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Management of North Jayapura Public Health Center in the Stunting Prevention Program for Children Aged 3-5 Years

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ABSTRACT: This study aims to identify and describe the management of North Jayapura Public Health Center in the stunting prevention program in children aged 3-5 years which covers the availability of input (human resources and supplies, and funds), processes (monitoring, movement and implementation, monitoring, control, and evaluation) and outputs in the Stunting Prevention Program for children aged 3-5 years.

This study is qualitative research with a description approach. The study was conducted in North Jayapura Public Health Center from March to May 2023 involving five informants: one head of the public health center as a key informant, one chief of the nutrition and child health services and two staff of the health and child nutrition services as the primary informants, and one patient's family. Semi-structured interviews were conducted to obtain the required primary data. Stunting prevalence reports in North Jayapura Public Health Center in 2022 are used as secondary data.

The interviews showed a wide range of roles from various stakeholders in conducting stunting prevention programs, including midwives, nutritionists, the head of the Public Health Center, cadres, community figures, and health promotion. The funds obtained from the Health Operational Assistance (*BOK*) proved sufficient to implement a stunting prevention program. Facilities and infrastructure in North Jayapura Public Health Center had several adequate facilities such as complete room content based on the needs in implementing the program. The planning process (P1) of the stunting prevention program was carried out by involving screening of pregnant mothers, cooperation with Public Health Center and nursing practitioners, as well as data collection and data analysis, and then planning the activities of the PMT Program. The movement and implementation of the program (P2) was done by monitoring pregnant women at stunting risk and news. The program leaders and the head of the Public Health Center played an important role in the supervision and control of the program. Monitoring, Control, and Performance Assessment (P3) was carried out through supplementary feeding (*PMT*) and body height and weight monitoring. Coverage availability and monthly reports became important indicators in performance assessment. There were constraints in the effectiveness and efficiency of the program, especially about the availability of time and the economy of the people. Educating patients took a long time, so not all patients get optimal education. The results obtained with the presence of the Stunting Prevention Program in North Jayapura Public Health Center could show how many babies are undernourished in the Region of North Jayapura Public Health Center by always providing education and counseling to the mother to understand the importance of the health of the child. The results of the program giving PMT on the child stunting helped to improve the child's nutrition to be better.

In conclusion, the management of stunting prevention programs in North Jayapura Public Health Center requires improvements in resource management, more integrated surveillance, and improved facilities and facilities. Collaboration between the various stakeholders is also the key to the success of the program. With an in-depth understanding of the management of stunting prevention programs, it is expected that the program can be continuously improved to have a positive impact on the health of 3-5-year-olds in the Region.

KEYWORDS: Management, stunting, children under five, prevention

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I. INTRODUCTION

Poor nutrition is still one of the early childhood nutrition problems in the world today, including Indonesia. Malnutrition is a chronic nutritional problem caused by inadequate nutritional intake over a long period, the primary cause being the child's nutritional needs are not met. Stunting describes chronic malnutrition during the growth and development phases of early life (Yunus, Septiyanti, & Rahman, 2021). According to the World Health Organization (WHO) (2020), stunting is defined as short or very short based on body length/height when the limit (Z-score) is less than the -2 Standard Deviation (SD) on the WHO growth curve, due to unchangeable conditions as a result of inadequate nutritional intake and/or recurrent to chronic infections occurring in the first 1000 days of life. Short-term impacts of stunting include increased morbidity and mortality, cognitive, motor, and verbal developmental impairments in children, and economic impacts. (Situmorang & Sinaga, 2022).

According to the Indonesian Health Ministry's Nutrition Status Survey (SSGI) for 2022, the prevalence of stunting in Indonesia reached 21.6 per cent. By 2022, Papua's malnutrition rate in young children was the third highest in Indonesia, with 34.6 percent. Stunting prevalence in Papua in news increased by 5.1 percent in 2022 compared to 2021, where it was by 29.5 percent, and in 2022 in Jayapura City was at 20.6 and in Jayapura District at 20.2 percent. In the last 10 years, stunting prevalence in Papua Province has not changed significantly. In 2013, the number of stunting cases in Jayapura was 34.8 percent and in 2018 was 31.4 percent (Situmorang & Sinaga, 2022). Thus, in the 2013-2018 range there was a decrease in stunting by 3.4% and a decline of 958 cases between 2019-2020.

Despite a decline in stunting numbers in Papua, the impact of a decrease in stopping cases is still not significant. Data based on obesity also indicates an increase in stunting. Information that the researchers obtained through an interview with the Chief of the Gizi Service in North Jayapura Public Health Center, it is known that there is an increase in the number of stunting news by 63 cases by 2022. By 2021, there were 23 stunting cases. In 2022, there has been an increase in the prevalence of stunting in each department, with Gurabesi stunting 29 cases, Bhayangkara stunting 15 cases, Trikora stunting 12 cases, Mandala stunting 3 cases, and Angkasa stunting 4 cases that were not found in the previous year.

The treatment and prevention of stunting is the responsibility of all societies. This is reinforced by Mayor Jayapura's Decree No. 31 of 2020 on accelerating the decline in stunting in Jayapura. To optimal stunting treatment and prevention, it requires multi-sectoral cooperation involving researchers, public health centers, hospitals, indigenous leaders, religious and local governments (Situmorang & Sinaga, 2022).

