EVALUATION OF SUPPLEMENTARY FEEDING (PMT) FROM THE GOVERNMENT TO STUNTING TODDLERS

Siti Maryam[1], Widya Lusi Arisona[2], Santini Yulce Nyeurmaha [3],
[1,2,3] Tulungagung University Midwifery D3 Study Program, Indonesia
Corresponding author: Siti Maryam (maryammymak@gmail.com)

ABSTRACT
Background : This study aims to evaluate the supplementary feeding program for recovery at the Posyandu, Waung Village, Boyolangu District, Tulungagung Regency.
Method *:* This study uses qualitative research methods with purposive sampling of informants. There were 3 informants consisting of puskesmas employees and village midwives and 4 triangulation informants, namely the head of the nutrition section of the Tulungagung District Health Office and parents of severely malnourished toddlers. The data collection technique used in-depth interview techniques with descriptive analysis.
Results : The results of the study indicate that the implementation of this program has not run optimally. Of the four stages that affect the implementation of the program, there are three variables that have not run optimally so that it hampers the implementation of the program. The three things are preparation, including no study of eating patterns and calculation of children's daily needs, no target group of mothers and toddlers and lack of socialization / counseling. Then at the monitoring stage, there are family members who participate in consuming food packages that should be consumed by malnourished toddlers. Furthermore, at the recording and reporting stage, parents of toddlers do not do simple daily records regarding the acceptability of the food provided.
Conclution : Suggestions for related agencies, increasing socialization and outreach activities to program targets and increasing supervision on the implementation of the supplementary recovery feeding program
Keywords: Evaluation; Recovery Supplementary Feeding Program

BACKGROUND

Stunting is a chronic nutritional problem caused by lack of nutritional intake in the long term which is the result of a lack of individual nutritional intake needs. A child with poor nutritional intake will result in low body resistance which will cause easy illness. On the other hand, if a child is sick, he or she will lose appetite, as a result, it will lead to poor nutritional status and even malnutrition if it is not treated immediately and will lead to stunted growth under five until death can occur.2 The decline in stunting in the first 1000 days of life is one of health indicators, in addition to Maternal and Child Health (MCH) is still a health problem in Indonesia, which is a benchmark for a country's health status. The MDGs program was declared to have not succeeded in reducing the Infant Mortality Rate (IMR) and the MDGs program was continued with the 2015-2030 Sustainable Development Goals/SDGs program which is committed to improving public health which is focused on SDGS goal No. In a healthy and prosperous way, it is hoped that this target will be achieved by 2030 (Dinkes, 2016). It is related to the current condition that the problem of nutritional status is basically a reflection of the consumption of nutrients that are not sufficient for the body's needs. Inadequate nutritional intake in food can lead to cases of malnutrition, including that now many toddlers are stunted. In fact, stunting is caused by a prolonged lack of nutritional intake, one of the causes is the unavailability of food intake in the family so that no food is consumed, but also due to the ignorance of parents whether their child's nutritional status is good or bad because in fact their child healthy and active without any complaints so that they do not realize that their child is stunted.(alita,2013)

Based on the results of basic health research (RISKESDAS) in 2013 it was found that 37.2% of children under five were stunted/short, 12.1% were wasting or thin, and 19.6% of toddlers were underweight or underweight and obese children. as much as 11.9%.5 Data in the Global Nutrition Report (2014) shows that Indonesia is included in 17 countries out of 191 United Nations (UN) countries that experience stunting under five, which is 20%. Indonesia shows 30.8% or about 7 million children under five who are stunted.6 The results of research on food insecure families also show the prevalence of children aged 6-23 months who experience stunting is 34.7%, wasting is 19.0%, underweight is 34, 0% and anemia by 46.7%. Other data also show that stunting increased by 16.9%, in children aged 12-24 months.(Arisman, 2010)

Stunting has short and long term adverse effects and is associated with increased child morbidity and mortality. Discussing the causes of malnutrition is not always easy. Inadequate nutritional intake is not the only cause, social, cultural, genetic, hormonal, economic and political factors can also play an important role in the occurrence of undernutrition to the effect of stunting. The end result of malnutrition is largely determined by its weight and duration. The consequences of malnutrition include death, disability and cessation of mental and physical growth. Malnutrition often begins intrauterine and in many cases continues in adolescents and adults

