



KEMENTERIAN RISET, TEKNOLOGI, DAN PENDIDIKAN TINGGI
DIREKTORAT JENDERAL PENGUATAN RISET DAN PENGEMBANGAN

Jl. M.H Thamrin No. 8 Jakarta Pusat 10340 Gedung BPPT II Lt 19-20

Telepon (021) 316-9804/9805, Faksimil (021) 3101728, 3102368

www.ristekdikti.go.id

SALINAN

KEPUTUSAN DIREKTUR JENDERAL PENGUATAN RISET DAN PENGEMBANGAN
KEMENTERIAN RISET, TEKNOLOGI, DAN PENDIDIKAN TINGGI
REPUBLIK INDONESIA

NOMOR 10/E/KPT/2019

TENTANG

PERINGKAT AKREDITASI JURNAL ILMIAH PERIODE II
TAHUN 2019

DIREKTUR JENDERAL PENGUATAN RISET DAN PENGEMBANGAN
KEMENTERIAN RISET, TEKNOLOGI, DAN PENDIDIKAN TINGGI,

- Menimbang : a. bahwa berdasarkan hasil akreditasi jurnal ilmiah yang ditetapkan oleh Tim Akreditasi Jurnal Ilmiah Kementerian Riset, Teknologi, dan Pendidikan Tinggi pada tanggal 2 April 2019 dan dalam rangka melaksanakan ketentuan Pasal 6 ayat (5) Peraturan Menteri Riset, Teknologi, dan Pendidikan Tinggi Nomor 9 Tahun 2018 tentang Akreditasi Jurnal Ilmiah, perlu menetapkan Peringkat Akreditasi Jurnal Ilmiah Periode II Tahun 2019;
- b. bahwa berdasarkan pertimbangan sebagaimana dimaksud pada huruf a, perlu menetapkan Keputusan Direktur Jenderal Penguatan Riset dan Pengembangan Kementerian Riset, Teknologi, dan Pendidikan Tinggi tentang Peringkat Akreditasi Jurnal Ilmiah Periode I Tahun 2019;
- Mengingat : 1. Undang-Undang Nomor 12 Tahun 2012 tentang Pendidikan Tinggi (Lembaran Negara Republik Indonesia Tahun 2012 Nomor 158, tambahan Lembaran Negara Republik Indonesia Nomor 5336);
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3. Peraturan Presiden Nomor 13 Tahun 2015 tentang Kementerian Riset, Teknologi, dan Pendidikan Tinggi (Lembaran Negara Republik Indonesia Tahun 2015 Nomor 14);
4. Keputusan Presiden Nomor 121/P Tahun 2014 tentang Pembentukan Kementerian dan Pengangkatan Menteri Kabinet Kerja Periode Tahun 2014-2019;

5. Keputusan Presiden Nomor 99/M Tahun 2015 tentang Pemberhentian dan Pengangkatan Dari dan Dalam Jabatan Pimpinan Tinggi Madya di Lingkungan Kementerian Riset, Teknologi, dan Pendidikan Tinggi;
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9. Keputusan Direktur Jenderal Penguatan Riset dan Pengembangan Nomor 19 Tahun 2018 tentang Pedoman Akreditasi Jurnal Ilmiah;

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- Menetapkan : KEPUTUSAN DIREKTUR JENDERAL PENGUATAN RISET DAN PENGEMBANGAN KEMENTERIAN RISET, TEKNOLOGI, DAN PENDIDIKAN TINGGI TENTANG PERINGKAT AKREDITASI JURNAL ILMIAH PERIODE II TAHUN 2019.
- KESATU : Menetapkan Peringkat Akreditasi Jurnal Ilmiah Periode II Tahun 2019 sebagaimana tercantum dalam Lampiran yang merupakan bagian yang tidak terpisahkan dari Keputusan Direktur Jenderal ini.
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Ditetapkan di Jakarta
pada tanggal 4 April 2019

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TTD.

MUHAMMAD DIMYATI
NIP 195912171984041001

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Kementerian Riset, Teknologi, dan Pendidikan Tinggi
Kepala Bagian Hukum, Kerjasama, dan Layanan Informasi,



Syarip Hidayat
NIP 197306101997031004



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 ILMIAH PERIODE II TAHUN 2019

PERINGKAT AKREDITASI JURNAL ILMIAH PERIODE II TAHUN 2019

Peringkat	No	Nama Jurnal	E-ISSN	Penerbit	Keterangan
2	1	Adabiyat: Jurnal Bahasa dan Sastra	25492047	Fakultas Adab dan Ilmu Budaya UIN Sunan Kalijaga	Reakreditasi tetap di peringkat 2 mulai volume 2,nomor 1, tahun 2018
	2	Akrual: Jurnal Akuntansi	25026380	Universitas Negeri Surabaya	Reakreditasi naik peringkat dari peringkat 3 ke 2 Mulai Volume 9, Nomor 2 Tahun 2018
	3	Al-'Adalah	2614171X	Fakultas Syari'ah Institut Agama Islam Negeri Raden Intan, Lampung	Reakreditasi tetap di peringkat 2 mulai volume 15,nomor 2, tahun 2018
	4	Al-A'raf : Jurnal Pemikiran Islam dan Filsafat	25275119	Fakultas Ushuluddin dan Dakwah (FUD) IAIN Surakarta	Reakreditasi naik peringkat dari peringkat 3 ke 2 Mulai Volume 15, nomor 2, tahun 2018
	5	Al-Qalam	2540895X	Balai Penelitian dan Pengembangan Agama Makassar	Reakreditasi tetap di peringkat 2 mulai volume 24, nomor 2, tahun 2018
	6	Amerta Nutrition	25801163	Universitas Airlangga	Usulan baru mulai volume 1, nomor 1, tahun 2017
	7	ASEAN Journal of Community Engagement	25809563	Directorate of Research and Community Engagement Universitas Indonesia	Usulan baru mulai volume 1, nomor 1, tahun 2017

8	ETNOSIA: Jurnal Etnografi Indonesia	25489747	Dept. Anthropology, Faculty of Social and Political Sciences, Hasanuddin University	Reakreditasi naik peringkat dari peringkat 4 ke 2 mulai Volume 3 Nomor 2 Tahun 2018
9	Forest and Society	25494333	Fakultas Kehutanan Universitas Hasanuddin	Reakreditasi naik peringkat dari peringkat 3 ke 2 mulai Volume 2 Nomor 2 Tahun 2018
10	Heritage of Nusantara: International Journal of Religious Literature and Heritage	24429031	Puslitbang Lektur, Khazanah Keagamaan dan Manajemen Organisasi	Reakreditasi tetap di Peringkat 2 mulai Volume 7 Nomor 1 Tahun 2018
11	IBDA: Jurnal Kajian Islam dan Budaya	24775517	Lembaga Penelitian dan Pengabdian Masyarakat Institut Agama Islam Negeri Purwokerto	Reakreditasi tetap di peringkat 2 mulai volume 16, nomor 2, tahun 2018
12	IJHN: Indonesian Journal of Human Nutrition	23553987	Jurusan Gizi Fakultas Kedokteran Universitas Brawijaya	Reakreditasi naik peringkat dari peringkat 3 ke 2 mulai volume 5, nomor 2, Tahun 2018
13	Ikonomika : Jurnal Ekonomi dan Bisnis Islam	25275143	Fakultas Ekonomi dan Bisnis Islam, Universitas Islam Negeri Raden Intan Lampung	Usulan baru mulai volume 2, nomor 1, tahun 2017
14	Indonesia Journal of Biomedical Science	23022906	Postgraduate School of Biomedicine - Udayana University, Bali- Indonesia	Reakreditasi naik peringkat dari 4 ke 2 mulai volume 12, nomor 1, tahun 2018
15	Indonesian Journal of Applied Physics	24776416	Jurusan Fisika, Universitas Sebelas Maret	Reakreditasi naik peringkat dari 3 ke 2 mulai volume 8, nomor 1, tahun 2018

