



Analysis Implementation of The Stunting Prevention Programme

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Abstract

Stunting is one of the health issues that has become a major concern for the government in Indonesia. The term stunting refers to a condition where a toddler has a lower height compared to the size that should be appropriate for his or her age. The standard used to determine stunting is a height measurement that is lower than two standard deviations below the median of children's growth standards set by the World Health Organization (WHO). The purpose of this study is to analyse how the implementation of the stunting prevention program is carried out by the health sector in the UPTD Puskesmas Gunung Tua to find out the description of the problems and provide recommendations that may be done to improve the stunting prevention program. Methods: This research used a qualitative approach with a case study design at the UPTD Puskesmas Gunung Tua. The research was conducted from December 2022 to July 2023. The data used were primary data collected through in-depth interviews with informants, the Head of Puskesmas, the holder of the stunting program, nutrition cadres, midwives, and people who have stunted babies, with semi-structured interview guidelines. Secondary data was obtained from monthly reports provided by nutrition cadres, midwives, and the community, who have stunted babies, with semi-structured interview guidelines, while secondary data was obtained from monthly reports provided by Health cadres. Results: This study found that the stunting programme has been running smoothly but in these activities, there are still some obstacles encountered, lack of resources from the puskesmas.

Introduction

In the last five years, stunting has increased in Indonesia. The prevalence of stunting in children under five in Indonesia reached 24.4% in 2021. This means that almost a quarter of Indonesia's toddlers will be stunted by that year. However, this figure has decreased compared to 2020, which was estimated to reach 26.9%. The government has a target to reduce the prevalence of stunting in Indonesia to only 14% by 2024. To achieve this target, innovative efforts are needed to reduce the number of stunted children under five by 2.7% each year. Stunting categories can be divided into low (20%), medium (20-29.9%), high (30-39.9%), and very high ($\geq 40\%$). 27 provinces in Indonesia face both acute and chronic under-five nutrition problems. Therefore, increased monitoring of under-five growth at Integrated Service Posts (Posyandu) and other health facilities is very important. (1)

Stunting is one of the most complex nutritional problems faced by many countries in the world, including Indonesia, especially in countries with low levels of poverty and development. (2) The number of stunted children under five in Indonesia reached 21.6% in 2022. This represents a decrease of 2.8 points compared to the previous year. The three provinces with the highest number of stunting in Indonesia are East Nusa Tenggara (NTT), which still occupies the top position. However, the prevalence of stunting in NTT also decreased in 2021 to 37.8%. The second position is occupied by West Sulawesi with a stunting prevalence of 35%, followed by West Papua and West Nusa Tenggara which have a stunting prevalence of 34.6% and 32.7% respectively. Meanwhile, the three provinces with the lowest stunting prevalence are Lampung with 15.2%, DKI Jakarta with 14.8%, and Bali with the lowest rate of 8%. North Sumatra ranked 19th with a stunting prevalence of 21.1%. (3)

In 2019, the prevalence of stunting in North Sumatra reached 30.11%, while in the previous year, 2018, the stunting prevalence rate reached 32.4%. To overcome the stunting problem, 15 regions in North Sumatra are prioritised in the stunting reduction programme. These regions include Deli Serdang, Langkat, Simalungun, Dairi, West Pakpak, Central Tapanuli, Mandailing Natal, Padang Lawas, North Padang Lawas, Nias, South Nias, West Nias, and Gunung Sitoli. The stunting reduction programme in these areas aims to reduce the number of under-fives who are malnourished and prevent adverse effects on children's future growth and development. (4)

One of the districts in the province of North Sumatra in North Padang Lawas district with a prevalence of stunting is: Based on data from the UPTD Puskesmas Gunung Tua annual report results for the last 4 years, the number of stunting prevalence has increased in 2018 there were 4 people, in 2019 it increased to 158 people, in 2020 it decreased to 112 people, in 2021 there were 231 people and in 2022 an increase of 443 people was recorded. From the data above, the prevalence of stunting increases every year. (5-8)

In dealing with various stunting problems, the role of health workers is very important to reduce stunting in Gunung Tua Health Centre. The results of the initial survey conducted in the field show that specific nutrition programs have been implemented, but their implementation is still not optimal. One of the obstacles encountered is the lack of community participation in participating in specific nutrition activities. Although the programme has been socialised and informed to the community, there are still challenges in getting them to actively participate in the activities.

