

Review Article

The Health Department's Strategy in Efforts to Reduce Stunting Rates in Medan City

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Abstract : Stunting is a condition of growth failure in children caused by chronic malnutrition, especially in the first 1000 days of life, resulting in a child's height not being appropriate for their age. Medan City remains one of the loci for stunting prevention in North Sumatra among 15 regencies/cities. Therefore, the prevention and reduction of stunting rates become the responsibility of the Medan City government agencies, one of which is the Medan City Health Office. In the reduction of stunting at the Medan City Health Office, it is known that there are issues such as programs that have not been running smoothly and a lack of human resources at several community health centers in Medan City. The objective of this research is to describe the strategies of the Health Office in efforts to reduce stunting rates in Medan City. The research method used in this study is descriptive research with a qualitative approach. The research results indicate that the Health Office's strategy in efforts to reduce stunting rates in Medan City has been quite effective, as evidenced by the decrease in stunting rates in Medan City and the fulfillment of several indicators. For instance.

Keywords: Health Department Strategy, Reducing Stunting Rates, Efforts to Reduce

1. INTRODUCTION

The background section has explained the importance of the stunting problem and its context in Medan City. Comparisons with previous studies have been made and the differences in this study are described. The urgency of the study is explained by linking the stunting problem with Kotten's strategy indicators. The Kotten strategy theory used needs to be explained in more detail in the literature review section (if there is a separate section) or strengthened in the introduction section regarding its relevance to this study.

The Ministry of Health (2018) states that stunting is a chronic malnutrition condition experienced by toddlers starting from the first 1000 days of life, which causes developmental disorders, resulting in the toddler's height being shorter than the average for their age. Children who are stunted usually also experience wasting, which is defined as being underweight. Wasting is acute in nature. Based on the preliminary research conducted by the researcher, it is known that the target reduction of stunting from the Ministry of Health to the Medan City Health Office is 0.2% each year. Based on the data in the table, it is stated that there has been a significant decrease, namely in 2020 the number of stunting decreased by 0.3% to 0.39% in 2021. In 2022, it decreased by 0.08% to 0.31%. Finally, in 2023, it dropped to 0.16%. Thus, the set target was almost achieved. Nevertheless, there are still some issues in reducing stunting that the researcher will explain next.

meaning it occurs rapidly. The Medan City Council stated that the Medan City Health Office should vigorously innovate to accelerate the reduction of stunting or chronic malnutrition rates in Medan City. The lack of seriousness from the Medan City Health Office is also evident in the suboptimal stunting eradication program. One of them is the Exclusive Breastfeeding program, which should be able to provide antibiotics to infants. Even reported by pemekmedan.go.id (2023), it is known that the achievement of stunting reduction was due to the success of the Foster Father program implemented by the Mayor of Medan. This indicates that the program that should have been implemented by the Medan City Health Office to eradicate stunting did not run as it should have. Ideally, if the Health Department were to demonstrate optimal seriousness, the success of reducing stunting rates would be supported through the Exclusive Breastfeeding program implemented by the relevant department. In addition, there is still a shortage of nutritionist medical personnel in handling stunting at the Puskesmas in Medan City. Quoted from lintasmedan.com (2022), the Deputy Chairman of the Medan City DPRD, Ihwan Ritonga, requested the Head of the Medan City Health Office to promptly address the shortage of nutritionist medical personnel, such as at the Sicanang Medan Belawan Health Center. Moreover, the

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Medan Belawan area is among the regions with the highest level of slum conditions in the city of Medan. Nutrition experts are greatly needed to address stunting cases in the Sicanang area. Ihwan also stated that stunting management must be comprehensive and strengthen services throughout the city of Medan. The shortage of medical personnel or human resources in efforts to eradicate stunting is also evident due to the absence of Medicine Intake Supervisors (PMO), making it difficult to monitor and record the number of adolescent girls who have taken the medication provided to prevent stunting. As a result, the targets for successful medication consumption and the benefits of the medication cannot be clarified in detail. As per the following interview with the researcher: "Usually, when iron tablets (TTD) are given to adolescent girls or pregnant women, they take them in front of us, but there is no Medicine Consumption Monitor (PMO), so we don't know if they have been consumed or not." (Interview with Mrs. Asnita, Nutrition Analyst at the Medan City Health Office). Related to human resources, it is also connected to the community in question. Many parents are afraid that if their child is taken to the Posyandu, it will cause the child to have a fever. The concerned community tends to believe that their child will grow up on their own without needing immunization. As a result, it will not be easily detected if the child suffers from stunting, has poor nutrition, or even has problems with weight and height. This research will focus on children aged 1-5 years. Children who are indicated to be stunted are marked by head circumference far below the 3rd grade SD (Standard Deviation). The development of children aged 1-5 years is assessed by looking at their weight, head circumference, and head length. If a child has measurements that deviate, it can be stated that the child is experiencing stunting and other developmental deviations. The result of this research indicates that the handling of stunting in Karawang Regency can be said to be suboptimal, as there are still programs that have not been implemented and do not have a direct impact on the community in Karawang Regency. Second, the research conducted by Hafzana Bedasari, Frinda Novita, Azmi, Muhammad Taufiq Razali, and Irna Shafira Landa Wana in 2022 with the title "The Health Office's Strategy in Preventing and Addressing Stunting (Case Study in Pongkar Village, Tebing District, Karimun Regency)." The results of this study indicate that the Health Office of Karimun Regency has not succeeded in reducing the stunting rate in Pongkar Village from 2019 to 2021. The implementation of the stunting prevention and handling program in Pongkar Village has not been optimal due to the lack of supporting infrastructure for the execution of the stunting prevention and handling program, the lack of expertise, knowledge, and human resources possessed by the Health Office responsible for stunting prevention and handling, insufficient budget, low community participation, and the general public's lack of awareness about the stunting prevention and handling program.