16	Indonesian Journal of Combinatorics	25412205	Indonesian Combinatorial Society (InaCombs), CGANT Research Group Universitas Jember (UNEJ), dan Departemen Matematika Universitas Indonesia (UI)	Usulan baru mulai volume 1, nomor 2, tahun 2017
17	Indonesian Treasury Review: Jurnal Perbendaharaan, Keuangan Negara, dan Kebijakan Publik	26224399	Direktorat Jenderal Perbendaharaan, Kementerian Keuangan	Usulan baru mulai volume 2, nomor 1, tahun 2017
18	International Business and Accounting Research Journal	25490303	Sekolah Tinggi Ekonomi dan Bisnis Islam Lampung	Reakreditasi naik peringkat dari peringkat 4 ke 2 mulai volume 2, nomor 2, Tahun 2018
19	International Journal of Artificial Intelligence Research	25797298	STMIK Dharma Wacana	Reakreditasi naik peringkat dari 3 ke 2 mulai volume 2, nomor 2, tahun 2018
20	JEELS (Journal of English Education and Linguistics Studies)	25032194	IAIN kediri	Reakreditasi naik peringkat dari 3 ke 2 mulai volume 5, nomor 2, Tahun 2018
21	Journal of Southeast Asian Human Rights	25992147	Universitas Jember & Serikat Pengajar Hak Asasi Manusia (SEPAHAM) Indonesia	Usulan baru mulai volume 1, nomor 1, tahun 2017
22	JPPPF (Jurnal Penelitian dan Pengembangan Pendidikan Fisika)	24611433	Program Studi Pendidikan Fisika Universitas Negeri Jakarta	Reakreditasi naik peringkat dari peringkat 3 ke 2 mulai volume 4, nomor 2, tahun 2018

23	Jurnal Adabiyah	25487744	Fakultas Adab dan Humaniora UIN Alauddin Makassar	Reakreditasi naik peringkat dari peringkat 3 ke 2 mulai volume 18, nomor 2, tahun 2018
24	Jurnal Administrasi Kesehatan Indonesia	25409301	Universitas Airlangga	Reakreditasi naik peringkat dari peringkat 3 ke 2 mulai volume 6, nomor 2, tahun 2018
25	Jurnal Dinamika Akuntansi dan Bisnis	25281143	Prodi Akuntansi Fakultas Ekonomi dan Bisnis Universitas Syiah Kuala	Reakreditasi naik peringkat dari 3 ke 2 mulai volume 5, nomor 2, tahun 2018
26	Jurnal Ekonomi & Studi Pembangunan	25415506	Program Studi Ilmu Ekonomi Fakultas Ekonomi Universitas Muhammadiyah Yogyakarta	Usulan baru mulai volume 18, nomor 1, tahun 2017
27	Jurnal Ekonomi Pembangunan : Kajian Masalah Ekonomi dan Pembangunan	24609331	Program Studi Ilmu Ekonomi Studi Pembangunan, Universitas Muhammadiyah Surakarta	Reakreditasi tetap di peringkat 2, mulai volume 19, nomor 2, tahun 2018
28	Jurnal Iktiologi Indonesia	25798634	Masyarakat Iktiologi Indonesia (MII)	Reakreditasi tetap di peringkat 2 mulai volume 19, nomor 1, tahun 2019
29	Jurnal Ilmiah Perikanan dan Kelautan (JIPK)	25280759	Fakultas Perikanan dan Kelautan, Universitas Airlangga	Usulan baru mulai volume 9, nomor 1, tahun 2017
30	Jurnal Ilmu dan Teknologi Hasil Ternak	23381620	Bagian Teknologi Hasil Ternak Fakultas Peternakan Universitas Brawijaya	Reakreditasi naik peringkat dari 3 ke 2 mulai volume 13, nomor 2, tahun 2018

31	Jurnal Industri Hasil Perkebunan	24770051	Balai Besar Industri Hasil Perkebunan, Kementerian Perindustrian	Reakreditasi tetap di peringkat 2, mulai volume 13, nomor 2, tahun 2018
32	Jurnal Keuangan dan Perbankan	24432687	Program D-III Perbankan dan Keuangan Universitas Merdeka Malang	Reakreditasi tetap di peringkat 2 mulai volume 22, nomor 4, tahun 2018
33	Jurnal Pendidikan Progresif	25501313	Unit Database dan Publikasi Ilmiah FKIP Universitas Lampung	Reakreditasi naik peringkat dari 4 ke 2 mulai volume 8, nomor 2, Tahun 2018
34	Jurnal Penelitian dan Pembelajaran IPA	24772038	Jurusan Pendidikan IPA Fakultas Keguruan dan Ilmu Pendidikan Universitas Sultan Ageng Tirtayasa Bekerjasama dengan Perkumpulan Pendidik IPA Indonesia (PPII)	Reakreditasi naik peringkat dari 3 ke 2 mulai volume 4, nomor 2, Tahun 2018
35	Jurnal Penelitian Hukum De Jure	25798561	Badan Penelitian dan Pengembangan Hukum dan HAM, Kementerian Hukum dan HAM RI	Reakreditasi tetap di peringkat 2 mulai volume 18, nomor 4 tahun 2018
36	Jurnal Penelitian Komunikasi dan Opini Publik	25274554	BPSDMP Kominfo Manado	Reakreditasi tetap di peringkat 2 mulai volume 22, nomor 2 tahun 2018
37	Jurnal Penelitian Politik	25027476	Pusat Penelitian Politik - Lembaga Ilmu Pengetahuan Indonesia	Reakreditasi tetap di peringkat 2 mulai volume 15, nomor 2, tahun 2018
38	Jurnal Perspektif Pembiayaan dan Pembangunan Daerah	23558520	Program Magister Ilmu Ekonomi Universitas Jambi	Reakreditasi naik peringkat dari peringkat 4 ke 2 mulai volume 6, nomor 2, tahun 2018

39	Jurnal Psikologi Sosial	26158558	Fakultas Psikologi Universitas Indonesia dan Ikatan Psikologi Sosial-HIMPSI	Usulan baru mulai volume 15, nomor 2, tahun 2017
40	Jurnal RESTI (Rekayasa Sistem dan Teknologi Informasi)	25800760	Ikatan Ahli Informatika Indonesia (IAII)	Usulan baru mulai volume 1, nomor 1, tahun 2017
41	Jurnal Reviu Akuntansi dan Keuangan	26152223	Universitas Muhammadiyah Malang	Reakreditasi naik peringkat dari peringkat 3 ke 2, mulai volume 8, nomor 2, tahun 2018
42	Jurnal Sosial Ekonomi Kelautan dan Perikanan	25274805	Balai Besar Riset Sosial Ekonomi Kelautan dan Perikanan	Reakreditasi tetap di peringkat 2 mulai volume 13 nomor 1, tahun 2018
43	Jurnal SPORTIF: Jurnal Penelitian Pembelajaran	24773379	Universitas Nusantara PGRI Kediri bekerja sama dengan Asosiasi Prodi Olahraga Perguruan Tinggi PGRI (APOPI)	Reakreditasi naik peringkat dari 4 ke 2, mulai volume 4, nomor 2, tahun 2018
44	Jurnal Studi Komunikasi	25497626	Fakultas Ilmu Komunikasi Universitas dr. Soetomo	Usulan baru mulai volume 1, nomor 1, tahun 2017
45	Jurnal Studi Komunikasi dan Media	24076015	Balai Pengembangan SDM dan Penelitian Kominfo Jakarta	Reakreditasi tetap di peringkat 2 mulai volume 22 nomor 2, tahun 2018
46	Jurnal Studi Pemuda	2527363	Youth Studies Centre Fisipol UGM	Usulan baru mulai volume 6, nomor 1, tahun 2017
47	KEMAS: Jurnal Kesehatan Masyarakat	23553596	Department of Public Health, Faculty of Sport Science, Universitas Negeri Semarang	Reakreditasi tetap di peringkat 2 mulai volume 14 nomor 2, tahun 2018
48	Khizanah al-Hikmah : Jurnal Ilmu Perpustakaan, Informasi, dan Kearsipan	25491334	Jurusan Ilmu Perpustakaan UIN Alauddin Makassar	Reakreditasi naik peringkat dari 3 ke 2, mulai dari volume 6, nomor 2, tahun 2018

