



# Evaluation of the implementation stimulation, detection, and early intervention for toddlers growth and development in Nanggalo Health Center

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## ABSTRACT

**Background:** The coverage of Stimulation, Detection, and Early Intervention for Toddler Growth and Development (SDIDTK) toddlers at the Nanggalo Health Center has not yet reached the national target. This is influenced by the low participation of mothers of toddlers at Integrated Service Posts (Posyandus). The proportion of toddlers weighed at Posyandus 14.90%.

**Objective:** The purpose of this study was to assess the implementation of the SDIDTK program at the Nanggalo Health Center to achieve the national target (90%).

**Materials and Methods:** This type of qualitative research uses a systems approach. Data was collected through in-depth interviews, observation, and document review. Twelve informants were selected in the working area of the Nanggalo Health Center based on purpose sampling. Data processing involves the triangulation of sources and techniques. Records of in-depth interview results were made in the form of transcripts and analyses and interpreted in the form of research results.

**Results:** Based on the research results obtained, there is a manual for implementing SDIDTK but no SOP has been found. The number of implementing staff is sufficient, but the distribution of the workload is not yet effective and efficient. The funds available for community health center activities are sufficient, but there has been no allocation of special funds to support SDIDTK activities. The facilities and infrastructure supporting the program are inadequate. The implementation of detection and stimulation is still not per the guidelines for all toddlers in the Nanggalo Community Health Center working area. Early intervention has been carried out for toddlers who are detected to be experiencing growth and development disorders. Records are summarized in cohorts and reported every month to the Health Service. Monitoring and evaluation are carried out in stages, but they are still not going well.

**Conclusion:** The implementation of the SDIDTK program at the Nanggalo Health Center is still not good. Obstacles in program implementation come in the form of data problems, a lack of infrastructure, limited staff time, low community participation, and a lack of support from across sectors.

**Keywords:** Evaluation; SDIDTK Program; Public Health Center; Toddler

## BACKGROUND

The toddler years are known as the golden age. During this period, toddlers experience a process of physical, mental, and behavioral growth. Therefore, it is necessary to pay close attention to the growth and development of children. So that they can detect as early as possible if there are abnormalities in their growth and development.<sup>1,2</sup> If at this time toddlers are not cared for properly, then the child will be at risk of experiencing developmental disorders (emotional, mental, social, intellectual, and moral). It will significantly determine a person's attitudes and behavior patterns in the future.<sup>2,3</sup>

According to the World Health Organization (WHO) in 2018, it was reported that Indonesia had the third highest prevalence of related countries experiencing impaired growth and development of toddlers in the Southeast Asia region, with a prevalence of 28.7%.<sup>4</sup> National data, according to the Indonesian Ministry of Health, states that the incidence of growth and development problems in children under five in Indonesia in 2020 will be around 13%–18%, which includes motor, language, socio-emotional, and cognitive development disorders.<sup>5</sup> The results of the 2018 Riskesdas RI showed that the prevalence of under-five growth in West Sumatra was 85.2%, cases of malnutrition were 3.5%, and wasting was 15.4%.<sup>6</sup>

The SDIDTK program is one of the efforts to develop comprehensive child growth and development so that children can detect developmental delays from an early age. The success indicator for the SDIDTK toddler program set by the Ministry of Health of the Republic of Indonesia in 2017 is 90% of the total population. The working area of the Nanggalo Health Center is one of the health centers in Padang City, which has many children under five, with a total of 3125 children in 2021. This health center is the 3rd lowest health center in implementing the SDIDTK toddler program in 2021 at 79.5%. On the other hand, data from the

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Padang City Health Office for 2021 shows that the Nanggalo Health Center is also the lowest area in the proportion of children under five being weighed (14.9%). Therefore, there is concern that early detection of growth and development disorders in toddlers at the Nanggalo Health Center will be hampered.<sup>7</sup>

Based on this description, it is necessary to evaluate the implementation of SDIDTK programs for toddler at the Nanggalo Health Center, Padang City.

## MATERIALS AND METHODS

This research uses the qualitative method with a case study approach using systems theory. Systems theory is a theory that consists of several components (input, process, and output) that are interrelated and influence each other over time. The research was carried out from March to June 2023 in the Nanggalo Community Health Center Working Area. The technique for determining informants in this research was based on a purposive sampling of 12 people, consisting of 1 head of a community health center, 2 management midwives, 2 people in charge of the program, 2 program implementation officers (nutritionist and health promotion experts), 3 posyandu cadres, and 5 mothers of toddlers. Data collection was carried out by using primary and secondary data. Primary data was obtained from observation and in-depth interviews for 15 days. Using a semi-interview guide structured with a duration of 30–80 minutes. The interview process was recorded using a handphone, after obtaining approval from an informant. The results of the interviews were transcribed and put in the matrix category. Secondary data was obtained from books, journals, and review of documents from related agencies. Sources these different data sets are then compared by triangulation of sources and techniques. Analysis data collection was carried out throughout the study, from start to finish of research inductively. Qualitative data analysis uses the Miles and Huberman model, which consists of three activity streams: data reduction, data presentation, and conclusion drawing/ verification.

