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Evaluation of Program Inputs (Financing, Human Resources, Infrastructure, and Guidelines) in the URC-KISS Policy for Stunting Reduction in North Konawe Regency

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ABSTRACT

Introduction: Stunting is a chronic nutritional problem affecting children and remains a major public health issue in Indonesia. The prevalence of stunting in North Konawe Regency was 21.6% in 2022 and increased to 25.6% in 2023. One of the policy efforts implemented by the North Konawe Regency Government is the URC-KISS program (Rapid Response Unit for Extreme Poverty, Inflation, and Stunting). However, the effectiveness of this policy has not yet been evaluated. This study aimed to evaluate the input components of the URC-KISS policy in efforts to reduce stunting rates.

Method: This study used a qualitative approach with a case study design. A total of twelve informants were recruited, consisting of two key informants and ten supporting informants. Informants were selected using snowball sampling techniques. Data were analyzed manually through data reduction, data display, and conclusion drawing.

Result: The findings show that program inputs include financing provided directly by the local government, adequate human resources with appropriate competencies, and infrastructure such as operational vehicles and anthropometric measurement tools. In addition, program implementation is supported by official guidelines for stunting reduction in North Konawe Regency.

Conclusion: The URC-KISS program is supported by adequate inputs, including funding, human resources, infrastructure, and implementation guidelines, which contribute to efforts to reduce stunting rates in North Konawe Regency.

Introduction

Stunting is a chronic nutritional problem in children that is now a top priority for nutrition issues in Indonesia because it can determine the quality of human resources.[1] Stunting is a condition of growth failure in toddlers due to chronic malnutrition, resulting in them being too short for their age and caused by a lack of

nutritional intake during the golden period or the first 1,000 days of life.[2] Stunted children are vulnerable to disease, have difficulty with physical and cognitive development, are at risk of experiencing degenerative diseases as adults, threaten their lives and cause the loss of the nation's generation.[3]

The prevalence of stunting in the world in 2020 was 22% of toddlers, then in 2021 it was 22.1% and in 2022 it was 22.3%.[4] Meanwhile, in Indonesia, based on the results of the 2019 Indonesian Toddler Nutrition Status Study, the prevalence of stunting was 27.7%, then based on the results of the 2021 Indonesian Nutrition Status Survey, it was 24.4% and in 2022 it was 21.6% and in 2023 it was 21.5%.[5] Meanwhile, the prevalence of stunting in Southeast Sulawesi Province was 31% in 2019, 30.2% in 2021, 27.7% in 2022, and 30.0% in 2023. According to the North Konawe Regency Health Office, the prevalence of stunting in the region was ranked 6th at 29.5% in 2021, 16th at 21.6% in 2022, and 25.6% in 2023. This indicates that stunting cases in North Konawe Regency are increasing and have not yet reached the target of reducing stunting by 14%.[6] The prevalence of stunting in other regencies in 2021 was highest in South Buton Regency at 45.2%, followed by Central Buton at 42.7%, and Buton Regency at 33%. Furthermore, the highest prevalence of stunting in 2022 was in Central Buton Regency at 41.6%, followed by Bombana Regency at 35.3%.[7]

Attention to the health sector, especially nutrition in the SDGs, is found in goal 2 (zero hunger). Goal 2 of the SDGs (zero hunger) has a specific objective, namely to overcome hunger and poverty, achieve food security, improve nutrition, and encourage sustainable agriculture.[8] Various problems such as poverty, knowledge levels, child-rearing patterns, natural disasters, low food availability, and the availability of health services stem from the economic and political policies of a country, which are the main problems.[9] This problem will then have an impact on the lack of nutritional intake of toddlers and infectious diseases.

