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ANALYSIS OF THE IMPLEMENTATION OF THE 1000 HPK PROGRAM POLICY IN STUNTING PREVENTION

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ABSTRACT
In the 2021 Indonesian Nutritional Status Study, there are 5 districts/cities with the highest stunting in the province of North Sumatra, namely South Tapanuli, Padang Lawas, Mandailing Natal, Pakpak Bharat, Tapanuli Tengah, Asahan Regency ranked 15th out of 33 City Districts. Stunted toddlers at the Meranti Health Center will experience an increase of 7 cases in 2022 to 8 cases in 2023. This research aims to analyze the implementation of the 1000 HPK program policy at the Meranti Health Center. Descriptive qualitative research method carried out in March 2023. Research informants include the Head of the Meranti Community Health Center, Nutrition Coordinator, KIA Coordinator, Promkes Coordinator, Cadres and Mothers of Stunting Toddlers. Data were collected using observation, in-depth interviews and documentation studies. The results of research on the input of inadequate human resources and facilities/infrastructure at the Meranti health center. In the process, ANC examinations, monitoring the growth of toddlers, providing immunizations, PMT, and counseling on stunting have gone well, although there are obstacles in their implementation. In terms of output, many programs have achieved targets. However, it is necessary to increase programs to prevent stunting so that they can be maximized.

Keywords: implementation analysis; 1000 hpk; stunting

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INTRODUCTION

Health problems that currently hinder the development of future generations, one of which is the lack of awareness of adequate nutrition. The impact of malnutrition on children will greatly affect future generations. One of the serious problems that needs to be addressed in Indonesia is stunting. Stunting is a condition of growth failure in children under five caused by chronic malnutrition, lack of psychosocial stimulus, and exposure to repeated infections, especially during the First 1000 Days of Life (1000 HPK). This problem often occurs in developing countries, including Indonesia. However, public understanding of stunting is still limited. Many consider that stunting is common, even there is still an assumption that stunting is genetic (Zulaikha et al., 2021).

Inadequate stunting nutrition in children under five is a major problem for poor and developing countries. Stunting reflects the linear growth retardation of toddlers due to the cumulation of nutritional deficiencies from early pregnancy to 24 months of age. Nutritional deficiencies in this phase can hinder physical development, increase the risk of disease, affect mental development, and can even lead to death. According to WHO, stunting has two categories of causes, namely direct and indirect. Direct causes involve infectious disease

factors, breastfeeding practices, food availability, as well as household and financial environmental conditions. On the other hand, indirect causes include community and social aspects such as economic, political, health and health services, educational, social, cultural, agricultural, and food systems, as well as water, sanitation and environmental factors.

In 2010, the Scaling Up Nutrition (SUN) movement has been recognized internationally. In Indonesia, these efforts were developed into the National Nutrition Awareness Movement to accelerate nutrition improvement in 1000 HPK. Specific indicators to evaluate the success of certain nutritional interventions include protection efforts for pregnant women from iron deficiency, folic acid, and chronic energy and protein deficiency (SEZ), as well as protection against adequate protein intake in breastfeeding mothers, protein-rich breast milk and iron for children under two years old (Hijrawati et al., 2021). Stunting prevention and control requires a holistic and integrative approach. Presidential Decree No. 42 of 2013 is a step in Scalling Up Nutrition (SUN) which involves various sectors, requiring effective coordination from the center to the regions. Dissemination of information and advocacy to stakeholders across sectors needs to be carried out, while training and education for structural ranks are key to empowering communities to improve nutritional status. The First 1000 Days of Life (HPK) booster is integrated as part of social culture, with an emphasis on short courses for mothers before pregnancy or marriage, providing provisions for mothers in caring for fetal cognitive health since the first trimester (Purba, 2019). An important factor in supporting a child's optimal growth and development is nutrition. During the golden period or early growth, that is, from the womb to the age of two, known as the "first thousand days of a child's life" (1000 HPK), adequate nutrition is very important.

