

EVALUATION OF SUPPLEMENTARY FOOD (PMT) FOR TODDLERS WITH MALNUTRITION IN PENDEMY COVID 19

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ABSTRACT

Inadequate nutrition in the first five years of life results in irreversible physical and mental growth and developmental disorders. According to the results of Basic Health Research or Risesdas (2018) mention that Malnutrition are 17.7% in Indonesia consist of 3.9% toddlers with malnutrition 13.8% high malnutrition. To reduce the number is with PMT. The purpose of this study is to get a detailed picture of the implementation of the PMT nutrition program. Research methods, research design tative. The research phase begins with data collection, data reduction, data presentation, and drawing conclusions and verification. The number of informants involves 13 people. The methods used were FGD and interview. The results of the research, showing the process of preparation, implementation, monitoring and recording during the pandemic remain implemented in accordance with the specified program. Suggestions, increase the role of cadres and community leaders in succeeding PMT programs, especially during the pandemic

Keywords: *PMT evaluation, Toddler, Malnutrition*

1. INTRODUCTION

Nutrition in children under five is influenced by socioeconomic factors and socio-cultural backgrounds related to diet and nutrition. Inadequate nutrition in the first five years of life results in irreversible disturbances in growth and physical, mental and brain development. The measure of success in fulfilling nutrition is nutritional status. The nutritional status of children under five reflects the level of development and welfare of society in a country and is related to the health status of children in the future.

Undernutrition is a health problem due to a deficiency or imbalance of nutrients needed for growth, thinking activities and all things related to life. Adaptive nutrient deficiencies are mild to severe. Malnutrition mostly occurs in children aged less than five years. Malnutrition is a condition of malnutrition to a severe level and is caused by low consumption of energy and protein from daily food and occurs for a long time.

Provision of Supplementary Food (PMT) is an activity of providing food to children under five which contains nutritional values in accordance with target needs. PMT is given once a day for 90 consecutive days or 3 months in the form of biscuits that contain 10 vitamins and 7 minerals. Biscuits are only for children aged 12-24 months through the procurement of the Department of Community Nutrition, the Indonesian Ministry of Health, with nutritional values: 180 kcal of total energy, 6 grams of fat, 3 grams of protein.

According to the results of Basic Health Research or Riskesdas (2018) 17.7% of under and poor nutrition in Indonesia, there are 3.9% of children under five with malnutrition, 13.8% of malnutrition. The prevalence of malnutrition in children under five in Indonesia according to the results of Monitoring Nutritional Status (PSG) 2014 which was implemented by the Indonesian Ministry of Health, in 2014 was 4.7%, then in 2015 the number of malnutrition fell to 3.8%, and again decreased in 2016 to be as much as 3.4%. The prevalence of malnutrition in Central Java is 4.1% and has succeeded below the national target of 5.7%. In 2016 in Bogor Regency, namely in the southern Bogor region, the number of malnutrition cases was 532 cases. In Parung Panjang Puskesmas there are 52 cases of malnutrition under five, all children under five are given PMT biscuits every visit to the posyandu or puskesmas.

The specific purpose of this research is to evaluate and provide information on factors that are related to and evaluate the consumption patterns of PMT in malnourished children under five. To achieve this goal, a comprehensive research through the cohort method is necessary. In the early stages of malnourished children, their weight was identified, then for 90 days they were given PMT. In the next stage, the measurement of body weight was carried out again, as well as collecting other qualitative data regarding the pattern of PMT consumption. In the final stage, an analysis of the effect of PMT and consumption patterns will be carried out.

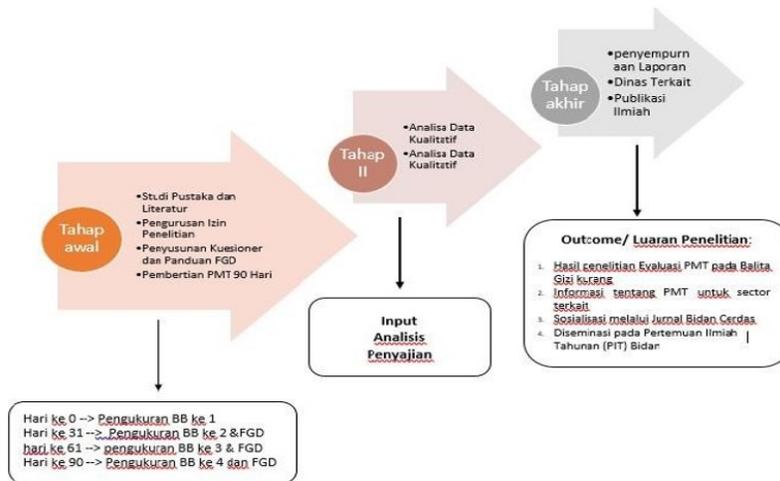
This research is very important because it can be used as one of the routine evaluation methods of the Indonesian Ministry of Health's program through the Health Office regarding the provision of PMT to malnourished toddlers. The information that will be presented is comprehensive, therefore it can also be used as a reference for developing child health-based policies.

2.METHOD

In line with the objectives to be achieved in this study, namely an overview of the evaluation of the Supplementary Feeding Program (PMT) for underweight children with weight gain, this study used the cohort method with qualitative analysis approach. This method was chosen to obtain comprehensive and appropriate data so that it can be utilized by the related sector.

Qualitative data collection was carried out on the 31st, 61st and 90th day of the PMT program through the Focus Group Discussion (FGD) method, the FGD was conducted with small groups consisting of 4-5 mothers or caregivers of toddlers who accompany PMT consumption. This data collection was carried out to determine the pattern of PMT consumption.

