Performance Measurement of Stunting Management Policy Implementation In Batam City

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Article Info

Abstract: This study analyzes the performance measurement of stunting prevention policy implementation in Batam City by taking a case study of Integrated Stunting Prevention Convergence Policy Implementation in Batam City. The Batam City Government has implemented an integrated stunting prevention convergence policy to accelerate the reduction of stunting in Batam City since 2021. This study uses a qualitative research method with data collection techniques using in-depth interviews, observation, and documents. Selection of informants using a purposive sampling technique. The results of the study found that the performance of integrated stunting prevention convergent policy implementation in Batam City has been going well in achieving its goals because 0f the results of the policy output assessment, namely access; scope; frequency; service promptness; and the suitability of the program with the needs has been going well in its implementation. However, this policy still has deficiencies in terms of outreach to the public about stunting.

INTRODUCTION

Indonesia will prepare for a golden generation by taking advantage of opportunities from the demographic bonus in 2045, with the availability of quality human resources, namely human resources who are healthy, intelligent, creative, and competitive. One of the challenges of quality human development is the problem of stunting. In Indonesia, stunting is still a major nutritional problem for infants and children under two years of age. Stunting is a condition of failure to grow and develop in children due to a lack of nutrition for a long time.

The problem of stunting is important to solve because it has the potential to disrupt human resources with the level of health and even death in children. The results of the Indonesian Toddler Nutrition Status Survey (SSGBI) show that there has been a decrease in the prevalence of stunting from 37.8 percent in 2013 to 27.67 percent in 2019 (BKKBN, 2021). However, this figure is still higher than the maximum tolerance for stunting set by the World Health Organization (WHO). WHO targets a stunting rate of no more than 20 percent. Indonesia is still in fifth place in the world and second in Southeast Asia regarding cases of stunting (MCA-Indonesia, 2020).

Since 2017, the government has initiated stunting prevention by involving various multi-sectors in stunting prevention and control, namely 23 technical ministries and local government involvement in reducing the number of stunted sufferers. However, there is still a wide disparity in the prevalence of stunting between provinces. The average reduction rate is still slow, and the reduction in stunting in Indonesia has not yet reached the target set by WHO, which cannot exceed 20%. Departing from these problems, the government issued a

policy by determining the location of the focus (locus) for stunting intervention at the district/city level based on several indicators, including the number of stunted children under five, stunting prevalence, and poverty rate in 2018. The government has determined the locus of intervention to reduce stunting in 100 districts/cities throughout Indonesia. The Focus Location for stunting reduction expanded to 160 regencies/cities in 2019 and increased to 260 regencies/cities in 2020. In 2021, the number of locus of intervention for reducing stunting will increase to 360 regencies/cities (Bappeda, 2020).

Batam City is one of the cities in the Riau Archipelago Province, also facing problems regarding stunting. Based on data from the Riau Islands Provincial Health Office (2020) that in 2020 the number of stunting cases in the Riau Islands Province was 7.2%. The following details the number of stunting cases per regency/city in the Riau Archipelago Province:

Table 1 Number of Stunting Cases in Riau Archipelago Province, Per Regency/City in 2020

| REGENCY/CITY	NUMBER OF STUNTING CASES (PERCENTAGE)
KABUPATEN KARIMUN	7%
KABUPATEN LINGGA	11,2%
KABUPATEN BINTAN	11%
KABUPATEN NATUNA	11%
KABUPATEN KEPULAUAN ANAMBAS	15,6%
KOTA BATAM	7,2%
KOTA TANJUNG PINANG	1,3%

Source: Riau Archipelago Province Health Service, 2022

Based on table 1 explains that the highest cases of stunting are in Anambas islands regency, where the number of stunting cases reaches 15.6%. Meanwhile, Batam is in fifth place with the number of stunting cases of 7.2%. Nonetheless, the central government has designated Batam as one of the cities for intervention to reduce stunting. Determination of the city of Batam as a stunting reduction intervention locus refers to the decree of the head of Bappenas number KEP 42/M.PPN/HK/04/2020 concerning the determination of regency/city expansion focus locations of integrated stunting reduction intervention in 2021. To complement the head of Bappenas decree, the city government of Batam stipulates Batam mayor regulation number 24 of 2021 concerning the convergence of integrated stunting prevention in Batam. This mayor regulation serves as a guide in carrying out integrated stunting prevention, control, and reduction actions in Batam city.