According to the Regulations of the Ministry of Health of the Republic of Indonesia No. 75 of 2014 concerning public health centers, it is explained that public health center is a health care facility that organizes public health efforts and individual health efforts of the first level, with more emphasis on promotional, and preventive efforts, to the highest level of public health in its area of work. A public health center is a health enforcement unit under the supervision of the district/city health department. In general, public health centers should provide preventive, promotional, curative, and rehabilitative services either through Individual Health (*UKP*) or Public Health (*UKM*). Public health centers can provide hospital services in addition to street care services. There must be an effort to improve the quality of services to provide good services to an optimal level of health for the entire community (Nasution, et al., 2021)

For the public health center to manage all the health work programs and efforts properly and sustainably, it must be able to formulate a plan of activities and support based on health development policy and the results of a situation analysis (evidence based). Public health center must also monitor and control the activities carried out, followed by the evaluation and resolution of emerging problems. To carry out the public health center activities by the principles and functions of good management, the government has drawn up the guidelines for the management of public health centers as set out in the PMK No. 44 of 2016 on the Management Guidelines (Kemenkes RI, 2016; Al Hikami, Mariana, & Haksama, 2022).Management is a set of processes consisting of planning, organizing, and controlling (Planning, Organizing, Actuating, Controlling) to goals effectively and efficiently. Effective means that the expected goal can be achieved through a process that is well, correctly, and high-quality, based on the results of a situation analysis supported by accurate data and information (based on evidence). However, efficiency means that public health centers can use the resources available to carry out health efforts accurately and correctly according to the standards so that they can the goals of performance that have been set. (Laihad, Sari, Woelandaroe, & Khanal, 2015).Based on the above description, some stunting-related problems are known, and the prevalence rate of stunting in Papua province is higher than the rate of prevalence nationally, which means that stunting treatment in Papua Province is still not optimal. Even an increase in the number of stunting newspapers by 2022 was found in the public health center working area of North Jayapura. The impact of stunting is not only in the short term but also in the long term, i.e. quality and productivity in adulthood, thus, it requires focus to perform stunting management and prevention to the maximum and strive to reduce stunting rates on news involving public health center management functions. Therefore, this study aims to know and explain the management of North Jayapura Public Health Center in the stunting prevention program in children aged 3-5 years which covers the availability of input (human resources and supplies, and funds), processes (evaluation, movement

and implementation, monitoring, control, and evaluation) and outputs in the Stunting Prevention Program for Children Aged 3-5 Years. Furthermore, this research is beneficial to optimize the program stunting to prevent the occurrence of stunting and improve the efforts of nutrition improvement, so that the degree of health of the child can be improved.

II. METOD

A. *Study Design*

This research is qualitative research with a descriptive approach to digging out information, data, facts, and real circumstances and the bulk of the informants and primary data sources used, then conducting analysis and drawing a conclusion. In-depth information was obtained especially about public health center management in the implementation of the Stunting Prevention Program in children aged 3-5 years. According to Sugiyono (2015), qualitative research is the research used to examine the terms of objects, where researchers are the key instruments (Sugiyono, 2009), data collection techniques are carried out jointly, data analysis is inductive, and the results of qualitational research emphasize meaning rather than generalization. According to Nasir in Rukajat (2018), a descriptive method is a method in the study of the status of a human group, an object, a condition, a system of thought, or a peristitive class in the present.

This investigation was carried out at North Jayapura Public Health Center located at Jl. Ahmad Yani No. 70 A Jayapura, District of North Jayapura, Gurabesi Subdistrict, City of Jayapura, Papua. North Jayapura consists of 5 subdistricts, namely: Keluragan Gurabezi, Bhayangkara, Mandala, Trikora, Angkasa. The research was conducted from March to May 2023. The research informants and data sources to be investigated are the head of North Jayapura Public Health Center, the head of nutrition and child health services, the staff of nutrition health services, and children of the community in the work area of North Jayapura Public health center (patient relatives).The data used in this study are primary and secondary. Primary data is the source of data that directly provides data to the data collector. In this study, the primary data used is the result of interviews with each respondent in terms of the readiness of the respondent from the input, process, and results of the stunting prevention program carried out by the public health center. The secondary data used in this study is the result of a documentation study on a document covering the data report on the prevalence of stunting numbers in North Jayapura Public Health Center in 2022.

B. *Instruments*

In qualitative research, the main instrument is the researcher himself who complements the data and compares the data that has been found through observations and interviews. Researchers plunge into their fields while collecting data, analyzing, and making conclusions (Sugiyono, 2019). In addition, the additional instruments used in this study are in-depth interview guidelines, recorders, cameras, and writing tools.

C. *Sampling Technique*

The researchers conducted sampling using purposive samplings based on the ability of the informant to clearly describe the management of North Jayapura Public Health Center in the Stunting Prevention Program at Balita. The informants interviewed in this study are the key informants, the primary informant, and the triangulation informant. The key informant is one person, the Chief of North Jayapura Public Health Center. The main informants are two people, the chief and the staff of the Nutrition & Child Service. The triangulated informants are three persons, the staff in the field of Environmental Health, Mother and Child Health, as well as the families of the patients.

D. *Data Collection*

To obtain data or information about the management of North Jayapura Public Health Center in the prevention program of stunting in children aged 3-5 years, the research techniques used in data collection, namely semi-structured interviews and documentation. However, there are limitations on the topic and the flow of the conversation, the speed of the interview is predictable, and flexible but controlled, there is a guideline for the interview that is guided by the flow, sequence, and use of the word, and the purpose of an interview is to understand a phenomenon (Herdiansyah, 2011). The researchers get direct information with the interview technique from the head of the public health center, the head as well as the nutrition and child service staff, and the community. The documentation method is done by collecting data by recording existing data. Documents relating to a person or a group of people, events or events in social situations that are very useful in qualitative research (Yusuf, 2014). The documentation used in this study includes a report of stunting prevalence data in North Jayapura Public Health Center in 2022 and images/photos as evidence gathering data during the study.

