

ANALYSIS OF THE PROGRAM TO ACCELERATE STUNTING REDUCTION IN PIDIE DISTRICT IN 2022

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Abstract

For the prevention and handling of stunting, in 2019 the Aceh government designated 3 districts as stunting Focus Locations (Lokus), one of which is Pidie. To accelerate the reduction of stunting, the government set program indicator targets that must be achieved by 2024, especially in the stunting focus areas. The achievement of these indicators is a reflection of the performance of each district/city. To find out the description of the performance achievement of each indicator, it is measured by an index value approach. The study was conducted quantitatively; analyzing secondary data from 29 program coverage indicators divided into 6 dimension groups. Each dimension of the index has equal weighting. Index assessment by comparing the annual program coverage indicator value with the target value set nationally. The stunting index in Pidie stands at 51.6. Out of the six evaluated dimensions, family assistance and food security scored the lowest, with values of 39.0 and 18.0. In contrast, the nutrition dimension recorded a higher score of 71.7. The health dimension, along with social protection (63.7) and decent housing (53.1), also needs more attention from the local authorities, as the efforts in these areas to tackle stunting are still lacking. Nutrition has become a primary focus in Pidie's stunting prevention strategies, as evidenced by high iron tablet intake among adolescent girls (79.9) and pregnant women (94.11), good rates of complementary feeding (MP-ASI) for children aged 6-23 months (89.3), growth monitoring (83.7), and supplementary feeding programs (PMT) for pregnant women (72.3) and undernourished toddlers (77.1). However, exclusive breastfeeding (64.7) and iron tablet consumption among prospective brides (34.6) are areas with lower achievement. The nutrition dimension, with the highest index score, is expected to play a significant role in reducing stunting rates

Keywords: *Evaluation; Program; Stunting*

1. Introduction

When children under the age of five are young, stunting is a chronic nutritional problem that they experience. This problem is caused by various factors, including family income, nutritional status during pregnancy, childhood infectious diseases from infancy, poor nutritional intake, low hygiene and sanitation, and poor parenting practices [1]. Stunting prevalence in Indonesia was 30.8% in 2018 [2], decreased to 27.7% in 2019 [3], 24.4% in 2021 [4], 21.6% in 2022 [5], but reached the national target of 14% in 2024 [6]. Stunting prevalence in Aceh dropped from third place in the country in 2021 to fifth in 2022, from 33.2% to 31.2% [7] [4]. According to Presidential Decree 72 of 2021 [8], the government's policy is to reduce stunting more quickly by implementing targeted program interventions to stop direct causes and delicate factors to stop intermediary causes [9]. For the program to achieve its maximum potential and effectively reduce stunting as planned, it is essential that every district and city engage actively in this intervention [10].

The index value serves as just one of several approaches that can be employed to assess the success of intervention programs [11]. An index assessment can be conducted by comparing the annual targets and target values set by the district or national objectives for each program indicator [12]. The stunting management index is a composite measure that includes multiple variables and indicators. This index reflects how much attention a

region is giving to managing stunting locally. In Pidie, stunting rates have notably dropped from 39.3% to 27.8% [5].

Based on the preceding context, researchers wish to examine how the performance accomplishments of each intervention program service in 2021 are seen from the index value of the program service coverage indicators that have been determined in the attachment to presidential decree number 72 of 2021 concerning the acceleration of stunting reduction in Pidie district.

2. Implementation Method

Stunting reduction acceleration program implemented in 2021 by Pidie Regency government agencies, Program coverage indicators are divided into 6 dimension groups that have *equal weighting* for each dimension. The index assessment compares the annual program coverage indicator value with the national target value (figure 1) for each dimension is the empirical value of the indicator under consideration minus the minimum value of the specified indicator (absolute), as opposed to the maximum value of the specified indicator (absolute) minus the minimum value of the indicator multiplied by 100.

$$SXn = \frac{Xi - Xmin}{Xmax - Xmin} \times 100$$

SXn : Indicator value for each program

Xi : Empirical value

Xmin : Minimum indicator value is set (attachment)

Xmax : Maximum indicator value is set (attachment of Presidential Decree 72 of 2021)