Factors such as lack of awareness of the importance of specific nutrition, limited access to information, and cultural factors can affect the level of community participation. In the face of these obstacles, health cadres and programme implementation teams need to take strategic steps to increase community participation. This can be done through intensification of socialisation, personal and group approaches, and tailoring activities to the needs and preferences of the local community. In addition, involving community leaders, mothers' groups, and other relevant parties can also be an effective way to encourage community participation in nutrition-specific activities. With the support and active participation of the community, it is expected that the implementation of nutrition-specific activities can achieve more optimal results and provide significant benefits to the health and quality of life of the community.

The purpose of this study is to analyse the implementation of the stunting prevention programme by the health sector at the UPTD Puskesmas Gunung Tua to identify problems and provide possible recommendations for improving the stunting prevention programme.

Methods

This research used a qualitative approach with a case study design at the UPTD Puskesmas Gunung Tua, North Sumatra Province. Within the framework of this research, 6 informants were involved, namely the Head of Puskesmas, Head of the Nutrition Program Holder, Nutrition Staff, Midwives, stunting cadres, as well as the community who have stunted babies. The research period starts from December 2022 to June 2023, which allows for a comprehensive investigation.

Objectives In this study, we will examine how the stunting prevention programme is implemented, how it impacts the community, and the factors that influence success or constraints in its implementation.

Primary data collection was conducted through in-depth interviews with informants, including the Head of Puskesmas, nutrition programme holder, nutrition staff, nutrition cadres, midwives, and community members with stunted babies. The interviews were conducted using semi-structured interview guidelines, allowing for more in-depth information. Not only relying on primary data, this study also utilised secondary data obtained from monthly reports provided by health cadres. This combination of primary and secondary data is expected to provide a more complete and detailed picture of the stunting problem in the area.

This research used an interview instrument as a guideline in the interview process related to stunting issues. This approach aims to effectively facilitate each informant in delivering their responses, as well as ensuring more efficient and detailed data collection from each informant. The components researched include Inputs (financing, resources, medicines, processes (planning, organising, mobilising, monitoring, recording, and reporting), and Outputs (outcomes of nutrition-specific and nutrition-sensitive interventions). In-depth interviews were conducted with informants using the local language so that the informants could easily understand the content and then the researchers translated it into Bahasa Indonesia.

The technique was carried out thematically with the validity of the data obtained by source triangulation diversity, these keywords were then developed into research findings to be generalised inductively. This research has received ethical approval from the Medical and Health Research Ethics Committee of the Faculty of Medicine, Islamic University of North Sumatra.

Results

Input

Component Financing

In-depth interviews with informants revealed that funding for the stunting prevention programme usually comes from the health office and PLKB. Funds used to support stunting prevention programmes are generally channelled through budget allocations from the health office that is responsible for implementing the programme. In addition, PLKB can also play a role in providing funds or allocating resources to support stunting prevention programmes. The purpose of this financing is to ensure adequate funds are available for the implementation of stunting prevention activities, including education, socialisation, monitoring, and necessary nutrition interventions.

Human resources

In 2022, there were two nutritionists on duty, but in 2023, the number increased to three. Despite this, the implementation of the nutrition programme is still lacking. To overcome this shortage, there is assistance from the midwife department which helps the nutrition cadres in running nutrition programmes so that they can run well. All officers are active in participating in the implementation of programmes, such as the Supplementary Food Programme (PMT), the provision of blood supplement tablets, and counselling.

The programme did not experience significant obstacles, but there were some obstacles in the implementation of the activities. One of the main obstacles is the lack of community participation in the programme. However, this obstacle can be overcome by improving approaches and communication with the community, so that they can be more actively involved in the programme and understand the importance of stunting prevention. There were socialisation activities conducted in the community related to stunting, where they were given an understanding of what stunting is, the factors that cause it, and how to prevent stunting.