## RESULTS

The results of research on the characteristics of research informants are explained in table 1.

**Table 1. Characteristics of Research Informants**

<i>Characteristics</i>	<i>Frequency</i>	
	<i>n</i>	<i>%</i>
<b>Gender</b>		
Man	1	8,3
Woman	11	91,7
<b>Age</b>		
20-40 years	7	58,3
40-50 years	2	16,7
> 50 years	3	25,0
<b>Position/ Occupation</b>		
Head of Community Health Center	1	8,3
Midwife Holding the New Children's MCH Program	1	8,3
Midwife Holding the Old Children's MCH Program	1	8,3
Nutritionists	1	8,3
Health Promotion	1	8,3
Head of Posyandus Cadre	2	16,7
Mother Toddler	5	41,7
<b>Last Education</b>		
Middle School	1	8,3
High School	4	33,3
Associate's Degree	2	16,7
Diploma Degree	2	16,7
Bachelor Degree	3	25,0
<b>History of Toddler Growth and Development</b>		
Normal	1	20,0
Developmental Disorders	4	80,0

## **Input Components**

### **Guidelines and Standard Operating Procedures (SOP)**

Referring to information obtained from in-depth interviews, guidelines for implementing the SDIDTK program for toddlers at the Nanggalo Community Health Center refer to Minimum Service Standar (SPM) No. 4 of 2019, the SDIDTK guidebook from the Indonesian Ministry of Health in 2019, and the Health of Both Mother and Child (KIA) book. There was also an old SOP during the 2017 public health center accreditation regarding the SDIDTK implementation mechanism. Other information was obtained that not all informants were well aware of the SOPs or references for implementing SDIDTK in the Nanggalo Community Health Center working area.

"The SOP is there because we were accredited in 2017, but we don't know where it is anymore... Maybe we'll have to wait for revisions, and there will also be additions to prepare for accreditation... If the SDIDTK implementation is guided by the latest Indonesian Ministry of Health in 2019 and for screening questions, you can refer to the pink KIA book." (Inf-2)

"There is an SOP; in the children's program, there is an SOP regarding SDIDTK; and in nutrition, there is an SOP for measuring growth." For guidance, we refer to SPM number 4 of 2019 concerning services for children under five, which all must receive SDIDTK." (Inf-4)

"There are SDIDTK references and manuals, but I don't know about them; this is more for children's program holders... which is stated in the SOP because it is a special program for children." (Inf-5)

The results of the document analysis obtained were SPM No. 4 of 2019 at the Nanggalo Community Health Center, which consisted of 12 indicators. The thing related to SDIDTK is that in the 3rd and 4th indicators, all babies and toddlers served are required to receive services according to standards. Apart from that, the SDIDTK implementation guidebook was printed by the Indonesian Ministry of Health in 2019, and held by the children's program holder at the Nanggalo Community Health Center. On the other hand, no hard file or soft file of the SOP for the SDIDTK implementation mechanism at the Nanggalo Community Health Center was found.

### **Human Resources**

In terms of quantity, the number of human resources involved in implementing the SDIDTK program at the Nanggalo Community Health Center is sufficient, including midwives, doctors, nurses, nutritionist, health promotion, and environmental health. Other information obtained indicates that there is still a need for a more effective workload assessment and distribution of assisted posyandu areas every month. Since the retrenchment system came into effect, on average, each officer has received two Posyandus at the same time, quite far apart.

"Actually, in terms of numbers, it is sufficient, but in terms of quality, the cadres are still lacking in filling out the KIA, so the workload for officers is double." (Inf-2)

"There are enough... but because the burden has increased due to downsizing, officers feel a bit overwhelmed with dividing their time. In the past, 1 posyandus of 5 had 2 down. But now there is a reduction in efficiency and effectiveness, where in 1oneday 2 twoposts are running at the same time. Well, this is our problem. Usually, out of 44 Posyandus in one month, we go to the field 44 times, but now there are 27 Posyandus down. So there is a double burden on each officer. So, in the implementation, the officers will be smart again." (Inf-4)

Training on monitoring the growth and development of toddlers for Posyanduscadres was carried out in April 2023 with a target of 5 people for each sub-district in the Nanggalo Community Health Center working area. In this training, material was provided regarding how to weigh, measure height, and fill out reports correctly. Meanwhile, implementing officers have not received special training regarding the implementation of SDIDTK for toddlers. Usually, only those who receive training from children's program holders. Furthermore, the results of the training will be disseminated to all officers during the training, but there has been no training related to SDIDTK since the change of person in charge of the new program.