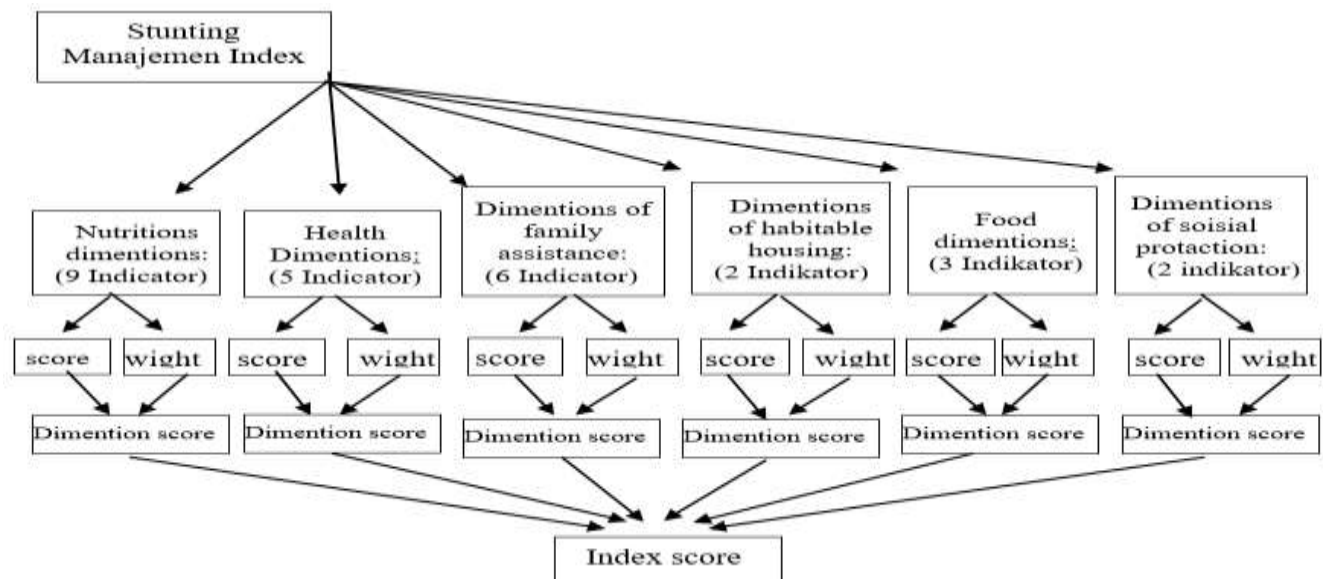


Figure 1. Stunting Handling Program Index Assessment Concept (*Ministry of State Secretary&BPS, 2020*)

The chain index is the measure utilized to assess the success of the stunting reduction acceleration program [13]. This index is determined by comparing the duration of the current program, using 2021 as the reference point, with the timeline established to meet the target indicators outlined in the presidential decree attachment for 2024 [14]. The indicators assessed are divided into six dimensions consisting of 27 essential service indicators [11]. Among them are 1) Nutrition dimension: supplementary feeding for chronic energy deficient pregnant women, consumption of blood addition tablets in pregnant women, exclusive breastfeeding, complementary feeding for children 6-23 months, care for malnourished toddlers, monitoring of toddler growth, and supplementary feeding for malnourished toddlers 2) Health dimension; basic immunization, fertile couples

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getting health checks, Hb level checks in adolescent girls, stop open defecation, and clean and healthy living behavior in the family. 3) Family assistance dimension; assistance for families at risk, postpartum family planning services, guidance for prospective couples to prevent stunting, guidance on reproductive health and nutrition for prospective childbearing age couples, promotion of fish consumption in families at risk, and capacity building for beneficiary families. 4) Housing dimension; proper drinking water and proper sanitation. 5) Food dimension; utilization of yard space, PUS receiving non-cash food assistance, and the variety of food assistance. 6) Social protection. 6) Dimensions of social protection: direct cash aid for low-income couples of childbearing age and the provision of contribution subsidies for health insurance.

3. Results

The stunting management index assessment is the key program in Pidie Regency aimed at accelerating stunting reduction. Implemented in 2021, it utilizes service indicators set by the government. These indicators are categorized into six dimensions, encompassing 29 essential service metrics [13].