Through this socialisation, it is hoped that the community can have better knowledge about stunting so that they can take effective preventive measures to avoid stunting in children. The main target of the stunting programme is the entire community, especially pregnant women and mothers of children under five. However, special attention is given to stunted toddlers, as they are at higher risk. Through this programme, it is hoped that the community at large can be involved in stunting prevention efforts and understand the importance of good nutrition for children's growth and development. Increasing the awareness and knowledge of mothers about the importance of proper nutrition is expected to reduce stunting rates and improve the quality of life of children in the community. The role of the community itself is very important in the process of running the stunting prevention programme because the main factor in avoiding stunting is the role of the community itself.

Medication

At Gunung Tua Health Centre, we have a stock of basic medicines that are essential for community health services, including medicines related to nutrition programmes such as iron tablets, vitamin A, and nutritional supplements. Health workers regularly conduct an inventory of medicines to ensure the availability and adequacy of supplies at Gunung Tua Health Centre. If there are shortages or special needs, we coordinate with relevant agencies to fulfil these needs. In addition, we also conduct quality monitoring of the medicines we have, including checking expiry dates and properly storing medicines according to established storage rules. If there are special needs that cannot be met by the stock of medicines at Gunung Tua Health Centre, we refer patients or the community to better-equipped health centres or provide prescriptions for medicines to be picked up at nearby pharmacies.

Gunung Tua Health Centre has a stock of basic medicines that are relevant to the nutrition programme. The health centre also monitors the quality and availability of medicines and takes appropriate action if there are shortages or special needs that cannot be met at the health centre. Although there is an exclusive breastfeeding counselling programme, community participation in these activities is still not optimal. However, the health cadres try to encourage the community to be active in the counselling, in the hope that the programme can run smoothly.

Guidelines and SPO

The Health Office has provided Standard Operational Planning (SPO) guidelines that guide how operational planning should be carried out in stunting prevention programme activities. This guideline serves as a reference in developing effective and efficient activity plans for stunting prevention. In the SPO6 guidelines, some standards regulate important aspects of operational planning, including specific goals, objectives to be achieved, action steps to be taken, and allocation of necessary resources. The guidelines provide clear direction on the steps to be taken to achieve the desired outcomes. These operational planning standards also establish performance indicators that should be monitored and evaluated regularly.

This aims to measure the effectiveness and efficiency of activities carried out in stunting prevention and make improvements if needed. With the SPO guidelines from the health office, programme implementers can ensure that the operational planning carried out in stunting prevention activities is by

established standards. This helps to maintain the quality and suitability of the programme and ensures that the activities carried out can achieve the expected results in stunting prevention efforts.

Process Components

Planning

From the results of the interview, it was found that in every activity, planning is always carried out to ensure smooth implementation. Although not all planning goes according to plan, the existence of specific planning is very important in increasing the success of the implementation of the stunting prevention programme. By conducting specific planning, the organising team can prepare the necessary steps and identify important factors that must be considered in the implementation of activities. While there may be obstacles or unforeseen changes in the situation, careful planning helps the team to better overcome these challenges.

Specialised planning also allows for a clear mapping of the goals, objectives and methods to be used in the activity. This helps in optimising the use of available resources and ensuring that all parties involved understand their roles and responsibilities. Thus, through careful and specific planning, the implementation of the stunting prevention programme can run better and increase success in achieving the programme's goals. In planning the activities, no obstacles occurred because each health cadre had a clear understanding of their duties and responsibilities. They know exactly what part of the job they have to do. In addition, new staff were also involved in the activity planning process and participated in the implementation of the activities. With the involvement of health cadres and new staff in the planning process, they have a comprehensive understanding of the objectives and steps to be taken in each activity. This minimises the possibility of obstacles in planning activities because everyone is directly involved and has the same understanding. Thus, activities can be implemented effectively and efficiently because all parties are involved in planning and implementation. It also allows for synergy between experienced health cadres and new staff who bring new ideas.

Organising

Based on direct interviews with informants at Gunung Tua Health Centre, there is no specific organisation focused on stunting prevention as stated in the following quote: "At Gunung Tua Health Centre, there is no special organisation focused on stunting, but there is a team in charge of handling stunting." The informant clarified that at the puskesmas there is no organisation specifically dedicated to stunting prevention. However, there is a team that has duties and responsibilities in handling stunting issues.