Lastly, a study conducted by Fatris Rudmini in 2021, which examined the Health Office's Strategies in Addressing the Prevalence of Stunting in Toddlers in Simeulue Regency. The results of this study indicate that the formulation of strategies to combat stunting in toddlers by the Simeulue District Health Office is quite good. Meanwhile, the implementation of the strategies planned by the Simeulue District Health Office is still limited to the organization of education and training for health workers at the Health Office level, Posyandu cadres, and Puskesmas. Based on the references of the above research, it is known that all researchers used qualitative research with the same discussion, namely how to reduce or decrease the stunting rate through programs implemented by the government to reduce the stunting rate. The difference between this research and the previous studies lies in the differences in location and focus that will be used. The researcher uses the theory proposed by Kotten (1997), which states that there are several factors that need to be considered to achieve strategic success, namely: Corporate Strategy, Program Strategy, and Resource Support Strategy. The urgency of this research can be understood through the connection of the problem with Kotten's indicators. First, the Exclusive Breastfeeding program from the Health Office, which has not been effective in alleviating stunting, is related to the program strategy indicators. Second, the lack of nutritionist medical personnel in handling stunting at the Puskesmas in Medan City and the societal stigma that taking children to the Posyandu will cause fever (lintasmedan.com, 2022) are related to resource strategy. The third issue is the lack of commitment from the Health Office (pemkomedan.go.id, 2023), which is related to institutional strategy. Therefore, the researcher conducted a study titled "The Strategy of the Medan City Health Office in Efforts to Reduce Stunting Rates in Medan City."

Strategy

Basically, the concept of strategy is defined as a way to achieve goals. Such a thing, as stated by Siagian (2004:20), is that strategy is a series of decisions and actions made by top management and implemented at all levels within an organization to achieve the organization's goals. The formulation of a strategy requires certain stages to be fulfilled.

Stunting

According to the Ministry of Health of the Republic of Indonesia, stunting is a growth disorder experienced by toddlers that results in delayed growth not in accordance with standards, leading to both short-term and long-term impacts. Stunting is defined as an indicator of nutritional status of Height for Age (H/A) equal to or less than minus two Standard Deviations (-2 SD) below the average of the standard, meaning that toddlers with a z-score value, if the z-score is less than -2 Standard Deviations (SD), are categorized as stunted toddlers. Toddlers with a z-score of less than minus 3 (-3) SD are categorized as severely stunted toddlers. Stunting begins even before the child's birth, caused by poor maternal nutrition during pregnancy, poor dietary patterns, poor food quality, and frequent illness.

Characteristics of Stunted Children

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translate, and I'll be happy to assist you!The general characteristics of stunting in children can be seen from their dwarf-like stature when they reach the age of 2 years, or being shorter than children of the same age and gender.Besides being short or stunted, children who experience stunting also appear thin.Although they appear short and thin, the child's body remains proportional.However, it is important to remember that not all short children are considered stunted.The characteristics of stunted children according to the Ministry of Health are as follows:

1. Height and weight are smaller compared to children of the same age.
2. The child is at risk of experiencing bone disorders.
3. Experiencing health issues.
4. Prone to experiencing health issues.
5. Appears constantly weak.
6. Less active.

Factors Causing Stunting

The factors that cause stunting include the following:

1. Genetic Factors
2. Economic Factors
3. Parenting Styles
4. Health Services

The common issues encountered are the inadequate role of posyandu cadres in providing counseling on parenting patterns to prevent stunting and the lack of healthcare facilities for mothers and children from pregnancy to birth and growth. Impact of StuntingThe impact of stunting generally occurs due to a lack of nutritional intake during the first 1,000 days of a child's life. The count of 1,000 days starts from the fetus until the child reaches the age of two.The problem of stunting occurs when a child reaches the age of two years or the first 1,000 days of life, which is a critical period for growth disturbances, including short stature.

2. METHOD

The descriptive qualitative approach has been mentioned. Explain further why this approach was chosen and how it was applied in this study. The location of the study is clear. Data collection techniques (interviews, observation, documentation) have been mentioned. Explain in detail how each of these techniques was carried out, who the informants were, and what type of data was collected.

Data sources (primary and secondary) have been identified

Research Approach

The research approach used in this study is a qualitative approach.This qualitative approach uses descriptive research.

Research Location

The research location is Jalan Rotan Komplek Petisah Medan, Petisah Tengah, Kecamatan Medan Petisah, Kota Medan, Sumatera Utara 20111.The selection of this research location is because the Health Office is a key pillar in addressing stunting in Medan City through the Exclusive Breastfeeding program and others.The Medan City Health Office also has a number of data and informants needed by researchers to analyze the stunting problem in Medan City. Data Collection Techniques and Data Sources

Data Sources

It seems there is no text to translate. Please provide the text you'd like me to translate, and I'll be happy to assist you!Data is information collected to support a research study.Researchers use two sources of data, namely primary data and secondary data, to support the research results they will conduct.Sugiyono (2016:225) states that when viewed from the source of the data, data collection can use primary and secondary sources.The explanations among them are as follows:

1. Primary Data

It seems there is no text provided for translation. Please share the text you would like me to translate.Primary data is data obtained from direct observation in the field on the research object to acquire the necessary data and information.According to Sugiyono (2016:137), primary data is a source of data that directly provides data to the data collector.

2. Secondary Data

It seems that there is no text provided for translation. Please share the text you would like me to translate.Secondary data is data obtained from reading sources and various other sources, which consist of reports, records, documents, and literature studies obtained from previous research.This refers to Sugiyono's statement (2016:137) which states that secondary data is a source of data that does not directly provide data to the data collector, for example, through other people or through documents.