The Indonesian government's efforts in implementing the SDGs, especially in the case of reducing stunting rates, are regulated by the government by launching the National Movement for Accelerating Nutrition Improvement program, which was stipulated through Presidential Regulation Number 42 of 2013 concerning National Movement to Accelerate Nutrition Improvement within the framework of 1,000 HPK.[10] Furthermore, indicators and targets for stunting reduction have been included in national development goals, as outlined in the 2015-2019 National Medium-Term Development Plan and the 2017-2019 National Action Plan for Sustainable Development Goals, which state that the stunting rate in Indonesia should not exceed 28%. However, the prevalence of stunting still exceeds these standards.[11]

To accelerate stunting reduction, the Indonesian government, through Presidential Regulation Number 72 of 2021, established a Presidential Regulation that implements a holistic and integrative stunting management concept involving multiple sectors from the central to village levels, targeting vulnerable groups such as adolescents, prospective brides and grooms, pregnant women, breastfeeding mothers, and children aged 0-59 months.[12]

One of the public policy measures taken by the North Konawe Regency Government in an effort to reduce stunting cases is issuing a stunting mitigation policy through the North Konawe Regent Regulation Number 8 of 2023 concerning the Establishment of a Rapid Response Unit for Handling Extreme Poverty, Inflation Control, and Stunting Prevention in a Harmonious Manner to support stunting reduction efforts initiated by the Indonesian government. Thus, policy support instruments in accelerating stunting reduction already exist, and require organized and applicable implementation efforts at all levels by all elements involved. With the issuance of this Regent Regulation, more concrete efforts are needed, focused on stunting reduction and integrated activities across programs (specific efforts) and across sectors (sensitive efforts) by all stakeholders.[13]

URC KISS is a unit consisting of an early warning system and is tasked with preventing and addressing extreme poverty, controlling inflation, and preventing stunting in the region. URC Kiss is a policy issued by the North Konawe Regency government to prevent stunting. Through the stunting prevention program policy, URC KISS is expected to reduce the number of stunting cases in the North Konawe Regency area, where the

stunting rate still exceeds the threshold of above 14%. Through this, the importance of the success of the stunting prevention program policy is seen from the effectiveness of program evaluation management and is not only determined by input components, but also from the process and output of the stunting prevention policy.[13]

Previous research found that the evaluation of the stunting management program policy at the Bandar Lampung City Health Office had not been effective, with the indicator of not achieving a reduction in stunting prevalence in the Medium-Term Plan.[14] Similarly, the URC KISS program policy implemented by North Konawe Regency has never been effectively evaluated. Therefore, a study titled "Evaluation of inputs (Financing, Human Resources, Infrastructure, Guidelines) for the URC KISS policy in efforts to reduce stunting rates in North Konawe Regency" is crucial.

Method

This research is a qualitative study with a case study design. Twelve subjects were recruited, consisting of two key informants and ten casual informants. Snowball sampling was used for informant selection. This research was conducted from April to June 2024 in the North Konawe Regency, Southeast Sulawesi Province. Data analysis was performed manually, including data reduction, data display, and conclusion drawing.

Result

Financing

The first aspect in the input evaluation is to evaluate the financing aspect of the URC KISS program, this is related to the source of financing funds, the subject of the funder and also obstacles in the implementation of financing. Regarding the source of financing funds, it can be seen that all informants stated that the source of funds in the management of URC KISS comes from the local government, this is in accordance with the informant interview with the nutrition staff at the Oheo Health Center, as follows:

This funding is provided by the government every quarter.(Interview with Nutritionist at Oheo Health Center, Ds (28 Years Old) May 14, 2024).

Likewise, the results of an interview with a nutrition officer at the Lamparinga Community Health Center, who is an employee with the authority to manage URC KISS funds, stated that the funds went directly to the programmer and were then distributed to the community. The following are the results of the interview:

Usually, the funds have been entered into each programmer's account. After the funds have been entered, the programmer then distributes them in the form of PMT to the community.(Interview with Nutritionist at Lamparinga Health Center, Fr (25 Years Old) May 15, 2024).

