

CAPACITY BUILDING TO ACHIEVE SUSTAINABLE DEVELOPMENT GOALS (SDGs) IN REDUCE MATERNAL AND INFANT MORTALITY RATE

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Abstract:

The South Central Timor Regency Regional Government is fully aware of the SDGs. While some RAO leaders and representatives are aware that the SDGs are merely an expansion of the MDGs, they need to be aware of the agenda's specifics. The method used in this study is descriptive and qualitative, with a total of 76 people who were determined purposively. Then, the primary and secondary data collected were analyzed using data analysis techniques from Creswell. Capacity building in order to achieve sustainable development goals (SDGs) In reducing maternal and infant mortality within the scope of the South Central Timor Regency Regional Apparatus Organization uses the opinion of Thompson, which develops the concept created by Parsons with research results, namely; (a) at the technical level it was found that the Regional Apparatus Organization (RAO) in TTS Regency did not yet have a comprehensive understanding of SDGs with indicators of maternal and infant mortality so that they were still limited to the problem of stunting alone and still had problems integrating databases in each agency while in (b) at the managerial level, it was found that there was no synchronization of personnel allocation for each unit and function in carrying out SDG's goals (c) at the institutional level it was found that local governments had not developed effective policies regarding the implementation of SDGs in regional development plans. The inhibiting factors for capacity building in order to achieve sustainable development goals (SDGs) in reducing maternal and infant mortality within the scope of the South Central Timor Regency Regional Apparatus Organization are; (a) minimal budget, (b) bad policies (bad policies), (c) outdated data and (d) minimal inter-agency coordination.

Keywords: Sustainability, Mortality, Mother and Baby.

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INTRODUCTION

Capacity building has various definitions. Grindle & Hilderbrand (1995) define a capacity building as improvements in the ability of public organizations, either single or cooperation with other organizations, to perform appropriate tasks. In other words, capacity building is an increase in the ability of public organizations to achieve specific goals independently and in collaboration with other organizations. Horton et al. (2003) explain that capacity building is an ongoing process to increase the ability of the organization to carry out its functions and achieve its objectives and learn and solve problems (pp. 71). This concept describes the capacity building as the ability to perform essential functions, namely goal attainment, learning and problem-solving. This opinion is almost the same as that put forward by Milen (2000), who sees the capacity building as a continuing process of strengthening the ability to perform core functions, solve problems, define and achieve objectives and understand and deal with development needs (pp. 47).

From several expert opinions, the study of capacity building is generally agreed upon in individuals and organizations, although there are slight differences in the broader dimensions. However, when examined closely, the system context (Brown, 2001). Morison, 2001, Araya-Quesada et al. (2010), community (Banyan, 2007), environment (OECD, 2008), and institutions (Grindle, 1997; Horton et al., 2003) have the same orientation, namely how individual and organizational dimensions can interact with the environment in developing their capacities, and system and community is the organizational environment and individuals within the organization. Even on the dimension of institutional reform (Grindle, 1997), which according to Dill (2000), focuses on institutions and systems as a macrostructure. Grindle's concept is similar to that mentioned by Horton et al. (2003), with the concept of national institutions that affect the micro level (individuals and groups) or meso level (organization). At the micro level, which focuses on individuals and groups as a collection of individuals, capacity building focuses on providing professional and technical resources (Grindle, 1997; Dill, 2000; Horton et al., 2003).

This opinion is reinforced by Klingner & Nalbandian (2003), who explains that professionalization can strengthen the capacity of public organizations with the availability of clear skills, supporting education and training pathways, and ethical standards. At the individual level, skills, education and training, and ethical standards are essential criteria. These professional indicators are related to individual performance and organizational performance effectiveness (Behrman, 2006).

Capacity building in an organizational context is related to efforts to improve the ability of a public organization (Indrawijaya and Pranoto, 2011). Indrawijaya & Pranoto (2011) further explain that organizational capacity building is an essential strategy so that a public service organization can develop strategic plans aimed at making the organization achieve its goals clearly and being able to design an organization to ensure efficiency, effectiveness, and responsiveness. At the institutional level, capacity building is directed at the ability to create rules of the game that can respond and formulate policies by taking into account the values of efficiency, effectiveness, responsiveness, fairness, participation and sustainability of government policies, one of which is the Sustainable Development Goals (SDGs).