Data Collection Techniques

In research, the main objective is to obtain data that meets the established data standards.This must be done so that the data produced is accurate and of good quality.According to Sugiyono (2016:224), data collection techniques are the most strategic steps in research, because the goal of research is to obtain data.Without knowing the data collection techniques, researchers will not obtain data that meets the established data standards.The data collection technique used by the author in this research is:

1. Interview
2. Observation
3. Documentation

3. RESULT AND DISCUSSION

A description of the research location has been provided.

The discussion of the Medan City Health Office's strategy in an effort to reduce stunting rates was analyzed based on organizational strategies, programs, and supporting resources (Kotten).

Organizational Strategy:

The explanation of collaboration with other OPDs is good. The data on the reduction of stunting rates presented need to be analyzed in more depth, including specific factors that contribute to the decrease or increase in certain areas (for example, Medan Belawan has increased drastically).

Program Strategy:

The programs implemented (Nutrition Status Monitoring, POCATI, PMT Administration, TTD Administration, Exclusive Breastfeeding) have been described. However, findings in the field show that some programs have not run optimally (PMT and Exclusive Breastfeeding). Analysis of these constraints needs to be deepened, including the causative factors and their impact on the effectiveness of the program. Interview data related to PMT and Exclusive Breastfeeding constraints is good, but further analysis is needed regarding its implications for program strategies.

Supporting Resource Strategy:

Discussions about human resources and facilities/infrastructure have been submitted. The problem of shortage of nutritionists in several health centers needs to be emphasized as a significant obstacle in the implementation of the strategy, especially in areas with high stunting cases. The availability of facilities such as free anthropometry and ultrasound also needs to be linked more strongly to their impact on stunting reduction

Description of the Research Location

This research description explains the research object being studied and provides an overview of the Medan City Health Office, which is the implementer of the Health Office's Strategy in Efforts to Reduce Stunting Rates in Medan City.

The Health Office's Strategy in Efforts to Reduce Stunting Rates in Medan City. The strategy to reduce stunting rates is very important for the Medan City Government to ensure that the people of Medan City become a healthy society. This research examines how the Health Office's strategies in efforts to reduce stunting rates in Medan City are viewed or measured through organizational strategies, program strategies, and resource support strategies. To understand the strategies implemented by the Medan City Health Office, the researcher refers to the strategic indicator aspects according to Kotten, namely:

Organizational Strategy

As a manifestation of the vision and mission of the Medan City Health Office, various methods are employed to achieve this, namely by formulating strategies and programs. In this case, to achieve the target of reducing stunting rates, appropriate strategies are needed that can solve the stunting problem in the City of Medan. Here are the results of the interview with Mrs. dr. Helena Rugun N Nainggolan, MKT, Head of the Public Health Division of the Medan City Health Office:

"Our strategy involves collaborating with all OPDs, with all OPD budgets allocated towards reducing stunting, without exception." Then, the implementation down to the field by the Medan City Health Office, we prevent the emergence of new cases, the method is through HPK, from HPK we continuously promote balanced nutrition because if we fail in HPK, new babies born will be at risk of stunting, that is our strategy. All OPDs collaborate, both across sectors and programs, that is the strategy. The implementation down to the field includes reactivating posyandu activities, promoting the provision of iron tablets to adolescent girls, and POCATI (Pondok Gizi Cegah Stunting) collaborating with DAHSYAT (Dapur Sehat). (Interview with Dr. Helena Rugun N Nainggolan, MKT, Head of the Public Health Division of the Medan City Health Office). Based on the interview results with the informant above, it can be concluded that stunting is not only caused by sensitive nutrition factors but is also influenced by specific nutrition. Where it is known that sensitive nutrition can be influenced by poverty factors, while specific nutrition refers to needs such as unmet immunization, vitamin administration, and environmental cleanliness, especially during the first 1000 days of life (HPK) for toddlers. It is known that Medan Maimun experienced a significant decrease in stunting from 37 cases in 2021 to 23 cases in 2022. Similarly, Medan Johor, Medan Barat, and Medan Polonia continue to see a reduction in stunting rates each year. Then Medan Deli and Medan Sunggal also experienced a decrease, but still have relatively high stunting rates compared to other sub-districts. Medan Kota and Medan Tembung have shown a consistent decrease in stunting cases each year. Medan Kota decreased from 7

cases in 2020 to 3 cases in 2022, and Medan Tembung decreased from 11 cases in 2020 to only 2 cases in 2022. As for Medan Belawan, it experienced a drastic increase from 34 cases in 2021 to 96 cases in 2022. Medan Amplas shows a steady increase from 4 cases in 2020 and 2021 to 10 cases in 2022, and Medan Labuhan, which also experienced an increase, indicates that the stunting condition in this area is worsening. As well as Medan Tuntungan, Medan Denai, Medan Area, Medan Baru, Medan Selayang, Medan Helvetia, Medan Petisah, Medan Timur, Medan Perjuangan, and Medan Marelan, which experienced a decrease in 2022. The total number of stunting cases in all Medan Districts showed a slight decrease from 393 cases in 2020 to 364 cases in 2022. This shows that overall, there has been an improvement in reducing stunting cases in Medan, although some sub-districts still face significant challenges in reducing stunting rates. In reducing the stunting rate, the Medan City Health Office refers to the policies issued by the Health Office, which involve a cross-sectoral approach by engaging all Regional Device Organizations (OPD), including community institutions, educational institutions, the private sector, and the business world, to actively participate in reducing stunting cases, as there is a significant opportunity to lower the stunting rate. Because, from the stunting figures which were 393 in 2020, then 368 in 2021, and 364 in 2022, the causes are multisectoral.