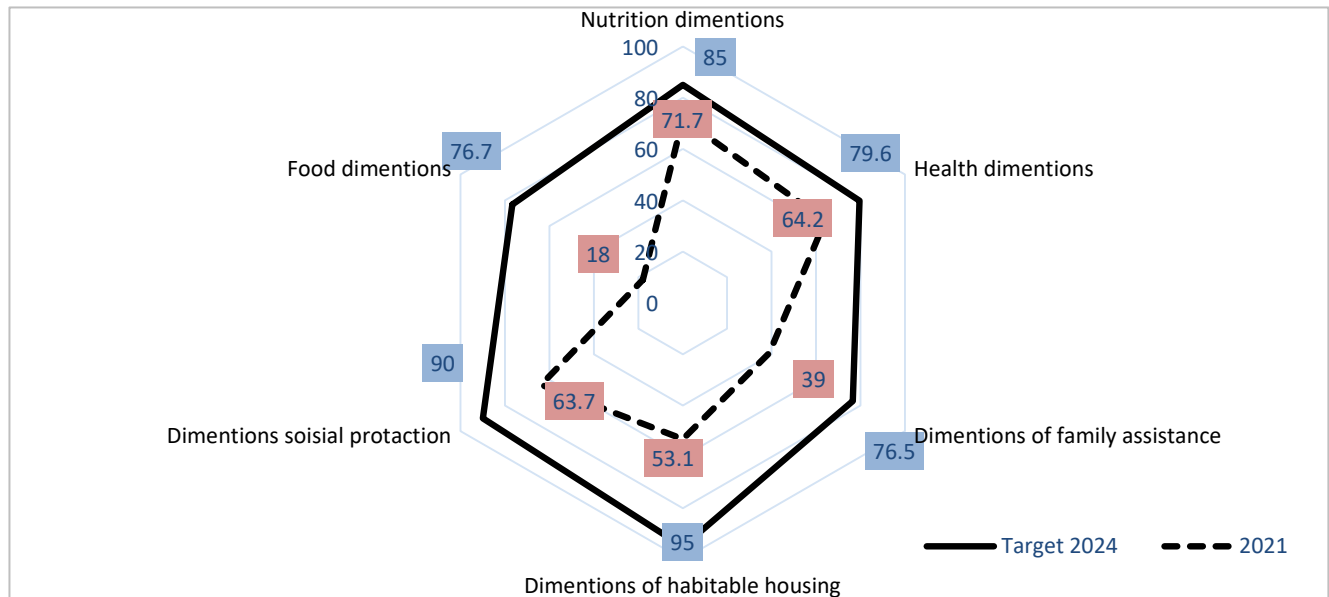


Figure 2. Stunting Management Index for Pidie Regency in 2021

The stunting management index in Pidie Regency only reached 51.6 in 2021, according to Figure 2 above. The success of the accelerated stunting reduction service program in Pidie Regency is still only moderately successful if we use the maximum index value of 100. The service coverage dimension with the lowest index value among the six indicator dimensions listed above is in the access to food and family assistance dimensions, where values only reach 18.0 and 39.0. The index in this dimension is also still low, with a range of value differences of 41.9; in the habitable housing dimension, the index value has only reached 53.1 compared to the target value that must be attained in 2024, with an aggregate value of 86.0. Even though the value range has a significant difference (26.3) from the set target (90), the index value for the social protection dimension is higher than the previous dimension (63.7). The health service dimension has a lower index value (64.2) than the other five dimensions, with the nutrition dimension having the highest index value (71.7). Although the index values for the dimensions of nutrition and health services have a range of values that are not very different, 13.3 and 15.4, respectively, if we look at the targets set, we find that they are not that dissimilar.

3.1 Nutritional Dimensions

The coverage of services providing blood supplement tablets to prospective brides and grooms, as well as malnutrition care, which has a still-very-low index value for treating stunting, will be the focus of future attention when it comes to program services for handling stunting in the nutritional dimension. However, Other service program coverage already has an index value above the target value for program coverage, even though it has yet to reach the optimal value. Examples include young women consuming blood supplement tablets (79.9), pregnant women consuming blood supplement tablets (94.1), The service program coverage index for providing complementary food (MP-ASI) to infants aged 6 to 23 months is 89.3. However, the index value for the service program providing blood supplement tablets to prospective brides and grooms remains low at 34.6. This is because this service program was not included in the Pidie Regency government's plans before the issuance of Presidential Decree 72/2021.

