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Observation Evaluation of the Empowerment Stunting Prevention Program at the Samata Health Center

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Abstract

The purpose of this observation was to evaluate the stunting prevention programs and programs that had been created to reduce the number of stunting incidents carried out at the Health Center. This qualitative research was conducted from May 3 to May 13, 2023, at the Samata Health Center, Gowa Regency, South Sulawesi. The participants in this study were nutrition staff, midwives, and cadres at two Health Centers and the community around the Samata Health Center. Data were collected through direct in-depth interviews using the prepared questionnaires. This community empowerment program also aims to encourage people to pay more attention to nutritional health status with specific programs aimed at pregnant women, lactating women, and children aged 0-24 months so that they can grow into quality human beings.

Keywords: *Evaluation, Stunting, Children, Nutritional Status, Islamic Empowerment.*

Introduction

Empowerment originates from the word *power*, which means power or ability. Empowerment can interpret terminology as an acquisition process of power or ability by those who are lacking in power, Temporary that's what the people say in Language English is *Society*, which means friend. Bond social: This makes someone alive. Thus, empowerment public refers to the concept of summarizing social development values for an increased level of life public going to progress. (Sany, UP2019).

Islam views the public as a mutual individual and relates to each other 'needs and support. The gap income economy is potentially utilized for growing friendships. Islam recommends that implementation strengthen public follow three main principles: *ukhuwwah*, *ta'awun*, and equality. (Sany, UP2019). The third principle is explained as follows:

- Principle Brotherhood: This means in the Language Arab Brotherhood. Principle: This emphasizes that every Muslim is you for others, although they are not related. The sense of brotherhood behind this is a sense of empathy and friendship in society.
- Principle *ta'awun* or *gotong cooperate*; can Also Can interpret one synergy between the different interests of the holder to realize optimum empowerment. All parties helped to reach the objective. Government No Can finish the problem alone without the other side, like zakat institutions, scholars, Islamic organizations, and various non-governmental organizations can Work The same in integration strength finance, management, resources, power man, method, and determination to create effective synergy in implementation empowerment and completion poverty.
- Principle of equality between humans. Glory of Allah alone based on faith and piety. Islamic to emphasize that the difference between wealth and wealth, in essence, No. Before Allah, all his servants were the same.

Stunting disorder experienced growth and development: child consequence nutrition bad, infection repetition, and psychosocial stimulation, which is not adequate. (WHO, 2015). According to the WHO in 2020 there are 149.2 million children below 5 years of age experience stunting, which means approximately 22.0% of all children under 5 years of age experience stunting. (WHO, 2021).

Based on the results of the Indonesian Nutritional Status Survey (SSGI) in 2022, as many as 4,558,899 children will be stunted in Indonesia. This experience has declined since 2021, with as many as 5,253,404 children experiencing stunting. Temporary amount children experiencing stunting in Gowan Regency, South Sulawesi in 2022 were recorded as many as 20,435 children with numbers incident highest in the group aged 24-35 months A total of 4,766 experienced stunting. This decrease compared to 2021, with total stunting incidents in Gowan Regency as many as 21,047 children. (Directorate Promotion Health & Empowerment Society 2023).

There are four effects of stunting on children: weak cognitive and psychological inhibition, difficulties in controlling science and achievement in sport, more easily caught disease degenerative, and source power quality human being low. Dasman, H. (2019). Stunting usually occurs due to a lack of nutrition for 1000 days First life a child. 1000 days counting started from the fetus until 2nd year of life. Therefore, action prevention must be performed as early as possible. (Ministry of Health, RI) 2018).



Causes of Stunting Adoptions site Nutrition states that stunting develops in the long term because of a combination of some or all of the following factors:

- Not enough nutrition chronic in long time
- retardation intrauterine growth
- No enough protein in proportion of total calorie intake
- Change stimulated hormone by stress
- Often, a child suffers an infection at the start of life.

The development of stunting is a slow, cumulative process that does not mean that the current food intake is inadequate. A growth failure may have occurred in the past. (Ministry of Health, RI) 2018).

Stunting symptoms are usually caused by the following:

- Child body shorter for child his age
- Proportion body tend to be normal but child looked more young / small for his age
- Heavy body low for child his age
- Growth bone delayed. (Indonesian Ministry of Health) 2018).

Regulation President No. 72 of 2021 about accelerating holistic, integrative, and quality reduction of stunting through coordination, synergy, and synchronization among holder interests. (PERPRES No. 72, 2021).

