

Analysis of the Successful Implementation of Tazi's Important Innovations in Tackling Stunting

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Abstract

The research objectives were to analyze the successful implementation of Tazi's Important Innovations in Strategy, Interventions, increasing the scope of interventions for the target of 1000 HPK households, improving nutrition intake and reducing infections and the impact of Tazi's important innovations in preventing stunting in the working area of the Rusip Health Center. The type and design of the research is descriptive qualitative. Data sources consist of Primary Data and Secondary Data. Data collection techniques consist of interviews, observations and documentation, data analysis techniques in the form of data reduction, data presentation, and drawing conclusions. Testing the validity of the data using source triangulation and member check. Quality control process is carried out by applying PDCA. Research ethics such as Informed consent, Anonymity and confidentiality. The Regent of Central Aceh has made Regulation Number 14 of 2019 concerning stunting handling in Central Aceh Regency and is very committed to the prevention and reduction of stunting by implementing a stunting reduction strategy through 5 pillars, specific nutrition interventions and sensitive nutrition carried out in an integrated and converged manner with a target of 1000 HPK. The impact of Tazi's Important innovation is able to reduce the prevalence of stunting in Tirmiara Village. Implementation of the Strategy for the Acceleration of Stunting Prevention is based on five main pillars. Interventions to accelerate stunting prevention consist of specific and sensitive interventions. increasing the scope of intervention in the target of 1000 HPK households.

Keywords: Stunting, Innovation, Specific Intervention, Sensitive Intervention

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Introduction

Stunting is a condition in which children experience growth disorders until the child's height is lower or shorter than the standard age (De Onis & Branca, 2016). This condition occurs due to a person not getting the right amount of nutrition for a long time. If left unchecked, it will cause children to be less successful in school, become less productive as adults, reduce income, and will continue to be below the poverty line.

Currently, the convergent acceleration of stunting reduction in Indonesia implemented by the central government has not been fully implemented effectively and efficiently, this can be seen from the not yet optimal coordination of the implementation of specific and sensitive nutrition interventions at all levels, especially those related to planning and budgeting, implementation, and monitoring and evaluation, then the ineffective and inefficient allocation and utilization of resources and funding sources, limited capacity and quality of program implementation and the lack of advocacy, campaigns and dissemination related to stunting, as well as various prevention efforts including policy implementation and commitments at the field level are still not optimal (TNP2K, 2018).

The Central Aceh District Government has conducted a situation analysis based on converged data to look at the causes of stunting in more depth in order to find out in detail the causes of

stunting, make the results of the analysis as a reference in developing stunting prevention and handling programs in the future, increase stakeholder understanding in analyzing the situation, so that in preparing future planning and budgeting, they are able to answer the problems that are the focus of the region.

Central Aceh Regency is one of the areas in Aceh Province that has a high stunting rate, although not the highest in this province, the stunting rate fluctuates from year to year. According to the results of the Nutrition Status Monitoring (PSG) conducted by the Aceh Provincial Health Office in the last three years the prevalence of stunting under five or the comparison between height according to age (TB/U), the position of Central Aceh Regency in 2015 was 12.5%, in 2015 2017 to 37.0% and in 2019 (SSGBI) continued to increase to 42.87%.

Several obstacles in implementing the acceleration of stunting prevention include the ineffectiveness of the stunting prevention program; not yet optimal coordination of the implementation of specific and sensitive nutrition interventions at all levels related to planning and budgeting; maintenance; monitoring and evaluation; the lack of advocacy; campaigns and dissemination related to stunting and various prevention efforts (Ruel et al., 2013).

The “Tazi Important” program (Stunting Prevention with Nutrition Gardens) as a pilot for Central Aceh District was implemented in Tirmiara Village. The Tazi Important Program was carried out in 6 meetings with the number of mothers from stunting toddlers and posyandu cadres and health center nutrition officers in 2019.

Stunting prevention innovation was proposed by the Rusip Health Center Innovation Team supported by the Camat and Reje of Tirmiara Village, so this innovation has solved the problem with Stunting Prevention with Nutrition Parks (Penting Tazi). There are three components contained in Important Tazi, namely healthy behavior, a healthy environment, and food availability. The activities carried out include the use of nutritious plants by growing vegetables, or other things that can provide more economic value.

One of the efforts to reduce stunting in Tirmiara village, Rusip Antara District, Central Aceh Regency, requires coordination and collaboration between the Rusip Health Center Innovation Team, the Head of the Puskesmas, related sectors, community leaders and the community to overcome stunting problems. This also contributes to the ability and understanding of other sectors outside of health about the problem of stunting, both the causes and impacts, as well as which areas have a lot of stunting problems. This condition causes other sectors outside of health to use stunting as a basis for planning programs and activities, including in determining loci and targets.

