

POLICY ANALYSIS OF SUPPLEMENTARY FEEDING IN WASTING CHILDREN UNDER FIVE IN PALEMBANG, SOUTH SUMATERA

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ABSTRACT

Background: Wasting is a major problem among children under five in Indonesia, especially in Palembang, South Sumatera. Effective interventions to prevent and combat wasting through nutrition education, increasing the coverage of children under five weighing and providing additional feeding. This study aimed to analyze the supplementary feeding policy for wasting children under five.

Subjects and Method: This was a qualitative study was conducted using descriptive phenomenon by directly exploring, analyzing and describing the phenomenon of implementing SF with research samples namely the head of the health service, head of the family health section of the health service, head of the community health center, nutrition management staff at the community health center, integrated healthcare center cadres, human development cadres, field officers family planning, family assistance team, village chief.

Results: The results showed that the implementation of the coordination policy is going well, communication has been running but has not been optimal due to the conditions of the COVID-19 pandemic. Resources in the implementation of the nutrition program are very lacking in terms of staff, disposition or attitude of the nutrition program implementers towards wasting rates and commitment as evidenced by building commitment during stunting meetings, the bureaucratic structure already refers to regulations and guidelines and SOPs for nutrition programs.

Conclusion: The implementation of the coordination policy is going well, but it needs improvement after the COVID-19 pandemic.

Keywords: supplementary feeding, wasting, health policy.

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BACKGROUND

Nutritional issues in children under five continue to be a major issue in the population system. This issue is still a global problem in both developed and developing countries such as Indonesia (Ghodsi et al., 2016). Reducing the prevalence of nutritional problems in children under five is very important to support the realization of the global goals set out in the Sustainable De-

velopment Goals (SDGs), namely ending hunger, achieving food security, improving nutrition, and promoting sustainable agriculture (Kumar et al., 2019).

According to UNICEF, WHO, and the World Bank Group (2019), Asia and the Pacific is the country with the most cases of wasting, with a total of 66% (32.5 million) of the total children under five affected by wasting globally in 2018, with 8.7% coming

from Southeast Asia. Indonesia is the second highest country after Timor Leste in Southeast Asia and the sixth highest out of 30 other countries that have a prevalence of wasting according to the latest year's data for each country, which was summarized in 2019 by the Asia and the Pacific Regional Overview of Food Security and Nutrition (Asri and Nooraeni, 2019).

Baseline Health Research data for 2018 showed a decrease in the prevalence of under-five wasting to 10.2% compared to 2013, which was 12.1%. Even though it has decreased, cases of wasting are still a major problem for nutritional health in Indonesia because they have not met the RPJMN and Strategic Plan targets, which are below 9.5%. This figure is also far from the international standards of the WHO and WHA (World Health Assembly), namely that in 2025 the aim is to reduce and maintain wasting in children under five to below 5% (Asri & Nooraeni, 2019).

When referring to the SSGI (Indonesian Nutritional Status Survey) data for 2021, the prevalence of wasting among children under five in South Sumatra is 7.6% above the national average of 7.1%. Meanwhile, the prevalence of wasting in Palembang was 9.6%. This figure is relatively high, and Palembang occupies the 4th highest position in South Sumatra after PALI, Ogan Ilir, and Musi Banyuasin.

Based on these data, it can be seen that the problem of children under five wasting away is a major problem for Indonesia, especially in Palembang City, and requires special attention. It is important to develop effec-

tive interventions to prevent and combat wasting (Harding et al., 2018). Considering the short-term and long-term impacts, if it is not resolved, Indonesia risks losing a talented next generation.

The Government's commitment to tackling malnutrition in under-fives has long been echoed at the national level and has been followed up through various efforts, including efforts to educate on nutrition, increase the coverage of weighing under-fives, increase the capacity of officers in managing under-fives with malnutrition, establish a therapeutic feeding center (TFC) and community feeding centers (CFC), as well as supplementary feeding (SF) recovery for children under five with malnutrition (Ministry of Health of Republic Indonesia, 2019).