"The special SDIDTK training is actually more for the KIA program because the health promotion section has not received training." They already have the decree, and we will just accept what they have received, and then the officers will continue it with the cadres." (Inf-5)

"Rasonyo has been related to this SDIDTK, but it's so long... For growth and development, there may have been... You could say that those who received training were the same people, so not all of them got it,

especially the 56 who are old school and are active in the village head office; well, those are usually the ones who often get training." (Inf-7)

Based on the 2022 annual report of the Nanggalo Community Health Center, it is known that the current number of human resources at the Nanggalo Community Health Center is 68 person. Meanwhile, from the 2023 Posyandus schedule, there are 44 people as implementing officers who work, with each officer getting 2 Posyandus areas per neighbourhood every month at the same time.

### **Fund**

The source of funds for program implementation at the Nanggalo Community Health Center comes from Regional Public Service Agency (RPSA) for services inside the building and Health Operational Assistance (HOA) for services outside the building. On the other hand, to increase service capitation, community health centers must prioritize outgoing funds for services inside of community health center so that there are only funds for the toddler mother class.

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### **Facilities and infrastructure**

The availability of supporting facilities and infrastructure for implementing SDIDTK programs for toddlers in the Nanggalo Community Health Center Working Area is still inadequate. Special equipment for anthropometric kits has received assistance from the Padang City Health Service but is still being implemented in stages. Currently, the public health center only has two sets of educational game tools, which are located in the children's and nutrition rooms.

"The infrastructure with 44 Posyandus is still not enough in terms of number and condition because many types will be brought, starting from toys and so on...Because in one day we can go to 2-4 Posyandus as well as classes for mothers of toddlers." Meanwhile, we only have two SDIDTK kits." (Inf-1)

"The equipment provided by DKK is just not enough to meet the needs of all Posyandus." (Inf-3)

From the results of observations, it is known that the condition of much educational game equipment (OEE) has been damaged and lost. This is due to a lack of supervision regarding the use of OEE by toddlers who are located in the play corner. The results of the document review looking at the infrastructure data inventory at the Nanggalo Community Health Center revealed that the infrastructure was still lacking; only some Posyandus had received complete anthropometric kits.

### **Process Components**

#### **Planning Program**

Planning for each program at the Community Health Center is carried out at the end of each year in the form of a Plan of Activity Proposals (POA) to be operated in the following year. This planning involves the head of the community health center, the administration head, the public health efforts coordinator, and the person responsible for each program.

"In the planning, the head of the community health center, the head of administration, the UKM coordinator, and the person in charge of the program were involved. Meanwhile, SDIDTK implementation techniques are managed by the person in charge of the program so that SDIDTK activities can be carried out. Community health centers plan programs at the end of the year to be operational the following year." (Inf-1)

"Usually there is a POA for the SDIDTK budget, but for the disbursement of funds from community health centers, it is usually sorted according to existing technical guidelines." (Inf-3)

As a result of the document review, there is a Posyandus schedule prepared by the person in charge of nutrition, with 27 out of 44 total Posyandus every month, starting from the first week to the third week. On the other hand, there was no mini-workshop specifically for SDIDTK, but the mini workshop discussion was tailored to the topic of problems that existed at that time.

### **Detection**

In its implementation, it is still not in accordance with the supposed guidelines. This is due to limited time, limited OEE facilities, and the many types of forms or instruments that must be used, as well as the double workload of officers. So far, the implementation of SDIDTK at the Posyandus has been specifically aimed at growth detection only. Meanwhile, the detection of child development only works with midwives because they are more skilled at detecting children who are experiencing disorders and at the same time providing stimulation.

"All the officers play a role... but when in the field, most officers or cadres complain about carrying out SDIDTK for all children because of time constraints too. "Not to mention that in the past there were many types of forms used, starting from instruments, KPSP, and other forms, so it was difficult for officers." (Inf-3)

"Detection should be able to be carried out by all officers because it has previously been socialized, yes, but because APE facilities are not available, every month many Posyandus are down so they are not well organized by children's program holders... maybe it's up to the division officers. children because they know that children whose development is disturbed and need to be stimulated." (Inf-4)

Other information was also obtained from in-depth interviews, officers had made efforts to detect the growth and development of toddlers, but community participation in the Posyandus was still low. So not all children can be detected properly. In its implementation, it has been adjusted to the age of toddlers in the KIA book. Observation results found that one implementing officer had taught mothers of toddlers how to use the SDIDTK application so that it could be done more flexibly at home. Some officers only use the KIA book, which can be seen in Picture 1.



Picture 1. Detection of Toddler Growth and Development

### Stimulation

The stimulation provided by officers is still not in accordance with the guidelines. This is caused by mothers who are less cooperative, it is difficult for children to be directed to follow everything stimulated by officers. The forms of stimulation given to toddlers include teaching motor skills according to their age, planning to say 1-2 words, arranging blocks, and so on.

"Stimulation should be able to be carried out by all officers because it has previously been socialized, but because there are no educational game facilities, every month many Posyandus are down so they are not well organized by children's program holders." (Inf-4)

On the other hand, some officers are still not trained enough to teach stimulation to mothers of toddlers because there is a lack of training to do this. An illustration of the implementation of stimulation for toddlers can be seen in Picture 2.



