



## **The implementation of health operational cost management in reducing stunting in the Kalisat Community Health Centre, Jember Regency**

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### **ABSTRAK**

**Latar belakang:** BOK adalah dana bantuan dari Pemerintah Pusat kepada daerah untuk mengimplementasikan SPM Bidang Kesehatan guna tercapainya MDGs tahun 2015 salah satunya dengan meningkatkan kinerja puskesmas dalam melaksanakan pelayanan kesehatan yang bersifat promotif dan preventif. Salah satu bentuk pendanaan kegiatan promotif dan preventif tersebut adalah sebagai pembiayaan berbagai kegiatan dalam program penurunan angka stunting. Penurunan stunting masih menjadi agenda penting di Indonesia, hal ini dikarenakan stunting dapat mengakibatkan dampak buruk baik dalam jangka pendek maupun jangka panjang. Berdasarkan laporan serapan anggaran dana BOK Kabupaten Jember pada tahun 2018, diketahui penyerapan dana tersebut pada masing-masing puskesmas di Kabupaten Jember rata-rata sebesar 89,99%. Berdasarkan penyerapan dana BOK tersebut tergolong sebagai penyerapan baik. Namun hal ini tidak sebanding dengan peningkatan angka stunting terutama di Puskesmas Kalisat yang meningkat sebesar 25,07% pada tahun 2019.

**Tujuan:** Penelitian ini bertujuan untuk a) mengkaji perencanaan b) mengkaji penggerakkan dan pelaksanaan c) mengkaji pengawasan, pengendalian dan penilaian kinerja BOK dalam menurunkan stunting.

**Metode:** Penelitian ini menggunakan pendekatan kualitatif dengan jenis penelitian studi kasus, dan menggunakan wawancara mendalam untuk proses pengumpulan datanya. Informan yang dilibatkan dalam penelitian ini adalah kepala puskesmas sebagai penanggung jawab BOK, sekeretaris dan salah seorang anggota pengelola BOK, kepala tata usaha, ahli gizi puskesmas dan bidan wilayah. Penelitian dilakukan pada bulan Oktober 2022 sampai dengan Februari 2023.

**Hasil:** Hasil penelitian ditemukan bahwa rangkaian kegiatan manajemen sudah sesuai dengan pedoman. Perencanaan dilakukan secara bottom up, Penggerakkan dan Pelaksanaan dilaksanakan melalui lokakarya mini namun peserta lokmin sering kali tidak hadir dikarenakan adanya tugas ganda. BOK dimanfaatkan untuk membiayai operasional kegiatan pencegahan program stunting.

**Kesimpulan:** Perencanaan, Penggerakkan, Pelaksanaan dan penggunaan dana BOK sudah sesuai dengan pedoman dan alokasi anggaran. Lokakarya mini hendaknya dilaksanakan pada waktu yang telah disepakati dan memperhitungkan petugas yang mempunyai double job

**KATA KUNCI:** manajemen BOK; puskesmas; stunting

### **ABSTRACT**

**Background:** BOK Funds are used to finance ten activities that promote and prevent health, including community health centre management and malnutrition reduction. Other sources of funding for stunting include the State Budget, the Local government budget, village funds, and the BOK. According to the 2018 Jember Regency BOK budget

realization report, the average utilization of BOK funds by Jember Regency community health centres was 89.99%. This typical rate of absorption is regarded as satisfactory. This is not consistent with the increase in stunting, particularly at the Kalisat Community Health Centre, which increased by 25.07 % in 2019.

**Objectives:** The objectives of the study were: a) to evaluate the planning; b) to evaluate the mobilization and implementation; and c) to evaluate the supervision, control, and performance evaluation of BOK in reducing stunting.

**Methods:** Therefore, this study employed a qualitative methodology and case study research design. Informants involved in this research were the head of the community health center a person in charge of the BOK, secretary and a member of the BOK management, the head of administration, nutritionist at the community health center, and regional midwife. Completed research conducted in August of 2020. An interview guide, in-depth interviews were utilized to collect data.