Integrated stunting prevention convergence is stunting prevention carried out through integrated nutrition interventions, including specific nutrition interventions and sensitive nutrition interventions. Specific nutritional interventions targeting the causes of stunting include (i) adequate food and nutrition intake, (ii) feeding, care, and parenting, and (iii) treatment of infection/disease. The target group for specific nutrition interventions is pregnant mothers; breastfeeding mothers and children 0-23 months; teenagers; women of childbearing age; and children 24-59 months. Meanwhile, sensitive nutritional interventions target (i) increasing access to nutritious food; (ii) increasing awareness, commitment, and practice of maternal and child nutrition care; (iii) increasing access to and quality of nutrition and health services; and (iv) increasing the provision of clean water and sanitation facilities. The targets of sensitive nutrition interventions are families and the general public (TNP2K, 2018).

In the implementation of stunting prevention convergence, there has been a decrease in the prevalence of stunting in Batam City in the last three years, from 2020 to 2022. Details are shown in the graph 1 below:

Graph 1. Stunting Prevalence Trend in Batam City Based on Districts in Batam City in 2020 – 2022
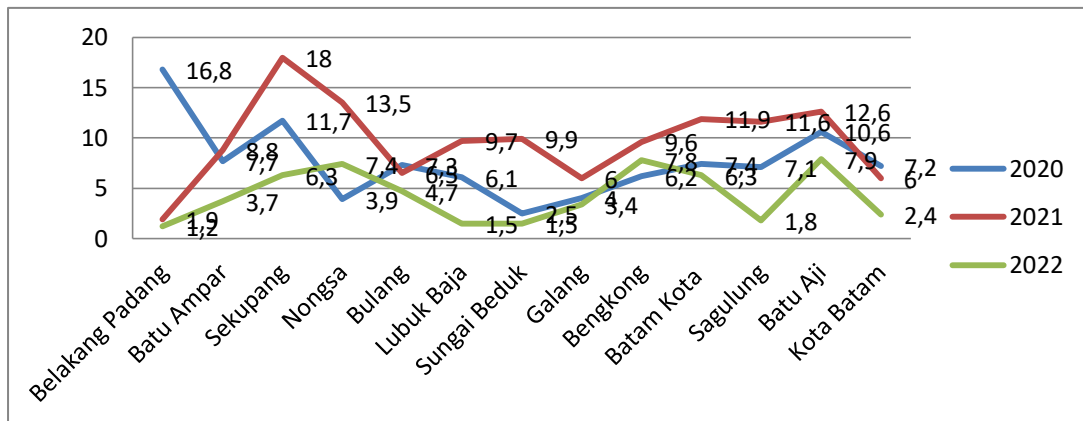
Source: Batam City Health Agency, 2022

Graph 1 shows that there has been a decrease in the prevalence of stunting in Batam City in the last three years, where there has been a decrease in prevalence of stunting from 7.2% in 2020 to 2.4% in 2022. The convergence of integrated stunting prevention has succeeded in stunting rates in Batam city. This was stated by Deputy Mayor of Batam, Amsakar Achmad (dinkes.batam.go.id, 2022)

> *"It is the cooperation and convergent hard work of all parties that have made Batam City successful in reducing the prevalence of stunting from 6.02 in 2021 to 2.4 in 2022".*

The concern of this policy can be said to be very complex, which is about increasing the quality of human resources. Therefore, integrated stunting prevention convergence policies need to be made of performance measurements to see the achievements of a policy. Therefore, an integrated stunting prevention convergence policy needs to be made a performance measurement to see the achievement of a policy, and whether the policy has succeeded in reducing the stunting rate in the city of Batam in the target group by the initial objectives of the program. There is a fact that government programs are not always successful in implementing policies (Rachman, 2014).

