

IMPLEMENTATION OF THE PROGRAM OF ADDITIONAL FEEDING FOR STUNTING TODDLER IN PENGODUA VILLAGE, EAST ROTE DISTRICT, ROTE NDAO DISTRICT

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Abstract

Stunting remains a nutritional problem that requires addressing through various interventions, one of which is the Supplementary Feeding Program (PMT). The success of the program is determined not only by the provision of supplementary food, but also by the quality of program implementation at each stage. This study aims to analyze the implementation of the Supplementary Feeding Program (PMT) for stunted toddlers in Pengodua Village, East Rote District, Rote Ndao Regency. The study used a qualitative approach with descriptive methods. The research informants numbered 16 people consisting of village officials, village midwives, integrated health post (Posyandu) cadres, mothers of toddlers, and pregnant women selected using a purposive sampling technique. Data were obtained through in-depth interviews, observation, and documentation, then analyzed using an interactive model that includes data reduction, data presentation, and drawing conclusions. The results showed that the implementation of the PMT Program has been carried out through four main aspects: processing supplementary food based on local foods, providing supplementary food to target toddlers, nutrition counseling to parents of toddlers, and recording program implementation. Food processing has taken into account the use of local foods and hygiene principles, while PMT distribution is carried out according to a predetermined schedule. Nutrition counseling has provided additional knowledge to some parents, but its implementation remains limited, resulting in uneven coverage of all targets. Program records have been maintained for monitoring, although several administrative challenges and limited community participation remain. Overall, the implementation of the PMT Program in Pengodua Village has been quite successful, but improvements are needed in terms of target distribution, the intensity of counseling, and strengthening coordination between implementers to optimally achieve the goals of improving toddler nutritional status and preventing stunting.

Keywords: Program Implementation, Supplementary Feeding, Stunted Toddlers, Nutrition Counseling, Local Food

INTRODUCTION

Stunting remains a public health problem that impacts the quality of human resources. This condition results from chronic, long-term malnutrition and is influenced by various factors, such as low nutritional intake, infectious diseases, inadequate sanitation, and limited access to health services. Based on the 2024 Indonesian Nutritional Status Survey (SSGI), the national stunting prevalence decreased from 21.5% in 2023 to 19.8% in 2024. Despite the decline, this figure remains above the national target, necessitating the strengthening of various nutritional interventions.

One specific nutritional intervention implemented by the government is the Supplementary Feeding Program (PMT) for toddlers at risk of stunting. This program aims to improve toddlers' nutritional intake by providing nutritious food utilizing local foods, accompanied by nutrition counseling and growth monitoring. However, the success of PMT is determined not only by the provision of supplementary feeding, but also by the quality of program implementation, from food processing and distribution, nutrition counseling, to recording and monitoring implementation.

Pengodua Village, East Rote District, Rote Ndao Regency, is one of the villages targeted for the PMT Program. Data on stunting cases in the village shows that the number of stunted toddlers has fluctuated over the past five years, requiring ongoing attention.

Table 1. Data on Stunting Toddlers in Pengodua Village 2021–2025

Year	Number of Toddlers	Stunting in Toddlers	Prevalence (%)
2021	105	87	82.86
2022	97	80	82.47
2023	164	34	20.73
2024	114	44	38.60
2025	89	64	71.91

Source: Pengodua Village Integrated Health Post Data, 2025.

The data shows that although the number of stunted toddlers decreased in 2023, stunting cases increased again in 2024 and 2025. This condition indicates that stunting management remains a challenge in Pengodua Village, so an evaluation of the implementation of the PMT Program as one of the nutritional interventions that has been implemented in the village is needed.

