

ASSISTED VILLAGE PROJECT BY RIZKI AMALIA MEDIKA HOSPITAL SUPPORT NATIONAL PROGRAM AGAINST STUNTING WASTING

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ABSTRACT

Stunting wasting is a national health problem in Indonesia. The prevalence of this cases increases from year to year. All parts of society and health facilities participate in efforts to reduce stunting rates in their work areas. Rizki Amalia Medika Hospital initiated an Assisted Village Project in Panjatan, Kulon Progo, that come under hospital area. This article is a case report study which aims to disseminate the hospital's activities as a second-level referral health facility in the community in efforts to screen and treat stunting completely. The Assisted Village Project is realized in health community activities for toddlers and the elderly. The activities include: measuring body weight and body height, screening nutritional status, education on nutrition growth and development, providing additional food. From activities that carried out in 6 villages, 2 toddlers were found to have poor nutritional status. This toddler was then referred to Rizki Amalia Medika Hospital to receive medical treatment. During 1 month of intervention, the child's height, weight gain and increased growth and development were found. This project is differ from another stunting wating program, because another program is held by first degree health fascilities and takes time to be diagnosed by pediatrician. By this project, case finding and management is faster. This activity is empirically useful in finding cases and handling them appropriately by hospitals as advanced health facilities in supporting national programs against stunting wasting.

A. BACKGROUND

Stunting or short children is a problem of chronic malnutrition caused by inadequate nutritional intake over a long period of time due to providing food that is not in accordance with nutritional needs(UNICEF, 2012). The results of the Indonesian Nutritional Status (SSGI) survey show that the prevalence of stunting in Indonesia in 2022 is 21.6%, the prevalence of stunting in Yogyakarta in 2022 is 16.6%. Meanwhile, the prevalence of stunting in Kulon Progo Regency is 14.9% in 2021 and will increase by 15.8% in 2022. To participate in reducing the stunting rate, Rizki Amalia Medika (RAM) Hospital launched the Assisted Villages for Stunting and Wasting program. Based on the results of the RAM hospital coordination meeting, the Panjatan area was proposed as an activity area for the Assisted Village. This is based on the prevalence of stunting in this area which is still quite high about 15%. The next consideration is because the Panjatan area is not the Stunting Locus Area for Kulon Progo Regency in the next 2 year period. This is important for optimizing activities so that they do not overlap with other agency programs. The Panjatan area was chosen as a target village because it is ranked 2nd in the prevalence of stunting and wasting with a figure of 16.1% in 2022, so there is a gap of 2.1% with the national target in 2024. The area was also chosen because it is an area that is easy to reach and has better cross-sectoral support

B.GOALS

Dissemination of the results of the Rizki Amalia Medika Hospital assisted village project to support the national program against stunting wasting

C.METHOD

This research method is a Case Report

D. RESULTS AND DISCUSSION

One of the RAM hospital programs is the existence of an Assisted Village Project in the Panjatan Area. The spectrum of activities carried out by the hospital team are:

1. Toddler care
2. Elderly care

Toddler care is held once a month in all hamlets in the Panjatan Village area on a rotating basis. Toddler care activities include:

1. Weight measurement
2. Height measurement
3. Screening nutritional status
4. Education on nutrition and growth and development
5. Providing additional food

Below are information from Toddler Care Activities

- 1.Panjatan I (July) 17 All toddlers have normal nutritional status
- 2.Panjatan II (August) 19 All toddlers have normal nutritional status
- 3.Panjatan III (September) 20 Of the 20 toddlers, 2 toddlers had poor nutritional status (1 toddler below the red line and 1 toddler below the yellow line)
- 4.Panjatan IV (November) 16 All toddlers have normal nutritional status
- 5.Panjatan V (December) 14 All toddlers have normal nutritional status

For toddlers with poor nutritional status, follow-up is carried out as follows:

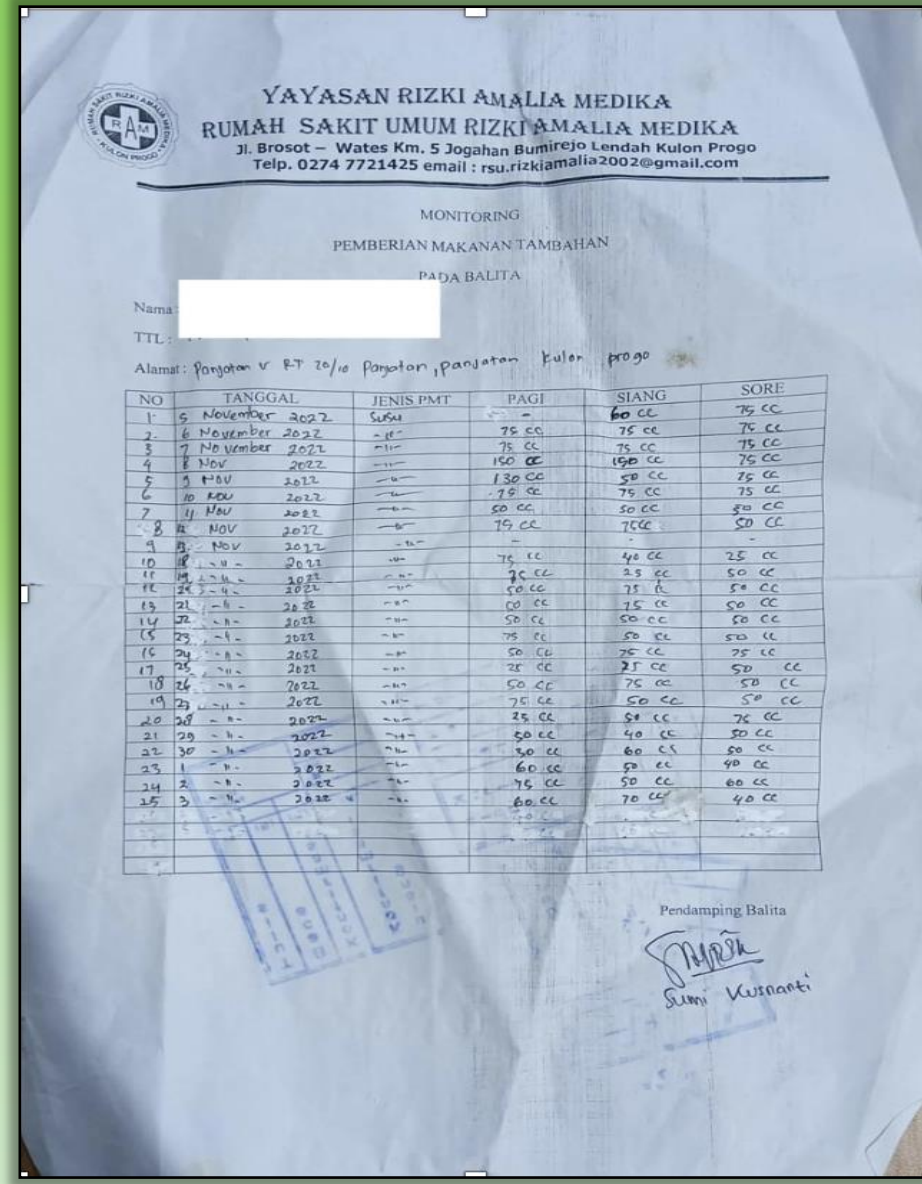
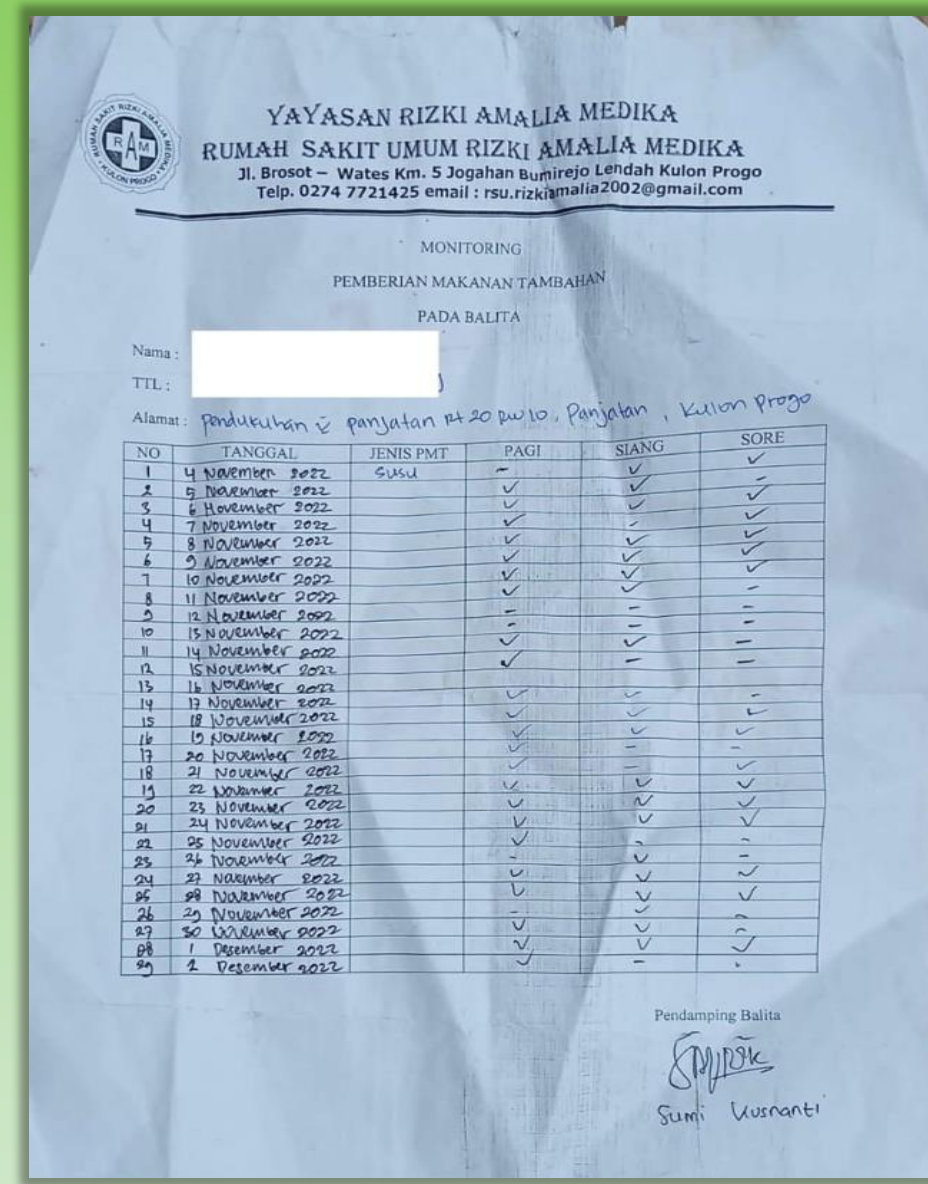
- 1.Accompaniment by the nutrition and midwifery team of Hospital's Assisted Villages for one week as moral support. During this period, cross-sectoral coordination was also carried out to prepare the next intervention steps.
- 2.Based on the recommendation of the Hospital Assisted Village team, the two stunted toddlers above were referred by the Community Health Center as first health fascilities to the pediatrician at Rizki Amalia Medika Hospital.
3. Further examination and diagnosis were carried out by the dr. Banani Sidiq, M. Sc, Sp. A as pediatrician in Rizki Amalia Medika Hospital

