

The Effectiveness Of The Baas Program (Father Following Stunting Children) In The Framework Of Reduce The Rate Of Stunting Incidents At Deagintungkerta, The Work Area Of Puskesmas Anggadita Klari District, Karawang District, In 2022

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Abstract:

Background : In order to support stunting reduction activities, the West Java BKKBN has formed a family assistance program which is carried out by a family assistance team consisting of midwives, cadres and PKK staff to eliminate the main factors causing stunting.

Research purposes : To find out more in-depth information about the effectiveness of the BAAS (Foster Father of Stunting Children) program in the form of input, output and process indicators in order to reduce the incidence of stunting in Gintungkerta Village, Kari District, Karawang Regency in 2022.

Types of research : The research was conducted in June 2023. The informants and key informants consisted of 16 people. This study uses in-depth interview techniques with a qualitative approach method.

Research result : Input: "... me and the cadre have been running the BAAS program for 7 months, all the tools were provided from the village, all items were entered into the records (inventory)." (BD1). Process: "... my child was given food which remained to be eaten by the dede and the cadre, then told the midwife that it had to be eaten directly by the dede and could not be given to others" (IB5). Output: "... after evaluating the total assistance in implementing the BAAS program this month, the results were 21 out of 53 stunted toddlers who were declared to have graduated were not stunted anymore or it could be said that they were normal in terms of weight/height..." (BD2)

Conclusion : Input: Involvement in the implementation of the BAAS program is not only BKKBN, DinKes, sub-districts and villages, but because there are many factories in the Gintungkerta Village area, there are several companies that are supporting the BAAS program for 53 people targeted for stunting toddlers. Process : The accompanying team/cadres deliver the BAAS program to the target in the form of ready-to-eat PMT that has been processed. Output: The results of the evaluation were 21 out of 53 targeted stunting toddlers who experienced a change in status from stunting to normal. Barriers and constraints : There is no program sustainability, target data is out of sync, there are no incentives for cadres.

Keywords: Effectiveness, BAAS Program

INTRODUCTION

World Health Organization (WHO) estimates the prevalence of stunting under five worldwide is 22% or as many as 149.2 million children in 2020 (Antara, 2022). Developing countries and one of them Indonesia has several nutritional problems in toddlers, including wasting, anemia, LBW and stunting. The prevalence of stunting in infants and toddlers in Indonesia in 2015 was 36.4%, which means that more than a third or 8.8 million toddlers experience nutritional problems where their height is below the standard for their age. The stunting is above the WHO threshold of 20%. The prevalence of stunting under five in Indonesia is the second largest in the Southeast Asia region after Laos, reaching 43.8%. WHO

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data places Indonesia as the 3rd country with the highest stunting prevalence rate in Asia in 2017 (Riskesdas, 2018).

On In 2018, the Global Nutrition Report stated that Indonesia is 1 out of 26 countries that are facing two forms of nutritional problems with a prevalence of more than the cut-off (> 20%), one of which is stunting in toddlers. The 2018 Basic Health Research (Riskesdas) shows that the prevalence of stunting in toddlers in Indonesia is 30.8% or occurs in around 7 million toddlers (Achadi, 2021). Based on the results of the SSGI (Study of Indonesian Nutritional Status) in 2021, the national stunting rate has decreased by 1.6% per year from 27.7% in 2019 to 24.4% in 2021, most of the 34 provinces have shown a decrease compared to 2019, although there has been a decline, the stunting rate in Indonesia is still high because the normal standard from WHO is 20% (Kemenkes RI, 2021). West Java as a province in Indonesia has a stunting rate above the WHO standard of 20%. Based on data from the 2021 Indonesian Nutritional Status Study Survey (SSGI), the prevalence of stunting in West Java has reached 24.5%. In 2022, 7 regencies/cities, namely Subang, Karawang, Pangandaran, Banjar, Tasikmalaya City and Kuningan will experience a significant reduction in stunting cases (Antara, 2023).

In order to support stunting reduction activities, the West Java BKKBN (National Coordinating and Family Planning Agency) established a Family Assistance program conducted by the Family Assistance Team (TPK) consisting of Cadre Midwives and PKK staff to eliminate the main factors causing stunting. In order to support this program, other resources are needed to meet the additional nutritional needs of pregnant and lactating women and children (under two years old) the general public can play a role in reducing stunting rates through the BAAS (Foster Fathers of Stunting Children) program (BKKBN, 2023).

