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Evaluation of the Recovery Supplemental Feeding Program (PMT-P) for 90 Days on the Acceleration of Reducing Cases of Stunting Toddlers in the Working Area of Wanadadi Community Health Center 2

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ABSTRACT

Stunting is a growth disorder (body and brain growth) caused by ongoing malnutrition, which causes children to be shorter than normal children of their age and have delays in thinking. One of the direct causes of stunting is intake. In an effort to accelerate the reduction of stunted cases, the Banjarnegara District Health Service, in collaboration with 35 Community Health Centers (Puskesmas) in Banjarnegara District, is implementing a program to provide supplementary feeding (PMT-P) for 90 days to stunted and malnourished toddlers. Objective: To determine the implementation of the Recovery Supplemental Feeding Program (PMT-P) for 90 days to accelerate the reduction in stunting for toddlers in the work area of Wanadadi Community Health Center 2. Method: Qualitative research using informant sampling techniques, including purposive sampling and snowball sampling. Result: the implementation of the additional recovery food program in the Wanadadi 2 Community Health Center working area has not been running optimally. Based on the three stages that influence program implementation, there is one variable that is the main point of the problem, namely, the process stage. This process stage encompasses planning, which includes coordination, mobilization, and implementation, all of which involve distribution, counseling, and socialization.

Keywords: evaluation; stunting; toddler; recovery supplemental feeding

INTRODUCTION

Stunting is a growth disorder (body and brain growth) caused by ongoing malnutrition, which causes children to be shorter than normal children of their age and have delays in thinking. Malnutrition lasts from the time the fetus is in the womb until the beginning of the child's life (the first 1000 days of birth)1. Compared with the WHO-MGRS standard (Multicentre Growth Reference Study), indicators used to determine short toddlers (stunted) or very short (severely stunted) are based on body length index (PB/U) or height (TB/U) according to age. 2,3 Stunting is one of the most common nutritional problems worldwide, especially in poor and developing countries4. Because it is associated with an increased risk of illness and death, stunting is a global problem.

One of the direct causes of stunting is intake (intake)5. A baby's diet greatly influences the food intake he receives, even though food is available in sufficient quantities. Wrong eating patterns can cause toddlers to lack nutrients.

According to SSGI, the number of cases of stunting under five years old per year from 2019 to 2022 decreased by 2.8%, representing a 21.6% decrease in stunting cases in Indonesia. This means that there are 4.5 million children who are confirmed to be stunted, but hard work is still needed to achieve the target of 14% in 2019.

Central Java Province is one of the provinces still facing the problem of stunting. According to the 2018 Basic Health Research results, the percentage of very stunted toddlers aged 0-59 months in Central Java Province was 11.2%, while the rate of stunted toddlers was 20.1%. The 2019 SSGBI results reported a prevalence of stunted toddlers in Central Java Province of 27.7%, while the 2021 SSGI results were 20.9%. According to the Directorate General of Regional Development, Ministry of Home Affairs (Kemendagri), in 2023, there were 2.05 million children under the age of five in Central Java Province. Among these, 146 thousand children under five had short-term cases (stunted), and 40 thousand toddlers had very short-term cases (severely stunted).

Based on preliminary studies conducted, Banjarnegara Regency has 35 Community Health Centers spread across various sub-districts. One of them is the Wandadi 2 Health Center, which is in the Wanadadi sub-district area. Administratively, the Wanadadi 2 Health Center Work Area is divided into five villages. The prevalence of stunted under-five cases in the Wanadadi 2 Community Health Center's working area in 2023 is expected to be 11% of the total 875 toddlers spread across five villages. Data from the distribution of cases of stunting toddlers in 2023 in Karangkemiri Village showed that there were 20 stunted toddlers (stunted) and two very short toddlers (severely stunted) from 190 toddlers. Gumingsir Village has seven children under five (stunted) and one very short toddler (severely stunted) among 119 toddlers. Linggasari Village has 19 short toddlers (stunted) and four very short toddlers (severely stunted) of 174 toddlers. Kandangwangi Village has 26 short toddlers (stunted) and two very short fives (severely stunted) of 207 toddlers. Medayu Village 22 short toddlers (stunted) and two very short fives (severely stunted) of 185 toddlers. The results show that the highest number of stunted toddlers is in Kandangwangi Village and Medayu Village.

