



Evaluation of the Implementation Supplementary Feeding Program for Toddlers at the Dosay Community Health Center, Jayapura Regency in 2023

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ABSTRACT

The aim of this research is to examine the evaluation of the supplementary feeding program for malnourished and malnourished toddlers from the input aspect, process aspect and output aspect in the Dosay Community Health Center Working Area, Jayapura Regency. The type of research used is descriptive using qualitative methods, with a case study approach. The results of this research state that in the input aspect there are still obstacles to financing. This is proven by the provision of optimal and innovative services by community health center officers to malnourished toddlers in providing local supplementary food, in addition to weighing toddlers' weights every time officers deliver food. The output of this activity has been achieved from the nutrition officer's report in December 2023 that as many as 5 (five) toddlers who took part in this program, in semesters 2 (two) and 3 (three) experienced weight gain and were declared to have returned to normal nutritional status.

INTRODUCTION

Around 45% of deaths in children under 5 (five) years of age are related to malnutrition (WHO 2021). Malnourished and malnourished children in recovery are vulnerable groups who need treatment to improve their nutritional status. This mostly occurs in low and middle income countries. At the same time, rates of childhood overweight and obesity are increasing (Yusma et al., 2021).

Health Law Number 36 of 2009 regarding efforts to improve community nutrition, the government has established priority health efforts in nutrition services, namely through efforts to reduce the prevalence of malnutrition and malnutrition. One of them is through the Recovery Supplemental Food Provision program, especially to toddlers from poor families who experience malnutrition. The Supplementary Feeding Program is intended to meet the nutritional adequacy of toddlers by providing additional food for toddlers, and not to replace the toddler's main daily food (Hartono et al., 2017).

Efforts to encourage synchronization of stunting reduction acceleration programs are also regulated in Minister of Home Affairs No.31/2019 concerning Guidelines for Preparing Regional Government Work Plans for 2020. The Papua Provincial Government's efforts to deal with the problem of stunting were encouraged in 2014 through the First 1000 Days of Life program as one of the efforts to reduce stunting rate. Based on data from the Indonesian Nutrition Status Survey, the stunting rate in Papua Province has increased, where in 2021 (Basic Health Research) it was 29.5% to 34.6% in 2022, exceeding the national standard of 2.16% in 29 Regency/Cities spread across in the Province Papua, Province Papua South, Province Papua Central and Provincial Papua Mountains. The target for the prevalence of very thin and underweight children (stunting) is 23% which is expected to be realized in 2023 (Papua Provincial Health Office, 2023).

In carrying out any nutrition program, the Community Health Center requires the support of health workers who have the competence to manage and implement the nutrition program at the community health center so that the nutrition program can be implemented well. Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 23 of 2014 concerning Nutrition Improvement Efforts, in carrying out nutrition improvement efforts at Community Health Centers, there are implementing and responsible officers consisting of: Head of the Public Health Center, Nutrition Expert, and Integrated Health Service Post Cadre.

The Dosay Community Health Center is a Community Health Center which is included in the Jayapura Regency, West Sentani District. According to data from the Jayapura Regency Health Service, the incidence of stunting in February 2022 was 15.64% of stunted toddlers spread across 22 community health centers and the Dosay Community Health Center in West Sentani District was in first place because of the 436 toddlers who were measured there were 161 toddlers with stunting status (39.17%), the highest when compared with 21 (twenty one) other Community Health Centers in Jayapura Regency (Jayapura Regency Health Service, 2022).

Departing from the description above, this research was carried out with the aim of: to find out the evaluation of the Supplementary Feeding Program for Toddlers from the input aspect at the Dosay Community Health Center in 2023, to find out the evaluation of the Supplementary Feeding Program for Toddlers from the process aspect (Planning, Implementation, Monitoring, Recording and Reporting) at the Dosay Community Health Center in 2023, and How to evaluate the supplementary feeding program for toddlers from the output aspect at the Dosay Community Health Center in 2023.

THEORETICAL REVIEW

Providing Supplementary Food

Providing additional food is the activity of providing food to toddlers in the form of safe and quality snacks along with other supporting activities by paying attention to aspects of food quality and safety. And contains nutritional value that meets target needs. Providing Supplementary Food is an intervention program for toddlers suffering from malnutrition where the aim is to improve children's nutritional status and to meet children's nutritional needs in order to achieve good nutritional status and nutritional conditions according to the child's age (Lanang, 2023).

According to Lestari, (2011: 11) states that the program for providing additional food is one of the activities to improve the nutrition of school children which aims to increase public awareness of improving the level of nutritional health of children through efforts to provide additional food to children in an effort to achieve optimal development. Referring to Wati (2020), a child's nutritional status is influenced by the Supplementary Food Program given by the mother to her child in accordance with the nutritional requirements required by the child as well as the mother's activeness in Posyandu (Integrated Health Service Post) activities to monitor the child's development and growth periodically.