The BAAS (Foster Fathers of Stunting Children) program was born in the middle of 2022 marked by the publication of BAAS guidelines which was then followed up with the issuance of a Circular Letter of the Head of BKKBN Number 560.a/HL.01.01/62/2022 dated 7 June 2022 concerning requests to stimulate and encourage partners to become BAAS and the signing of the West Java BAAS collaboration between BKKBN and BAZNAS (BKKBN, 2022).

The BKKBN stated that as many as 7,567 families at risk of stunting had received assistance and the BAAS program. BKKBN is optimistic that the stunting rate in Indonesia can be reduced to 14% in 2024 through a number of efforts that have been made, one of which is the implementation of the BAAS program (Antara, 2022). The prevalence of stunting in the Karawang district in 2020 is 2.7% compared to other nutritional problems such as underweight (3%), wasting (2.2%) and overweight (2.1%), so that stunting is still a major nutritional

problem in society. While the data for 2021 was obtained, in August 2021 as many as 2.7% (4217 toddlers) with a stunting nutritional status, underweight (underweight) as much as 2.7% (4217 toddlers), wasting (malnutrition) 1.9% (2914 toddlers) (Dinkes Karawang, 2021). Program from Karawang district government, the health office made a strategy to accelerate towards zero stunting in 2024, namely to form a model village (locus) in Karawang district. The modeling villages are spread over 5 villages in Karawang district, namely Kutagandok Village, Gintung Kerta Village, Mulyasari Village, Karyasari Village and Karangpawitan Village. This Locus Village was formed based on the priority of the most cases and high prevalence (Dinkes Karawang, 2022).

Karawang Regency has issued a Decree for the implementation of the BAAS program (Father Foster Stunting Children) in Karawang district with Number: 800/kep.386-Huk/2022 which was signed on July 29 2022. The implementation of the BAAS program has been carried out in Karawang Regency in October 2022 and has been running smoothly until now, namely April 2023 from data collection of targets, donors, nutritional innovations and distribution to the target (Pemda Karawang) , 2022).

The Karawang district government is known as an industrial city because there are many active companies located in almost all areas in Karawang so that in the implementation of BAAS in collaboration with these companies using CSR (Corporate Social Responsibility) to be involved in reducing the incidence of stunting in the Karawang district (Pemda Karawang, 2022).

Gintung Kerta Village has 54 children who suffer from stunting and have received the BAAS program from October 2022 (Puskesmas Anggadita, 2022). Meanwhile, the implementation of the BAAS program itself in Gintung Kerta village has been running from October until now. In its implementation, the Gintung Kerta village, apart from getting the BAAS program from the Karawang district government, also received it from companies in the working area of Gintung Kerta Village. There are 2 companies that are actively involved in this BAAS program, namely PT Nestle and PT ChangShin which have contributed funds in order to support the BAAS program to reduce the incidence of stunting in the local area.

The regional government of Karawang district has designated a target of 7 stunting toddlers to receive the BAAS program which is also managed by cadres and processed into healthy food and then delivered to the target every day from October to now and is still under monitoring, while PT Nestle has provided a number of funds and given to cadres to be managed and processed into food which has considered its nutritional value given for 3 days a week from October to December 2022 and from the mechanism implemented by PT Nestle from a

number of targets 54 people were declared to have graduated from stunting as many as 10 people. The rest of the existing targets are as many as 44 people and are managed by another company, namely PT. ChangShin with the same mechanism from March to August 2023 (Desa Gintungkerta, 2023)

During the implementation of this BAAS there was no evaluation of the implementation of this BAAS program and its level of effectiveness. Therefore researchers are interested in conducting research with the title effectiveness of the BAAS (Foster Father of Stunting Children) program in order to reduce the incidence of stunting in Gintung Kerta Village, Klari District, Karawang Regency in 2022.

RESEARCH METHODS

This research is a qualitative research using in-depth interview research techniques. This research was conducted in Gintungkerta Village, the working area of the Anggadita Health Center, Klari District, Karawang Regency. The participants in this study were 16 informants and key informants using interview guidelines.