Nutritional conditions during the First 1000 Days of Life (HPK) can have a significant impact on health, intelligence, and productivity in the future. Children who are malnourished during this period may face neurological challenges, decreased learning ability, increased risk of dropping out of school, decreased productivity and job skills, decreased income, and difficulty providing nutritious food and caring for children. This can create a generation that is malnourished and vulnerable to poverty among the next descendants. Therefore, nutrition intervention for 1000 HPK is a top priority in order to improve the quality of life of future generations (Kusuma et al., 2023). Stunting is a condition in which children's growth and development are hampered due to malnutrition, repeated infections, and lack of psychosocial stimulation. A child is considered stunted if his height is more than -2 standard deviations of the median standard of child development. Nutritional dilemmas, especially stunting dilemmas, are serious problems that reflect the impact of malnutrition and infectious diseases that can occur from the beginning of birth or even before the baby is born (World Health Organization, 2015). Stunting in toddlers is a chronic nutritional problem that is influenced by several factors, such as maternal nutrition during pregnancy, health conditions in infants, insufficient nutritional intake, and also socioeconomic situations (Ministry of Health of the Republic of Indonesia 2018).

Based on data from the Indonesian Ministry of Health in 2018, it shows that the problem of stunting in toddlers is a significant major nutritional problem in Indonesia. Data from the World Health Organization (WHO) between 2005-2017 shows that the prevalence rate of stunting in children under five in Indonesia is at an average level of 36.4%. This illustrates that Indonesia is ranked 3rd highest in Southeast Asia (Ministry of Health RI, 2018). According to data from the North Sumatra Provincial Government in 2019, the prevalence of stunting in this province has decreased from 32.4% in 2018 to 30.11%. North Sumatra Province has identified 15 priority areas in efforts to reduce stunting rates, including Mount

Sitoli, North Nias, West Nias, South Nias, North Padang lawas, Nias, Padang lawas, Mandailing Natal, Tapteng, Pakpak Bharat, Dairi, Simalungun, Langkat, Deli Serdang, and Medan. According to data from the 2022 Indonesian Nutritional Status Study, the five districts/cities in North Sumatra Province that have the highest stunting rates are South Tapanuli Regency, Padang Lawas Regency, Mandailing Natal Regency, Pakpak Bharat Regency, and Central Tapanuli. Asahan Regency ranks 15th out of 33 regencies/cities, while the overall stunting prevalence of North Sumatra Province is 25.8% (Nasution, 2021).

Based on data from the Indonesian Nutritional Status Survey (SSGI) in 2023, the stunting rate in Asahan Regency in 2021 was 18.9% and decreased to 15.3% in 2022, and the EPPGBM results in 2022 stunting cases amounted to 295 stunting toddlers and decreased to 285 in 2023, but the stunting rate still did not reach the national target of 14%. The Asahan Regency Government has enacted Regent Regulation No. 34 of 2021 concerning the Acceleration of Integrated Stunting Prevention and Reduction. Which aims to realize the convergence of programs at the local level in stunting prevention and reduction in order to improve the quality of nutrition for individuals, families and communities. The main strategies are family independence, healthy living community movement and the first thousand days of life movement (1000 HPK).

Efforts to reduce stunting in Indonesia require cooperation and commitment from parties, including the government and the community. Achieving the stunting reduction target of 14% by 2024 is a big goal, and there are pillars set by the Vice President, such as leadership commitment, national campaigns, program coordination, food and nutrition policy, and monitoring, are important steps to achieve this goal. Hopefully, this effort will succeed in reducing stunting rates in Indonesia and improving the welfare of children throughout the country (Zaleha, 2021). Based on the initial survey of researchers, there are still stunting cases at the Meranti Health Center due to the still not achieving the target of the 1000 HPK program. This is because several programs such as exclusive breastfeeding, educaton (adolescent girls, pregnant women and families), breastfeeding and anemia screening have not been carried out properly or have not reached the target. This explanation became the basis for researchers to conduct research on the Analysis of the Implementation of the 1000 HPK Program in Stunting Prevention at the Meranti Health Center, Meranti District, Asahan Regency. Based on data from the Asahan Regency Health Office in 2023, the number of stunted children is 295 cases of stunting children, and based on data from the Meranti Health Center, Meranti District, Asahan Regency, the number of stunting cases is 8 cases. The stunting rate in Asahan Regency in 2023 still has not reached the national target of 14%.