The government's efforts in overcoming malnutrition and chronic malnutrition include 3 policies: 1) the healthy Indonesia program with a family approach (PIS-PK) by coming directly to families suffering from severe and chronic malnutrition with the aim of monitoring their health, most importantly monitoring their nutritional needs. carried out by health center staff, 2) Supplementary feeding (PMT) is given to toddlers with macro and micro nutrition aimed at increasing nutritional needs with instructions for feeding, and the first 1000 days of life (PHK). Bad behavior is through a behavioral approach. The basic problem is an unhealthy lifestyle, inappropriate food selection and not according to needs, and the lack of balance in the body's energy expenditure with physical activity, and this can be done with the intervention of providing education about the importance of nutrition education with behavior change oriented.(alita, 2013)

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METHODS

This study uses qualitative research methods with purposive sampling of informants. There were 3 informants consisting of puskesmas employees and village midwives and 4 triangulation informants, namely the head of the nutrition section of the Tulungagung District Health Office and parents of severely malnourished toddlers. The data collection technique used in-depth interview techniques with descriptive analysis

RESULTS

Table 1 Frequency distribution of nutritional status based on the TB/U index in Toddlers at Posyandu Wang Village, Kec. Boyolangu, Tulungagung Regency

Variable Stunting	Amount	Presentase
Very short <-3 SD	13	14,4
short -3 SD s/d <-2 SD	20	22,2
Normal <-2 SD s/d 2 SD	44	48,9
Tall > 2 SD	12	14, 4
	90	100

shows the nutritional status based on the TB/U index in toddlers at the Posyandu, Waung Village, Boyolangu District, Tulungagung Regency, where toddlers with

normal nutritional status(-2 SD s/d 2 SD) based on the TB/U index is 44 children under five(48,9%)

Table 2 Frequency distribution of nutritional status based on the TB/U index in Toddlers at Posyandu Wang Village, Kec. Boyolangu, Tulungagung Regency

Variable Stunting	Amount	Presentase
Non Stunting	57	63,3
Stunting	33	36,7
	90	100

showed that the incidence of stunting in children under five at the Posyandu, Waung Village, Boyolangu District was 36.7%.

This figure is lower than the data from Riskesdas (2013), the national prevalence of stunting in children under five is 37.2%. The very short figure of 14.4% is also below the national figure of 18% and the short 22.2%, higher than the national figure of 19.2%. However, the stunting rate at the posyandu in Waung Village is greater than the national stunting rate based on the 2018 Riskesdas, which is 30.8%. and remains a serious public health problem. Public health problems are considered severe if the prevalence is short of 30--39% (WHO, 2010)

Various studies have been conducted to determine the factors associated with the incidence of stunting and malnutrition in toddlers, such as the research of Rahayu and Khairiyati (2014) in Banjar Baru which showed that the level of mother's education had a significant relationship with the incidence of stunting in children under five. Higher maternal education tends to have a positive effect on children's nutritional status. The results of research in Nepal show that the household wealth index is a risk factor for stunting (Tiwari, et al 2014). Higher household welfare index scores were significantly associated with increased stunting protection. Research results Ernawati, et al. (2013), in Bogor showed that there was a significant difference between groups of babies with normal birth length and groups of babies with short birth lengths with stunting. There are many factors that are thought to be related to stunting, both direct and indirect factors. Therefore further research is highly recommended

involving a larger number of samples. This is done as a basis for intervention by various parties because the impact of poor nutritional status and stunting on children under five is very detrimental as the next generation of the nation

Malnutrition at an early age at the beginning of the life cycle has been shown to have a severe impact. The earlier a child suffers from malnutrition, the greater the risk for low learning achievement. The risk of low verbal achievement in undernourished children under two years of age and after childhood was 6.5 and 5 times higher than children with good nutrition. The risk of low numerical achievement in undernourished children at the age of two and after two years is 25 and 15 times greater than that of well-nourished children. Verbal achievement fluctuates greatly according to the nutritional status of the individual throughout life. On the other hand, numerical achievement seems to be only influenced by nutritional status at the age of toddlers. Good nutrition in children under two years old and post-secondary can prevent low learning achievement by 44% and 30%, but for the potential for numerical learning, it can prevent 80% and 63%, respectively. Verbal scores are strongly influenced by conditions or fluctuations in nutritional status in the life cycle, but numerical scores are only influenced by individual nutritional status in the first 5 years of life (Darsono, Hartanto and Kodim, 2012)