RESEARCH RESULT

Input Variables

From the results of the in-depth interviews conducted, the results obtained were that almost all of the informants stated that the implementing staff in the field were PLKB sub-districts, the head of Gintungkerta village who was assisted by staff and cadres, the head of the Anggadita health center who was assisted by a village midwife and nutrition officer. And this BAAS program also involves various sectors including companies in the surrounding environment.

"As far as I'm concerned, those who take part in this activity are cadres, PLKB midwives.... "(IB1)

"I saw that the cadre who was my neighbor took part in the stunting activity, then there was also the village head's wife, the health center person, the KB person, ma'am..." (IB5)

"Those involved in implementing the BAAS program are the BKKBN (Subdistrict PLKB), the Health Service (Puskesmas and nutrition officers), the village (Village midwives and cadres)..." (PK)

"Those involved in implementing BAAS are not only the BKKBN (Subdistrict PLKB), the Health Service (Puskesmas and nutrition officers), the Village (Village Midwives and cadres) but because there are many factories in the Gintungkerta village area, there are several companies that are participating in supporting this BAAS program" (BD 1)

From the information obtained the BAAS program has been carried out for 7 months, starting in October 2022. The interview excerpts of key informants and informants are as follows

"Yes ma'am... I already know what the BAAS program is and it has been running for 7 months" (IB 1).

"We already know about this BAAS program and it has been running for 7 months now..." (PK)

Ms. Kader and I have been managing the BAAS program for the past 7 months.. " (BD1)

Almost all informants provided information that in the village of Gintungkerta there were priority targets for stunting toddlers, namely as many as 53 people and all of them had been registered to receive BAAS program assistance. The data source for all BAAS program activities is from the Karawang District BKKBN, while the target data for stunting toddlers comes from the Anggadita Health Center. Village midwives, nutrition officers and posyandu cadres who are people who are in direct contact with the targets because they directly monitor go to the field so that the BAAS program is realized.

"As far as I know, there are around 53 toddlers. The ones who usually record data are the midwives and cadres" (IB1)

"The midwives and cadres who often provide assistance, if there are around 53 people, ma'am" (IB7)

"I got data from the midwife, the number of stunted toddlers in Gintungkerta Village is 53 people and all of them have been registered in the BAAS program.." (AD)

"There are 53 stunted toddlers in Gintungkerta Village who were detected through the posyandu that we are fostering as village midwives.." (BD 1&2)

The facilities and infrastructure for the BAAS program have been properly inventoried by several parties, both from the Klari sub-district and prepared by the Gintungkerta village and posyandu cadres and all of these have been known to the informants and key informants from this study, as stated as follows :

"All the help I got from the village... cadres are village officials, aren't they? And I was also recorded in the notebook when assistance was given" (IB4)

"The assistance is given to the village, those who are shopping don't know. As far as I know, it will be given according to the notes that are there" (IB7)

"Mrs. Kader and I have been managing the BAAS program for the past 7 months.. all the tools provided came from the village, all items were entered into the records (inventoried)" (BD 1)

"I get the money from the district and then it is spent by our team" (AD)

From the information collected, there are several factors that cause stunting that occurs in Gitungkerta Village, namely parents who are busy working so that the parenting style is replaced by caregivers. Apart from that, other causal factors are knowledge about stunting and balanced nutritional intake for their children which is still inadequate, this is reinforced by the statement of key informants as follows:

"Gitungkerta Village is an area of factories so many residents who live in us work in these factories..." (AD)

"Because in us... the husband and wife work, all the children are given to caregivers for their daily lives.." (BD 1)

"..... Also parents who don't know about stunting and don't provide caregivers with knowledge about a balanced nutrition menu for their children." (BD 2)

*"Here, many husband and wife work in factories and their children like to be looked after by other people, later in the afternoon or evening they will be taken again by them.."
" (K)*

Process Variables

In practice there are several mothers whose children do not want to eat the food that is given. This information is reinforced by informants and key informants as follows:

"Yes, someone gives food to my child and the cadre's mother every day..." (IB 2)

"As far as I know from the babysitter .. he said the cadre gave food 3 times a week for the grandpa .." (IB 1, 3 & 4)