**Results:** According to the study's found that the series of management activities were in accordance with the guidelines. Planning is carried out from the bottom up, Mobilization and Implementation are carried out through Lokmin, but Lokmin participants are often absent due to multiple tasks (e.g., there were several activities that did not go according to plan, particularly during the pandemic era, there were double jobs, and workshop participants were frequently late.) BOK is used to finance the operational costs of stunting prevention program activities.

**Conclusions:** Planning, mobilization, implementation and use of BOK funds are in accordance with guidelines and budget allocation. Mini workshops should be held at agreed times and take into account officers who have double jobs

**KEYWORDS:** community health centre; management of BOK; stunting

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## INTRODUCTION

Indonesia continues to experience nutritional issues that have a negative influence on the quality of human resources. As one of the nutritional difficulties, there are worries regarding stunting (growth obstacles) in toddlers. The causes might range from economic concerns such as the community's low purchasing power to a lack of access to health care (1). The Indonesian government launched various programs to handle stunting cases, including Non-physical Specific Allocation Fund consists of accreditation of health service facilities, maternity insurance (Jampersal) and Health Operational Assistance. Apart from that, stunting is also one of the targets of

Sustainable Development Goals (SDGs) which are included in the 2nd sustainable development goal, namely eliminating hunger and all forms of malnutrition by 2030 as well achieve food security with the target set to reduce stunting rate up to 40% in 2025. The incidence of stunted toddlers is major nutritional problems facing Indonesia (2).

To reduce the high prevalence of stunting, the government has determined stunting is one of the National priority programs based on regulations Minister of Health Number 39 of 2016 concerning Implementation Guidelines Healthy Indonesia Program with a Family Approach, efforts made to reduce the prevalence of

stunting. In addition, the government also determines Presidential Regulation Number 42 of 2013 which regulates the Implementation National Movement to Accelerate Nutrition Improvement.

Non-Physical Special Allocation Fund for the Health Sector based on Regulation of the Minister of Health of the Republic of Indonesia No. 3 of 2019 are funds sourced from the State Revenue and Expenditure Budget (the State Budget). The funds are allocated to finance the operations of national priority program activities. Non-physical Specific Allocation Fund consists of accreditation of health service facilities, maternity insurance (*Jampersal*) and *Bantuan Operasional Kesehatan (BOK)* standing for the Health Operational Assistance. BOK first appeared in 2010 with the issuance of Minister of Health Decree No. 494/Menkes/SK/IV/2010 concerning Technical Instructions for Health Operational Assistance(2).

Health Operational Assistance (BOK) emerged because prior to 2010 the condition of the community health centre in Indonesia was considered less than optimal in terms of health services. In addition, according (3) there are several problems faced by community health centre, including resource problems, low performance, the existence of one-sided views of the community towards the role of community health centre, limited drugs and medical devices, geographical difficulties and limited operational costs. The availability of resources and funds both in terms of quality and quantity also affects health services(4).

The entirety of the BOK budget of the community health centre is allocated to the

operational implementation of promotional and preventative initiatives. These activities include organizing and implementing community health centre management functions, which include planning, mobilizing, implementing via community health centre mini-workshops, monitoring, controlling, and evaluating community health centre performance, and various other cross-sectoral coordination activities. In addition, BOK funds are used to orchestrate a variety of stunting reduction activities, including efforts to improve the nutritional status of the community via nutrition education services, nutritional supplementation, and nutritional surveillance(5).

Based on community health centre reports and budget disbursements in 2018, BOK budget realization revealed that each community health centre in Jember Regency utilized an average of 89.99% of BOK funds. This assimilation rate is deemed satisfactory, indicating that the BOK funds have been well received and utilized. The greater the incorporation of BOK funds by community health centres, the greater the health program coverage(3).

Six community health centres, namely Kasiyan, Andongsari, Umbulsari, Jombang, Panti, and Kalisat, have reduced the prevalence of stunting, according to data on stunting sufferers in the Jember district for the years 2016 to 2018. In 2019, however, the six community health centres saw an increase, and BOK funds were also allocated to address the national problem of malnutrition. The *Kalisat* Community Health Centre is the one with the greatest increase in 2019, increasing by 25.07 percent from 6.74 percent in 2018. Therefore, the prevalence of

stunting at the *Kalisat* Community Health Centre in 2019 was 31.81%, making it the community health centre in Jember district with the highest prevalence of stunting. In addition, Jember was included in the 160 District/City Locus for reducing stunting in 2018–2019. Trenggalek and Malang have the highest prevalence of stunting in East Java, followed by Jember. This demonstrates that Jember is a part of the regency or city that receives special attention from the government for accelerating stunting reduction(5).