49	Kinetik : Game Technology, Information System, Computer Network, Computing, Electronics, and Control	25032267	Universitas Muhammadiyah Malang	Reakreditasi naik peringkat dari 3 ke 2, mulai dari volume 4, nomor 1, tahun 2019
50	Kwangsan: Jurnal Teknologi Pendidikan	26224283	Balai Pengembangan Media Televisi Pendidikan, Kemdikbud	Reakreditasi tetap di peringkat 2 mulai volume 6 nomor 2, tahun 2018
51	LiNGUA: Jurnal Ilmu Bahasa dan Sastra	24423823	Fakultas Humaniora UIN Maulana Malik Ibrahim Malang	Reakreditasi naik peringkat dari 3 ke 2, mulai volume 13, nomor 2 tahun 2018
52	Madania:Jurnal Kajian Keislaman	25011826	IAIN Bengkulu	Reakreditasi tetap di peringkat 2 mulai volume 22, nomor 2, tahun 2018
53	Majalah Ilmiah Globe	25022172	Badan Informasi Geospasial	Reakreditasi tetap di peringkat 2 mulai volume 20, nomor 2 tahun 2018
54	Medical Laboratory Technology Journal	24610879	Poltekkes Kemenkes Banjarmasin	Reakreditasi naik peringkat dari 3 ke 2 mulai volume 4 nomor 2 tahun 2018
55	MIMBAR : Jurnal Sosial dan Pembangunan	23032499	Pusat Penerbitan Universitas (P2U) LPPM Unisba	Reakreditasi tetap di peringkat 2 mulai volume 34, nomor 2, tahun 2018
56	Naditira Widya	25484125	Balai Arkeologi Kalimantan Selatan	Reakreditasi tetap di peringkat 2 mulai volume 12, nomor 2, tahun 2018

57	Panggung	25023640	Lembaga Penelitian dan Pengabdian Kepada Masyarakat (LP2M) Institut Seni Budaya Indonesia (ISBI) Bandung	Reakreditasi naik peringkat dari 3 ke 2, mulai volume 28, nomor 3, tahun 2018
58	POSITRON: Berkala Ilmiah Fisika	2549936X	Jurusan Fisika, Fakultas Matematika dan Ilmu Pengetahuan Alam, Universitas Tanjungpura	Reakreditasi naik peringkat dari 4 ke 2, mulai volume 8, nomor 2, tahun 2018
59	Profesi Humas	25413678	LP3 Fakultas Ilmu Komunikasi Universitas Padjadjaran	Reakreditasina ik peringkat dari 5 ke 2 mulai volume 3, nomor 1, tahun 2018
60	Profetik Jurnal Komunikasi	25490168	Prodi Ilmu Komunikasi UIN Sunan Kalijaga Yogyakarta	Reakreditasi naik peringkat dari 4 ke 2, mulai volume 11, nomor 2, tahun 2018
61	Psikohumaniora: Jurnal Penelitian Psikologi	25277456	Program Studi Psikologi Fakultas Psikologi dan Kesehatan Universitas Islam Negeri Walisongo Semarang	Reakreditasi naik peringkat dari 4 ke 2, mulai volume 3, nomor 2, tahun 2018
62	REINWARDTIA, A Journal on Taxonomic Botany, Plant Sociology and Ecology	23378824	Herbarium Bogoriense, Botany Division, Research Center for Biology - Indonesian Institute of Sciences	Reakreditasi tetap di peringkat 2 mulai voume 17, nomor 1, tahun 2018
63	Religia : Jurnal Ilmu-Ilmu Keislaman	25275992	Fakultas Ushuludin, Adab, dan Dakwah Institut Agama Islam Negeri (IAIN) Pekalongan	Reakreditasi naik peringkat dari 3 ke 2, mulai volume 21, nomor 2, tahun 2018
64	Sains Peternakan: Jurnal Penelitian Ilmu Peternakan	25489321	Program Studi Peternakan, Universitas Sebelas Maret	Reakreditasi naik peringkat dari 3 ke 2, mulai volume 16, nomor 2, tahun 2018

65	Saintek Perikanan : Indonesian Journal of Fisheries Science and Technology	25490885	Fakultas Perikanan dan Ilmu Kelautan Universitas Diponegoro	Usulan baru mulai volume 12, nomor 2, tahun 2017
66	Scientific Dental Journal	2541321X	Fakultas Kedokteran Gigi Universitas Trisakti	Reakreditasi naik peringkat dari 3 ke 2 mulai volume 3, nomor 1, tahun 2019
67	SINERGI	24601217	Universitas Mercu Buana	Reakreditasi naik peringkat dari 3 ke 2 mulai volume 22, nomor 3, tahun 2018
68	Ta'dib	25802771	Institut Agama Islam Negeri Batusangkar	Usulan baru mulai volume 20, nomor 1, tahun 2017
69	Tadris: Jurnal Keguruan dan Ilmu Tarbiyah	25797964	Unit Riset dan Publikasi Ilmiah Fakultas Tarbiyah dan Keguruan Universitas Islam Negeri Raden Intan Lampung	Reakreditasi naik peringkat dari 3 ke 2, mulai volume 3, nomor 2, tahun 2018
70	Teosofi: Jurnal Tasawuf dan Pemikiran Islam	2442871X	Progam Studi Filsafat Agama Fakultas Ushuluddin dan Filsafat UIN Sunan Ampel Surabaya	Reakreditasi tetap di peringkat 2, mulai volume 8, nomor 2, tahun 2018
71	Unnes Journal of Public Health	22526781	Jurusan Ilmu Kesehatan Masyarakat, FIK, Universitas Negeri Semarang bekerjasama dengan Ikatan Ahli Kesehatan Masyarakat Indonesia (IAKMI)	Reakreditasi naik peringkat dari 3 ke 2, mulai volume 7, nomor 2, tahun 2018
72	Walennae: Jurnal Arkeologi Sulawesi Selatan dan Tenggara	2580121X	Balai Arkeologi Sulawesi Selatan	Usulan baru mulai volume 15, nomor 1, tahun 2017

3	BIOMA : Jurnal Biologi Makassar	25486659	Departemen Biologi, FMIPA UNHAS	Usulan baru mulai dari volume 3, nomor 2, tahun 2018
4	Journal DaFIna - Journal Deutsch als Fremdsprache in Indonesien	25481681	Jurusan Sastra Jerman Universitas Negeri Malang	Usulan baru mulai volume 1, nomor 1, tahun 2017
5	The Management Journal of Binaniaga	2580149X	Centre for Research and Commubity Services STIE Binaniaga	Usulan baru mulai volume 2, nomor 1, tahun 2017
6	UIR Law Review	2548768X	UIR Press, Universitas Islam Riau	Usulan baru mulai volume 1, nomor 1, tahun 2017


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A Literature review on the Identification of Variables for Measuring Hospital Efficiency in the Data Envelopment Analysis (DEA)

Nokky Farra Fazria¹✉, Inge Dhamayanti^{2,3}

¹Departement of Health Administration and Policy, Faculty of Public Health, Universitas Airlangga

²Center for Patient Safety Research, Universitas Airlangga

³School of Psychology and Public Health, La Trobe University

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Abstract

The selection of input and output variables usually pose a problem when carrying out efficiency assessment in hospitals. Data Envelopment Analysis (DEA) is an instrument that is used to calculate the efficiency of a hospital using some inputs and outputs. Therefore, this study aims to identify the most frequently used hospital inputs and outputs from an existing paper, in order to assist the hospital management staffs in choosing the relevant variables that can represent available inputs, are easily accessible, and need improvement. It was conducted using keywords such as "hospital efficiency" and "DEA for hospital" to search for peer-reviewed journals in the PubMed and Open Knowledge Maps from the year 2014-2020. From, the 586 articles, 54 samples were obtained from the about 5-3504 hospitals which were analyzed from 23 countries. The results showed that, the five most used inputs were the number of beds, medical personnel, non-medical staff, medical technician staff and operational costs, while the most used outputs were number of inpatients, surgeries, emergency visits, outpatient service, and days of inpatients. These variables are often used for accessing the efficiency of hospitals in the DEA application.