The SF policy specifically is contained in the Technical Guidelines for Providing Supplementary Feeding (Children under five, Pregnant Women, and School Children) stipulated by the Ministry of Health in 2017. This policy contains and regulates all aspects related to SF, starting from the criteria for giving, storage, and distribution to monitoring and evaluation. The technical instructions become guidelines for the implementation of SF by the community health center.

Provision of Supplementary Feeding (SF) is given in the form of safe and quality snacks along with other supporting activities with due regard to quality and food safety aspects. SF contains nutritional value according to target needs. Additional food is in the form of biscuits with a special formulation and fortified with vitamins and minerals. The texture is

crunchy, the taste is sweet, and when mixed with liquid, it becomes soft. Biscuits have an average weight of 10 grams per piece (Ministry of Health Republic of Indonesia, 2017).

There are two kinds of SF, recovery SF and counseling SF. SF Recovery is given to children under five whose nutritional status is lacking, while SF Counseling is given in activities with educational purposes, such as at integrated health services. Both have the same goal, namely to meet the nutritional needs needed by children under five (Darubekti, 2021).

The supplementary feeding program (SF) is carried out in collaboration with various parties, from the government to the community. Integrated together across programs and across sectors. The Supplemental Feeding Program (SF-P) for Children under five is contained in government policy, namely in the Technical Guidelines for Supplemental Feeding (Children under five, Pregnant Women, and School Children) of the Ministry of Health of the Republic of Indonesia in 2017. However, in reality, this program has not shown optimal results due to the limitations of various factors, namely the lack of human resources, the lack of adequate facilities and infrastructure, and the absence of daily recordings made by mothers of children under five regarding the absorption of additional food (Wahyuningsih and Devi, 2017).

The research results of Doren et al. (2019) show that the input number of malnourished workers is 1, the community health center requires 1 public health worker, the equipment they have is still lacking in the laboratory

department, you have to ask for procurement from the city or provincial health office, and funds for the distribution of MT are not yet available. The planning process was good, but the implementation of distribution, monitoring, and recording or reporting still had problems with monitoring because other family members were eating the MT package, the output was not on target, and the program coverage had not yet reached the set achievement indicators.

These constraints can affect the achievement of SF goals. Therefore, to find out the SF policy regarding these constraints, it is necessary to carry out further research using a different analytical theory from previous research and adding informants who support policy construction from above, such as the head of the Palembang City Health Office, as well as across related sectors, namely Family Welfare Programme (FWP) FWP cadres and Family Planning Field Officers (FPFO), which were not carried out in previous studies.

SUBJECTS AND METHOD

1. Study Design

This study uses a qualitative research design, which is a research process with an understanding based on a methodology that investigates a social phenomenon and human problems. The approach used in research is a descriptive phenomenon.

2. Study Informants

The informants of this study were the Head of the Palembang City Health Office and the Head of the Family Health Section of the Palembang City Health Service, who controlled infor-

mation related to SF policies in Palembang City. Then the main informants were the Head of the Community Health Center, the Health Center's Nutrition Management Staff, Integrated health services Cadres, Human Development Cadres, Family Planning Field Officers, Family Assistance Team, and Village chief. Meanwhile, the additional informant was the mother of a wasting child under five.

3. Data Analysis

This descriptive phenomenon research was carried out in three stages, starting with the intuitive stage, the

analyzing stage, and the final stage, namely, describing, in which the researcher makes a broad and in-depth narrative about the phenomena found in the SF children under five wasting policy in Palembang City.