Methods

The approach used in this research is a qualitative descriptive approach. The informants consisted of 12 informants, namely the Head of the Family Health and Nutrition Section of the Health Office of Central Aceh Regency. The informants selected in this study amounted to 12 people consisting of the Head of the PEP Bappeda Midwife, Central Aceh Regency; Head of the Family Health and Nutrition Section of the Health Office of Central Aceh District Health Office of Central Aceh District; Head of Human Settlements Department of Housing and Settlements Central Aceh Regency; Head of the Department of Agriculture and Food Security of Central Aceh Regency; Head of the Planning and Development Section of the Village Community Empowerment Service, Head of Family Resilience of the Office of Women's Empowerment and Child Protection (DKBP3A) Central Aceh Regency; Head of Rehpeljamsos Social Service Central Aceh District, Head of Rusip Antara, Head of Tirmiara Village, TPG Rusip Antara Health Center, Community Leaders, Parents of Stunting Toddlers.

Results and Discussion

Analysis of the success of the implementation of Tazi's Important Innovations in the Strategy for Accelerating the Prevention of Stunting in the Work Area of the Rusip Antara Health Center

Implementation of the Strategy for the Acceleration of Stunting Prevention In the first pillar of the commitment and vision of the national and regional leadership, it can be seen in an interview with the Head of Family Health and Nutrition at the Aceh Tengah District Health Office with Mrs. IS who stated that:

"For Central Aceh Regency at the beginning, after being designated as the stunting locus, the Central Aceh regent was very committed to stunting prevention and reduction efforts in accordance with the performance direction from the President that in 2024 we hope we can reach a prevalence rate of 14% in 2020 Central Aceh Regency through Regulations The Regent Number 14 of 2019 has made regulations regarding stunting handling in Central Aceh Regency and in line with that currently the Regent's Regulation is in the process of changing Central Aceh Regency indeed at the beginning of the preparation there are several material materials and there are several actions that have not been included in the the Regent's regulation and in accordance with the directives in the Governor's Regulation related to the prevention and handling of stunting also made changes and currently with the issuance of Presidential Regulation Number 72 of 2021 in which efforts to accelerate stunting reduction, we are adjusting so that some activities that do not take place can be implemented and related to whether the form of the regulation is necessary or irregular is very necessary Given that with the Regent's Regulation the convergence efforts carried out by each SKPK have a clear direction where in the Regent's regulation it can be seen that each of us has roles and functions How in the prevention and handling of stunting if we look at the commitment Are we committed to preventing stunting prevalence Insha Allah until now each of us plays a role in preventing stunting handling in accordance with the 5 pillars that we have agreed in accordance with the 8 actions that we always carry out in those directed by the Central Aceh Bappeda" (Informant 2)

Based on the results of interviews with informant 2 obtained information that the Regent of Central Aceh has made Regulation Number 14 of 2019 concerning the handling of stunting in Central Aceh Regency and is very committed to the prevention and reduction of stunting since it was established as a stunting locus, this is done in order to have a clear direction as well as the roles and functions of each party involved in the prevention and management of stunting.

The following are the results of an interview with the PEP Head of the Regional Development Planning Agency of Central Aceh Regency with Mrs. ZZ about the form of cross-sectoral collaboration in the stunting problem reduction program, namely:

"Yes, sir.. As with the health office, we monitor through the health SPM, namely services for pregnant women, toddlers to early childhood. Perkim through clean water and sanitation programs. In the field there is something related to the use of nutrition gardens. Department of Education related to early childhood. Family planning office related to adolescent girls' health and family education for toddlers" (Informant 2).

Based on the results of interviews with informant 1, information was obtained that cooperation was carried out with the health office through services for pregnant women, infants and toddlers, with the Puskesmas through nutrition park innovations, the education office related to early childhood, while the family planning service through adolescent health and family education. toddler. The following informants explain the same thing

"In Central Aceh Regency when it was designated as a locus in 2018 as the initial stunting locus we were included in the 100 city districts that were locus in 2018 in 2019 we started to move where the District Government made stunting working groups implemented, meaning the Pokja started working in In 2019 Whoever is involved in accordance with the convergence guidelines, all SKPKs contained in the SK are SKPKs which are directed at the convergence to play a role both in specific nutrition and sensitive nutrition in stunting prevention efforts. Similar to the formation of a working group at the beginning, it requires a collaborative process that may be slightly different at the beginning, maybe there are differences in perception, but guided by Bappeda as the head of the stunting prevention and handling team in Aceh Tengah District, we synergize these activities in several meeting forums in several forums and meetings. Bappeda assists the effort by issuing a decree. The stunting locus village decree signed by the regent of Central Aceh so that we SKPK can be directed to carry out collaborative activities for the prevention and handling of stunting at the locus" (Informant 2)

"In accelerating the reduction of stunting in Tirmiara village, many parties are involved, for example from the Health Service and Puskesmas providing counseling to pregnant women and adolescents, the agricultural office providing vegetable plant seeds, the Perkim Office assisting in the construction of latrines and septitanks, some from the social service by providing assistance. PKH" (Informant 9).