Several previous studies have shown that PMT contributes to improving the nutritional status of toddlers. Research by Novianto, Suprpto, and Sujatmi (2023) emphasized the importance of menu planning, recording, and monitoring in supporting program success. Ramadhan et al. (2025) demonstrated that utilizing local foods improves the sustainability of PMT implementation, while Ramzy et al. (2025) emphasized that coordination between implementers is a crucial factor in program effectiveness. However, these studies primarily assessed the impact of PMT on toddler nutritional status, while studies analyzing the program's comprehensive implementation, from food processing and PMT provision to nutrition counseling and recording at the village level, are relatively limited. This gap underpins the current study.

Based on these conditions, this study aims to analyze the implementation of the Supplementary Feeding Program (PMT) in Pengodua Village through four main aspects: supplementary food processing, feeding targeted toddlers, nutrition counseling for parents, and recording program implementation. The results are expected to provide an overview of PMT implementation at the village level and provide input for local governments and health workers in improving the effectiveness of the stunting reduction program.

LITERATURE REVIEW

Implementation of the Supplementary Feeding Program (PMT)

The Supplementary Feeding Program (PMT) is a specific nutritional intervention aimed at improving the nutritional status of toddlers through the provision of nutritious food, nutrition education, and growth monitoring. PMT implementation focuses not only on providing food but also includes food processing, distribution, counseling for parents, and recording as part of program monitoring. PMT's success is influenced by resource availability, coordination between implementers, and community participation.

This study uses Mazmanian and Sabatier's (1983) policy implementation theory, which explains that the success of a program's implementation is influenced by clarity of objectives, resource availability, coordination between implementers, and monitoring and evaluation mechanisms. In the context of PMT,

this theory is used to analyze program implementation through four aspects: supplementary food processing, feeding toddlers, nutrition counseling for parents, and recording program implementation.

Several studies have shown that PMT has a positive impact on improving the nutritional status of toddlers when implemented consistently. Novianto, Suprpto, and Sujatmi (2023) stated that the success of PMT is influenced by menu planning, the use of local foods, nutrition education, and a good monitoring system. Ramadhania et al. (2025) also found that the use of local foods increases the effectiveness and sustainability of the program because the food is more readily available and in line with community habits. Meanwhile, Ramzy et al. (2025) emphasized that collaboration between village governments, health workers, and integrated health post (Posyandu) cadres is a crucial factor in the successful implementation of PMT.

However, most previous research has focused on the impact of PMT on improving the nutritional status of toddlers. Studies analyzing the program's comprehensive implementation, from food processing and PMT provision to nutrition counseling and village-level implementation, are relatively limited. Therefore, this study fills this gap by comprehensively analyzing the PMT program's implementation in Pengodua Village, East Rote District, Rote Ndao Regency.

METHOD

This study employed a qualitative, descriptive approach. This approach was chosen to gain a deeper understanding of the implementation of the Supplementary Feeding Program (PMT) to address stunting in Pengodua Village, East Rote District, Rote Ndao Regency. The study focused on the program implementation process, the involvement of implementers, and the factors that support and hinder PMT implementation at the village level.

The research location was purposively selected because Pengodua Village is one of the villages implementing the Supplementary Feeding Program (PMT) as part of a specific intervention to accelerate stunting reduction. Research informants were selected using a purposive sampling technique, taking into account direct involvement in program implementation. Informants included village midwives, health workers, integrated health post (Posyandu) cadres, and parents of toddlers receiving the PMT program.

Data collection was conducted through in-depth interviews, observation, and documentation. Interviews were used to obtain information regarding program implementation, the roles of each implementer, the form of nutrition counseling, the mechanism for providing supplementary food, and various obstacles encountered during implementation. Observations were conducted on the implementation of integrated health service posts (Posyandu) and the distribution of PMT (Food Meals) to obtain a realistic picture of the implementation process in the field. Documentation was used as supporting data in the form of activity photos, program documents, implementation reports, and stunting-related data available at the village and community health center levels.

Data validity was verified using source and technical triangulation techniques. Source triangulation was conducted by comparing information obtained from village midwives, integrated health post (Posyandu) cadres, health workers, and parents of toddlers. Meanwhile, technical triangulation was conducted by comparing the results of interviews, observations, and documentation to obtain more valid and reliable data.