METHOD

The type of research used is qualitative with a descriptive approach where to analyze the implementation of the 1000 HPK Movement program in stunting prevention in the Meranti Health Center work area in depth so as to provide information and images based on actual facts systematically using a case study approach. Researchers took the location of this research in the Meranti Health Center Working Area, Meranti District, Asahan Regency, North Sumatra. The study was conducted in March 2024. There are 10 informants in this study, where the main informants consist of Community Nutrition Coordinators, Maternal and Child Health Coordinators, and Health Promotion Coordinators, key informants are the Head of Puskesmas at Meranti Health Center, and supporting informants who are cadres and mothers who have stunting toddlers. Data collection techniques are carried out by observation, in-depth interviews and documentation. Validity in this study using triangulation. The components studied in this study are the availability of human resources, facilities and

infrastructure, mobilization and implementation, additional food coverage for chronic energy deficiency, breastfeeding promotion coverage, IEC coverage of MP-ASI administration, complete basic immunization coverage.

RESULTS

Input in the First 1000 Days of Life (HPK) Program at the Meranti Health Center

Availability of Human Resources

Puskesmas Meranti is currently led by a doctor. The First 1000 Days of Life (HPK) program is held by a nutritionist where this program aims to prevent stunting. In addition to nutrition workers, there are several other health workers who play a role in stunting prevention, namely health promotion workers (Promkes), maternal and child health workers (MCH) and there are cadres at posyandu and stunting mothers under five.

Table 1.
Key informant statements regarding human resource availability

Informant	Statement
IK	*"Of course, in terms of human resources, there are very many lacking, for example here there is 1 village midwife to cover the total number of people here, there should be at least 2 village midwives to cover the community, so there are still many people who are not recorded here. Furthermore, for the health center itself, there are only 1 nutrition officer and health program and they have to get a lot or excess workload."*

Based on the results of the interview, the availability of human resources in the implementation of the first 1000 days of life (HPK) program at the Meranti Health Center still lacks health workers such as nutritionists, health promotion and village midwives so that there is an excessive workload that is not proportional to the number of officers in the puskesmas. If further reviewed the existing availability, it will affect the implementation of the program significantly. When there is a shortage of nutrition workers and some other health and extension workers, this can result in suboptimal performance of interventions in the field and massively affect efforts to improve nutrition in the community.

Based on Permenkes RI No. 43 (2019) concerning puskesmas, states that in every non-inpatient puskesmas in rural areas, the standard is to have 1 nutrition officer, health promotion officer and there are 4 midwives. Although the Meranti Health Center already has a number of nutrition officers in accordance with the provisions of the Regulation of the Minister of Health of the Republic of Indonesia, it is still necessary to increase the capacity of human resources in accordance with the existing workload. Geogre C. Edwar III explained that the key factor in policy implementation is labor or human resources. One of the causes of failure in policy implementation is due to lack of staff, lack of staff adequacy, or lack of staff competence in their fields. Increasing the number of staff is not enough, but it also requires sufficient staff with the necessary skills and abilities to carry out the desired tasks.

Availability of Funds

BOK Fund is a health operational assistance which is a government subsidy in the health sector. Assistance is intended to finance health services that have been considered inadequate.

Table 2 Key informant statements regarding availability of funds

Informant	Statement
IK	*"The budget for the 1000 HPK program is there, namely from the special allocation fund from BOK, it usually exists for the pregnant women class program is funded, supplementary feeding is also given from the BOK fund, for example, there are children who are less tall, less weight, we also provide PMT from the budget".*

Based on the results of the interview, the availability of funds in the 1000 HPK program already has its own funds, namely through a special allocation fund budget from BOK.