In an effort to accelerate the reduction of stunted cases, the Banjarnegara District Health Service, in collaboration with 35 Community Health Centers in Banjarnegara District, is implementing a program to provide supplementary feeding (PMT-P) for 90 days to stunted and malnourished toddlers. The Program Providing Additional Recovery Food (PMT-P) is carried out by the Wanadadi 2 Community Health Center, which covers the work area of the Wanadadi 2 Community Health Center, specifically the villages of Karangkemiri, Gumingsir, Linggasari, Kandangwangi, and Medayu. It has been running for two months, starting from September 2023. This form of food provision consists of main meals and snacks. The additional food provided includes sources of animal or vegetable protein, such as eggs, meat, fish, chicken, nuts, or substitutes, as well as sources of vitamins and minerals that mainly come from vegetables and fruits, which are regional commodities (and therefore easily accessible).

Based on the urgency of the problem, this research aims to evaluate the implementation of the PMT-P program over a 90-day period to accelerate the reduction in stunting among toddlers in the Wanadadi 2 Community Health Center's service area, encompassing input, process, and output.

METHOD

This type of research is descriptive with qualitative methods. The techniques for determining informants or sources are purposive sampling and snowball sampling. There were seven informants, comprising community health center nutritionists and village cadres, and seven triangulation informants, consisting of the head of the community health center, the midwife coordinator, and parents of the target toddlers.

RESULT AND DISCUSSION

Result

Input

In this section, we will discuss input (input) from the implementation of the additional recovery food program, which includes human resources (HR), funds, facilities, infrastructure, and time.

Human Resources

Regarding human resources (HR) involved in implementing the additional recovery food program, based on the results of interviews with primary informants, including the head of the community health center, a nutritionist, a midwife, a village head, and a posyandu cadre at the Wanadadi Community Health Center. The following is an excerpt from the interview with the main informant:

> "The key role in implementing the recovery PMT is clearly the first being the nutrition officer, secondly the head of the community health center because this is still within the community health center, apart from that there are also cadres because the cadres are the first hand to carry out the recovery PMT, then the cadres are assisted and driven by village elements" (Informant 1)

> "The first cross-sector role is definitely from the village because the village is funding this program, and from the village it involves cadres and village midwives, the health workers from the community health centers involved are nutritionists" (Informant 2)

Based on the results of interviews with the main informant, it is supported by the informant's statement triangulation in this case, namely midwives and heads of community health centers regarding human resources who play a role in implementing the supplementary feeding program for the recovery of stunted toddlers, namely the village government, nutritionists, and cadres.

Days

The PMT-P budget for stunted toddlers in the Wanadadi 2 Community Health Center's operational area is funded by village funds, which are guided by the APBDes. The following is an excerpt from the interview with the main informant:

> "We also have PMT through village funds, so the village has a priority to accelerate the reduction of stunting. They prioritize having plots for funding PMT for stunting, especially for toddlers" (Informant 1)

> "The village fully funded yesterday's PMT for 2023..." (Informant 2)

The results of the interview above were then confirmed with five cadres. The results showed that the funds for the additional recovery food program were sourced from village funds. The amount allocated to each target toddler was IDR 12,000/portion/day for 90 days, with a tax deduction of 14%, equivalent to IDR 1,680 per portion/day.