RESULTS

1. Sample Characteristics

The characteristics of study informants showed in table 1, include of 8 informants following the affiliation, position, length of reign, and education levels

Table 1. Informant Characteristics

| Informants | Affiliation | Position | Length of Reign | Education Levels |
|-------------------------|---|--------------------------------------|-----------------|---------------------------|
| Informant 1 (D1) | Public Health Office | Public Health Office secretary | 1 years | Master's of biomedicine |
| Informant 2 (D2) | Public Health Office | Chair of family health and nutrition | | Medical degree |
| Informant 3 (P1) | Community Health Center of Sebelas Ilir | Head of Community Health Center | | Master's of Public Health |
| Informant 4 (P2) | Community Health Center of Sosial | Head of Community Health Center | | Dentistry degree |
| Informant 5 (P3) | Community Health Center of Kenten | Head of Community Health Center | | Medical degree |
| Informant 6 (G1) | Community Health Center of Sebelas Ilir | Nutrition manager | | |
| Informant 7 (G2) | Community Health Center of Sosial | Nutrition manager | | |
| Informant 8 (G3) | Community Health Center of Kenten | Nutrition manager | | |

Policy Analysis of Supplementary Feeding (SF) in Wasting Children Under Five

Walt & Gilson's policy triangle analysis focuses on content, context, process, and actors (policy actors). The policy triangle is an approach used for a simplified and complex arrangement of

the four factors. This will assist in thinking systematically when looking at a policy to see how a policy begins from being enacted to being implemented. The following will discuss the SF policy on wasting children under-fives in Palembang City based on these four factors.

Actor

The actors assessed in this study are those who have a role and are involved in implementing the SF policy on wasting children under-fives. The actors consisted of the secretary of the Palembang City Health Service, cadres, and mothers of children under five who were wasting. The City Health Office has a role and responsibility to make derivative regulations and communicate policies to the Community health center based on the Ministry of Health's SF Technical Guidelines for 2017. The following is an excerpt of an interview with the Secretary of the Health Service:

“...If there is a policy from the Ministry of Health in general, including this technical guideline, the health service will continue, make a technical guideline, and increase the capacity of its staff, so there will be socialization and, if necessary, practice, according to the target of the technical guideline. There will be nutrition officers, cadres, etc...” (D1).

Derivative regulations issued by the Health Office are in the form of circulars for the allocation and distribution of supplementary food.

The following is an excerpt of an interview with the Head of Family Health and Nutrition:

“...So it is indeed related to the technical guidelines for additional food, and every year we make a circular every time there is new technical guidance related to allocation and distribution...” (D2)

Furthermore, the Community health center have roles and responsibilities to implement the policy. In this case, the Head of the Community health center is the implementing actor at the community health center level and is responsible for ensuring that this policy is actually implemented.

The following is the outcome of an interview with the head of community health center:

“...So, for this technical guideline the implementation is carried out by the nutrition officer, I, as the Head of the Community health center, make sure that this is really carried out by the officer. We keep an eye on the officers, we build them... yes, there is a report every month. From that we can monitor implementation” (P3)

“...Of course I will also study the contents of the technical guidelines, so that I know what it's like.. the nutritionist will also share, discuss the implementation of this SF. Usually I will give directions... and later every month there will be a report, there will be a lokmin, so the work will be monitored...”(P1)

When confirmed with the community health center nutrition manager regarding their role regarding the SF policy, this is the answer:

“...yes, we are using this technical guide until now. This has been done for a long time, so we are used to carrying out the gallo contents of this technical guideline... let's give these biscuits to children under-fives according to their designation ...”(G3)

“...We carry out this technical guideline in the form of giving biscuits to children under-fives according to the criteria”(G1)

In implementing this supplementary feeding policy, nutrition managers are assisted by cadres. The cadres who help are Integrated health services cadres who also serve as Human Development Cadres. Cadres help starting from screening when measuring body weight and length at Integrated health services. In addition, the cadres also helped distribute additional food biscuits for mothers of children under-fives whose homes were far away and had limited access to the Community Health Center.