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Toddler

The period of infancy is the period after birth until before the age of 59 months, consisting of newborns aged 0-28 days, infants aged 0-11 months and toddlers aged 12 - 59 months (Ministry of Health of the Republic of Indonesia, nd). Toddlers aged 24-59 months are included in the nutritionally vulnerable group (the group of people who most easily suffer from nutritional disorders), whereas at that time they are experiencing a relatively rapid growth process (Ratih, in Dasantos et al., 2020).

Referring to Darwis (nd), Toddlers are children who have reached the age of over one year or more popularly known as children under five years of age. Toddler is a general term for children aged 1-3 years (toddlers) and preschool children (3-5 years). When they are toddlers, children are still completely dependent on their parents to carry out important activities such as bathing, toileting and eating. The development of speaking and walking has improved. However, other capabilities are still limited. Toddlerhood is an important period in the process of human growth and development. Development and growth during that period determines the success of the child's growth and development in the following period.

METHODOLOGY

The method used is an absolute must in conducting research (Tebay & Ilham, 2023; Tokang & Yumame, 2023). This method will be a reference in answering research objectives (Renyaan, 2023; Wambrauw, 2023). Therefore, this research utilizes qualitative research methods using a case study approach that occurred in the work area of the Dosay Community Health Center. The aim of qualitative research is to explain a phenomenon in as much depth as possible, showing the importance of depth and detail in the data being studied.

The location of this research is in the work area of the Dosay Community Health Center, West Sentani District, Jayapura Regency. The research data collection period will start from December 15, 2023 to January 15, 2024.

The informants who will be involved in this research were taken using "purposive sampling" (selected directly by the researcher) with a specific aim. The number of informants was 7 (seven) people consisting of: Head of the Nutrition and Maternal and Child Health Section of Jayapura Regency 1 (one) person, Head of the Community Health Center 1 person, Nutrition Officer 1 person, Midwife 1 person, Cadre 1 (one) person, and as supporting informants, 2 people were taken from mothers of toddlers who received local supplementary food for malnourished toddlers. Data analysis in this study used content analysis from Miles and Huberman (Ilham et al., 2020).

The first step in the research was to start by arranging a research permit and delivering it to the Jayapura Regency Health Service, the Dosay Community Health Center and to the Head of Dosay Village where the informants involved in this research worked and lived. After receiving permission, the researcher will make an appointment to conduct in-depth interviews with the informants. The researcher provided a research informed consent sheet for the informant's willingness to act as a resource in this

research. After that, the researcher collected data using an existing interview guide, interviewing each informant in depth one by one. 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 was collected, the researcher carried out observations of the implementation of local supplementary feeding for malnourished toddlers to triangulate the data, and looked at reports from nutrition officers regarding the implementation of this program and the program output.

RESULTS AND DISCUSSION

Input Aspects (Human Resources, Financing and Infrastructure)

Human Resources are an important factor in the success of a program. In the supplementary feeding program at the Dosay Community Health Center, the role of human resources, especially health cadres, is quite good. This is shown by the attitude and role of cadres who are very active in implementing the program. The cadres actively collect data and provide health information, especially regarding community nutrition.

Providing additional food is an important program to improve the health and nutrition of the community, especially children under five. The success of this program really depends on the role of human resources. In the supplementary feeding program at the Dosay Community Health Center the role of human resources is quite good. This is demonstrated by the attitudes and roles of the head of the village, nutrition officers, midwives and cadres in each village who are very active and enthusiastic in implementing the program. Nutrition officers and midwives will carry out measurements and weighing of toddlers who come to the Puskesmas (Community Health Center). If there is a toddler who has poor nutritional status, the nutrition officer will immediately register the toddler into the local toddler supplementary feeding program. Likewise, female cadres are active in collecting data and providing health information, especially regarding community nutrition when there is an Integrated Health Service Post in their village.

In line with research by Monica (2016) which states that in the Human Resources aspect, the educational level of those implementing the Recovery Supplemental Feeding Program is an average of Diploma 3 (three) in Midwifery, Diploma 3 (three) in Nutrition, and profession. This is in accordance with the Ministry of Health's Guide to Providing Additional Recovery Food, which states that nutrition workers, namely nutritionists, are very necessary in implementing additional recovery food.

Referring to Arumsari (2013) in research, it was stated that training for officers implementing the Recovery Supplemental Feeding program regarding the implementation of Recovery Supplemental Feeding was never implemented. This is not in accordance with the theory that training is part of human investment to improve work abilities and skills, and thereby improve employee performance. (Monica, 2016: Arumsari, 2013).

