ANALISIS NASIONAL E-MONEV DALAM RANGKA PEMULIHAN PROGRAM GIZI UNTUK PENURUNAN ANGKA STUNTING DI INDONESIA

National Analysis Of E-Monev In The Framework Of Recovering The Nutrition Program For Reducing Stunting Rate In Indonesia

Dr. Siti Helmyati, DCN, M.Kes
Ketua Pusat Kesehatan dan Gizi Manusia Universitas Gadjah Manusia (UGM)

ABSTRACT

Background and Objective: e-Monev is a monitoring innovation to find out how the impact of the COVID-19 pandemic has been on 6 indicators of nutrition programs related to stunting and proposed recommendations. This activity involved 17 partner tertiary institutions that assisted 260 District/City Health Offices in collecting data, conducting analysis, and compiling documents. The e-Monev activities aim to produce: (1) A web-based e-Monev system using routine e-PPGBM data for monitoring conducted by the Ministry of Health, Provincial Health Offices, and district/city Health Offices; and (2) Analysis at the District/City level in the form of three documents prepared, namely 1) Impact analysis document, 2) Policy analysis document, and 3) Policy brief in the form of recommendations for various parties.

Implementation: There are 6 indicators in e-PPGBM that are used 1) Weighing toddlers at Posyandu, 2) Providing PMT for toddlers, 3) Exclusive breastfeeding program, 4) Vitamin A supplementation, 5) Feeding infants and children (PMBA), and 6) Integrated management of sick toddlers (IMCI). The e-PPGBM data used has been verified by the Directorate of Nutrition, Directorate General of Public Health, Ministry of Health of the Republic of Indonesia. The verified data is managed and presented in the form of a Dashboard. The data on the web is analyzed by the Health Service accompanied by a university assistant, and presented in the form of an impact analysis. The results of the impact analysis are followed by policy analysis and policy recommendations for various parties which are written in the form of a policy brief document.

Results: (1) Web e-Monev system, including Dashboard, can be used; (2) An impact analysis was carried out by some of the District Health Offices with the results: Toddler weighing is the indicator most affected by the COVID-19 pandemic (86%). The exclusive breastfeeding indicator is the indicator with the least amount of data, namely 41.15% of districts/cities have no data, and vitamin A supplementation is the least affected indicator (60%). The implementation of PMBA and MTBS varies widely, including implementing new normal habits and utilizing social media for education. The document is made by the city district health office together with the companion. The implementation team also consulted with assistants regarding documents that had not been fulfilled by the health office in the hope that it would make it easier for the health office to carry out the analysis. So that currently the total is 100% Document 1, 100% Document 2, and 100% Document 3.

Recommendation: Technically the e-Monev system can already be used with a Dashboard which can be updated in real-time. It is hoped that this e-Monev system can be used continuously with routine e-PPGBM data updates to see the impact of the COVID-19 Pandemic. It is recommended that training be conducted for the Provincial Health Office and stakeholders in the District/We to use it more effectively. In general, the recommended COVID-19 recovery policies are: 1) Strengthening commitment, regulation, and coordination across sectors, 2) Strengthening nutrition surveillance and data management during a pandemic, 3) Optimizing affected nutrition programs, 4) Facilitating infrastructure for adaptation to new normal habits, including providing health protection for TPG and cadres working in the community, 5) improving infrastructure and internet access.

ABSTRAK

Latar Belakang dan Tujuan: e-Monev merupakan inovasi monitoring untuk mengetahui bagaimana dampak pandemi COVID-19 terhadap 6 indikator program gizi terkait stunting dan usulan rekomendasi. Kegiatan ini melibatkan 17 perguruan tinggi mitra yang mendampingi 260 Dinas Kesehatan Kabupaten/Kota dalam mengumpulkan data, melakukan analisis, dan menyusun dokumen. Kegiatan e-Monev bertujuan menghasilkan: (1) Sistem e-Monev berbasis web menggunakan data rutin e-PPGBM untuk monitoring yang dilakukan Kementerian Kesehatan, Dinas Kesehatan Provinsi, dan Dinas Kesehatan kabupaten/kota; dan (2) Analisis di level Kabupaten Kota berupa tiga dokumen yang disusun yaitu 1) Dokumen analisis dampak, 2) Dokumen analisis kebijakan, dan 3) Policy brief berupa rekomendasi untuk berbagai pihak.

Pelaksanaan: Terdapat 6 indikator dalam e-PPGBM yang digunakan 1) Penimbangan balita di Posyandu, 2) Pemberian PMT balita, 3) Program ASI eksklusif, 4) Suplementasi vitamin A, 5) Pemberian makan pada bayi dan anak (PMBA), dan 6) Manajemen terpadu balita sakit (MTBS). Data e-PPGBM yang digunakan telah diverifikasi oleh Direktorat Gizi, Ditjen Kesmas Kemenkes RI. Data yang telah diverifikasi dikelola dan disajikan dalam bentuk Dashboard. Data di web dianalisis oleh Dinas Kesehatan didampingi pendamping universitas, dan disajikan dalam bentuk analisis dampak. Hasil dari analisis dampak dilanjutkan dengan analisis kebijakan dan rekomendasi kebijakan untuk berbagai pihak yang dituliskan dalam bentuk dokumen policy brief.

Hasil: (1) Web sistem e-Monev, termasuk Dashboard sudah dapat digunakan; (2) Analisis dampak dilakukan oleh sebagian Dinas Kesehatan Kabupaten dengan hasil: Penimbangan balita merupakan indikator paling terdampak pandemi COVID-19 (86%). Indikator ASI eksklusif adalah indikator dengan jumlah data paling sedikit yaitu 41,15% kabupaten/kota tidak terdapat data, dan suplementasi vitamin A adalah indikator paling tidak terdampak (60%). Pelaksanaan PMBA dan MTBS sangat bervariasi termasuk menerapkan kebiasaan normal baru dan memanfaatkan media sosial untuk edukasi. Dokumen dibuat oleh dinas kesehatan kabupaten kota bersama pendamping. Tim pelaksana juga berkonsultasi dengan pendamping terkait dokumen yang belum dipenuhi oleh dinas kesehatan dengan harapan mempermudah dinas kesehatan melakukan analisis. Sehingga saat ini total 100% Dokumen 1, 100% Dokumen 2, dan 100% Dokumen 3.

Rekomendasi: Secara teknis sistem e-Monev sudah dapat digunakan dengan Dashboard yang dapat diperbaharui secara real-time. DIharapkan sistem e-Monev ini dapat dipergunakan secara terus menerus dengan pembaharuan data rutin e-PPGBM untuk melihat dampak Pandemi COVID-19. Direkomendasikan agar dilakukan pelatihan ke pihak Dinkes Provinsi dan para stakeholder di Kabupaten/Kita untuk menggunakan secara lebih efektif. Secara umum, kebijakan pemulihan COVID-19 yang direkomendasikan yaitu: 1) Penguatan komitmen, regulasi, dan koordinasi lintas sektor, 2) penguatan surveilans gizi dan manajemen data di masa pandemi, 3) Optimalisasi program gizi yang terdampak, 4) Memfasilitasi sarana prasarana untuk adaptasi kebiasaan normal baru, termasuk memberikan perlindungan kesehatan bagi TPG dan kader yang bergerak di masyarakat, 5) memperbaiki akses infrastruktur dan internet.