According to the Regulation of the Minister of Finance of the Republic of Indonesia No. 61/PMK.07/2019, stunting is a condition of failure to thrive that occurs in children under the age of five (toddlers) as a result of chronic malnutrition as well as repeated infections and inadequate chronic nutritional psychosocial stimulation, especially in the first 1000 days of life, which spans from the fetus to the child's second birthday. Multiple factors, such as socioeconomic conditions, maternal nutrition during pregnancy, newborn morbidity, and infant nutritional deficiencies, contribute to stunting, a chronic nutritional issue. Stunting is expected to have negative short- and long-term consequences if not addressed immediately.

Stunting is currently a national health problem that must be followed up immediately, as evidenced by the large amount of funds for stunting interventions. As with the Regulation of the Minister of Finance of the Republic of Indonesia No. 61/PMK.07/2019 concerning Guidelines for the Use of Transfers to Regions and Village Funds to Support the Implementation of

Integrated Stunting Prevention Intervention Activities. In 2018, the government allocated a budget through Specific Allocation Fund including Non-Physical Specific Allocation Fund for stunting as support, especially for cross-program and cross-sector convergence in accelerating stunting reduction. Apart from BOK funds, stunting is financed from various financing sources, including from village funds, district/city funds, provincial funds (provincial APBD), ministry/agency funds (the State Budget), and other income. legitimate(6).

The objectives of the study were: a) to evaluate the planning; b) to evaluate the mobilization and implementation; and c) to evaluate the supervision, control, and performance evaluation of BOK in reducing stunting at the *Kalisat* Community Health Centre to determine how BOK implementation is implemented to reduce stunting rates. Another cause is the lack of BOK-related research in Jember Regency. It is anticipated that knowing the excellent and precise implementation of the BOK is expected to help reduce the stunting rate, which is presently a national priority. This will result in the utmost level of public health possible.

## **MATERIALS AND METHODS**

This research has received an ethically proper review by the Health research committee, Faculty of Public Health, University of Jember and declared ethically reasonable according to 7 WHO standards with number 035/KEPK/FKM-Unej/II/2020. This study employed a qualitative methodology and case study research design. In August of 2020, the investigation was conducted at the

*Kalisat* Community Health Centre. The objectives of the study were: a) to evaluate the planning; b) to evaluate the mobilization and implementation; and c) to evaluate the supervision, control, and performance evaluation of BOK in reducing stunting at the *Kalisat* Community Health Centre to determine how BOK implementation is implemented to reduce stunting rates.

The study's 6 informants included the director of BOK management, a secretary, and a BOK member, as well as the head of administration, a nutrition officer, and two regional midwives. Using an interview guide, in-depth interviews were utilized to collect data. This research's secondary data consists of information on the utilization of BOK funds derived from community health centre reports in 2018 and 2019, reports on the prevalence of stunting in 2016-2018, and reference books, theses, dissertations, and journals pertaining to the management of BOK implementation. In this qualitative research, the data obtained is in the form of interview transcripts, then grouped based on a matrix and coding is carried out. Data analysis uses data and source triangulation methods.

## **RESULTS AND DISCUSSION**

### **RESULTS**

#### *Planning*

Planning is a crucial aspect of management, and is considered the heart of the management process, which consists of planning, implementation, reporting, monitoring, and evaluation. BOK planning for *Kalisat* Community Health Centre is divided into two distinct types: monthly planning and annual planning. Monthly planning is a

component of annual planning because monthly planning activities result from a Community Health Office-approved and verified annual planning breakdown.