Data analysis used the interactive model of Miles, Huberman, and Saldaña, which includes data condensation, data presentation, conclusion drawing, and verification. The analysis process was carried out continuously from data collection until the study was completed. The data obtained were classified based

on research themes and then interpreted to describe the implementation of the Supplementary Feeding Program (PMT) in a comprehensive effort to address stunting in Pengodua Village.

RESULTS AND DISCUSSION

Processing of Supplementary Food in the Supplementary Feeding Program (PMT)

The Supplementary Food Program (PMT) in Pengodua Village implements supplementary food processing through the procurement of ingredients, menu development, processing, and quality control before distribution to stunted toddlers. The program is supported by Village Funds, the amount of which is adjusted based on the number of targeted toddlers, based on data collected from integrated health posts (Posyandu).

The research results show that budget management begins with village deliberations and is incorporated into the Village Budget (APBDes). Food procurement is handled by the village treasurer and the Budget Activity Implementer (PKA) to ensure a match between menu needs and the available budget.

The food is prepared using local foods such as rice, corn, vegetables, and nuts, while some ingredients, like broccoli, potatoes, quail eggs, and fruit, are still imported from outside the village. The menu is prepared by nutritionists from the community health center and village midwives to meet the nutritional needs of toddlers.

Food safety is also addressed through quality inspections of ingredients and food by the PKA (Community Health Workers) and cleaning of materials and equipment by Posyandu (Integrated Health Post) cadres. However, the use of personal protective equipment (PPE) is not optimal due to limited facilities. Furthermore, the lack of a permanent kitchen and storage space means that food must be purchased daily.

These findings indicate that PMT implementation has been supported by village government funding, coordination with health workers, and participation from integrated health post (Posyandu) cadres. The study's findings align with Mazmanian and Sabatier's implementation theory, which emphasizes the importance of resources, coordination, and implementation mechanisms. Furthermore, research by Ramadhania et al. (2025), Novianto et al. (2023), and Ramzy et al. (2025) also indicates that the use of local foods, menu development according to health worker recommendations, and collaboration between implementers are crucial factors in the success of the PMT program.

Overall, supplementary food processing in Pengodua Village has been successful through the use of local foods, menu development tailored to nutritional needs, and support from the village government. Despite limited resources, the program's implementation has been able to support efforts to improve the nutritional status of stunted toddlers.

Providing Supplementary Food to Target Toddlers

The Supplementary Feeding Program (PMT) in Pengodua Village is implemented systematically, starting with identifying target toddlers, providing supplementary food, distributing it, and monitoring consumption. Targeting is based on weight and height measurements at the integrated health post (Posyandu), which are verified by village midwives, Posyandu cadres, and Budget Activity Implementers (PKA). This mechanism demonstrates that the PMT implementation has applied the principle of targeted intervention, ensuring that interventions are delivered to toddlers in need.

The study results showed that cases of inadequate height were more prevalent than inadequate weight during the 2021–2025 period. This indicates that nutritional problems in Pengodua Village are

primarily related to stunting, making the PMT Program a key intervention in improving the nutritional status of toddlers.

The PMT program is supported by a varied menu containing sources of carbohydrates, protein, vitamins, and minerals, such as rice, chicken, fish, quail eggs, tofu, moringa leaves, and pumpkin. Food portions are also adjusted to meet the nutritional needs of toddlers. The program is implemented routinely for 90 days, with distribution scheduled in the afternoon to accommodate the conditions of the community, most of whom work as farmers, and to maintain toddler attendance at the integrated health post (Posyandu).

Research also shows that food is more effectively consumed when provided directly at the integrated health post (Posyandu) because cadres can monitor the consumption process. Conversely, food taken home is likely to be unfinished by the toddler or consumed by other family members. Furthermore, the effectiveness of PMT is also influenced by the toddler's health, appetite, mood, and parental involvement in accompanying meal consumption.