Based on the explanation above, this study aims to answer the research question of whether the performance of integrated stunting prevention convergence policy implementation in Batam City has succeeded in reducing stunting rates to the initial objectives of making the policy. This research focuses on specific nutrition interventions.

LITERATURE REVIEW

Public Policy Implementation Performance Indicators

The failure or success of the implementation of a policy in realizing the policy objectives that have been outlined, in the implementation study literature is known as implementation performance (Winarno, 2012). The performance of a policy can be defined as an illustration of the level of implementation achievement in realizing the goals and objectives of a policy, both in the form of policy output and policy outcome (Purwanto, 2012).

1. Policy output indicators

Output indicators are used to determine the direct consequences felt by the target group as a result of the realization of activities, distribution of grants, subsidies, and others carried out in implementing policies. The indicators used to assess the quality of policy output according to Ripley (1986), namely:

  a. Access

  The indicator used to find out that the program or service provided is easily accessible to the target group? Access also implies the occurrence of equal opportunities for all target groups, regardless of individual or group characteristics attached to them.

  b. Coverage

The indicators are used to assess how much the target group has been reached (obtaining services, grants, transfers of funds, and so on) by the implemented public policies.

c. Frequency

An indicator to measure how often the target group can obtain the services promised by a policy or program.

d. Bias

An indicator used to assess whether the services provided by the implementer are biased (deviated) to groups of people who are not targeted or groups of people who are not eligible to enjoy assistance or services provided by the government through a policy or program.

e. Accuracy of service (service delivery)

This indicator is used to assess whether the services provided in the implementation of a program are carried out on time or not. This indicator is very important to assess the output of a program that is sensitive to time. This means that delays in the implementation of the program will have implications for failure to achieve the program's objectives.

f. Accountability

This indicator is used to assess whether the actions of implementers in carrying out their duties to deliver policy outputs to target groups can be accounted for or not.

g. Program suitability with needs

This indicator is used to measure whether various policy or program outputs received by the target group are to their needs or not.

2. Policy Outcome indicators

Policy outcome indicators are used to assess the results of implementing a policy. In various literature, outcome indicators are also referred to as policy impact indicators. According to Purwanto (2012), The results or impacts of policies are related to changes in the condition of the people who are the target group of the policy or program, namely from initial conditions that are not desirable to new conditions that are more desirable.

The policy outcome indicators used are (1) initial outcomes or initial results from policy outputs, (2) intermediate outcomes or medium-term results, and (3) long-term outcomes or long-term results.

Stunting Concept

Stunting (dwarf) is a toddler condition characterized by a length or height that is below the standard set by the minister in charge of government affairs in the health sector. Stunting is a form of growth failure (growth faltering) due to the accumulation of inadequate nutrition that lasts a long time from pregnancy to 24 months of age (Hoffman et al, 2012; Bloem et al, 2013). This condition is measured by length or height that is more than minus two standard deviations of the WHO child growth standard median. Stunting is caused by inadequate nutritional intake for a long time due to the provision of food that is not for nutritional needs. Stunting can occur when the fetus is still in the womb and only appears when the child is two years old. (RI Ministry of Health, 2018)

Stunting that has occurred if it is not balanced with catch-up growth results in decreased growth, the problem of stunting is a public health problem associated with an increased risk of morbidity, mortality, and obstacles to growth both motoric and mental. Stunting is formed by growth faltering and inadequate catch-up growth which reflects the inability to achieve optimal growth (Kusharisupeni, 2012; Hoffman et.al, 2012), this reveals that groups of toddlers born with normal weight can experience stunting if fulfillment of further needs is not properly met.

RESEARCH METHOD

This study used qualitative research methods. Qualitative research is a research method that is descriptive in nature and tends to seek meaning from the data obtained from the results of a study (Lebar, 2015).