"It's there, sir, because they play a full role in reducing stunting, it was involved with all the agencies yesterday, because we once increased nutrition, that's all from the Health Office. Then from livestock, agriculture, they are very enthusiastic about supporting or helping to reduce stunting" (informant 10)

"Yes sir...the cooperation in the village yesterday was an RGG activity, namely the provision of food to toddlers, how the portions of the bailta must be given, starting from 1000 HPK pregnant women until the age of 5 years. At that time we were accompanied by cross-sectoral parties, especially from health" (Informant 13).

Based on information from some of the informants above, it is known that since it was designated as a stunting locus, the Central Aceh District government has created a stunting working group through a convergence guide that is directed to play a specific and sensitive role. The health office and puskesmas specifically play a role in providing 1000 HPK services through services for pregnant women, infants and toddlers (Maulina, 2020). The Perkim Office is sensitive to building latrines and septitanks, while the Agriculture Office provides vegetable seeds and PKH assistance by the social service.

Implementation of the Strategy for the Acceleration of Stunting Prevention In the second pillar of the national campaign and communication of behavior change, it can be seen in an interview with the Head of Family Health and Nutrition at the Aceh Tengah District Health Office with Mrs. IS who stated that:

"For this activity, following our directions, we do carry out activities so that the results achieved are specific, we prefer How the activity is carried out by scoping the specific nutrition in which the specific nutrition we divide the program of activities in 1000 HPK and as I said in the first question earlier that we do some long-term and some short-term for the long-term we start by giving blood-added tablets to young women then giving counseling to prospective brides which for the short term are the interventions we do for toddlers which involves efforts to improve the nutritional status of children under five" (Informant 2)

"The stunting program includes classes for pregnant women, giving blood-added tablets for young women and pregnant women, refreshing the cadres, we will gather cadres, we will give counseling about stunting so that they will understand and be able to inform the public about stunting. If the weighing and measurement is to find out which toddlers are stunted, then we give additional food for toddlers who are stunted." (informant 10)

Based on the information submitted by some of the informants above that the Health Office and puskesmas act as implementers of specific nutrition with a program of activities in 1000 HPK starting with the implementation of mother classes, giving blood-added tablets to young women and counseling for prospective brides and grooms. Meanwhile, interviews with several informants related to sensitive nutrition are as follows:

"For us, yesterday, Tirmiara happened to be in the 2020 budget, in the form of not using MCK, indeed. It's just a healthy sub-tank with DAK funding for 3 rooms. It's already in accordance with SNL. ." From us, it's only for the village of tirmiara." (informant 3)

"To deal with this program, of course, it cannot be controlled or in only one service at our place, sir, which is integrated, whether it's the Health Service, which yesterday was very active at the puskesmas, yesterday, I even got a call, sir, yes, I even salute the Rusip Health Center. this . The Health Service has education, then family planning, yes, agriculture, food, Public Works, and a lot of that, Mr. Fisheries, so these are the same programs each Office has programmed to tackle stunting. For example, such as PU, HIS DRAINAGE, how to make his house good, sanitation, and so on, the fishery is a source of protein, so we call it the livestock, Maybe because of the poultry and the plants that can support this child. I think then the problem with the family human resources, both our counseling and the Puskesmas, the Health Service from the KB, that's roughly what it is." (Informant 4)

"Our contribution from the Family Planning Service may be to arrange pregnancy spacing to prevent stunting in general and regulate the number of babies to be born because the BKKBN slogan is two children are healthier, we do not prohibit children from wanting 5 or 6, but the distance between pregnancies and births is then emphasized in our service. That's more than 1000 HPK, sir. Starting from a heavy pregnancy of 70 days up to the age of a child of 2 years" (Informant 6)

"From this social service, we prevent stunting in families by providing assistance through the PKH program" (Informant 7)

Based on the results of interviews with several informants regarding the implementation of sensitive nutrition, it was found that other agencies outside of health had played a role in accordance with the direction of convergence, namely the construction of latrines and septic tanks by the perkim office, education in adolescence by the family planning office, and the provision of PKH cash assistance by the social service. Provision of seed assistance by the Department of Agriculture.