In line with the government's efforts is one of the targets in SDGs number 3, namely "Ensure a healthy life and support prosperity for all for all ages," with the first indicator, namely; by 2030, reduce the maternal mortality ratio to less than 70 per 100,000 births and the second indicator; by 2030, end preventable deaths in newborns and children under five, whereby each country targets to reduce neonatal deaths to less than 12 per 1000 births and under-five deaths to as low as 25 per 1000 births.

In its implementation, Indonesia has succeeded in achieving most of Indonesia's MDGs targets, namely 49 of the 67 MDGs indicators. Meanwhile, Indonesia ranks 6th in achieving the 2021 SDGs in the Southeast Asia region and 97th globally. The country with the nickname White Elephant (Thailand) is in the top position in achieving the 2021 SDGs with 74.19 points. Vietnam trails in second place with 72.85 points, and Malaysia is in third place with 70.88 points (The Sustainable Development Goals Report, 2021).

However, there are still some indicators that must be continued in the implementation of the SDGs. Some of the indicators that must be continued include reducing the poverty rate based on the national poverty line, increasing minimum consumption below 1,400 kcal/capita/day, tackling HIV/AIDS, providing clean water and sanitation in rural areas, wide disparities in target achievement among provinces. as well as reducing the Maternal Mortality Rate (MMR).

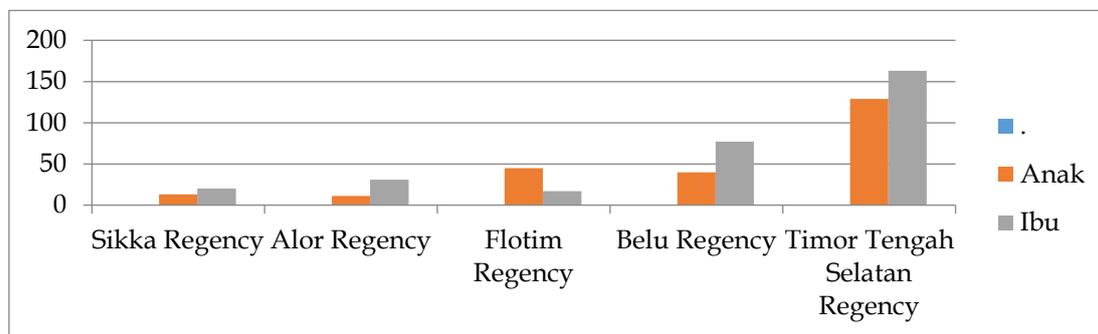
The Maternal Mortality Rate (MMR) is an indicator of health development and indicator of fulfilling reproductive rights and the quality of health utilization in general. The ability to provide

health services for a nation is measured by maternal and perinatal mortality in 100,000 live births (Lestaria, Bahar, & Munandar, 2016). The Infant Mortality Rate (IMR) is an indicator commonly used as an index of economic development, an indicator of the quality of life and the main component determining the life expectancy of a society (Ensor, 2010).

MMR and IMR are important indicators of success in achieving optimal public health status for a nation. The Ministry of Health of the Republic of Indonesia states that AKI is death caused by pregnancy, childbirth or childbirth, not due to accidents. MMR is calculated per 100,000 births. IMR is the number of stillbirths and infant deaths in the first 7 days of life. Meanwhile, the IMR is the number of deaths in 1,000 divided by the number of live-born and still-born babies in the same year. Evaluation of the performance of maternal and infant health efforts is crucial for monitoring because this is a sensitive indicator in describing the country's welfare (Lestaria, Bahar & Munandar, 2016).

Based on the provinces in Indonesia, the very low MMR scores were mainly spread across the island of Sumatra in 2019 and then in 2020, they will spread across Western, Central and Eastern Indonesia. Provinces with the lowest MMR include DKI Jakarta, South Sumatra, DI Yogyakarta, North Sumatra and Bali. In 2020, the highest MMR included the provinces of Bangka Belitung, West Sulawesi, Riau Islands, Aceh and East Nusa Tenggara. Based on data from the East Nusa Tenggara Province Health Office in 2020, the maternal mortality rate reached 163 cases, and the infant mortality rate reached 102 cases.