This shows that for a lower number, stunting is a necessary synergy among all parties involved. Minister Budi Gunadi 's Health Sadikin focuses on 11 intervention programs Specific For reducing stunting. The 11 programs focused on 2 phases growth namely the mother pregnant before and after giving birth to age the baby-0-24 months. The second group was the teenager's daughter grades 7-10, who was giving additional tablets of blood to prevent anemia. (BKPK Public Relations, 2023).

Importance empowerment This is a step beginning for lower number stunting incidence in the region around public health center Samata with existence empowerment; this public will follow role active in effort stunting prevention, besides that will form source power quality, healthy human beings physical and spiritual. The targets of this program were (1) Group Mother pregnancy, (2) mother breastfeeding and children aged 0-6 months, and (3) mothers breastfeeding and children aged 0-23 months. Disks. Bali Province. (2022).

In this study, activity observations related to the stunting prevention program at the Community Health Center Samata were conducted through activity interviews to determine whether the program is capable of effectively reducing the number of stunting incidents in the region around public health center Samata. Interviews and observations: This involves power nutrition, midwives, and cadres.

Research conducted by Sri et al. (2018) at the Community Health Center Jatinangor form an evaluation empowerment cadre health stunting in children: (1) Evaluation empowerment of inputs covers energy, funds, means, material, and method empowerment. (2) Evaluation to increase knowledge, understanding, and awareness of cadres and services health at the health center in frame stunting prevention. (3) Evaluation towards the output Not yet in accordance with the objectives of the stunting prevention program through enhancement quality cadre health Because Still Lots children who experience stunting. Results studies This state There is enhancement knowledge cadre from activity empowerment carried out by this show that cadre health capable do prevention and management such as preventing stunting. (Chandrawati 2018).

Other research conducted by Nurbaya et al. (2022) at the Community Health Center Panambungan This aims to increase the knowledge and skills counseling cadre Integrated Healthcare Center in counseling nutrition in society. Activity is conducted through method lectures and discussions in three stages: (1) Stage preparation and coordination, that is, team coordination with the Head Service Control Population and Family Planning (DPPKB) of Makassar City. (2) Stage Education and training for 33 participants, viz. cadre Integrated Healthcare Center about stunting and giving food for babies and children (IYCF) through a method lecture. (3) Stage discussion and evaluation in the form ask for answers. Results from this study show that cadres can answer questions well after they have received education through a method lecture. (Nurbaya et al, 2022).

In research conducted by Dyah et al. (2021) in Kelurahan, Muktiharjo aimed For How babies under two risky years stunt devotion public, providing various intervention nursing programs for families with children at risk of stunting. There are three stages: (1) Socialization. (2) Execution activities. (3) Monitoring and evaluation. Results from implementation activity: This accompaniment by power healthcare professionals plays a significant role in preventing the risk of stunting in children under two years. (Sari et al. 2021).

Research conducted by Febri et al. (2022) at the Halmahera Community Health Center aims to implement the zinc empowerment program as an intervention nutrition specific to the prevention of stunting in the First 1000 Days Movement Program Life (HPK). In study is done by method qualitative descriptive with informants main, which is the officer nutrition Halmahera Health Center and health cadres with an informant's triangulation, which is two mother stunting clowns. Variable study This includes: (1) input, including Source Power People (HR), materials, and methods. (2) Process variables, including planning, organizing, implementing, and controlling. (3) Output variables. Results obtained from this study This is giving zinc to clowns in the work area Halmahera Health Center



can be said to be 100% successful, because of the total number of stunting children, the target is two children fulfilled. (Iqbal 2022).

In another study conducted by Ratna et al. (2022) at the Community Health Center, Bangsri II. This study aimed to determine an evaluation of 1000 HPK in the Work Public Health Center, Bangsri II. Method: This study used a descriptive qualitative analysis conducted through in-depth interviews. Eight informants were selected through *purposive sampling*. The results of the evaluation study of this 1000 HPK program show that the aspect source power man still lacks source power for service nutrition, necessary supporting facilities and infrastructure, and aspect-constrained mobility because a lack of participants is present. (Wahyuningtias & Zainafree, 2022).