The source of URC KISS funds was also confirmed by other nutrition workers, namely nutrition workers who work at the Paka Health Center, who stated that the management and source of funds for URC KISS activities were adjusted to the direction of the District Health Office, with the following answer:

Oh, if that's the case, we will follow the instructions from the health department, ma'am(Interview with Nutritionist at Paka Health Center, AM (35 Years Old) May 13, 2024).

Further information from the Head of the Public Health Division who works at the North Konawe District Health Office, who stated that the funding from regional government funds was distributed to the District Office and then distributed to the Community Health Centers, the following is the result of his statement:

Yeah, ee, in URC-KISS, ee, the funding comes from the district office, then it is channeled to the health office, then we, the health office, distribute it to each community health center. (Interview with the Head of Public Health of North Konawe Regency, Tt (50 Years Old) May 6, 2024).

This is in line with the answer from the interview results with the head of the nutrition section at the North Konawe District Health Office as a triangulation informant who stated that the funds came from the local government and were distributed to the nutrition officers at the

Community Health Center to be used in implementing the URC KISS program, with the following statement:

Oh, the funding comes from the region and is then distributed to each nutrition officer and then used for stunting in the community.(Interview with the Head of the Nutrition Section of North Konawe Regency, ID (41 Years) May 7, 2024).

The source of funding for URC KISS comes from the local government, confirmed by a statement from the results of an interview with a key informant who is the secretary of URC KISS, with the following statement:

Oh yes. The financing system is channeled by the local government. (Interview with Secretary of URC KISS, MH (40 Years) May 1, 2024).

In line with the statement from the second key informant, namely the Head of the North Konawe District Health Office, who is the policy maker for the URC KISS program at the district level, confirmed that funding comes from the local government, as follows:

Yes, the funding comes from DAK funds given to the health service to be managed in the form of additional food by the health center nutrition staff.(Interview with the Head of the North Konawe Regency Health Office, Nu (52 Years Old) May 2, 2024).

Based on the statement above, it can be concluded that the financing system for the URC KISS program is funded by the regional government of North Konawe Regency, with the financing system through the Regency Health Office, which then hands over the aid funds to the Community Health Center, specifically to the Nutrition Programmer or nutrition officer at the Community Health Center to manage the financing of the URC KISS program.

Based on the statements of ordinary informants who come from the community receiving the URC KISS program, regarding the subjects who provide funds or who fund the URC KISS program in North Konawe Regency, it can be seen that all informants stated that the source of funds was from the Regional Government, this is in accordance with the answers of the informants from the nutrition officers at the Oheo Health Center as follows:

The funding for URC-KISS comes from the local government.(Interview with Nutritionist at Oheo Health Center, Ds (28 Years Old) May 14, 2024).

Further information comes from a nutritionist at the Lamparinga Community Health Center who revealed that the funding source is of course from the government, as follows:

Ohh, the North Konawe Regency side(Interview with Nutritionist at Lamparinga Health Center, Fr (25 Years Old) May 15, 2024).

This is reinforced by the statement of the nutritionist who works at the Paka Health Center that the URC KISS activity is a regional government program so that the subject providing funding is the government, this statement is also in line with the results of the interview with the nutrition section at the North Konawe District Health Office, the following is the result of the statement:

From the North Konawe Region itself, this is a regional program.(Interview with Nutritionist at Paka Health Center, AM (35 Years Old) May 13, 2024) and (Interview with Head of Nutrition Section, ID (41 Years Old) May 6, 2024).

Confirmation regarding the subject of the URC KISS funding provider was emphasized by the statement of the key informant, namely the URC KISS secretary, that the funding came from the local government with the following statement:

If the funding comes from the North Konawe district government through DAK funds. (Interview with Secretary of URC KISS, MH (40 Years) May 1, 2024).

