


Analysis Of The Use Of Village Fund In Stunting Prevention And Treatment

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Article Info	ABSTRACT
<p>Keywords: Stunting Village Funds Central Kupang District Oelmasi Village Noelbaki Village</p>	<p>Stunting, as a serious issue hindering the growth and development of children and negatively impacting the quality of human resources, has become a major concern in Central Kupang District, East Nusa Tenggara, which ranks fourth in stunting cases. Oelmasi Village and Noelbaki Village, in particular, face significant challenges with a total of 75 cases of stunted children. These villages also encounter serious economic challenges and limited access to healthcare services. This study aims to analyze the implementation of stunting reduction policies in these two villages and evaluate the utilization of village funds to accelerate stunting reduction. A qualitative research method was used, identifying key informants such as health cadres, PKK (Family Welfare Movement) Chairpersons, and mothers of stunted children, as well as supporting informants such as village heads and treasurers. Data were collected through interviews, observations, and document analysis. The results highlight that the approach adopted still emphasizes treatment over prevention. The total budget allocation for Oelmasi Village is IDR 111,992,000 and for Noelbaki Village is IDR 102,300,000, which is used for programs such as integrated health posts, nutrition education, and incentives for cadres. Although village funds have been allocated for stunting reduction, challenges such as budget constraints and ineffective information distribution hinder program optimization. In conclusion, further efforts are needed to enhance public health literacy and strengthen cooperation between local governments and communities in the prevention and treatment of stunting in Oelnasi and Noelbaki Villages.</p>
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INTRODUCTION

For the development wheel to keep turning, the quality of human resources is crucial. Human resource quality is largely determined by the quality of the food consumed. In medical terms, this is the nutritional value of food (Chakravarty, Tatwadi and Ravi, 2019). Adequate nutrition is a key determinant of human health and growth. It serves as a vital element for every individual, assisting them in leading a healthy and productive life. In this regard, stunting does not reflect the quality of human life (Sa'adah, Herman and Sastri, 2014). Therefore, stunting poses a challenge to development and human capital.

The paradigm introduced by Singh, (2009) suggests that stunting is more related to the human capital development paradigm. Human capital development encompasses mental and physical aspects. When it comes to human capital development, healthcare is of utmost importance. Other aspects of human capital development include education, training, and spiritual practices that can enhance the quality of education and human skills.

The situation of stunting in Indonesia poses a significant vulnerability to the quality of human resources. Stunting causes disruptions in the motor development of children, both gross and fine motor skills, thus hindering optimal brain development during critical early periods (Siregar, Nur M Ridha Tarigan and M. Sahnun, 2022). Stunting not only impedes physical growth but also hampers an individual's ability to engage in productive activities, lowers intelligence levels, and increases susceptibility to diseases. Its impact is not limited to individuals but can also permeate to the community level, reducing the quality of human resources crucial for economic development. Therefore, addressing stunting is crucial as it can affect economic growth, increase poverty, and create inequality, even leading to intergenerational poverty (Nata Kesuma *et al.*, 2015). Addressing stunting is not just a health issue but also a developmental concern that requires serious attention from the government and society at large.

According to the Basic Health Research, as mentioned by Siagian, (2023), the prevalence of stunting in Indonesia was 37.2 percent in 2013 and 30.8 percent in 2018. The Indonesia Child Nutrition Survey recorded a stunting prevalence of 27.6 percent in 2019. This certainly poses a challenge for the Indonesian government in enhancing human resources by implementing programs to recognize and prevent the dangers of stunting.

Stunting is currently a priority, including in the East Nusa Tenggara Province (NTT) region. Despite its abundant natural resources, NTT is still classified as one of the poorer provinces in Indonesia. Issues such as stunting, poverty, and limited access to healthcare services remain significant challenges in this area. The following shows data on the distribution of stunted children in Kupang Regency in 2022.