Implementation of the Strategy for the Acceleration of Stunting Prevention In the third pillar, namely food security and nutrition, according to several informants in the interview, the following information was obtained:

"The important innovation of tazi is part of a specific intervention because it is a form of reducing stunting by increasing the fulfillment of nutrition from plants that have nutritional value" (Informant 10)

"What we often do first is routine posyandu activities, then the implementation of posyandu which is interspersed with nutritious food, maybe our efforts from the village government to organize one of the important plants spurs then there is catfish cultivation" (Informant 9)

"The provision of PKH assistance is not fully able to help reduce stunting but is expected to assist in fulfilling its nutrition" (Informant 7)

"We carry out nutritional health education through mother's class activities and socialization about the contents of my plate both at the posyandu and at school." (Informant 2)

"Yes, we are collaborating with PKK who conduct education and training on fish processing in collaboration with the fisheries service, competitions for eating fish and processing food that is nutritious but also liked by children" (Informant 1)

Based on the results of interviews by several informants above, information was obtained that in food and nutrition security was carried out through nutrition health education through mother class activities, socializing the contents of my plate at posyandu and schools. Utilization of nutrition gardens through important innovations taxi by carrying out food processing according to portions for pregnant women, infants and toddlers. Providing additional food at the posyandu and providing education on fish processing training, nutritious food and competitions for eating fish.

The guidebook for the convergence of stunting prevention programs/activities (TNP2K 2018) states that the role of the food security service has a role in formulating and disseminating regional policies related to food security in stunting prevention efforts, integrating funding sources, developing a regional food security data management system, and coordinating with OPD and other parties in connection with the fortification of main food ingredients. Extension activities for providing additional food based on local food, Guidance for farmer groups, fishermen, breeders, and other groups. Other programs/activities relevant to strengthening food security and nutrition, such as distributing seeds to farmer groups.

Implementation of the Strategy for the Acceleration of Stunting Prevention In the fourth pillar, namely Monitoring and evaluation, according to several informants in the interview, the following information was obtained:

"Yes, it is carried out by the central government as well as district and regional governments, periodically we hold evaluation meetings of what has been achieved because we prepare a follow-up plan every year. For example, knowing this the Health Office will train KPM (Human Management Cadre) in the villages" (Informant 1)

"In terms of the Health Office, we evaluate the stunting prevention and reduction efforts by pulling data from the EVPPGM application if it can be seen, even with the stipulation that the application has a percentage of data that we can analyze for Puskesmas that cannot reach the data, meaning and analysis can be said. we simply say like that, we can do it and see if the data is representative with the number of children under five in the field considering that if the data is not representative then it does not give a picture of stunting reduction efforts. Meanwhile, to see the money and money we see Yes, we use an application that has been published by the budget agency where we look well in the application we can see whether the success of the convergence that we have done has been successful or not. And this application that implements it is Bappeda as the team leader in the district (Informant 2)

"Monitoring and evaluation are carried out periodically by Bappeda as the head of the stunting prevention team" (Informant 3)

"We actually do monitoring every month, sir, in our service there is a data guardian, so the data we get from the 14 sub-districts we have goes to the PLKB, Mr. representative in the sub-district then if in that village there is PKBD and PKBD. So monitoring and evaluation is actually running every month In the form of a report that is reported from village to sub-district, from sub-district to district there is feedback like that" (Informant 6)

"The first monitoring is from fisheries. Then from health workers or the temporary health center every month, the first Pak through Posyandu is attended from Rusip Antara Health. Then from the fishery department, monthly monitoring of the success of the fish" (Informant 9)

Based on the results of interviews from several informants, information was obtained that monitoring and evaluation is carried out periodically through program evaluation meetings by all agencies included in the stunting prevention team either through applications or manually to find out the progress of programs and activities that have been carried out by each coordinating agency. by Bappeda as the head of the stunting prevention team.

Analysis of the success of implementing Tazi's Important Innovations in Stunting Prevention Interventions in the working area of the Rusip Antara Health Center

Intervention policies are formulated including specific interventions and sensitive interventions carried out by cross-ministerial/institutional agencies in stunting prevention. Specific nutrition indicators consist of Priority interventions, i.e. interventions identified as having the greatest impact on stunting prevention and aimed at reaching all priority targets (Herforth & Ballard, 2016). Supporting Interventions, namely interventions that have an impact on nutrition and other health problems related to stunting and are prioritized after priority interventions are carried out. Interventions According to Certain Conditions, namely interventions that are needed according to certain conditions, including for disaster emergencies (emergency nutrition programs).

