Analysis of the Management of Village Fund Allocation in the Health Program in Tuntungan II Village, Deli Serdang Regency

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**ABSTRACT**

One of the problems of health development that occurs in the villages of Deli Serdang Regency is the high level of community diversity, which results in the complexity of the problems that arise. To complete development, especially in Tuntungan II Village, larger funds are needed. Based on the information above, the researcher is interested in conducting further research on “Analysis of the Management of Village Fund Allocation (ADD) on Health Programs in Tuntungan II Village”, which was conducted using qualitative research methods. The aspect analyzed was the allocation of village fund management on welfare programs. The results show that the two main sources of village income are the Village Development Movement program funds from the APBD of Deli Serdang Regency and village funds provided starting in 2021 from the APBN. The village fund policy process in Tuntungan II Village is strongly influenced by the development planning meeting (Musrenbang), the result of which is the RAPBDes document. The increase in village funds each year shows the government’s commitment to development, as outlined in the third Nawacita. Village development is influenced by the village head, village officials, political factors, and kinship; without professionalism, the process can be hampered. Using village budgets for health development becomes more difficult as there are limitations in basic management of health workers.

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**INTRODUCTION**

Village funds, which are obtained from the APBN and transferred through the district/city APBD, are used to finance government administration, development implementation, community development, and community empowerment (PP No.60/2014). Several articles of PP No. 60/2014 have been amended by the issuance of PP No. 22/2015, which amends PP No. 60/2014 on Village Funds sourced from the APBN. Article 11 paragraph (1) of PP No. 22/2015 states that village funds for each regency or city are calculated based on the number of villages there. Paragraph (2) states that village funds are distributed equitably based on: (a) a basic allocation; and (b) an allocation calculated by taking into account the population, poverty level, area, and geographical difficulty of each district or city.

MULIA SEJATI Family Planning Village is located in Tuntungan II Village, which is located in Pancur Batu Sub-district, Deli Serdang Regency. Tuntungan II village has four hamlets, most of which are located in ornamental grasslands and nurseries. Tuntungan II village has two areas: one consists of dense residential areas,
and the other consists of cassava farms, ornamental grass farms, duck breeders, schools, home industries, golf courses, and snake breeding. People in Tuntungan II Village mostly work as ornamental grass farmers, farmers, home industry laborers, civil servants, police, military, and military. Tuntungan II Village receives Village Fund Allocation (ADD) for village community empowerment. Part of the allocation is allocated for Village Community Empowerment in several programs that have been determined in 2021. One of the Tuntungan II Village Community Empowerment Programs is Community Empowerment in the Health Sector, where there are several programs established by the Village Government in Tuntungan II Village, including the Toddler and Elderly Health programs.

In fact, there are still many distributions of Village Funds that are not in accordance with the objectives and wishes of the community. Further research on “Analysis of the Management of Village Fund Allocation (ADD) on Health Program” is focused on how village governments manage ADD funds. In managing ADD funds, they must conduct each stage of management in accordance with the procedures and stages stipulated in the applicable regulations. In addition, they must determine village development priorities and village potential that can be developed using ADD funds. Based on the above description, the researcher is interested in conducting a more in-depth research on “Analysis of the Management of Village Fund Allocation (ADD) in the Health Program in Tuntungan II Village”.

METHOD

Qualitative research is a naturalistic research method that aims to gain an in-depth understanding of social phenomena in a natural way. According to Hendryadi (2019: 218), qualitative research is a research method that uses a narrative approach through descriptive methods (Abdussamad, 2022). Qualitative research collects and works with non-numerical data. Furthermore, through studies in the field, interpreting the data collected to help understand social life. Because qualitative research methods are subjective from a participant's descriptive point of view, the results cannot be generalized. This research method provides a clear picture of the problem based on field facts. The procedure can be adjusted to the needs, situation, and conditions of the field. The analysis of village fund allocation management in the Tuntungan II Village government is described using a qualitative descriptive approach.

This study analyzes the management of Village Fund Allocation (ADD) funds in Tuntungan II village government. The Village Head, Village Treasurer, Head of Puskemas, Toddler Cadres, and Elderly Cadres are the informants needed to obtain data. Researchers went directly to the field to make observations and collect information needed for this research. The research will be conducted in a designated place, also known as the research location. Tuntungan II Village, located in Pancur Batu Sub-district, Deli Serdang Regency, will be the subject of this research. This research uses observation, interviews, and documentation to collect data. To find out about the management of village fund allocation (ADD) in Tuntungan II Village, observation was conducted by observing the research subject at the research location. Informants were interviewed to obtain actual information about the ADD system in Penujak Village. However, documentation is a record of events that have already occurred, such as recordings of interview results, photo documentation, and review of documents or files related to the problem under study.