*"If it's already in the dock, that means it's a one-year plan, then after the one-year planning is done, it's broken down for one month's activities, but it has to go through verification again to the Health Service for activities that will be carried out at the end of the month to be verified (IK 1)".*

The BOK in *Kalisat* Community Health Centre begins its annual planning process by proposing activities for each program based on the strategic plan, Minimum Service Standards, and community satisfaction surveys. This is also done at the *Kulisusu* Community Health Centre when determining which activities will be included in the planning, always guided by the Technical Instructions (Guidelines), Minimum Service Standards (so the proposed activities match the target to be achieved), laws, government regulations, and local regulations that must be adapted to local circumstances (7). The Activity Proposal Plan (RUK) is conducted once a year to propose activities. Each program holder in the community health centre must submit an RUK to the operational treasurer who summarizes and discusses it with the BOK team and the community health centre's director. Simultaneously, the RUK has been modified and matched with the health office's activity menus. The planning procedure is identical to the findings of a study conducted at the office's *Sigi* Community Health Centre(8).

The results of the temporary RUK are

then matched and adapted to the activities that have been determined or have been found by the Health Office. According to one informant, the Health Office has provided activity menus that can be used as a reference and as a basis for program planning. The matching results from the RUK results and the menu from the Health Office resulted in a temporary community health centre-level activity plan that still had to be verified first by the Health Office for each program in the Health Office before it became the correct RUK. After verification and approval from the Health Office, a BOK plan for the next year is formed.

Special BOK planning to control stunting in the *Kalisat* Community Health Centre is divided into two types: planning from bottom and planning from above. Planning from bottom is carried out by the village midwife as the executor in her working area. Regional midwives in BOK Planning are not directly involved, but regional midwives have a very important role in determining the number of targets for stunting. One additional informant emphasized that the regional midwife was the executor.

*"If from the area above it's not from RUK, first from data collection, mapping, after data collection is mapped, after it is mapped, it is prioritized, and after it is prioritized, it is reported... the controller is in the community health centre... (IT 1)".*

In 2019, in Kalisat District, there were 2 villages designated as stunting locus villages, namely Patempuran Village and Gambiran Village. According to an additional informant, BOK planning from below starts with data

collection on pregnant women in the category of Chronic Energy Deficiency and anemia, data collection on toddlers 0–24 months, and data collection on under-fives with status under the red line or malnutrition. After the data is obtained, the next step is to map the target. Once mapped out, the next step is to prioritize problems through the USG (urgency, Seriousness, Growth) method, whichever is most appropriate to propose as a target for stunting. After the goals have been determined, the final step is reporting them to the community health centre to be used as one of the considerations for BOK planning at the community health centre.

In preparing a plan, of course, there are several parties involved. According to the results of in-depth interviews with key informants, it was stated that many parties were involved in the preparation of BOK planning, starting from the head of the community health centre as the person in charge of the BOK, the BOK manager consisting of the chairman, secretary, and members of the BOK, the head of Administration (TU), the program manager, the program person in charge, the unit holder, and the community health centre operational treasurer. The main informant stated that to develop and plan programs and activities funded by the BOK, *Kalisat* Community Health Centre formed a BOK team. This is in accordance with the results of research conducted by Salsabila at the *Jetak* Community Health Centre in Semarang Regency in 2020, which stated that in preparing the BOK budget, the *Jetak* Community Health Centre formed a special team(7).

In general, the BOK planning process at

the *Kalisat* Community Health Centre has gone well; this can be seen from the results of in-depth interviews that the researchers conducted with several informants who stated that the BOK planning had been carried out in accordance with the guidelines and was carried out on an ongoing basis. Planning has had a positive impact on the continuity of management and facilitated managers in carrying out the activities that have been determined in accordance with their respective duties so that objectives can be optimally achieved. This is in line with the results of research conducted by Deby in 2019 in her research entitled *Analysis of Management of Health Operational Assistance Funds in the Community Health Centre Work Area of the Sigi District Office*, which states that with good planning, the expected output can be achieved optimally. The same thing was stated by Otondi et al. (2023) in his research on sustainable financing of the AYSRH program by local governments through the TCI model, which stated that in order to maintain profits in the provision and reduction of AYSRH services teenage pregnancy, health systems need to be sustainable and predictable financing. Local government should make it important sexual and reproductive health services are a priority and ensure this included in the health budget.

#### *Mobilization and Execution*

The mobilization and implementation of BOK in the *Kalisat* Community Health Centre are carried out through the community health centre mini-workshop, which is routinely held every month and every quarter. The monthly mini-workshop has the objective of assessing

the extent of achievement and what obstacles were encountered by program or activity implementers in the past month or period, and it aims to monitor the implementation of planned community health centre activities in the future.