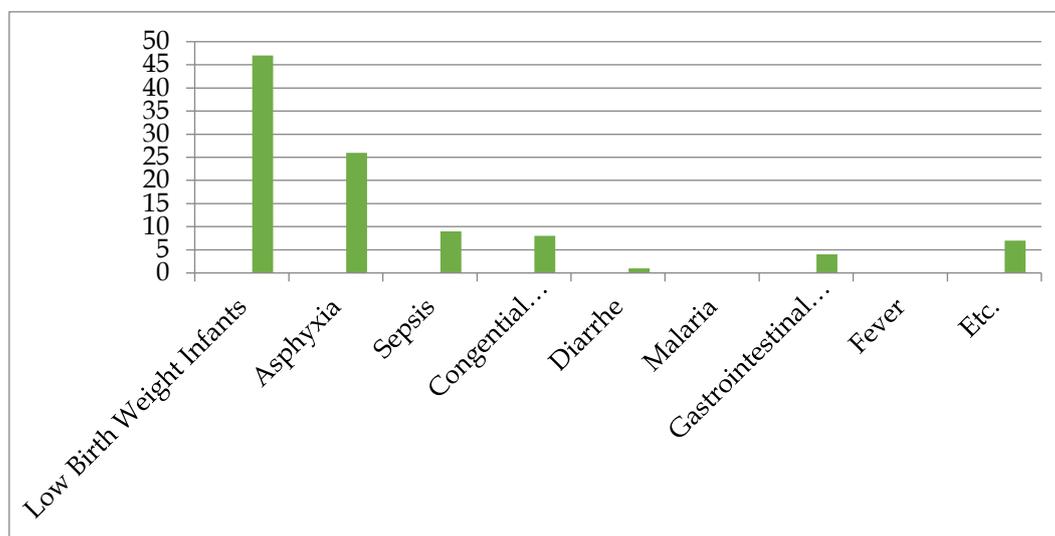
The author also presents the number of maternal and child deaths in East Nusa Tenggara Province in 2021.



Source: NTT Provincial Health Office, 2022

Figure 1. Number of Maternal Mortality in East Nusa Tenggara Province in 2021

According to the data in figure 1 above, the East Nusa Tenggara Provincial Health Office found that in 2020 the highest number of maternal deaths was recorded in Timor Tengah Selatan (TTS) District, namely 163 cases. This number increased from the previous data in 2019 of 113 cases, and the number of child deaths in 2020 was 102. This number increased from 2019 to 87 cases with influencing factors. It is found that the leading cause of maternal death is bleeding in 60 people. In comparison, hypertension in pregnancy is 23 people, infection is 11 people, disorders of the bleeding system are 12 people, metabolic disorders are 14 people, first aid is 18 people, and others are 25 people, while the causes of infant mortality in TTS Regency will be described in Figure 2 below:



Source: South Central Timor District health office, 2022

Figure 2. Causes of Child Death in South Central Timor District in 2021

The graph above shows that the causes of infant mortality in TTS Regency in 2021 are low birth weight (LBW), asphyxia, sepsis, congenital abnormalities, diarrhea, and gastrointestinal disorders. Meanwhile, the health of pregnant women is of great concern to the government. Pregnant women bring candidates for the next generation of the nation who will productively contribute significantly to the progress of the nation and state. The importance of maternal health can be seen in government policies which make reducing the Maternal Mortality Rate (MMR) one of the SDG's 2030 targets and an indicator of the success of national development (RI Ministry of Health, 2014; Bappenas, 2015). At present, various efforts have been made by the TTS Regency Government to maintain the health of pregnant women during the process of pregnancy until the delivery process as well as for the baby they are carrying.

Therefore the role of the Regional Government, especially the South Central Timor District Government, is to support the achievement of SDGs number 3, namely "Ensure a healthy life and support well-being for all for all ages," especially in 2030, reducing the ratio of maternal mortality to less than 70 per 100,000 births and the second indicator; by 2030, end preventable deaths in newborns and children under five, whereby each country targets to reduce neonatal deaths to at least less than 12 per 1000 births and under-five deaths to as low as 25 per 1000 births.

The achievement of SDGs number 3 involves regional apparatus organizations such as; NTT Provincial Health Office, Planning and Development Office for TTS Regency, TTS Regency Health Office, BKKBN for TTS Regency, Integrated Service Center for Empowerment of Women and Children (P2TP2A) for TTS Regency, Village Head, Human Development Cadres (HDC), Assistant for Family Hope Program (FHP), Health Centers, BPD, NGOs and the community and implemented in accordance with the development directions set by the Central Government, among others; (1) preparing infrastructure at the regional level in the form of providing policy, budget and program support so that they are aligned with efforts to achieve the SDGs; (2) Mapping and integrating national SDGs targets and indicators into the RPJMD; (3) Capacity building for LGs and stakeholders; socialization/dissemination to the whole community; (4) As well as the preparation of data and information, but the findings of the researchers found that data integration as a basis for each RAO in formulating work plans and programs is not in accordance with the indicators in the

SDGs, especially goal number 3, causing systems and mechanisms for coordination, monitoring and evaluation between RAOs, communication between working groups, program groups and the secretariat of each program overlaps and runs independently (sectoral ego).

