



Evaluation of the Program for Providing Local Supplementary Food to Pregnant Women with Chronic Energy Deficiency at Dosay Health Center, Jayapura District, 2023

Marlina Homer¹, Rosmin Mariati Tingginehe^{2*}, Dolfinus Bouway³, Novita M⁴, Sarce M⁵, Yacob R⁶

Faculty of Public Health, Cenderawasih University

Corresponding Author: Rosmin Mariati Tingginehe

evitioria.sinaga@gmail.com

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ABSTRACT

The aim of this research is to examine the evaluation of the supplementary feeding program for pregnant women with chronic energy deficiency from the input aspect, process aspect and output aspect in the Dosay Public Health Center working area, Jayapura Regency. This type of research is descriptive using qualitative methods. The results of this research state that from the input aspect (Human Resources, Financing and Infrastructure) there are still obstacles to financing. The budget provided by the Jayapura District Health Service is still very minimal so that the provision of additional food can only be carried out once a week even though it should be 3 times a week according to the Technical Guidelines. Likewise, there are very minimal infrastructure for the operationalization of this program. The process aspect of planning has gone well for pregnant women who come to have their health checked at the health center. It is also important to record and check the health of pregnant women who have not or did not come to the health center. Distribution and storage have gone well. Monitoring is carried out by the head of the community health center in collaboration with the Jayapura district Health Service and YP2KP Unicef. Recording is carried out regularly and in detail, and reporting uses the E-PPBGM application. In general, there are still many shortcomings and limitations, but the local supplementary feeding program has been running well and can provide benefits for pregnant women who take part in this program.

INTRODUCTION

Based on the results of the 2016 Nutrition Status Survey, 53.9% of pregnant women experienced an energy deficit (<70% Energy Adequacy Rate) and 13.1% experienced a mild deficit (70-90% AKE). For protein adequacy, 51.9% of pregnant women experienced a protein deficit (<80% Protein Adequacy Rate) and 18.8% experienced a mild deficit (80-99% Protein Adequacy Rate). One way to identify pregnant women with Chronic Energy Deficiency is by measuring Upper Arm Circumference.

If the upper arm circumference is less than 23.5 cm, then the pregnant woman can be said to have chronic energy deficiency. Insufficient energy and protein intake in pregnant women can cause Chronic Energy Deficiency. Pregnant women with Chronic Energy Deficiency are at risk of giving birth to babies with low birth weight, which can cause infant death. Apart from that, Chronic Energy Deficiency can also be an indirect cause of maternal death, and has an impact on increasing the prevalence of stunting in Indonesia

In Indonesia, the problem of malnutrition in pregnant women is still a challenge. Based on the results of the 2018 Basic Health Survey, the proportion of pregnant women with chronic energy deficiency nationally reached 17.3%. In Papua Province, the proportion of pregnant women with chronic energy deficiency is still quite high, namely 11.81%. This figure is even higher in Jayapura Regency, namely 17.53%.

Overcoming the problem of chronic energy deficiency in pregnant women, the government has provided a program to provide additional food to pregnant women. This program has reached 19.62% of pregnant women in Papua Province. However, there are still several districts in Papua Province that are characterized by high chronic energy shortages. Therefore, the government has carried out activities to deal with Chronic Energy Deficiency in pregnant women, including early monitoring (Directorate General of Public Health, Ministry of Health, 2019)

Providing local food is providing complete food in one meal for pregnant women and toddlers which comes from foodstuffs or foods that are available and easily obtained in the local area at affordable prices. Providing local food to pregnant women in the form of complete food made from local food ingredients with nutritional content suitable for giving to pregnant women, consisting of staple foods, side dishes, vegetables and fruit (Puskesmas Gunung Sari, 2022).

Dosay Community Health Center is one of the community health centers in Jayapura Regency. Based on initial survey data at the Dosay Health Center, it is known that the proportion of pregnant women with Chronic Energy Deficiency at the health center is quite high. In 2018, of the 118 pregnant women examined, 32 people (27.69%) were declared Chronic Energy Deficiency. In 2019, of the 119 pregnant women examined, 39 people (32.77%) were declared Chronic Energy Deficiency. In 2020, of the 118 pregnant women examined, 9 people (7.61%) were declared Chronic Energy Deficiency. In 2021, of the 111 pregnant women examined, 34 people (30.63%) were declared Chronic Energy

Deficiency. In 2022, of the 102 pregnant women examined, 34 people (33.33%) were declared Chronic Energy Deficiency.