Statements from informants who said that program funds Providing additional food to malnourished toddlers comes from the Health Operational Assistance Fund provided by the Jayapura Regency Health Service through the

Section Head. Maternal, Child Health and Nutrition to the Dosay Community Health Center. Apart from that, the informant also stated that there were village funds allocated to provide additional food for malnourished toddlers, but these funds were not given to the Puskesmas (Community Health Center) but were managed by the village community themselves together with posyandu cadres. The implementation and schedule and menu provided are also different from those provided by the Public Health Center.

The facilities and infrastructure available in the program for providing additional food for the recovery of malnourished toddlers are anthropometric tools for measuring the weight and height of toddlers, as well as a guide for mothers of toddlers. Meanwhile, other equipment related to cooking and kitchen equipment is still borrowed from cadres and kitchen nutrition officers.

Process Aspects

The supplementary feeding program aims to improve the nutritional status of toddlers and children so that they can grow and develop well. This is in line with the policy of the Ministry of Health of the Republic of Indonesia which aims to create a healthy, high-quality and productive generation. This is in line with the circular letter from the Ministry of Health of the Republic of Indonesia in 2017 concerning Providing Nutritional Supplementation, Providing Additional Food for Pregnant Women, Providing Additional Food for Toddlers and Providing Additional Food for School Children, namely improving the nutritional status of pregnant women, toddlers and school children in order to create a new generation. healthy, high quality and productive products through the provision of additional food extensions to complement target nutritional needs.

Research by Doren et al., (in Yusma et al., 2021) shows that planning the local Supplementary Feeding program involves the Head of the Public Health Center, Head of Community Health Efforts, and nutrition workers. In preparing the plan, data on cases of malnutrition under five in the Puskesmas (Community Health Center) working area is needed. Then, a visit schedule and a proposed activity plan are created. From this Proposed Activity Plan, the amount of additional food that should be given to malnourished and malnourished toddlers is discussed. Next, an Activity Implementation Plan is created.

The process of providing additional food at the monitoring stage (P2) has gone quite well and is running in accordance with the technical instructions that have been established. Supervision of the implementation of the local Supplementary Food Program can be carried out by evaluating how it is implemented, whether it has been distributed well or not, how the growth of toddlers is developing and how receptive the target toddlers are to the food provided.

Supervision should be carried out by the Jayapura Regency Health Service. However, the health service actually handed over the implementation entirely to the Community Health Center (Puskesmas). The Health Service evaluated the implementation of the Local Supplementary Feeding program

based on reports from the Community Health Center after the program ended. The results of monitoring at the Dosay Community Health Center are in line with research by Doren et al., (2019) where monitoring activities in the work area of the Oepoi Community Health Center, Kupang City are carried out once a month and the food packages provided are not all consumed by malnourished toddlers but there are family members. who participated in consuming food that should be consumed by malnourished toddlers every month, as well as mothers taking their children to the Posyandu (Integrated Health Service Post) to measure their child's height and stature.

Output Aspect

The output aspect measured in the local supplementary feeding program for malnourished toddlers is weight gain or weight gain within 3 (three) months of administration. Toddlers' weight is measured every month to monitor their growth and development, In this study, it is known from data from August to October 2023 that from 16 (sixteen) toddlers, 14 (fourteen) toddlers experienced weight gain in the second trimester, then in the third trimester all toddlers experienced a weight gain of -1 SD, which means toddlers are at normal nutritional status

CONCLUSIONS AND RECOMMENDATIONS

The Input aspect, from human resources (HR) is appropriate and running well because each of them carries out activities according to the main tasks and tasks assigned. Financing is still experiencing difficulties due to the lack of funds provided by the Jayapura Regency Health Office for this program. According to the Technical Instructions for Providing Local Additional Food, it must be given 3 (three) times a week but due to limited funds it can only be done once a week. The available facilities and infrastructure are not yet complete.

Process Aspect, The implementation of the program for providing additional food to toddlers is going very well, this is proven by the provision of services by community health center officers to malnourished toddlers who are optimal and innovative in providing additional food. Output aspect: It has achieved the target that of the 16 (sixteen) toddlers, all of them have experienced weight gain while participating in this program.

As a recommendation, there needs to be additional funding from both Health Operational Assistance and village funds so that this program can be provided 3 (three) times a week to toddlers in accordance with the Technical Guidelines from the Ministry of Health of the Republic of Indonesia. Health workers must maximize their education regarding nutrition and the Supplementary Feeding program so that parents of toddlers always remember the importance of providing proper child nutrition and are always motivated to provide the best nutrition to their children. Cadres and midwives must be more aggressive in motivating mothers of toddlers to take their children for regular check-ups at the Posyandu (Integrated Health Service Post). By ensuring that the examination aims to monitor the child's health and keep it under control.

FURTHER STUDY

This study focuses only on the Dosay Community Health Center. Therefore, in the future it is hoped that there will be similar research in different locations, especially in the Jayapura Regency area.

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