INTRODUCTION

Resources of hospital are demanded to fulfil what patient wants. But in the reality, there are many hospital have not the same resources of each other so that makes inefficient resources of each hospital (Abdurachman et al., 2019). Efficiency assessment in hospital are rarely conducted like the other sector because of resources setting and limited control of outputs (Shettian, 2017). Beside that, raising efficiency are needed especially for health care in a low or medium human development index countries. One of health care efficiency assessment problem is on methodological step (Vivekanantham et

al., 2014). Efficiency is a condition when existing resources could make an usefull result. Hospital efficiency is about a hospital capacity to make a qualified result such as a well treated patient and have recovered discharged patient by using resources such as medical staff, non-medical staff, and finance. While unefficiency is a sign of low quality services which could affect a late treatment even an addition therapy (OECD, 2019). There are two type of efficiency, the first one is technical efficiency by combining or reducing input at certain level and economic efficiency by setting hospital finance (Samudro & Pratama, 2018).

✉ Correspondence Address:

Kampus C Universitas Airlangga, Surabaya, Indonesia
E-mail: nokky.farra.fazria-2016@fkm.unair.ac.id





COVID-19 Pandemic: The Existing Challenges and Available Solution; Evidence from a Systematic Review

Mohammad Injamul Hoq^{1✉}, Md Hamidur Rahman Sime², Md. Mohotasim Hossain³,
Md Abdul Awal⁴, Muminul Hoque³

¹School of Public Health, Epidemiology and Social Medicine at the Institute of Medicine, University of Gothenburg; **Gothenburg, Sweden**

²Technical University of Munich, Friesing, 85354, **Munich, Germany**

³International Islamic University Chittagong, Chittagong-4318, **Chittagong, Bangladesh**

⁴King Abdulaziz University, Jeddah 21589, **Jeddah, Saudi Arabia**

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Abstract

Coronavirus disease (COVID-19) is presently the most important topic worldwide. However, no vaccine or specific anti-viral treatment for the disease has been shown to be effective. In this emergency, identifying risk factors, preventive measures and estimating challenges which control available drug options for COVID-19 are key to mitigating the severity of the pandemic until specific drugs or vaccines become available. Therefore, this study aims to identify possible factors which affect these drug options. This study searched PubMed database using necessary Boolean operators from December 31st to March 31st 2020 in order to identify common risk factors, preventive measures, information regarding control challenges & evidence on the available drug options against COVID-19. Risk factors were found to be human-animal interactions, males, aged people and people with co-morbidity. Furthermore, protective factors comprised of personal hygiene etiquette maintenance, rapid identification, isolation and informing (3I tools) of the COVID-19 cases and media coverage on COVID-19. Till date, anti-viral drugs like remdesivir, chloroquine, lopinavir/ritonavir and traditional Chinese medicine (TCM) are available options to fight against COVID-19. More research is needed to determine other how to control the disease until specific treatment options are available as well as risk factors, and preventive measures.

INTRODUCTION

In December 2019 lockdown of Wuhan, a central city of China has alarmed the world that it is going to face one of the biggest threats by the third pathogenic coronavirus after Severe Acute Respiratory Syndrome-Coronavirus (SARS-CoV) and Middle East Respiratory Syndrome-Coronavirus (MERS-CoV), the disease due to this virus known as COVID-19. At first, the virus was known as “Wu-

han coronavirus” named by Chinese researchers. But currently, the International Committee on Taxonomy of Viruses (ICTV) designated it as SARS-CoV-2. This virus was first initiated in the Hunan seafood market, China, and in the first month, it caused 360 fatalities and over 20 000 suspected cases (Khan et al., 2020). Researchers revealed that the genome of SARS-CoV-2 is 80% identical to Severe Acute Respiratory Syndrome (SARS)-like bat CoVs

✉ Correspondence Address:

School of Public Health, Epidemiology and Social Medicine
at the Institute of Medicine, University of Gothenburg;
Gothenburg, Sweden
E-mail: injamul_hoq05@yahoo.com





Assessment of Patients' Understanding on Prescribed Medications at Outdoor Patient Department of Tertiary Care Hospital in Central Gujarat, India

Bhavesbhai R. Bariya^{1✉}, Rahul J. Parmar², Vihang S. Mazumdar²

¹NAMO Medical Education and Research Institute, Dadra and Nagar Haveli, Silvassa, India

²Department of Community Medicine, Medical College Baroda, Vadodara Gujarat, India

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Abstract

Medication is an important part of a patient's treatment by clinicians and is one of the measures taken by them during the entire period of treatment. This descriptive cross-sectional study aims to assess patients' understanding about prescribed medication obtained after consultation with clinicians at the outdoor patient department of a tertiary care hospital in central Gujarat, India. 184 patients from different clinical departments were interviewed after their consultation with the clinician. Majority of the subjects (45.5%) were 25-44 years of age, while the rest ranged from 45-54 years of age group. Furthermore, 55.5% of the subjects were female, 20.4% were Illiterate people, and 32.5% were educated up to primary level. The results showed that 84.3% of the patients were informed about proposed treatment duration, while 13.9% were informed about diet relation. Therefore, the patients had fair knowledge about the disease they were suffering from and proposed duration of treatment, but they were not aware of about the line of treatment. In conclusion, patients need to be educated about the correct use of medications by clinicians.

INTRODUCTION

Medications are an important part of treatment of patients by clinicians in addition to other measures to be followed by the patients during the entire period of treatment (Hendrayana, et al, 2017). They also prevent further deterioration of body thereby prevent future complications from the ongoing disease. Without having adequate knowledge about the use of medications, the patients cannot be effective partners in management of their own care, consequently, failure to comply with medication instructions commonly leads to serious adverse outcomes (Shani, et al, 2000).

A study by Segev Shani, Tal Morginstin and Amnon Hoffman in Israel to evaluate patients' perceptions of drug counseling by health professionals – the prescribing physician and dispensing pharmacist found that 60.4% were counseled by both physician and pharmacist, 33.6% by their physician only, and 4.2% were counseled by the pharmacist only. They also found that information on the medication's indication for use was given to 93.7% by the physician compared to 13.1% by the pharmacist (Shani, et al, 2000).

The physician, a trained registered nurse, or a health educator needs to spend time on explaining

✉ Correspondence Address:
NAMO Medical Education and Research Institute,
Dadra and Nagar Haveli, Silvassa, India
E-mail: bariyabhavesbhai7@gmail.com





Overview of Domestic and Agricultural Pesticides Use Contributing to *Aedes aegypti* Resistance in Ambarawa Subdistrict, Indonesia

Arniyati Versari¹ ✉, Dyah Mahendrasari Sukendra², Shobiechah Aldillah Wulandhari³

^{1,2}Public Health Department, Universitas Negeri Semarang, Indonesia

³Department of Medical Entomology, Faculty of Tropical Medicine, Mahidol University, Thailand

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Abstract

Ambarawa Sub District Semarang District is an endemic area of DHF. Furthermore, the year 2019 recorded an increase in the IR and CFR by 271.73, and 1.123% respectively. Insecticide resistance contributed to the increase in DHF cases. Therefore, this study aims to determine the description of community behavior concerning the use of household and agricultural insecticide which lead to insecticide resistance in *Aedes aegypti*. This type of research is descriptive using qualitative methods. The informants are insecticide users in Ambarawa subdistrict. Twenty-four sample is chosen by purposive sampling. In-depth interview is carried out for the data collection. Data analysis used is data reduction, data presentation, and data verification using the manual way. As the result of the study, most of the subjects experienced a decrease in the effectiveness of insecticides, caused by poor community knowledge, and behavior of people who did not apply any insecticide resistance management guidelines. Considering the condition of current insecticide circulation, the government needs to make policies relating to the management of insecticide resistance.