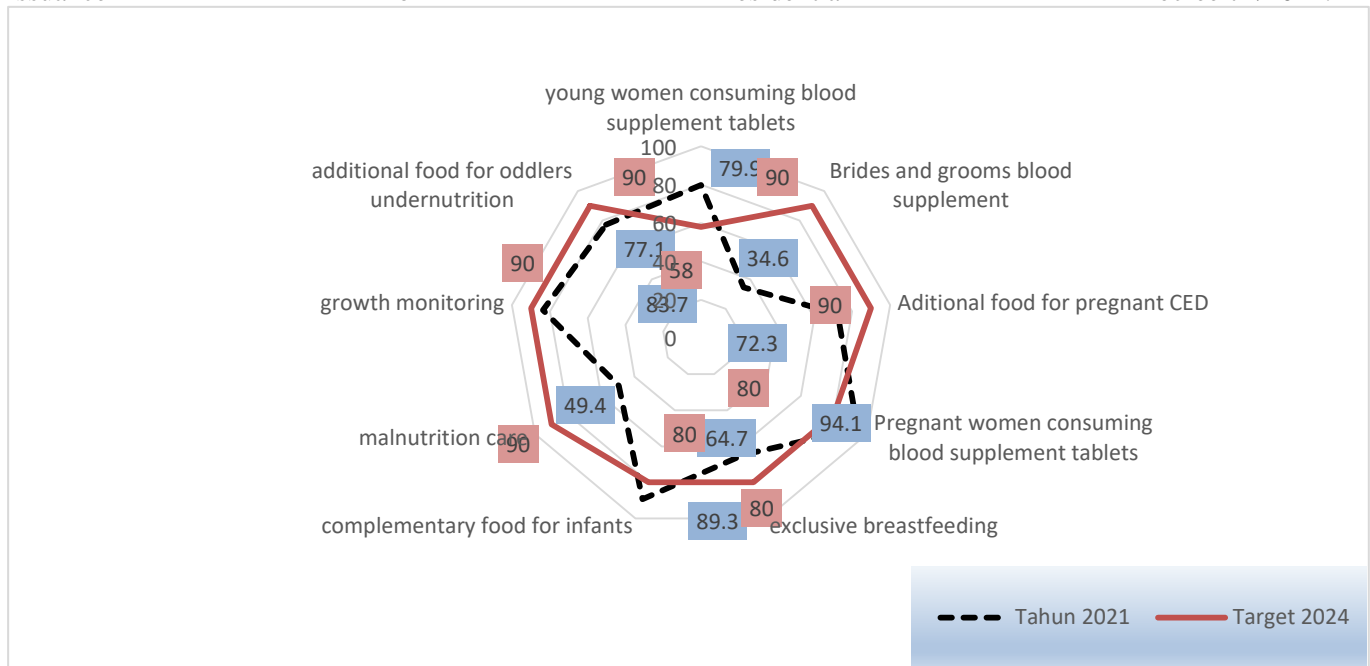


Figure 3. The Nutritional Dimension's Stunting Management Index

The following services are covered: exclusive breastfeeding (64.70), additional food for pregnant women with chronic energy deficiency (72.30), additional food for toddlers who are undernourished (77.11), and monthly growth monitoring for toddlers (83.72). Even though the stunting management index value for this service indicator is already higher than the composite value for the nutrition dimension (71.7), it should still be taken into consideration because the coverage of this service has a significant impact on the incidence of stunting and malnutrition among children under the age of five.

3.2 Characteristics of Health Services

There were five indicators in the health service dimension that were evaluated. After the nutrition dimension, measuring the index value showed that the health service dimension had the second-highest index value (64.2). Five indicators make up the health service dimension; three of those five have shallow index values, such as the 34.6 score for couples of childbearing age who received a health examination. This sign is a component of the marriage ceremony. The results of the independent examination and screening will be documented on a certificate as a recommendation for the bride and groom to improve their health status, which will then be confirmed once more one month prior to the wedding by a health examination of the couple at the Community Health Center as one of the marriage requirements. Compared to the index value obtained, the

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coverage target set for this service indicator is 90; therefore, the Pidie district government must raise the value to 55.4 to meet the target. Anaemia status is one of the outcomes of this indicator. Prospective brides/couples of childbearing age who experience anaemia must be facilitated to consume blood supplement tablets. An excellent index value of 72.3 surpasses the target value of 58 for the indicator measuring young women receiving services to check their anemia status or blood hemoglobin levels. This measurement aims to detect anemia cases and gain insights into how anemia impacts teenagers and future motherhood.