Gina et al. (2019) conducted research at the Community Health Center Hold New. To conduct an analysis and evaluation of the implementation of stunting prevention programs reviewed from the intervention nutrition Specific 1000 HPK Movement. Method used: There were 2, namely: (1) Interview deep. (2) Observation and focus group discussions (FGD). Based on the results obtained, which include three variables: (1) Input, there are no special funds for intervention nutrition specific, still lack of power nutrition, and not yet there are guidelines and SPO regarding handling *growth faltering*. (2) Process, planning not yet done in a manner bottom up, and not yet all intervention nutrition specific have recording reporting. (3) Toddlers who receive vitamin A capsules and pregnant women with insufficient chronic energy (KEK) who have received PMT already meet the achievement targets, and there is still an intervention program for nutrition-specific implementation. (Muthi et al., 2020).

The existing activity evaluation of the stunting prevention program at the Health Center so matter This can become a motivation for enhancing empowerment through the observation process of existing programs walking. Objective from empempempempory-based Islamic This can also increase awareness of the importance of nutritional status in children related to the verses of the Koran or hadith from Rasulullah SAW.

Evaluating this big hope for a lower incidence of stunting in children. The deep stunting period has a long impact not only on the growth of the flower child but also on the development of emotions that result in a loss of the economy. Start from fulfillment of good nutrition for 1000 days. First life child until guard environment to stay clean and healthy. (Ministry of Health, RI) 2018).

Activity observation: This was done to evaluate stunting prevention programs as well as programs that have made for lower-number stunting incidents carried out at the health center Samata Regency Gowa, South Sulawesi.

Expected outcome from exists activity observation empowerment based Islamic This is enhancement understanding public about nutritional status For prevent stunting, increase quality service cadre Public health center For push decline stunting rate. Finally, material evaluation for stewardship policy regarding what program should be There is, nor should it be improved in frame stunting prevention in Indonesia.

The utility study observations of the stunting prevention program at Health Center Samata include the following:

- *For Academics:* Update and expand knowledge about the stunting prevention program from previous studies to increase outlook related to stunting prevention programs.
- *For Public:* Increased knowledge and understanding about the importance of good nutritional status for preventing stunting in children. In addition, it empowers and follows the public, as well as in various stunting prevention programs.

Method Observational Study

Studies This is activity evaluation with qualitative or deep observation through the observation process right in the field. Activity: This was done by method interview in a manner directly with the officer's nutrition, midwife, or involved cadres in the stunting prevention program at the Health Center samata.

Activity observation: This study was carried out at the Community Health Center, Samata, District Gowa, South Sulawesi. Subject in study: This is a power executor nutrition Community Health Center, midwife Health Center, and cadres in each region of the public health center, as well as the public around that is pregnant woman, new childbirth woman, and babies ages 0-24 months.

Instruments used in activity observation through activity observation interviews. By giving list questions to officers, they will perform documentation. Analysis data from interview results were poured into notes written and grouped in accordance with fields that will be analyzed, and data interpretation was performed in a manner that is narrative and interpretation new, and compared to the standard Ministry of Health, there is and theory from various sources.

Results

Inputs

Power

The power involved in the stunting prevention program at the Community Health Center Samata includes officer nutritionists, midwives and cadres. Results studies show that there are three officers, two midwives, and two



stunting cadres. Regarding education officer nutrition, two of them are Bachelor of Health graduate Society and one is D3 Nutrition graduate, for midwife First is D4 Nutrition graduate and midwife second is Health SI graduate Public, whereas cadre, cadre First is D3 Nutrition graduates and cadres second Bachelor of Law graduate. The Officer Public Health Center Work, similar to cadres, started in 2019.

Before the power, the implementation of a stunting prevention program carried out training for officer nutritionists, midwives, and cadres. Nutrition officers, midwives, and cadres received training before starting the stunting prevention program.

“Training carried out that is related to stunting/ STOP stunting action. Training obtained from province, Department of Health, meeting with BKKBN at the BKKBN office. (Officer Nutrition: 1. S, 38 years old)

“Ever follow training, we joined the PKK, and midwives in the same district. Usually 2 times deep a year in an office camat. The training process is content absent, hear material, and a question-and-answer session. (Midwife 1. M, 35 years old)

“Once, I often participated in training almost every year, there were only cadre representatives for each Posyandu who participated in the training. The training is sometimes at the Health Center, at the Regent's office.”.....(Cader 1. F, 48 years old)

“It is the female cadres at Posyandu who socialize this program.”...(M, 33 years)

Means

Based on the results, observations and interviews were conducted at the health center of Samata Regency Gowa. In the Posyandu activities carried out on May 5, 2023, there are facilities in the form of Infantometers, Stature meters, LILA measuring instruments, head circumference measuring instruments, and blood pressure devices, the results of which will be entered in the KIA book. Apart from that, there was also provision of additional food in the form of biscuits and food prepared by the cadres, such as moringa leaf pulp.