When viewed from regulations and programs, the TTS Regency government is quite progressive in handling maternal and infant mortality cases in this region. The TTS District Government has issued a regulation in the form of Regional Regulation Number 6 of 2013 concerning Maternal, Newborn and Child Health (MNCH). This regulation is comprehensive enough to discuss steps in increasing access and quality of maternal, infant and child health. On the other hand, there are quite some programs that have been included in the RPJMD, such as programs to improve maternal and child safety, programs to improve health services for toddlers, programs to promote maternal, infant and child health through community activity groups, as well as BKBPoSyandu-PAUD operational model development programs.

The results of the pre-research carried out by the research team revealed that several organizations also often hold forum meetings and workshops that bring together RAOs, legislators, and women's organizations to introduce SDGs, in particular, the 3rd goal of SDGs. However, the findings show that many RAOs still need to be aware that there is a follow-up global agenda after the MDGs ended in 2015. Hence, they still need to include SDGs' number 3 priority related to maternal and infant mortality in their strategic plan. The Regional Government of Southcentral Timor Regency needs to be fully aware of and aware of what the SDGs are. Some RAO leaders and officials know the SDGs are only an extension of the MDGs but need to know the substance of the agenda.

Several targets and indicators related to the SDGs have been accommodated in the RPJMD. Although they are not explicitly stated, they still intersect and relate to one another. Some policies, regulations and initiatives related to the goals of the SDGs have been made. However, there are still problems with integrating the database of each indicator for each goal which needs to be completed, valid and reliable. Of the 17 existing goals, the goal that is quite progressive in achieving is SDG number 5, which relates to Gender Equality and Efforts to Protect Women. Based on this background, this research will focus on capacity building to achieve the Sustainable Development Goals (SDGs) in Reducing Maternal and Infant Mortality Rates within the South Central Timor Regency Regional Apparatus Organization.

The SDGs, which have become the global agenda for world development, has become the focus of national development by the government after the MDGs. Since Presidential Regulation Number 59 of 2017 concerning the Implementation of the Sustainable Development Goals was enacted, all relevant stakeholders need to work together to achieve the indicators set out in the SDGs. The government, the private sector, civil society organizations and the community must work together and synergize to achieve inclusive development. Of course this is not solely because in 2030, Indonesia, as part of the world community, must achieve the indicators in the SDGs, but also because this is part of efforts to make Indonesia a more developed and prosperous country.

Several experts have mentioned several factors of organizational capacity building in the theory dialogue chapter, such as Eisinger (2002), Horton et al. (2003), and Christensen and Gazley (2008) so that conceptually, studies related to the development of the organizational capacity of the TTS Regency regional apparatus in achieving sustainable development goals (SDGs) within the scope of the South Central Timor Regency Regional Apparatus Organization can be grouped into the three levels of organizational activity proposed by Thompson, (2003) namely; (a) technical level, (b) managerial level and (c) institutional level (pp. 60). Based on the description above, the authors chose the study's title, "Capacity Building to Achieve Sustainable Development Goals (SDGs) in Reduce Maternal and Infant Mortality Rate".

METHODS

The research method used in this research is a descriptive research method with a qualitative approach. At the same time, the data sources in this study were obtained through primary and secondary sources, which were collected using observation techniques, interviews and document searches through 76 informants related to research problems. Furthermore, the collected data will be analyzed using data analysis techniques from Creswell (2016) (pp. 264-268).