Program Strategy

Program strategy pays more attention to the strategic implications of a particular program. Program strategy relates to questions about what impact will occur if a particular program is launched or introduced for the organization's target (government or society). As stated by Bryson (2011:76), a program is a policy that is operationally described in the form of a program, which contains steps to achieve national or regional development. Through this strategy, it can be seen that the program can have a positive impact or the opposite. The program implemented by the Medan City Health Office in an effort to reduce stunting rates is as follows:

1. Nutritional Status Monitoring

It seems that your message is empty. Could you please provide the text you would like me to translate? The nutritional status monitoring program is a continuous nutrition survey activity to collect data on indicators of nutritional problems and their determinants. Nutritional Status Monitoring is conducted starting from 1000 HPK (First 1000 Days of Life) or from the womb, carried out by the TPG (Nutrition Implementation Team) at Puskesmas or Posyandu. This program aims to provide information on nutritional status, nutrient consumption, especially in toddlers, and the performance achievements in nutrition improvement for policymakers and decision-makers for the planning and determination of nutrition problem-solving policies in a regular and sustainable manner. Every pregnant woman is advised to routinely check her pregnancy every month, and after giving birth, the child's weight and height will continue to be monitored. If a toddler is diagnosed with stunting, their nutritional status and growth will continue to be monitored by regularly weighing the child's weight and measuring their height. Children who are indicated to be stunted are marked by head circumference far below the 3rd grade SD (Standard Deviation). The development of children aged 1-5 years is assessed by looking at their weight, head circumference, and head length. If a child has deviating measurements, it can be stated that the child is experiencing stunting and other developmental deviations. Toddlers who are diagnosed or predicted to experience stunting are assessed based on their physical health. The height and weight of toddlers are the most common criteria, with the normal height for a 2-year-old being 79.2-85.6 cm. If a toddler is found to have a height below that number, the toddler will be recorded as one of the toddlers suffering from stunting. According to data from the Health Department, the average height/length of stunted children in Medan City is 69-75.0 cm at the age of 1 year, then at the age of 2 with an average height of 75.0-81 cm, 3 years old with a height of 81-93.3 cm, then 4 years old with a height of 93.3-95 cm, and 5 years old with a height of 95 cm. Therefore, out of 364 stunting cases in Medan City, the height/length of the body is below the standard for the age of toddlers. In reducing the stunting rate, actions that can be taken include early detection of stunting through monitoring nutritional status starting from the first 1000 days of life (HPK). Here are the results of the interview with the Head of the Family and Nutrition Section of the Medan City Health Office: "...the 1000 HPK is monitored by the Puskesmas." There are classes for pregnant mothers, classes for mothers with toddlers, and those will be monitored at the community health center. After they become toddlers, their growth and development, weight, and height are monitored. If the baby is born under 47 cm, they are at risk of stunting, we can see that from there, so we focus more on the specifics. If they are under two years old, the risk can still be caught up, but if they are over two years old, it can still be done, but slowly. Because the 1000 HPK is where the intervention is quick. Pregnancy lasts 9 months, which is 270 days, so by the time they are 2 years old, it will be exactly 730 days. So in the first 1000 days, we have to catch up, if we slack off there, it could lead to stunting. The Nutritional Status Monitoring activities are supported by using tools such as scales, height measuring devices, and LILA (Mid-Upper Arm Circumference) measuring tools. With this program, it can help ensure growth during the first 1,000 days of life. Weight, length/height measurements must meet the stages according to the standards. The result of an accurate measurement is obtained when the measurement stages are carried out correctly and using the appropriate measuring tools. As for the statement regarding the nutritional status monitoring tools, as follows:

"The facilities, like the equipment, include scales, height measuring tools, and LILA (Upper Arm Circumference) measuring tools." (Interview with Mrs. Iar as a Nutritionist at Puskesmas Sentosa Baru) The implementation of nutritional status monitoring activities was also conveyed by Mrs. Sany as follows: "If the Health Department conducts monitoring, height measurements, weight measurements, and nutritional status monitoring.....it is monitored from the beginning of pregnancy until childbirth."

From the interview results above, it can be concluded that the POCATI program from the Health Department is important to implement because malnutrition is one of the main causes of stunting in toddlers. Insufficient balanced nutrition intake, especially during the first 1,000 days of life, can result in permanent growth disturbances. Analysis of stunting data from various areas in Medan City shows that stunting rates are higher in regions with limited access to quality food and a lack of understanding among mothers about healthy nutrition. Therefore, the POCATI (Nutrition Hut to Prevent Stunting) program policy from the Health Office is very important to implement, focusing on nutrition education programs targeting pregnant mothers and toddlers, as well as providing appropriate nutritional supplements to ensure adequate nutrient intake during the First 1,000 Days of Life (HPK). The impact of this program is to increase public awareness and knowledge about the causes, effects, and prevention of stunting. This program educates the community about the importance of nutrition and good health practices to prevent and reduce stunting rates, which is expected to lead to behavioral changes among mothers. Mothers who participate in this program will be educated on how to create balanced nutrition menus to prevent their children from experiencing stunting. In addition, this program also provides information about affordable nutritious food sources and ways to maximize nutritional potential even in limited economic conditions.