Table 1. Distribution of stunting per Sub- District of Kupang Regency

No.	District	Total
1.	Fatuleu	591 Children
2.	Kupang Timur	576 Children
3.	Amarasi Barat	456 Children
4.	Kupang Tengah	389 Children
5.	Nekamese	34 Children
6.	Amfoang Barat Laut	31 Children
7.	Amabi Oefeto	30 Children
8.	Kupang Barat	29 Children
9.	Amarasi	2 Children
10	Amfoang selatan	2 Children
11.	Fatuleu Barat	2 Children

12	Takari	2 Children
13	Amarasi Timur	2 Children
14	Semau Selatan	2 Children
15	Sulamu	1 Child
16	Taebenu	1 Child
17	Amabi Oefeto Timur	1 Child
18	Amfoang Selatan	1 Child
19	Amfoang tengah	1 Child
20	Amfoang Barat Daya	1 Child
21	Semau	1 Child
22	Fatuleu Tengah	1 Child
23	Amfoang Utara	9 Children
24	Amfoang Timur	9 Children

Data source: Kupang District Health Service, 2022

In the distribution of stunting across the 24 districts in Kupang Regency, East Nusa Tenggara Province, there are 4 districts with a total of 2,174 stunted children in 2022. The highest prevalence of stunting is observed in Fatuleu, East Kupang, West Amarasi, and Central Kupang districts. Central Kupang district ranks fourth with a total of 389 stunted children, highlighting the need for focused stunting intervention efforts in this area.

Kupang Tengah district, Tarus sub-district, comprises 7 villages. The cases of stunting in Noelbaki and Oelnasi villages totalled 75 children (Tarus Health Center Data, 2022). This research focuses on these two villages in Kupang Tengah district, namely Noelbaki and Oelnasi, due to their higher stunting rates compared to other villages in the same sub-district.

The village government prioritizes the use of village funds to accelerate the reduction of stunting. They have implemented a series of preventive measures against stunting cases, including reducing malnutrition among children, promoting clean and healthy lifestyles, and providing healthcare services to the community (Putri and Sukmana, 2022). By implementing these measures, the village government will be able to offer collaborative solutions to the community to prevent stunting.

Furthermore, the village government optimizes village development programs and activities to help accelerate the reduction of stunting. Coordination at the village level is facilitated by a team tasked with coordinating, synergizing, and evaluating the implementation of the stunting reduction acceleration (Jul and Khoirunurrofik, 2022). Based on several reasons, theories, and existing data, this research is necessary to analyze how stunting reduction policies at the village level are implemented and evaluate to what extent village funds are utilized to accelerate the reduction of stunting in Noelbaki and Oelnasi villages.

METHODS

The research approach employed in this study utilizes qualitative methods to comprehend the complexity of the village community's situation regarding stunting, considering the management of village funds to be implemented in accelerating the reduction of stunting. Saldana (2011), suggests a phenomenological approach in qualitative methods for a profound understanding of individual experiences, thus comprehensively understanding the characteristics of the community.

This research was conducted in Noelbaki and Oenasi Villages, Central Kupang Sub-district, Kupang Regency. The study duration spanned two months, from January to February 2022. The primary respondents consisted of key informants and supporting informants. There were 8 key informants, including 2 health center cadres, 1 head of the Family Empowerment and Welfare (PKK), and 5 mothers of stunted children. Supporting informants included village heads, secretaries, treasurers, and Village Consultative Bodies.

In this research, data collection methods encompassed four approaches: Documents, Observation, Interviews, and Data Analysis. Firstly, documents related to stunting fund utilization were analyzed. Secondly, observations were conducted on stunting reduction activities at Integrated Health Posts (Posyandu), including child weighing and measurements, as well as supplementary feeding. Thirdly, interviews with officials were conducted to obtain information on the number of stunted individuals and activities carried out by relevant authorities. Finally, data were descriptively and qualitatively analyzed to understand the utilization of village funds in preventing and addressing stunting.

RESULTS AND DISCUSSION

This research aims to evaluate the stunting situation in the villages of Noelbaki and Oelnasi, Kupang Regency. Findings indicate that the current approach to stunting is considered more curative than preventive. It is crucial to implement earlier interventions, particularly focusing on pregnant or potentially pregnant women, by promoting healthy eating habits.