Sensitive nutrition interventions are aimed at targeting indirect causes through various development activities outside the health sector targeting families and the general public, not specifically for 1,000 HPK. Sensitive intervention activities can be grouped into four groups, namely; Increasing the supply of drinking water and sanitation through programs to increase access to safe drinking water and proper sanitation; Increasing access and quality of nutrition services through programs to improve access to family planning services, access to health insurance, access to cash assistance for underprivileged families (PKH); Increased awareness, commitment and practice of parenting and nutrition for mothers and children through the dissemination of information through various media, provision of interpersonal behavior change counseling, provision of parenting counseling for parents, provision of access to Early Childhood Education, promotion of early stimulation and monitoring of growth and development, provision of health and reproductive counseling for adolescents, Women's Empowerment and Child Protection; Increasing access to nutritious food through non-cash food assistance programs for underprivileged families, access to fortification of main food ingredients, access to activities in sustainable food housing areas and strengthening of food label and advertising regulations.

The results of the interview with the Head of Family Resilience of the Office of Women's Empowerment and Child Protection (DKBP3A) Central Aceh Regency with Mrs. M regarding

Stunting Prevention Interventions in the working area of the Rusip Antara Health Center were obtained as follows:

"Yes, if we are indeed the BKKBN service, we are still sensitive to nutrition. If I'm not mistaken, Sir. Because we really emphasize it. We are more focused on the first 1000 days of life and then the regulation of pregnancy spacing is indeed in the draft, from the center, in the BKKBN, it is more subjective to 1000 HPK, Handling the birth rate and spacing out pregnancies like that, sir."

The results of an interview with the Head of Family Health and Nutrition at the Central Aceh District Health Office with Ms. IS regarding Interventions for Preventing Stunting in the working area of the Rusip Antara Health Center were obtained as follows:

"For this activity, following our directions, we do carry out activities so that the results achieved are specific, we prefer How the activity is carried out by scoping the specific nutrition in which the specific nutrition we divide the program of activities in 1000 HPK and as I said in the first question earlier that we do some long-term and some short-term for the long-term we start by giving blood-added tablets to young women then providing counseling to prospective brides which for the short term are the interventions that we do to toddlers who involves efforts to improve the nutritional status of children under five"

The results of an interview with the Head of the PEP of the Regional Development Planning Agency of Central Aceh Regency with Ms. ZZ regarding Interventions for Preventing Stunting in the working area of the Rusip Antara Health Center were obtained as follows:

"Specific nutrition is directly related to the health of pregnant women, toddlers, young women, all of which are related to health. Meanwhile, sensitive nutrition that contributes to this, such as drinking water and sanitation."

The results of an interview with the Head of the Department of Agriculture and food security in Central Aceh Regency regarding Interventions for Preventing Stunting in the working area of the Rusip Antara Health Center were obtained as follows:

"So this nutrition sensitive intervention is close in a short time, right. Of course, what we have done so far is that we provide assistance such as milk or rice, eggs, we give directly, especially to those affected by stunting, especially in the stunting locus village. We will help the affected child, sir, until the equipment is complete."

The results of the interview with the Head of Human Settlements of the Housing and Settlement Office of Central Aceh Regency with Ms. HY regarding the Intervention for Prevention of Stunting in the working area of the Rusip Antara Health Center were obtained as follows:

"Because we are in the technical service, it means that we have physical availability for buildings. So, for example, stunting, we think it's only limited to septic tanks and healthy latrines."

The results of the interview with TPG Rusip Antara Public Health Center, Mrs. SN regarding Stunting Prevention Interventions in the working area of the Rusip Antara Health Center, it was found that:

"Specific nutrition interventions are activities that directly address stunting, such as providing additional food for pregnant women and toddlers, giving blood-supplementing tablets for pregnant women and adolescent girls, monitoring the growth and development of infants and toddlers. Meanwhile, sensitive nutrition is an activity

that is carried out outside of health, such as providing clean water and sanitation facilities."

The results of the interview with the Head of Tirmiara Village, Mr. J regarding the Stunting Prevention Intervention in the working area of the Rusip Antara Health Center, it was found that:

"We must strive and always allocate village funds for stunting prevention such as additional feeding"

The results of interviews with several informants obtained information that in the prevention of stunting there are specific nutrition interventions and sensitive nutrition interventions. Specific nutrition intervention is the direct cause of stunting, stunting prevention efforts are focused on fulfilling nutritional intake and improving public health status, especially in 1000 HPK families (Hartotok et al., 2021).