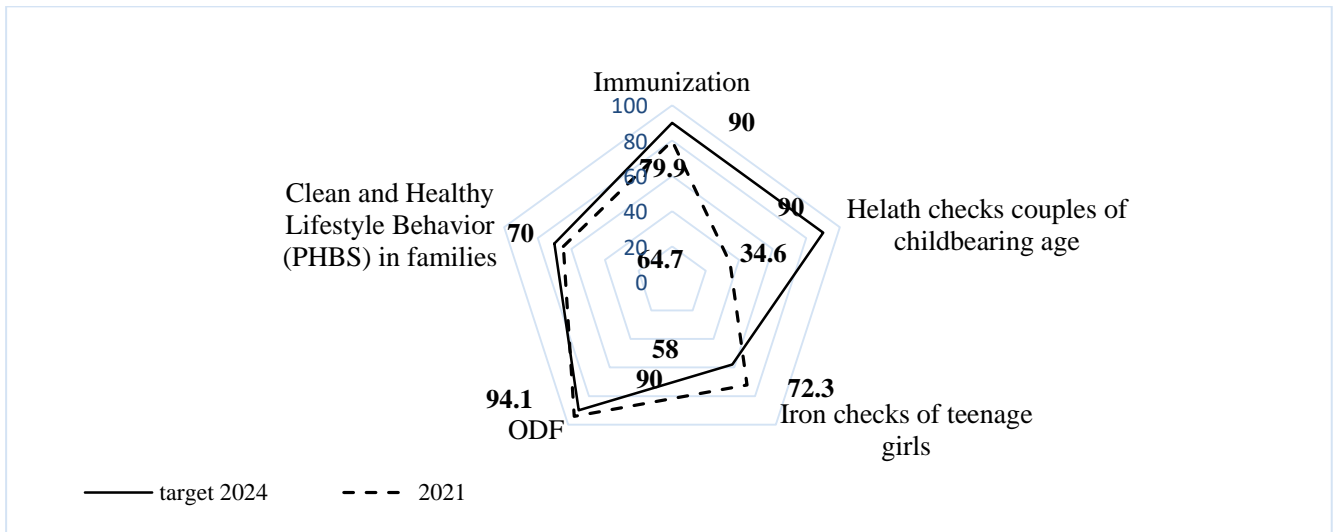


Figure 4. Stunting Management Index in the Health Service Dimension

Children under five years must receive a full set of basic immunizations. Complete primary immunization can boost a baby's or child's immune system and protect them against various diseases that can impact a child's nutritional issues and even result in death. Although this immunization program is a service program that has been well-known to the public for a considerable amount of time, the index value achieved still needs to be at its best (79.9) in this service indicator. Regarding Clean and Healthy Family Behavior and stopping open defecation, the treatment index value is still relatively low (64.7) compared to the target set (70). The Pidie Regency government has also given health services serious consideration. This attention is evident because the index value is generally relatively high, at 64.2, compared to the goal value of 79.6, which has a difference of only 15.4.

3.3 Family Assistance Dimensions

One updated strategy to accelerate stunting reduction is family assistance, particularly for families at risk of stunting. This strategy is implemented through a family approach to reach the target populations of prospective brides and grooms, pregnant and nursing mothers, and children 0-59 months. The index for addressing stunting in the Family Assistance dimension is shown below.

