

IMPLEMENTATION OF DIRECTOR GENERAL HEALTH REGULATION ON LOCAL FOOD SUPPLEMENT FOR PREGNANT WOMEN AND TODDLERS TO PREVENT STUNTING

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Abstract

Background: Stunting is a serious public health issue in Indonesia. To address this, the Directorate General of Public Health issued a technical regulation on the provision of local food-based supplementary feeding for pregnant women and toddlers. This study aims to analyze the implementation of Regulation No. HK.02.02/B/1622/2023 regarding this policy in Kediri Regency.

Method: A qualitative case study approach was used, with purposive sampling of key informants including heads of community health centers, nutrition officers, cadres, pregnant women, and mothers of stunted toddlers. Data were collected through observations and interviews in July 2025. Ethical approval was obtained. **Result:** Findings show that the implementation of the supplementary feeding program using local foods positively contributes to stunting prevention among pregnant women and toddlers in Kediri. Program monitoring is conducted through regular recording, structured reporting, and periodic evaluation. Funding primarily comes from the Health Operational Assistance Fund (BOK), managed transparently by the health centers. **Conclusion:** the policy has been effectively implemented in several health facilities, making it a strategic effort to combat stunting in Kediri Regency, particularly through the distribution of locally based supplementary food.

Keyword : Stunting Prevention, Local Food Supplementation, Public Health Policy

INTRODUCTION

Stunting remains a significant public health challenge in Indonesia and continues to be a government priority (Ariyanti et al., 2023). This condition of chronic malnutrition negatively impacts human capital by impairing both physical and cognitive development, which consequently reduces learning capacity and future productivity (Sumartini, 2020; Lestari et al., 2024). Furthermore, stunted children face a higher likelihood of non-communicable diseases later in life, such as diabetes and hypertension (Rahman et al., 2021). Despite ongoing efforts, the

national stunting prevalence was 21.5% in 2023, with a targeted reduction to 14% by 2024 (Central Bureau of Statistics, 2023).

To address this, the government has issued strategic policies such as Presidential Regulation No. 72 of 2021, emphasizing multisectoral and coordinated interventions (Situmorang, 2023; Sahroji, Hidayat, & Nababan, 2022). A key intervention is the provision of local food-based supplementary feeding (PMT) for pregnant women and toddlers, mandated by Regulation No. HK.02.02/B/1622/2023 of 2023



(Ministry of Health, 2023). This approach optimizes local food resources to sustainably improve nutritional intake (Food Security Agency, 2020; Jayadi et al., 2024).

However, challenges remain in program implementation, including distribution inefficiencies and intersectoral coordination, especially in regions like Kediri Regency, where stunting rates, although declining, remain notable at 7.9% as of February 2024 (East Java Statistics Agency, 2023; Phitra, Lipoeto, & Yetti, 2023). Therefore, it is crucial to analyze how the supplementary feeding policy is executed in terms of planning, implementation, monitoring, and financing in this region (Maigoda, Rizal, & Suryani, 2024).

This study aims to evaluate the implementation of Regulation No. HK.02.02/B/1622/2023 regarding local food-based supplementary feeding for pregnant women and toddlers and its effectiveness in stunting reduction in Kediri. It is hypothesized that effective policy implementation positively correlates with a reduction in stunting prevalence in the area. The findings are expected to provide recommendations to enhance program targeting and impact.

METHOD

This study employs a qualitative approach with a case study design aimed at obtaining an in-depth understanding of the implementation of the Directorate General of Public

Health Regulation No. HK.02.02/B/1622/2023 concerning the provision of local food-based supplementary feeding for pregnant women and toddlers in stunting prevention efforts in Kediri Regency. According to Sugiyono (2021), the qualitative method is suitable for investigating phenomena in their natural settings, where the researcher acts as the primary instrument, data collection involves triangulation, and data analysis is inductive in nature.

The research was conducted in Kediri Regency, which includes 37 community health centers (Puskesmas) implementing the local food-based supplementary feeding program as part of the stunting reduction acceleration effort. Sampling was performed using purposive sampling, a non-random technique where informants are deliberately selected based on specific criteria to obtain representative and in-depth data (Sugiyono, 2016; Arikunto, 2006; Hasan et al., 2025).

The sample consisted of 15 key informants, comprising 3 heads of Puskesmas, 3 nutrition officers, 3 Posyandu cadres, 3 pregnant women receiving supplementary feeding, and 3 mothers of toddlers receiving supplementary feeding, chosen due to their direct involvement and strategic roles in program implementation. Data were collected through in-depth interviews guided by semi-structured protocols, participatory observations conducted onsite, and documentary

reviews of program administration records.