In the indirect cause group which is a sensitive intervention, there are four categories of indirect causes, including food security, social environment, health environment, and residential environment. Food security as an indirect cause includes availability, affordability, and access to nutritious food (Friel & Ford, 2015). The social environment is related to norms, infant and child food, hygiene, education, and the workplace as indirect factors (Fisher-Owens et al., 2007). From the perspective of the health environment, there is access to health, preventive services, and curative services. Related to the residential environment, there are several factors such as clean water, sanitation, and building conditions.

Analysis of the success of the implementation of Tazi's Important Innovations on the Scope of Intervention in the target household of 1000 HPK (Output) for Stunting Prevention in the working area of the Rusip Antara Health Center

The target of the output indicator is to increase the scope of intervention in the target of 1000 HPK households. Existing indicators can be grouped into the categories of nutritional consumption, parenting, health services, and environmental health.

Based on interviews with several informants about the scope of intervention in the target household of 1000 HPK (Output) for Stunting Prevention in the working area of the Rusip Antara Health Center, it was found that:

"The 1000 HPK movement has been carried out by village midwives to monitor pregnancy from the first trimester until the baby is 24 months old so that the nutritional needs of pregnant women and their babies can be met by giving PMT" (Informant 10)

"So, when we return to the commitment earlier, for 1000 HPK, of course, Transferring the Puskesmas as well as the Health Service and then the related agencies. It must be diamond for us to provide counseling to new families, right, so even the concept of waket has been planned, right, so they are also intervened here, so when counseling for catin was given counseling. So every time they want to get married, we are given counseling including Mr. Imam's waket, that's what we have been doing all this time from Mr. Pak Imam's waket, right? (Informant 4).

"Yes, for 1000 HPK, we have agreed with the Social Service that the recipients of BPNT, PKH data are taken from the Health Office" (Informant 1)

"The program of activities is in 1000 HPK and as I said that there are long-term ones and some are short-term for the long-term, we start by giving blood-added tablets to young women, then providing counseling to prospective brides for those in the long

term. In a short time, the intervention that we do for toddlers involves efforts to improve the nutritional status of toddlers". (Informant 2)

"The intervention still leads to 1000 HPK because the 1000 HPK period is a period that is vulnerable for children to suffer from stunting" (informant 3)

"We are more into the first 1000 days of life and then the pregnancy spacing arrangement is indeed in the draft, from the center, it is more subjective at the BKKBN to 1000 HPK. Handling the birth rate and setting the spacing for pregnancy is like that, sir" (Informant 6)

Analysis of the success of the implementation of Tazi's Important Innovations in the Implementation of Intermediate Outcame through Improvement of nutritional intake and reduction of infection in the Prevention of Stunting in the work area of the Rusip Antara Health Center

The results of interviews with parents from stunting in the village of Tirmiara, Mrs. S about Intermediate Outcame through improving nutritional intake and reducing infections. Mothers who had had pregnancy check-ups with health workers during pregnancy were obtained:

"Never, sir, because we participate in posyandu activities every month."

The results of interviews with parents from stunting in the village of Tirmiara, Ibu S about Intermediate Outcame through improving nutritional intake and decreasing infection of mothers who breastfeed until the age of 23 months in children, obtained:

"My exclusive breastfeeding is exclusive breastfeeding only for 6 months after 6 months we give PMT, sir"

The results of interviews with parents from stunting in the village of Tirmiara Ibu S about Intermediate Outcame through improving nutritional intake and reducing infection through getting services from the puskesmas regarding prevention and treatment of diarrhea were obtained:

"Yes, sir, if my child has diarrhea, I will take him to the midwife and puskesmas, sir."

The results of an interview with TPG Puskesmas Rusip Antara Mrs. SN about Intermediate Outcame through Improvement of nutritional intake and reduction of infection, it was found that:

"We have carried out programs related to stunting reduction, one of which is providing additional food to pregnant women who experience SEZ and there are also such as giving 90 blood-added tablets to pregnant women, providing mosquito nets to protect pregnant women as well to avoid malaria. and provide supplementary food to pregnant women. After giving birth, the village midwives also carried out IMD to the mother and child by placing the newborn baby on the mother's chest, we always recommend giving exclusive breastfeeding to the child for 6 months without giving any food and drink other than breast milk even if only water except medicine. Yes, if the baby is sick, he can drink it with breast milk and we always recommend giving full breast milk until the age of 24 months accompanied by complementary feeding (MP-ASI), we recommend doing complete basic immunizations, we also provide deworming medicine and give ORS for the prevention and treatment of diarrhea for the baby or the mother."