1. Supplementary Feeding Program (PMT) Supplementary Feeding Program (PMT) The Supplementary Feeding Program (PMT) is an intervention program provided to toddlers suffering from stunting with the aim of restoring the nutritional and health status of the toddlers. The Supplementary Feeding Program (PMT) is an intervention program provided to stunted toddlers with the aim of restoring their nutritional and health status. Data analysis shows that the rate of stunting is higher in families with low education levels and high poverty rates, which affects the family's understanding and economic capacity regarding nutritious food intake for toddlers. As a result, many toddlers from families with low education levels and high poverty rates are vulnerable to nutritional problems such as stunting. Here are the results of the researcher's interview with Mrs. Sany, a Nutritionist at the Pekan Labuhan Health Center: "If we talk about it, especially the people here, their understanding is limited because this is a peripheral area, with weak economy and weak education." All stunting is related to the economy; even if we say it, they don't have money for food. When we conduct outreach, we say to provide high protein, at least one egg for stunting, but if there is no money to buy eggs, what can we do? All of that depends on the economy. They understand, but you see, he goes to sea, sometimes he doesn't go to sea for a month. There is a stunted child whose house is indeed on the banks of the Deli River; in terms of housing standards, it is already uninhabitable. He even uses river water to bathe, and people still often defecate indiscriminately here. (Interview with Mrs. Sany, a Nutritionist at Pekan Labuhan Health Center)

From the interview results above, it can be concluded that economic issues are the main factor affecting stunted toddlers. Families in suburban areas with weak economic conditions do not have sufficient financial resources to buy nutritious food, such as eggs, which are recommended to reduce stunting. Additionally, low education levels are also cited as a factor exacerbating this condition, due to the lack of knowledge and understanding among the community about the importance of nutrition in child growth. Although there are outreach and education efforts regarding the importance of high-protein foods, such as eggs, financial limitations make it difficult for the community to implement these recommendations. In this case, the Health Office collaborates with relevant institutions and organizations to develop programs that address the social and economic determinants of stunting, such as the Supplementary Feeding Program (PMT). Here are the results of the researcher's interview with Mrs. Iar, a Nutritionist at Puskesmas Sentosa Baru: "...secondly, if there is a stunted child, the head of the neighborhood should report directly to the community health center." So we weigh them again to confirm if they are indeed malnourished. For example, if it is confirmed, we provide PMT or milk. The next step is that we collaborate with the neighborhood heads, village heads, and sub-district heads. (Researcher's interview with Mrs. Iar as a Nutritionist at Puskesmas Sentosa Baru)

In line with that, here are the results of the researcher's interview with the mother of a stunted toddler: "If the health center provides milk, bread, eggs, and the health center also collaborates with the village head to always provide food intake, so their meals every day include rice, side dishes, fruit, and milk." Based on the interview results above, it is known that the Supplementary Feeding Program (PMT) is one of the efforts made by the Health Office to reduce the stunting rate in the city of Medan.

This PMT aims to complement the nutritional intake of toddlers by adding nutritious foods such as eggs, milk, and biscuits, in addition to the daily meals consumed by stunted toddlers. PMT has several significant impacts in the effort to reduce stunting rates by providing additional food rich in protein,

calcium, and other essential micronutrients. However, based on field findings, it was discovered that the Supplementary Feeding Program (PMT) is not running well, as evidenced by the following interviews conducted by researchers with several parents of stunted toddlers: "At least it helps a bit" (Interview with Mrs. Syamsiah as the parent of a stunted toddler in Medan Labuhan) "If we only got eggs from the health center, it was just that one time." "If we don't get milk from the community health center, it would really help if we could get it." (Interview with Mrs. Dinda, the parent of a stunted toddler in Medan Labuhan) "Eggs, well, just one." "That egg, just once." (Interview with Mrs. Nur Hayati as the parent of a stunted toddler in Medan Labuhan) "If the eggs only come from the health center, that would be just once." "If we don't get milk from the health center, it would really help if we did." (Interview with Mrs. Dinda Humaira, the parent of a stunted toddler in Medan Labuhan) "Just eggs, that's all." (Interview with Mrs. Nur Hayati, the parent of a stunted toddler in Medan Labuhan) It seems there is no text provided for translation. Please share the text you'd like me to translate, and I'll be happy to help! From the results of the researcher's interview with the parents of the stunted toddlers mentioned above, it can be concluded that some members of the community have benefited from this PMT program. However, some also lament that the Supplementary Feeding Program (PMT) is not implemented regularly. Just like the provision of supplementary food such as eggs, they have only received the egg PMT from the Health Office through the Medan Labuhan Health Center once, on October 23, 2023. This is very unfortunate considering the importance of food fulfillment for stunted toddlers, especially for underprivileged communities. Because, PMT is an important intervention in the effort to reduce stunting rates in the city of Medan that must be implemented with a holistic and coordinated approach so that its benefits can be optimally felt by all layers of society.

Provision of TTD (Iron Supplement Tablets) to Adolescent Girls and Pregnant Women
It seems that there is no text provided for translation. Please provide the text you would like me to translate. The Tablet Iron Supplementation (TTD) program for adolescent girls has become one of the specific interventions in the effort to reduce stunting since 2014. This program to prevent and reduce stunting from the Health Department has started to be given to adolescent girls and pregnant women with the aim of preventing and addressing iron nutritional anemia, and it has become one of the specific interventions in the effort to accelerate the reduction of stunting rates. The Health Office targets adolescent girls as a priority group in prevention efforts. Here are the results of the interview conducted by the researcher with Mrs. Asnita, a Nutrition Analyst at the Medan City Health Office:

"...so we at the Health Department start prevention with teenage girls." "The teenage girls receive 52 FE tablets throughout the year. It is given at the age of 12-18 years. (Researcher's interview with Mrs. Asnita as a Nutrition Analyst at the Medan City Health Office)