The mobilization and implementation of BOK in the *Kalisat* Community Health Centre are carried out through the community health centre mini-workshop, which is routinely held every month and every quarter. The monthly mini-workshop's goals include monitoring the execution of future planned community health centre activities and evaluating the level of success and challenges faced by program or activity implementers in the previous month or period. Competent human resources in the fields of management and financial management are required to enhance the efficiency of the BOK budget implementation process<sup>(10)</sup>

Human Resource is an important factor in mobilizing and implementing BOK in community health centre because implementing BOK will not work without BOK managers. The role and presence of BOK managers greatly determine the success of program implementation at the community health centre; therefore, skilled and qualified human resources are needed<sup>(11)</sup>. In addition to being skilled and qualified, human resources are also needed that have the right competence and capability in sufficient numbers, meaning that the number is in accordance with the needs of the community health centre (Saleh, Ismail, & Adamy, 2018: 344). The results of in-depth interviews with key informants stated that the *Kalisat* Community Health Centre managers had adequate knowledge and skills, but in

carrying out their duties, there were several members of the BOK who did not understand enough, so these members were not optimal in carrying out their duties. The National government should focus more on strengthening Human Resources for Health (HRH) to address the staffing challenges (limited resources, mal-distribution of nutrition officers, poor retention of nutrition officers in the rural areas) experienced in the region(12).

According to all informants, the BOK accountability system at the *Kalisat* Community Health Centre is not complicated. This is because the head of the community health centre, as the person in charge of the BOK, has done a good job. The results of this study are different from the results of research conducted by Lely in her research entitled Policy Studies on the Distribution of Health Operational Assistance Funds in Supporting Maternal and Child Health Achievements (MDGs 4.5) in Three Regencies and Cities in East Java Province, which stated that the financial accountability system was confusing.

The implementation of the workshop at the *Kalisat* Community Health Centre was in accordance with the workshop implementation procedures contained in the community health centre management guidelines, namely explaining the implementation of the health program in detail, clearly explaining the results of the previous month's activities, and explaining the perceived constraints when carrying out the activity. These results are different from the results of a study conducted in Konawe Selatan District because the study stated that the workshop did not discuss the health

program in detail, did not evaluate last month's activities in detail, did not identify problems in detail, and did not look for root causes(13).

According to research by Ni Made Ari and I Nyoman Subanda, the head of the community health centre involved cross-sectors in deciding the plans and activities to carry out because he believed the community knew more about the issues that had arisen so that the workshop forum could present current problems in accordance with the priority issues. The *Kalisat* Community Health Centre also carries out this, which involves cross-sectoral issues in determining priority issues in the implementation of routine mini-workshops. This is as stated by "Renzaho et al., (2022), that the coordination process begins at the community level, namely the community committee and implementing agency committee meet to discuss and make decisions about the need for Community based Management Acute Malnutrition programs in identified communities

Based on the results of interviews with several informants, the average time for conducting the *Kalisat* Community Health Centre workshop is 4 hours. Mini community health centre workshops are often held between 08.00 and 12.00 WIB or 09.00 and 13.00 WIB. The time for holding mini-monthly workshops is routinely adjusted to the conditions and situation of the community health centre. According to community health centre management guidelines, the most ideal time to hold a workshop is during the first week or another time that is deemed appropriate. What needs to be considered during the implementation of the workshop is to stick to the principle that it must be carried



out by involving all community health centre employees and their network without disrupting service activities and achieving goals. However, this often becomes one of the obstacles because the timing of the workshops clashes with the time of community service activities.

*"we...arrives are not on time, for example, at 9 o'clock, which is sufficient for service, in the end it comes half-half, especially during a pandemic... (IU 1)".*

Based on the excerpts from the interview above, it shows that the obstacle to implementing mini-workshops is a matter of time, namely the frequent workshop participants who do not come on time. This is caused and influenced by several factors, including work obligations that must be completed in advance, such as providing services at a community health centre where we cannot predict the number of people who will come, carrying out immunization activities, and having to help with sudden deliveries. In addition, the constraints experienced in the mobilization and implementation process were that there were several activities that had been planned that were not realized properly, especially during a pandemic, such as posyandu and posbindu activities.