“Parties involved in procurement means support is Ministry of Health, sub-district which held it alone at Posyandu. Means used, such as tool anthropometry (tool measure) and food intervention (food addition factory) (Officer Nutrition, 1. S, 38 years old)

“There are means from government form scales, tools measure LILA, tool tension. Regarding facilities if there is no stunting, facilities the we still use it. (Midwife 1. M, 35 years old)

“These facilities are jointly borne by the district and city governments, and there is also self-help from the community”.....(Cader 1. F, 48 years old)

‘Yeah, my child aged 1 year and 4 months came to weigh in at the Posyandu so he would know the weight so he would not get stunted.’...(A, 30 years old)

Funds

This shows that at the Health Center, Samata-related funds for the stunting prevention program come from the BOK, but these funds are managed by the Health Center treasurer, nutrition officers, midwives, and cadres, who only receive facilities and materials. Whether these funds are sufficient is still unknown because this program has only been running for one month with an initial target of three months.

“Funding obtained from BOK (Help operational health) is used for visit accompaniment education for at - risk families. Liquid funds the month for year this, that sets it up treasurer No officer nutrition, if the funds have not liquid then the program will still be executed. (Officer Nutrition: 1. S, 38 years old)

“No there are actually funds from Self-subsistent Community, midwife only supervise the PMT creation process, right? managing funds” (Midwife 1. L, 35 years old)

“As for funding, frankly we don't know because yesterday at the time of planning it had not been explained how much the funds would be. So they provide it and we only implement it.”...(Cader 1. F, 48 years old)

Material

These materials were used in the stunting prevention program at the Health Center Samata, including biscuits from the Ministry of Health and local food ingredients such as fish, moringa vegetables, and rice.



“Materials used covers biscuits from the Ministry of Health, and materials local from culture local. Materials used because it has already become a national program. Material available every month and no once finished distributed by the Ministry of Health through Service Health Province” ... (Officer Nutrition:1. S, 38 years old)

“PMT food, made porridge in which it is mixed leaf come on, vegetables mix, spinach, beans, various type vegetables, tofu, tempeh, bananas and sweet potatoes. For 90 days, material is given in accordance portions and targets after we do data collection very a month so that already clear the target’ (Midwife 1. M, 35 years old)

’ Ingredients for additional food in the form of rice, eggs, fish, and others, the cadre will cook them in the Dahsyat kitchen according to the specified schedule. (Cadre 1. P, 48 years old)

“There is a mother who gives Moringa porridge and biscuits to the children at the Posyandu, so they don't get stunted. ”...(S, 40 years old)

Process

Planning

Based on the results of interviews and observations related to the planning of the stunting prevention program at the Samata Health Center, it was found that the target audience for this program was 1,000 HPK, pregnant women, toddlers under two years of age, young women, and families at risk of stunting. The giving of biscuits and making local food will be processed by cadres according to a predetermined schedule. Processed food was distributed to the target. Previously, stunting data were validated based on the results of measurements performed at Posyandu. Validation was carried out in February, and in March, another measurement was carried out to obtain accurate stunting data, after which the program was created.

“Planning is carried out by taking data from the Posyandu from the results of measurements of height, weight, LILA, and head circumference, for example, obtained in February, then validation will be carried out in March”....(Nutrition Officer 2. R, 40 years old)

“We don't know much about planning and other things, because we midwives here only carry out things, such as taking measurements and so on.”...(Midwife 2. S. 50 years old)

“Actually, we, these cadres, are just disseminating information to the community, so we are not the ones who created this program, but we are the ones who have the task of conveying and processing this material to the community.”.....(Cadre 2. M, 45 years old)

Implementation

Distribution: Distribution package biscuits and local food addition by midwives and stunting cadres. Distribution: This new started this 5th month and will continue for 90 days from May, June, and July. The target was pregnant Mother KEK. However, this will continue until the end year. For now, is distribution This has appropriate target or not yet, then Not yet can confirmed Because distribution This new held month this. It is hoped that this will be done distribution, and this food can lower the number of stunting incidents.