Apart from the above actors, the researcher also analyzed the role of wasting children under five mothers. Following are the results of the interview:

“...We received biscuits from the Community health center for children, but they weighed less. We accept, ma'am. Thank you. These biscuits are given to children. He was able to hold it in his hand to be eaten. If this pack sometimes runs out, sometimes it doesn't, ma'am. It is determined by will...”(IB)

Content

The content or contents of the Technical Guidelines for Providing Supplementary Feeding contain detailed sections of the SF policy, starting from Chapter I to Chapter VI, which are the reference for the implementation of SF by the Community health center. The completeness and clarity of the information in the Technical Guidelines

determines the process of implementing SF at Community health center. Nutrition managers need detailed technical information to avoid confusion and multiple interpretations during implementation in the field. Chapter 1 in the form of an introduction, discusses the background of SF, the purpose of issuing the Technical Instructions, the legal basis for SF, and the definitions of several terms. Chapter 1 also discusses the target criteria for SF. The following are the results of interviews with the Health Service and Community Health Centers regarding the clarity of policy content regarding information on target criteria:

“...Information in the technical guidelines regarding target criteria is clear, includes everything...” (D1)

“...The target criteria are in place in the technical technical guidelines. It's clear which children under five criteria will get SF biscuits...”(G1)

Types and characteristics of food additives. The characteristics, nutritional content, and packaging of food additives are explained for the category of underweight children under-fives (6-59 months), as well as for the category of underweight elementary school children and chronically energy deficient pregnant women (KEK). Characteristics here include shape, texture, consistency, weight, color, taste, quality and safety, and expiration date.

Context

The context assessed and analyzed by the researcher refers to several systematic factors that have an influence on the policy of supplementary feeding.

The factors are situational factors, bureaucratic structures, cultural factors and resource factors.

Situational Factors

Situational factors are special circumstances that have an impact on policy. The occurrence of the COVID-19 pandemic has, of course, caused changes to the supplementary feeding policy. From the results of the interviews, it is known that the Health Service instructed changes in the SF policy during the pandemic, in which additional recovery food was given to all children under-fives regardless of nutritional status. In addition, at the Community health center level, nutrition managers and cadres must pay attention to health protocols and use personal protective equipment (PPE). The gripping situation of the COVID-19 pandemic has made people afraid to come to Community health center or Integrated health services, including mothers of children under-fives with diarrhea. For this reason, nutrition managers and cadres who visit children under five wasting homes bring additional food. This can be seen from the interview below:

“...During the COVID-19 pandemic, there were adjustments to the provision of additional food, referring to the guidelines for nutrition services during the pandemic issued by the Ministry of Health. So, additional food may be given to all children under five, regardless of their nutritional status, for a month. Children under-fives are given 3 months of fixed wasting. If mothers of children under-fives

are afraid to come to the community health center because of the pandemic situation, it is the nutrition managers and/ or cadres who come to their homes, bringing the extra food. Regarding this change, a circular was not issued, but it depended on whether the officers read the guidelines from the Ministry of Health or not. Regarding this change, we have actually been instructed in the nutrition management WhatsApp group....” (D2)

“...What is clear during the pandemic was that many integrated health services were not open. So, monitoring children under five wasting cannot be done at the integrated health services. they are also afraid to go to the community health center. So, the health workers come, but if they are far away the biscuits are left with the cadres. Cadres are given masks for protection when going to children under five wasting homes. And biscuits are not only given to wasting children under-fives, but not wasted either....”(G1)

“...Wow.. That was when the pandemic was so gripping. People are apprehensive about interacting with workers at community health centers. Integrated health services also lays down. The children under-five’s mother did not come to the Community health center or Integrated health services. So, the only option is for us to approach them or entrust them to cadres.