Double jobs are also one of the obstacles experienced by BOK implementers. One of the main informants admitted that apart from serving as BOK secretary, she was also a regional midwife, and as a midwife, she admitted that it was very difficult to carry out activities that sometimes required a lot of time and energy, such as supervising classes for

pregnant women, which cannot be ascertained for how long. In addition, informants also stated that coordination often did not run optimally due to double jobs, such as one person in charge of MSE who doubled as treasurer of the National Health Insurance.

One of the obstacles experienced at the *Kalisat* community health centre was also felt at several community health centres in Serang City in a study entitled *The Relationship between Utilization of BOK Funds and Increasing Coverage of Antenatal Visits (K4) at Serang Community Health Centre in 2014–2016*, which stated that the obstacles faced by BOK managers in the 4 community health centres studied in Serang City mostly admitted that the availability of employees who carried out BOK management was not in accordance with the workload that had to be carried out. Most BOK managers are also given the task of managing other programs (double jobs), and even due to limited human resources in community health centres, the management of BOK is carried out by midwives or nurses.

According to the explanation of one of the main informants, the workshop that was held at the *Kalisat* Community Health Centre was routinely held once a month, usually in the second week. The informant also stated that before the monthly workshop was held at the *Kalisat* Community Health Centre, there was also a praminlok, namely a small meeting before the monthly workshop was held by each program manager and its members. This explanation was corroborated by the explanation of the second main informant, who stated that the purpose of holding praminlok was to discuss or look for urgent issues that had to be presented at the

monthly workshop.

*"The lokmin here has the name Praminlok. The praminlok is that each person in charge of the program must present their performance results for a month to PJUKM or PJUKP (UI 1)".*

## **DISCUSSION**

The outcomes of mini-workshops that the community health centre has regularly held have guided the use and distribution of BOK funds in the *Kalisat* Community Health Centre. This is in accordance with the operational policy of using BOK in the 2015 BOK Technical Guidelines, which states that the use of BOK funds is for community health centre activities and their networks, and Community-Based Health Efforts must be based on the planning results agreed upon in the community health centre mini-workshops, which are held routinely or periodically in accordance with the conditions of the community health centre work area (15).

According to two main and key informants, they stated that the utilization of BOK funds had been running optimally, but according to one of the main informants, it was true that BOK funds were running optimally, but in practice they sometimes experienced delays. This caused the planned activities in January, February, and March to not be able to run, and the informant said that the implementation team felt overwhelmed at the end of the month because they had to carry out activities that were left behind at the beginning of the month. The same thing happened to the research conducted by Putri & Arisandi (2020), which stated that

activities that had not been carried out at the beginning of the year had to be carried out at the end of the year in a hurry. This was due to delays in the disbursement of funds. As of the triangulation one of the informants expressed his hope that the Health Service would be able to plan more carefully; if there were urgent activities, they should not be included because this would make it difficult for the executors.

BOK funds for the *Kalisat* Community Health Centre have been allocated for a priority health program, namely stunting. BOK funds allocated to reduce stunting have been used to finance various stunting prevention activities, including monitoring of high-risk pregnant women, high-risk neonatal monitoring, monitoring of infants and toddlers with Under-Red Line status, monitoring of toddlers with Below-median status, Provision of Supplementary Food to pregnant women with Chronic Energy Deficiency status, partnership with village midwives, Provision of Supplementary Food for toddlers, triggering latrines, menu creation contests, stunting monitoring, and stunting counselling. The BOK funds are not a special fund for stunting, but they are one of the funds used to reduce stunting.

### *Supervision, Control and Performance Assessment*

According to the 2015 BOK technical guidelines, supervision is an activity that has the objective of reducing, minimizing, and avoiding problems that may arise related to abuse of authority, leakage and waste of state finances, illegal collection, or other forms of misappropriation. There are two types of supervision in the *Kalisat* Community Health

Centre: internal supervision and external supervision. Internal supervision is supervision carried out directly by the Head of the community health centre as the person in charge of BOK, while external supervision is carried out by the Health Office by means of supervision. There are three ways in which the head of the community health centre carries out internal monitoring and evaluation, namely through routine reports from all program managers, coordination between program holders and the head of the community health centre, and workshops. The same thing was done at the *Mokoau* Community Health Centre, which stated that the BOK supervisor at the community health centre was the Head of the community health centre who directly monitored everything from activity reports to accountability, which would later be monitored by the health office (17).