“Start 5th month, right? If the PMT toddler starts walking for 3 months, starting from May June until July for 90 days. Maintain average acceptance of mother pregnant KEK. (Officer Nutrition; 2. R, 40 years old)

“So, this program right new walk month this, early May so that We also distribute it do bang to bang to houses So besides shared at the time Integrated Healthcare Center took place “ ... (Cadre 2. M, 45 years old)

“ Fine, so if We come to Integrated Healthcare Center That given There is biscuits There is Also porridge usually for given to child so Good That nutrition yes” (MY, 41 years old)

Monitoring: At stage monitoring duty: monitor the way distribution the in-officer nutrition Community Health Center. This needs to be monitored periodically to see how assigned cadres process material food locally for distribution. Therefore, from that's necessary monitored for ensure is materials used in processing Already in accordance recipes and portions, and whether registered toddlers obtain food. For this monitoring stage, myself, not yet can be held because of this program's new execution; however, this did documentation activities.



“So, need We watch Also in a manner periodically How This right Later its processing assigned cadres For cooking and distributing Eat addition local this” (Officer Nutrition; 2. R, 40 years old)

“So that, we are midwives Also watch, right moment moms This come Keep going We weigh his son That right we know the data So from that data we monitor is target the ingredients This Already appropriate target or not yet” (Midwife 2. S, 50 years old)

Recording and reporting: Recording and reporting by officer nutrition. Recording: This was conducted from February to August. In addition, recording the needs of her parents in the KIA book can reveal the child's development. The recording process started from the measurement data at Paysandú, if a toddler constrained come so can come over his house for measurement. After obtaining the data, they will be input into the application and will be validated and published. Recording This must be done so that you can publish so that the village heads in the local region can know the stunting incident data.

“If No note, us Also No Can-do Publication For village, so must do recording” (Officer Nutrition; 2. R, 40 years old)

“I am note, so if after weighed noted later the results are in the KIA book so that you know heavy the weight The same its height so prevents from stunting” (M, 33 years old)

Outputs

Accuracy target

The results of this study show that the stunting prevention program carried out by the Samata Community Health Center has been right on target, with the main targets being pregnant women and toddlers under 2 years old, because in its implementation it goes directly to the target, so it does not go through intermediaries. The standards used to determine whether a child is stunted or not follow the WHO and Minister of Health Regulation number. 2 of 2020. To ensure that information regarding stunting is received by the community, cadres carry out outreach through the mobile Posyandu.

“We use it standard from WHO and Permenkes No. 2 of 2020, because of course standard this is recommended by the Ministry of Health “ (Officer Nutrition; 2. R, 40 years old)

“So right if moms come, we weigh that Formerly heavy body son, measure its height Also So if There are those who have the potential for stunting and then we intervene more continued” (Midwife 2.S, 50 years old)

“So, this is the program we are targeting to Mother pregnant and child under 2 years old” (Cadre 2. M, 45 years old)

“So, for this program very help very deck, because Integrated Healthcare Center come directly in the villages So easy reachable” A, 30 years old)

Program coverage

The results of in-depth interviews conducted with nutrition officers from the Samata Community Health Center and the community that received this stunting prevention program show that this program is a national program that must be implemented and that cross-sectors must be involved in it. The BKKBN often holds workshops every three months to monitor such activities. The community will be educated to come to Posyandu to monitor their children's progress.

Data on stunting results from January to April included 173 children. The scope of this program includes all people in the Samata area, especially at-risk family stunting, with a target of 14%. However, it cannot be determined whether this program can meet this target because it has just begun to run.

“ Stunting is cross-sectoral, so the BKKBN often holds workshops.”...(Nutrition Officer 2. R, 40 years)

“Always join Posyandu, there is a lot of enlightenment specifically on stunting so we participate so we can prevent it.”...(S, 40 years old)

“The program carried out by the Health Center is very good, because every month it is arranged, every date is ready, if there is a delay then the officers will convey it before the D-day”.....(A, 30 years old)



"I'm glad Ki Dek is participating, because he knows about stunting ".....(M, Y, 41 years)

"I just joined the program, I just heard about it from Posyandu."...(A, M, 37 years)

Based on the results of interviews with the surrounding community, it shows that previously there was counseling about stunting and the " Dahsat " program made by the Samata Health Center just started running in May. Dahsyat stands for Healthy Kitchen Overcome Stunting, which is a program where cadres are assigned to process local food ingredients such as rice, eggs, moringa leaves, vegetables, and fruits. This processing is accompanied by a midwife, whose job is to provide recipes and portion sizes according to nutritional needs.

Discussion

Inputs

Power

Health workers are a component of the main giver service health to the public in frame, achieving objective development of health. Staff on duty in planning, executing, and coordinating health programs. (Matsya, et al 2022).