E. *Data Analysis*

Data analysis is the process of searching and compiling data from the results of interviews, observations, and documentation by organizing data and identifying important data with what needs to be studied and making conclusions so that it is easy to understand (Sugiyono, 2007). Qualitative research data is not numerical, but rather a narrative, story, written and unwritten documents (pictures/photos), or other non-numerical forms (Poerwandari, 2005). The data in this study is the result of interviews and other conclusions that are descriptive results of analysing each conversation. Therefore, after interviewing with the respondents, several analytical steps are carried out: verbatim, initial analysis, coding, finding keywords and themes, interpretation, conclusion, data verification, and triangulation. Verbatim is a phase in which researchers copy the results of interviews from audio to word-by-word transcripts. It's done as an initial step that the researchers are doing to facilitate the next process. Early analysis is done by researchers looking at whether there are late, not clear, or need to dig deeper. When things are found that require further explanation, the researchers call back the respondents and ask for their readiness to be interviewed again until the required data has been collected in full. Encoding is encoding codes to organize and systematize data in full and detail so that the data can display an overview of the subject being studied. With these guidelines, researchers read the interview transcripts back and perform coding, performing data selection that is relevant to the subject of the discussion. The researchers tried to find keywords and themes obtained from the transcripts of interviews with the subjects. Then, the researchers selected the data that matched the problems raised in the study. Patton explained that the analysis process could include concepts derived from the responses or words of the respondents themselves (indigenous concepts) as well as concepts developed or selected by researchers to explain the phenomenon being analyzed. (Sensitizing concepts). Theoretical interpretation of understanding is the conceptual context in which a certain theoretical framework is used to understand existing statements. The final stage is to draw conclusions about the results of the research to make discussions on the subject and to submit suggestions for further research. Next is data verification and triangulation. Moleong (2011) said that the validity of data on qualitative research can be obtained by triangulation. Triangulation is a data validation technique that uses something with another to check and compare the data. According to Denzin, there are four types of triangulation techniques, that is. Triangulation of data sources is a process to test the credibility of data performed by validating data obtained from several data sources. Inter-researcher triangulation commonly called investigator triangulation, research is conducted by using more than one researcher in data collection and analysis to avoid potential individual bias in individual researchers. Triangulation method, that is, validating data through the same data source with different techniques such as interviews, observations, documents, and other data sources. In addition, researchers can also use different informants to test the truth of information. Triangulation theory, that is, the use of a variety of perspectives in analyzing a single set of data (Haryoko, Bahartiar, & Arwadi, 2020).

F. *Etika Penelitian*

Research ethics is an ethical guideline that applies to any related research activity between the researchers, in which the research party (the research subject) and the society will obtain the results of such research (Notoatmodjo, 2018). This research holds firmly in the ethics of research is as follows.

Respect for human dignity Respondents need to know information about the purpose of the researchers in conducting the research. The researchers also gave the respondents the freedom to provide information or not.

• Respect for privacy and confidentiality Respondents have various basic rights as individuals who have privacy as well as the freedom to provide information. The identity of the respondent will be kept secret by the researchers using coding.

• Respect for justice and inclusiveness

Researchers always adhere to the principles of fairness, openness, honesty, and caution. The researchers condition the environment so that the principle of openness is always met, that is, by providing an explanation of the procedure in the research. Respondents are guaranteed equal treatment and benefits without distinction of gender, religion, ethnicity, and so on from researchers.

• Balancing harms and benefits in general, research is beneficial specifically to respondents and society. The researchers minimized the adverse impact on the respondents. The research conducted can prevent pain, stress, injury, and even death from the respondents.

III. RESULTS

The interviews were conducted by the researchers from May to June 2023, the results of the research were obtained using semi-structured interviews with sources as a form of data search and engaged directly in the field followed by data analysis. The results will be described in detail as follows.

A. *Interview Schedule*

Table 1 is a table of interviews conducted by researchers for about a month.

Table 1. Interview Schedule

Initial	Date of interview	Time of interview	Location of interview
DW	30 May 2023	14.30 WIT	Maternal and childcare room, North Jayapura Public Health Center
JN	25 May 2023	13.10 WIT	Maternal and childcare room, North Jayapura Public Health Center
ET	22 May 2023	11.30 WIT	Bhayangkara APO Subdistrict Office
TG	23 May 2023	09.30 WIT	Head officer room of North Jayapura Public Health Center
MW	16 May 2023	15.00 WIT	Jl. Pemuda Kloofkamp (Kalibiru) Jayapura

B. *Profile of Respondents*

Table 2. is a respondent profile that contains the initial, age, gender, and final education. On the table, each respondent is given a code to show the respondent's sequence and facilitate the process of data analysis.

Table 2. Profile of Respondents

Initial	Age	Gender	Education
DW	47 years old	Female	Bachelor of Midwifery
JN	56 years old	Female	Bachelor of Education (Christian)
ET	48 years old	Female	Associate of Nutrition
TG	55 years old	Male	Master of Public Health
MW	34 years old	Female	High School

The study aims to analyze the management of North Jayapura Public Health Center in the stunting prevention program for children aged 3-5 years. A qualitative approach is used to gain an in-depth understanding of the role and challenges faced by public health centers in running this program. Interviews with informants actively involved in the stunting prevention program were conducted to gather data. Questions in the interview focused on aspects of management of stunting prevention programs, including human resources, funds, facilities and supplies, planning processes, movements and implementation, and monitoring, control, and performance assessment. The results of the interview showed some important findings related to the management of the stunting prevention program at North Jayapura Public Health Center.

- The role of health workers

Through interviews with DW, who has a profession as a midwife, he explained that the various roles of various parties, including midwives, nutritionists, a head of public health center, cadres, public figures, and health promotion, in the conduct of stunting prevention program, this was demonstrated by the results of interviews, stated as below:

"Who's in the role? **Midwifery, nutritionist, head of public health center, cadres, yeah... public figures, public health, health promotion" (SDM3).**

Coordination and collaboration between them are vital to the success of the program, but there are still barriers to monitoring the implementation of the program, especially about public mobility, and access to health services.