RESULT AND DISCUSSION

Capacity Building to Achieve Sustainable Development Goals (SDGs) in Reducing Maternal and Infant Mortality Rates within the South Central Timor Regency Regional Apparatus Organization. To analyze capacity building in order to achieve the Sustainable Development Goals (SDGs) in reducing maternal and infant mortality in the South Central Timor District Regional Apparatus Organization, the authors use the opinion of Thompson (2003:60), who developed the concept created by Parsons (1960), where he distinguished the organization on three levels with the following research results:

Technical Level. The results of the study found that after one year, the SDGs commitment was rolled out by the national government, the government at the regional level still needs to implement its achievements. In the eastern region of Indonesia, especially the South Central Timor District (TTS), the implementation of the SDGs still needs to overcome many obstacles, especially in how the SDGs are integrated into regional development plans. The Regional Apparatus Organization (OPD) in TTS Regency does not yet have a comprehensive understanding of the SDGs with indicators of maternal and infant mortality, where the technical discussion is still limited to the issue of stunting alone and still has problems in integrating the database of each indicator in each goal that has not been complete, valid, and reliable. It was also found that there was no funding intervention to reduce maternal and infant mortality but only used village funds purely for maternal and infant care, the provision of additional food, and the salaries of health cadres.

In contrast, South Central Timor District Regulation Number 6 of 2013 concerning Services The Health of Mothers, Newborns, Infants and Children Under Five Years (KIBBLE) has deficiencies wherein the KIBBLA Regional Regulation states that if you give birth at home, you will pay a fine. However, the community is afraid of extortion because the money needs to be informed as to whom to give it to and where to deposit it. No standard does not reduce IMR from pregnancy to after childbirth.

Meanwhile, Horton et al. (2003) further explained that administrative capacity building is an essential strategy so that a public service organization can develop strategic plans aimed at making the organization achieve its objectives clearly and being able to design an organization to ensure efficiency, effectiveness, responsiveness and regional development programs. It will be right on target if it is prepared based on accurate data and needs under the field context. These data can later be used as a reference for setting targets that must be achieved in the region. However, data availability under the SDGs Goals indicators for the South Central Timor Regency area still needs to be increased.

It happens because the available data is still very general, meaning that calculations still need to be carried out to obtain data under the SDGs indicators. Some of the data is not available at the BPS of TTS Regency because some indicators are included in the national-global indicators and are not the obligation of regional apparatus organizations to achieve them while developing the capacity of Regional Apparatus Organizations in Achieving Sustainable Development Goals (SDGs) in the South Central Timor Regency Regional Apparatus Organizations should be focused on providing professional and technical resources (Grindle, 1997; Dill, 2000; Horton et al., 2003). This opinion is

corroborated by Klingner and Nalbandian (2003:49), who explains that professionalization can strengthen the capacity of public organizations, but this has not happened to the South Central Timor District Regional Apparatus Organization in supporting the SDGs goals for the South Central Timor District area.

Managerial Level. That part of an organization has the capacity and responsibility for designing and controlling systems that produce goods or services for procuring inputs and creating outputs by allocating personnel to each unit and function. Based on this explanation, the personnel for each unit and function to reduce maternal and infant mortality in TTS District are below.

At the TTS District level, with personnel consisting of the Head of the TTS District Health Office, the Head of the TTS District BKKBN, and the TTS District Integrated Service Center for Empowerment of Women and Children (P2TP2A). Ensuring program/activity planning and budgeting for priority interventions, especially in locations with high maternal and infant mortality rates and high disparities in service coverage; improve service management for priority nutrition interventions and ensure that priority targets receive and utilize the intervention packages provided; and Coordinate sub-district and village governments in implementing priority interventions, including optimizing resources, funding sources, and updating data.

At the sub-district level, the head of the subdistrict is the conducting personnel. The Camat leads the coordination of interventions to prevent maternal and infant mortality as the district coordinator; The sub-district head holds regular meetings with officials at the sub-district, village and community levels to discuss planning and progress of interventions to reduce maternal and infant mortality; Provide support in carrying out data monitoring and verification and provide assistance in implementing activities at the village level.

At the village level in TTS District with personnel, namely village officials, Human Development Cadres (KPM), Families Hope Program (PKH) assistants, Puskesmas officers and village midwives, as well as Family Planning (KB) officers with assignments. The village government synchronizes the planning and budgeting of village development programs and activities to support the prevention of maternal and infant mortality; The village government ensures that each priority target receives and utilizes the priority nutrition intervention service package. Implementation of the activities was carried out in collaboration with Human Development Cadres (KPM), Family Hope Program (PKH) assistants, Puskesmas officers and village midwives, as well as Family Planning (KB) officers; The village government strengthens monitoring and evaluation of the implementation of services for all priority targets and coordinates target data collection and routine data updating.