These findings align with research by Haq et al. (2023), which states that accurate targeting and routine implementation of PMT contribute to improving the nutritional status of toddlers. These findings also support research by Novianto, Suprpto, and Sujatmi (2023) on the importance of utilizing local foods and collaboration between various parties in PMT implementation. However, this study adds that the success of PMT is determined not only by food quality and distribution mechanisms, but also by toddler consumption levels, parental support, and the ability of implementers to adapt the program to the community's social conditions.

Nutritional Counseling for Parents of Toddlers

The study results show that nutrition education is a component of the Supplementary Feeding Program (PMT) in Pengodua Village, aimed at improving parents' knowledge about fulfilling toddler nutrition needs and preventing stunting. The education was conducted before PMT distribution, involving village midwives, community health center (Puskesmas) health workers, and integrated health post (Posyandu) cadres. The material presented included balanced nutrition, the use of local foods, the importance of animal protein, nutritious menu preparation, food hygiene, and stunting prevention through lectures, discussions, and Q&A sessions.

The research results showed that the counseling program improved some parents' understanding of the importance of nutritional needs and proper feeding for toddlers. However, participants' understanding varied, as not all material was fully understood.

The study also identified several challenges in implementing the outreach program. The program was only conducted once during the PMT program, limiting participants' opportunities to deepen their understanding of the material. Furthermore, not all mothers of toddlers received information about the outreach program schedule, resulting in some simply receiving the PMT without participating in the education. This situation suggests that the reach and effectiveness of outreach programs still need to be improved through better outreach and more routine implementation.

These findings align with research by Novianto, Suprpto, and Sujatmi (2023), Ramzy et al. (2025), and Ramadhania et al. (2025), which states that nutrition education and active parental involvement are important factors in increasing knowledge, changing feeding behavior, and supporting the success of the PMT program.

Overall, nutrition counseling in Pengodua Village has served as an educational tool for parents of toddlers. However, its effectiveness still needs to be strengthened by increasing the frequency of

counseling, increasing the distribution of participants, and providing more accessible materials so that all parents have the same knowledge about nutritional needs and stunting prevention.

Recording of PMT Program Implementation

The research results show that the implementation of the Supplementary Feeding Program (PMT) in Pengodua Village was routinely recorded by Posyandu (Integrated Service Post) cadres at each Posyandu activity. The recording included data on toddlers receiving PMT, their attendance, and their responses to supplementary feeding. This data was used for reporting, monitoring, and evaluation of the program and was verified by implementers to ensure accuracy.

Recording helps implementers monitor toddler participation levels during PMT (Food and Nutritional Supplement) programs. However, toddler attendance is not always optimal because some parents, especially those working as farmers, are unable to attend integrated health post (Posyandu) activities. Furthermore, cadres also record toddler responses to the menu provided. Most toddlers appreciate the supplementary food because of the varied menu, although some children still dislike certain types of food, particularly vegetables.

These findings demonstrate that record-keeping plays a crucial role in supporting the monitoring and evaluation of PMT implementation. The research findings also align with Novianto, Suprpto, and Sujatmi (2023) and Ramzy et al. (2025), who emphasized that accurate recording and reporting serve as the basis for evaluating and improving program implementation.

Overall, PMT implementation recording in Pengodua Village has been successful and supports program monitoring and evaluation. However, capacity building for cadres in data management and optimizing coordination with health workers is still needed to maximize the use of recording results for program improvement.

Obstacles to the Implementation of the Supplementary Feeding Program (PMT)

The research results indicate that the implementation of the Supplementary Feeding Program (PMT) in Pengodua Village still faces several obstacles that affect the program's effectiveness in supporting improvements in toddler nutritional status and preventing stunting. The most dominant obstacles include suboptimal program monitoring and supervision, limited monitoring of supplementary food consumption after families take it home, low community participation in integrated health post (Posyandu) activities, and limited supporting facilities and infrastructure. Furthermore, the research also found obstacles in the implementation management aspect, such as delays in food procurement and food processing, as well as suboptimal cross-sectoral coordination.