Facilities and infrastructure

The results of in-depth interviews conducted with informants regarding the availability of supporting facilities and infrastructure for the recovery supplementary feeding program (PMT-P) are satisfactory; each village has provided the necessary tools to support program implementation. Facilities and infrastructure that must be available include a kitchen, cooking utensils (such as a stove, pan, spatula, bowl, plate, spoon, and kitchen scale), toddler eating utensils, and transportation to support the food distribution process. The following is an excerpt from the interview with the main informant:

> "When the meeting was asked, all of five villages, thank God, they were able to create their own PMT, and the place was handed over to the cadres because each village is different, some live in one house, some take turns" (Informant 1)

> "The PMT facilities and infrastructure definitely have a kitchen, the kitchen is a stunting kitchen, of course, all the cooking utensils are there, so before implementing it, every village has to have a place to eat," (Informant 2)

Time

The implementation of the feeding program in the work area of Wanadadi 2 Community Health Center, which covers five villages, namely Medayu Village, Linggasari Village, Gumingsir

Village, Kandangwangi Village, and Karangkemiri Village, was carried out simultaneously for 90 days, to be precise, September 16 - December 16.

Process

Determination of Target Toddlers

The determination of target toddlers is carried out to provide additional food in accordance with program targets. Previously, the determination of target toddlers was carried out by nutritionists and midwives from each village. The data collected is based on the results of routine weighing carried out by village cadres, which are included in the EPPGBM (Community-Based Nutrition Recording and Reporting) application. Based on the results of interviews with nutritionists at the Wanadadi 2 Community Health Center, they stated that those who received additional food packages showed improvement, as indicated by the weighing results. The following is an excerpt from the interview with the main informant:

> " After the weighing is finished, input the data into EPPGBM, and then immediately appear stunted babies under five." IT 2, Midwife

Determination of Supplements

The form of food to be given to toddlers receiving additional recovery food in the Wanadadi 2 Community Health Center working area is determined by the community health center nutritionist, in collaboration with the midwife. The food menu provided focuses more on the intake of animal protein and fat, which is processed into complete meals and snacks. The budget used for purchasing additional food ingredients is funded from village funds, which are allocated for the price of each additional food package at IDR 12,000, with a 10% tax deduction. Based on interviews conducted with informants, they stated that the food packages provided were processed foods, including packages of rice, vegetables, fruit, and side dishes such as nugget chicken, fish dumplings, and grilled chicken.

Formation of Target Groups of Mothers of Toddlers

The formation of this targeted group of mothers of toddlers can facilitate the implementation and monitoring of the recovery supplementary feeding program. Based on the results of interviews with several informants in three villages, namely, Medayu, Linggasari, and Kandangwangi villages, they said that there was no formation of groups for mothers of toddlers. The results of the interview above are not in line with those of two other towns, namely Gumingsir and Karangkemiri Villages, which stated that there was a formation of target mothers for toddlers to facilitate coordination between cadres and parents of target toddlers.

Food Production

Food production for stunted toddlers in the Wanadadi 2 Community Health Center working area is carried out by each cadre in each village, starting from shopping for food ingredients to cooking food. The food production process begins with shopping for food ingredients, which are purchased one day in advance of the production process. The food provided is processed, but fresh, and is freshly cooked in the morning, then directly distributed to the target toddlers. The cooking process begins with preparing the food ingredients, washing them, and then cooking. The food is divided equally among each target toddler.

Food Distribution

Distribution of additional recovery food packages for stunted toddlers in the Wanadadi 2 Community Health Center working area is carried out by cadres from each village. The food packages to be given to stunted toddlers are previously distributed to each posyandu cadre for distribution to stunted toddlers in their respective areas. The distribution time for additional food packages is every morning from 08.00 – 09.00 WIB. The following are excerpts from interviews with informants:

> “Every morning we drop off later at dropping "To the cadre's place in another RW, they will then distribute it to the stunted child," Informant 3, 4, 5, 6, 7

Monitoring

Monitoring of the implementation of the additional recovery food program is carried out daily to ensure that the stunted toddlers actually consume the food packages provided and to serve as an evaluation tool for whether the toddlers like the food offered. Monitoring of body weight, height, length, LILA, and LIKA measurements is also carried out once a month, specifically when the posyandu is in progress.