According to Law No. 36 of 2014 Article 1, Health Workers are everyone who dedicates themselves to field health as well as their own knowledge and skills through education in the field of health for type certain need authority for do effort health. (Indonesia, I.2014)

The energy in the stunting prevention program at Health Center Samata consisted of three officers, two midwives, and two stunting cadres. Officer nutrition on duty for record and report number stunting incident, while midwives on duty do measurement anthropometry as well as inspection to mother pregnant, cadre also join in help midwives in measurements, and also on duty processes and distribute food addition to the target. Regarding education officer nutrition, two of them are Bachelor of Health graduate Society and one is D3 Nutrition graduate, for midwife First is D4 Nutrition graduate and midwife second is Health SI graduate Public, whereas cadre, cadre First is D3 Nutrition graduates and cadres second Bachelor of Law graduate.

This is in line with research conducted by Yusma Indah Jayadi et al. (2022), who stated that energy in the implementation of the awarding program food addition covers officer nutritionists, cadres, and midwives. (Indah JY et al 2022)

Connection between stunting and giving food addition This own close relationship, because Wrong One factor the cause of stunting is poor nutrition so that with it giving food addition, this will lower potency affected by stunting in children

The power the has followed training prevention of stunting and for cadres who have not followed training can still follow the program with cadres and midwives who have joined the program. Giving training: This aims to increase power knowledge about What That stunting, causes, symptoms, and prevention. Training: This was followed by officers' nutrition, midwives, and cadres, twice a year.

Other studies conducted by Purnamasari et al. (2020) found that training cadres shows positive results in enhancing knowledge and practice cadre integrated healthcare centers in effort to prevent cases of stunting in toddlers. (, Purnamasari et al. 2020).

Means

According to the KBBI, all things can be used as tools to reach meaning or purpose. Based on the results of observations and interviews with the workers at the Community Health Center Samata, for the means used in stunting prevention programs include infant meter, stature meter, tool measure LILA, Tool measuring circumference heads, and tools measuring blood tension, results measurement the will enter into the MCH book. Means given by the Ministry of Health for measurement anthropometry for detecting initial symptoms of stunting. Research conducted by Mursidah, AS (2022), shows that nutritional status assessment in a manner anthropometry which includes measurement Tall Body, Weight Body, or Long Body become one parameter in determining whether the child is experiencing stunting or not. (Mursidah, USA 2022).

Other research conducted by Yusma Indah Jayadi et al. (2022) related the means used in the measurement of nutritional status by the public health center Kolonodale, including digital scales, scales body stand, weigh baby, measurement tall body, and the LILA ribbon works well. (Indah JY et al 2022)

This was in accordance with the Ministry of Health. In two of 2020, regarding standard anthropometry, the children mentioned that anthropometrics is a method used to evaluate the size, proportion, and composition of the human body. Standard Anthropometrics Child is a collection of data about size, proportion, and body composition as a reference for assessing nutritional status and child growth trends. (Permenkes No. 2 2020).

Fund

According to KBBI, funds are provided for something necessary.



Evaluation empowers stunting prevention programs in community health centers samata related to funding for the stunting prevention program from BOK, but these funds were arranged by the Treasurer Health Center, officers' nutrition, midwives, and cadres only accept facilities and materials. For Enough or not, the funds Still Not yet are known because program This new run for one month with the initial target for three months.

Based on data from the Ministry RI finances in 2022, the government allocated funds amounting to IDR 44.8 trillion to support the Accelerated Stunting Prevention Program. Budget the consists from spending spread across 17 Ministries and Institutions amounting to IDR 34.1 trillion and the Regional Government through Allocation Funds Special (DAK) Physical amounting to IDR 8.9 trillion as well as Non-physical DAK amounting to IDR 1.8 trillion. (Indonesian Ministry of Finance). 2022).

This is in line with the research conducted by Yusma Indah Jayadi et al. (2022), who obtained information that the funds received from public health centers addressed for health program operations in the soul public health center Samata sourced from BOK and JKN funds. The amount of money received from public health centers must ensure that the program is run. With these funds, various need inhabitant public health centers fulfilled in the implemented program, for example, mission outside country and costs operational training personal center Health Society. (Indah JY et al 2022)

A study conducted by Mutia et al. (2019). In matter financing, health programs cover intervention nutrition Specific from Service Health to Public health centers using realized BOK funds from the center on the fourth moon every year, yet there is a budget or financing special for nutrition-specific intervention programs. Availability of special funds from government for intervention programs nutrition Specific very needed in activities carried out for example activity visit House For monitoring mother start pre-conception until the baby is 2 years old, or procurement of more promotional media innovative. (Muthi et al ., 2020).