In an interview with JN, as a nutrition officer, has an important role in the stunting prevention program at North Jayapura Public Health Center. Their tasks include conducting inputs of news data indicated as undernourished and running the Supplemental Food (*PMT*) program in the public health center. This is proved by:

"Yah.. **I'm doing data surveys of every indicated child leading to undernourished children**, we're currently doing the Supplemental Feeding program that's done in the public health center..." (SDM2.JN)

His role in monitoring the program is to monitor the results every month to see the progress. The role of the nutritionist and the other parts of maternal and childcare is also important in running the program well.

In an interview with TG, a 55-year-old man with a Master of Public Health education who plays the Chief of North Jayapura Public health center, he explains about the stunting prevention program in North Jayapura. The program involves the provision of special supplements for infants and pregnant mothers, especially for pregnant women with protein energy deficiencies (known in Bahasa Indonesia as KEK). As the leader of the public health center, TG actively monitors the implementation of this program by going

down to the field to ensure that supplementary food is provided to pregnant mothers and young children by the prescribed nutritional standards. He also highlighted the role of the nutrition officer and responsible maternal and childcare in the public health center in running this program, which was proved by interviews, stated below:

"Yes, **the chief, as the leader of the public health center, has always been monitoring the implementation of supplementary feeding activities for pregnant mothers and young children in the way that he controls the descent to the field,** where this year there are 15 of pregnant women who have been undernourished and 15 newspapers who are being given supplemental feeding funded by the Health Operational Assistance (*BOK*) Fund. In 2003, it was every two weeks that he would be monitored for his body weight and height and the father as a leader should look at the performance of his activities every day because it was given food every day every three months later after that he will be checked again for their growth and development. So Dad went down the field checking it really not until there, really not implemented.. like that, really don't they make food according to the nutritional standards that are made, Dad used to control like that" (SDM2.TG)

"yes.. he went out the field, checking.. actually not.. every 2 days once. not every day, because he has also a lot of activities outside as a leader checking how to process the food in what they do in this public health center, in the kitchen pantry we do not conform to the standard of nutrition that has been determined by the Ministry of Health in the Rectorate of Nutrition. (SDM4.TG)

In an interview with ET, a 56-year-old woman with an education background with a Bachelor of Education in Christian education, explained the stunting prevention program at North Jayapura Public Health Center. ET learned about the program and played a role in providing information to families with stunted children, prospective brides, and pregnant mothers through the LCMIL application for deposit. In the stunting prevention program, various stakeholders are involved such as cadres for family plans, cadres, virgins, and nutrition officers. One of the nutritionists involved is Sister J, as well as Katrin who is a nutritionist from North Jayapura Public Health Center. ET monitored the activities of the stunting prevention program by looking at the changes in the weight of the children brought to the integrated healthcare center. They also saw changes in the road to health cards, such as shifting lines that indicate the situation under the red line or below the red line proven by interviews, stated below:

"Eh... we're gonna give it to you. **Giving information to the families whose children are stunting**, there is a future bride, continues to pregnant woman.. **pregnant woman who is pregnant can we use the application LCMIL**.. to get started" (SDM2.ET)

"Cadre for family planning, cadre, midwifery, nutritionist. Yes, Sister J, eh. There's Katrin (nutritionist from North Jayapura Public Health Center) (SDM3). **When the kids were taken to the integrated healthcare center, we could see that there was a change,** maybe they didn't go up one kilo, one kilo... so... no, they must have moved the line from the Road to the Health Card (KMS), there's a young green, old green, green what you see there. **If there's a line and it goes down, it means under the red line** (SDM4).

Based on the results of an interview with a female respondent named MW. In the interview, MW showed his understanding of the stunting prevention program and its role in running it. He feeds his son three times a day and sometimes gives him milk and snacks. According to MW, nutritionists, midwives, and doctors are involved in the program. To monitor the activities of the program, MW obtained information from other mothers through the integrated healthcare center and descended to the public health center directly. However, MW did not know whether the nutrition officers regularly provide reports on the development of the program and the nutritional status of the young in the public health center region of North Jayapura. In terms of facilities and supplies, MW mentions the presence of tables, chairs, and news measuring instruments in the public health center.

"**Usually my kid is fed 3x a day**.. sometimes also bought milk same meal" (SDM2.MW)

"I usually get inform from mom-mama if there is integrated healthcare center so.. if there's service I usually go take my kid to public health center years ago.. not every time integrated healthcare center service available" (SDM4.MW).

- Source of Funds

Furthermore, the funds obtained from Health Operational Assistance (BOK) proved to be inadequate to fully implement the stunting prevention program. The allocation of funds must be managed wisely and adequately by the established jurisprudence. Other drawbacks include the lack of appropriate means and supplies, such as a lack of Doppler for the pregnant mother's examination proved by the results of interviews, namely:

"If enough, not enough, yes.. **it is enough that there is** hehe. He'eh, the money is only from Health Operational Assistance" (DN2).

In terms of funding, JN mentioned that the funding for the stunting prevention program in North Jayapura Public Health Center came from BOK (Health Operational Assistance) that was granted was sufficient to implement the stopping prevention program. The allocation of funds is carried out through local supplementary feeding donations and local feed supplies. In running a stunting prevention program, JN mentioned that the means and tools available are anthropometric kits, which are used to measure the weight, height, and length of the young. There is no mention of any obstacles or problems encountered in connection with the means and purposes of this program.

In terms of funding, the stunting prevention program in North Jayapura Public health center is funded through Health Operational Assistance fund (BOK: *Bantuan Operasional Kesehatan*). Although TG stated that the funds were large enough, this is proved by: "weh... if you want to see if you see the first phase of the program, **it feels big enough, it's big enough yes, he'em**" (DN2.TG).