Below are information from hospital measurement

	Children A	Children C
Age	2 year 1 month	3 year 5 month
Weight	Weight 7,9 kg BB did not rise for 5 consecutive months	BB 10.8 kg BB did not rise for 3 consecutive months
Height	80 cm	92 cm
Weight//age	BB < -3 SD	-3 SD < BB < - 2 SD
Height//age	-3 SD< TB < -2 SD	- 2 SD< TB < -1 SD
Weigh//height	< - 3 SD	-3 SD< BB//TB < -2 SD
Blood Routine	Hb: 10,8 g/dl Light Anemia	Hb: 11, 1 g/dl Light Anemia
Thorax	No abnormalities	No abnormalities
Growth and Development	Can't walk yet	Normal according to age
Diagnosis	Delayed milestone Malnutrition with poor nutritional status	Malnutrition with undernourished status
Plan	High-calorie milk 3x150 ml, high-calorie and protein feeding	High-calorie milk 3x150 ml, high-calorie and protein feeding

4.From the results of the examination, a follow-up nutritional intervention was carried out in the form of providing high-calorie food assistance, high-calorie milk and high-protein supplements for one month. In this episode, home visits are carried out every 3 days (10 times in a month) by the hospital assisted village team.

5. Monitoring evaluation is carried out strictly using the following form



6. After one month of close intervention and monitoring by the hospital assisted village team with the toddlers had following results

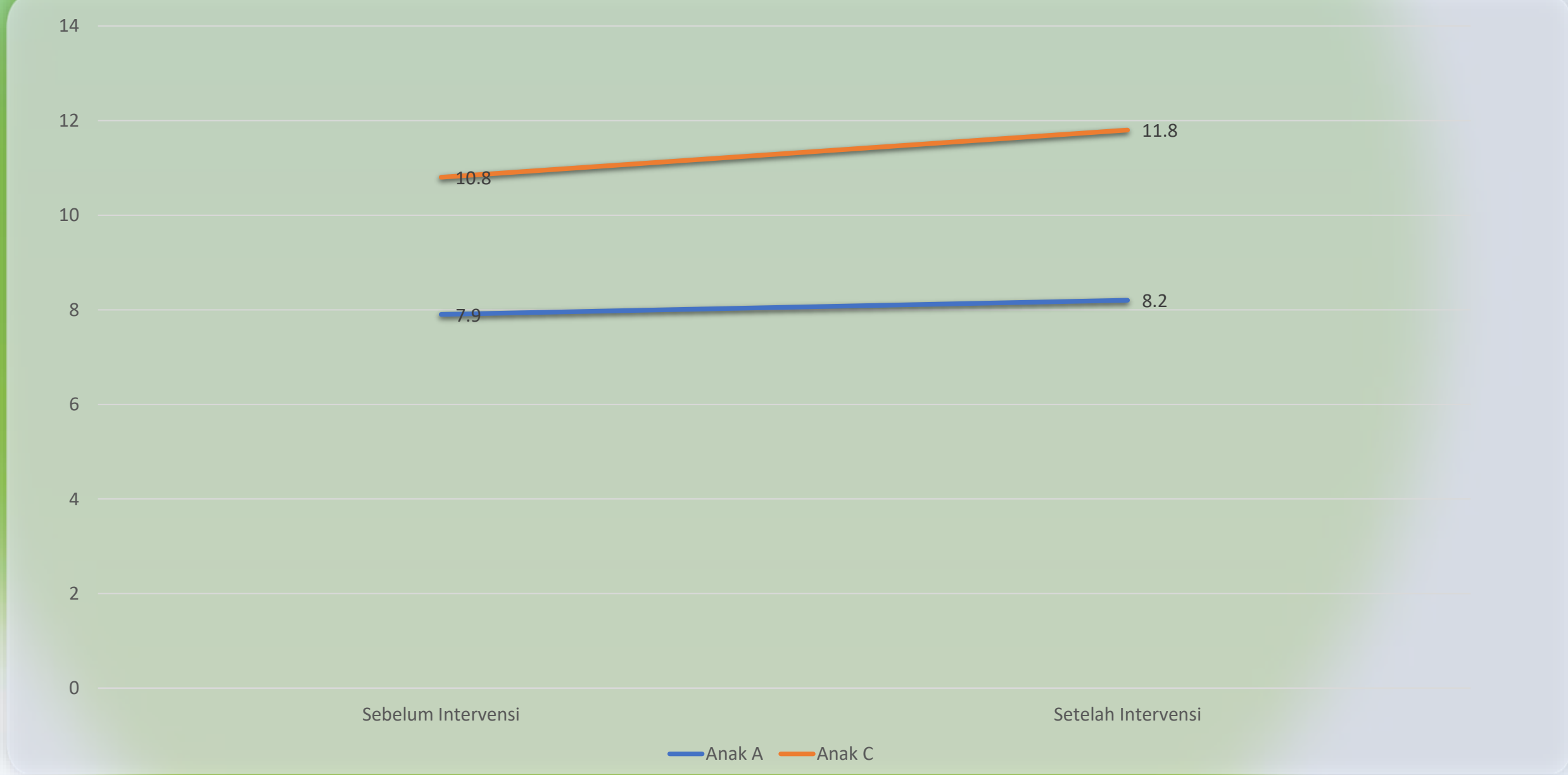
	Children A	Children C
Weight	8,2 kg	11,8 kg
Height	81 cm	93 cm
Blood Routine	12,2 g/dl	12,4 g/dl
Growth and development	Can walk Normal growth and development according to age	Normal growth and development according to age

7. After one month, the mentoring program was handed over to Puskesmas Community Health Center as first health fascilities for further handling