It seems that there is no text provided for translation. Please share the text you would like me to translate, and I'll be happy to assist you! In line with that, here are the results of the interview with the Nutritionist at Puskesmas Sentosa Baru: "...then for teenage girls, school counseling about the importance of taking TTD (Iron Supplement Tablets) at the age of 15-18 years for middle and high school students." "So we hold educational sessions at schools and provide FE tablets for anemia and to reduce stunting. Later, if they get married and become pregnant, they will also come to the health center for a visit where they will receive iron supplements. Then they receive a tetanus injection, which is to reduce stunting in children." (Interview with Mrs. Iar, a Nutritionist at Puskesmas Sentosa Baru) The provision of Iron Supplement Tablets (IST) to adolescent girls and pregnant women has been routinely carried out. However, the absence of a Drug Intake Monitor (DIM) makes it difficult to monitor and record the number of adolescent girls and pregnant women regarding the compliance of pregnant and breastfeeding mothers in consuming iron supplement tablets. As a result, the targets for the success of drug consumption and the benefits of the drug cannot be detailed clearly. As the following interview with the researcher: "Usually, when iron tablets (TTD) are given to adolescent girls or pregnant women, they take them in front of us, but there is no Medicine Consumption Monitor (PMO), so we don't know if they have been consumed or not." (Interview with Mrs. Asnita, Nutrition Analyst at the Medan City Health Office) From the interview results above, it is important for the Medication Adherence Monitoring (MAM) team to ensure that the Iron Supplement Tablets (IST) from the Medan City Health Office have been consumed by adolescent girls and pregnant women. Because many people are still reluctant to take the iron tablets. Therefore, the presence of PMO is important for the smooth implementation of the Iron Supplement Tablet program.

Because many people are still reluctant to take the tablet pills. Therefore, the presence of PMO is important for the smooth implementation of the Iron Supplement Tablet (IST) program. In addition, the success of this program also requires support from schools and families to ensure that adolescent girls understand the importance of regularly consuming iron supplements so that the program's impact in raising awareness about the importance of nutritional health among adolescent girls can be achieved.

3. Exclusive Breastfeeding

It seems that your message is empty. Could you please provide the text you would like me to translate? The Exclusive Breastfeeding Program is a promotional program that encourages full breastfeeding for infants up to 2 years old and without providing any other food or drink until the age of 6 months. The program to reduce stunting rates from the Health Department is important to meet the nutrition and dietary needs of toddlers. Because one of the solutions to the stunting problem in Indonesia is the provision of exclusive breastfeeding. Children who do not receive exclusive breastfeeding are vulnerable to stunting. Here is the interview with Mrs. Asnita, a Nutrition Analyst at

the Medan City Health Office: "...we from the Health Office implement that program after she gives birth to a healthy baby, that baby must be given Exclusive Breastfeeding for 0-6 months, given Exclusive Breastfeeding without any other food, and only after six months, she receives complementary food, that is the 1000 HPK monitored by the Community Health Center....."(Researcher interview with Mrs. Asnita, Nutrition Analyst at the Medan City Health Office) From the interview results above, it can be concluded that the initial step emphasized is providing exclusive breastfeeding to infants during the first 0-6 months of their lives. This is an important step because breast milk contains essential nutrients needed for the growth and development of the baby, as well as providing protection against diseases. After the baby reaches six months of age, they are introduced to complementary foods (MP-ASI). The importance of monitoring from the Puskesmas indicates the existence of a structured system to oversee and ensure that the practice of exclusive breastfeeding and the provision of complementary foods are carried out correctly according to health recommendations. Based on the researchers' findings in the field, it was found that there are still stunted toddlers who do not receive full breastfeeding or even do not receive breast milk at all. As per the results of the researchers' interviews with several parents of stunted toddlers as follows: "Breastfeeding until 7 months, after that formula milk." (Interview results with Mrs. Nurhayati, the parent of a stunted toddler in Medan Labuhan) "Previously, breastfed until the age of one and a half." (Interview with Mrs. Siti as the parent of a stunted toddler in Medan Labuhan) "My child drinks formula milk." (Interview with Mrs. Dinda, the parent of a stunted toddler in Medan Labuhan) It seems there is no text provided for translation. Please share the text you'd like me to translate, and I'll be happy to help! From the results of the interview above, it can be concluded that the exclusive breastfeeding program is still not running well because there are still some toddlers who do not receive full breastfeeding until the age of 2 in the city of Medan. According to Komariati (2013:6), the reasons for the failure of the exclusive breastfeeding program are varied, such as the culture of giving prelacteal foods, supplementing with formula milk because breast milk does not come out, stopping breastfeeding because the baby or mother is sick, the mother has to work, and the mother wants to try formula milk. The reality on the ground shows that the failure of exclusive breastfeeding is due to the mother's lack of knowledge and experience, and a significant enabling factor causing this failure is that the mother was not facilitated to perform early initiation of breastfeeding (IMD) when she gave birth in private practices or with traditional birth attendants. Therefore, in addressing this issue, a comprehensive and integrated approach from the Health Department and other relevant agencies is essential, including community education, healthcare worker training, policy support for working mothers, and regulation of formula milk advertising. Only with a multi-sectoral and collaborative approach can the exclusive breastfeeding program be successfully implemented more widely and optimally.

Supporting Resource Strategy

The aspect that emerges from this resource strategy according to (Melyani et al., 2022) is first, Facilities and Infrastructure. Facilities and infrastructure, also referred to as equipment, are any objects or tools used to facilitate or ease the work or activities of regional institutions or local government. Second, Human Resources. Human Resources are a non-material asset or capital that must be well-provided for the realization of the goals of an institution, serving as the driving force for the implementation of all programs and activities of that institution. HR must be fulfilled in terms of quantity and quality or competence. This strategy can be seen from the benchmarks of human resources and facilities and infrastructure to the fullest extent. Thus, these resources must be fully and comprehensively provided. In an effort to reduce the stunting rate

In efforts to reduce stunting rates, it is greatly influenced by supporting factors of human resources (SDM) which are key in determining the progress of work in cases like reducing stunting rates that require many roles. The strategy of the Health Office in reducing stunting rates involves engaging all relevant OPDs (Regional Device Organizations) to collaborate with each other. Here are the results of the researcher's interview with Ms. Asnita:

"All related OPDs, we have a TPG (Nutrition Implementation Team), all related OPDs are involved in that activity."

