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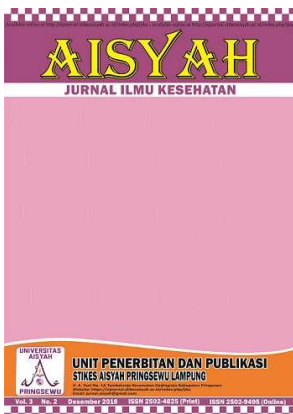
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Poor Sleep Quality Related to Impaired Cognitive Function Following Stroke: A Comparative Cross-Sectional Study

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ABSTRACT

Sleep deprivation is a common concern among stroke patients. There was a connection between sleep deprivation and poor cognitive function. Few studies, however, have compared sleep and cognitive variations in older adults with and without stroke, as well as explored the relationship between sleep quality and cognitive function. The objective of this study was to explore the quality and feature of sleep between patients with and without a stroke. To assess the association between sleep quality and cognitive dysfunction in older adults. A cross-sectional analysis was carried out. 156 participants completed this research. The study was carried out in 90 stroke patients and 66 of non-stroke patients. The patient was given a sleep quality questionnaire and took a cognitive test. In addition, a multivariate linear regression statistical analysis was used to determine the relationship between two variables. The global mean PSQI in patients with stroke was 7.12 ± 3.96 versus 4.98 ± 2.86 , respectively, higher than the non-stroke group. Around 56.7 percent of stroke patients complained of poor sleep quality. Stroke patients scored lower than those who did not get a stroke on the memory and executive function test. Sleep quality affects memory by 28.6 percent. Poor sleep quality was strongly associated with memory dysfunction in stroke patients. To prevent patients with stroke from experiencing cognitive loss, health care providers should develop effective interventions to improve sleep quality.

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ABSTRAK

Kurang tidur adalah masalah umum di antara pasien stroke. Ada hubungan antara kurang tidur dan fungsi kognitif yang buruk. Beberapa penelitian, bagaimanapun, telah membandingkan variasi tidur dan kognitif pada orang dewasa yang lebih tua dengan dan tanpa stroke, serta mengeksplorasi hubungan antara kualitas tidur dan fungsi kognitif. Tujuan dari penelitian ini adalah untuk mengeksplorasi kualitas dan fitur tidur antara pasien dengan dan tanpa stroke. Untuk menilai hubungan antara kualitas tidur dan disfungsi kognitif pada orang dewasa yang lebih tua. Sebuah analisis cross-sectional dilakukan. 156 peserta menyelesaikan penelitian ini. Penelitian dilakukan pada 90 pasien stroke dan 66 pasien non stroke. Pasien diberi kuesioner kualitas tidur dan menjalani tes kognitif. Selain itu, analisis statistik regresi linier multivariat digunakan untuk mengetahui hubungan antara dua variabel. Rata-rata PSQI global pada pasien stroke masing-masing adalah $7,12 \pm 3,96$ versus $4,98 \pm 2,86$, lebih tinggi daripada kelompok non-stroke. Sekitar 56,7 persen pasien stroke mengeluhkan kualitas tidur yang buruk. Pasien stroke mendapat skor lebih rendah daripada mereka yang tidak terkena stroke pada tes memori dan fungsi eksekutif. Kualitas tidur mempengaruhi memori sebesar 28,6 persen. Kualitas tidur yang buruk sangat terkait dengan disfungsi memori pada pasien stroke. Untuk



Service Quality, Satisfaction and Patient Loyalty in Public Health Center of Bengkulu

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ABSTRACT

Loyalty services by patients depend on the quality of service received. Therefore, quality is the main competitive advantage and is an important aspect of a health service. In Bengkulu City, there were 156,854 people with a total contact rate of 15,726 (10.06%) with sick visits of 13,068 (8.33%) and healthy visits of 2,658 (1.69%). The high number of sick visits requires quality individual health services. The research design used was exploratory with a cross-sectional observational approach with hypothesis testing. And then to determine the relationship between the quality of curative services, quantitative methods, and qualitative methods, to determine the role of management in improving the quality of health services on patient satisfaction and customer loyalty in community health centre services. The results showed a significant relationship between the quality of health services and patient satisfaction and patient satisfaction with the customer loyalty to the community health centre in Bengkulu City ($p = 0.001$). Analysis of management improvements to improve the quality of achieving the health centre's indicator targets includes planning. So every three months, to discuss any problems in the implementation of each program, monitoring the assessment and evaluation of the implementation of activities at the community health centre carried out internally and externally. The services provided are good because the community health centre officers carry out efforts in service quality, especially in terms of the dimensions of empathy and physical evidence. Nevertheless, the community health centre should continue to improve service performance to meet the wishes and needs of patients with continuous and programmed efforts.