The results of the authors' findings show that there is no synchronization of personnel allocations for each unit and function in carrying out the SDG's goals in each organization in the TTS District, hampering the implementation of SDGs with indicators of reducing maternal and infant mortality rates in TTS District. It is essential to organize integrated maternal and infant mortality reduction interventions at the TTS District level to ensure each institution understands its role and contribution in reducing maternal and infant mortality; Knowing the target and location of interventions to reduce maternal and infant mortality; Develop ways or methodologies to ensure that each target group receives the required intervention; Building coordination mechanisms between institutions that can be used to ensure the implementation of program integration from planning, implementation, and monitoring; Mapping and integrating national SDGs targets and indicators into the RPJMD.

Institutional Level. At the institutional level, capacity building is directed at the ability to create rules of the game that can respond and formulate policies by taking into account the values of efficiency, effectiveness, responsiveness, fairness, participation and sustainability. Institutionally,

local governments still need to develop effective policies for implementing SDGs in regional development plans. The Regional Medium-Term Development Plan (RPJMD) preparation for the TTS District has yet to explicitly outline indicators for reducing maternal and infant mortality as listed in the SDGs.

The local government of TTS Regency has also yet to form a working group (Pokja) to accelerate the implementation of SDGs in reducing maternal and infant mortality rates. At the same time, capacity building in an organizational context is related to efforts to increase the capacity of a public organization (Indrawijaya and Pranoto, 2011:44).

The availability of data available at BPS Kabupaten TTS is not used as a reference by the OPD, spearheading the reduction in maternal and infant mortality. Each OPD carries out its data collection through a data-by-name-by-address system. If examined closely, administrative capacity building is an inter-organizational unit as in the system context (Brown, 2001). Morison, 2001, Araya-Quesada et al. (2010), community (Banyan, 2007), environment (OECD, 2008), and institutions (Grindle, 1997; Horton et al., 2003) have the same orientation, namely how individual and organizational dimensions can interact with the environment in developing their capacities, and system and community is the organizational environment and individuals within the organization.

However, what has been observed in the regional apparatus organizations in TTS Regency, each agency has a method of calculation that is different from one another. This condition causes the absence of integration of valid and reliable data to be used as a reference in aligning programs and regional work plans. In addition, the available data still needs to represent the calculation method stipulated by Bappenas in the SDGs Indicator Metadata document. Therefore, data integration is needed to design policies and regulations on target to achieve the goals set by Gandara (2008:9) or to be achieved (Rainer Rohdewohld, 2005:11).

Factors Inhibiting Capacity Development to Achieve Sustainable Development Goals (SDGs) in Reducing Maternal and Infant Mortality Rates within the South Central Timor District Organization. Based on the results of research conducted by the authors, several factors inhibiting capacity development from achieving sustainable development goals (SDGs) in reducing maternal and infant mortality within the South Central Timor Regency Regional Apparatus Organization are as follows.

Minimal Budget. Only now, the TTS District Government has assisted the village with the implementation of SDG indicators for reducing maternal and infant mortality. The pure village government uses village funds of 1 billion 84 million for 2022 with an allocation for additional food provision of 84 million for those who cook food for pregnant women and toddlers with a breakdown of the cost of eating for mothers of 27,500 and toddlers of 25,000 for 90 days which is a Ministry of Health / PMT program. It was done because the Social Services and Health Services did not have a village program for AKI-IMR. There were not even NGOs to help, so this program was purely the village's program, and there had even been socialization from the Health Office. However, the form of handling AKI-IMR was returned to the village using village funds. . The salaries of human development cadres (KPM) also come from village funds.

Bad Policy. The implementation of SDGs to reduce maternal and infant mortality in the TTS District still needs to overcome many obstacles, especially in how SDGs are integrated into regional development plans. The Regional Apparatus Organization (OPD) in TTS Regency does not yet have a comprehensive understanding of the SDGs with indicators of maternal and infant mortality, where the technical discussion is still limited to the issue of stunting alone and still has problems in integrating the database of each indicator in each of the goals set incomplete, valid, and reliable. From a policy standpoint, problems have been found since this policy was made, so this policy has been flawed from the start. Where in the South Central Timor Regency Regional Regulation Number

6 of 2013 concerning Health Services for Mothers, Newborns, Infants and Children Under Five Years (KIBBLA) provides for fines for mothers who give birth at home but in implementing it, the village government and the service are afraid to fine them because they do not want extortion to occur. The reason for this happening is that the Regional Regulations need to be detailed regarding whom the funds were given to and where they were paid. There is also no standard for not lowering the IMR from pregnancy to the postpartum period, which should be in the regional regulations.