"My child was given food that was left to be eaten by the dede and Mrs. cadres and then told the midwife that it had to be eaten directly by the dede, it should not be given to others..." (IB 5)

"I have a report from the nanny that my child is given food by the cadre and the midwife 3 times a week, but my child doesn't want to eat, he says he doesn't like it, so he finally eats it with my nanny's child."(IB 9)

This information was reinforced by an explanation from the Gintungkerta village midwife that the BAAS program was provided with 2 types of assistance from 2 sources, namely from the Nestle company until now it is still providing PMT for 3 days a week while the other source is from the Karawang district government which is given every day and only runs for 3 months, which on the agenda PMT is given for 6 months, because the Gintungkerta health center does not know about it.

"Companies in the Gintungkerta Village area are involved in this BAAS program, these companies are PT CSI and PT NESTLE which have provided funds to make ready-to-eat PMT managed by female cadres..." (BD 1)

"... Yes, assistance from the company has been running, for the first 6 months from PT Nestle there was a one month pause, namely in February, then it was continued by PT CSI starting in March until now... as for assistance from the government it has not been running and we don't know the reason" (BD 2)

Prior to the BAAS program, Gintungkerta village had received other assistance in order to reduce the incidence of stunting, namely the provision of PMT milk from the Health Service and also the establishment of PENA SAWARGI, but these programs did not continue and there was no significant effect on the target. This is reinforced by the explanation of the village midwife as expressed like this :

"In the past, there was assistance for stunting toddlers in our village, the first was PMT Susu and the second was a project from the Health Service called PENASAWARGI, but PENASAWARGI did not continue, we don't know the reason..." (BD 2)

Output Variable

The results of the evaluation of the entire BAAS program carried out by several parties in order to reduce the incidence of stunting until June 2023 were as much as 40% (21 out of 53 targeted children with stunting). The results of the assessment of the BAAS program are not yet available because the end of the implementation of the BAAS program has not yet been completed. This was reinforced by the village midwife as expressed as follows:

".. After evaluating the total assistance from the implementation of the BAAS program in June, the results were that 21 out of 53 stunted toddlers who were declared to have graduated were not stunting anymore or you could say they were normal in terms of weight/height" (BD 2)

"... yes ma'am the results have only reached June, the BAAS program has not yet been completed, later in July it will be finished and later we will have a final evaluation of all the existing stunted toddlers, hopefully all of them will pass and become no longer stunted .." (BD 1)

Variable Barriers or Obstacles

In the implementation of the BAAS program there were several obstacles and obstacles as expressed by key informants and informants as follows:

"The distribution of funds for making PMT from the government did not continue... in the end the distribution was cut off and there has been no news until now.." (BD 1&2)

"I'm really confused ma'am.. the target data is always out of sync between the database at the BKKBN and the data base at the Health Office, how about that..." (PK)

"So far, yes ma'am... there are no incentives for cadres in implementing this BAAS program, so we are not enthusiastic about implementing it, so we don't wait for the target to see the PMT in person.." (K)

The information above is an expression from informants and key informants that there is a BAAS program whose implementation has not been completed and there is no further explanation, there is no transport or incentives for cadres, the target database is always out of sync at the Health Office with the BKKBN and most of the targets for stunted toddlers have not managed to qualify as not stunting or normal.

DISCUSSION

Limitations in research will always exist because research conducted, especially research with individual objects, always finds changes in the roles, perceptions and judgments of the individuals themselves which are very closely related to the subjectivity and interpretation of data.

In carrying out this research, research has a very large opportunity to deviate from the research context and to anticipate this, researchers use interview question guidelines to minimize opportunities for deviation so that interview time can be used as effectively as possible.

At the beginning of the interviews conducted, the attitude of the informants was still afraid so that the answers given were still closed but after going through one to two questions and after being given an explanation that the answers to the information raised by them would

be kept confidential, they were finally able to open up and provide information without shame and fear.