TG is also aware of the importance of monitoring the implementation of the program continuously. Based on the explanation from TG proved by:

"Big..he'eh our funds are pretty big, yeah. That's about three hundred... yeah, if it's worth a lot, then three-hundred... eighty million... one-year, yes, that's divided as well... that is also... yes, for prevention... for supplementary feeding. Oh... three hundred fifty-seven million nine hundred ninety-eight thousand total local supplementary feeding budget. That's a total of one year, yeah... it's divided into having its transportation for the shipping officer or its funds, there's an ATK also continues to exist for... so this latest technical instructions eighty-three percent (83%) of the total funds for the processing and delivery, fifteen percent (15%) for the transportation of the secret officer, two percent (2%) for those related to the SPJ nutrition responsibility, two per cent (2%) stationary, for example. as it is divided out, like that's the tax cut and the rest is just implemented" (DN3).

Regarding the source of funding, the stunting prevention program in North Jayapura Public Health Center is funded by the National Population and Family Planning Board (BKKBN). Even though ET said the funds were insufficient, they still implemented the program by dividing it evenly among the 30 people involved in the program. The goods and supplies available in the North Jayapura Public Health Center belong quite well, although the ET expressed a desire to have its building to be able to store goods or equipment better stated in the interview, stated as below:

"**The source of money from *BKKBN***. The one we've been following since last year. So, we're in three months or six months. So, from January to June, we're making the reports, how much we keep the clown boys, so that's... so yeah. One group is 3.10 thousand rupiah for 3 people for 3. It's not logical if we want what it's called, what the hell we're buying with this." (DN1.ET).

- Facilities and infrastructure

The funds are allocated to various aspects of the program, including transportation of nutrition officers, processing, and delivery of food supplements, as well as administrative needs such as stationary (*ATK*). In terms of facilities and facilities, North Jayapura Public Health Center has sufficient facilities to implement a stunting prevention program. They have their own kitchen for food processing, rooms equipped with chairs and tables, as well as adequate air conditioning. TG believed that the facilities and infrastructure are already in line with the targets set by the interview results, namely:

"..the advice is, if we have for food processing we have our kitchen upstairs then we can see on the 3rd floor there thou, Ms. J is cooking. **if facilities and infrastructure have their room there, the advice is that if it has a table chair, there are all complete, there is a good room. Prevention of stunting of the processing of food yes** kitchen above.. there is all." (SP1.TG).

According to MW, the infrastructure and facilities are already sufficient by the target. However, there is no information about the obstacles faced if the facilities are not suitable is proved by:

"it has a table of chairs the same measuring tools are it.. there is a weight of news" (SP1.JN).

- The process of planning, movement, and implementation, as well as monitoring, control, and evaluation of performance

The planning and preparation of the stunting prevention program has been carried out involving screening of pregnant mothers, cooperation with public health centers and nursing nurses of networking practices, and data collection and data analysis, proved by:

"ee.. the planning of the preparation that was done that ee.. can **the pregnant mother in the screening** then the mother's babies also continued.. what.. **collaboration with the public health center and the nurser practice the networking together**, that is." (PR1).

"The collection of data... as it is obtained from the results of the examination of patients that came continuously ee.. what... came to the public health center or integrated healthcare center if the risk of stunting is detected ee.. we usually follow up with the nutrition officer and his team" (PR2).

"Not all the statistics are supervised, eh. 'Cause some people don't check in the public health center, some people check in hospitals, practitioners, we're gonna go, that's it.' (DN4).

JN explains that the planning of the stunting prevention program is done by looking at news data that requires intervention. The data collection is carried out through the *EPPGBM* application, and the data analysis is done through the *PSG* (Nutrition Status Analysis). New issues that require attention can be identified through the application, and then the supplementary feeding program is planned. The five-year plan refers to the plan from the health service, while the activity proposal plan is compiled based on data from the *EPPGBM* application. In the implementation of the stunting prevention program, JN works with cadres to monitor the nutritional status of youngsters regularly. This monitoring involves measuring the weight, height, and length of the young. JN also mentioned that the head of the public health center has authority and responsibility over the program

implemented. Regarding the monthly mini-workshops and cross-sector tribulations, JN addressed the question to the head of the public health center. This is proved by the results of the interview, namely:

“it is from us, **based on data from the EPPGBM application** later obtained data how much is planned to carry out this supplementary feeding program” (PR2.TG/ PR5.JN)

“the arrangement yes we ee.. **arranged with the team then we talked with cross-sector and cross-program**” (PR6.JN)

In carrying out the stunting prevention program, North Jayapura Public Health Center has carried out mature planning. They referred to *Renstra* (Strategic Plan) Public health center and carried out the collection and analysis of data to identify the problem and formulate a five-year plan proved by:

"if the planning at all.. that we already.. our stunting territory is quite large in the richness of Gurabesi. We have 5 richnesses, Gurabesi, Bhayangkara, Mandala, Trikora, and Space. Well, to prevent it, it's just that we're now for the prevention that's already outdated. We don't have this anymore. We're preventing it from the womb until she's born. By then they're not gonna grow short anymore, but their children are gonna be tall and tall, enough for their intake... that's it. And this program is gradual we love, next year there is another, next year there is, like that.. **And it's already planned this is a national program so we're dedicated to following the national program and our task to find data on the number of stunts in the Jayapura region, especially in the North Jayapura Public Health Center** work area that we go down, we'll go down.. we check the data all we give them supplementary feeding, such that.. we monitor every 2 weeks once, we measure his weight height, such as that.. his mother we check his pregnancy health of his baby, such a..."(PR1).