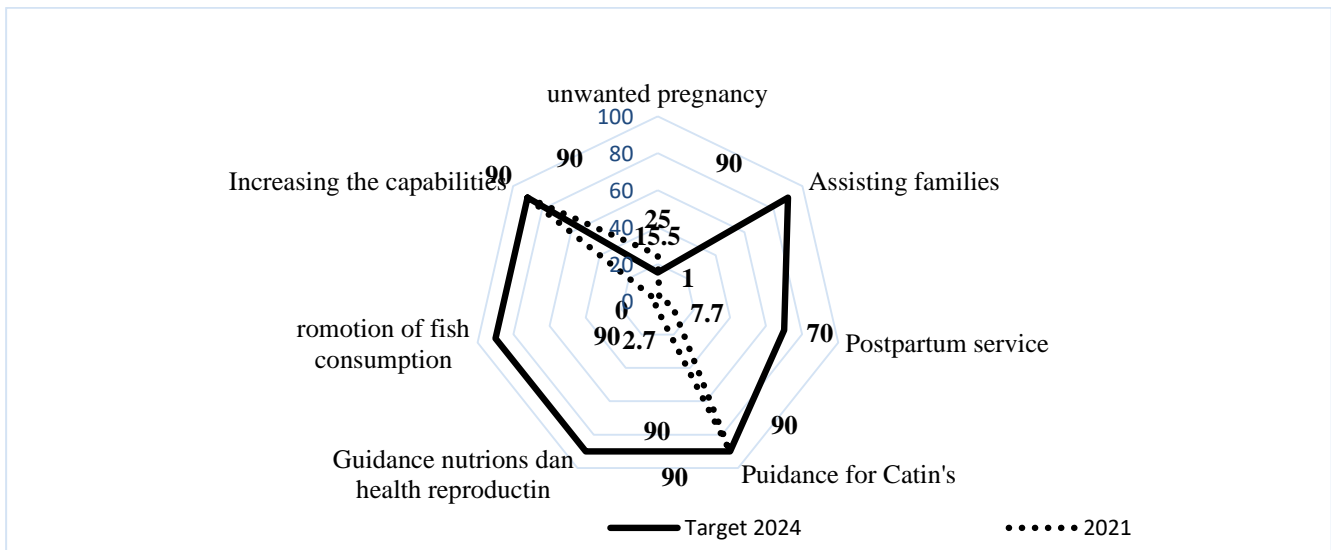


Figure 5. The Index For Stunting Handling In The Family Assistance Dimension

Increasing the capacity of beneficiary families and providing guidance to prospective brides and grooms for couples of childbearing age with stunting prevention information are two service indicators that, according to Figure 5. above, have excellent index values, even above the optimal value. These indicators each have an index value of 111.1 and are intended to help couples planning to get married. Other service indicators continue to have shallow index values in the meantime. Assisting families at risk of stunting is done with a focus on the fertilization period because that is when there is the most significant risk of stunting in families at risk of stunting. Targets must be made to access wholesome food, vitamin and mineral intake, various foods and animal protein sources, health services, sanitary conditions, and clean water during fertilization. A few of the indicators included in the update to the strategy to accelerate the reduction of stunting were only put into place after the presidential decree was issued, including indicators of services for assistance to at-risk families, promotion of domestic fish consumption for families at risk of stunting, indicators of reproductive health, and nutritional guidance services for prospective couples of underage age. Even the indicator for promoting fish consumption in at-risk families has yet to be implemented in 2021, which means that the indicator's index value still needs to be higher, only having an index value of 1.0 and 3.11.

3.4 Livable House Dimensions

In addition to clothing and food, decent housing is a basic human need that must be met. A decent home can improve health and reduce the risk of stunting in children, making residents more comfortable and boosting their body's natural immunity. When the stunting handling index is evaluated, two service coverage indicators are evaluated in the habitable house dimension. First and foremost, enough drinking water. The drinking water source is suitable according to the type of primary drinking water source used for other household chores like cooking, bathing and showering, washing, and using the latrine [15]. Second, proper sanitation; sanitation facilities that meet health requirements include toilets using goosenecks and final waste disposal sites using septic tanks or wastewater treatment systems/ Centralized Systems.

Given that it still has a low index value (53.1) compared to the predetermined target (95), the local government must also give adequate attention to the stunting management index value in the livable house dimension. The target was set at 100 for the indicator of service coverage for adequate access to drinking water, but only 53.7 of that number was achieved, and the target must be reached by a value with an extensive range (46.3). As with the index for potable water (46.3), the service indicator for access to adequate sanitation has a low index value 52.6. However, if we look at the range interval to the target, the index value is lower (37.4) than the index for potable water.

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3.5 Social Protection Dimensions

The service indicator for the social protection dimension focuses on ensuring that families in need, particularly childbearing couples classified as poor, receive social assistance and effectively utilize these services. Contribution Assistance Recipients (Penerima Bantuan Iuran/PBI) are those who receive aid for BPJS Health contributions. While assistance with health insurance contributions is available to a broader group of impoverished individuals, the program's indicators are specifically aimed at poor childbearing couples (Pasangan Usia Subur/PUS). The index for managing social assistance for PBI PUS has reached 66.9. In contrast, the index for service indicators related to PUS with low status and those receiving conditional cash transfers is only 60.6. Although there is a broad range of values for each service indicator to meet the set target coverage value of 90, the stunting management index for the social dimension is relatively strong at 63.7. However, PUS who are less able to access direct cash assistance face a lower index value (23.1) compared to those receiving PBI.

3.6 Food Accessing Dimensions

Access to food is a fundamental way for households to acquire both the quality and quantity of food they need. Food access encompasses both physical and economic aspects. Economic food access refers to the ability to acquire food based on income, while physical food access pertains to the ability to obtain food based on location and availability. Three indicators are used to evaluate food access. For the program's target groups, utilizing yard land can provide food resources and enhance family income. One of the program's goals is to help stunting-risk families use yard resources to improve their dietary intake. However, the index value for this indicator is currently 0.2, indicating that it has not yet been implemented. The Pidie district government has yet to address the service indicators related to various food assistance programs for beneficiary families, which currently have a zero index value and service coverage.