Data collection took place during July 2025, with periodic visits to each site. Data analysis was conducted qualitatively through three main stages: data reduction, data presentation, and thematic conclusion drawing (Sugiyono & Puspandhani, 2020). Data validity was enhanced using source and method triangulation to improve the reliability and depth of insights into the policy implementation phenomenon comprehensively.

RESULT AND DISCUSSION

This study involved 15 informants, consisting of community health

center (Puskesmas) heads, nutrition officers, health cadres, pregnant women, and mothers with toddlers who received local food-based supplementary feeding (PMT). The informants were drawn from three community health centers in Kediri Regency: Puskesmas Pare, Puskesmas Ngasem, and Puskesmas Grogol. The primary informants comprised 9 individuals involved in the implementation of the PMT program, while the triangulation informants included 6 beneficiaries of the program.

A complete list of informants is presented in Table 1 and Table 2.

Table 1. Key Research Informants

No	Position	Description
1	1 st Informant	Head of Pare Health Center (Puskesmas)
2	2 nd Informant	Head of Ngasem Health Center (Puskesmas)
3	3 rd Informant	Head of Grogol Health Center (Puskesmas)
4	4 th Informant	Nutritionist at Pare Health Center
5	5 th Informant	Nutritionist at Ngasem Health Center
6	6 th Informant	Nutritionist at Grogol Health Center
7	7 th Informant	Health Cadres Involved in the Implementation of the Local Food-Based PMT Program at the Pare Community Health Center
8	8 th Informant	Health Cadres Involved in the Implementation of the Local Food-Based PMT Program at the Ngasem Community Health Center
9	9 th Informant	Health Cadres Involved in the Implementation of the Local Food-Based PMT Program at the Grogol Community Health Center

Table 2. Research Triangulation Informants

No	Position	Description
1	10 th Informant	Mrs. A, a pregnant and a recipient of PMT based on local food ingredients at the Pare Health Center
2	11 th Informant	Mrs. Y with her toddler, recipient of local food-based PMT from the Pare Community Health Center
3	12 th Informant	Mrs. L, a pregnant recipient of PMT based on local food ingredients from the Ngasem Community Health Center
4	13 th Informant	Mrs. M with her toddler, recipient of PMT based on local food ingredients from the Ngasem Community Health Center.
5	14 th Informant	Mrs. S, a pregnant recipient of PMT based on local food ingredients from Grogol Health Center
6	15 th Informant	Mrs. R with her toddler, a recipient of local food-based PMT from the Grogol Community Health Center.

The implementation of supplementary feeding (PMT) using local food ingredients for pregnant women in Kediri Regency is carried out through data-based planning and cross-sector coordination. Local food ingredients such as sweet potatoes, cassava, mung beans, eggs, fish, and local vegetables are used because they are easily available, affordable, and nutritious. Food preparation is done with attention to hygiene and suitability to local tastes.

Supplementary feeding for toddlers is implemented through cooking activities conducted by community health volunteers (kaders) using local ingredients. This activity also involves providing counseling to parents about the importance of balanced nutrition. Active participation of midwives, kaders,

and village government is a key factor in the program's success, although challenges such as limited menu variety still exist.

Monitoring is carried out regularly through visits to integrated health posts (posyandu), recording and reporting by kaders, and nutritional status evaluation. Evaluation uses indicators such as target coverage, improvement in nutritional status, kader participation, and utilization of local food. Follow-up actions based on evaluation results include technical improvements and capacity building for kaders.

The PMT program using local food ingredients is funded through the Operational Assistance Fund (Dana BOK) and operational funds of the community health center (puskesmas) with support from the village

government. Administrative management is conducted transparently and accountably, involving financial recording, food distribution, and implementation reports by kaders and health workers.

The implementation of local food-based supplementary feeding (PMT) for pregnant women in Kediri Regency has qualitatively demonstrated a positive contribution to stunting prevention. This strategy aligns with the Directorate General of Public Health Regulation No. HK.02.02/B/1622/2023, which emphasizes PMT as an essential intervention to improve the nutritional status of pregnant women, particularly those suffering from Chronic Energy Deficiency (CED), thereby preventing stunted births.

The utilization of locally sourced foods such as sweet potatoes, tempeh, eggs, green vegetables, and freshwater fish effectively meets nutritional needs while simultaneously empowering local resources and strengthening socio-cultural acceptance of the program. Cross-sector coordination involving community health centers (puskesmas), village governments, posyandu cadres, and various community groups serves as a cornerstone of program success. This participatory, data-driven approach reflects the principles of nutrient-sensitive agriculture and incorporates traditional food processing techniques, such as tempeh fermentation, which enhances the bioavailability of iron and zinc—

critical micronutrients for pregnant women.