Picture 2. Implementation of Growth and Development Stimulation for Toddlers

### **Early Intervention**

If a child is detected who is experiencing growth and development disorders, intervention will be provided in the form of Information and Educational Counseling (IEC) to parents, the provision of additional food, food training for babies and toddlers, and others. Meanwhile, children with developmental disorders will be consulted at the community health center for Integrated Management of Young Toddlers (IMYT) or Integrated Management of Sick Toddlers (IMST). Then, especially children with speech and behavior disorders, will usually be immediately referred to a hospital in Padang.

"For children who experience growth disorders such as stunting, underweight, and so on, our treatment is the same as other community health centers, such as conducting IEC (information and educational counseling) first with parents... If the officers and parents are in line, then "We can carry out specific interventions, for example, providing additional food such as bread, IYCF (Food Training for Infants and Toddlers), and others." (Inf-1)

"In this detection, for example, if there are two or more questions that cannot be answered, a consultation will be taken to the community health center, and right here there is our therapy doctor." At the Puskesmas, there are MTBM and MTBS." (Inf-2)

"If a child has a speech disorder, they are usually immediately referred to the hospital." (Inf-3)

### **Recording and Reporting**

The recording of SDIDTK implementation reports should be carried out by each person in charge of the Posyandus officer in accordance with the format provided. Other information obtained was that officers only conveyed toddlers who were at risk of experiencing growth and development disorders to program holders. Next, the program holder carries out the recording. The results of the recording are submitted to the head of the community health center every 25th and also sent to the City Health Department (DKK) every 5th.

"Reporting on program achievements is usually submitted to the father at the beginning of every month, then you check it." Later, we will evaluate it during mini workshop and send it to DKK every 5th." (Inf-1)

"The recording is in the cohort book, and reporting from the community health center officers to the program holder is usually every month. It is submitted to the head of the community health center every 25th if you go to the DKK no later than the 5th." (Inf-4)

### **Monitoring and Evaluation**

Monitoring and evaluation of program implementation is usually carried out once every 3 months. Monitoring and evaluation are the responsibility of the doctors who have been divided into each sub-ward. If the doctor is unable to attend, only implementing officers from the Public Health Center will go to the Posyandus. Other information was obtained from observations that there had not been any SDIDTK evaluation reports made by new program holders for each month.

"Where monitoring and evaluation are the responsibility of doctors per sub-district because we also have proof of cadre performance, Every month, a performance report must be made to see whether the cadre has worked according to their main duties and functions." (Inf-1)

"To evaluate program implementation, it is usually once every 3 months." (Inf-3)

### **Output Components**

#### **Mother's Knowledge About the Importance of the SDIDTK Program**

The educational background of the mothers of toddlers who were used as informants consisted of completing junior high school (1 person), high school (3 person), and a bachelor's degree (1 person). Most mothers of toddlers still do not understand the importance of the SDIDTK program to integrate their children's growth and development. This statement is based on a description of the results of source triangulation carried out on 5 toddlers whose selection was based on representatives of 3 sub-districts and the condition of toddlers who were normal and those who experienced growth and development disorders. Semi-structured, in-depth interviews were conducted with representatives of mothers of toddlers regarding exposure to information about SDIDTK, the importance of posyandu activities, and the use of KIA books. Mothers of toddlers with a high school-bachelor's degrees educational background were classified as having sufficient knowledge because they could answer some open-ended questions correctly. Meanwhile, mothers who graduated from junior high school were classified as having low knowledge because they did not understand almost all of the open questions related to SDIDTK and read the Card to Health (KMS) graph in the KIA book. The reason is that

mothers of toddlers have just been introduced to screening, detection, and the use of applications. This is because mothers of toddlers have just been introduced to screening, detection, and use of the SDIDTK Telenursing application. Other information obtained indicates that community participation in coming to the Posyandus and taking part in various activities is still not optimal.

"I don't understand that term." (Inf-8)

"Not yet... This is the first time I've heard of and received SDIDTK that uses an application... Usually there are classes for mothers of toddlers, but nothing about that yet." (Inf-9)

"There, it is necessary to grow the flower." (Inf-10)

"This is the first time my child's growth and development have been checked..." (Inf-11)

"Yes, but not how much." (Inf-12)

### **SDIDTK Achievement Program**

So far, SDIDTK's achievements have not yet reached the national target. This is due to a lack of infrastructure, limited staff time, low community participation, and a lack of support from across sectors. Apart from that, the reason why the Posyandus is still unable to reach the national target of 90% is due to data problems set by the Padang City Health Service, which is still from the information data center, and the Posyandus does not get data regarding toddlers who have been in contact with clinics or hospitals around the working area of the Nanggalo Health Center.