This is also reinforced by a statement to the North Konawe District Health Office, which is the health policy maker in Konawe District, emphasizing that the subject of URC KISS activities is the government, which is expressed as follows:

Oh, the North Konawe district government, sis(Interview with the Head of the North Konawe Regency Health Office, No. (52 Years) Date May 2, 2024).

In relation to the providers of assistance for the URC KISS assistance program, it can be seen that the results of interviews regarding the

providers of assistance, regular informants gave statements that the providers of assistance came from the Regent, Regional Government and URC KISS officers, the following are the results of interviews with regular informants who are URC KISS recipients in Polara Village:

Mr. Regent(Interview with aid recipient from Polara Village, AY (28 Years) May 8, 2024).

This statement is in line with the statement from a regular informant who is one of the aid recipients, namely Mrs. NN from Sambandete Village, as well as a regular informant, namely Mrs. DW who is a recipient of URC KISS aid from Tinondo Village, who also stated that the local government is the aid provider, as follows:

The regent and health center staff too(Interview with aid recipient from Sambandete Village, NN (27 years old) May 11, 2024).

Oh, the local government, ma'am.(Interview with aid recipient from Tinondo Village, DW (31 years old) May 17, 2024).

This is different from the statement of another regular informant, namely from Mrs. HM, a recipient of URC KISS assistance from Paka Indah Village, this informant also stated that the aid provider was a URC KISS officer, the following is the result of her statement:

Usually the URC-KISS officer ma'am(Interview with aid recipient from Paka Indah Village, HM (31 years old) May 18, 2024).

Human Resources

Interviews regarding the availability of human resources (HR) for URC KISS management revealed that all regular informants, who are nutritionists, stated that the human resources managing the URC KISS program are sufficient and meet their competencies. The following are the results of interviews with nutritionists at the Oheo, Lamparinga, and Paka Community Health Centers:

Yes, it is available, thank God the manpower is there.(Interview with Nutritionist at Oheo Health Center, DS (28 Years Old) May 14, 2024).

Oh yes, it is available at the health center, right?(Interview with Nutritionist at Lamparinga Health Center, FR (25 Years Old) May 15, 2024).

Ee for us at Paka health center, ee there is a nutrition officer available(Interview with Nutritionist at Paka Health Center, AM (35 Years Old) May 13, 2024).

This is consistent with the results of interviews with triangulation informants, namely the Head of the Public Health Division and the Head of the Nutrition Section at the North Konawe District Health Office, who stated that the personnel managing the URC KISS program have been assigned based on their respective expertise and drawn from nutrition staff at each Community Health Center. The informants' statements are as follows:

Yes, if the workforce has been appointed, everyone has their respective portions.(Interview with the Head of Public Health, North Konawe Regency, TT (50 Years Old) May 6, 2024).

If in every health center there are several nutritionists available(Interview with Head of Nutrition Section, ID (41 Years) May 6, 2024).

Further information comes from a regular informant from the aid recipient communities in Polara and Sambandete Villages, as well as the Tinondo Community Health Center, who revealed that healthcare workers were visiting the homes of aid recipients. These personnel were from the Community Health Center and the health office. The informant's statement is as follows:

From the district and health center officers (Interview with aid recipient from Polara Village, AY (28 years old) May 8, 2024).

Some are from the health center and some are from the district (Interview with aid recipient from Sambandete Village, NN (27 years old) May 11, 2024).

Health center officer, ma'am(Interview with aid recipient from Tinondo Village, DW (31 years old) May 17, 2024).

This is slightly different from the statement of an ordinary informant from Paka Indah Village, which is one of the recipients of URC KISS assistance, the informant stated that the human resources who play a role in implementing the URC KISS program are the regent and health workers as follows;

Mr. Regent and health workers, ma'am(Interview with aid recipient from Paka Indah Village, HM (31 years old) May 18, 2024).