Facilities and Infrastructure

According to the Regulation of the Minister of Health of the Republic of Indonesia No. 43 (2019) concerning puskesmas, states that facilities that must be available at Posyandu related to toddlers include equipment such as baby scales, dacin scales and accessories, baby length measuring devices, and height measuring devices. Facilities and infrastructure are also key factors in the implementation of a policy without adequate facilities, the policy implementation will not be successful.

Table 3.
Key informant statements related to facilities and infrastructure

Informant	Statement
IK	*"In terms of equipment, it is still lacking, for example for pregnant women, ultrasound is needed but it is not available at the puskesmas, and there is still a lack of height measuring instruments in each posyandu so that officers are constrained in detecting growth disorders in children and there is still a lack of PMT.*

Based on interviews and observations, it can be stated that facilities and infrastructure are still inadequate for specific nutrition intervention activities in the 1000 HPK program which is a program in stunting prevention at posyandu. Inadequate facilities and infrastructure at the posyandu are baby height measuring instruments. In addition, counseling activities with projectors and examinations cannot run effectively because of inadequate space or conducting examinations on toddlers. This is in line with the results of Febiayu Rahmanda's research (2022), which states that there are still shortcomings in facilities and infrastructure at posyandu such as baby height measuring instruments and inadequate posyandu rooms.

Process in the 1000 HPK Movement Program at the Meranti Health Center

Antenatal care (ANC)

Pregnancy examination or antenatal care (ANC) is one of the specific nutritional intervention measures in the first 1000 days of life (HPK) program. ANC is carried out by a midwife or obstetrician and is a mandatory activity for pregnant women. The main objective is to detect early chronic lack of energy in pregnant women and monitor the health condition of pregnant women and fetuses to prevent complications during pregnancy and childbirth.

Table 4.
Statement of supporting informants related to antenatal care (ANC)

Informant	Statement
IP-1	*"Yes, every month I always check with the village midwife".*
IP-2	*"Yes, usually just go to the midwife, you check it when you are pregnant".*
IP-3	*" Yes.. When I was pregnant, I checked it with Mrs. Midwife who was near my house, deck".*
IP-4	*"When you are pregnant, deck,,, Always check it every month with the midwife".*
IP-5	*"Yes, deck, during pregnancy I check with the midwife every month".*

Based on interviews and MCH book data, mothers of toddlers who suffer from stunting stated that they routinely check their pregnancies with obstetricians or midwives. Pregnancy check or antenatal care is one of the programs carried out at the Meranti Health Center to prevent stunting. Antenatal Care (ANC) is a series of pregnancy checks to optimally improve the physical and mental health of pregnant women. Pregnancy checks are carried out at least four times during pregnancy: once in the first trimester, once in the second trimester, and twice in the third trimester (Ministry of Health RI, 2010). Coverage of pregnancy check-up with ANC at Puskesmas Meranti reaches 100% for K1 visits and 99% for K4 visits.

Fe tablet administration

Fe tablets are mineral tablets that the body needs in the formation of red blood cells or hemoglobin. Fe tablets are needed by pregnant women so that pregnant women are required to consume Fe tablets during their pregnancy (Ministry of Health, 2018).

Table 5.
Statement of supporting informants regarding the administration of Fe tablets

Informant	Statement
IP-1	*"Every time I have pregnancy control every month, yes, I always get fe dek tablets".*
IP-2	*"Yes, deck, if I check it, it's the same as the midwife's book, if it's always given a blood-added table, it's a deck, yes, I always drink too".*
IP-3	*"I always take the tablet deck, right, if I check the content, the midwife gives the tablet the deck".*
IP-4	*"Owhh, if I deck it, I get the tablet also from the midwife every month when I check the contents of the deck".*
IP-5	*"I always drink the tablet and the tablet is given when I check the content with the midwife's book".*

Based on the results of the interview that the administration of Fe tablets has gone well according to the target.

Exclusive breastfeeding

Exclusive breastfeeding is the provision of breast milk from birth to reach the age of 6 months, without adding drinks or other foods. This means that during this period, babies only need breast milk as their main source of nutrition.