"Normally SDIDTK must be carried out on all toddlers who come to the Posyandus according to their age, but for time effectiveness because the Posyandus is approximately held from 9 to 11 WIB, that's why sometimes it can't be done completely for all toddlers." (Inf-1)

"The output of each Posyandus is minimal due to various obstacles." Moreover, some of the officers and cadres have been trained and some have not been trained to carry out SDIDTK, plus the infrastructure is lacking." (Inf-2)

Documented results from the Nanggalo Community Health Center's 2022 annual report show that the percentage of toddlers whose growth and development were monitored was only 44.44%, and the percentage of toddlers who had received SDIDTK was 36.32%. This illustrates that there is a slight increase in SDIDTK achievements for toddlers at the Nanggalo Community Health Center in 2021, amounting to 31.9%.

## **DISCUSSION**

### **Enter Components**

#### **SOPs and Guidelines**

The public health center, as one of the agencies implementing SDIDTK for toddlers, must have clear SOPs and guidelines. In its implementation, the Nanggalo Community Health Center refers to SPM No. 4 of 2019 that 100% of children under five in the Nanggalo Community Health Center working area must receive services according to standards. Meanwhile, the flow of the mechanism for implementing SDIDTK activities is guided by the KIA book and the SDIDTK implementation program manual from the Indonesian Ministry of Health in 2019. However, this is due to the fact that there have been two changes in midwives holding the children's program over the last 5 years, and there are no archives of old SOPs, so implementation cannot yet refer to the SOP. The research who stated that the examination and recording of children's growth and development in Magelang was carried out in accordance with the SDIDTK guidebook or Maternal and Child Health Book.<sup>8</sup> Meanwhile, the 2019 guidebook from the Republic of Indonesia is rarely used by officers because there is only 1, so SDIDTK just runs without any evaluation from children's program holders or leaders so far.

Other research related to the implementation of SDIDTK at the Andalas Community Health Center and the Air Dingin Health Center in 20199 found that there are SOPs and technical guidelines for the SDIDTK program at the Community Health Center, but it has not been implemented effectively because it is still only an administrative requirement. In fact, the existence of these SOPs and guidelines can be one way to improve performance in implementing SDIDTK for toddlers in the Nanggalo Community Health Center working area. By having clear SOPs and guidelines, health workers in providing services will be clearly directed and run effectively. Apart from that, it also minimizes the occurrence of errors in carrying out work processes, helps evaluate each work process, and saves work program time because SOPs are arranged systematically.

Therefore, it is important to design SOPs according to needs and re-socialize them to increase staff discipline in providing services in accordance with SOPs and guidelines.

### **Human Resources (HR)**

In quantity, the implementing staff who went to the Posyandus to implement the SDIDTK program were sufficient for 44 of the 68 total human resources at the Nanggalo Community Health Center. However, in terms of quality, it is still not good because there is a double workload for officers since the system of reducing the distribution of the number of Posyandus was implemented. Not all implementing officers have received special training regarding the implementation of SDIDTK for toddlers. From the research results, it was found that only the person in charge of Maternal and Child Health in 2022 had received special training related to monitoring child growth and development, while the current person in charge and other community health center implementing officers who were assigned to Posyandus had not received special training. Apart from that, there has not been enough training provided to all Posyandu cadres regarding monitoring the growth and development of toddlers, so not all cadres are skilled in carrying out weighing, filling out healthy cards (KMS), and monitoring the growth and development of toddlers. This causes a lack of understanding of cadres' duties in implementing SDIDTK at Posyandus.

Sometimes Community Health Center officers also have to direct cadres in filling out KMS and take over screening for growth and development detection in toddlers. In fact, cadres have an important role because they are the ones who are close to the Posyandu's target activities and have more frequent face-to-face contact with cadres than other health workers.<sup>10</sup> It is hoped that the community health center can propose to the Padang City Health Service to hold training for all program-implementing officers related to the provision of SDIDTK services, especially for Posyandu cadres, so that they can be competent in carrying out their duties. With continuous training and assistance in implementing SDIDTK so that babies and toddlers can be detected early through skilled cadres.<sup>11</sup> Apart from that, it is also necessary to redesign the distribution of schedules for implementing officers into Posyandus in the Nanggalo Community Health Center work area to minimize the workload of duplicate officers.

### **Fund**

The availability of funds for program implementation in the working area of the Nanggalo Community Health Center is sufficient, sourced from RPSA for activities inside the building and HOA for activities outside the building. In line with research, it was stated that the allocation of funds for SDIDTK program implementation activities was sufficient, sourced from HOA, and sufficient for all Community Health Centers in Padang City.<sup>10</sup> However, in particular, funds to support the implementation of SDIDTK are not adequate because the available HOA funds are more intended for implementing classes for mothers of toddlers only. To improve capitation services, community health centers must prioritize outgoing funds for services within the building first. On the other hand, the procurement of posyandus equipment to support the implementation of SDIDTK is usually provided by the Facilities and Infrastructure Division of the Padang City Health Service. However, this is not evenly distributed across all posyandus in the Nanggalo Community Health Center working area. According to researchers, to ensure the availability of funds, especially for activities outside the building at the Community Health Center, take the initiative to increase cooperation or prepare an MOU (Memorandum of Understanding) with related agencies or private companies around the working area of the Nanggalo Community Health Center. One of them is by reinforcing cooperation with PAUD (early childhood education) to carry out SDIDTK. Collaboration between schools, community health centers, and posyandu is very much needed to facilitate young children receiving health services from medical personnel and support good nutrition services.<sup>13</sup>