Beneficiary Families (Keluarga Penerima Manfaat/KPM) include households with children under two years old, pregnant women, nursing mothers, and those receiving food assistance beyond rice and eggs, such as carbohydrates, proteins, vitamins, and complementary foods. Additionally, there are services for low-income couples of childbearing age (PUS) and individuals with social welfare issues who receive non-cash food assistance (Bantuan Pangan Nontunai/BPNT) to improve food and nutritional security at various levels. The index value for this indicator is 53.8. The Pidie Government should focus more on this aspect in the future. Access to food, while having the second-lowest index value after health, highlights that the Pidie Regency government's engagement in efforts to accelerate stunting reduction in 2021 still requires improvement.

4. Discussion

All nations that experience stunting issues must work together to accelerate nutritional improvements. Intervention programs to speed up nutritional improvements put more of an emphasis on prevention measures like prenatal care, breastfeeding, lowering the prevalence of low birth weight (LBW) infants, increasing the coverage of exclusive breastfeeding, and providing adequate complementary foods for breast milk in infant aged 6 to 23 months [16]. In order to accelerate the improvement of nutrition and decrease stunting, the government issued Presidential Regulation Number 72 of 2021 concerning the Acceleration of Reducing Stunting in Indonesia, which is implemented convergently and integrated by involving cross-sectoral actors [10].

Along with those, additional requirements for implementation include government and cross-sector involvement, political and policy commitment, and the ability to implement to provide the most significant number of services [17].

Program convergence evaluation aims to track the effectiveness of a district's or city's converged, targeted nutrition intervention programs [12]. The stunting management index assessment model is a form of evaluation that responds to interventions for preventing stunting [18]. The study's findings indicate that Pidie Regency's stunting reduction acceleration program has only achieved an index value 51.6. The handling stunting

index value is still low even if we use a maximum of 100. One of the reasons for the low index value achievement is the low commitment to implementing stunting reduction interventions, starting with planning, implementation, monitoring, and evaluation [19], which results in the intervention being poorly integrated and ineffective in accelerating *stunting* reduction [20]. In addition, there are difficulties in putting program convergence into practice, such as the egotistical sectoral nature of each institution brought on by inadequate socialization and a lack of knowledge of programs to prevent stunting [21]. The region was not yet performing at its best in implementing the intervention program because the information was received too late, the demographic conditions of the region were not known, and operational and technical guidelines had not been obtained in implementing the convergence implementation program [22].

The service coverage index values for the six assessed dimensions are notably low, with access to food scoring 18.0 and family assistance scoring 39.0. The aspect of food access pertains to how easily households can obtain food in both quality and quantity. Given the low performance in this dimension, with an index value of 18.0, it is crucial for the local government to focus on this area. The indicators for providing various types of food assistance beyond rice and eggs, as well as utilizing yard resources to enhance nutritional intake for at-risk families, have not been implemented, leading to an index value of zero for these indicators. The current index value of 0.2 for both indicators highlights the need for improvement. These indicators were not included in the Pidie district's 2021 program activities as they are recent updates aimed at accelerating stunting reduction. The use of yard land is intended to boost family nutrition and food access, particularly for families at risk of stunting. [23]. The Pidie Regency Government needs to enhance the use of home gardens through comprehensive program planning and socialization [8]. This should include providing mentoring and motivational support for target groups, educating them on how to use home garden produce to meet diverse dietary needs, and engaging stakeholders in promoting these initiatives [24]. Additionally, family assistance programs must be implemented, incorporating advocacy and Communication, Information, and Education (CIE) strategies to prevent stunting and improve family quality. These efforts are crucial for families at risk and represent the initial step in changing attitudes and behaviors that contribute to stunting [25]. Effective family assistance involves health education, increasing knowledge, and encouraging positive behavioral practices to prevent stunting [26].

The Pidie Government has demonstrated a strong focus on nutrition, as evidenced by a high index value of 71.7, surpassing other dimensions, with the health dimension scoring 64.7. Despite the nutrition dimension having a higher index, both dimensions show a similar range in values (13.3 to 15.4). The low index value for prospective brides and grooms taking blood supplement tablets (34.6) reflects inadequate service coverage. This low value is partly due to recent updates in the presidential decree aimed at accelerating stunting reduction. It is essential to conduct health screenings and examinations three months prior to weddings to ensure the health of brides and grooms. Providing blood supplement tablets to those with anemia is crucial for raising hemoglobin levels [27]. Regular weekly supplementation is more effective for preventing anemia in teenagers and future brides [28], and iron supplementation during adolescence is a recent approach to boost iron availability during pregnancy [29].