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Kata kunci:

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ABSTRAK

Kualitas pelayanan merupakan keunggulan bersaing yang utama dan perlu disadari bahwa kepuasan pasien merupakan aspek penting dalam suatu pelayanan kesehatan. Jika pelayanan yang diperoleh memenuhi harapan pasien maka akan memunculkan minat memanfaatkan kembali penyedia pelayanan kesehatan tersebut. Di Kota Bengkulu terdapat sebanyak 156.854 jiwa dengan jumlah kontak rate 15.726 (10,06%) dengan kunjungan sakit sebanyak 13.068 (8,33%) dan kunjungan sehat 2.658 (1,69%). Masih tinggi angka kunjungan sakit menuntut pelayanan kesehatan perseorangan yang bermutu. Desain penelitian yang digunakan adalah eksploratori dengan pendekatan observasional Cross Sectional untuk metode kuantitatif dengan uji hipotesis dan metode kuantitatif untuk mengetahui peran manajemen dalam peningkatan mutu pelayanan kesehatan terhadap kepuasan pasien dan kepuasan pasien terhadap minat memanfaatkan kembali puskesmas. Hasil penelitian menunjukkan terdapat hubungan yang signifikan mutu pelayanan kesehatan terhadap kepuasan pasien dan kepuasan pasien terhadap minat memanfaatkan kembali puskesmas di Kota Bengkulu ($p=0,001$). Hasil penelitian kualitatif menunjukkan pelayanan yang diberikan



Status Kesehatan Psikososial dengan Risiko Depresi pada Wanita Hamil pada Masa Pandemi Covid-19 di Kebumen

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ABSTRACT

Pregnancy involved physiological and social changes, which mothers are expected to adapt to biopsychosocial changes. Failure to make such an adoption would be accompanied by an increased risk of prenatal depression in pregnant mothers. This research was to determine the relationship between psychosocial health and the risk of depression in pregnant mothers. This descriptive-analytic study was carried out on 540 pregnant (39 respondents in the first, 320 in the second, and 181 respondents third trimesters, respectively). The pregnant mother who attended the outpatient clinic and met the inclusion criteria were selected using haphazard sampling, as a non-probability sampling method. The data were collected through a researcher-made questionnaire, the Pregnancy Psychosocial Health Assessment Scale (PPHAS), and the Edinburgh Postnatal Depression Scale (EPDS). Data analysis was performed in SPSS using descriptive statistics, Mann-Whitney U test, and Kruskal Wallis test. The pregnant mother had a depression risk of 27.8% and a mean depression score of 9.99 ± 2.81 . The total mean score of PPHAS was obtained as 4.05 ± 0.45 . The risk of depression showed a statistically negative relationship with the total and sub-dimension mean scores of PPHAS, as well as the mean EPDS score ($p < 0.001$). A pregnant mother with lower psychosocial health status was more likely to have a risk of depression. On another hand, the risk of depression in pregnant women was influenced by many factors that determine by their psychosocial health.