"oh, **we have *Renstra. Renstra*, the strategic plan of the public health center that we've been making five years ahead**, containing our public health center program, **we refer to *Renstra* of National Health Ministry ee while we are *Renstra* our last 5 years ago in 2022 in this, we are putting together another from 2023 to 2027,** that's *Renstra* we have ahead. So if for the special planning stunting about this strategic plan, we have the data, we plan for example in this explanation, for example, we get 35 people for the planning ahead we predict, we raise 10% of the number e. g. the number of babies 35 we increase about 10% how, in the next year we increase maybe ee 35 ordinary 40, for example**, so that we can plan for the future like that, but we are also only planning but in the field, we remain down every year,** so if this year we fall later in November we go down again, we see how many stunting we have.” (PR4.TG)

The data was also transmitted to the health service and related ministries.

"So, we have an application, **an application... BBG... *BBGM*...** if it's not the wrong one, the officer knows it, then you can ask **the officers it is the inputs of every data that we have input directly into it is directly sent to the health service to the center of the ministry.** BBGM application is.. if it is wrong, try then ask the nutrition officer Ms. J yes. the application is yes. Well, there they can put in they go down the field to the integrated healthcare center, they come down to the pitch to the... those houses they get, they input every day. From that data linked to the center, the center saw, oh like this.. later next year they sent the money for us to do the nutritional improvement, like that..." (PR2.TG).

In program planning, ET explained that they used healthy boxes as a tool for cooking supplements. However, they faced obstacles in the procurement of foodstuffs, such as green beans that are frequently exposed to yeast. They suggested that the funds be given in the form of money so that they can manage it themselves. ET stated that no performance assessment was made by the public health center in connection with the implementation of the program. However, the services in the program were considered effective and efficient with smooth communication between all parties involved.

At the planning stage, MW lacks knowledge of the planning and preparations undertaken in the stunting prevention program. The data collection is done by recording the patient's data in the KMS book or writing it on paper, as well as by checking the weight and height stated in the interview, i.e.

"Is this **the book of the road to health card**? Or it's typically written on paper**... there's data like weighing the same height measured body newly written there.**" (PR2.MW)

Overall, the interview with MW gave an overview of my understanding and experience related to the stunting prevention program at North Jayapura Public Health Center. Although there are some things that MW is less aware of, such as program planning and certain aspects of program execution, he shows his participation in feeding his son and feels an improvement in the nutrition of his package.

Problem identification and problem-solving is done through education to patients and strengthening of cadres. Five-year plans and proposed action plans are also prepared regularly. In the movement and implementation of the program, grouping is done by monitoring pregnant mothers at stunting risk and monitoring newborn babies. The program manager plays an important role in the supervision and control of the program, with the support of the head of the public health center. Monthly mini workshops and cross-traffic tribulations are also part of the program control efforts. In performance assessment, access to coverage and

monthly reports are important. However, there are still constraints in the service and effectiveness of the program, especially related to the availability of time and the economy of the people proved by:

"eee **effective efficient**.. **not even at all.**. hehehe because ee **to educate one patient takes quite a long time, quite a lot, so apparently not all patients, apparently the time is less"** (3P4).

JN noted that monitoring of stunting prevention program is carried out through supplementary feeding (*PMT*) and body height and weight monitoring. The control of the program is done by making a vow to the parents of the newspapers to come to an integrated healthcare center/ public health center. The evaluation of the performance of the public health center in the program execution is done by looking at the access data of the stunting prevention program, especially stunting data.

In the implementation of the program, the nutrition officer plays a role in providing counselling, nutritional advice, and supplementary food (PMT) to the young. TG explained (PMT1) that they regularly monitor the implementation of counselling, adjudication, and PMT, as well as conducting program evaluations through monthly mini workshops. He also explained the importance of cross-trafficking in stunting prevention efforts, involving district heads, educators, religious figures, community figures, and schoolteachers. In its assessment of the performance of the public health center, TG explained that it carried out strict monitoring and monitoring of the implementation of the program. If there's an obstacle, he'll give you a warrant and make sure the repairs are done. It also stated that the services in the implementation of the program had been effective and efficient.

In the implementation of the program, TG said that it could not be known with certainty because the evaluation of growth and development of the news was carried out after three months of program implementation. The number of stunting cases also still needs to be asked of the nutrition officer. However, he said that the stunting prevention program with PMT has the potential to help improve young children's nutrition. Finally, TG that through this program, the knowledge of mothers who have news about the importance of nutritional status in children is increasing.

MW also lacks knowledge about identifying problems, solving problems, preparing the Five-Year Plan, the Activity Proposal Plan, and the Plan of Implementation of Activities in the public health center of North Jayapura. In the implementation of the program, MW explained the existence of a grouping of tasks, in which the nutrition section focuses on stunting, while the others have their respective tasks. He also mentioned that nutrition officers and doctors have authority and responsibility for the program implemented.

In terms of counselling, nutrition assessment, and *PMT* news, MW knows that the nutrition officer is doing it. Monitoring related to counselling, maternal counseling, and *PMT* on the news is done by giving food to the news, giving information for the food to run out, and giving the au ram. According to MW, his son improved after the program was implemented. In the surveillance phase, the MW performs the monitoring by feeding three times a day. He also explained how to control the stunting prevention program, which is to give milk first if the child hasn't eaten yet. North Jayapura Public Health Center gets a good assessment in the service to the public this is discussed in the interview, namely:

"**It's customary if you take the food *PMT* to the house is just love all the time**, you know the food has to be finished and you've been given a ram au as well" (PMT2.MW). "**If given the 10 ram, kid is better**, you have to do so that you want to eat continuously so that the food gets into the body..." (PMT3.MW).