Additionally, meeting the nutritional needs of children under five and those experiencing malnutrition is vital. Families should receive support in providing complementary foods to enhance children's nutritional intake [30]. Despite the stunting management index being higher for the nutrition dimension (71.7), indicators such as monthly growth monitoring for toddlers (83.72), additional food for pregnant women with chronic energy deficiency (72.30), and additional food for malnourished toddlers (77.11) should be given attention. The Open Defecation Free indicator has a high index value of 94.1, while the Couples of Childbearing Age Receiving a Health Check indicator (34.6) remains one of the lowest in the health dimension. Open defecation increases the risk of stunting, and children in defecation-free environments have a lower risk [32][33][34]. This indicator, part of a longstanding program, should ideally have a high value, similar to the immunization coverage indicator for children under five, which stands at 79.9 [35].

Low education, knowledge, and cultural or religious beliefs contribute to lower immunization rates [36]. Promoting immunization and raising awareness of its importance is essential for improving coverage [37]. Stunting risk in families is significantly impacted by poverty [38]. In light of this supposition, the idea of

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facilitating access to social assistance, such as PUS, for the poor and underprivileged individuals who receive Health Insurance Contribution Assistance (Penerima Bantuan Iuran / PBI), as well as PUS with poor status and individuals with social welfare issues who receive conditional cash assistance, is a sign of government service programs that are evaluated in the social protection dimension to hasten the reduction of stunting. Comparing the index values in the other five dimensions, the social protection dimension's index (60.4) is the highest. In Indonesia, increased household spending on food consumption results from direct cash assistance. The eating habits of children under five are correlated with food consumption. The prevalence of stunting is indirectly influenced by direct cash assistance through children's diet [39]. Social protection is a substitute and strategy for enhancing family nutrition and preventing stunting, particularly in vulnerable groups [40]. In this way, it is hoped that Pidie Regency will be able to increase and broaden the scope of social assistance recipients, both in terms of recipients of direct cash assistance to target groups or recipients of contribution assistance for health insurance as a form of program intervention effort that affects accelerating the reduction of stunting [41].

What is evaluated in the habitable house dimension is the ease of access to indoor environments with proper sanitation and clean water availability. A still low index value (53.1) was obtained due to assessing the decent housing dimension. Stunting is often a result of unhealthy living conditions at home, a lack of clean water, and inadequate sanitation [31]. The Pidie Regency government must also pay attention to efforts to make it easier for people to access sanitary housing, assistance with clean water, and other amenities. Improved child growth is achieved significantly more when sanitation infrastructure is improved [42]. Recurring infections can affect a child's development by influencing the availability of clean water and sanitary facilities [43]. Stunting prevalence can be decreased by integrating sanitation improvement programs and providing clean water [19]. The index value achieved for the service coverage indicator for access to adequate drinking water was only 53.7, and for the service indicator for access to adequate sanitation, it was 52.6. Low family income, low socioeconomic status, location, or a residence's distance from areas with access to clean water are the leading causes of limited access to clean water. Compared to low-income families, families with high social status have better access to clean water and sanitary facilities [44]. The government is expected to support service programs by providing infrastructure and subsidy programs to increase access to livable housing for target groups to avoid this gap, ensure equality, and increase access to clean water and adequate sanitation.

5. Conclusion

The final evaluation score for stunting management in Pidie was only 51.6. Among the six dimensions assessed, food and family assistance had the lowest scores, at 39.0 and 18.0, respectively. The highest score was 71.7, while health achieved 64.7 in the nutrition dimension. Local government involvement is also a factor to consider for social protection (63.7) and adequate housing (53.1), as there is room for improvement in stunting management. The focus on nutrition in Pidie is evident from various metrics: blood supplement tablet consumption among young women (79.9) and pregnant women (94.1), complementary foods for infants (Makanan Pendamping Air Susu Ibu / MP-ASI) for children aged 6-23 months (89.3), growth monitoring (83.7), and Supplementary Food (Pemberian Makanan Tambahan/PMT) for pregnant women (72.3) and malnourished toddlers (77.1), all showing promising outcomes. However, the uptake of blood supplement tablets among potential brides and grooms (34.6) and exclusive breastfeeding (64.7) are notably low. This index value should prompt the Pidie Regency government to develop service initiatives that address the indicators in Presidential Decree 72/2021 to improve its stunting management performance.

6. Recommendation

To expedite the decline in stunting, it is essential to allocate the budget proportionately between sensitive and targeted interventions. Increasing the index value across dimensions requires village and district governments, along with non-governmental organizations, to broaden service program coverage as part of each dimension's indicators. Regular monitoring and assessment of program service indicators should be conducted,

providing guidance to implementing staff. Additionally, incorporating regional innovations, such as local knowledge, can significantly enhance the effectiveness of the stunting reduction acceleration program.

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