INTRODUCTION

Dengue Haemorrhagic Fever (DHF) is a public health problem in Indonesia that has not been resolved until now, throughout the year there are always quite high cases, especially during the rainy season (Data Center and Information from the Ministry of Health of the Republic of Indonesia, 2017). Globally recorded in WHO (2012) there are 3.9 billion world population at risk of dengue infection, and among them there are 128 tropical and subtropical countries at risk with 96 million cases. Based on data from the Indonesian Ministry of Health in 2017, the number of DHF cases in Indonesia was reported as many as 68,407 cases with the number of cases dying as many as 493 people, and IR (incidence rate)

26.12 / 100,000 population.

The incidence rate (IR) of DHF in Central Java Province based on the Central Java Provincial Health Office in 2017 was 21.68 / 100,000 population, then decreased in 2018 to 8.68 / 100,000 population, and increased again in January 2019 as many as 1,204 cases. Ambarawa district is one of the endemic areas of DHF in Semarang Regency. In 2017 there were 55 cases of DHF with a CFR of 0.8, and a decrease with 28 cases and 1 death in 2018, with an IR of 85.49, and a CFR of 3.571%. Then in 2019 there was an increase, namely IR 271.73, and CFR 1,123%.

DHF vector control can be carried out by physical control, biological control and chemical control, chemical control is the last choice in vec-

✉ Correspondence Address:

Public Health Department, Universitas Negeri Semarang, F5 Building, Floor 2,
Sekaran, Gunungpati, Semarang, Indonesia, 50229
E-mail: arni.versari@gmail.com



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Stakeholder Mapping Analysis on the Scaling-Up Nutrition Movement during the 1000 Days of Life between the Urban and Rural Government Areas

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Stakeholder Mapping Analysis on the Scaling-Up Nutrition Movement during the 1000 Days of Life between the Urban and Rural Government Areas

Ayun Sriatmi¹✉, Sutopo Patriajati¹, Antono Suryoputro¹, Eka Yunila Fatmasari¹

¹Department of Health Policy and Management, Faculty of Public Health, Universitas Diponegoro, Indonesia

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Abstract

The Scaling-Up Nutrition (SUN) Movement was an intervention to overcome chronic malnutrition through integrated stakeholder collaboration. Furthermore, the roles of stakeholders in the SUN-Movement were not optimal and their characteristics were not yet known based on the groups and government areas (cities and regency). This study aims to map the SUN-Movement stakeholders' roles in different groups and government areas based on their attitudes, powers, and interests. This is an observational descriptive research with a qualitative approach. Totally of 30 institutions as stakeholders were involved in this study and divided into 3 different groups, namely Decision Maker (DM), Provider (P), and Clients & Representatives (CR). The DM group have the power to influence programs. Also, the P group was better at handling technical issues, however, it cannot build collaboration with other stakeholders. The CR tend to build this collaboration passively, nevertheless, it does not consider the SUN-Movement to be important. Consequently, each stakeholder views their roles differently. Different perceptions about stakeholders' roles in various indicators and government areas reveals an implementation gap in the SUN-Movement. Therefore, in conclusion, strengthening advocacy, coordination, routine socialization, and communication between stakeholders could bridge the needs, constraints and challenges that cause malnutrition and stunting.

INTRODUCTION

Malnutrition was still a serious public health problem in Indonesia, including in Central Java Province. Health Basic Survey in 2018 showed that 30.8% of children under five years old suffering from malnutrition so they could not growth perfectly. Although lower than the survey in 2013 which was 37.2%, it was still above WHO recommendation of 20%. This condition was considered as a growth faltering of infants and toddlers due to chronic malnutrition, especially in the first 1000 days of life (Bloem et al., 2013; Latif & Istiqomah, 2017). The case of stunting in children under five years old had several factors consequence and often associated with poverty including nutrition, health, sanitation,

and the environment. There are five main factors that cause stunting, namely poverty, social and culture, increased exposure to infectious diseases, food insecurity and public access health services (Aridiyah et al., 2015). Some risk factors for stunting in developing countries such as a baby not given exclusive breastfeeding, socioeconomic factors, low birth weight (LBW), length of birth, low maternal education, infectious diseases (Budiatutik and Rahfiludin, 2019), and hereditary factors (Latif & Istiqomah, 2017).

Interventions in the first 1000 days of life could reducing risks of stunting for children and toddlers (Bloem et al., 2013). This time was critical period that determines quality of life, as well as sensitive period because of its consequen-

✉ Correspondence Address:

Department of Health Policy and Management, Faculty of Public Health, UNDIP
Gedung C Lt.2, Jl. Prof. Soedarto SH, Tembalang, Semarang, Indonesia, 50275
E-mail: ayunsriatmi@gmail.com



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ces for infants were permanently and cannot be corrected, including mental development and intelligence (Kemenko-Kesra, 2013). At those time began for occurring various disruption to child development process which in the long run would have an impact on health status and also not optimal productivity.

The **Scaling-Up Nutrition (SUN) Movement for improvement of acceleration nutrition in the first 1000 days of life** was an intervention overcoming problems of malnutrition and was implemented by health sectors and non-health sectors. SUN-Movement was an effort to overcome all forms of malnutrition with principles that every people had a right for obtaining good material of food and nutrition through a good roles, cooperation and integrated manner between government, institutions and community organizations (Giriwono & Indrayana, 2015). The main purpose of SUN Movement was increasing coordination and commitment of stakeholders in technical support, advocacy, innovative partnerships, and participation to improving nutritional and health status of community. The involvement of all parties and stakeholders was a key factor to successful of the SUN-Movement.

Through Presidential Decree Number 42 of 2013 was expected that all parties and stakeholders increasing their commitment for giving protection and fulfillment of community nutrition through best program management and coordination between multisector. Strong national and regional leadership support was needed to increase the participation of all stakeholders, not only the government but also the involvement of the business communities, professional organizations and other social institutions (Kemenko-Kesra, 2013).

Strategies for overcoming malnutrition could be carry out through nutritional specific and sensitives interventions in integrated and sustainable manner (Rosha et al., 2016). Specific interventions were carried out addressing the direct and indirect causes of malnutrition occurring and focus on the health sector, while sensitive interventions were directed addressing the root causes that affected direct and indirect causes and it was multisector. The intervention of health sectors contributes only 30%, while 70% of contribute comes from non-health sector. Multisector collaboration was very important to solved malnutrition and health problem occurred in community (Kemenko-Kesra, 2013; Rosha et al., 2016). The multi-stakeholder approach also raises awareness of all sectors related to their potential roles in improving public health status by reducing mal-

nutrition (Sardjunani & Achadi, 2016).

Participation and involvement of stakeholders in health and nutrition so far had not been optimal because its constrained by the understanding and perception of the policy makers that health problems were problems that must be resolved by health sector only, including issues of malnutrition and stunting (Syafrina et al., 2019)), as such as malaria prevention (Manalu et al., 2014), treatment of HIV/AIDS (Purbani et al., 2019), and maternal and child health programs (Iswarno et al., 2013). The commitment of stakeholders could be identified through several aspects, especially in the process of planning and budgeting, coordination, and advocacy. The low involvement in planning and budgeting process, having minimal budget allocations (Iswarno et al., 2013), weak coordination and advocacy (Purbani et al., 2019), tend to be passive (Nursanti et al., 2017), the dis-synchronization of programs and activities, as well as health programs were not priorities as evidence of the weakness supports and the roles of stakeholders in health programs (Prabowo & Rostyaningsih, 2019). Study in India showed only 6 interventions had direct impact on the SUN Movement from 33 interventions related to maternal and child nutrition programs. There was an overlapping of roles and responsibilities of the stakeholders in their implementation and monitoring functions (Khandelwal et al., 2014).