Of course, we use health protocols. We are required to wear PPE masks and gloves. monitoring to weigh it, even if we go to his house. Our officers and cadres carry scales too....”(P3)

“...So, yes, during a pandemic, it was very difficult for us to screen for and monitor children under five wasting. So, there is something that is not monitored by us either. Yes, we can ask for cadres, but sometimes they are still not monitored....”(G2)

Bureaucratic Structure

The bureaucratic structure in this study refers to the organizational structure of the SF Team on wasting children under five, SOPs that support implementation, and how tiered coordination is carried out. Furthermore, the researcher analyzed the form of the organizational structure in the City Health Office and who was involved in the structure. The following are the results of interviews with City Health Service informants.:

“...The nutrition management team is of course the head of the service, then the head of the public health sector, and the sub-coordinator of family health and nutrition along with the nutritionist technical team in the family health and nutrition section. In fact, Mrs. Wawako is also related to being included in the TPPS chairperson, the Team for the Acceleration of Stunting Reduction. So like it or not, the officials above are involved...” (D2)

The researchers then examined the shape and organizational structure

of SF in children under five wasting at Community health center. The following are the results of interviews with Community health center informants:

“...There is no special team for SF, there is a nutrition management team. That includes five wasting too. Inside there are functional doctors, nutrition officers, maternal and child health officers, children's officers ...”(G1)

“...The team for handling children under five wasting is the same as the team for managing malnutrition. This has been made by the SK team. Can you see. There is a doctor, a maternal and child health midwife, several people have joined the team ...”(G3)

Regarding the organizational structure of the SF team, questions were also made to the Head of the Community Health Center, with the following interview results:

“...The waste management team is already included in the decree of the malnutrition management team. We've been doing this for a while. As the Community health center' Head, I am still in charge. Then inside there are functional doctors, nutrition officers, maternal and child health midwives, and children's officers. That's the team...”(P1)

“...The nutrition officer cannot handle this wasting children under five alone. Of course, there must be a team. We have already listed the team names. The person in charge, of course, is the Head of the Community health

center. Those involved started with the doctor, of course, the nutritionist, and the MCH midwife, the child program midwife. It goes all in....”(P3)

Next, the researchers analyzed the procedures for implementing SF at the Community health center. The importance of SOP availability as a reference for team implementation. The results of an interview with the head of the health office's nutrition welfare section stated that an SOP had already been made by the city health office and could be used as a reference in making SOPs at the Community health center level. The following is an excerpt of the interview:

“...In practice, of course, SF must comply with the SOP. The City Health Office has made an SOP. And please let the community health center use it as reference material for making SOPs at the community health center level..”(D2)

Then the researchers interviewed the community health center informant to check regarding the procedures for implementing SF at the community health center. The following are the results of interviews with community health center informants:

“...SOP yes, hmm. If the implementation of SF under five, we are in accordance with the existing technical guidelines. We haven't made a special SOP yet, ma'am, because everything is already in the technical technical guideline. That's our guide...” (G1).

Cultural Factors

Researchers are trying to explore the habits of children under five mothers in responding to the giving of additional food to wasting children under five, which is a value for them. The findings of the interviews revealed that the majority of mothers of wasting children under five were unaware of the importance of SF in wasting children under five. They are also less painstaking in utilizing additional food. Often, MT biscuits are eaten by other family members. If the child doesn't want to eat the extra food, they tend to give up and don't look for creative ways to serve or give it to the child. It can be said that the use of supplementary food is not optimal, so it requires follow-up in the form of a monitoring approach so that its utilization is optimal.