Reports made by each person in charge of the program are monthly and annual reports consisting of activity reports and reports on the realization of budgeted funds and whether they are in accordance with what has been planned. In controlling activities, superiors, in this case the head of the community health centre, carry out checks, match activities, and make sure that the activities carried out go according to what was planned. To be able to carry out reporting and recording activities properly, accurate and precise information and data are needed. If not, then the reporting and recording are expected to be doubtful(17).

Monthly reports are carried out through coordination meetings between the head of the community health centre and each program person in charge to report and

explain all activities that have been carried out. This includes explaining how much money has been absorbed and how much has not. One informant stated that a coordination meeting with the head of the community health centre must be held because this coordination meeting is very important for the continuation of an activity. This is in line with research conducted by a previous study (11) which stated that the supervision and monitoring carried out in the BOK program by the BOK management team in each community health centre is intended so that BOK funds can be used effectively and efficiently to achieve the goals set in the hope of providing optimal results(11).

Based on the statement of the main informant, it was stated that in carrying out the reporting of monthly reports, in addition to supervising the head of the community health centre, he also carried out monitoring and performance appraisal through direct evaluation of reports that had been reported. According to all the main informants, there was no reward or punishment for implementing the BOK at the *Kalisat* Community Health Centre. The same thing happens with research results (18) which stated that there is no reward and punishment mechanism that applies in the *Serang* Community Health Centre. Whereas in the *Jetak* Community Health Centre in Semarang Regency, the result was that there was no clear and firm punishment to improve the performance of the community health centre (19). The study conducted in Pakistan highlights the difficulties that public health professionals encounter in completing these additional activities, the need for additional help with supervision, and strategies to boost

motivation through incentives(20).

Supervision, control, and assessment are also carried out by the Health Office as an external supervisor. Supervision is carried out by supervising directly at the *Kalisat* Community Health Centre. The Health Office supervises approximately three times per week on a predetermined schedule. In supervising the health service representatives, they went directly to the field to check all documents consisting of data and reports as well as the officers' activity diaries.

BOK already has high leverage for achieving health programs, especially in reducing stunting at the *Kalisat* Community Health Centre. The use of the BOK in the *Kalisat* Community Health Centre is in accordance with the BOK Technical Guidelines, and in the implementation of the use of the BOK, the basic principles of the BOK have been applied, namely integration, territoriality, effectiveness, transparency, and accountability. The main informant said that with the existence of BOK funds, employees became enthusiastic about carrying out their duties.

## **CONCLUSION AND RECOMMENDATION**

The planning of BOK for the *Kalisat* Community Health Centre to reduce stunting tends to be bottom-up and implemented on an ongoing basis. Several obstacles were found during the implementation and mobilization, namely that frequent workshop participants did not arrive on time, there were double jobs among employees, and there were activities that were not realized optimally, especially in the pandemic era. *Kalisat* Community Health Centre has carried out various activities aimed at preventing and

reducing stunting. Internal supervision is carried out by the Head of the community health centre through reports (monthly reports, annual reports, budget realization reports), coordination meetings between program holders and the head of the community health centre, and workshop meetings, both mini-monthly workshops and quarterly workshops. While external supervision is carried out by representatives of the Health Office through supervision. Performance control and supervision are carried out by evaluating the results of reports. There is no punishment or reward in the implementation of performance appraisals.

For the *Kalisat* Community Health Centre, the workshop should be held on Saturday between 09.00 WIB and 13.00 WIB because this time is considered the most appropriate so that workshop participants can attend on time. Propose an additional allocation of employee needs to the Jember Regency Community Health Office to reduce the existence of double jobs and provide rewards and punishments to employees as one of the references in carrying out work. Jember Regency Community Health Office is expected to form a Monev (Monitoring and Evaluation) Team to assess and study the implementation and use of BOK funds specifically to reduce the prevalence of stunting.

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