The same condition also occurring in case of malnutrition. The study in Pasaman District showed that the absence of written regulations, lacking of commitment and multisector involvement, limited material and infrastructure and lacking of monitoring evaluation significantly affect the implementation of SUN Movement (Nefy et al., 2019). In line with research in Semarang City also showed that stakeholders have good attitudes about the SUN Movement but they tend passively (Nursanti et al., 2017). Research of Samsudrajat & Jati (2018) also showed that content of MCH Regulation in Semarang City was not focused yet on discussing sensitive interventions on tackling malnutrition and stunting because its more regulates specific interventions in maternal and child health services. The high competition between programs and activities among stakeholders was an obstacle in allocated a limited resources (Plessis et al., 2018).

The numbers of malnutrition cases among children under five years old were still high in Central Java Province with fluctuating numbers from 2014 to 2016, namely 933 cases, 922 cases and 982 cases. In 2017, the number was increased to 1,352 cases. In Strategic Plan of Central Java

Health Office 2018-2023 it was seen that infant mortality rate tends to down, but relatively still below the strategic plan target of 11/1000 live births in the 2016-2017 period. Poor status of child nutrition was one of the risk factors for infant mortality. These indicates that malnutrition issues have not been handled well and its implementation still constrained, which one of the problems are lacking roles and participation of stakeholders (Holdsworth et al., 2015), especially those related to the implementation of health program and SUN Movement. The main challenges were related to how maintaining interest, build commitment, regional capacity and availability of resources (Sardjunani & Achadi, 2016).

The roles of each stakeholder group in supporting success of SUN Movement at the level of regional governments (regency or city) have never been identified before. It was not yet known whether the different characteristics of local government (regency and city) distinguished roles of each stakeholder group based on their performance indicators. The aim of study was analyzed the roles and characteristics of stakeholders in the SUN Movement based on differences of urban and rural government areas.

METHOD

This is an observational descriptive research with a qualitative approach. The qualitative design is exploratory so that it is appropriate to use because it could identify the roles of all stakeholders (institutions) and their ability to influence various policies and implementation of health programs related to the SUN Movement. Stakeholders were divided into 3 categories, namely the group of Decision Maker (DM), the Provider (P), and the Clients & Representatives (CR).

Measurement of the role and commitment of stakeholders based on 3 (three) dimensions such as: (1). The attitude of institution; (2). The ability to influence (power); and (3). The institutional importance (level of interest) for their involvement of various activities that must be carried out as an indicator of performance. Each dimension was measured using 6 (six) indicators, i.e.: (1). Participation and role of institutions; (2). Coherent policy formulation; (3). Programs were implemented; (4). Resources and financing; (5). Developing cooperation and alliances; and (6). Give the guarantee for sustainability and quality of commitments. Given sign of plus (+) if stakeholders have done well for every indicator that were directed, otherwise the sign of minus (-) if the indicator had not been implemented. The results were analyzed through a stakeholder-matrix

diagram between the power of influence and the level of importance (interest) to determine the position of each category per performance indicator (The Power & Interest Matrix).

Totally of 30 institutions as stakeholders were involved in this study and divided into 3 different groups according to their roles, namely: Decision Maker (DM), Provider (P), and Clients & Representatives (CR). Regional Development Planning Bureau (*Bappeda*), Health Management Office, Education and Cultural Management Office, Social Welfare Office, Ministry of Religion Office, Environmental Bureau, Communication and Information Bureau, Community Empowerment Bureau, Community Welfare Bureau, and Governmental Bureau were included in 'Decision Maker' group (DM). The stakeholders included in the 'Provider' group (P) were: Primary Health Centers (PHC), Hospitals (Government and Private Hospital), Private Medicine Clinics, Professional Organizations (*IDI* [Indonesian Doctor Organization], *IBI* [Indonesian Midwives Organization], and *PPNI* [Indonesian Nurses Organization]), practices of Doctors and Midwives practitioners. The 'Clients & Representatives' (CR) groups included: Health cadres, Driving Force Team of *PKK* (Wives social organization for family education and welfare in Indonesia), Health Academic Institutions (*Stikes* and *Akbid*), Community organizations (*MUI*, *Fatayat NU* and *Aisiyah*), and mass media (local news and regional TV).

The study was conducted at 2018 in Temanggung Regency and Semarang City that were selected and represented rural and urban government areas. The sample of study was number of selected institutional stakeholders who represented and were selected using purposive criteria based on their direct or indirect linkages in the SUN Movement. The subject of study was the person in charge of the program at the institutional level. They were chosen because they were considered having a good understanding of their institution roles, especially in the SUN Movement activities.

The data were collected with in-depth interviews and focus group discussions (FGD). To measure of stakeholder performances on each dimension use supporting instruments in the form of interview guides that have been developed previously. Data were analyzed using a stakeholder-mapping analysis method in the form matrix quadrant of Power-Interest.

RESULTS AND DISCUSSION

Through focus group discussions (FGD) and in-depth interviews, it was obtained the

Table 1. Assessment of the 'Decision Maker' (DM) Group in the SUN Movement

INDICATOR	Temanggung Regency			Semarang City		
	Attitude	Power	Interest	Attitude	Power	Interest
1 Participation and role of institutions	+	+	+	+	+	+
2 Coherent policy formulation	+	+	+	-	+	+
3 Programs were implemented	+	+	+	+	+	+
4 Resources and financing	+	+	+	+	-	+
5 Developing cooperation and alliances	-	+	+	+	+	+
6 Guarantee the sustainability and quality of commitments	-	-	-	-	-	-

description and perceptions of each stakeholder group in Temanggung Regency and Semarang City related to their attitude, influence (power) and interest in the SUN Movement through 6 (six) performance indicators as shown in Table 1, Table 2, and Table 3. Values (+) and (-) in the assessment indicate the strength or weakness of the roles of each stakeholder group.

Table 1. showed the attitude of 'Decision Maker' (DM) group from two government areas were generally good or positive point (+) related to the SUN-Movement, although its look weakness (-) for indicators of developing cooperation and alliances as well as indicators of guarantee of sustainability and quality of commitment, especially in Temanggung Regency. For Semarang City, a negatively attitudes were seen also in indicators of coherent policy development and guarantee the sustainability and quality of commitments. The 'Decision Maker' group in two government areas also had very high power for most indicators, except for indicators of sustainability and the quality of commitment. There was a weak influence (-) on indicators of resource allocation and financial (funding support) in Semarang City.

The 'Decision Maker' group was high interested of SUN Movement successfully, although they unable to guarantee the sustainability and quality of its commitments. They were not able influencing external factors and guarantee their realization. They assumed that SUN Movement policies were determined by a higher structure (national government), so the sustainability of program also depends entirely on the national government. The lack of bargaining power in resources support and financing of the SUN Movement program in Semarang City implies that the SUN Movement have not yet become a priority program for the decision makers.