Discussion

In the Regulation of the Ministry of Health of the Republic of Indonesia Year 2022, Law Number 17 of 2007 concerning the National Long-Term Development Plan for 2005–2025, states that health development is essentially an effort carried out by all components of the Indonesian nation which aims to increase awareness, will, and the ability to live a healthy life for everyone in order to realize the highest degree of public health, as an investment for the development of socially and economically productive human resources. The success of health development is largely determined by the continuity of program and sector efforts, as well as continuity with the efforts that have been implemented in the previous period. Therefore, it is necessary to formulate a development plan with a sustainable health perspective or Health in All Policies (HiAPs), in which all components of the nation have responsibility for health development, whether they are members of the public, government, private sector, community organizations or professions. All sectoral development must consider its contribution and impact on health (Kemenkes RI, 2022).

Efforts to reduce stunting are not solely the task of the health sector because the causes are multidimensional, so it must be handled through multisectoral action. Specific interventions are carried out by the health sector, while sensitive interventions are carried out by all stakeholders. There are five pillars for handling stunting, namely political commitment, campaigns and education, program convergence, access to nutritious food, and program monitoring. Stunting (Kemenkes RI, 2022).

Input Variables Membership

The BAAS program has been implemented in the Karawang district since October 2022. Similarly, the Gintungkerta village has been implemented from October 2022 until now. There are several agencies involved in the BAAS program including the BKKBN, the Health Office, the Puskesmas, the Village. As implementing staff in the field, they are sub-district PLKB, village officials, village midwives and nutrition officers and cadres.

Process Variables Data Collection of Involved Agencies

The socialization of the BAAS program was carried out by the Karawang district government which was conveyed to agencies under the Karawang district government. BKKBN which is the central coordinator in implementing the BAAS program and collects data on the agencies involved. These agencies are willing to participate in the BAAS program which is implemented to reduce the incidence of stunting in the Karawang district, this participation

is in the form of money that has been calculated to meet the nutritional needs of the target stunting toddler (BKKBN, 2022)

Goals And Priorities

Data from the Anggadita Health Center shows that the target for stunting toddlers in Gintungkerta village is 53 people spread across each hamlet and monitored by village midwives at each posyandu. Targets who receive assistance from the BAAAS program are infants aged 1 year to 5 years and all targets that have been recorded have received assistance from the BAAS program (Laporan Bulanan Puskesmas Anggadita, 2022).

Sources of Data and Funds

Sources of target data as well as membership for this BAAS program are from the Anggadita Health Center, Health Office, BKKBN. The target data for stunting toddlers comes from the puskesmas which is then conveyed to the Health Office and the BKKBN. While data on the source of funds comes from the BKKBN which is then allocated to targeted villages for stunting toddlers in all Karawang districts, the funds are in the form of money and conveyed to cadres at the posyandu and delivered to the target in the form of ready-to-eat PMT (BKKBN, 2022). Funds were obtained from agencies under the Karawang district government, including companies in the working area of each puskesmas (Puskesmas Anggadita, 2023).

Form a Coordination Team from the District and Village

The coordinating team is from the sub-district (PLKB Kecamatan), Village (Departmental Apparatus), Community Health Center (Village Midwife, Nutrition Officer and Cadre) which has been running until now.

Consultation with the Health Center Nutrition Officer

The target of stunting toddlers, totaling 53 people, has received the BAAS program from October - December 2022 which is provided in the form of ready-to-eat PMT (Supplementary Feeding) by direct targets managed by cadres. Previously, the nutritional needs of the stunting toddler target had been consulted with the nutrition officer at the puskesmas.

Formation of a Healthy Kitchen

For the smooth running of the BAAS program, the cadres and their team formed a "healthy kitchen", where the healthy kitchen became a ready-to-eat PMT processing basecamp for targets. The menu that is processed and served has received direction from the nutrition officer from the Anggadita Health Center.

Forming BAAS Program Distribution Flow

There are 3 implementing parties from this BAAS program, the 1st party is the Karawang district government which handles the target of stunting toddlers as many as 7 people

aged over 2 years. The BAAS program is scheduled to run for 6 months starting from October – December 2022 to March 2023 which will be provided in the form of ready-to-eat PMT (Supplementary Feeding) and given directly to the target by cadres. In fact, the BAAS program has only been running for the first 3 months and until now there has been no follow-up going forward, the village midwives and implementing cadres have not received any further news.