“...The mother of a wasting children under five is aware that Ado is good, but Ado is also lacking. Depending on the level of education jugo, economy jugo. Those who are aware that they are diligent and patient in giving these biscuits to their children. And eat the biscuits nian. But many jugo who can't wait patiently. They should be creative, if the child is not fierce enough, they can crush the biscuits to make them like porridge, or make pudding. We don't know whether this was eaten by his children or not. If we ask, katonyo is finished...”(G3)

“...The awareness of the mother of this wasting child under five is quite good, ma'am. But there are

also those who do not understand and are aware. We've explained. However, depending on the mother, she may or may not have remembered and understood. It appears to understand when we explain. They tend to be lazy, actually. Ma'am, you're too lazy to think of new ways to parent and feed your children..."(G2)

This is in line with the results of interviews with mothers of wasting children under five as follows:

"...This child sometimes does not want to eat this bread. So sometimes it doesn't run out. If it doesn't run out, we can't force it. If we don't want to replace it with other foods, it's really difficult for children under five to eat..."(IB)

The resources referred to here include the availability of human resources and the budget, as well as facilities that aid in the implementation and operation of SF policies. The availability of human resources includes the number of available nutrition management staff and the number of available cadres. Through interviews with informants from the City Health Office, information was obtained that the availability of nutrition management staff at the Palembang City Health Centers was sufficient, but their capacity needed to be increased. The number of cadres is also large and sufficient so that they can assist in the implementation of SF in the field.

"...The availability of nutrition management staff at the community health centers is sufficient. Likewise with the cadres. The amount is sufficient. Actually, it's

just a matter of increasing its capacity"(D1)

From the results of interviews with the head of the community health center, it was found that the number of nutrition management staff at the community health center was sufficient.

DISCUSSION

The Actor's Role on SF Policy on Wasting Children Under Five in Palembang City.

Actor is a term used to refer to individuals, groups, or organizations that influence policy (Temesvari, 2018). Actors have a major influence on the implementation of a policy. The amount of influence an actor has on policy is determined based on his power and position (Buse et al., 2012). In this study, the Palembang City Health Office is the institution with the highest power and position compared to other actors. Control over the SF policy on wasting children under five lies with the City Health Office. Since the issuance of the Technical Instructions for Supplemental Feeding, the derivative policy made by the City Health Office has only been a circular letter for the allocation of additional food containing the amount of additional food received by each Community health center according to the target data. There is no policy that specifically regulates what the Community health center should do regarding SF as the Technical Implementation Unit (UPT) of the Palembang City Health Office.

The community health center, as the UPT City Health Service, has a role as the executor of the SF policy on

wasting children under five. starting from storage, distribution, monitoring, and evaluation. The Head of the community health center, as the highest person in charge at the community health center, plays a role in coaching, directing, and supervising the implementation of SF in children under five waste. Meanwhile, nutrition management staff at the community health center are in charge of implementing SF for wasting children under five.

In carrying out their duties, the nutrition manager at the community health center is assisted by integrated health services cadres, who are also human development cadres. Circumstances encountered during implementation, such as the inability of mothers with children under five to access the community health center, the wasted distance of the children under five from the community health center, made the role of cadres so important in assisting the distribution of additional food. The cadres were entrusted with additional food to be delivered to the wasting children under five. During integrated health services for children under the age of five, this role was established. Also, when monitoring children under five after they have received additional food.

Furthermore, the successful implementation of a policy cannot be separated from the support of stakeholders, in this case cross-sectoral parties, namely the chief of the village. Chief of the village has a role in empowering the community to achieve health development goals in their area. Integrated health services as a forum for com-

munity empowerment is the responsibility of the village chief in terms of sustainability. The village chief has a role in providing policy support for facilities and funds for Integrated health services implementation, coordinating community movements to be able to attend the Integrated health services, coordinating Integrated health services cadres to play an active role in Integrated health services, following up on Integrated health services results, and conducting integrated health services coaching.

In this study, the village chief has supported them but not optimally because the facilities and infrastructure at Integrated health services are still minimal and the number of active cadres is still very small. In addition, the number of Integrated health services visits is still low.

Content

In this study, it was found that the 2017 Ministry of Health of the Republic of Indonesia Technical Guidelines for Supplementary Feeding Policy are clear enough to contain both target criteria, delivery, storage, distribution, administration, and evaluation monitoring. The technical instructions also contain attachments containing examples of recording and reporting formats. However, socialization has not been carried out on a scheduled basis. There is no special meeting to discuss the contents of the technical guidelines. Socialization is only delivered through the WhatsApp group.