Therefore, Tables 2 and 3 provide an overview of how village funds are utilized. According to Satria, Ekanaradhipa and Rizaldi (2023), in addressing stunting, there are two types of interventions in the village: specific interventions and sensitive interventions. Specific interventions refer to activities aimed at addressing the direct causes of stunting, while sensitive interventions target the underlying indirect causes. Thus, the explanations provided in both tables indicate that village funds are largely allocated to addressing stunting rather than preventing it. The steps in managing stunting are outlined in the sequence of activities in Oelmasi village as follows:

Table 2. Utilization of Village Funds for the Prevention and Handling of Stunting in Posyandu Program Activities, Organizing PAUD, Procurement of Posyandu Facilities/Infrastructure in Oelnasi Village

No	Description	Volume	Unit price	Total Budget
1.	Incentive assistance for Posyandu	360 org/bln	100,000	36,000,000
2.	Incentive assistance for KPM Cadre	12 org/bln	750,000	9,000,000

No	Description	Volume	Unit price	Total Budget
3.	Incentive assistance PAUD teacher	120 org/bln	200.000	24,000,000
4.	Provision of additional food for infants-toddler 2-5 years	500 org/hari	34,000	17,000,000
5.	Milk Assistance for Pregnant and lactating women	150 Buah	100,000	15,000,000
6.	Procurement of baby height measuring device	5 Buah	2,198,400	10,992,000

Source: Research Results, 2021

The handling of stunting in Oelmasi village is carried out through several programs such as organizing integrated health posts (posyandu), providing early childhood education (PAUD), and procuring facilities and infrastructure for the integrated health posts. The implementation of facilities and infrastructure for the integrated health posts consists of providing incentives to integrated health post cadres totaling IDR 36,000,000, incentives to family welfare empowerment cadres totaling IDR 9,000,000, incentives to early childhood education teachers totaling IDR 24,000,000, assistance with milk for pregnant and lactating mothers totaling IDR 15,000,000, provision of supplementary food for children aged 2-5 years totaling IDR 17,000,000, and procurement of equipment to measure infant height totaling IDR 10,992,000.

Table 3. Utilization of Village Funds for the Prevention and Handling of Stunting in Posyandu Program Activities, Organizing PAUD, Procurement of Posyandu Facilities/Infrastructure in Noelbaki Village

No	Uraian	Volume	Harga Satuan	Jumlah Anggaran
1.	Incentive assistance Posyandu Cadre	420 org/bln	100,000	42,000,000
2.	Incentive assistance for KPM Cadre	12 org/bln	750,000	9,000,000
3.	Incentive assistance for PAUD Teacher	120 org/bln	200,000	24,000,000
4.	Provision of additional food for infants-toddler ta 2-5 years	800 org/hari	30,000	24,000,000
5.	Procurement of baby height measuring device	12 Buah	275,000	3,300,000

Source: Research Results, 2021

Stunting management in Noelbaki village is conducted through various programs such as organizing integrated health posts (posyandu), providing early childhood education (PAUD), and procuring facilities and infrastructure for the integrated health posts. The implementation of facilities and infrastructure for the integrated health posts includes providing incentives to integrated health post cadres totaling IDR 42,000,000, incentives for family welfare empowerment cadres totaling IDR 9,000,000, incentives for early childhood

education teachers totaling IDR 24,000,000, provision of supplementary food for children aged 2-5 years totaling IDR 24,000,000, and procurement of 12 equipment to measure infant height totaling IDR 3,300,000.

Management of Village Funds for Stunting Reduction Programs in Oelmasi and Noelbaki Villages

The observation results indicate that both Noelbaki and Oelnasi Villages have allocated village funds for stunting prevention. The total budget for stunting prevention and management in Oelnasi Village is IDR 111,992,000, and in Noelbaki Village, it is IDR 102,300,000. Based on the research findings in two villages in the Central Kupang District, there is a phenomenon of increased allocation of stunting funds originating from village funds. This is in line with the government's policy to reallocate village funds for the handling and prevention of stunting as a national priority program. Stunting prevention in villages has become one of the priority uses of village funds in 2020.

In a study by Syafrina, Masrul and Firdawati (2019), it was mentioned that village governments play a role in providing appropriate budgets and allocating these funds for the prevention and treatment of stunting. Findings from the research by Handayani & Arianto (2022) also indicate that the utilization of village funds can significantly contribute to strengthening key aspects of stunting prevention such as healthcare infrastructure, nutritional interventions, as well as raising awareness and knowledge among rural communities.