The 2nd party is the private channel, namely the NESTLE company which handles 53 people targeted for stunting toddlers. The BAAS program has been carried out for 3 months (October - December 2022) which is provided in the form of ready-to-eat PMT (Supplementary Feeding) which is processed and cooked by the implementing cadres and also given directly to the target (the same way as the government). PMT is given for 3 days a week. At the end of December 2022, the target was evaluated by the village midwife and nutrition officer at the Anggadita Public Health Center and the results obtained were that 10 people passed the status from "stunting" to "normal (not stunting)", so the target for stunting toddlers for the next BAAS program was 43 people.

Furthermore, the 3rd party, namely the private sector, is also the company PT CSI (Changsin Indonesia) which is continuing to handle the target of stunting toddlers from the NESTLE company which is participating in the BAAS program. There are 43 stunting toddlers targeted. PT CSI started the BAAS program in February 2023, which is scheduled to run for the next 6 months, namely until July 2023. The BAAS program is provided in the same form as previously carried out by NESTLE Company, namely ready-to-eat PMT which is managed and processed by cadres and given directly to stunting toddler targets 3 days a week. The progress of the targets is evaluated every month by the village midwife and cadres, the targets are weighed and their height is measured.

Do an Evaluation Every Month

The Gintungkerta village midwife evaluates the weight and height of the target stunting toddler every month accompanied by cadres and will report it to all agencies or several parties involved in the BAAS program.

Output variable

The final results of the BAAS program until June 2023 were as many as 22 toddlers from the target of 53 stunting toddlers who had passed the status from "stunting" to "normal (not stunting)". The BAAS program will continue until July 2023, due to time constraints from researchers, they will not conduct an evaluation in July 2023.

Obstacle Variable

In a program there will always be obstacles or obstacles in its implementation. Likewise with the BAAS program, there were many obstacles or obstacles faced by all implementing teams. One of them is the program that is not sustainable, the target data for stunting toddlers is out of sync at the Health Office and BKKBN and there is no incentive for cadres to implement it in the field.

CONCLUSION

1. Input : The target for stunting toddlers in Gintungkerta village consists of children aged 1 year and above up to 5 years, namely 53 toddlers. The data was obtained from the Anggadita Health Center after confirmation with the Health Office and BKKBN. Facilities and infrastructure as well as funds obtained from members involved in the BAAS program mentioned above are given to the target in the form of ready-to-eat PMT. In the research it was found that all the elements that had been registered as involved in this program had been running and were optimal in the implementation of the BAAS.

2. Process : In order to be more coordinated, a base camp was also formed in making the ready-to-eat food menu and named "healthy kitchen" according to the schedule and immediately given to the target.

In this study, the direct administration of ready-to-eat PMT was not in accordance with the technical implementation instructions, namely waiting for the food to finish being eaten by the target of stunting toddlers by cadres on the grounds that there was no transport for the cadres to do it.

3. Output : The results of the evaluation above have not reached the final result because the results of the final evaluation will be carried out in July 2023, so the BAAS program cannot be declared effective or not. And due to time constraints researchers will not participate until the end of the BAAS program.

4. Barriers or Constraints : The obstacles or obstacles encountered in the BAAS program were the absence of follow-up from existing programs, out-of-sync target data, lack of cadre incentives and sub-optimal monitoring.

SUGGESTION

1. For BKKBN/DPPKB

It is hoped that this will improve the quality of the BAAS program in each village that has stunting under-fives, so the following efforts need to be made :

- a. To increase socialization about the BAAS program intensively
- b. Re-evaluate the implementation of the BAAS program
- c. Coordinate BAAS program activities with the agencies involved
- d. The Village Head and community leaders coordinate with the Puskesmas to be able to provide balanced nutrition according to the needs of toddlers
- e. Make a BAAS program activity plan in accordance with the existing problems

2. For Klari District

- a. Coordinate all the potential that exists in the work area to better support the BAAS program
- b. Coordinate PKK and other related sectors to play a role in supporting the BAAS program
- c. Socializing the BAAS program to villages in the local sub-district area

3. Karawang District Health Office

- a. Conduct training for midwives, health center nutrition officers and cadres on the BAAS Program
- b. Carrying out training for sub-district level teams, namely nutrition workers, PKK and Muspika sub-district levels.
- c. Provision of facilities and infrastructure for health dissemination on stunting and balanced nutrition such as leaflets, posters and books
- d. Conduct special training for nutrition officers in compiling menus for stunting targets
- e. Provision of rewards for transporting cadres in implementing the BAAS program