Limited monitoring means that program implementation is still dominated by integrated health post (Posyandu) cadres, while the involvement of community health centers (Puskesmas) and related agencies in field monitoring has not been carried out sustainably. Furthermore, monitoring of PMT consumption is also not fully effective because some supplementary food is taken home, making it impossible for program implementers to ensure that it is actually consumed by the targeted toddlers. This situation has the potential to diminish the benefits of the nutritional intervention.

Unequal community participation also poses a challenge to PMT implementation. Some toddlers do not attend integrated health post (Posyandu) activities due to busy parents, thus not receiving supplementary food or regular nutritional monitoring. Furthermore, limited transportation and supporting facilities, as well as constraints in food procurement and processing, mean that PMT distribution does not

always proceed according to the planned schedule. These findings indicate that the success of the PMT program depends not only on the availability of supplementary food but also on resource support, community participation, and effective program governance.

The findings of this study align with those of Novianto, Suprpto, and Sujatmi (2023), who stated that the success of the PMT Program is strongly influenced by the monitoring and recording systems, as well as active community involvement in every stage of program implementation. Research by Ramzy et al. (2025) also emphasized that the effectiveness of nutrition interventions requires cross-sector coordination, sound program management, and ongoing monitoring to ensure optimal program benefits are received by all targets. Therefore, strengthening the monitoring and evaluation system, improving coordination between village governments, community health centers, and integrated health post (Posyandu) cadres, providing supporting facilities, and increasing community participation are crucial steps to improve the effectiveness of the PMT Program in stunting prevention efforts.

Monitoring and Evaluation of the Supplementary Feeding Program (PMT)

Monitoring and evaluation are crucial components in the implementation of the Supplementary Feeding Program (PMT) because they ensure that all activities are carried out in accordance with program objectives and have an impact on improving the nutritional status of toddlers. Research results indicate that monitoring is carried out through the involvement of Posyandu cadres, village midwives, PKA, and the village government. Cadres play a role in monitoring food readiness, accuracy of recipient targets, and recording activity implementation, while the village government and PKA supervise the program's administrative implementation. However, the involvement of community health centers (Puskesmas) in field monitoring is still limited, resulting in a less than optimal and hierarchical monitoring system.

Monitoring of supplementary food consumption and the nutritional status of toddlers is also carried out. Nutritional status monitoring is carried out routinely through monthly Posyandu (Integrated Service Post) activities, including weighing and measuring height. Monitoring results indicate an increase in weight in some toddlers and a decrease in stunting rates, although these changes have not been uniform. Consumption monitoring, however, faces challenges because some supplementary food is taken home, making it impossible for program implementers to ensure that it is actually consumed by the targeted toddlers. This situation indicates that the success of the PMT Program is not solely determined by food distribution but also by family behavior in ensuring that children consume supplementary food.

Based on the evaluation results, the PMT Program provided benefits in improving the nutritional status of toddlers and was well received by the majority of beneficiaries. The varied menu provided also increased food acceptance by toddlers and provided a reference for parents in providing nutritious menus at home. However, the program's effectiveness was still affected by several obstacles, including low attendance of some toddlers at integrated health post (Posyandu) activities, limited facilities and infrastructure, delays in food procurement and food processing, and suboptimal coordination between cadres, village governments, and health workers. These obstacles indicate that the implementation of monitoring and evaluation still needs to be strengthened so that the program's benefits can be felt more evenly by all targets.