The results of interviews with community leaders from Tirmiara village, Mr. H about the programs that have been carried out in improving community nutrition and reducing infections, said that:

"Growing vegetables in the polybek, cultivating catfish, and providing additional food at the posyandu through village funds"

Analysis of the Impact of Tazi's Important Innovations in Tackling Stunting in the Work Area of the Rusip Antara Health Center

To help overcome this stunting problem, the innovation activity "Penting Tazi" was developed and implemented by the Rusip Health Center with the aim of empowering the community through increasing awareness and knowledge of toddler families about the potential and utilization of local food and how to process it into toddler food that can be used to reduce stunting children.

The results of an interview with TPG Rusip Antara Public Health Center, Mrs. SN about the program carried out in Tirmiara village to reduce stunting rates, it was found that:

"There is an important Tazi innovation (Stunting Prevention with a Nutrition Garden) carried out by the Rusip Antara Health Center."

The results of interviews with community leaders in Tirmiara village, Mr. H about the program carried out in Tirmiara village to reduce stunting rates, obtained:

"For now, it's just planting vegetables in the polybek and cultivating catfish, sir."

The results of interviews with parents from stunting in Tirmiara village, Mrs. S about the program carried out in Tirmiara village to reduce stunting rates, obtained:

"Yes sir... from the agriculture office, we were advised to plant vegetables, sir. From the fisheries service, we have been assisted by catfish, sir, from the health center there is also a pack, we are taught how to process food sourced from vegetables and food portions"

The results of the interview with the Head of Tirmiara village, Mr. J about the program carried out in Tirmiara village to reduce stunting rates, it was found that:

"One of them is providing additional food at the Posyandu, mutual cooperation in cleaning mosques, house yards, that's one of sanitation then toilets, clean water, it's a mutual agreement"

The results of interviews with Tirmiara village community leaders, Mr. H about the obstacles in reducing stunting, obtained:

"The program must be implemented in stages, sir, because the funds are limited"

The results of interviews with parents from stunting in the village of Tirmiara, Mrs. S about the obstacles in reducing stunting, obtained:

"The obstacle for me as a parent is because this child is too familiar with ready-to-eat food, so we are overwhelmed to change it to provide age-appropriate foods according to the measurements recommended by health, so we, sir, no matter how hard it is. That's still what we're trying to do because we as parents want our children's future to be brighter, to become useful children for the homeland and the nation."

The results of the interview with the village head of Tirmiara, Mr. J about the obstacles in reducing stunting, it was found that:

"One of the obstacles may be awareness from his mother or a source of care from his biological mother. This may be considered a lack of attention, maybe that is one of the obstacles because they don't understand yet about how to become a healthy family with nutritious ones."

Based on the results of interviews with all informants regarding the analysis of the successful implementation of Tazi's Important Innovations in the Strategy for Accelerating Stunting Prevention in the Rusip Antara Health Center working area through 5 pillars, it can be concluded that since it was established as a stunting locus, the Central Aceh district has made Regent Regulation No. 14 of 2019 concerning the acceleration of prevention and treatment. stunting prevention involving the agency assisted by a stunting prevention team. Specific nutrition interventions and sensitive nutrition interventions must be carried out in an integrated and converged manner (Allen & De Brauw, 2018). The specific nutrition intervention program was implemented by the health office with a target of 1000 HPK, giving blood-added drugs for adolescent girls and education on stunting prevention in the mother class. Meanwhile, sensitive nutrition interventions were carried out by non-health offices, such as the construction of latrines and septic tanks by the Perkim office, the provision of plant seeds by the food and agriculture office, and PKH cash assistance by the social service.

Based on Regent Regulation No. 14 of 2018 concerning stunting reduction, the Central Aceh Regent delegated the authority and responsibility for stunting reduction in Central Aceh Regency to the Office assisted by a stunting reduction team consisting of elements of the government, community, academics, practitioners and business actors.

Based on the results of interviews with all informants, it was found that stunting prevention efforts were carried out through two interventions, namely:

Specific nutrition interventions to target direct causes and interventions sensitive nutrition to target indirect causes. Apart from overcoming direct and indirect causes, supporting prerequisites are needed which includes political and policy commitments to implementation, government and cross-sector engagement, as well as the capacity to doing. Prevention of stunting requires a comprehensive approach comprehensive, which must start from the fulfillment of the supporting prerequisites.

In the education sector, stunting will affect the development of the nation's generation when people affected by stunting cannot maximize their intelligence in terms of intelligence. In the economic sector, stunting will affect economic development when people affected by stunting cannot be productive for themselves, especially for the country. And in the health sector, it is clear that stunting sufferers do not have a healthy physique, even though health is one of the requirements for humans to be productive and work.