Context

Context refers to systematic factors that may have an influence on health policy. The context that the researcher analyzed was the situational factor of

the COVID-19 pandemic, bureaucratic structure, cultural factors, and resource factors. The situational factor of COVID-19 made the Palembang City Health Office issue a policy of providing supplementary food to all children under five, regardless of their nutritional status, for one month. There is a shortage of stock in most health centers. The health center was forced to stop giving extra food to wasting children under-fives. However, there were those who submitted bills to other health centers that still had stock. The City Health Office did not anticipate the possibility of stock shortages from the start by redistributing stock, but instead handed over the policy to the respective health centers. Apart from that, the COVID-19 pandemic factor has also caused visits to Community health center and Integrated Health Services to be much reduced. There are even integrated health services that are closed. This causes the distribution of additional food to be done by visiting the wasting children under five at his house. The nutrition manager of the Community health center works together with the cadres to distribute the additional food. The COVID-19 pandemic has also caused nutrition management staff and cadres to implement health protocols by using PPE when visiting children under five waste homes.

Clarity regarding standard operating procedures (SOP) is an important thing that influences the success of a policy. Standard operating procedures will standardize the actions of executors and facilitate the implementation of policies. The results of interviews with health service informants

indicated that SOPs had been made and were clear. Meanwhile, informants from the Community health center stated that they had not made a special SOP for wasting children under-fives.

The next context to be analyzed is cultural factors. The researchers wanted to know how aware children under five mothers were of the import of SF and how the target used supplementary food in this study. It was discovered that the majority of mothers of wasting children under-fives were unaware of the importance of SF in wasting children under-fives. They are also less painstaking in utilizing additional food. Often, MT biscuits are eaten by other family members. If the child doesn't want to eat the extra food, they tend to give up and don't look for creative ways to serve or give it to the child. It can be said that the use of supplementary food is not optimal, so it requires follow-up in the form of a monitoring approach so that its utilization is optimal. But so far, there has been no concrete follow up on the above issues.

The resource factor is an important factor that determines how well the implementation of the SF policy on under-five waste can be implemented. Important resource components include budget availability, competent nutrition management staff, active cadres, and adequate health facilities. In the study, it was found that the availability of nutrition management personnel met their needs. But the number of active cadres is still very low. This makes it difficult if the implementation of SF coincides with the implementation of other

health programs that also require cadres.

Resources in the form of budgetary support are equally important. For budget support, the SF program is supported by central government funds (APBN) in the form of additional manufactured food (biscuits). In addition, there is budget support from the Non-Physical Special Allocation Fund (DAK) or Health Operational Assistance (BOK) in the form of transporting nutrition managers out of the building, either to integrated health services or to children under five homes. For spending on facilities, infrastructure, or other spending other than transport that supports the implementation of SF, it comes from the Regional Public Service Agency (BLUD) budget of the health center.

Regarding facilities, in this study it was found that there were still community health centers that did not have a special food warehouse. So that additional food is deposited at the auxiliary clinic which is quite far from the community health center. This makes it difficult for nutrition managers to monitor the condition of supplementary food, carry out stock calculations and distribution. In addition, not all of the additional food storage conditions are up to standard. There are still those that don't have ventilation. For pallets, all Community health center have used pallets as a mat to place additional food. Digital scales according to standards, microtoise and length boards are also owned by the Community health center. However, most of the integrated health services still do not have digital scales, microtoise and length boards.

Process

The implementation of SF under consideration begins with storage, distribution, delivery, and monitoring and evaluation. The storage of additional food in the community health center is still not in accordance with the SF Technical Guidelines. The warehouse looks dirty, dusty, and mixed with other items. Even though the Technical Instructions stipulate that warehouses must be clean, dust-free, and may not mix with other goods. This can cause additional food to spoil or become contaminated.