The availability of human resources is also strengthened by the results of interviews with key informants, namely the statement of the URC KISS secretary who stated that human resources are available and sufficient to implement the URC KISS program, the following statement:

Regarding human resources, thank God, it is sufficient because this activity is fully supported by the health service (Interview with the Secretary of URC KISS, MH (40 Years Old) May 1, 2024).

This is confirmed by the results of an interview with the next key informant, namely the head of the North Konawe District Health Office, who also stated that human resources are available and in accordance with their competencies, namely nutrition workers. The following are the results of his statement:

Very available and suitable(Interview with the Head of the North Konawe Regency Health Office, NU (52 Years Old) May 2, 2024).

Based on the results of the informant interviews, it was concluded that there were health workers who implemented the URC KISS program and these health workers were in accordance with their expertise.

Infrastructure

Infrastructure is a supporting component for the implementation of the URC KISS program. These facilities and infrastructure can be used to prepare, implement, and evaluate the performance of the URC KISS program. Interviews regarding infrastructure indicate that the available facilities and infrastructure include cars, motorcycles, and anthropometric equipment. The following are the results of interviews with nutrition workers at the Oheo and Lamparinga Health Centers:

Yes, it is available. We have a car. Here, there is an ambulance with an operational car. Oh yes, besides the ambulance, there is an operational car. Yes, there is an anthropometric measurement tool.(Interview with Nutritionist at Oheo Health Center, Ds (28 Years Old) May 14, 2024).

Hey, there are anthropometric measuring tools and there are ambulances.(Interview with Nutritionist at Lamparinga Health Center, Fr (25 Years Old) May 15, 2024).

This is confirmed by the results of an interview with the Head of the Public Health Division, who stated that the facilities and infrastructure were the operational car for the URC KISS program, as stated by the informant:

aa if it's for the URC-KISS team itself, maybe they already have their own operational car(Interview with the Head of Public Health, North Konawe Regency, TT (50 Years Old) May 6, 2024).

This is in line with further information from the Head of the Nutrition Section in North Konawe Regency, that the infrastructure provided is an operational car and also anthropometric measuring tools, as follows:

"Eee, the facilities and infrastructure are available, ma'am. Such as ambulances, official cars, and operational cars. There are also tools provided at the community health center, such as scales and anthropometric equipment.(Interview with Head of Nutrition Section, ID (41 Years) May 6, 2024).

Likewise, the results of interviews with key informants, namely the secretary of URC KISS, were that

Regarding availability, yes, it is available. Eee, the facilities and infrastructure provided include operational vehicles.. (Interview with Secretary of URC KISS, MH (40 Years) May 1, 2024).

This is in line with the statement from the second key informant, namely the head of the North Konawe District Health Office, as follows:

Very available, Firstly, there is the URC-KISS post, then there are operational vehicles and there is medical equipment needed for stunting.(Interview with the Head of the North Konawe Regency Health Office, Nu (52 Years Old) May 2, 2024).

Based on the results of interviews regarding facilities and infrastructure, it was concluded that facilities and infrastructure were available to support the URC KISS program, including motorbikes, ambulances, and anthropometric measuring tools.

This study also examines the obstacles or constraints in the use of facilities and infrastructure in implementing the URC KISS program, and the results of the interviews found that most informants stated that there were no obstacles in terms of facilities and infrastructure

that support the URC KISS program, the following are the results of interviews with nutrition workers at the Oheo Health Center and Paka Health Center:

Oh yeah. As I said earlier, thank God there aren't any.(Interview with Nutritionist at Oheo Health Center, Ds (28 Years Old) May 14, 2024).

No ji so far ma'am(Interview with Nutritionist at Paka Health Center, AM (35 Years Old) May 13, 2024).

Furthermore, a regular informant, a nutrition officer at Lamparinga Community Health Center, contradicted the statements of other informants, who stated that they encountered an obstacle: their vehicle was in use, preventing them from using the provided operational vehicles. The following is the informant's statement:

There is, ma'am. Usually, it happens when the vehicle is being used, ma'am.(Interview with Nutritionist at Lamparinga Health Center, Fr (25 Years Old) May 15, 2024).