Identification Informan

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The main informants in this study were 5 people consisting of 1 head of health center, 1 health center nutritionist, 1 health center midwife coordinator, and 2 village midwives

Table 3 Overview of Main Informant Identity

Informan to	Initials	Type Sex	Age (Years)	Education	Position
Informan 1	HN	Woman	50	S1	Head of Health Center
Informan 2	SS	Woman	31	D4 Nutrition	Health Center Nutritionist
Informan 3	IA	Woman	44	D3 Midwifery	village midwife

Based on the results of the study, it can be seen several characteristics of the main informants, namely all (3 people) female informants. Judging from his age, the youngest informant is 31 years old and the oldest is 50 years old. In terms of educational background, 2 informants have an education level of S1 or D4 in health and 1 informant has an education level of D3 in midwifery. And based on position, all key informants are officers who work in the work area of the Boyolangu Health Center

2. Identification of Triangulation Informants

The triangulation informants in this study were 4 people consisting of the head of nutrition at the Boyolali District Health Office and 3 mothers of malnourished toddlers who received supplementary food packages for recovery. (PMT-P)

Tabel 4 Overview of Triangulation Informants

Inisial	Age (Years)	pe Sex	Education	Position
R (IT 1)	57	LK-LK	S1 Gizi	Head of the nutrition division of the district. Boyolangu
D (IT 2)	38	PRPN	SMA	Toddler parents
W (IT 3)	35	PRPN	SMA	Toddler parents
N (IT 4)	40	PRPN	SMP	Toddler parents

Based on the results of the study, it can be seen that some of the characteristics of triangulation informants are 1 male and 3 female, with the youngest age being 35 years and the oldest being 57 years. In terms of educational background 1 informant has an undergraduate education level, 2 informants have a high school education level and 1 informant has a junior high school education level

Evaluation of the Recovery Supplementary Food Program at the Posyandu, Waung Village, Boyolangu District, Tulungagung Regency.

The recovery supplementary feeding program is a program for preventing and overcoming malnutrition under five in the form of providing supplementary food to under-fives with malnutrition for 90 consecutive days. In the implementation of the supplementary feeding program for

recovery in the Posyandu area, Waung Village, Boyolangu District, Tulungagung Regency using the guidelines from the Ministry of Health of the Republic of Indonesia in 2011. The implementation of the recovery supplementary feeding program consists of::

1. Preparation
2. Implementation
3. Monitoring
4. Recording and reporting

DISCUSSION

1. Standards and Objectives of Recovery Supplementary Feeding Programs

A program has certain standards and policies that must be implemented by program implementers. Standards and objectives are formulated specifically and clearly because they are used as research criteria. In implementing the program, the goals and objectives of a program to be implemented must be identified and measured because the program cannot succeed or fail if its objectives are not considered. In determining the standards and objectives of a program, it is also inseparable from the surrounding environmental factors that influence it.

The supplementary recovery food program is an intervention to improve the nutrition of children with malnutrition in the form of providing additional food other than the food eaten by children in their family environment. The supplementary recovery feeding program is only for malnourished children, given for 90 consecutive days. The type of food given must be nutrient dense. In choosing food ingredients, it is often recommended to use local food ingredients on the grounds that their implementation does not depend on the availability of food ingredients from outside the region, so that program preservation efforts are more secure (Moehji, 2007: 50-51).

Policy implementation is something that is important, perhaps even more important than policy making. Policies will be dreams or good plans that are stored neatly in the archives if not implemented. Policies implemented in any country actually contain many risks of failure. Policies recommended by policy makers are not a guarantee that they will be successful in their implementation. The success of implementation is determined by the many actors and organizational units involved as well as various complex variables that are interconnected with each other (Subarsono, 2012:89; Wahab, 2012:126)

This supplementary recovery feeding program is a program that involves various agencies and human resources such as the health office, puskesmas, village midwives and the community. The results of research conducted by researchers at the Posyandu in Waung Village, Boyolangu District with the main informants and triangulation informants said that the program implementation used guidelines from the Ministry of Health of the Republic of Indonesia 2011. In the implementation of the supplementary food recovery program there are four steps that must be carried out, namely preparation, implementation, monitoring, recording and reporting