ABSTRAK

Kehamilan melibatkan perubahan fisiologis, psikologis, dan sosial dimana wanita hamil diharapkan untuk beradaptasi dengan perubahan biopsikososial. Kegagalan untuk beradaptasi dengan perubahan tersebut akan disertai dengan peningkatan risiko depresi prenatal pada wanita hamil. Penelitian ini bertujuan untuk mengetahui hubungan status kesehatan psikososial dengan risiko depresi pada wanita hamil. Penelitian deskriptif-analitik ini melibatkan 540 wanita hamil (masing-masing 39, 320, dan 181 kasus pada trimester pertama, kedua, dan ketiga) di Kebumen. Wanita hamil yang berobat jalan di poliklinik dan memenuhi kriteria inklusi dipilih dengan menggunakan metode non-probability random sampling. Pengumpulan data dilakukan dengan menggunakan kuesioner yang disusun berdasarkan Pregnancy Psychosocial Health Assessment Scale (PPHAS) dan Edinburgh Postnatal Depression Scale (EPDS). Kemudian, data dianalisis dengan software SPSS menggunakan statistik deskriptif yaitu uji Mann-Whitney U dan uji Kruskal Wallis. Wanita hamil memiliki risiko depresi mencapai 28,2% dan rerata skor depresi sebesar $9,41 \pm 4,8$. Total skor rata-rata PPHAS mencapai $4,05 \pm 0,45$. Risiko depresi menunjukkan hubungan negatif secara statistik dengan skor rata-rata total dan subdimensi PPHAS, serta skor rata-rata EPDS ($P < 0,001$). Wanita hamil dengan status kesehatan psikososial rendah lebih berisiko mengalami depresi. Dengan kata lain, risiko depresi pada wanita hamil dipengaruhi oleh faktor-faktor yang menentukan kesehatan psikososial mereka.

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Application of Ionic Liquids based Microwave-Assisted Extraction to Bioactive Compounds Comfrey (*Symphytum officinale* L.) Leaves

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ABSTRACT

Extraction of bioactive compounds from comfrey leaves (*Symphytum officinale* L.) was carried out by comparing organic solvents and ionic liquids between conventional and microwave-assisted extraction (IL-MAE) methods. The comfrey leaf powder was extracted under various conditions. The types of organic solvents used are 65% ethanol and ionic liquids. The extraction methods used are reflux and microwave-assisted extraction. The ionic liquid was extracted by microwave-assisted extraction with the following conditions: ionic liquid concentration of 1 mol/L, the solid-liquid ratio of 1:20 (g/mL), extraction time of 10 minutes, and power of 30% (270 Watt). The total phenolic content of the extract was analyzed with a microplate reader. Allantoin and retrorsine N-oxide levels were analyzed by thin-layer chromatography – densitometry. MAE extraction in a solvent containing 65% ethanol resulted in the highest total phenolic content of 1.038 ± 0.012 . The highest levels of allantoin were also obtained from MAE extraction with 65% ethanol solvent at 2.922 ± 0.123 . The highest levels of retrorsine N-oxide were obtained by extraction of MAE with [BMIM]Br with a concentration of 0.049 ± 0.007 . Extraction of comfrey leaves using the MAE method of 65% ethanol produced the highest total phenolic and allantoin content compared to other methods. [BMIM] Br extraction with MAE can attract the highest retrorsine N-oxide in comfrey leaves.

Kata kunci:

Symphytum officinale L.

Cairan ionik

Microwave assisted extraction

Senyawa bioaktif

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ABSTRAK

Ekstraksi senyawa bioaktif daun komfrey (*Symphytum officinale* L.) dilakukan dengan membandingkan pelarut organik dan cairan ionik, antara metode konvensional dengan metode *microwave assisted extraction*. Serbuk daun komfrey diekstraksi dengan berbagai kondisi. Jenis pelarut organik yang digunakan yaitu etanol 65% dan cairan ionik. Metode ekstraksi konvensional yang dilakukan, yaitu refluks dan *microwave-assisted extraction*. Cairan ionik diekstraksi dengan *microwave-assisted extraction* dengan kondisi: konsentrasi Cairan ionik 1 mol/L, Rasio padatan:cair 1:20 (g/mL), waktu ekstraksi 10 menit dan power 30% (270 Watt). Kadar fenol total dalam ekstrak dianalisis dengan *microplate reader*. Sedangkan kadar allantoin dan retrorsine *N-oxide* dianalisis dengan kromatografi lapis tipis – densitometri. Ekstraksi MAE dengan pelarut etanol 65% menghasilkan kadar fenol total tertinggi, yaitu $1,038 \pm 0,012$. Kadar Allantoin tertinggi didapatkan juga dari ekstraksi MAE dengan pelarut etanol 65% sebanyak $2,922 \pm 0,123$. Kadar retrorsin *N-oksida* tertinggi didapatkan dengan ekstraksi MAE dengan [BMIM]Br dengan konsentrasi $0,049 \pm 0,007$. Ekstraksi daun komfrey dengan metode MAE etanol 65% menghasilkan kadar fenol total dan allantoin paling tinggi dibandingkan dengan metode lain. Ekstraksi [BMIM] Br dengan MAE dapat menarik kadar retrorsin *N-oksida* paling tinggi dalam daun komfrey.