Table 2 showed the attitudes of 'Provider' groups (P) in Temanggung Regency and Semarang City were good, especially on indicators of participation and the institutions' roles, for programs implemented and resources facilitation. The group had a high power to influence and a high level of importance to the success of this indicator. Although their attitude was positive for resource and financing indicators, but they did not have the power to determine amounts and allocation of resources needed. The 'Provider'

Table 2. Assessment of the 'Provider' (P) Group in the SUN Movement

INDICATOR	Temanggung Regency			Semarang City		
	Attitude	Power	Interest	Attitude	Power	Interest
1 Participation and role of institutions	+	+	+	+	+	+
2 Coherent policy formulation	-	-	+	-	-	-
3 Programs were implemented	+	+	+	+	+	+
4 Resources and financing	+	-	-	+	-	+
5 Developing cooperation and alliances	-	-	+	-	-	+
6 Guarantee the sustainability and quality of commitments	+	+	-	-	+	-

Table 3. Assessment of the 'Clients & Representatives' (CR) Group in the SUN Movement

INDICATOR	Temanggung Regency			Semarang City		
	Attitude	Power	Interest	Attitude	Power	Interest
1 Participation and role of institutions	+	+	-	+	+	+
2 Coherent policy formulation	+	-	-	+	-	-
3 Programs were implemented	+	-	+	+	+	+
4 Resources and financing	-	-	-	-	-	-
5 Developing cooperation and alliances	+	+	-	+	-	-
6 Guarantee the sustainability and quality of commitments	-	-	-	-	-	-

group also have an interest in developing coherent policy standards, cooperation, and alliances, but they tend to perceive that these two indicators as not the main ones, moreover they also did not have the power of influence over these indicators.

In the indicator of guarantee of sustainability and the quality of commitments related to the SUN Movement, although 'Provider' has a high power and influence, they tend to consider it not to be important. Whether the program and the SUN Movement be continued or stopped was not important for this group. The 'Provider' groups were only oriented to how carried out routine technical activities even though their involvement in developing coherent policies and building cooperation with other parties tends to be ignored. They depend on the national government in its decision of program priorities, including in determining its sustainability.

The attitude of the 'Clients & Representatives' (CR) group appears supporting the efforts of the SUN Movement in both government areas, although for indicators of resources and financing as well as indicators of sustainability assurance

tend to be low of supports. The influence of this group tends to be lacking and only seen in indicators of participation and institution's roles as well as in conducting collaborations (alliances) in Temanggung Regency. Meanwhile in Semarang City, the group had strong influences on the participation and institutions' roles as well as on the implementation for the existing programs. This group was more interested in how the implementation and program was carried out (*see Table 3*).

The lacking attitude and support (-) was showed by the CR group in the SUN Movement. The low level of participation and involvement was due to the lack of socialization and information related to the SUN Movement. The group did not yet to knowing and understanding the concept of SUN Movement in the first 1000 days of life and its socialization have not been effective yet. The influence and power of these group was so weak on the institution aspects, but their ability of internal resources becomes an extraordinary force when these group was involved in the implementation of the SUN Movement. The group indirectly had a high interest in these acti-

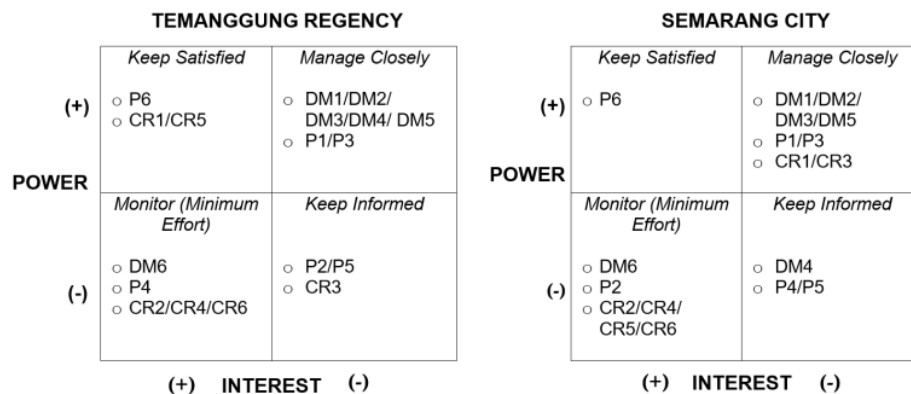


Figure 1. Matrix Quadrant of Power-Interest in Stakeholder Mapping of SUN Movements Based on Regional Government Areas

vities that were in line with the vision and mission of their institution.

Based on the *Power-Interest Matrix* diagram for stakeholder mapping in Temanggung Regency, it appears that the 'Decision Makers' (DM) group mostly were in the "Manage-Closely" position and had strong authority to make decisions for 5 indicators namely: (1). Developing stakeholders' participation and role of institution; (2). Developing coherent policies; (3). Determining various programs to be implemented; (4). Providing support and facilitation of resources (including human resources, material, infrastructure and financing); and (5). Developing cooperation (alliances). The 'Provider' group (P) in Temanggung Regency could develop forms of participation and identified many programs and activities to be implemented and related to the SUN Movement (see Figure 1).

Even though the majority position of 'Decision Maker' (DM) group in Semarang City was in 'Manage-Closely', the authority to allocate resources and program funding was not as strong as in Temanggung Regency. The diagram also showed that the roles of 'Provider' group and 'Clients & Representatives' group were so strong in developing forms of participation and implementation of various work programs. This condition was what distinguished it with Temanggung Regency. The 'Clients & Representatives' group in Semarang City had a strong role and participation in supporting the SUN Movement through mobilization of their respective organizations, such as the Health cadres, the driving force team of *PKK*, NGOs, the community organization (*Fatayat NU*, *Aisyiyah*, *MUI*) and the local mass media in regional areas (TV or radios).

The group which included in the 'Keep Satisfied' position (high power and low interest) in quadrant matrix of Temanggung Regency was the 'Provider' group, especially for the indicators of ensuring sustainability and quality of commitment. The same condition was occurred in the city of Semarang. Position of the 'Keep Satisfied' also exists for the 'Clients & Representatives' group in Temanggung Regency, especially in its role in developing participation and cooperation (alliances). This illustration showed that 'Clients & Representatives' group had less optimal roles, even though they had more authority to make decisions. During this time, they felt uninformed and not interested with these program and SUN Movement, so they were not actively involved. A proactive strategy was needed to build this 'CR' group involvement through socialization, communication, and persuasive approach for strengt-

hening support.

The position of 'Keep Informed' illustrated high interest but low influence (power). Included in this position in Temanggung Regency was the 'Provider' group, especially in its role in developing various coherent policies and establishing cooperation. The 'Clients & Representatives' group was weak in their role to developing programs that must be implemented even though they had a high interest in the SUN Movement. Different conditions occurred in Semarang City, because the position of 'Keep Informed' was occupied by the 'Decision Maker' group (DM), which was in terms of indicators of resource allocation and financing. The 'Provider' group also was included in this position, especially for indicators that related to allocation and distribution of resources and how improving cooperation and alliances. The 'Decision Maker' group in Semarang City could not fully influence the resources and financial allocation for the SUN Movement. There was a dependency on funding sources from the national government in implementing programs and activities related to the SUN Movement. Although they had high interested, due to their weak influenced, supporting from other stakeholders were needed. They need to be given more explanations and relevant information about this program that could interested them to be actively involved.

The 'Monitor or Minimum Effort' position describe stakeholders in situations of low power and low interest which means they were not actively involved and tend to be passive. In the matrix of Temanggung Regency, it could be seen that the three stakeholder groups were in this position, namely 'Decision Maker' group in ensuring of program sustainability and commitment quality, the 'Provider' group in resources allocation, and the group of 'Clients & Representatives' in determining coherent policies, resource allocation, and in ensuring sustainability program and commitment quality. It must be recognized that the regional authorities (District or City) were still lacking. There was a tendency for regions to be passive and highly dependent on national government support, especially in program sustainability of SUN Movement, allocation of resources and funding distribution.

Three stakeholder groups in Semarang were in 'Monitor or Minimum Efforts' position too, namely 'Decision-Maker' group in ensuring program sustainability and commitment quality, the 'Providers' group in developing coherent policies, and group of 'Client & Representatives' in developing a coherent policy, facilitating resour-

ces and financing, building cooperation among stakeholders, or making alliances, and in ensuring program sustainability and quality of organizational commitment. Although the involvement and participation level of 'Client & Representatives' groups was high in SUN Movement implementation, they did not have the ability to facilitate all of resources be needed. Its means that their involvement in the SUN Movement depend on the availability of resources and funding from other institution (see Figure 1).