From these data, it can be seen that the proportion of pregnant women with Chronic Energy Deficiency at the Dosay Community Health Center fluctuates from year to year. However, in general, this proportion is still quite high. Pregnancy is an important period in the first 1000 days of life, so it requires special attention. Pregnant women are one group that is vulnerable to nutritional problems.

From the description above, the research objectives are: This to study the evaluation of the local Supplementary Food Program from the input aspect (Human Resources, Financing, Facilities and Infrastructure) for pregnant women Chronic Energy Deficiency in the working area of the Dosay Community Health Center, Jayapura Regency), to examine the evaluation of the local Supplementary Food Program from the Process aspect (Planning, Implementation and Distribution, Recording and Monitoring) for pregnant women Chronic Energy Deficiency in the working area of the Dosay Public Health Center, Jayapura Regency, and to study the evaluation of the Supplementary Feeding program from the Output aspect (program achievements) for pregnant women Chronic Energy Deficiency in the working area of the Dosay Health Center, Jayapura Regency.

THEORETICAL REVIEW

Providing Supplementary Food

Providing Supplementary Food is an intervention program for toddlers who suffer from malnutrition where the aim is to improve the child's nutritional status and to meet the child's nutritional needs in order to achieve good nutritional status and nutritional conditions according to the child's age (Qusna, 2017). According to Persagi (in Qusna, 2017), providing additional food in addition to the food eaten daily with the aim of restoring nutritional and health conditions. Additional feeding can be local food or factory food.

Pregnant mother

Definition of pregnant women Pregnant women are A woman who is pregnant starts from conception until the birth of the fetus (Prawirohardjo, 2005). According to Waryana (2010) Pregnant women are people who are in the process of fertilization to continue their offspring. In a pregnant woman's body there is a fetus growing in the uterus. Pregnancy is an important period of life. A pregnant mother must prepare herself as well as possible so as not to cause problems for the health of the mother, baby and during the birth process. One of the factors that influences maternal health is nutritional status.

Chronic Lack of Energy

Chronic Energy Deficiency is a situation where women suffer from chronic food shortages which results in health problems for women (Yogyakarta Special Region Health Office, 2023). Furthermore Chronic Energy Deficiency is defined as a state of malnutrition. Where the mother suffers from a chronic food deficiency which results in relative or absolute health problems for

the mother of one or more nutrients. A person is said to be at risk of Chronic Energy Deficiency if the Upper Arm Circumference is < 23.5 cm (Helena, 2013).

METHODOLOGY

Having the method used is a necessity in conducting research (Sapioper et al., 2022; Ilham et al., 2022). Therefore, the type of research used is descriptive using qualitative methods. The research design used is a case study, namely a study that explores a problem with detailed boundaries, has in-depth data collection and includes various sources of information. This research was carried out in December 2023 in the work area of the Dosay Community Health Center, West Sentani District, Jayapura Regency.

The informants who will be involved in this research were taken using purposive sampling (selected directly by the researcher) with a specific aim. The informants who will be involved in this research are 5 (five) people consisting of; Head of the Maternal and Child Health/Nutrition Section of the Jayapura District Health Service, Head of the Dosay Health Center, Person in Charge of the Dosay Health Center Nutrition Program, Pregnant Women (2) people.

The research began by making an appointment first with the informants, both those at the Jayapura Regency Health Office and informants at the Dosay Community Health Center. After that, the researcher will start collecting data by interviewing each informant in depth based on existing interview guidelines. If the researcher is not satisfied with the answers given by the informants, the researcher will add more informants until all the desired research objectives are answered. After all the data has been collected, the researcher will carry out observations and directly monitor the implementation of providing additional food to pregnant women in the work area of the Dosay Health Center. The researcher provides an informed consent sheet for research for the willingness of informants to act as resource persons in this research.

RESULTS AND DISCUSSION

Input Aspects (HR, Financing and Infrastructure)

Law no. 36 of 2014 concerning Health Workers states that health workers have an important role in improving the quality of public health services. This is done so that people can increase awareness, willingness and ability to live healthily. In this way, the highest degree of health will be achieved. A high degree of health is an investment for the development of human resources that are socially and economically productive.