### **Infrastructure**

The research results regarding the number and qualifications of infrastructure at 44 Posyandus are still insufficient. It is estimated that only some Posyandus have received complete anthropometric equipment from DKK. Meanwhile, there are only two sets of SDIDTK kits available, located in the nutrition room and play corner. In line with research which states that the Padang Sibusuk Community Health Center also does not have adequate supporting facilities for implementing the SDIDTK program, even though facilities and infrastructure are essential for its implementation so that it can run effectively and efficiently.<sup>7</sup> Inadequate availability of facilities for the SDIDTK program also occurs at the Community Health Center and Posyandus in Padang City, especially the lack of EGT, weight scales, and tools for measuring the height or body length of toddlers. On average, babies and toddlers only have digital or hanging scales and meters to measure their



approximate height.<sup>7,9</sup> Meanwhile, based on the standards for the quantity and quality of goods for SDIDTK services contained in the Republic of Indonesia Minister of Health Regulation Number 4 of 2019, the quality of goods for early growth and development stimulation, detection, and intervention services for toddlers consists of anthropometric kits, SDIDTK kits (EGT, E posters, and tuning forks), an SDIDTK form, and a pre-screening developmental questionnaire form (MCH book) that are required according to the number of Posyandus in the working area of the Nanggalo Community Health Center.<sup>11</sup> Therefore, participation is required from every person in charge of the program at the Nanggalo Community Health Center, especially from children's nutrition and MCH, so that they can make a list of infrastructure facilities that are still inadequate to meet the needs of the community. The community health center is able to provide good services for toddlers both inside and outside the building.

### **Process Components**

#### **Planning**

Planning is a process that must be carried out by an organization by setting its main goals first.<sup>12</sup> From the research that has been carried out, it is known that planning for each program at the Nanggalo Community Health Center is carried out at the end of each year to be operated the following year. This planning involves the head of the community health center, the head of administrative affairs (KTU), the coordinator of public health efforts (UKM), and the person responsible for each program. Regarding the activity mechanism, it is usually prepared by the person in charge of the program through an planing of action (POA). However, the results of the document review did not find any POA specifically for the SDIDTK program at the Nanggalo Community Health Center. The results of this research are in line with research, who found that no SDIDTK program planning documents were found at the Public Health Center because there was no supervision from the Head of the Public Health Center.<sup>10</sup> If planning is not implemented properly, it will reduce the performance of the community health center and result in low program coverage. Therefore, it is hoped that the current program-holder midwives can make more plans for SDIDTK implementation in accordance with the guidelines. With the planning contained in the POA, it can become a benchmark for implementing SDIDTK for the next year in order to increase SDIDTK achievements in the work area of the Public Health Center so that it can achieve national targets. Apart from that, in order to strengthen the work program as well as monitor activity planning, the Nanggalo Community Health Center also conducted a mini workshop that not only determined problems and priorities for solving problems but also carried out an assessment of the entire program at the Nanggalo Community Health Center. Supported by research which states that access to health services can be achieved well if the management carried out has good planning as well as good supervision, control, and assessment.<sup>15</sup>

#### **Detection**

In general, there are 5 lines of Posyandus for toddlers, consisting of a registration desk, weighing, filling out KMS, counseling, and health checks. Tables 1–4 should be carried out by cadres, and specifically table 5 by implementing officers. However, from observations from several Posyandus, it can be seen that filling in the KMS in the KIA book and counseling are rarely carried out by cadres, only by experienced cadres or assisted by implementing officers from the Community Health Center. The detection of growth deviations in children in the Nanggalo Community Health Center working area can be seen in body weight, height, arm circumference, and head circumference. Meanwhile, the detection of developmental deviations is based on KPSP, vision tests, and hearing tests. In general, there are four aspects that need to be assessed, including speech and language skills, gross and fine motor skills, and independent socialization. Furthermore, autism and other disorders can be seen by the shape of the face or behavior. Every implementing officer should play a role in detecting growth and development disorders in toddlers, but the implementation is not yet in accordance with the proper guidelines. This is due to limited EGT facilities, the many types of forms or instruments that must be used, time constraints, and the double workload of officers.