In the output, MW mentioned that his son had improved in child nutrition, with a normal height of ram au. However, there is no information on the total number of stunting cases. MW stated that mothers who have a baby understand the importance of nutritional status in the baby. However, he also expressed his confusion and anxiety in cooking food suitable for his package. In the case of supplementary feeding (*PMT*), MW says that PMT can help improve the nutrition of infants. However, there is no information about the overall outcome of the PMT program in stunting prevention.

In terms of the outcome of the program, ET revealed that the number of stunting cases in the Bhayangkara Subdistrict of 23 children is stated at:

“We were surprised... when there was a meeting with the head of the service, the chief of service said in the Bhayangkara Subdistrict 119 children, I am asking “who has? What kind of kids are they?" In 2021 he said it was based on ram au. Where did the criteria come from? If only then we hadn't had a circumference of the head. We didn't measure the length of the body. If upper arm’s length might have gone, but that's probably two or three times a month, huh. "for 10 Ram au head of the public health center has signed..." "Let the head of public health center have signed... 10 ram au know, I don't want... try to tell me first as many as 119 that from any integrated healthcare center**..." “It turns out to be around 23...**” (O1.ET).

However, he did not know by what criteria the amount was calculated. Regarding the knowledge of mothers about the nutritional status of babies, ET noted that most mothers have understood the importance of nutrition in babies. Despite obstacles in the implementation of the program, such as difficulties in the procurement and distribution of supplements, the stunting prevention program with PMT in North Jayapura Public Health Center has the potential to help improve the nutrition of young people.

IV. DISCUSSION

This study aims to identify and describe the management of North Jayapura stunt prevention program in children aged 3-5 years which covers the availability of input (human resources and supplies, and funds), processes (evaluation, movement, and implementation, monitoring, control, and evaluation) and outputs in the Stunt Prevention Program in Children aged 3 to 5 years. Overall, management of the stunting prevention program in the North Jayapura Public Health Center requires improvements in resource management, more integrated surveillance, and improved facilities and facilities. Collaboration between the various stakeholders is also the key to the success of the program. With an in-depth understanding of the management of stunting prevention program, it is expected that the program can be continuously improved to have a positive impact on the health of 3-5-year-olds in the region. The results of the research will be discussed below concerning the implementation of public health center management.

The implementation of public health center management is divided into three parts: 1) Input, 2) Process (P1,P2,P3), 3) Output. The Input process includes HRM (Human Resources), funds, and resources. The Processes (P1,P2,P3) are divided into three parts, Planning and Preparation (P1), Moving and Implementing (P2), and Monitoring and Control (P3). The latter is the output that is the result of the program carried out. Inputs in the context of stunting prevention programs cover aspects of human resources, funds, and resources (Phitra et al., 2023). The stunting prevention program in North Jayapura Public Health Center has adequate input, well-coordinated processes, and measured results. In overcoming existing barriers, it is important to involve collaboration among the various stakeholders as well as a wise management of funds. Thus, it is expected that stunting prevention program can provide significant benefits in efforts to improve the health of children in the community.

The results of the interviews show that the diverse roles of the various parties are an important part of running the program. The parties involved include the midwife, the nutritionist, the head of the public health center, cadres, public figures, and health promotion. Stunting is a chronic nutritional problem that is common among children in various countries, including Indonesia. To address this problem, the government and various health institutions have undertaken stunting prevention efforts through program aimed at improving the nutritional status of children, especially during pregnancy and the first two years of life. (Setiarsih et al., 2023). Collaboration and coordination between them are crucial to the success of the stunting prevention program (Setiarsih et al., 2023; Afandi et al., 2023).

The results of this study show that there are some obstacles faced in terms of this input. First, the funds obtained from the Health Operational Assistance (BOK) proved insufficient to implement the stunting prevention program thoroughly. Therefore, the allocation of funds must be managed wisely and covered by the established budget. Furthermore, there is a shortage of appropriate tools and tools to run a stunting prevention program. For example, there's a lack of Doppler for the pregnant mother's examination. Although North Jayapura Public Health Center has some adequate facilities, there is still a desire to improve facilities and supplies, including having its building for better storage of goods and equipment.

The research finds that the process (P1,P2,P3) in the stunting prevention program involves several stages, namely planning and preparation, movement and implementation, as well as monitoring and control, as described by Palapessy et al. (2023). In this phase, a five-year plan and a proposed plan of activities are also regularly prepared. This planning process ensures that the stunting prevention program has a clear direction and the right action plan. Special administrative support in program planning or budgeting is essential to do in the prevention of stunting (Syafrawati et al., 2023).

The movement and execution stage (P2) involves grouping and monitoring pregnant mothers at stunting risk and infants. Nutrition officers and other teams are involved in the follow-up to the detected news at stunting risk. In this phase, it is important to run the Supplemental Food (PMT) program and monitor news developments regularly. The results of research by Syafrawati et al. (2023) found that the factor driving the accelerated decline in the prevalence of stunting is the high commitment of public health centers to focusing on maternal health through classrooms for pregnant mothers, babies, infants, and children under five years. Monitoring is carried out through supplementary feeding (*PMT*) and monitoring of height and weight. coverage access and monthly reports become important indicators in performance assessment. Implementation of appropriate responsibilities by health workers in specific and sensitive program and integration of monitoring and evaluation with outcomes affecting the prevalence of stunting (Syafrawati et al., 2023). Although the process has been carried out, there are constraints in the effectiveness and efficiency of the program, mainly related to the availability of time and the economic constraint of the population. Educating patients takes a long time, so not all patients get optimal education. (Adriany et al., 2023).