Based on interviews with the PKK Chairperson, it was found that 75 stunted children received assistance, with a focus on children aged 6-24 years, which is a critical period for growth. Stunted children often come from diverse family backgrounds, ranging from unplanned pregnancies to a lack of attention to maternal nutrition during pregnancy. Limited economic conditions also play a major role. It is important to note that not all short children experience stunting, but the interventions provided aim to enable these children to achieve optimal growth with sufficient support, knowledge, and understanding of nutrition and good parenting practices from parents.

According to the Posyandu cadres, interventions to address stunting are conducted over a 2-week period, with the main focus being on changes in children's weight. However, not all children experience changes in height. Posyandu cadres are also responsible for monitoring the provision of food to stunted children in the field. They provide snacks such as green bean porridge, milk, fruits, and cakes at 10:00 in the morning and 4:00 in the afternoon. Meanwhile, their main meals consist of rice, animal and plant-based protein, as well as fruits. Ibu AI, a beneficiary of the stunting reduction program, regularly takes her child to the integrated health post every Tuesday for weight measurement and health check-ups. The children are given green bean porridge, milk, and biscuits. Meanwhile, Mother Sin revealed that her child was born with abnormal weight, and during the pregnancy, she did not have prenatal check-ups due to economic limitations. Mother Sin also did not breastfeed but instead provided formula milk. However, she is now aware of the importance of child health care and is committed to providing nutritious food and taking care of her child well as a mother.

Limitations of Village Fund Management for Stunting Reduction Programs in Oelmasi and Noelbaki Villages

In 2022, amid the ongoing COVID-19 pandemic in NTT, the support from village funds for stunting prevention remained a concern and even saw an increase in the amount allocated. In line with government policy, this year's village fund priority is for Village Cash Assistance (BLT Desa) and COVID-19 handling, amounting to 8% of the village fund ceiling. This implies that the portion for other activities outside BLT Desa and COVID handling has been reduced. Therefore, prioritization scale becomes a crucial consideration in managing the village fund usage. Hence, with the hope that the portion of village funds for stunting prevention continues to receive attention, extra efforts are needed to prevent the stunting rates in Noelbaki and Oelnasi Villages from increasing.

Information exchange or knowledge distribution among stakeholders at the village level remains a challenge. The Ministry of Villages Regulation (Permendes PDTT RI, 13/2020) outlines the concept of the Healthy Village House (Rumah Desa Sehat or RDS). Therefore, the dissemination of information among stakeholders is considered inadequate due to the absence of Healthy Village Houses. These houses serve as centers where health activists and village development workers collaborate to enhance health literacy, serve as hubs for health information dissemination, and engage in four forms of health policy advocacy (Permendes, 2020).

Desa Oelnasi and Desa Noelbaki do not yet have Healthy Village Houses (RDS) because there is no proposal for their establishment. Health development in the villages would be more easily achieved if the rural population were better educated and/or health literate. Therefore, it is crucial to develop RDS in the villages. RDS serves as a community center functioning as a public space for health issues in the village as well as a policy advocacy forum in the health sector, including those related to stunting prevention.

The implementation of stunting prevention programs through Healthy Village Houses (RDS) faces budget constraints that limit its effectiveness, as highlighted in the study by Juita *et al.*, (2022). According to the research, functions, particularly in establishing health literacy spaces and centers for the formation and development of KPM, have not been optimally executed due to budgetary constraints. Another study conducted by Abdillah and Maulana (2024) also indicates that the Healthy Village House program in Panduman Village has not achieved sufficient effectiveness due to various issues related to targets, genetic factors, and data.

CONCLUSION

This research reveals that despite an increase in the allocation of village funds for the handling and prevention of stunting in Noelbaki and Oelnasi Villages, the approach applied still tends to be more curative than preventive. The village funds allocated for stunting management total IDR 214,992,000, with Oelmasi Village allocating IDR 111,992,000 and Noelbaki Village allocating IDR 102,000,000. The use of village funds has covered various programs such as integrated health posts (posyandu), early childhood education (PAUD), supplementary feeding, and cadre training, indicating success in reducing the prevalence of stunting.

However, challenges such as budget constraints, delays in fund disbursement, and ineffective information distribution among stakeholders still hinder the optimization of the program. Therefore, extra efforts to enhance community health literacy and improve collaboration between local authorities and community members are needed to enhance the effectiveness of preventive and management programs for stunting more effectively and sustainably in the future in these villages.

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