Table 6.
Statement of supporting informants regarding exclusive breastfeeding

Informant	Statement
IP-1	*"If my child is born drinking breast milk continuously until the age of 6 months, I don't give other foods besides breast milk".*
IP-2	*"My child drinks breast milk but at birth is also given food such as bananas too, because of orders from my parents the baby child must be fed bananas".*
IP-3	*"My child at birth drank breast milk and formula milk because if I drank breast milk, my child was still not full, liked to cry if he had not been given formula milk".*
IP-4	*"If I have never given my child breast milk since birth, because my milk comes out a little bit so my child doesn't want to, so my child from birth until now just drinks formula milk..".*
IP-5	*"I give breast milk to my child since birth, but in the next 3 months I continue to pack formula milk, so that my child is fuller".*

Based on the results of interviews and existing data, exclusive breastfeeding has not gone well where there are still mothers of toddlers who give their children food other than breast milk such as giving bananas and formula milk to their children after giving birth.

Monitoring toddler growth

Toddler growth is an activity that has the aim of supervising the physical and mental development of children. This activity is also a means to increase community involvement in nutrition. Growth monitoring involves regular evaluation of under-five growth through monthly weighing, follow-up in the form of policies and programs at the community level, and encouraging community empowerment.

Table 7.
Key informant statements related to monitoring toddler growth

Informant	Statement
IU	*" Every posyandu activity".* *"The problem is that some posyandu do not have adequate height measuring instruments... Then there are still mothers who do not bring their children so that the growth and development of children is not monitored"*

Toddler growth is an activity to observe the growth and development of toddlers. Based on interviews with informants, growth monitoring is carried out every month when posyandu events are held. There are several obstacles in the implementation of monitoring the growth of toddlers at posyandu, namely the presence of toddler mothers who are not routine so that they cannot be monitored continuously for children's growth and development.

Immunization

Imusization is carried out every posyandu activity every month with a predetermined schedule. Immunization in the Meranti Health Center work area went well because mothers were enthusiastic about their children getting complete basic immunization.

Table 8.
Statement of supporting informants regarding immunization

Informant	Statement
IP-1	*"My child is immunized and I am a posyandu every month".*
IP-2	*"I have never been a posyandu so my son. unable to immunize".*
IP-3	*"I rarely come to the posyandu schedule because it is far away and male, so yes, my child cannot be fully immunized".*
IP-4	*"If I always come every posyandu, brother, so my child gets immunization from the posyandu every month".*
1P-5	*"My child is always randomized to the posyandu even though I am not the random brother, but sometimes his grandmother or aunt, because I am busy working, so my child can be immunized at the posyandu".*

Based on the results of interviews and MCH book data, immunization has been running even though there are still some mothers who do not bring their children for immunization. According to the Ministry of the Republic of Indonesia 2014, stating that providing complete basic immunization is a key step in prevention efforts so that the child's body can build a special defense system that is effective against certain dangerous diseases. The infant immunization schedule includes immunization against Hepatitis B at the age of 0-7 days, BCG and Polio 1 at the age of 1 month, DPT-HB1 and Polio 2 at the age of 2 months, DPT-HB2 and Polio 3 at the age of 3 months, DPT-HB3 and Polio 4 at the age of 4 months, and measles immunization at the age of 9 months.

Supplementary Feeding (PMT)

Supplementary feeding is one of the efforts made by the Meranti Health Center to improve nutritional status in toddlers. Supplementary feeding is a program that aims to provide nutrients to improve the nutritional condition of deficiencies by providing foods that are rich in nutrients, so that the nutritional needs of program recipients can be fulfilled.

Table 9.
Key informant statements regarding supplementary feeding (PMT)

Informant	Statement
IU	*"Supplementary feeding is carried out every 1 month every posyandu activity is carried out, in supplementary feeding activities there are still some obstacles such as mothers of toddlers who do not bring their children to the posyandu due to various work reasons and other reasons and there are toddlers who cannot consume any food other than milk".*

Based on the results of the interview, supplementary feeding was given to mothers of toddlers and also mothers of toddlers whose children were stunted every 1 month during posyandu activities. Additional food such as biscuits are given by mothers to their toddlers because cadres ensure that toddlers suffering from stunting consume them, not others. However, not all cadres do this, therefore monitoring of supplementary feeding should be done every time it is given to toddlers. This is important because it ensures that additional feeding is on target, as well as maximizing efforts to reduce stunting. This is in line with Febiayu Rahmanda (2022), that additional feeding is given once every 1 month to mothers of toddlers whose children are likely to be stunted.