Material

Evaluation empowerment of stunting prevention programs in health centers samata-related material for the stunting prevention program provided by the cadre Integrated Healthcare Center or cadre health region local origin from the Ministry of Health and distributed through service health such as biscuits and ingredients local from local culture, such as porridge mixed with various types of vegetables.

This is in line with research conducted by Yusma Indah Jayadi et al. (2021). The mockup Food Addition forms biscuits in addition to cooked food from porridge peanut greens and Manado porridge. (Indah JY et al 2021)

Other studies are consistent with those of Nabilah et al. (2022). Type Giving Food Supplement (PMT) exists in two types: PMT recovery and PMT counseling, both of which have the same goal of fulfilling the need substance the required nutrition by the toddler. Supplementation nutrition, which is more practical and guarantees composition substance nutrition, can also be provided by food addition manufacturers. Food addition counseling aim: To fulfil the need substance the required nutrition by toddlers. (Nalah , et al 2022).

Process

Planning

Based on planning stunting prevention programs at Community Health Centers Samata, the targets of this program are 1000 HPK, pregnant mothers, toddlers under 2 years old, teenagers' daughters, and families at risk of stunting. Planning was Also performed by fetching data from the Integrated Healthcare Center around the Public Health Center Samata to detect early stunting symptoms in children. Furthermore planning done by setting distribution biscuits as well as making food local will cooked by the cadres in accordance timetable Then will distributed to target above. Before starting this program, we will perform a stunting data validation to determine the number of stunting incidents.

Research conducted by Yusma Indah Jayadi et al (2022) in the planning process by doing detection early For find problem health soul more beginning so that can is known in a manner Certain is There is member experiencing family disturbance soul. (Indah JY et al 2022)

This is in line with research by Nur Wafiq Azizah et al. (2021), where the giving program food addition is a government program in effort prevention and recovery of nutrition deficiency and stunting in toddlers. In the implementation of the PMT program, Health Cadre Village Pakuncen supposedly functioned as a PMT program in the form of biscuits held by the Ministry of Health through field programs service health nutrition public held based on planning according to the number of cases of nutrition lack and stunting in Pakuncen village. Similarly, the program food addition form held milk by area in accordance with planning special amount case nutrition bad and stunting in the area Regency Wonosobo in a manner whole. (Azizah & Hermawan , 2021)

Implementation

Distribution: Based on the results, interviews were conducted with stunting cadres for distribution package biscuits and local food addition by midwives and stunting cadres. Distribution: This new started in the 5th month and will continue for 90 days from May, June, to July. The target was the pregnant Mother KEK. However, the distribution will still walk until the end year.



This is in line with the research conducted by Yusma Indah Jayadi et al. (2022) regarding the Giving Program Food Addition given by the Public Health Center every month for three months or 90 days in a row. (Indah JY et al 2022)

Who supports studies This study was conducted by Mardiana Nur Agustin et al. (2022) in which giving is also done in food addition form giving biscuits pumpkin yellow. Milk and porridge . (Mardiana et al , 2022).

Giving food addition distributed locally by cadre is more effective in declining stunting rate, because if only distribute biscuits from the Ministry of Health That Not yet Enough For fulfil number need nutrition.

Monitoring: At stage monitoring on duty, monitor the way distribution is the officer nutrition Community Health Center. Monitoring this need is done periodically to see how assigned staff process material food locally for distribution. Therefore, monitoring is carried out to ensure that the materials used in processing are in accordance with the recipes and portions, and what registered toddlers obtain food. For this monitoring stage, myself cannot yet be held because of this progra's new execution; however,ethisididne documentation activities.

For activity monitoring, a little different from research conducted by Yusma Indah Jayadi et al. (2022) for monitoring carried out every three months , different from monitoring for stunting performed every time it is held posyandu. (Indah JY et al 2022)..)

This is a little different from research done by Gina Mutia et al., where supervision was done through sexy nutrition and wellness form monitoring activities carried out one month in a manner tiered starting from center to province, province to district, and district to health center. Supervision involves all over program and list holders sectoral so that activities that have not yet been carried out or experience constraints can be known since early and soon done effort. (Mutia et al ., 2020).