In the implementation of SDIDTK so far at Posyandus, the process is more about growth detection alone, but specifically for child development detection, it only takes place with midwives because they are experienced in detecting children who are experiencing disorders and at the same time providing stimulation. This research is in line with research which shows that all midwives have carried out SDITDK,<sup>16</sup> but only to weigh body weight, measure height, and see growth and development abnormalities in babies and toddlers.<sup>13</sup>

Therefore, it is recommended that for more specific detection of child growth and development, midwives are taught how to screen children's growth and development independently at home through the SDIDTK application for mothers of toddlers so that it can be done more flexibly at home. Supported by research, the use of electronic media, such as the Si DITA application, significantly influences parents' motivation to stimulate early detection of growth and development in children compared to conventional media in the form of KIA books and KPSP booklets.<sup>17</sup>

### **Stimulation**

Every child must have their growth and development monitored and receive regular stimulation at every opportunity. Ideally, stimulation is carried out four times a year for babies and two times a year for toddlers, carried out by each implementing officer who goes to the Posyandus according to their age group. Due to inadequate EGT facilities, stimulation cannot be carried out properly by implementing staff. This is supported by research conducted which found that incomplete supporting infrastructure for SDIDTK will have a negative impact on the performance of implementing officers in implementing SDIDTK.<sup>14</sup> Limited infrastructure, such as tools to measure body length or height, means officers are forced to measure with a meter at several Posyandus. This causes the measurement results to be less accurate, so they must be validated by community health center officers directly. If there are allegations that lead to irregularities in growth or development, the implementing officer will immediately refer them to the community health center. The goal is that children who are suspected of having growth and development disorders can receive early intervention by experts to avoid other disorders or complications. Meanwhile, direct stimulation at Posyandus according to the age of toddlers cannot run well because the infrastructure is inadequate. According to researchers, innovation and creativity are also needed from implementing staff and cadres to provide supporting infrastructure for SDIDTK devices. For example, by using recycled toys as EGT to help stimulate children's growth and development, The results of other research state that the use of used materials in developing children's fine motor skills can help develop hand-eye coordination and train children's finger movements. Using used materials such as bottles with dice or small objects can teach children to preserve the surrounding environment.

### **Early Intervention**

From the research results, it was found that mothers of toddlers with growth disorders need to provide IEC (information and educational counseling) to their parents. Through IEC, officers can find out the extent of knowledge of mothers of toddlers so that, after being given IEC, parents can understand and apply it. And specific interventions are given, such as providing additional food such as bread, IYCF (Food Training for Babies and Toddlers), and others. Meanwhile, for children with developmental disorders, if during screening there are two or more questions that cannot be answered, they will be consulted at the community health center for IMYT (Integrated Management of Young Toddlers) or IMST (Integrated Management of Sick Toddlers). However, especially children with speech and behavior disorders, they will usually be immediately referred to a hospital in Padang. The action is carried out in the form of targeted developmental stimulation, which is carried out intensively at home for 2 weeks, after which the results of the developmental stimulation intervention are also evaluated. However, if detection cannot be carried out early in the field, it will certainly have an impact on the growth and development of toddlers in the future. Therefore, it is hoped that the implementing staff will continue to carry out monitoring during the intervention for children who experience growth and development disorders so that they can determine whether there is improvement or not, including toddlers who have been referred to the hospital. Supported by research explain that health workers also play a role in Posyandus activities to monitor the growth and development of toddlers so that if a baby aged 4-6 months experiences failure to thrive, it can be followed up immediately.

### **Recording and Reporting**

The program holder performs recording manually and through a special application. Meanwhile, reporting on the results of the recording is submitted to the head of the public health center every 25<sup>th</sup> and also sent to DKK Padang every 5<sup>th</sup>. However, there is still no recording from any officer at the Posyandus. The KIA book is also rarely filled in by implementing officers and cadres because mothers of toddlers often forget to bring the KIA book to the Posyandus or the cadres' skills are limited in transferring measurement results to the KMS graph in the KIA book. This is also influenced by experience, education, health, and the disciplinary motivation of cadres and implementing officers. In line with Syofiah's research the recording and reporting related to the SDIDTK program at the Andalas Health Center and Cold Water Health Center have not been

optimal because the SDIDTK form has not been filled in completely after each service is provided.<sup>10</sup> Usually officers only fill in the cohort book as a guide. However, not all officers have filled out the SDIDTK form. In fact, with this formula, more detailed data will be obtained from examination results consisting of examinations of growth, development, emotional behavior, autism and hyperactivity. Therefore, it would be better to socialize again regarding the SOP in the implementation of SDIDTK by midwives who hold the program together with the head of the community health center to be able to monitor discipline and increase the motivation of officers in filling out the SDIDTK form and KIA book.