Preparation

Preparation determines where the organization will be in the future. Likewise with the preparation for providing additional food for recovery from the nutrition staff of the puskesmas who have made good operational preparations. According to Alita (2013), states that good planning will provide opportunities for the successful implementation of supplementary feeding. Based on the Guidebook for Provision of Recovery Supplemental Foods published by the Ministry of Health of the Republic of Indonesia (2011), it is stated that the preparation activities include determining the target toddlers who receive supplementary food for recovery, food packages to be given, forming groups of targeted mothers of toddlers, socialization

and counseling to the community and families of nutritional toddlers. bad

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Determination of Targeted Toddlers

Determining the target toddlers who will receive the supplementary recovery food is a process to determine who will receive the supplementary food package. The puskesmas nutritionist is in charge of the supplementary recovery food program assisted by other health workers

Finding cases of malnutrition can be done through weighing all toddlers simultaneously at the posyandu (weighing operation) in addition to monthly weighing. Based on the results of the research, the nutrition officer of the Boyolangu Health Center said that the determination of target toddlers who received additional food for recovery in the Boyolangu Health Center work area was determined by the village midwife based on the results of weighing at the posyandu every month. This means that the discovery of cases of malnourished toddlers in the Posyandu, Waung Village, Boyolangu District has been carried out correctly, namely through monitoring developments at the Posyandu every month (Depkes RI, 2008)

Supported by Alita's research (2013) that the identification of target toddlers receiving additional food makes the implementation of activities run effectively and efficiently, in accordance with the main elements in operational management. To determine the child receiving the supplementary food package, screening must be carried out so that the right target is obtained (Moehji, 2007: 50)

Information obtained from 3 midwife informants revealed that the target recipients of the supplementary recovery food package were toddlers whose weight did not increase in succession so that their BB/U were at<-3SD.

The targets of providing additional recovery food are BGM, 2T children who do not need to be treated, post-treatment malnourished children and those who do not want to be treated whose nutritional status is <-3 SD and BW/U without disease (Depkes RI, 2008). This means that the targeted toddlers who receive the supplementary food package for recovery at the Posyandu, Waung Village, Boyolangu District are in accordance with the guidelines

Determination of Supplementary Food

Determination of additional food to be given to malnourished toddlers is adjusted to the nutritional needs of toddlers so that later it can improve the nutritional status of malnourished toddlers. This is in accordance with the opinion of Hiddayaturrahmi (2010), which states that before determining the type and ingredients of food, the officer first conducts a study of the diet and calculation of the daily needs of children according to the child's nutritional status, because the number of calories needed by children varies according to their age group.

In the Guide to the Provision of Recovery Supplementary Foods published by the Indonesian Ministry of Health (2011), it is stated that recovery supplementary foods are prioritized based on food ingredients or local food. If local food is limited, factory food can be used. Handayani (2008) in her research found that additional food packages provided at the Mungkid Health Center were in the form of green beans, biscuits, sugar, milk, and multivitamins.

The selection of food ingredients for the recovery supplementary feeding program is recommended to use local food ingredients on the grounds that the implementation of the program does not depend on the availability of food materials from outside the region, so that efforts to preserve the recovery supplementary feeding program are more secure (Moehji, 2007: 50).

The results of the study found that the determination of supplementary food for recovery at the Posyandu, Waung Village,

Boyolangu District, which was given to malnourished toddlers was determined by the nutritionist at the puskesmas and midwives, adjusted to the needs of the child in general. Additional food provided is in the form of factory food, namely dancow milk, regal bread, and green bean juice. This is in accordance with the confirmation made to the parents of children under five receiving additional food for recovery.

One informant said that the food packages were the same for all toddlers, there was no study of eating patterns and calculation of children's daily needs according to the child's nutritional status. However, one informant said that there was a difference in the provision of food ingredients, namely in milk that was adjusted to the age of the toddler. In addition, information was obtained from parents of toddlers that their children did not really like the milk given so they did not consume milk regularly. It can be concluded that the determination of additional food at the Posyandu, Waung Village, Boyolangu District is not appropriate.