Implementation

The results of in-depth interviews on the implementation of the stunting programme with various informants showed the following obstacles: The main obstacle in this programme is the lack of public awareness about the importance of balanced nutrition and the adverse effects of stunting. Intensive education is needed to improve the community's understanding of these issues. Community participation in programme activities is still low. Some people still lack interest or do not prioritise the stunting issue. Therefore, a more attractive and relevant strategy is needed to invite the community to be more active and involved in stunting prevention programme activities. The health team engages in the programme with high commitment and works in synergy. They support each other and collaborate in providing health services and education to the community. The team also endeavours to convey information and provide nutrition interventions to communities living in remote and hard-to-reach areas. To increase active community participation, as well as collaboration and integrated efforts from health teams in the implementation of stunting prevention programmes. This information can serve as a foundation for designing more effective strategies to improve the stunting situation and enhance children's quality of life.

The implementation of the programme is carried out in stages from the district level to the village level. For example, the implementation of the PMT programme is carried out from the district to remote villages, and the stunting implementing personnel collaborate from the health office and PLKB. However, there are still obstacles in the implementation of specific nutrition interventions that have been running, but the stunting rate continues to increase or the increase is not as expected, there are several factors that may affect it. One thing to consider is the Comprehensive approach: Handling stunting requires a comprehensive and cross-sectoral approach.

Recording and reporting

In terms of recording and reporting data on stunted children, there are several obstacles that health workers may face in using E-PPGMB as a data entry platform. One common obstacle is limited access to the internet, especially in remote areas or those with less favourable infrastructure. The lack of internet access makes it difficult for health cadres to record and report data on stunting rates in real time. To overcome this obstacle, efforts need to be made to improve the infrastructure and availability of internet access in remote areas. In addition, alternative solutions such as the use of mobile networks or offline technology can be considered so that health cadres can still record and report data even without a stable internet connection.

Improved training and understanding of the use of E-PPGMB are also needed so that health cadres can operate the platform properly. In addition, it is important to establish a regular and scheduled recording

and reporting system. For example, data recording and reporting are conducted monthly, with more detailed reports conducted every 6 months and an annual report that presents an overall picture of the stunting prevention programme. With a regular schedule, health cadres can allocate specific time to perform these tasks and ensure the accuracy of the data recorded. It is also important to provide a dedicated place for health volunteers in remote areas to upload their reports into the E-PPGMB system. This could be a data collection centre or the nearest health service centre equipped with internet access. With this special place, health cadres can periodically upload their reports every 6 months and annually, making it easier to monitor and evaluate the stunting prevention programme as a whole. By overcoming internet access constraints, establishing a regular recording and reporting schedule, and providing a special place to upload reports, it is hoped that recording and reporting data on stunting toddlers into E-PPGMB can be done more effectively and accurately. This will provide more complete and reliable data, which in turn will assist in planning and decision-making related to stunting prevention programmes.

Output Component

Limited resources such as funds, manpower and infrastructure are a problem in implementing stunting prevention programmes. For example, a lack of community participation in immunisation programmes can hinder the success of the programme. In addition, labour shortages also affect the implementation of stunting programmes due to the limited number of people involved. In nutrition-specific activities such as immunisation, another constraint is the lack of community participation and knowledge about the importance of immunisation, which causes some people to be reluctant to participate.

Discussion

Input

Component Financing

Based on the research, it was found that financing for nutrition-specific health programmes at the Health Office aimed at Puskesmas uses the BOK provided by the central government. However, there is currently no specific budget or financing allocated for nutrition-specific intervention programmes. This means that the source of financing for nutrition-specific programmes at Puskesmas still depends on the allocation of BOK funds from the central government. However, the lack of a dedicated budget or financing for nutrition-specific intervention programmes indicates that there are still challenges in obtaining adequate resources to address specific nutrition problems. (9)

According to the Stunting Prevention Promotion Secretariat, there are efforts to rapidly integrate stunting prevention programmes at both the regional/urban and village levels. In the guidelines for financing stunting prevention programmes and activities, it is mentioned that the programme has several funding sources, including the State Budget (APBN), the Provincial Budget (APBD), and the District/City APBD. In this study, it has been explained that funds for the programme have been allocated, but delays in the implementation of activities are related to the use of resources. The guidelines state that the majority of funding comes from the district/city APBD, which suggests that villages have a significant role in financing stunting prevention programmes. However, if financing is not implemented evenly or balanced, then stunting prevention efforts will not be implemented effectively. In a study conducted by Syafrina, it was mentioned that the Padang Pariaman District Health Office did not have a budget for stunting prevention activities, which had an impact on the lack of progress in reducing stunting rates in the region. The stunting rate in the region reached 33.6 per cent, which is close to the national stunting prevalence. (10)