Nutrition and stunting counseling

Counseling is an activity that involves interaction with one another, aimed at creating behavior change that includes individual knowledge, attitudes, and skills. Extension activities are not only focused on disseminating information or innovation, but also involve continuous efforts that require full dedication, time, and energy until there is a change in behavior expected by extension participants.

Table 10.
Statement of key informants related to nutrition and stunting counseling

Informant	Statement
IU	*"Kalok for nutrition and stunting counseling activities is carried out after the posyandu is completed, but there are still many obstacles in the activity such as inadequate rooms for counseling using infocus, then mothers who can't wait to go home quickly, and there are still babies who come to the posyandu not with their mothers but delivered by relatives such as grandmothers or aunts, babies".*

Counseling on nutrition and stunting, including exclusive breastfeeding, nutrition, complementary feeding, and stunting itself, has been carried out by health promotion officers when posyandu collaborates with nutrition officers and is assisted by cadres. However, there are still a number of obstacles that often arise during counseling. This is based on the observations of researchers at posyandu, where some obstacles include the lack of focus of toddler mothers when listening, the unwillingness of toddler mothers to ask questions when they do not understand, the lack of patience of toddler mothers who want to go home quickly because there is work, and the condition of the posyandu room that is not supportive for counseling. Another obstacle identified by the informant was the presence of the toddler not with his mother, but with his grandmother or aunt.

Output in the 1000 HPK Program at the Meranti Health Center

Table 11.
Key informant statements related to the increase in stunting rates

Informant	Statement
IK	*"For stunting cases alone in 2022, there are 7 cases and it will increase to 8 cases in 2023".*

Based on the results of interviews and existing data, there is an increase in stunting cases from 2022 to 2023. Efforts must be made to increase support for health workers responsible for

monitoring growth during pregnancy, provide counseling on nutrition and prevent stunting with a focus on exclusive breastfeeding, and strengthen coordination with cadres in data collection.

Table 12.
Key Informant Statement related to 1000 HPK program indicators

Informant	Statement
IU	*"For the programs that have been achieved here, there are additional food provision to SEZ pregnant women, provision of complete basic immunization, ANC services, provision of fe tablets, administration of vitamin A, deworming, health promotion and programs that have not been achieved there is exclusive breastfeeding, anemia screening, education of adolescents pregnant women and families and provision of MP-ASI".*

Based on the results of interviews and program indicator data that have achieved the target, they are the provision of additional food to SEZ pregnant women 100%, the provision of complete basic immunization 95.8%, Antenatal Care (ANC) services or K1 visits 100% and K4 99%, the administration of Fe tablets 100%, the description of vitamin A in infants and toddlers 98.94%, the administration of worms 100%, health promotion exclusive breastfeeding and MP-ASI 100%. And indicators that have not reached the target are exclusive breastfeeding 52.38%, anemia screening 52%, education (adolescent girls, pregnant women and families) 50% and MP-ASI 70%. To achieve the desired results, the workforce involved in the 1000 HPK program must be more diligent in collecting data, monitoring and reporting to ensure the achievement of the targets that have been set. Comprehensive data collection on the number of stunting cases is needed so that all toddlers suffering from stunting can be reached every month. From existing data, the prevalence of stunting increased from the previous year. This can happen because there are still programs that have not reached existing targets.