### ***Monitoring and Evaluation***

Monitoring and evaluation of program implementation is usually done once every 3 months during the quarterly mini workshop. However, there has not been any SDIDTK evaluation report prepared by the program holder for each month. Another study conducted stated that monitoring and evaluation of the SDIDTK program had been carried out at the Padang Sibusuk Community Health Center, but it had not been optimal.<sup>7</sup> While the program is still running or after it has been implemented, monitoring can be carried out. However, from the results of the document review, the researcher has not found any SDIDTK evaluation reports prepared by the program holder for each month. Therefore, monitoring and evaluation are needed from the head of the community health center regarding the discipline of implementing officers, especially the person in charge of the program, in recording monitoring and evaluation reports in the working area of the Nanggalo Community Health Center. With this monitoring and evaluation report, it can become a reference for community health center program holders to design SDIDTK services more effectively and efficiently. Evaluation and improvement of SDIDTK performance indicators are very important to identify areas that require improvement and to achieve the set goals. This will help in identifying inhibiting and supporting factors in the implementation of SDIDTK and taking appropriate steps to overcome these obstacles.<sup>19</sup>

### ***Output Components***

#### ***Mother's Knowledge About the Importance of the SDIDTK Program***

Many factors influence mothers to take part in the SDIDTK program at the Posyandus namely education, knowledge, motivation, and the mother's occupation. Most mothers of toddlers still do not understand the importance of the SDIDTK program to integrate the growth and development of toddlers. From the interviews conducted, it can be seen that the knowledge and participation of mothers of toddlers in Posyandus get better along with their educational background. Mothers of toddlers who only graduated from junior high school do not understand the terms stimulation, detection, and early intervention in their child's growth and development. The mother only understands how to care for her child at home and follows the interventions provided by the community health center and hospital. In contrast to mothers of toddlers who have graduated from high school, they are starting to recognize the importance of SDIDTK for their child's growth and development and understand how to read KMS charts when presented in simple language.

Even mothers of toddlers who have bachelor's degrees can use the SDIDTK application to integrate their child's growth and development at home. The results of this research are in line with research which states that knowledge greatly influences the frequency of screening or early detection of growth and development in toddlers at the Sungai Jingah Community Health Center, Banjarmasin, in 2015.<sup>20</sup> It's just that mothers of toddlers with higher educational backgrounds sometimes don't regularly participate in Posyandus activities because they are busy with work and only monitor their child's weight at home. Supported by the research results, which state that even though the knowledge of mothers of toddlers is relatively good, there are still many mothers who do not implement SDIDTK on their toddlers because there are still some mothers who have not implemented SDIDTK optimally, understanding the importance of SDIDTK for monitoring their children's growth and development.<sup>15</sup>

According to researchers, implementing officers and Posyandus cadres in the Nanggalo Community Health Center working area are expected to increase the use of technology, such as various learning videos or animations on YouTube related to the implementation of SDIDTK, which can be done by parents according to their age. The results of Lailan's research<sup>21</sup> show that in the industrial revolution 4.0 era, YouTube has even entered the 5.0 era, which has a function that makes it easier for parents to help their children study at home. This medium can help parents when they want to provide lessons at home and increase the closeness between parents and children through joint activities following the instructions of the video they are watching.

### **SDIDTK Achievement Program**

The low SDIDTK achievements at the Nanggalo Community Health Center are caused by several factors, namely low community participation, multiple workloads for officers, a lack of support from across sectors, inadequate SDIDTK kit and infrastructure, as well as data problems that are still determined from Data and information Center. Documented results from the Nanggalo Community Health Center's 2022 annual report show that the percentage of toddlers whose growth and development were monitored was only 44.44%, and the percentage of toddlers who had received SDIDTK was 36.32%. This illustrates that there is a slight increase in SDIDTK achievements for toddlers at the Nanggalo Community Health Center in 2021, amounting to 31.9%, but still far below the national target (90%). Therefore, it is necessary to promote outreach to the community and contributions from various sectors in Padang City, both from the district and the Padang City Health Service, as well as various clinics and hospitals around the working area of the Nanggalo Community Health Center. Supported by research explain that the existence of cross-sector collaboration in Salatiga City, such as collaboration between the government, health institutions, and non-profit organizations, has succeeded in increasing community access to quality health services.<sup>22</sup> This includes providing nutritional information, routine health checks, and maternal and child health care services.

### **CONCLUSIONS**

Based on the research results obtained, the implementation of the SDIDTK program at the Nanggalo Community Health Center is still not going well. It can be said that the implementation of detection and stimulation is still not in accordance with the guidelines for all toddlers in the Nanggalo Community Health Center working area. The routine activities at Posyandus are more about monitoring the growth of toddlers. This is due to data problems, a lack of facilities and infrastructure, limited staff time, low community participation, and a lack of cross-sector support. It is hoped that the results of this research can be useful as input for the Community Health Center so that they can increase the information and interest of mothers of toddlers in carrying out SDIDTK on their children through multi-sector collaboration (government, Padang City Health Service, and other related agencies), designing SOPs, training officers, and cadres. Posyandus related to the implementation of SDIDTK, the use of applications so that monitoring can be carried out freely at home by parents, and ongoing supervision from the Head of the Puskesmas and the Padang City Health Service so that officers can improve their performance in providing SDIDTK services to all toddlers in the working area of the Nanggalo Community Health Center, as well as prizes for those in charge of programs who can achieve or approach national targets. Other researchers are advised to dig deeper into the effectiveness of the use of technology in implementing SDIDTK for officers and parents so that implementation is more flexible.

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