Human resources

Based on the research conducted in the field, several findings can be concluded. Firstly, there is a shortage of human resources in the field of nutrition. This can be seen from the uneven number of nutrition staff in each health centre. This causes the implementation of nutrition information and education in the community to be suboptimal. Secondly, from the findings in the field, the budget available to support stunting prevention activities through the various efforts that have been made is sufficient. Firstly, in terms of human resources, there is a shortage of nutrition personnel at the health centres. This can affect the quality and effectiveness of nutrition information delivered to the community. Efforts are needed to increase the number of nutrition personnel so that the provision of nutrition information and nutrition education can be done optimally. Secondly, about the budget, the research shows that the funds allocated to support stunting prevention activities are sufficient. This shows commitment to addressing the stunting problem. However, it is important to ensure that the funds are allocated appropriately and efficiently, and directed towards activities that have a significant impact on reducing stunting prevalence. Overall, the research findings highlight the need for increased human resources in the nutrition workforce and effective budget management to support stunting prevention activities. Thus, it is expected to increase the effectiveness of programmes and efforts to reduce stunting in children under five. (11)

Medication

Interventions in stunting prevention have a very important role. One way to prevent stunting is to strengthen the knowledge of families, especially mothers, about the importance of the First 1000 Days of Birth (1000 HPK). In addition, it is important to continuously improve the provision of proper nutrition to children and monitor their growth and development to prevent stunting. By increasing the knowledge of families, especially mothers, about the importance of 1000 HPK, it is hoped that they will better understand the need to provide good care and nutrition to children from the beginning of life. Providing proper nutrition, such as exclusive breastfeeding for the first 6 months, providing nutritious food at the age of 6 months and above, as well as regular growth and development monitoring, can help prevent stunting. These interventions are important to educate and empower families to optimise the health and growth of their children. Increasing awareness and knowledge about the importance of balanced nutrition and growth monitoring is expected to reduce the risk of stunting and ensure healthy growth and development in childhood. (12,13)

The complementary feeding policy at Puskesmas Sinunukan involves cadres and the community in Posyandu activities. Puskesmas Sinunukan has adopted standard procedures related to the Supplementary Feeding Programme (PMT) which include several aspects. Firstly, the food or food ingredients provided in the PMT are not given in the form of money, but in the form of food or local food ingredients. This aims to ensure that the PMT is used to provide additional nutrition to toddlers who need it. Secondly, the improved PMT only serves as a complement to the food already eaten by the targeted toddlers every day, and not as a substitute for the main meal. This principle is important to maintain the sustainability of main food consumption and prevent dependency on the PMT. Thirdly, the PMT is designed to meet the nutritional needs of the targeted under-fives, as well as provide opportunities for mothers and under-fives to engage in learning and communication processes. This objective includes educating and empowering mothers to provide appropriate nutritional attention to their toddlers. Fourthly, the PMT is an event that takes place outside the puskesmas building with a community empowerment approach. This means that the PMT is linked across project activities and other relevant sectors. This approach ensures that the PMT is not only the responsibility of the puskesmas but also involves the active participation of the community and cooperation with related sectors. By adopting this policy, Puskesmas Sinunukan strives to provide effective and sustainable PMT, by involving cadres and communities in the effort to improve under-five nutrition. This community empowerment approach is expected to achieve better results in improving the nutritional status of under-fives and encouraging changes in nutritional behaviour at the community level. (14)

Guidelines and SPO

From the researchers' perspective, there is still a need for stricter supervision from the puskesmas leadership regarding the use of Standard Operating Procedure (SPO) guidelines for all nutrition-specific intervention programme activities. This is to ensure that the SPO guidelines are not just administrative requirements, but are also implemented effectively in every activity. The importance of supervision from the puskesmas leadership is to ensure that the SPO guidelines are followed and implemented properly by all team members in the nutrition-specific intervention programme. Effective supervision will ensure that activities are implemented by established standards, thereby achieving optimal results. In addition, research has also shown that there are still some areas where SPO guidelines are not available, such as the management of growth faltering. (15)

Based on the results of a study conducted by Gina Muthia and her colleagues, it was found that Standard Operating Procedure (SPO) guidelines for specific nutrition intervention activities already exist in newly accredited health centres. The Health Office has also provided guidelines for running general nutrition programmes and nutrition interventions. During the observation, from the Maternal Health (MCH), Maternal and Child Health (MCH), immunisation, nutrition, and health promotion departments, it was found that most rooms had SPOs posted. However, there were still some rooms that did not have visible SPOs, perhaps because some of the SPOs were still stored in the cupboard.