Formation of Targeted Mother Toddler Group

Based on the Guide to the Implementation of Supplementary Feeding for Recovery published by the Indonesian Ministry of Health (2011), it is stated that at the preparation stage there is the formation of a target group of mothers and children under five. The formation of a target group for mothers of toddlers is carried out to facilitate officers in supervising and controlling malnourished children under five. With the group, the officer's work becomes easier and lighter.

The results of interviews with 4 informants said that there was no formation of a target group of mothers under five, there was only a group of toddler classes for all existing toddlers. Based on information from the nutrition staff of the puskesmas and village midwives, there was no target group of mothers under five because the number of target children under five was small and came from different sizes so that the implementation and monitoring was carried out by each village midwife without the formation of a target mother group.

Socialization and Counseling

Socialization and counseling is a process of empowering and empowering the community to maintain, improve, and protect their health through increasing awareness, willingness, and ability, as well as developing a healthy environment. Extension is an active process that requires interaction between the extension worker and the person being taught to build a behavior change process which is the embodiment of a person's knowledge, attitudes and skills that can be observed by other people/parties, either directly or indirectly.

Extension activities do not only stop at disseminating information/innovation and providing information but are a process that is carried out continuously, with all of one's strength and mind, taking time until there is a change in behavior shown by the beneficiaries of the extension who are the target of the extension.

Socialization and counseling activities regarding the supplementary feeding program need to be carried out to the community, especially parents, especially mothers of toddlers. Socialization and counseling can provide additional knowledge to parents regarding the nutritional needs of families, especially their children. With the socialization and counseling, parents will get an explanation about the supplementary feeding program from the officers, so that parents can participate in the implementation of the program.

According to Wonatorey (2006), in order for the implementation of the supplementary feeding program to achieve the expected results, it is necessary to provide nutrition education to parents, especially mothers of toddlers. With the extension, it is hoped that the community,

group, or individual can gain knowledge about better health. This knowledge is finally expected to affect behavior (Notoatmojo, 2007: 56).

The results of the study revealed that 5 informants said that socialization and counseling activities were carried out regarding the program for providing additional food to parents of toddlers. Socialization and counseling are usually carried out at the posyandu but have also been carried out outside the posyandu activities but are not routinely carried out every month. This is in accordance with the confirmation from the parents of children under five and the head of the nutrition section of the Tulungagung District Health Office that at the Posyandu, Waung Village, Boyolangu District, socialization and counseling were carried out regarding the supplementary recovery food program.

Socialization and counseling activities about nutrition and supplementary feeding programs are not carried out routinely because in the counseling the officers provide different materials.

Implementation

After the preparation of the supplementary recovery feeding program has been completed, the next stage is program implementation. The implementation of the program can run and succeed if there is good preparation. The implementation of the recovery supplementary feeding program consists of distribution and counseling.

Distribution

The distribution of supplementary food packages for recovery is the process of providing additional food packages to parents of toddlers. Handayani (2008) in her research found that the recovery supplementary food packages were delivered directly at the Mungkid Health Center because the number of targets was not large and they were far apart, but there were still those who did not take the supplementary recovery food packets that should have been taken.

The results of the interview revealed that 4 informants said that the provision of supplementary food packages for recovery was carried out by nutrition workers at the puskesmas and village midwives. The purchase of additional food for recovery is carried out by the nutrition staff and brought to the Andong Health Center. Next, the food packages were taken by each village midwife at the Andong Health Center to be brought to the PKD. The food package taken by the village midwife is for needs for 3 months or 90 days. Additional food packages that have been taken by the village midwife are then given to parents of malnourished toddlers.

Based on the results of interviews with 4 informants, it was found that parents of children under five who came to the village midwife or PKD to pick up the food packages. However, 2 of the 4 informants also said that sometimes it was the village midwife who delivered the extra food packages to the homes of malnourished toddlers if their homes were far away. Parents of toddlers take the package once a month for consumption for one month then the following month take it back to the PKD. This is in accordance with confirmations made with parents of malnourished toddlers that additional food packages are obtained from the village midwife in PKD every month.

Based on the Guidebook for Providing Recovery Supplementary Foods published by the Ministry of Health of the Republic of Indonesia (2011), it is stated that the provision of recovery supplementary food for malnourished toddlers is carried out for 90 consecutive days.