The data sources in this study are divided into two, namely (1) primary data and (2) secondary data. Primary data were obtained from the results of observations, interviews, recordings, and photographs of several informants who have been determined by the

researcher. Secondary data is data in the form of literature and documents relevant to research (Barret & Twycross, 2018). The techniques used to obtain primary data are observation and in-depth interviews. Meanwhile, to obtain secondary data by studying and utilizing documents. The selection of informants using a purposive sampling technique. The informants in this study were the Head of the Public Health Sub-dept. of Batam City Health Office, the Head of the Sub-department of Community Empowerment of Bapelibangda City of Batam, the Family Assistance Team, and target groups who are at risk of stunting. A data validity test was carried out using data triangulation techniques. Meanwhile, data analysis techniques according to Miles and Huberman in Sugiono (2018), namely data reduction, data presentation, and conclusion.

RESULT AND DICUSSION

In this section, the researcher presents the results of an analysis of the performance of the integrated stunting prevention convergence policy implementation in Batam City seen from the assessment of policy output indicators. In this research, researchers did not use all performance indicators because they were adjusted to the studies studied. The following details the results of the research which show that:

1. Access

Access indicators are used to find out how easily the program or service provided can be reached by the target group. In addition, access also implies how easy it is for the target group to reach (contact) the implementers to find out information about the program and submit complaints if they encounter problems during the policy program implementation process. The results of the research show that indicators of access to policy outputs are considered effective for specific nutrition services.

In terms of specific nutrition services, it is easy for the community to access these services at Integrated Healthcare Center, Public Health Centers, private midwives, and doctors. In that place, they get Communication, Information, and Education (IEC) about the adequacy of food intake and nutrition; feeding; care, and parenting.

In addition, the government formed a family assistance team, which is a group of staff formed and consisting of midwives, TP PKK cadres, and family planning cadres at the sub-district level to carry out assistance including counseling, referral facilities, and facilitating acceptance of social assistance programs for the target group, namely pregnant women, breastfeeding mothers, mothers with children aged 0-23 months, mothers with children aged 24-59 months, fertile women and young women. The following is the number of family companion teams:

Table 2 Number of Family Assistance Teams per District in Batam City in 2021

No.	District	Number of Family Assistance Teams
1.	Sagulung	315
2.	Batam Kota	235
3.	Batu Aji	186
4.	Belakang Padang	27
5.	Batu Ampar	63
6.	Nongsa	63
7.	Sekupang	97
8.	Bulang	19
9.	Lubuk Baja	116
10.	Sungai Beduk	177
11.	Galang	36
12.	Bengkong	104
Total		**1438**

Table 2 explains that each sub-district has a family companion team to serve the target group. The target group can easily reach implementers to get KIE regarding food

intake, nutrition, and parenting. For the target group of young women, access to specific nutrition services is provided by administering iron tablets at schools or other health facilities. Since 2016, the government of Batam City has announced the provision of iron supplement tablets to young girls in schools. The distribution of blood-added tablets is in collaboration between the Community Health Center and the School Activity Unit (UKS).

2. Coverage

The coverage indicator is used to find out how much the target group has been reached by the implementer. Specific nutrition services have reached the target group, namely pregnant women, breastfeeding mothers, mothers with children aged 0-23 months, mothers with children aged 24-59 months, fertile women, and adolescents. As explained in the access indicator, the target group can easily reach implementers to obtain KIE on food and nutrition intake, immunization, and parenting.

However, the testimony of 6 informants from the target group who live in the mainland and hinterland areas explained that they did not know about stunting. They came to Integrated Healthcare Centers, Public Health Centers, private midwives or doctors only to check pregnancies (pregnant women informants), child immunizations (mother informants who have under-fives), check sick children (informants who have children aged 3-6 years), they do not get information about stunting. Likewise, with 2 of the young female informants who attended school in the hinterland, the researchers interviewed said that they had never received iron tablets at their school. Different information was obtained from 2 young female informants who attended school on the mainland, and who had received iron tablets at their school. But they don't know that the tablets are to prevent stunting.

So the coverage indicator is not yet effective because there is still a lack of stunting socialization given by the implementor to the target group. In addition, young women as the target group who are in the hinterland area have not received iron supplement services.