This is confirmed by the results of interviews with the Head of the Public Health Division and also with the nutrition section as triangulation informants who work at the North Konawe District Health Office that no obstacles were found, as follows:

Well, I don't think there are any obstacles.(Interview with the Head of Public Health, North Konawe Regency, TT (50 Years Old) May 6, 2024).

If there are no obstacles, ma'am(Interview with Head of Nutrition Section, ID (41 Years) May 6, 2024).

This is also in line with the statement of the key informant, namely the secretary of URC KISS and also confirmed by the head of the Konawe district health office who also stated that no obstacles were found in implementing the URC KISS program, with the following interview results:

Thank God, there are no more obstacles regarding facilities and infrastructure, everything is available.(Interview with URC KISS Secretary, MH (40 Years Old) May 1, 2024).

So far, there is no(Interview with the Head of the North Konawe Regency Health Office, Nu (52 Years Old) May 2, 2024).

Based on the results of interviews regarding obstacles related to infrastructure, it was concluded that there were no obstacles in the availability and use of URC KISS program facilities and infrastructure.

Discussion

Financing

The results of this study indicate that the financing system of the URC KISS program is funded by the local government of North Konawe Regency, with the financing system through the District Health Office, which then provides assistance funds to the Community Health Center, specifically to the Nutrition Programmer or nutrition staff of the Community Health Center to manage the financing of the URC KISS program. The source of financing for the URC KISS is from the local government of North Konawe Regency, in the realization of financing, no obstacles were found, this is in accordance with the informant's statement that there were no obstacles in terms of financing.

This research is in line with previous research that input elements of the 1,000 HPK Movement program can be described as, among other things, sufficient funding (money) and appropriate use. Materials are sufficient and readily available. Facilities and infrastructure (machines) are adequate at the Community Health Center, while equipment at the Integrated Health Post is still missing or damaged. The service method is good and implemented according to SOPs.[15]

The stunting budget meets the mandate of BKKBN Regulation No. 12 of 2021 concerning the National Action Plan to Accelerate the Reduction of Stunting Rates in Indonesia, which is 10% of the total Village Budget.[16] This is in line with other research, which states that community health centers receive funding from Health Operational Assistance and the Regional Revenue and Expenditure Budget distributed by the Health Office.[17] Furthermore, research conducted at community health centers in Demak Regency also

added that funding is obtained from village funds.[18]

This research supports Karyoto's theory that money is the most important resource after humans, as every activity requires money.[19] Funds can be obtained from community self-help and government subsidies. Program funds are usually sourced from the state budget, regional budgets, or community self-help.[20]

According to researchers, funding for stunting reduction efforts in Indonesia involves various sources and mechanisms. Effective and sustainable funding is key to achieving this goal.[21] Local governments also allocate funds from the Regional Revenue and Expenditure Budget for health programs, including stunting reduction. It is crucial to ensure that available funds are used efficiently and appropriately. Adequate audit and reporting mechanisms are needed to prevent misuse of funds. Funding must be sustainable and not solely dependent on temporary funding sources. Long-term commitment from all stakeholders is required to achieve significant results.

Human Resources

The results of this study indicate that the implementation of the URC-KISS program has adequate healthcare personnel with appropriate expertise. The average healthcare worker implementing the program is a nutritionist at a community health center (Puskesmas), with two to three staff members per community health center. Furthermore, the study also found that all informants reported no barriers to human resource availability in URC-KISS program services.