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

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

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ABSTRACT

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



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Kata kunci:

Model kolaboratif
Dana desa
Ketahanan ibu dan anak
Pandemi COVID-19

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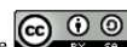
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ABSTRAK

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



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INTRODUCTION

Maternal and child health is one of the focuses of achievement in the Sustained Development Goals (SDGs) in 2030 (Arthur *et al.*, 2018). This is because the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) are important indicators for measuring the health status and communities' quality of life of a country. Maternal and Child Mortality Rates are still high in Indonesia. The latest data obtained in 2015, the MMR was 305 per 1000 live births (Osaki *et al.*, 2015).¹⁹ fact, the target in 2024 is 232 per 1000 live births and the SDGs target is 70 per 100,000 live births in 2030 (Women, 2018).

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

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

Maternal and child health is one of the priorities in the Cirebon Regency. In 2020, the maternal mortality rate in Cirebon Regency reached 40 cases with the Neonatal Mortality Rate reaching 134 cases (DHO Cirebon, 2021). Maternal and child health is a together responsibility, not only the government but the private sector and the community are also involved. Maternal and child health programs need to get support from various stakeholders, including village heads, sub-district heads, health offices,

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

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

METHOD

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

RESULTS AND DISCUSSION

Participant Criteria

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

Table 1.
Participant Criteria

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

Situation Analysis

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

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

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

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

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

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

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

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

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

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

Development of maternal and child health innovation programs

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

Table 2.
Innovation programs

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

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

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

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

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

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

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

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

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

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

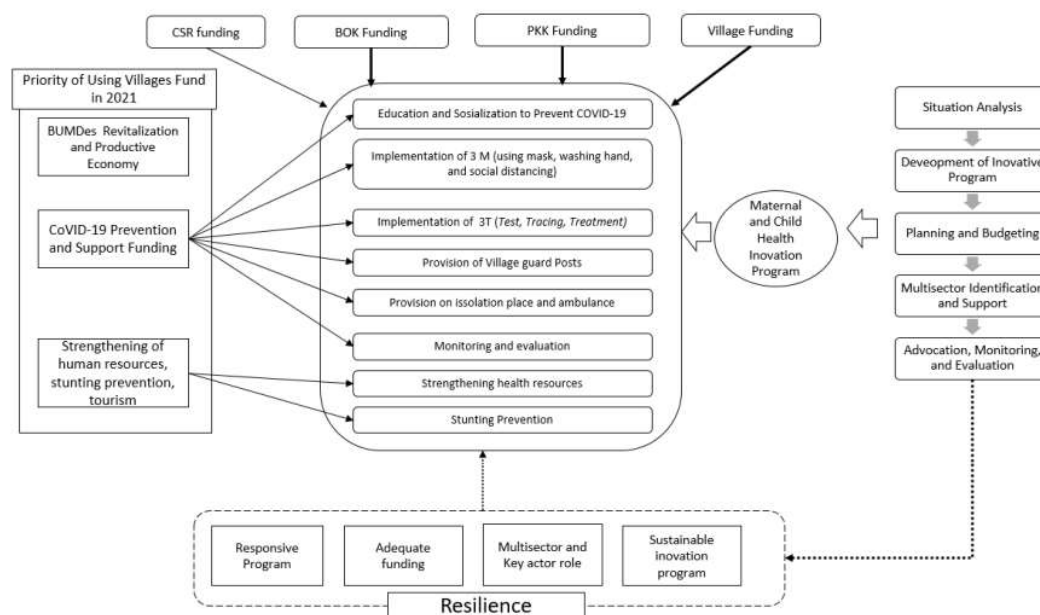


Figure 1. Collaborative model for using village funds to support maternal and child health

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

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

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

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

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

CONCLUSIONS AND SUGGESTIONS

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

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

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ETHICAL CONSIDERATIONS

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Conflict of Interest Statement

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

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