of how the change occurs holistically, but the essence is that we do not can import changes from outside to inside. The wise solution is that we have to look for small “deviant” but proven successful activities in the community and then strengthen these activities. The beginning of a big change will occur when we manage to find it.

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