This research is in line with research, that the results of the evaluation of public policies for stunting prevention and the still high prevalence of stunting in many regions are due to the still limited number of competent human resources at the regional level, the limited funds available for health workers whose coverage area is very wide and difficult to reach, the available facilities and infrastructure are very inadequate to monitor the target targets (pregnant women, toddlers) whether they are in accordance with nutritional adequacy and healthy behavior.[22] Likewise, research tha found human resources are still insufficient for nutrition and health promotion personnel. Funding is sufficient and used appropriately. Target markets are appropriate and on target. Materials are sufficient and readily available. Facilities and infrastructure (machines) are adequate at community health centers.[23]

This research is also in line with research which states that in an effort to address stunting, the government has established a Family Support Team. The Family Support Team is a government-created program tasked with direct fieldwork or community involvement. This team consists of three people: a Village Midwife, a Family Welfare Empowerment Officer, and a Cadre.[24]

The theory proposed by Alamsyah emphasizes in this study that officers who will provide services include health center staff, cadres, officers, community leaders, and so on. Officers who frequently attend training will be different from officers who rarely attend training.[25] This difference is seen in the officer's skill in carrying out their duties and in studying a problem. Availability of Human Resources as program implementers and program managers in a particular program.[24]

According to researchers, human resources play a crucial role in stunting reduction efforts. Competent and trained human resources can provide effective and sustainable interventions. By utilizing competent and trained human resources and ensuring ongoing training and capacity development, stunting reduction efforts can be more effective and sustainable.

Infrastructure

The results of the research on facilities and infrastructure show that the facilities and infrastructure are available to support the URC KISS program, including motorbikes, ambulances, and anthropometric measuring instruments, and there are no obstacles in the availability and use of facilities and infrastructure for the URC KISS program.

Study by Fanggidae et al. found that the facilities and infrastructure (machines) are adequate at the Community Health Center, while at the Integrated Health Post there is still equipment that is not yet available or in a damaged condition.[26] This study is in line with the research that the availability of anthropometric equipment at Community Health Centers in Merangin Regency for Community Health Centers is sufficient, however, for Integrated Health Posts there is still a shortage of only 195 sets available from a total of 432 Integrated Service Post.[27]

Meanwhile, for successful villages, the availability of anthropometric devices is sufficient for all integrated health posts, namely 36 anthropometric devices.[16] Conversely, for less successful villages, they have 6 anthropometric devices with a total of 12 Integrated Service Post, meaning there are still 6 Integrated Service Post that do not have anthropometric devices. Therefore, the provision of anthropometric devices must be carried out immediately, considering that the assessment of children's nutritional status and child growth trends is carried out through measurements using standard anthropometric tools as a reference for health workers, program managers, and stakeholders in accordance with the mandate of the Minister of Health Regulation number 2 of 2020 concerning child anthropometric standards.

This research is reinforced by Sylvia theory that materials are tools used to support the smooth running of a program. A complete package of materials can facilitate a program's implementation, while a lack of adequate materials can hinder its implementation.[28] Throughout the implementation process, human activities utilize materials as management tools to achieve goals.[29] Facilities are the things used directly. Meanwhile, infrastructure is the tools or facilities that support these facilities. Infrastructure is essential for implementing a program, including vaccines, syringes, health card, weighing equipment, medications, and so on.[30]

According to researchers, facilities and infrastructure play a crucial role in supporting efforts to reduce stunting rates. Adequate infrastructure and complete facilities enable more effective and efficient implementation of health and nutrition programs. With adequate facilities and infrastructure, stunting reduction programs can be implemented more effectively, encompassing various aspects of health, nutrition, education, and the environment. Good infrastructure also ensures that interventions reach all levels of society, including those in remote and hard-to-reach areas.

Conclusion

Inputs include funding directly from local governments, available human resources appropriate to their competencies, infrastructure such as cars, motorcycles, and anthropometric measuring instruments, and support from the URC KISS implementation guidelines.

Suggestions for the North Konawe Health Office to hold regular training for health workers, integrated health post cadres, and field officers on handling stunting, nutrition, and monitoring child growth and utilize technology, such as mobile applications and data-based information systems, to monitor and report children's nutritional and health status more effectively.

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