Recording and reporting: Results: Recording and reporting by officer nutrition. Recording This start was done from February to August, in addition to recording Also need done by her parents each in the MCH handbook for can see the development child. The recording process started from the measurement data at Posyandu; if there is troubled toddler come, so can come over his house For do measurement. After obtaining the data, they will be inputted to the application, validated, and published. Recording: This must be done so you can published so that the village heads in the local area can know the data on stunting incidents.

This finding is consistent with the results reported by Muin et al. (2021). System recording and reporting of integrated health centers (SP2TP) are activities that report general data, facilities, personnel, and effort service health in society. Development system information recording and reporting of nutritional status this stunting toddler can accessed online via computers and android mobile phones, so that the process of recording and reporting can done in a manner accurate, fast, and easy used When just as well as anywhere, use can help monitor nutritional status toddlers and adoption level decisions managerial. The interview results showed that the system recorded and reported monthly made or by nutrition programs. Good manual and online reports. For monthly reports, the manual can appropriate time; however, for a report that is an entry that depends on a good or bad network. The report enters the public health center, which continues to service health. (Muin and Marwati 2021). However, the results differ from those of Yusma Indah Jayadi ddk (2021), which shows that parents from small No children make notes daily. Registration is performed daily by expert nutrition or midwives according to technical instructions, where the mother makes notes daily simply about accepting additional food, which is checked every Sunday by cadres and midwives in the village. (Jayadi et al., (2021).

Outputs

Accuracy target

The implemented stunting prevention program by Public Health Center Samata has an appropriate target with the target mainly being mother pregnant and toddler under 2 years, because in implementation his direct to target So No through intermediary. The standard used for see is child the stunted or no following the WHO and Permenkes number. 2 of 2020. To ensure that information related to stunting is accepted by the public, cadres counsel through the Integrated Healthcare Center .

This was supported by research conducted by Yusma Indah Jayadi et al. (2021), where officer monitoring anthropometry such as measurement of heavy body and height body every month was performed to ensure program targets have been right. (Jayadi et al., (2021).

Results studies This Also in line with research Daughter Angraini Oktavianty (2023) related group target repair nutrition public toddler stunted status already appropriate that is Mother pregnant, Mother breast-feed as well as toddler, look in activity movement program innovation overcome stunting with breast milk (GUSI) in the community Already follow participation active in activities carried out in Sungai Pandan District. (Oktavianty , PA 2022)

Program coverage

The scope of this program loads all communities residing in the Samata region, specifically families at risk of stunting, with a target of 14%. However, For moment, it is not yet possible to determine what program can meet that target because the new start is executed. The target of this program covers pregnant mother babies under 2



years of age. The Integrated Healthcare Center goes around so that you can reach the public to ensure that this program is known by the public.

This is in line with research by Steady Pambudi Mukti and Muhammad Khozin (2022), who achieved objective program stunting prevention in the sub-districts of Pandowoharjo, giving enough start to good in-run programs. The Cadres companion Integrated Healthcare Center decides that stunting figures that appear Can said reasonably tall will but cadres want to make sure by trying to present return party Public Health Center For do weigh repeat toddlers and measured repeat that turns out the result different, indicated numbers more A little compared to initial data. This is Wrong One, which cadres companion Integrated Healthcare Center, truly implements for a successful achievement program. (Mukti & Khozin , 2023).

Unlike the results of research conducted by Yusma Indah Jayadi et al. (2021), who stated that the target of the program is still below the target, on the other hand, the stunting prevention program at Health Center Samata Not yet is known is has target or Not yet because of the program being executed. (Jayadi et al., (2021).

Conclusions And Recommendations

Evaluation power in the stunting prevention program, especially for cadres, still needs to be improved because there are a number of cadres who have not followed training; however, the program was allowed to join the program directly with midwives and existing cadres. Evaluation for means, spelled out Already complete only needs calibration; for example, tools such as scales and tension still work fine or no. Evaluation For ingredients, “ Powerful ” innovation (Kitchen Healthy Overcome Stunting) provides a positive impact because the public not only accepts biscuits manufacturers, but food processed fresh by cadres according to recipes and portions needs nutrition. Evaluation towards funds, midwives and cadres should notified about the amount of funds they have thank you, inside matter This cadres and midwives at the Community Health Center Samata only given material food raw For they process and distribute to society. Evaluation of the process, that is, planning needs food addition for toddlers at the health center Samata as well as means supporters need calculated well to be precise targets. For recording and reporting, the amount is not yet known because of the new program start run so that Still Keep going done data collection at Posyandu. An evaluation of the output is that this program can lower the number of stunting incidences, but the expected target is a stunting rate that can be reduced by up to 14%.

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