The findings of this study align with those of Haq et al. (2023), who stated that routine monitoring through nutritional status measurement is a crucial factor in assessing the success of the PMT Program. These findings also support the findings of Ramadhania et al. (2025), who demonstrated that the effectiveness of PMT is influenced by the successful monitoring of supplementary food consumption by

toddlers, as well as the research of Ramzy et al. (2025), who emphasized that monitoring and evaluating nutrition programs require cross-sector collaboration for more effective program implementation. Therefore, strengthening the consumption monitoring system, improving coordination between implementers, and actively involving health workers and village governments are crucial steps to increase the effectiveness of the PMT Program in supporting improvements in toddler nutritional status and preventing stunting.

CONCLUSION AND SUGGESTIONS

Conclusion

Based on the research results, it can be concluded that the implementation of the Supplementary Feeding Program (PMT) in Pengodua Village, East Rote District, Rote Ndao Regency has been running according to the program implementation stages which include processing supplementary food, providing food to target toddlers, nutrition counseling, as well as recording, monitoring, and evaluation activities. The program implementation is supported by the village government, health workers, integrated health post (Posyandu) cadres, and the community so that it is able to contribute to improving toddler nutritional intake and supporting stunting prevention efforts. The use of local food ingredients is also one of the program's advantages because it is in accordance with the potential and conditions of the local community.

However, the implementation of the PMT Program still faces several obstacles, such as limited facilities and infrastructure, suboptimal monitoring of supplementary food consumption, low attendance of some toddlers at integrated health post (Posyandu) activities, and coordination between program implementers that still needs to be strengthened. Therefore, improving the quality of implementation, monitoring and evaluation, community participation, and cross-sectoral collaboration are still needed so that the benefits of the PMT Program can be more effective, equitable, and sustainable in supporting the improvement of toddler nutritional status and the prevention of stunting.

Suggestion

Based on the research results, it is recommended that village governments, community health centers, health workers, and integrated health post (Posyandu) cadres continue to improve the quality of the PMT Program implementation by providing adequate facilities and infrastructure, developing local food-based menus that meet the principles of balanced nutrition, and strengthening the monitoring and evaluation system, especially regarding the consumption of supplementary food at home. In addition, the participation of parents of toddlers needs to be continuously increased through counseling and mentoring activities so that children's nutritional needs can be consistently implemented within the family environment. Coordination and cooperation between village governments, community health centers, integrated health post (Posyandu) cadres, community leaders, and all stakeholders also need to be strengthened so that the PMT Program implementation runs more effectively and sustainably. Further research is expected to develop studies on the effectiveness of the PMT Program using a quantitative approach or mixed methods to obtain a more comprehensive picture of the program's influence on improving the nutritional status of toddlers.