3. Frequency

Frequency looks at how often the target group gets the service. Frequency for target groups who receive specific nutrition services, including:

a. Integrated Healthcare Center. Integrated Healthcare Center provides health services once a month, where the target group gets KIE and health services such as immunization and weighing. Integrated Healthcare Center cadres will make visits to the homes of residents who have children with indications of malnutrition and stunting. Integrated Healthcare Center cadres carry out periodic monitoring. If you are in a critical condition for the health of the mother and child, the Integrated Healthcare Center will make a referral to the Public Health Centers;

b. Public Health Centers. Services at the Public Health Centers are carried out according to the needs/arrival of the target group to this government-owned health service center. During critical conditions, the Public Health Centers becomes a referral center based on referrals from Integrated Healthcare Center cadres.;

c. Private Midwives and Doctors. Services for private midwives and doctors are also carried out by target groups according to needs. In services at private midwives or doctors, the target group also gets KIE and health services.

The frequency indicator, health services at Integrated Healthcare Center, Public Health Centers, private midwives, and doctors have been running well provided by the implementer, but this is also very dependent on the activeness of the target group who benefit. Meanwhile, the attendance rate for consultations for mothers with children aged two years at Integrated Healthcare Center is high, but pregnant women in hinterland areas usually go to the auxiliary health center or village midwife. The target group of young women, receive the service of administering iron tablets once a week at school by collaborating with the School Health Unit (UKS) and the local Public Health Centers. This is reinforced by a statement from a student at SMKN 5 who gets iron tablets at school every Thursday.

4. Service Accuracy

This indicator is used to assess whether the services provided in program implementation are carried out on time or not. If a program is implemented on time, then the program will not be redundant or in vain. On the other hand, if a program is not implemented or is delayed, it will cause public problems to get worse or even create new problems.

In this indicator, the researcher looked at how the assistance team determined the target group that was included in the stunting category. This categorization is carried out through a fairly lengthy process and validation by a health professional. Services provided to the community are organized from the central level to technical personnel in the field. The timeliness of the referral process for children suffering from stunting when experiencing physical instability/health problems can be seen in the Figure 1 below.

Figure 1 Referral Flow for Babies at Risk of Stunting
Source: Processed by researcher, 2022

Indicators of service accuracy in specific nutrition interventions have been carried out promptly by coordinating and collaborating with the Family Assistance Team in the field. It can be said that the convergence of stunting prevention integrated into specific nutrition interventions has been effective from the indicators of service accuracy. The convergence policy has been very appropriate to be carried out by the Batam City Government, considering that the number of stunts in Batam City in 2019 was high.

5. Compatibility of the Program with Needs

This indicator measures whether the various policy or program outputs received by the target group are by the needs. Specific nutritional intervention services that suit the needs of the community in this policy are social assistance facilities, where activities are aimed at ensuring that target groups at risk of stunting are properly recorded and receive social assistance from the government. However, social assistance in the form of bread is usually reserved for children who experience malnutrition. The program conformity indicator the needs is the needs of the community based on the category of the target group.The program's suitability indicator for this need has been running effectively based on the category of the target group.

CONCLUSION

The convergence of integrated stunting prevention in Batam city for specific nutrition intervention services has been effective. This is seen from the policy output indicators, implementation of stunting prevention convergence has high performance because almost all of the performance indicators are running effectively. The drawing conclusion is based on the use of a directly proportional inference method. The more policy output indicators that work effectively, the higher the performance of the policy.

1. Access to services for this program is good, that is, it can be served at Posyandu and Puskesmas. Access to additional specific nutrition services can be obtained by midwives and doctors for the target group.

2. Coverage has reached the target group, namely Pregnant Women, Breastfeeding Mothers, Mothers with two-year-old babies, and young women. In this case, the lack of mothers giving exclusive breastfeeding needs to be increased again.
3. The frequency of service is considered good. However, this frequency also depends on the activeness of the target group in reaching out for services.
4. The accuracy of the service has been carried out on time with good coordination and cooperation of the Family Assistance Team in the field.
5. The suitability of the program with the needs has been effective based on the category of the target group. Only special assistance for children with stunting status.

The researcher recommends that the Batam City government socialize more about stunting to the public, especially the target group. Thus, the target group pays more attention to stunting. In addition, blood-supplementation tablets are routinely given to girls' schools, especially in the hinterland area, as well as providing CIE on stunting.

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