The output of this stunting prevention program involves several aspects that need to be evaluated. Program access can be measured through indicators such as increased screening coverage of pregnant mothers, the number of newborns receiving PMTs, and monitoring the growth of newcomers. Besides, the success of the program can also be seen from increased public awareness and understanding of the importance of stunting prevention. (Sukmawati et al., 2023). The decrease in the number of stunts in

the community is a form of the success of the program (Manalor et al., 2023). However, the evaluation of the outcome of the programs also needs to consider the existing constraints, such as the limitations of program monitoring and monitoring related to public mobility and access to health services. In addition, the management of funds and the improvement of adequate facilities should also be a concern to improve the effectiveness of stunting prevention programs.

A stunting prevention program is an effort involving a variety of vital components (Surbakti & Ismail, 2023). First, education and public awareness are key to this program. Through proper education on good and balanced nutrition, care for pregnant mothers, exclusive breastfeeding, and giving nourishing food to children, it is expected that the community can adopt optimal diets and care to prevent stunts (Pratiwi & Asnuddin, 2023). Furthermore, the program involves integrated health care. Collaboration between midwives, nutritionists, doctors, and other health workers is vital. With integrated services, monitoring and monitoring of child growth can be done well, so early intervention can be given if any nutritional problems are detected.

Increased access to health care is also the focus of the stunting prevention program (Sazali et al., 2023). It is important to ensure easy and affordable access for pregnant mothers and children, including adequate health facilities, good prenatal care, and access to adequate nutritional resources. Good and balanced nutrition is an important component of this program. Providing nutritious food to pregnant mothers and children is the main focus. Adequate intake of nutrients, such as proteins, vitamins, minerals, and essential fatty acids, should be carefully observed. Exclusive breastfeeding for six months is also a priority in this program (Dearden et al., 2023). Regular monitoring and monitoring of children's growth is an integral part of the stunting prevention program (Misnaniarti & Rahmiwati, 2023). Periodic measurements of height and weight can detect inappropriate growth and provide immediate intervention if necessary. This function can be optimized through capacity building of integrated healthcare center cadres (Astikasari, 2023).

The success of the stunting prevention program also depends heavily on inter-stakeholder collaboration. Good cooperation between governments, health institutions, communities, and other related sectors is essential in integrating the necessary programs, resources, and support (Syafrawati et al., 2023). In the evaluation of stunting prevention programs, monitoring, and measurement of program access as well as impact assessment achieved are important. A decrease in stunting prevalence, increased screening coverage of pregnant mothers, an increase in exclusive milk coverage, and increased public awareness of stunting can be indicators of the success of the program (Miele et al., 2023).

Thus, the stunting prevention program involves interrelated components. With proper education, integrated health care, access to health services, good and balanced nutrition, monitoring and monitoring of child growth, as well as inter-stakeholder collaboration, it is expected to reduce the prevalence of stunting and improve the quality of life of children. Comprehensive evaluation continues to ensure that the program is effective in achieving its objectives.

V. CONCLUSIONS

1. The results of the interviews revealed the diverse roles of various stakeholders in conducting stunting prevention programs, including midwives, nutritionists, the head of public health center, cadres, public figures, and health promotion. Coordination and collaboration between them are crucial to the success of this program. The funds obtained from the Health Operational Assistance (BOK) proved sufficient to implement a stunting prevention program. The allocation of funds must be managed wisely and covered by the set budget. Facilities and infrastructure in North Jayapura Public Health Center has several adequate facilities such as complete room content based on the needs in implementing the program.

2. The planning process (P1) of the stunting prevention program is carried out by involving screening of pregnant mothers, cooperation with public health centers and nurses of networking practice, as well as data collection and data analysis and then planning the activities of the *PMT* Program (Supplementary Feeding). The movement and implementation of the program (P2) is done by monitoring the pregnant women at stunting risk and news. Nutrition officers and other teams are involved in the follow-up to the detected news at stunting risk. The program leaders and the head of the public health center play an important role in the supervision and control of the program. Monitoring, Control, and Performance Assessment (P3) is carried out through supplementary nutrition (*PMT*) and body height and weight monitoring. Coverage availability and monthly reports become important indicators in performance assessment. There are constraints in the effectiveness and efficiency of the program, especially about the availability of time and the economy of the people. Educating patients takes a long time, so not all patients get optimal education.

3. The results obtained with the presence of the stunting prevention Program in North Jayapura Public Health Center can show how many babies are undernourished in the public health center region of North Jayapura by always providing education and counseling to the mother to understand the importance of the health of the nutrition of the child.

Based on the above conclusion, several recommendations which may be related would be:

Management of North Jayapura Public Health Center in the Stunting Prevention Program for Children Aged 3-5 Years

1. This research can focus on measuring the effectiveness of the stunting prevention program carried out in North Jayapura Public Health Center. To what extent the program is successful in reducing stunting incidence, raising public awareness, and improving access and utilization of nutrition-related health services might be revealed.
2. The research can examine the factors that influence the success of stunting prevention programs in the North Jayapura Public Health Center. The factors that can be studied include inter-party collaboration, program monitoring, adequate fund allocation, adequacy of facilities and facilities, and the effectiveness of program implementation.
3. This research can focus on the evaluation of fund management used for the stunting prevention program in North Jayapura Public Health Center. How the allocation of funds from the Health Operational Assistance (HOS) is used should be analyzed, the efficiency of the use of the fund, and whether the funds are sufficient for the goals of the program.
4. This research can look at the role of nutrition officers in running a stunting prevention program in the North Jayapura Public Health Center. The experiences and challenges faced by nutritionists, as well as their contribution in collecting data, providing nutrition education to pregnant mothers and infants, and monitoring the growth of the child might be evaluated.
5. This research can conduct an evaluation of the availability and quality of facilities and infrastructure in the North Jayapura Public Health Center related to the stunting prevention program. infrastructure needs like Doppler for pregnant mother inspection and better management of storage facilities and equipment may be explored.

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