Based on characteristics it was known that 'Decision Maker' group in Temanggung Regency and Semarang City had very strong roles in success of SUN Movement in their respective regions, although it was different role of allocating resources and financing which proved to be strongly influential in Temanggung Regency, while in Semarang City it was rather weak. On the other hand, the 'Decision Maker' group in two regions apparently did not have the ability to guarantee programs sustainability and stakeholder commitments. The role of group was limited to program execution and implementation of SUN Movement at the regional level, through regulatory arrangements, reinforcing stakeholder participation, building cooperation and partnerships, formulating the types of activities carried out and allocating the budget and costs needed.

The 'Provider' group as a technical implementor of the SUN Movement had bigger control over these issues and they had known the strategy to ensure successfully of SUN Movement in both regions, including the forms of participation and types of activities that must be carried out. However, this group had less powerful roles in building cooperation with other sectors or stakeholders, in the sense of not being able to be forced other parties to be actively involved in the SUN Movement, so it needs the help from other stakeholders with higher authority. On the other hand, this group had strong influence in ensuring the continuity of SUN Movement. Whether the program be continued or not, it was entirely determined by this group as the results of their monitoring and evaluation. A limited budget and resources make the 'Provider' group in Temanggung Regency tend to be passive, whereas in Semarang City because of their development budget was quite large, they could allocate the budget needed even though it has to get approval from other parties (for example: *Bappeda*). They also tend to be passive in formulating coherent policies because it was fully under the control of the Semarang City government.

The results also showed that the 'Client &

Representatives' group in Temanggung Regency tended to be passive even though they could deploy their structure in participation and cooperation (alliances) between internal and external stakeholders in the program implementation. This weakness was due to assumption and understanding that SUN Movements were less important. In contrast, in Semarang City, this group has high power and ability in mobilizing the participation and involvement of groups and other stakeholders in carrying out various activities related to the SUN Movement, even though they could not provide and facilitate their resources and funding.

Stakeholders were groups of individuals or institutions that influence decision making process (as well as being influenced) for the achievement of objectives, and could be carried out by community, government, and private groups according to their interests. This research proved that each stakeholder groups perceived differently their respective roles in health programs, especially in overcoming the problem of malnutrition through the SUN Movement. An understanding of the roles of different stakeholder groups with their indicators and different government areas indicated a gap in their perception of SUN Movement. Not all stakeholders understand their roles in effort of the first 1000 days of life and understand the SUN Movement as an intervention to solve problems of malnutrition and stunting.

This study was in line with study of Bold et al. (2015) that malnutrition and nutrition issues were not a priority for across sectors, including the agriculture sectors in India, Bangladesh, and Pakistan. This situation created inequalities in leadership and ineffective coordination between sectors. The lacking knowledge of policy maker about nutrition (especially nutrition for infants and children) and ineffective knowledge transfer created a gap between policy maker and the implementor, both at the national and regional government level. Stakeholders did not focus to solve health problems and malnutrition because they prioritized technical services in their respective sectors (Bold et al., 2015). It was not same as study about stakeholder network analysis of maternal and child nutrition programs in five countries (Sri Lanka, India, Nepal, Bangladesh, and Pakistan) which showed that government stakeholders had greater roles in supporting technical programs than their involvement in funding because they had more relied on program funding from international stakeholders (Uddin et al., 2017).

Although stakeholder groups (Decision Makers, Providers and Client-Representatives)

had significant influence on the success of the SUN Movement, all of them were unable to guarantee the sustainability of the SUN Movement because it was entirely dependent on the national government. As representation of regional level stakeholders, they only became an executor of all national programs. The 'Provider' group could indirectly influence sustainability of the program because this group was technically understanding the context and content of malnutrition and stunting issues, so it knows very well what to do, how to do and how measuring performance, as well as the mechanism of monitoring and evaluation that must do.

This study consistent with research of Nursanti et al. (2017) that the 'Provider' sector was in a 'Savior' position because it was considered as the most prepared party in the SUN Movement. The technical readiness of 'Provider' group was often not followed by the readiness of budgeting resources, materials, and infrastructure, even though their human resources were more flexible. Budgetary issues were main reason for lacking cross-sectoral support (Uddin et al., 2017). Research of Syafrina et al. (2019) showed that budgeting had significant effect on program implementation and local government performance. Therefore, advocacy to the Regional Legislative Council (DPRD) and Regional Government and strengthening multi-stakeholder coordination in integrating various activities through partnership principals could reducing weaknesses and disintegration of existing programs (Manalu et al., 2014; Purbani et al., 2019). The weak ability and advocacy of Health Management Office as a leading sector was thought to be one of the influencing factors (Iswarno et al., 2013).

Clarity of regulation was important in successes of SUN Movement. Through regulation, the roles of each stakeholder were accommodated in an integrated and continuous manner. Impact of unclear roles of each stakeholder was duplication of activities, targets, and inefficiency. Like a case in Ethiopia, potential duplication were identified when more than one partner supported the same interventions in the same district (WHO, 2014). Giriwono & Indrayana's study showed that regulation support that adopted partnerships pattern and oversight mechanisms could ensure compliance in overcoming challenges and problems of malnutrition in Indonesia (Giriwono & Indrayana, 2015). The stakeholder's involvement in formulating policies and regulation according to their authority will strengthen understanding as well as a foundation for decisions.

The unclear regulations and not understand-

ing by stakeholders would have implications for not optimal program performance. The result was in line with study of Oktaviani et al. (2018) on the implementation of Regional Rules of Semarang City Number: 2 of 2015 (*Perda*) concerning Maternal and Child Safety which turned out to be ineffective because all stakeholders involved in the content of these rules have not understood it due to weak socialization and communication between and between institutions. Lacking of communication functions made the programs not integrated and ran separately (Purbani et al., 2019). Study of Rahmawati et al. (2016) conclude that communication and socialization gaps regarding the reference rules (Regional Rule of Semarang City Number 5 of 2010) have resulted in the control program of Dengue Fever (DBD) not running optimal. The main challenges identified including the lack of specific roles of institutions in program implementation, mechanisms that have not been effective in linking national with regional institution, and lacking awareness to develop specific plans and budgets allocated by each institution (Kennedy et al., 2016).

In addition to communication factor, the absence of written regulations governing such roles, forms and responsibilities made difficulties for stakeholders making decisions because basis of commitment was not strong enough and less binding. This conditions directly impacted weak multi-sector involvement, including in support and facilitation of human resources, costs, material and infrastructure, as well as monitoring support for evaluations (Nefy et al., 2019). Socialization of stunting prevention and SUN Movement as strategic intervention overcoming problems of malnutrition have not been sufficient providing information clarity for stakeholders. Therefore, through activities and strengthening of advocacy, routine coordination, clarity of socialization and communication between stakeholders were the keys and success factors of the SUN Movement on 1000 days of life. The limitations of this study could not identify and explain how the mechanism of coordination and communication between the stakeholders in each group. The implementation of the six dimensions of indicators also could not be explained in detail so further research be needed.

CONCLUSION

Each stakeholder groups (the Decision Maker, Provider, and Clients & Representatives) had different roles, attitudes, strengths and interests in carrying out various activities that were indicators, both in the participation and role of insti-

tutions, building coherent policies, implementing various programs, allocating resources and financing, building cooperation and alliances, and ensuring the sustainability of programs and quality of its commitment. The dependence on national government, especially in facilitating resources, made districts tend to be passive in adopting various practices, regulations and policies related to the SUN Movement. Existing stakeholder groups acted as regional implementers only. Differences in characteristics of government areas (regency and city) also distinguished the strength of influence and interest level of each stakeholders involved in SUN Movement. Differences ability of regional development resources, perceptions and understanding of importance SUN Movement for their institutions were factors influencing their roles gap too. Through strengthening of routine and structured advocacy, coordination, socialization and communication between stakeholders and Health Management Office as leading sector and *Bappeda* as a coordination function could bridging the needs, constraints and challenges in overcoming problems of malnutrition and stunting through intervention of SUN Movements.

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