Process Components

Planning

According to the results of the interviews, All informants can conclude When planning to implement the nutrition programme Developing a plan in the form of RKA and DPA, The plan is not yet clear For the treatment of developmental delays. therapy targets The stunting target is less than 20%. The Human Resources Department of Nutrition Implementers is still lacking and is still not by their abilities. the budget is sufficient and financially secure Facilities and infrastructure such as APBDOK still exist Facilities are lacking and damaged. According to the results of the interviews, all informants can conclude In terms of organisation and coordination the Ministry of Health, Puskesmas, PKK Officers, Nutrition Implementers, Midwives Village cadres and other cross-border cooperation Programs such as MCH, Kesling, Promkes, etc. The referral system is implemented and cooperates with related parties.

Organising

Based on in-depth interviews with informants, it was found that at the district level, a Working

Group (Pokja) on stunting prevention has been formed, involving various related technical implementation units (UPT). These include food, population control and family planning, fisheries, regional development planning agencies (BAPPEDA), hospitals, and other agencies. This indicates that nutrition-specific interventions are supported by nutrition-sensitive interventions that involve various related sectors. By organising the stunting prevention working group and involving various related UPTs, synergies between various nutrition-related programs and activities are expected. For example, programmes from the food service can collaborate with population control family planning and fisheries programmes to improve balanced nutrition intake and food diversification. In addition, involving BAPPEDA and other agencies also helps in the development of policies and plans that support holistic nutrition-specific interventions. With the support of nutrition-sensitive interventions from various related sectors, it is expected that the stunting prevention programme can be more integrated and have a comprehensive impact. Collaboration between the UPT and related sectors also allows for a comprehensive approach to addressing nutrition issues, including aspects of specific and sensitive interventions.

Implementation

Based on the interviews, it can be concluded that the implementation of specific nutrition intervention programme activities refers to the Budget Work Plan (RKA) and Budget Implementation List (DPA). Although all activities are implemented, the implementation is not optimal due to several factors. Factors affecting programme implementation include a lack of human resources, the placement of officials who are not suited to their capacity, multiple tasks that must be performed, a lack of adequate infrastructure facilities, and a lack of community involvement. These implementation inefficiencies can hinder the smoothness and effectiveness of the programme. Supervision is conducted in three stages, namely the implementation stage, during implementation, and after implementation. Programme evaluation is conducted on a quarterly and annual basis, and monitoring and evaluation is conducted by each programme. (Yulyanti, Putri, and Fauzi 2018).

Surveillance In supervision, there is a specialised team tasked with carrying out the monitoring function. This team routinely and thoroughly conducts monitoring to ensure that the stunting prevention programme is being implemented by the cadres responsible. The monitoring team performs their duties meticulously, including field visits, data collection, and examination of records and reports to verify compliance with the nutrition programme. With this close supervision, it is expected that the nutrition programme will run as planned and achieve the desired results.

Based on the interviews conducted by Gina Muthia and colleagues, supervision of specific nutrition interventions is conducted in stages, starting from the central level to the province, province to district, and district to health centre or even directly to the nagari level, and is conducted regularly. This supervision is conducted by the Health Office through the Public Health Division, involving the nutrition and family health sections. Supervision is carried out regularly, with a monitoring schedule of once a month. Through this tiered approach, it is expected that supervision can cover all levels of health services, from the central level to the village level. Regular supervision is important to ensure that nutrition-specific interventions are implemented by established guidelines and achieve the expected results. By involving various levels of government and conducting regular supervision, it is hoped that good coordination between the central government, provinces, districts, and health centres can be achieved in the implementation of nutrition-specific intervention programmes. (Muthia, Edison, and Yantri 2020).