4. For village midwives at the Anggadita Health Center

To improve the skills of village midwives, it is hoped that:

- a. Improving service and performance in supporting the BAAS program
- b. Carry out education and outreach about stunting and its prevention

Together with the village head and community leaders, find the best solution to reduce the incidence of stunting

5. For the Anggadita Health Center

To reduce the incidence of stunting in the working area of the Anggadita Health Center, it is necessary to:

- a. Carry out intensive coaching to Posyandu - posyandu in their working area every once a month or at least once every three months.
- b. Improving the monitoring and evaluation system for village cadres and midwives
- c. Improving health promotion on intensive stunting by health promotion workers
- d. Follow up the evaluation of the BAAS program which is still not optimal.
- e. Conduct advocacy to the Klari sub-district head to reactivate the Desa Siaga team at the sub-district level so that cooperation can be fostered in reducing stunting incidents

6. Suggestions for Other Researchers

- a. It is necessary to carry out a qualitative study on the implementation of the BAAS program in improving family health status
- b. It is necessary to carry out further observations regarding the implementation of the BAAS program.

BIBLIOGRAPHY

- Achadi, Endang L, dkk. (2021), *Stunting Pentingnya Peran 1000 Hari Pertama Kehidupan*, Depok, Rajawali Pers.
- Anggadita, Puskesmas. (2022). Laporan Tahunan Puskesmas, Karawang.
- Antara. (2022), 7.567 keluarga dapat pendampingan BAAS, Jakarta.
- Antara. (2023), BKKBN:Program BAAS Signifikan bantu turunkan stunting, Jakarta.
- BKKBN. (2022), Buklet: Panduan BAAS, Jakarta.
- BKKBNs. (2022). BKKBN apresiasi TNI dalam percepatan penurunan stunting, JawaBarat.
- Dinas Kesehatan. (2022), Laporan Tahunan Tahun 2022, Kabupaten Karawang.
- <https://kabkarawang.baznas.co.id>. (2022). Peresmian Peluncuran Program BAAS, Humas Baznas Kabupaten Karawang.
- <https://bpppk.kemenkeu.go.id> (2017). Membedakan Antara Output dan Outcome Pendidikan, Pusdiklat Pajak, di akses tanggal 4 Agustus 2017.
- Dahlan, Sopiudin, (2016). *Besar Sampel Dalam Penelitian Kedokteran Dan Kesehatan, Epidemiologi Indonesia*, Jakarta.
- Kementerian Kesehatan Republik Indonesia. (2020), Hasil Pemantauan Status Gizi (PSG) Tahun 2020, Jakarta.
- Kementerian Kesehatan Republik Indonesia. (2021), Enam Isu Kesehatan Jadi Fokus Kemenkes di Tahun 2021, Jakarta.

- Kementerian Kesehatan Republik Indonesia, (2021). Petunjuk Teknis, Penyusunan Pelaksanaan Strategi Komunikasi Perubahan Perilaku Percepatan Penegasan Stunting, Direktorat Promosi Kesehatan dan Pemberdayaan Masyarakat.
- Kementerian Kesehatan Republik Indonesia, (2022). Peraturan Menteri Kesehatan RI No 13 Tahun 2022, Perubahan Atas Permenkes No 21 Tahun 2020 Tentang Rencana Strategi Kementerian Kesehatan Tahun 2020-2024.
- Kementerian Kesehatan RI, (2022). Karawang, Pelita. (2022). Bapak Asuh Anak Stunting : Sasar 578 anak di karawang, Kabupaten Karawang.
- Karawang, Pemerintah Daerah. (2022), SK Bupati Karawang tentang Bapak Asuh Anak Stunting di Kabupaten Karawang.
- Notoatmodjo, Soekidjo, (2018), Metodologi Penelitian Kesehatan, Rineka Cipta ,Jakarta.
- Riset Kesehatan Dasar (Riskedas). (2018), Jakarta.
- Republika. (2023), BAAS bergotong royong mengentaskan stunting menuju Indonesia Emas 2024, Jakarta.