DISCUSSION

Village income comes from two sources, namely from the Deli Serdang Regency APBD through the Village Development Movement program funds and from the APBN through village funds provided starting in 2021. The amount of APBN village funds continues to increase from year to year. The use of village budgets for health development in Deli Serdang Regency depends on two regulations: The Regulation of the Minister of Villages, Disadvantaged Regions and Transmigration on the prioritization of the use of village funds and the Decree of the Regent of Deli Serdang Number 1 of 2021 on the Allocation of Village Funds. These regulations are used as guidelines in planning indirect health activities, and the Bupati Decree regulates the handover of health facilities. Both village funds sourced from the APBN and APBD are used consistently to support the development and empowerment of village communities, but the way they are used differs. To make the use of APBD village funds more flexible, activities should be aligned with the three development pillars of Deli Serdang Regency, by enabling the participation of the community, government, and entrepreneurs.

In the context of analyzing village fund policies, village characteristics must be considered. The people of DeliSerdang Regency have various ethnicities, occupations, and cultures. In the Tuntungan II sub-district of Deli Serdang Regency, most people are Batak, including Toba, Karo, Mandailing, Simalungun, even Angkola and Pakpak. The community has strong and strong kinship relationships. The culture of gotongroyong still exists in everyone in the community. This was seen in all villages except Deli Serdang Kota Village, where the
indigenous and tribal people mixed immigrants such as Javanese, Malay, Chinese, Minang, Nias, Aceh, and Tamil-Indian. In general, the population depends on farmers and laborers for their livelihoods.

One of the health development problems that occur in the villages of Deli Serdang Regency is the high level of community diversity, which results in the complexity of the problems that arise. To complete the development, a larger amount of funding is required, especially for Tuntungan II Village. Another issue is the life of the Batak tribe in remote areas, who are still dependent on nature. Most of the villages in Deli Serdang District are in the lowlands. Certain villages are often subject to flooding from upstream areas of Deli Serdang Regency. Rural communities in Malinau District consist mainly of farmers and laborers. This affects how the community spends its village budget for development.

Since all proposals are made by the community in the village fund policy process, the community has the ultimate power. In Deli Serdang District, the concept of participatory development planning is used, which involves the community in every step of the development process. In the village fund policy process, the most significant stage is the policy formulation stage. Musrenbang, or development planning deliberation, is this stage. In Deli Serdang, the Musrenbang consists of several stages, namely the Village Pre Musrenbang/RT Musrenbang, Village Musrenbang, Sub-district Musrenbang, and District Musrenbang.

Before being ratified into the APBDes, the document resulting from the village musrenbang, or RAPBDes, will be evaluated by the RAPBDes evaluation team from the Regional Government of Deli Serdang Regency. If there are discrepancies between the musrenbang document and the submitted RAPBDes, the evaluation team will ask for reasons that can be accounted for by the village, as well as an official report on the changes. If everything is in line, the RAPBDes will be approved. Political factors determine how village budgets for health development are allocated. No health development is a long-term investment, so it is not favorable for political interests. Data discrepancies between village government and SKPD related to village fund policies impact the policy process. This often leads to health workers thinking that health funds are already limited, and they cannot increase them.

The village fund policy has an important role in every policy process. The village fund policy in Deli Serdang Regency is divided into: 1. The community consists of RT heads, community leaders, traditional leaders, women leaders, youth leaders, religious leaders and education personnel. 2. The village government consists of the village head, village secretary, village affairs head, village section head, village staff, village PKK head, LPM, customary institution and BPD. 3. The Sub-district consists of the Sub-district Head, Sub-district Secretary and Section Heads in the Sub-district. 4. District government consists of SKPDs related to village fund policy, namely Bappeda, BPMD, Finance Agency, Governance Section, Legal Section, LP3MD and village facilitators. 5. The health sector consists of the Health Office, Puskesmas health workers, Pustu/village health workers and health cadres.

Population, poverty rate, area, and geographical difficulty are used to determine the amount of village funds sourced from the APBN. By providing funding capital to villages to carry out development, in accordance with the third Nawacita, the increase in village funds each year shows the government's commitment to implementing development. Villages, which function as the spearhead of development in Indonesia, have the ability to carry out development activities aimed at achieving a prosperous village community. The status of villages based on the components of the Village Development Index (IDM) can be seen, and one of the components that must be built to realize a high IDM is the component related to health. Physical development is the focus of health development. This is due to the fact that many villages in Tuntungan II Deli Serdang Regency still need health infrastructure development. The village government believes that development can only be accounted for if the results are tangible and visible. Unlike health promotion activities. This leads to villages not having the courage to allocate funds for non-existent health development. This is comparable to the document findings in three kecamatan in NTT. The results of the Musrenbangcam in 2010 showed that most of the proposed activities in the health sector were physical in nature, and only a few were non-physical. Village budgets for health development are also influenced by political factors. Health development for long-term investment does not exist, so it is not politically favorable. Discrepancies in information about health workers, village government, and SKPD related to the use of village budgets for development affect the village fund policy process.