The process of distributing additional food begins with the Provincial Health Office and ends with the Community Health Center, following the issuance of a circular containing the allocation of additional food based on the target amount. Delivery is not carried out directly by the Provincial Health Office but through a third party appointed by the Provincial Health Office, namely PT Pos Indonesia. However, the administrative completeness is only in the form of the SBBK, which has been prepared by PT Pos Indonesia, there is no receipt from the community health center or Proof of Goods Entry. Whereas in the Technical Instructions, it is stated that receipts and SBBM are administrative documents when distributing additional food to the Community Health Center.

After the additional food enters the storage warehouse of the community health center, the additional food in the form of biscuits is ready to be distributed to the target population, in this case, wasting children under-fives. The distribution can go directly to wasting children under-fives, where

the mothers of children under-fives come to the community health center or the nutrition manager for the community health center, who come to Integrated Health Services, or to the wasting children under five homes.

The constraint of the distance between the wasting children under-five's house, which is far from the community health center, is quite difficult for nutrition managers. Moreover, the nutrition manager does not know the area where the children under five lives. The nutrition manager asked for help from cadres to distribute additional food to children under five in wasting homes.

The next process is giving additional food to wasting children under-fives. This process begins with determining the target criteria and the number of gifts according to the age category. From the research, it was found that the nutrition manager determines whether the children under five is in the wasteful category or not. Children under-fives who are screened both at Integrated Health Services and at the Children's Poly Community Health Center will be sent further to the nutrition manager for determination. If it has been determined that it is a wasting children under five, then one of the interventions carried out is SF in the form of biscuits that are dense in nutrients according to the needs of wasting children under-fives.

Furthermore, the provision of this additional food must be accompanied by communication, information, and education (CIE) so that the amount and method of administration are correct. In addition, mothers of wasting children under-fives under-

stand the benefits of additional food to improve their child's nutritional status. From the research, it was found that nutrition managers and cadres had provided KIE with supplementary feeding.

However, the information provided by the cadre is still wrong. Cadres stated that the amount that must be spent on children under-fives is 1 pack or 4 pieces of biscuits a day. Whereas in the technical instructions, it is stated that the number of distributions is 2 packs, or 8 chips, and 3 packs, or 12 chips, a day. Nutrition managers and cadres educate mothers on how to come up with creative ways to make children want to eat biscuits and not grow tired of them. It can be made soft like porridge, mixed with milk, or made into pudding.

The following step is monitoring and evaluation. The community health center conducts self-monitoring by the nutrition manager by observing warehouse and storage conditions. Nutrition managers have also used stock cards as warehouse administrative records. However, in monitoring, the Community Health Center does not use checklists or forms as contained in the Technical Guidelines. The Health Service also conducts monitoring during Bimtek once a year. There is a special checklist used by the City Health Office during monitoring.

Targets, in this case children under five wasting, are also monitored. Monitoring is carried out to find out the child's acceptance of additional food. Are there any obstacles to the mother's giving. Also, to see if there is any weight gain, which indicates that nutritional status has improved. The

technical instructions stipulate that monitoring of children under five waste uses a special monitoring form. The goal is for monitoring to cover all the things that must be monitored. However, in practice, neither the nutrition manager nor the cadres use this form.

The process concludes with an evaluation of SF children under five wasting, which includes activities and activity results. Evaluation is carried out at the community health center once a month during monthly mini workshops. Monthly evaluations are also carried out by the City Health Office in the form of monthly community health center evaluation reports. The results of the evaluation are in the form of feedback from the City Health Office.

AUTHOR CONTRIBUTIONS

All authors contributed to data search, analysis and publication manuscripts

FUNDING AND SPONSORSHIP

This study is self-funded.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

ACKNOWLEDGEMENT

The authors would like to thank the reviewers for their excellent comments, which helped us to improve the manuscript, and also the informants.

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