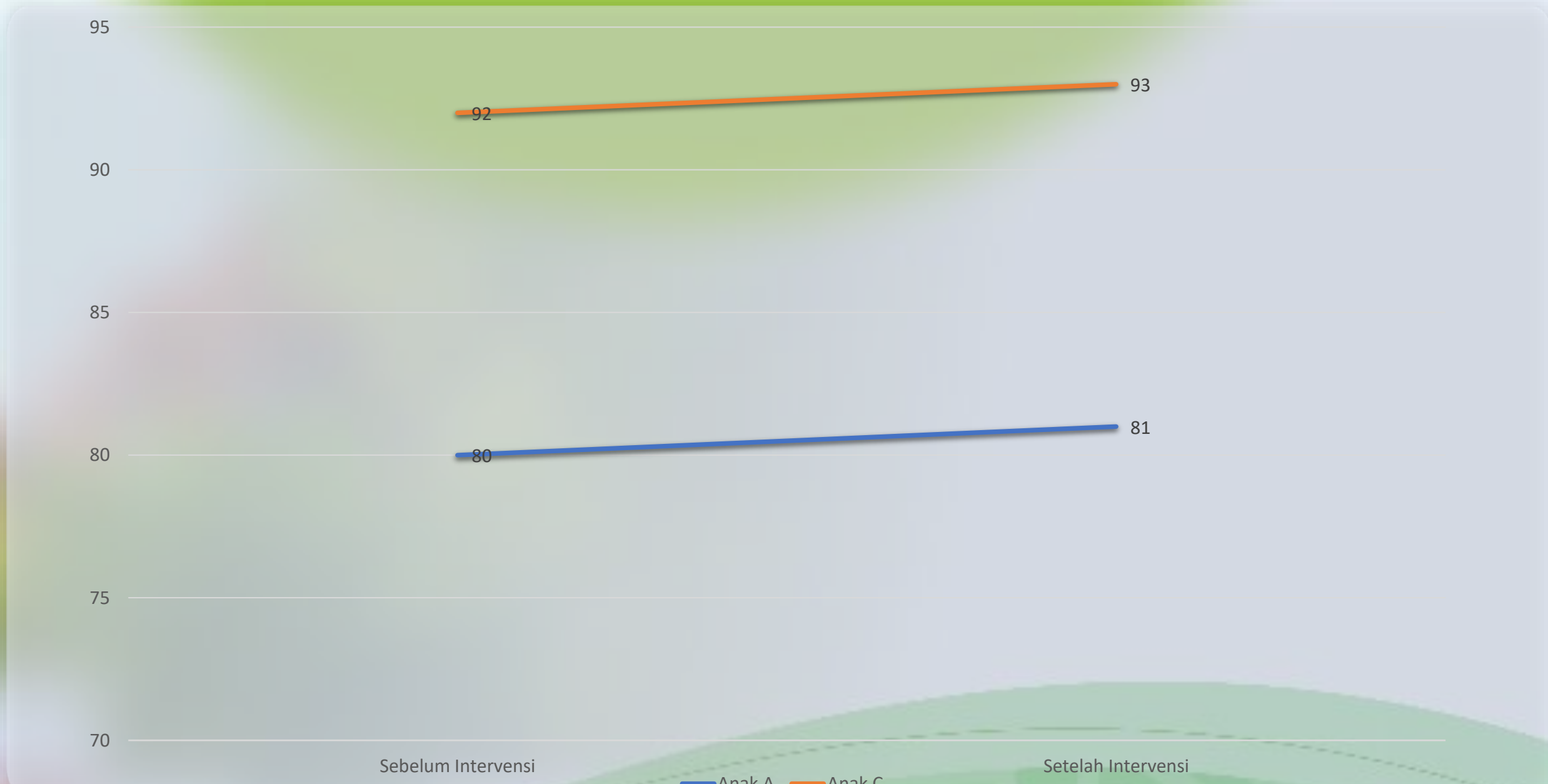
The results after month intervention showed as the following conclusions:

1. Child A: Increasing body weight about 300 grams. Increasing body height about 1 cm. Increasing haemoglobin from low to normal (increase of 1.8 g/dl). Improvement in growth and development to normal (able to walk). Increasing height, haemoglobin and growth development in child A is good. However, the weight gain is less because the child cannot taook full dose of milk and protein calories.
2. Child C: Increasing body weight about 1000 grams. Increasing body height about 1 cm. The increase in child C's weight and height is good. Haemoglobin and growth and development in the normal category.

BERAT BADAN



TINGGI BADAN



Based on observations, it was found that the intervention result in an increase in weight, height and growth and development of stunted toddlers in hospital assisted village

E. CONCLUSION

Rizki Amalia Medika hospital's assisted village project can detect stunting, wasting toddlers. The interventions implemented involve cross-sectoral aspects. The intervention stages are initial assistance, carrying out a referral process, establishing a diagnosis, nutritional intervention, home visits and monitoring and evaluation. The results of one month's intervention resulted in an increase in weight, height and growth and development of stunted toddlers in hospital assisted village.



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