Based on the results of in-depth interviews with 3 key informants, it is known that the availability of Human Resources in the Feeding Pregnant Women program already exists and meets the requirements for assisting services for pregnant women because they are D3 Nutrition graduates. Apart from that, the informant stated that they were trained directly by nutritionists from the Jayapura District Health Service.

The informant revealed that the person in charge of the local food program for pregnant women chronic lack of energy in the Jayapura Regency area, these are the Head of Service and Secretary, Head of the Public Health

Division and Head of the Nutrition Section and Maternal and Child Health officers, then the person in charge at the Community Health Center level is the Head of the Dosay Community Health Center, the Person in Charge of the Nutrition Program and the Nutrition Officer.

A budget is a financial plan prepared systematically to achieve goals within a certain time period. Budget can also be interpreted as the allocation of resources expressed in monetary units to finance company activities. Providing local supplementary food for pregnant women chronic lack of energy is a government program that aims to increase the nutritional intake of children, especially children from poor families and pregnant women chronic lack of energy. The provision of additional food is funded from Health Operational Assistance funds. Health financing is an important aspect of health development. Health financing can come from the government, regional government, community, private sector and other sources.

The source of funding for this program of providing food to pregnant women is taken from Health Operational Assistance funds which are government assistance to the Regency/City Regional Government, in this case the Jayapura District Health Service. From the Jayapura District Health Office, funds are transferred to each community health center, including Dosay Community Health Center as the implementer and handed over to nutrition officers to process food ingredients to be delivered to pregnant women chronic lack of energy.

Regarding financing, the informant stated that the funds were intended for activities to provide additional food for pregnant women chronic lack of energy cannot be allocated to other activities. These funds really must be used to provide additional food for pregnant women. The informant also said that they would continuously monitor the distribution of these funds to nutrition officers. Some of the benefits of providing local supplementary feeding 3 times a week to pregnant women; increasing the nutritional intake of pregnant women, preventing malnutrition in pregnant women, increasing the birth weight of babies, preventing pregnancy complications, improving the health of mothers and babies. To accelerate the success of the local supplementary feeding program for pregnant women, the frequency of supplementary feeding should be increased to 3 times a week.

Based on research conducted by Mochtar (2012), the availability of facilities and infrastructure is very important in implementing a health program because facilities and infrastructure are supporting tools to achieve the goals of a program. Health facilities and infrastructure include how many health facilities, counseling and information centers there are for individual members of the community.

Based on the results of in-depth interviews, the facilities and infrastructure in providing local supplementary food activities to pregnant women chronic lack of energy. However, there is still a lot that is not available/available, such as a special kitchen for making additional food supplies and cooking utensils. Meanwhile, anthropometric equipment and facilities for outreach in the form of counseling are already available.

Process Aspects (Planning, Implementation, Distribution and Storage)

Based on the results of interviews, planning for providing local supplementary food was carried out based on the results of monitoring or monitoring the extent of the success of local supplementary feeding that had been carried out, and how the development of pregnant women who took part in this program was. If the pregnant woman is still in status chronic lack of energy then the program will continue by involving collaboration between nutrition officers and health center doctors for follow-up. Meanwhile, another informant stated that the planning of the Supplementary Feeding program was carried out by identifying pregnant women who experienced chronic lack of energy, then a list is made and coordinated with the head of the local village where the pregnant woman is chronic lack of energy domiciled, for the village budget for providing additional food to local pregnant women. Furthermore, another informant said that in their planning at the Puskesmas what they did was look at the mother's condition, how old she was in her pregnancy and her nutritional status.

The informant's statement regarding the distribution of supplementary food for pregnant women was carried out by nutrition officers, Posyandu (Integrated Health Service Center) cadres, even the Head of the Community Health Center and other health workers. Delivery/distribution is carried out using motorized vehicles if there is no operational car at the Puskesmas (Public health center). Storage of additional feeding has never been done because spending is adjusted to needs. So cook once for every purchase. The obstacle faced by some pregnant women is that the provision of additional food is entrusted to the family because the pregnant women are not there. This can cause the provision of additional food to not be on target because the food for pregnant women has already been eaten by their family (husband or children). Another obstacle is the limited budget, so that the implementation of additional feeding can only be given once a week. Likewise with transportation to deliver food. If there is more than 1 pregnant woman, it is quite difficult to deliver food by motorized vehicle because the distance between the pregnant woman's house is quite far from one another, as well as the distance between the pregnant woman's house and the health center where the Supplementary Feeding food is prepared.