REFERENCES

- Health Development Policy Agency. (2023). Report on the 2023 Indonesian Nutritional Status Survey (SSGI). Ministry of Health of the Republic of Indonesia.
- National Population and Family Planning Agency. (2022). National Strategy for Accelerating Stunting Reduction. BKKBN.
- Bessie, EO (2024). Implementation of a supplementary feeding program for stunted toddlers in Lalukoen Village, Southwest Rote District, Rote Ndao Regency (Thesis, Nusa Cendana University).
- Health Cadre Pocket Book. (2019). Providing supplementary food, counseling, and recovery for toddlers aged 6–59 months. Ministry of Health of the Republic of Indonesia.
- Creswell, J. W. (2014). Research design: Qualitative, quantitative, and mixed methods approaches (4th ed.). Sage Publications.
- Rote Ndao District Health Office. (2024). Government Agency Performance Report (LKIP) of the Rote Ndao District Health Office in 2024. Rote Ndao District Government.
- East Kalimantan Provincial Health Office. (2021). Health cadre pocket book: Providing supplementary food (PMT) and counseling for toddlers. East Kalimantan Provincial Government.
- Green, L. W., & Kreuter, M. W. (2005). Health program planning: An educational and ecological approach (4th ed.). McGraw-Hill.
- Hadi, A., & Anwar, F. (2017). Model for implementing community-based nutrition programs. *Indonesian Journal of Health Policy*, 6(2), 67–75.
- Haq, MRF, Irfanda, PD, Ramadhani, F., Nurhasanah, W., & Widiyarta, A. (2023). The effect of the supplementary feeding program (PMT) on the nutritional status of toddlers in Summersuko Village, Probolinggo Regency. *Indonesian Journal of Community Service*, 4(3), 1964–1970.
- Jaya, ST, et al. (2023). Nutritional care for stunted toddlers and variations in supplementary feeding (PMT) menus. *Literacy Nusantara Abadi*.
- Jayadi, YI, Adha, AS, & Tahar, TNL (2024). Evaluation of the supplementary feeding program (PMT) for pregnant women to prevent stunting. *Ghidza: Journal of Nutrition and Health*, 8(1), 101–112.
- Kartasasmita, G. (1996). Development for the people: Integrating growth and equity. CIDES.
- Ministry of Health of the Republic of Indonesia. (2018). Basic Health Research (Riskesdas) 2018. Health Research and Development Agency.
- Ministry of Health of the Republic of Indonesia. (2021–2024). Indonesian Nutritional Status Study (SSGI). Ministry of Health of the Republic of Indonesia.
- Mazmanian, D. A., & Sabatier, P. A. (1983). Implementation and public policy. Scott, Foresman and Company.
- Miles, M. B., & Huberman, A. M. (1992). Qualitative data analysis: A sourcebook of new methods. Sage Publications.
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). Qualitative data analysis: A methods sourcebook (3rd ed.). Sage Publications.
- Moleong, LJ (2007). Qualitative research methodology. PT Remaja Rosdakarya.
- Nazir, M. (2013). Research methods. Ghalia Indonesia.
- Notoatmodjo, S. (2012). Health promotion and health behavior. Rineka Cipta.
- Novianto, ED, Suprpto, SI, & Sujatmi, MM (2023). Implementation of a supplementary feeding program to support stunting prevention efforts. *Collaboration: Journal of Community Service*, 4(2), 55–64.
- Public Health Study Program, Lambung Mangkurat University. (2019). Textbook of the first 1000 days of life. Faculty of Public Health, Lambung Mangkurat University.
- Ramadhania, S., Mulyani, E., & Ariestiningsih, ES (2025). Evaluation of local supplemental food program for undernourished toddlers. *Jurnal Kesmas dan Gizi (JKG)*, 7(2), 402–406.
- Ramzy, AF, Ariyadi, RA, Ningrum, IY, Roa, BNA, & Muttaqin, MI (2025). Stunting prevention through the PMT program: KKN-Mandiri Integration in Situ Ilir Village. *Solidarity: Journal of Community Service*, 5(1), 71–80.

- Rohimah, E. (2019). Changing toddler feeding behavior through nutrition education. *Indonesian Nutrition Journal*, 7(3), 150–158.
- Soekirman. (2011). *Nutritional science and its application for families and communities*. Directorate of Community Nutrition.
- Sugiyono. (2016). *Quantitative, qualitative, and R&D research methods*. Alfabeta.
- Sugiyono. (2017). *Qualitative research methods*. Alfabeta.
- Suhardjo. (2014). Utilization of local food in efforts to improve community nutrition. *Journal of Nutrition and Food*, 9(2), 123–130.
- Sumardjo. (2010). *Community empowerment: Theory and practice*. Alfabeta.
- WHO. (2006). *Monitoring and evaluation of health programs: A practical guide*. World Health Organization.
- Widyaningsih, N., & Rahayu, S. (2020). The role of integrated health post (posyandu) cadres in implementing toddler nutrition programs. *Journal of Public Health*, 12(1), 45–53.
- Yenita, RN, Yanti, R., Ruspita, R., & Agusta, WM (2025). *Providing supplementary food (PMT) with a balanced nutritional menu combination for toddlers*. Deepublish.