Based on the results of interviews, 4 informants said that the provision of supplementary food was carried out for three months or 90 days, namely from October to December 2015. In accordance with the confirmation made with parents of toddlers that the provision of supplementary food for recovery to their children was carried out three times.

This is supported by the research of Handayani, (2008) that at the Mungkid Health Center Yogyakarta, the provision of additional recovery food is carried out every day for 90 days according to the schedule every month, namely April, May, and June.

This means that the distribution of additional food for recovery at the Posyandu, Waung Village, Boyolangu District is correct, which is in accordance with the guidelines from the Indonesian Ministry of Health in 2011.

Counseling

At the implementation stage of providing additional food, there are counseling activities from nutrition officers or village midwives to parents/toddlers with malnutrition. Counseling is a form of approach used to help individuals and families gain a better understanding of themselves and the problems they face. After counseling, it is hoped that individuals and families will be able to take steps to overcome the problem.

Nutrition counseling is a series of activities as a 2 (two) way communication process to instill and improve understanding, attitudes, and behavior so as to help clients/patients recognize and overcome nutritional problems through food and beverage arrangements. Nutrition counseling is carried out by nutritionists (Persagi, 2010).

Based on the results of interviews, 4 informants said that counseling activities were carried out at the time of taking supplementary food packages and after measuring for malnourished toddlers. This is supported by research from Hiddayaturrahmi (2010) that at the Solok City Health Center, individual counseling is given to mothers of children under five at the time of collection as well as at the posyandu.

The results of the study found that counseling activities were carried out by officers at the time of taking supplementary food packages and after measuring children under five. It was concluded that counseling activities in the implementation of providing additional recovery food at the Posyandu, Waung Village, Boyolangu District were appropriate.

Monitoring

Monitoring activity is a process to continuously observe the implementation of activities in accordance with the guidelines or plans that have been prepared previously. By monitoring, it will be known if there are deviations. All public policies, be they regulations, prohibitions, retribution policies or whatever the policy, must contain an element of control (supervision) (Agustino, 2014:166).

Based on the Guidebook for Provision of Supplementary Food for Recovery published by the Indonesian Ministry of Health (2011), it is stated that monitoring activities are carried out every month during program implementation. Monitoring includes program implementation, monitoring weight every month, while measuring length/height is only at the beginning and end of the implementation of supplementary feeding and ensuring food is consumed by toddlers. Monitoring and technical guidance are carried out by the head of the puskesmas, nutrition staff at the puskesmas or village midwives.

Based on the results of interviews with 4 informants said that the monitoring activities at the Posyandu, Waung Village, Boyolangu Subdistrict, were carried out once a month and the food packages provided were not all consumed by malnourished toddlers but there were family members who participated in consuming food that should be consumed by malnourished toddlers.

Monitoring carried out by village midwives for malnourished toddlers is by monitoring weight and height/body length and ensuring food is consumed by toddlers. Monitoring carried out by the nutrition staff of the puskesmas is by looking at the reports given by the village midwife, but sometimes they also make visits to the reported homes of toddlers.

Monitoring growth through weighing the child's weight is carried out regularly once every month, recording the child's weight on the KMS according to the child's age when weighed to see if it has increased, flat or decreased. Monitoring the child's weight is carried out to find out as early as possible there is a growth disorder in the child's body, detect whether the child suffers from a disease (Moehji, 2007: 27-28).

Monitoring carried out by the head of the Boyolangu Community Health Center is by looking at monthly reports and conducting field checks. Furthermore, monitoring from the Tulungagung District Health Office is also carried out by looking at reports every month, in addition to conducting site visits (puskesmas/toddlers)

Monitoring the provision of supplementary food for recovery at the Posyandu, Waung Village, Boyolangu District, was carried out in accordance with the guidelines from the Ministry of Health of the Republic of Indonesia in 2011, namely by monitoring once a month by village midwives, nutrition implementers, heads of puskesmas, and the health office, but monitoring was still lacking due to discrepancies found. In the consumption of food packages, there are family members who participate in consuming packages that should only be consumed by malnourished toddlers.

Recording and Reporting

Recording is an activity carried out to find out how the program is running whether it can be implemented and can achieve predetermined goals. Recording can be done by anyone who is involved in the implementation of the program or the program implementing officer. While reporting is the provision of recording results that have been carried out by officers to parties above them. The function of recording and reporting is to determine the success of the program and as material for program evaluation. Program evaluation will be used as input for future program implementation so that later the program can run better than before.