Supporting studies (e.g., Suarayasa and Umar, 2024; Rosmida et al., 2025; Sutrisno et al., 2023; Hurin'in et al., 2023) emphasize that multi-stakeholder engagement and cadre capacity building are crucial for effective PMT implementation. Challenges remain, including limited budgets, resistance to certain foods (e.g., moringa leaves), and limited menu diversity. Nonetheless, ongoing nutrition education and active community involvement mitigate these obstacles, ensuring the program's sustainability and adaptability.

The PMT program for toddlers in Kediri also prioritizes locally available foods such as vegetables, eggs, tempeh, and fish. Cooking activities conducted by posyandu cadres are complemented by parental nutrition education, fostering awareness of balanced diets within the community. This integrated approach not only fulfills toddlers' nutritional requirements but also promotes family empowerment and utilization of local resources.

Empirical evidence indicates significant improvements in toddlers' weight following participation in the program. However, key challenges include seasonal variability affecting local food availability, limited menu variety, and cadre capacity constraints in preparing diverse and appealing meals. Addressing these through targeted cadre training and innovative food processing is

necessary to optimize program outcomes.

Nutritionally, the selected foods support WHO-recommended dietary diversity, with tempeh fermentation enhancing iron bioavailability. Seasonality affects nutrient content, necessitating selective fortification strategies. Previous studies (e.g., Ambarwati, 2020; Meilasari and Wiku Adisasmoro, 2024) corroborate that PMT based on local foods improves growth parameters significantly when integrated with education and community involvement.

Monitoring and evaluation in Kediri are implemented through a structured, tiered system involving routine recording by posyandu cadres, reporting to puskesmas, and program evaluation by the Health Office. Core indicators include coverage, nutritional status improvement, timely food distribution, and the quality and appropriateness of local food use. Despite data discrepancies and training gaps in electronic reporting systems, this monitoring framework supports continuous program refinement.

Follow-up actions based on monitoring results involve technical guidance, schedule adjustments, and capacity building for cadres to resolve challenges such as menu mismatches and low participant engagement. The high level of responsiveness and commitment from implementers is pivotal in enhancing program effectiveness and sustainability.

The PMT program's funding primarily comes from the Health Operational Assistance Fund (Dana BOK), managed by puskesmas with transparent and accountable administrative procedures. Coordination between puskesmas, village governments, and cadres ensures budget allocation aligns with program needs, from food procurement to activity execution.

Additional funds may derive from national and regional government budgets, including APBN, DAK Non-Fisik, APBD, and Village Funds, strictly avoiding budget duplication. Proper documentation including financial records, activity reports, and media documentation supports accountability.

Effective fund management fosters community trust and cross-sectoral alignment, which are vital to the program's smooth functioning and impact. Active involvement from cadres and village authorities further strengthens program ownership, ensuring responsive and targeted PMT delivery.

In summary, the local food-based PMT program in Kediri Regency demonstrates a strategic and adaptive intervention against stunting by integrating local nutrient-rich resources, participatory multisectoral coordination, and comprehensive capacity building. While challenges such as funding limitations, seasonal ingredient variability, and technical skills deficits persist, the positive outcomes in maternal and child

nutrition status highlight the program's potential as a sustainable public health model. Continuous monitoring, community engagement, and transparent financial management remain essential to enhance effectiveness and scalability.

CONCLUSION AND SUGGESTION

The findings of this study indicate that the implementation of the local food-based Supplementary Feeding Program (PMT) for pregnant women and toddlers in Kediri Regency has been effectively conducted through well-coordinated cross-sector collaboration involving health centers, village governments, and community cadres, relying on locally available nutritious ingredients such as tempeh, eggs, green vegetables, sweet potatoes, and freshwater fish. This approach has successfully improved the nutritional status of the beneficiaries and contributed positively toward reducing stunting rates. Nevertheless, challenges remain, including limited menu variation caused by inconsistent availability of local foods and restricted technical capacity among cadres in preparing diverse and culturally acceptable menus.

The program's sustainability has been supported by continuous nutrition education, rigorous monitoring and evaluation systems, and transparent financial management primarily utilizing the Health Operational Assistance Fund

(Dana BOK). To enhance program effectiveness, it is recommended to further strengthen community engagement, provide ongoing training for cadres in food preparation and nutrition, and improve supply chain stability for local ingredients. Moreover, broadening stakeholder involvement, particularly by engaging a wider range of informants and policymakers, is essential for obtaining comprehensive insights that can inform policy refinement.

Health authorities should intensify dissemination efforts of PMT policies and improve monitoring accuracy, while implementing sites need to maintain active community participation, ensure consistent food supply meeting nutritional standards, and perform systematic documentation and reporting to facilitate accountability and program evaluation. These strategic actions are necessary to optimize the program's impact and ensure its long-term sustainability as a key intervention in addressing stunting in the region.

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