In line with that, Mrs. Elsa Dodolang, S. Kep, MARS, Head of the Family Health and Nutrition Section at the Medan City Health Office, also added:

"If it comes to resources, we at the Health Department have nutritionists, midwives, and a team that collaborates on stunting activities." For example, if we find a stunted child, we immediately collaborate with the village, and then the village people collaborate again with the neighborhood heads, and we track it from there... (Interview with Mrs. Elsa Dodolang, S. Kep, MARS)

From the interview results above, it is known that in reducing the stunting rate in Medan City, the Health Office has human resources consisting of nutritionists, midwives, and teams that collaborate with the Health Office such as sub-districts, neighborhood heads, and others.

The implementation of collaboration is also demonstrated from the researcher's interview with Mrs. Asnita, a Nutrition Analyst at the Medan City Health Office:

"The success factor of the collaboration is the involvement of all related OPDs, including the Department, Subdistrict, and Village." Collaborating with a single focus on reducing stunting. (Interview with Mrs. Asnita, Nutrition Analyst at the Medan City Health Office)

From the interview results above, it is known that collaboration between the Health Office and other OPDs allows for an integrated approach in the prevention and reduction of stunting rates, where each team member contributes based on their expertise, duties, functions, and responsibilities. The collaboration between nutritionists, midwives, and other teams is an effective strategy in addressing the issue of stunting. Especially the presence of nutritionists, who are valuable assets due to their specialized knowledge and skills in assessing nutritional status and providing appropriate dietary advice.

However, in terms of quantity, there are still Puskesmas that lack nutritionists in the reduction of stunting rates in Medan City, as evidenced by the following research interview results:

"The Health Office has 41 Community Health Centers, where all 41 Community Health Centers have their Nutritionists." Except for 2 Puskesmas, namely Sicanang and Titi Papan, which do not yet have a Nutritionist.

The availability of supporting factors for human resources is important to consider in terms of both quantity and quality. This is very unfortunate considering that, in terms of quantity, there are still Puskesmas in the City of Medan that lack or even do not have Nutritionists, such as in Puskesmas Sicanang and Titi Papan. Moreover, Puskesmas Sicanang and Titi Papan are the health centers with the highest stunting cases in the city of Medan. Because, the reduction of stunting must be carried out comprehensively and by strengthening services throughout the city of Medan. The shortage of human resources is also felt by several community health centers in the city of Medan. Here is the statement from the Nutritionist at the Medan City Health Center:

"For the nutritionist resources at this community health center, there is only 1. I think to address stunting, we need at least 2 additional nutritionists at each community health center... The issue is that the nutritionist at Sentosa is only 1, so we might need additional staff, just me." It would be better because Sentosa is vast, so sometimes it's overwhelming. However, we are sometimes assisted by staff like midwives and nurses who are responsible in each sub-district, and there are also supervisors. So those who are in the field report to me. (Interview with Mrs. Iar as the Nutrition Officer at Puskesmas Sentosa Baru).

In line with that, Mrs. Sany, as a Nutritionist at the Pekan Labuhan Medan Labuhan Health Center, also stated:

"If it's specifically for nutrition, it's just me." There should be two nutritionists at the community health center. (Interview with Mrs. Sany as a Nutritionist at the Pekan Labuhan Medan Labuhan Health Center) From the statements of the Nutritionists at Puskesmas Sentosa Baru and Pekan Labuhan above, it can be concluded that in terms of quantity, there is still a shortage of Nutritionists in several Puskesmas in Medan City. The Nutritionist, with only 1 staff member assigned to handle stunting cases, falls into the very minimal category. This is evident from the comparison of field findings, which show a gap between the number of staff and the relatively high number of stunting cases. As a result, the Nutritionists at the Community Health Center (Puskesmas) sometimes feel overwhelmed in handling stunting cases due to the vast area they cover. They also suggested adding more Nutritionists at their Puskesmas so that the community can receive better health services.

Actually, the antibodies are working... the problem is that they always come to the Posyandu where the people understand health, and those who don't understand, they don't want to come... (Interview with Mrs. Asnita, Nutrition Analyst at the Medan City Health Office)

From the results of the interview above, it is known that there are still several obstacles in the efforts to reduce stunting rates in the community, including community behavior, increased family commitment, improvement of the healthcare service system, and enhancing family responsiveness to the provided interventions.

The efforts made by the Medan City Health Office to address these hindering factors include socializing the community about the importance of nutritional monitoring and encouraging mothers to bring their children to the health center or posyandu for complete immunization to prevent stunting. The Health Office has also collaborated with the Village Office to inform the community about the existence of posyandu activities through loudspeakers from the mosque. So if there are mothers who forget or do not know the posyandu schedule, they can immediately come and bring their children. Here are the results of the researcher's interview with Dr. Helena Rugun N Nainggolan, MKT, Head of the Public Health Division of the Medan City Health Office:

"The head of the neighborhood and the sub-district announce the posyandu schedule for each local area through the mosque's loudspeaker, so all mothers with toddlers aged 0-5 years are informed that today is the posyandu schedule." (Interview with Mrs. Dr. Helena Rugun N Nainggolan, MKT, Head of the Public Health Division at the Medan City Health Office)

This was also conveyed by Mrs. Asnita, a Nutrition Analyst at the Medan City Health Office:

"...but now there are TPPS in both SKPD, sub-districts, and villages, as well as in community health centers, and they are now being encouraged. They have all come, even if not to the Posyandu, but to the nearest clinics, still under the supervision of SK's TPPS, which is number 440/68.K of 2023, dated January 20, 2023. The team has started collaborating, hopefully, there will be no more obstacles in the future." We already have representatives from the posyandu who conduct the measurements, so we don't know what the challenges are in the field, but we always encourage parents to bring their toddlers to the posyandu. (Interview with Mrs. Asnita as a Nutrition Analyst at the Medan City Health Office)

From the two interview results above, it is known that collaboration is important in efforts to reduce stunting rates, as the involvement of neighborhood and village heads shows the importance of coordination between government units in public health activities. This shows an effort to mobilize and engage the local community in health initiatives, particularly in reducing stunting rates. The provision of facilities and infrastructure is a basic necessity that is one of the main focuses of

development in the health sector. Facilities and infrastructure greatly influence the Health Department's strategy in efforts to reduce stunting rates in Medan City, with the aim that all layers of society can enjoy health services properly. Health facilities and infrastructure that also contribute to the success of reducing stunting rates in Medan City include community health centers, hospitals, and other health service locations and equipment. The city of Medan has a very large area. Based on Pervial Number 440/30.K regarding the determination of integrated stunting reduction focus loci, 90 special stunting locations have been established in the city of Medan. Of course, it requires good infrastructure and facilities to support the success of the stunting reduction strategy in each area. The role of Puskesmas as a socialization partner, functioning as the main gateway for the community to access basic health services, is crucial for the success of this effort. It is known that the city of Medan already has 41 health centers (Puskesmas) spread across 21 sub-districts in the city of Medan. Here are the results of the researcher's interview with Mrs. Asnita, a Nutrition Analyst at the Medan City Health Office, regarding the availability of Puskesmas in Medan City:

"Our facilities" The Medan City Health Office has 41 community health centers (Puskesmas) spread across 21 sub-districts.

In the reduction of stunting rates, supporting infrastructure is very much needed for stunting reduction activities, such as programs for monitoring the nutritional status of toddlers, which require tools like anthropometry to weigh children's body weight and measure their height. And there are other facilities available at the Puskesmas, such as ultrasound equipment for pregnant women. Where all pregnant women can receive free ultrasound services. Here are the results of the interview with Dr. Helena Rugun N Nainggolan, MKT, Head of the Public Health Division of the Medan City Health Office, in the following interview: "We have received special allocation funds for anthropometry." We also received. Next, the statement regarding facilities and infrastructure was also conveyed by the Head of the Family Health and Nutrition Section of the Medan City Health Office as follows:

"For facilities and infrastructure, we have now provided Anthropometry tools." In addition, free ultrasounds are also available for all pregnant women. (Interview by Mrs. Elsa Dodolang, S. Kep, MARS Head of Family Health and Nutrition Section, Medan City Health Office)

In line with that, here are the results of the interview with Mrs. Iar, a Nutritionist at Puskesmas Sentosa Baru:

"Yes, it helps with things like scales, height measuring tools, and then there's Lila." (Interview with Mrs. Iar as a Nutritionist at Puskesmas Sentosa Baru)

With proper handling, facilities and infrastructure such as anthropometric tools can significantly improve the quality of health services at the Puskesmas, support community health monitoring, and aid in efforts to reduce stunting rates through the enhancement of community nutritional status. As for the information regarding the number of anthropometric tools, it was stated by the Nutritional Analyst of the Medan City Health Office as follows:

"1324 posyandu in the City of Medan have already been using standardized anthropometric tools funded by DAK." Where the tools were provided by the Puskesmas. The health center distributes to the integrated health posts in each health center's area. (Interview with Mrs. Asnita)

From the interview above, facilities and infrastructure play a crucial role in supporting various aspects of health programs, including the prevention and reduction of stunting rates. Health facilities and infrastructure are also key factors supporting the success of reducing stunting rates in Medan City, as evidenced by the assistance provided to Puskesmas and posyandu cadres through the availability of facilities and infrastructure, which in turn improves community access to health services. Thus, pregnant women and children at risk of stunting have easy access to the necessary care, diagnosis, and interventions.

4. CONCLUSION

Organizational Strategy

The organizational strategy in reducing stunting rates by the Medan City Health Office has been quite good and measurable, as seen from the activities carried out, namely a cross-sectoral approach involving the relevant Regional Device Organizations (RDOs), resulting in a decrease in stunting rates from 2020 to 2023. The vision of the Health Office is "The Realization of a Healthy, Prosperous, Advanced, and Conducive Medan City Community." The authority of the Medan City Health Office is in accordance with the main duties and functions as regulated in the Medan Mayor's Decree on the Stunting Acceleration Team. The collaboration of all related OPDs is a key factor for success and demonstrates the understanding that reducing stunting requires an approach involving various parties, not just one sector, but a multisectoral approach.

Program Strategy

The program strategy implemented by the Medan City Health Office is to maximize existing programs. Among them are Nutritional Status Monitoring, POCATI (Nutrition Hut to Prevent Stunting), Supplementary Feeding, Iron Tablet Distribution, and Exclusive Breastfeeding, which are implemented by the Health Office to reduce stunting rates in Medan City. These programs have significant benefits, particularly for pregnant women and toddlers, leading to a reduction in stunting in Medan City. Although there are still some programs from the Medan City Health Office that have not been running smoothly, such as the PMT Provision Program and the Exclusive Breastfeeding Program.

Supporting Resource Strategy

The Resource Strategy implemented by the Medan City Health Office in maximizing human resources, in terms of quality, already possesses sufficient competence related to stunting reduction strategies, but in terms of quantity, it is still considered minimal. Due to the still existing vacancies for nutritionists in

several Puskesmas. In addition, infrastructure is also one of the supporting resources that has been maximized by the Medan City Health Office to support the reduction of stunting rates in Medan City.

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