Data Update. Efficiency, effectiveness, responsiveness and regional development programs will be right on target if they are prepared based on accurate data and needs following the field context. These data can later be used as a reference for setting targets that must be achieved in the region. However, data availability under the SDGs Goals indicators for the South Central Timor Regency area still needs to be increased. It happens because the available data is still very general, meaning that calculations still need to be carried out to obtain data under the SDGs indicators. Some of the data that is not available at BPS Kabupaten TTS is because several indicators are included in national-global indicators, and it is not the obligation of regional apparatus organizations to achieve them while developing the capacity of Regional Apparatus Organizations in Achieving Sustainable Development Goals (SDGs).

Lack of Interdepartmental Coordination. The authors' findings revealed that one institution that handles AKI-IMR is the BKKBN, but the handling of AKI-IMR in BKKBN is not too focused, and the BKKBN argues that this task is the domain of the Health Service. The Regent's RPJMD meetings are directed to adopt the SDGs, one of which is regarding reducing MMR and being the main indicator, SDG's are included in the minimum service standards, while the BKKBN is an intermediate indicator that supports service indicators. However, in several agencies, there are no programs that include SDG's as the main indicator. Bappeda itself does not coordinate the AKI-IMR reduction program with related agencies.

There are no facilities for scales and functional tools yet. Even health workers borrow from the public health center for height measuring devices. Even those who determine the health of mothers and babies should be individuals with a specialization in nutrition education, but in the village, there are no such individuals.

Another problem is that there have never been related agencies that have come to improve service management for priority nutrition interventions and ensure that priority targets obtain and utilize the intervention packages provided by pregnant women and babies so that there is no synchronization of SDG's goals in each organization in the District. TTS needs to improve the implementation of SDG's in the TTS District. It is essential to organize integrated interventions to reduce maternal and infant mortality at the TTS District level to ensure that each institution understands its role and contribution to reducing maternal and infant mortality, knows the targets and locations of interventions to reduce maternal and infant mortality, develops ways or methodologies to ensure that each target group receives the interventions needed, build coordination mechanisms between institutions that can be used to ensure program integration starts from planning, implementation, and monitoring as well as mapping and integrating national SDGs targets and indicators into the RPJMD.

CONCLUSION

Capacity building in order to achieve sustainable development goals (SDGs) In reducing maternal and infant mortality within the scope of the South Central Timor Regency Regional Apparatus Organization using the opinion of Thompson (2003:60), who developed the concept created by Parsons (1960), where he distinguished organization over three levels with the following research results

Technical Level. The Regional Apparatus Organization (OPD) in TTS Regency does not yet have a comprehensive understanding of the SDGs with indicators of maternal and infant mortality, so they are still limited to the problem of stunting and still have problems in integrating databases in each agency where each indicator in each goal has not been complete, valid, and reliable. It was also found that there was no funding intervention to reduce maternal and infant mortality but only used pure village funds. In contrast, from a policy perspective, it was found that the KIBBLA Regional Regulation stipulates that if you give birth at home, you will pay a fine. However, the community is afraid of extortion because the money is not informed as to whom to give it to and where deposited. No standard does not reduce IMR from pregnancy to after childbirth.

Managerial Level. The lack of synchronization of personnel allocation for each unit and function in carrying out SDG's goals in each organization in TTS District has hampered the implementation of SDGs with indicators of reducing maternal and infant mortality in TTS District.

Institutional Level. Institutionally, local governments still need to develop effective policies for implementing SDGs in regional development plans. The preparation of the Regional Medium-Term Development Plan (RPJMD) for the TTS District has not yet explicitly outlined indicators for reducing maternal and infant mortality rates listed in the SDGs. The local government of TTS Regency has also yet to form a working group (Pokja) to accelerate the implementation of the SDGs in reducing maternal and infant mortality, even though outreach and dissemination to the whole community still need to be completed.

Factors inhibiting capacity development in order to achieve sustainable development goals (SDGs) in reducing maternal and infant mortality within the scope of the South Central Timor Regency Regional Apparatus Organization, namely; (a) minimal budget, (b) bad policies (bad policies), (c) outdated data and (d) minimal inter-agency coordination.

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