Table 13.
Research Findings

Indicators	Regulation/SOP	Findings According to Locus	Obstacles
ANC	K1-K4	K1 = 100% K4 = 99%	-
Fe tablet administration	Administration of fe tablets 60 tablets during pregnancy	Tablets fe 60 tablets = 100%	-
PMT in SEZ pregnant women	Biscuits for pregnant women	Pregnant women's biscuits =100%	-
Anemia Screening	HB examination and TTD administration for girls at the junior and senior high school levels	HB examination and TTD administration for junior and senior high school girls 52%	There are still many students who do not understand about anemia and there are still those who do not take TTD that has been given by the puskesmas.
Education (young women, pregnant women and families	Health education for adolescents, pregnant women and families in stunting prevention	Education is carried out starting from adolescents (Catin, pregnant women and families) 50%	There is a lack of understanding of the targets and there are still some targets who do not care about the educational things that are done.
Exclusive Breastfeeding	Exclusive breastfeeding for 6 months without other additional foods	Exclusive breastfeeding for 6 months without additional food 52.38%	There are still parents who provide additional food other than breast milk as long as the child is 6 months old

Indicators	Regulation/SOP	Findings According to Locus	Obstacles
Health Promotion regarding Exclusive Breastfeeding and MP-ASI	Provision of exclusive breastfeeding information for 6 months and complementary breastfeeding after the child is 6 months old	Health promotion regarding the schedule of exclusive breastfeeding and 100% complementary feeding	-
Description of vitamin A in infants and toddlers	Giving vitamins to infants and toddlers	-Infants aged 6-11 months 99.10% -Toddlers aged 12-59 months 98.92% -Toddlers 6-59 months 98.94%	-
Complete basic immunization	Hepatitis B, BCG Polio, DPT-HB-Hib 1, DPT-HB-Hib 2, DPT-HB-Hib 3, Measles	Basic immunization of Hepatitis B, BCG Polio, DPT-HB-Hib 1, DPT-HB-Hib 2, DPT-HB-Hib 3, Measles 95.8%	-
100% deworming,	Deworming once every 1 year for ages 1-12 years	Deworming once every 1 year for ages 1-12 years 100%	-

DISCUSSION

Based on the results of interviews, the availability of human resources in implementing the first 1000 days of life (HPK) program at the Meranti Community Health Center still lacks health personnel such as nutritionists, health promotion and village midwives so that there is an excessive workload that is not commensurate with the number of officers at the community health center. If the existing availability is further reviewed, it will significantly influence program implementation. When there is a shortage of nutrition workers and several other health and extension workers, this can result in the performance of interventions in the field not being optimal and massively affecting efforts to improve nutrition in the community. Based on RI Minister of Health Regulation No. 43 of 2019 concerning community health centers, it is stated that in every non-inpatient health center in rural areas, the standard is to have 1 nutrition officer, health promotion officer and 4 midwives. Even though the Meranti Community Health Center already has a number of nutrition officers in accordance with the provisions of the Regulation of the Minister of Health of the Republic of Indonesia, it is still necessary to increase human resource capacity in accordance with the existing workload. Geogre C. Edwar III explained that the key factor in policy implementation is labor or human resources. One of the causes of failure in policy implementation is a lack of staff, lack of sufficient staff, or lack of staff competence in their field. Increasing staff numbers is not enough, but also requires sufficient staff with the necessary skills and abilities to carry out the desired tasks.

CONCLUSION

In conclusion, the 1000 HPK Movement Program, which focuses on specific nutrition interventions, faces challenges primarily due to a shortage of human resources specialized in nutrition and health promotion at the Meranti Health Center and insufficient facilities like height measuring instruments and ultrasounds at posyandu and puskesmas. While the program's implementation of pregnancy checks, Fe tablet distribution, and growth monitoring has generally been successful, there are notable areas of concern. Exclusive breastfeeding rates remain below target due to continued formula milk and banana consumption post-birth. Despite the effectiveness of immunization programs and supplementary feeding initiatives, there are inconsistencies in attendance and maternal involvement. Although certain

interventions, such as additional food provision for SEZ pregnant women and complete basic immunizations, have met or exceeded targets, others, including exclusive breastfeeding and anemia screening, have fallen short. Addressing these challenges requires targeted efforts to bolster infrastructure, enhance community engagement, and refine program strategies to achieve better outcomes.

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