Recording and Reporting

Recording and reporting on the provision of additional food at Wanadadi Community Health Center 2 is carried out by nutritionists, cadres, and mothers of toddlers. The recording begins with the toddler's mother, who keeps a diary to document the toddler's eating patterns.

Output

In this section, we will discuss the output from the implementation of the recovery supplementary feeding program, which includes data on toddlers with an index z-score between -2 SD and +3 SD. The acceleration of reducing cases of stunted toddlers in the Wanadadi 2 Community Health Center's working area has not been implemented effectively. The data presented still shows

an increase during the implementation of the recovery supplementary feeding program, despite a decrease in cases of stunted toddlers. This is because toddlers are not yet fully weighed 100% when the posyandu is implemented. The results of interviews with the primary informants indicated that the data presented in the EPPGBM application can change monthly, based on data from toddlers who are weighed at posyandu. The arrival of toddlers at posyandu greatly influences the data on the distribution of cases in the work area of Wandadi Community Health Center 2. Other problems that arise, such as PHBS, sanitation, economics, and parenting patterns, also influence stunting cases in toddlers.

Discussion

Supplementary feeding programs are a crucial strategy for enhancing nutritional status, particularly among vulnerable populations, including children under five, pregnant women, and the elderly.6 The recovery supplementary feeding program has become one of the main elements in the stunting prevention and control strategy. The supplementary feeding program, integrated at the village level, has had a profoundly positive impact in overcoming stunting in children under five. This is in accordance with the recommendations of the Ministry of Health of the Republic of Indonesia in 2027 regarding Providing Nutritional Supplementation for Pregnant Women, PMT for Toddlers, and PMT for School Children, which is intended to improve the nutritional status of pregnant women, children under five, and school children to ensure a healthy, high-quality generation. This goal can be achieved through a program of providing additional food to complement the target's daily nutritional needs7.

The division of work in implementing the program is based on the expertise of each individual. According to PERMENKES RI Number 75 of 2014, health workers are every individual who specializes in the health sector and has acquired the knowledge and skills through education in the health sector that are needed to provide health services.8.

In a program, budget funds are specific resources needed to support program implementation. Without an adequate budget, the program will not be able to achieve its goals or objectives. Budget funds are very important in relation to the sustainability of the implementation of the recovery supplementary feeding program7.

The funds used in the program to provide additional recovery food for stunted toddlers in the Wanadadi 2 Community Health Center work area do not come from BOK funds but rather use village funds that have been included in the APBDes. Funds can be obtained from community self-help and are subsidized by the government. Funds for a program can be obtained from APBN, APBD, or community self-help funds9. The availability of sufficient funds is one of the key factors that influence the success of a program, as the allocation of funds is closely tied to the program's objectives. PMT-P funds are allocated through village funds, prioritizing the acceleration of stunting reduction among children under five years old.

Planning is the first step taken to carry out operational planning to achieve maximum goals. Based on the Guidebook for Providing Additional Recovery Feeding, published by the Indonesian Ministry of Health (2011), it is stated that preparation activities include determining target toddlers, determining additional food, and forming groups of target mothers for their toddlers.

The aim of implementing this additional recovery food program is to improve the nutritional status of stunted toddlers in the work area of Wandadi Community Health Center 2. Based on the research results, there is an increase in the nutritional status of toddlers, although it is not statistically significant. This was confirmed by the parents of toddlers, who stated that there was an increase in the height and weight of their toddlers when they were weighed at the posyandu, although the increase was not significant.

CONCLUSION

The implementation of the additional recovery food program in the Wanadadi 2 Community Health Center working area has not been running optimally. Based on three stages (input, process, output) that influence the implementation of the program, there is one variable that is the main point of the problem, namely, at the process stage.

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