As a result of interviews regarding monitoring, monitoring and evaluation, information was obtained that the Health Service, Head of Community Health Centers, Nutrition Officers and even non-government parties such as YP2KP Unicef (Papua Education and Health Development Foundation) also helped in this process. Monitoring is carried out regularly by all parties involved and responsible for this Supplementary Feeding program.

According to informants, the recording and reporting system created by nutrition officers and Maternal and Child Health officers is good. Recording and reporting includes: pregnant woman's identity, nutritional status, Body Mass Index and other things related to pregnant women's health. After the

recording is complete, the nutrition officer will report using the E-PPBGM application (Electronic-Based Nutrition Recording and Reporting public).

Output Aspect

According to the informant, the achievements or output of the local supplementary feeding program for pregnant women chronic lack of energy is right on target, there is an increase in nutritional status, in this case an increase in pregnant women's weight and an increase in the size of pregnant women's arm circumference (Lila) > 23.5 cm, and there is an increase in knowledge about nutrition and public awareness about the importance of natural nutrition and the benefits of providing local supplementary food. Meanwhile, other informants stated that the output of this program was seen from the coverage of pregnant women who took part in this program, changes in nutritional status (weight and birth weight) and reduced maternal and child mortality rates. The informant said that the output of this program was seen from body weight, Body Mass Index, reduction in maternal and child mortality rates as well as community participation who supported this program. Evaluation of the Supplementary Feeding program for pregnant women chronic lack of energy This can be done using other indicators according to the needs and conditions of each Community Health Center.

Output aspects in the local supplementary feeding program for pregnant women chronic lack of energy focuses on the real results achieved by the program in overcoming the problem chronic lack of energy in pregnant women and improve maternal and fetal health. The following are the output aspects that are measured and monitored: (1). Weight gain: Weight gain of pregnant women chronic lack of energy according to the target set, generally 1.0 - 2.0 kg in the second and third trimesters. (2). Increase in LILA: An increase in upper arm circumference (LILA) of 1.0 cm in the second and third trimesters shows an increase in muscle mass and fat tissue, indicating improved nutritional status.

CONCLUSIONS AND RECOMMENDATIONS

Input Aspect. Human Resources involved in the local supplementary feeding program for pregnant women chronic lack of energy is sufficient and in accordance with the requirements, as well as the target, namely that pregnant women are included in this program in accordance with technical instructions. The funding or budget provided is very minimal so that pregnant women receive local supplementary food once a week. This is not in accordance with the Technical Guidelines from the Ministry which states that pregnant women must receive local supplementary food 3 times a week. Facilities and infrastructure in this program are very minimal.

Process Aspects. The planning carried out so far has been good and in accordance with Standard Operating Procedures, but there are still weaknesses in the planning of this program because the pregnant women who are recorded are pregnant women who checked themselves at the Community Health Center, while those who did not check themselves were not recorded. So it is also necessary to collect data for pregnant women who have not checked themselves into the community health center by coordinating with the

local government. Regarding the implementation of the program, from shopping to the food processing process, it has gone well. The obstacle faced is that means of transportation using motorized vehicles cannot transport all the food if there are more than 2 pregnant women. Monitoring has been going well because there is coordination between the Health Service and the Head of the Community Health Center on a regular basis. Recording and reporting have been carried out as expected. Even though it has limitations, in general it is a local supplementary feeding program for pregnant women with chronic lack of energy. It has made a major contribution to improving the health status of pregnant women at the Dosay Community Health Center.

Output Aspect, The output regarding the evaluation of the Local Supplemental Food Provision program at the Dosay Community Health Center, Jayapura Regency, is as follows: 100% Local Supplemental Feeding Coverage. Dosay Community Health Center implements a local supplementary feeding program for pregnant women with chronic lack of energy with the aim of increasing pregnant women's nutritional intake. It is so that you can have a healthy pregnancy and prevent stunting in your unborn baby. Coverage of local supplementary feeding for pregnant women with chronic lack of energy in 2023 is 100%, because all pregnant women with chronic lack of energy were well served.

Maternal Nutritional Status Dosay Health Center has an average increase in arm circumference for pregnant women of only 1 cm, and an average increase in weight of 1-2 kg.

FURTHER STUDY

This research is only focused on Dosay Health Center. Therefore, in the future it is hoped that similar research will be carried out at other health centers in Jayapura District.

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