Health development activities are lacking due to the absence of a legal "umbrella" that regulates how village budgets are used for health development. Requesting the government to enact a law regulating the amount of funds allocated for health development from the APBDes is one way to increase village budget allocations for health development. So far, the government has only regulated the allocation of funds for the health sector through Law No. 36/2009, which stipulates that local governments must allocate 10% of the APBD beyond salaries, other Expectations a This aims to ensure that village funds are not only used to build health infrastructure, but also start considering investments in improving the quality of health, such as improving community nutrition.

Village characteristics, for example, are a systematic component that influences village fund policies in this context. The background and characteristics of the people in each village are different, including
occupation, ethnicity, settlement patterns, and geographical conditions. The mindset of community members is shaped by these village characteristics. During the Musrenbang Desa process, community perspectives on problems and solutions are critical. Efforts to increasing village budget allocations for health development requires an understanding of the village community. The strong diversity of the community, as seen in Malinau Kota Village, where people from different tribes live together, causes many complex problems. Because of the many issues that arise, villages require a lot of funding to undertake development. In Tuntungan, Deli Serdang Regency, most of the people are Batak. Batak people are very close to each other. Villagers are usually related. Health workers can tell villagers that everyone is family to improve village health. This understanding encourages the community to reach agreement on actions to improve family health. The ability of health workers to educate and sell health programs to the community is very important.

The Musrenbang, or development planning meeting, is the stage that most influences the village fund policy process. In Tuntungan II, Deli Serdang District, the village musrenbang consists of the pre-village/neighborhood musrenbang, village musrenbang, sub-district musrenbang, and district musrenbang stages. Village health workers must be able to identify problems and formulate village health problems, starting from inventorying existing resources to overcoming problems. The presence of health workers in every stage of village development planning determines whether health development activities will be included in the APBDes. Health workers should not be apathetic during the Musrenbang. They should be able to convince participants by putting forward tangible health programs. To demonstrate to higher levels of government and the general public that development is successful, village governments often place importance on visible development. Before being ratified into the APBDes, the musrenbang document will be evaluated by the APBDes evaluation team from the Deli Serdang District Government. If there are discrepancies between the musrenbang documents and the proposed ones, the evaluation team will ask for reasons that can be accounted for by the village, as well as the minutes of the changes in the results of the musrenbang. The RAPBDes can be ratified into APBDes after all requirements have been met.

Financial accountability reports were the only issue discussed during the evaluation; there were no documents showing the overall evaluation process. Villagers monitor and supervise development in their village and report the results to the village government and BPD. However, in Tuntungan II of Deli Serdang District, this stage has not been well implemented as communities often only see development but do not know the details of the development activities to be carried out. The village head has the highest authority. Village development planning activities use the village head’s vision and mission to determine the village development path. The village apparatus implements the policy. An effective village apparatus will be able to execute policies correctly so that village development can run well, but the selection of village apparatus is often influenced by politics and conflict. Unless the village officials have professional skills, these factors will hinder the village development process. Village governments assume that the Health Office and Puskesmas are responsible for health development, leading to a lack of progress.

Strong human resources are needed to implement village development. They must not only be able to work hard, but also be able to work professionally and have reliable skills. Health workers must have the ability to build informal relationships with village governments. At the kecamatan level, efforts to leverage village funds through the Musrenbang planning system should be strengthened by utilizing staff. Each field or program has a health cadre. As these cadres provide instruction and understanding of which health activities require funding, village heads will make proposals. Inadequate village budgets for health development are a major cause of this problem. The health sector cannot maximize the opportunities available in the village budget. As the party responsible for health development in the village, village health workers still have limitations in terms of basic management, such as identifying key problems and needs, mobilizing resources, planning activities, and so on. The task of the Puskesmas and village health workers is to support the village and utilize the resources available in the village budget.

One limitation of this study is that the time spent on interviews was not well utilized and some puskesmas heads were unable to attend due to additional duties, which impacted the accuracy of the information obtained. To ensure that the concepts and findings of this study are complete, the study should be extended to other regions in Indonesia. The results of this study can be used by local governments to make health development planning at the village level.

**CONCLUSION**

Population, poverty level, area, and geographical difficulty are factors that determine the amount of village funds sourced from the APBN. The increase in village funds each year demonstrates the government’s commitment to development, as outlined in the third Nawacita. Villages, as the center of development in Indonesia, must achieve a prosperous village community. In health, the high IDM component requires improvement, but health development often focuses on physical infrastructure.
Village fund policies are affected by information mismatches between village governments, relevant SKPDs, and health workers. The government should be encouraged to set an appropriate amount of funds for health development due to the lack of laws regulating the allocation of village funds. During Musrenbang, the role of health personnel is crucial to determine health development activities in the APBDes. The physical progress of development is the main focus of the evaluations conducted; however, it does not cover the overall evaluation process. The village head, village officials, political factors and kinship influence village development; without professionalism, the process can be hampered. Using village budgets for health development is difficult as there are limitations in basic management of health personnel. Health development planning at the village level requires extending this research to other parts of Indonesia.

REFERENCES