Based on the results of interviews with all informants, information was obtained that the increase in intervention coverage for the target household of 1000 HPK was grouped into the categories of nutrition consumption, parenting, health services, and environmental health. The government has established priorities in 5 pillars. Cooperation between sectors in the handling of stunting remains focused on health and nutrition services at 1000 HPK

This is in line with the guidebook for care and intake of the First 1000 Days of Life written by Berawi 2020 which states that the First 1000 Days of Life (HPK) period, which is from the beginning of pregnancy to the second year of a child is a critical period that determines the health, success and welfare of children in the future. Malnutrition in this period can cause irreversible damage (irreplaceable). The adverse effects that can be caused by stunting can be found in the short and long term. All of this will reduce the quality, productivity and competitiveness of Indonesian human resources, so it is necessary to prevent and manage all stunting cases around us.

Based on the results of interviews with all informants (intermediate outcome) it can be grouped into improving nutritional intake and decreasing infection. The indicators include the prevalence of anemia, the prevalence of low birth weight (LBW), the prevalence of exclusive

breastfeeding, the prevalence of diarrhea in children under five, the prevalence of malnutrition and malnutrition. less, and the prevalence of ARI in children under five. In the end, the impact of the above indicators can be seen from the decrease in stunting prevalence.

In line with the book written by Bappenas in 2019 on nutrition development in Indonesia, it states that the relationship between malnutrition and infectious (communicable) diseases is very clear. Infections, particularly diarrhea, helminthiasis, acute respiratory infections (ARI), as well as measles and malaria, can decrease appetite, cause inflammation, and then lead to weight loss, while malnourished children are at greater risk of infection.

Based on the results of interviews with all informants, it was found that achievements at the level of impact of Tazi's Important Innovations focus on longer-term indicators. The indicators used are the decrease in the prevalence of stunting among children under five and under-five in Tirmiara village, the increasing number of stunting children who are prevented each year, and contributing to the success of Central Aceh Regency in reducing stunting prevalence.

The specific objectives of this program are to; Increase the knowledge of the families of children under five in the use of local food to prevent stunting; Improve family skills in processing local food for toddler food. The output of this activity is expected to improve the nutritional status of undernourished children under five, malnutrition and stunting. In addition, it is hoped that there will be an increase in the effectiveness and sustainability of this activity for a relatively long period of time.

After the implementation of TAZI's Important Innovations, the people of Tirmiara village have understood that stunting is a nutritional problem, the parenting pattern of children under five, which is characterized by a shorter height compared to children their age, which can be prevented by consuming a balanced diet containing nutrients and vitamins derived from various types of vegetables. grown in the nutrition garden.

Conclusion

The implementation of the Strategy for the Acceleration of Stunting Prevention is based on five main pillars, namely the commitment and vision of the national and regional leadership, the national campaign and communication of behavior change, the convergence of central, regional and village programs, food security and nutrition, monitoring and evaluation. Interventions to accelerate stunting prevention consist of specific and sensitive interventions. Specific nutrition interventions are activities that directly address the occurrence of stunting, such as food intake, infection, maternal nutritional status, infectious diseases, and environmental health. These specific interventions are generally provided by the Health sector. The output indicator target (Output) is to increase the scope of intervention in the target of 1000 HPK households. Existing indicators can be grouped into the categories of nutritional consumption, parenting, health services, and environmental health. In the medium term indicators (intermediate outcome) can be grouped into improved nutritional intake and decreased infection. The indicators include the prevalence of anemia; prevalence of Low Birth Weight (LBW); prevalence of exclusive breastfeeding; prevalence of diarrhea in children under five; prevalence of malnutrition and undernutrition; and the prevalence of ARI in children under five. In the end, the impact of the above indicators can be seen from the decrease in stunting prevalence. Achievements at impact levels focus on longer-term indicators. The indicators used are the decrease in the prevalence of stunting among toddlers and under-fives in Tirmiara village, the increasing number of stunting children who are prevented each year, and contributing to the success of Central Aceh Regency in reducing stunting prevalence. The most successful output from the implementation of the Important Tazi innovation is that the implementation of this innovation is proven to be able to reduce stunting cases in Tirmiara

Village, as one of the leading innovations of the Rusip Important Tazi Health Center is an SME program innovation (Public Health Efforts).

Suggestion

It is hoped that the Health Service together with the Central Aceh Regency Government and other relevant agencies can provide solutions or make policies in order to improve the nutritional status of toddlers, especially reducing stunting rates. With efforts to make the 1000 HPK program more successful as an effort to prevent stunting.

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