Recording and reporting

In-depth interviews with informants revealed that recording and reporting of specific nutrition intervention activities is done by each programme every month, after the completion of each activity, and immediately if there are specific cases that need to be reported. These specific nutrition interventions are part of the First 1000 Days of Life (HPK) movement aimed at pregnant women, breastfeeding mothers, and children aged 0-23 months. However, not all activities in these specific nutrition interventions have been reported at the puskesmas. Some of the activities that have been reported at the puskesmas include basic immunisation, IMD (Early Breastfeeding Initiation), exclusive breastfeeding, provision of Fe (iron) tablets, IEC (Communication, Information, and Education) on complementary feeding during mother-to-child classes, provision of vitamin A, management of acute malnutrition through PMT (Integrated Nutrition Recovery), and PMT for pregnant women with Chronic Energy Deficiency (CED). According to the researchers, all activities in nutrition-specific intervention programmes need to be recorded and reported. This is to monitor the progress of activities and evaluate the achievement of targets. If there are activities that have not achieved the targets, it is necessary to identify the underlying problems and determine efforts to overcome these problems. The results of the problem analysis and the resulting solutions will become part of the planning for the next period. Comprehensive recording and reporting are expected to improve the monitoring of the implementation of nutrition-specific intervention programmes. This will help in identifying problems that may arise and taking appropriate measures to improve the achievement of programme targets and outcomes. (15)

Table 1. Analysis of Results

INPUT	
Financing	- The cost of the stunting programme comes from the health office and PLKB.
Human Resources	- Health service officer - PLKB - Health centre workers - Community
Medicines	- Provision of PMT - Administration of blood supplement tablets - Vitamin administration
SPO Guidelines	- The health office has provided a standard operational plan (SPO) that guides how operational planning should be carried out in stunting prevention programme activities
PROCESS	
Planning	- In every activity, special planning for stunting activity planning itself is always carried out to ensure smooth implementation. Although not all planning goes according to plan
Organising	- For the organisation itself, there is no specific organisation for the stunting prevention program at Gunung Tua Health Centre, because the health centre itself focuses more on the team, where everyone plays a role in the team to help each other
Implementation	- for the implementation of the programme is carried out in stages from the district level to the village level. For example, the implementation of the PMT programme is carried out from the district to remote villages, and the stunting implementation personnel collaborate with the health office and PLKB
Surveillance	- terms of supervision, there is a specialised team tasked with carrying out the monitoring function. This team routinely and thoroughly conducts monitoring to ensure that the stunting prevention programme is implemented by the cadres in charge. The supervision team performs their duties meticulously, including field visits, data collection, and examination of records and reports to verify compliance with the established nutrition programme
Recording and Reporting	- for recording and reporting, there is something called E-PPGMB, health workers import data on stunting toddlers into E-PPGMB
OUTPUT	
Specific Nutrition and Sensitive Nutrition	- There are several barriers to specific and sensitive nutrition, including limited resources, either in terms of funds, labour, or infrastructure. For example, the lack of community participation in immunisation activities.

Output Component

Directly addressing nutrition problems. These activities are generally carried out by the health department and can include immunisation, nutritional recovery programmes (PMT), and under-five nutrition services at posyandu. These interventions aim to improve the nutritional status of children under five by providing additional nutrients such as milk. There are also nutrition-sensitive interventions that aim to prevent and reduce nutrition problems indirectly. Activities in these interventions are usually carried out by the non-health sector. Some of the activities included in nutrition-sensitive interventions include clean water provision, poverty alleviation, women's empowerment, and others. The target of these interventions is the general public. (16)

Conclusion

The study found that the stunting programme has been running smoothly, but there are still some obstacles that occur in these activities. One of the obstacles encountered is the lack of resources from the health centre itself. Efforts to improve and increase the availability of resources are important so that nutrition programmes can run more optimally and provide maximum benefits to the community. Another challenge is the community's perception and understanding of basic immunisation coverage. Some husbands still believe that immunisation can make their children sick and do not allow their children to be vaccinated. Inaccurate understanding of the benefits and safety of immunisation is an inhibiting factor in achieving optimal immunisation coverage. For the implementation of the stunting prevention programme at Gunung Tua Health Centre, it is necessary to increase the number of programme implementers such as resources, IEC (information communication, education) and nutrition awareness to the entire community.

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