Overall research activities will be completed in two stages (one year), with details of the activities at each stage as follows:



Picture 1: Research Flow

3.RESULT AND DISCUSSION

Table 1. Difference in Body Weight for Malnourished Toddlers at Puskesmas in Bogor

Respondent	Weight (Kg)		Differentiation (Kg)	Respondent	Weight (Kg)		Differentiation (Kg)
	Start	Finish			Start	Finish	
1	5,60	6,38	0,78	13	6,06	6,52	0,46
2	6,35	6,77	0,42	14	7,87	8,24	0,37
3	7,10	7,93	0,83	15	6,81	6,86	0,05
4	4,75	5,40	0,65	16	9,90	10,46	0,56
5	9,67	10,10	0,43	17	4,70	7,30	2,60
6	8,85	9,03	0,18	18	7,30	7,42	0,12
7	5,03	6,04	1,01	19	7,20	7,75	0,55
8	6,45	8,02	1,57	20	5,80	5,99	0,19
9	6,70	8,24	1,54	21	6,18	6,57	0,39
10	5,00	5,68	0,68	22	8,00	8,62	0,62
11	6,90	8,70	1,80	23	5,13	5,22	0,09
12	7,70	7,98	0,28	24	5,68	5,97	0,29

The aim of this study was to obtain a detailed description of the implementation of the PMT malnutrition program at the Bogor Regional Health Center. The stages of the study began with data collection, data reduction, data presentation, and drawing conclusions and verification.

The research data collection stage involved informants consisting of 2 people, namely one officer of the Bogor Regional Health Center nutrition program and one mother with malnourished toddlers. Information about the PMT program is categorized into preparation, implementation, monitoring and recording and reporting. Based on the results of interviews with nutrition officers, it was found that the PMT program for malnourished infants continued to run in accordance with applicable policies. In the preparation stage, the logistics of PMT products are in good status from the health office to the Puskesmas. After that, coordination from the sub-district / puskesmas, village, to RW / posyandu levels was also carried out well. Officers screen babies with malnutrition in synergy with village midwives or cadres from posyandu activity reports. During this pandemic, the

implementation of posyandu activities was limited since April 2020. Officers used the latest weighing report, namely March 2020. The results of this study are not the same as similar studies, where the preparation stage has not been carried out properly, only at the posyandu level.

At the implementation stage, PMT is given by asking patients to come to the puskesmas, if they do not come, it involves the role of cadres or village midwives to be visited. The type of PMT given during this pandemic is manufactured food in the form of biscuits, milk or baby porridge. This type of PMT manufactured is felt to be more suitable than the type of PMT for local food, considering that the distribution is more affordable for officers with the patient's mother coming to the health center or through cadres, compared to cooking together which of course has the potential to reduce social distancing during a pandemic. PMT is given for 30 days / month, then monitoring is carried out for the follow-up of the provision of the next PMT for up to 3 months of the program. In the program principle, PMT is given for 90 consecutive days, the provision of PMT per month is done by considering the effectiveness of periodic monitoring of the program, so that it is easy to follow up every month rather than immediately given it for 3 months. He also explained the frequency of consuming PMT, namely 3 times a day with the type of PMT biscuits and baby porridge, 2 times a day with the PMT type of milk while still paying attention to the adequacy of balanced nutrition in the main food every day. This condition exceeds the guidelines, where PMT is given 1 time a day in the morning between breakfast and lunch (around 10.00-11.00), or between lunch and dinner. The frequency of giving PMT more than 2 times is said to be following the guidelines from the health office.

At the reporting and recording stage, the officer monitors weekly the acceptance of additional food that has been disabled beforehand every day by the baby's mother. Growth monitoring is also carried out during visits to the puskesmas every month, if the patient does not come, the officer visits the home directly to monitor the growth and development in the form of measuring the weight and height of the baby. Then the officer recapitulates the puskesmas report every month to be reported to the health department level. This is in accordance with the PMT recording and reporting guidelines.

Apart from the officers, other informants were mothers with malnourished babies. The mother of baby A said that her baby had a poor nutritional status since the age of 6 months and the baby's

weight at that time was 4.2 kg. Every day baby A consumes PMT 3 times a day, at 07.00, 11.00 and 14.00. baby A gets a type of PMT in the form of biscuits. In addition to PMT, baby A consumes rice porridge that is made by the mother herself, rice porridge that is made consists of rice, vegetables, tofu or chicken. Baby A doesn't like fruit. It was also told that sometimes baby A ate a small portion of rice porridge. This could be due to the frequency of PMT which is close to the main feeding, such as at 07.00 and 11.00 hours. So it is better if PMT is given only once in every day.

Mother recorded the form given by the puskesmas officer regarding PMT consumption. everyday. The officer asks the mother every week about the recording which is done via a short message what up. Every month the mother routinely brings her baby to the community health center to weigh body weight and height. After participating in the PMT program for 2 months, the baby's weight now at the age of 7 months has reached 5.8 kg. There is weight gain, if seen on the KMS chart, the baby's weight has a red line, but is still on the line in yellow, which means it is still not in accordance with the weight at his age. A review is needed on aspects other than the PMT program that are implemented that can affect infant growth. Improving nutritional status with the PMT program by giving F-100 during this pandemic has an effect on the nutritional status of children under five.

4.CONCLUSION

There are differences in the PMT distribution mechanism during a pandemic. Implementation of Supplementary Feeding (PMT) has been going well, while the implementation is done door to door

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