Based on the Guidebook for Providing Recovery Supplementary Foods published by the Ministry of Health of the Republic of Indonesia (2011), it is stated that recording activities can be carried out starting from parents of toddlers, namely by carrying out simple daily records regarding the acceptability of recovery supplementary foods. Recording is carried out by village midwives and nutrition implementers at least once a month, namely recording the development of the nutritional status of children under five (BB/U or BB/TB) recorded at the beginning and end of the implementation of supplementary feeding, use of funds and obstacles during program implementation.

Based on the results of interviews with parents of toddlers, it is known that there is no simple daily recording activity regarding the acceptability of additional food for recovery, at the time of taking the supplementary food package an interview was conducted by the officer regarding the consumption power of additional food and the development of the child. Recording is carried out by village officers/midwives at least once a month.

After the recording activities are completed, the results will be reported. Based on the results of research, reporting activities are carried out once a month, first reporting is carried out by the village midwife to the nutrition staff at the Boyolangu Health Center, then the nutrition staff performs re-recording and reports the results of the recording to the Tulungagung District Health Office along with reporting the use of funds. The use of funds is reported in detail by the puskesmas nutritionist, starting from the receipt of funds to the use or expenditure of funds.

The fund from the Tulungagung District Health Office for the PMT-P program at the Boyolangu Health Center is Rp. 6,300,000, the fund has been adjusted to the number of malnourished toddlers reported by the

puskesmas to get additional food assistance. The budget for providing additional food is Rp. 5000 per child/day given for 90 days. Recording and reporting of obstacles during the implementation of the supplementary feeding program is also carried out by village midwives and nutrition implementing officers and then reported to the health office. Based on the results of interviews with 4 informants said that the obstacle to the success of the supplementary recovery food program was the presence of other family members who took part in consuming the food package. However, a different statement was expressed by 1 informant that the obstacle to the success of the program was that there were those who did not like the food packages provided. This is because in determining the additional recovery food to be given, no studies and interviews were carried out with the target toddlers. This is in accordance with the confirmation made to parents of toddlers

In conclusion, the recording activity of the recovery supplementary feeding program at the Posyandu, Waung Village, Boyolangu District is not appropriate because parents of toddlers do not keep a simple daily record, but for reporting it is appropriate, namely reporting the results of supplementary feeding activities every month.

CONCLUSION

1. In the preparation of the supplementary feeding program for recovery at the Posyandu, Waung Village, Boyolangu District, the determination of additional food was not carried out through a study of eating patterns and calculating the daily needs of children in advance, no target group was formed. Then socialization and counseling activities are still lacking because they are not routinely carried out
2. Distribution and counseling have been going well. This can be seen from the provision of additional recovery food to malnourished toddlers for 90 days and counseling at the time of collection and measurement of toddlers at the Posyandu, Waung Village, Boyolangu District.
3. Monitoring the implementation of the recovery supplementary feeding program at the Posyandu, Waung Village, Boyolangu District is still lacking because it is still found that there are other family members who participate in consuming the supplementary food provided.
4. The recording and reporting of the recovery supplementary feeding program at the Posyandu, Waung Village, Boyolangu District has been carried out properly. However, there is no simple diary that is carried out by parents of toddlers.

ACKNOWLEDGMENTS

1. For the Department of Health
   Improve monitoring and supervision of the implementation of the supplementary recovery feeding program at the Andong Health Center.
2. For Posyandu, Waung Village, Boyolangu District
   a. Increase counseling to increase mother's knowledge about the objectives of the supplementary recovery feeding program so that parents can participate in achieving these goals.
   b. Determine the food package based on a study of the child's diet and daily needs calculation so that the food provided can be in accordance with the child's needs and desires
   c. Supervision of the supplementary feeding program should be further improved so that the program can run according to plan and achieve its objectives.
   d. Establishing a target group of mothers and toddlers to facilitate the implementation and supervision of the recovery supplementary feeding program.
3. For the Community
   a. Communities and cross-sectors need to support and participate in the joint

implementation of complementary feeding programs to achieve program objectives

b. The community, especially parents, must pay more attention to the nutritional needs needed by the family, especially the nutritional needs of infants/children

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