THE BENER MERIAH DISTRICT HEALTH OFFICE'S STRATEGY FOR PREVENTING CHRONIC ENERGY DEFICIENCY IN PREGNANT WOMEN

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ABSTRACT

This study aims to analyze the strategies of the Health Office of Bener Meriah Regency in preventing CED among pregnant women as an effort to reduce stunting prevalence, with the main challenges being limited regional budget capacity and low participation of pregnant women and the community. This study employs David's (2014) strategic management theory, which consists of strategy formulation, implementation, and evaluation stages. The research uses a qualitative method with a case study approach. The results indicate that CED prevention strategies remain predominantly top-down and are largely aligned with central government policies due to limited local fiscal capacity. The implemented strategies focus on the provision of supplementary feeding programs, nutrition education, and monitoring of pregnant women's nutritional status. Strategy implementation involves village midwives, nutritionists, and health cadres, supported by a tiered evaluation system through daily, weekly, and monthly reporting. These strategies have contributed to a reduction in stunting prevalence from 19.95% in 2021 to 8.96% in 2024, although challenges related to funding constraints and community participation persist. This study recommends the development of more contextualized CED prevention strategies, optimization of the utilization of Health Operational Assistance (BOK) funds, and adjustment of program implementation to local socioeconomic conditions.

INTRODUCTION

Stunting is a condition of chronic malnutrition caused by prolonged inadequate nutritional intake, resulting in impaired child growth, characterized by a child's height being shorter than the standard for their age. Short stature in children is often perceived as a hereditary (genetic) factor inherited from both parents, leading many people in the community to accept the condition without taking preventive actions. Chronic Energy Deficiency (CED) is a condition of nutritional imbalance in the body, in which adolescents experience long-term inadequate food intake, resulting in various health disorders (Rahayu and Asifa, 2024).

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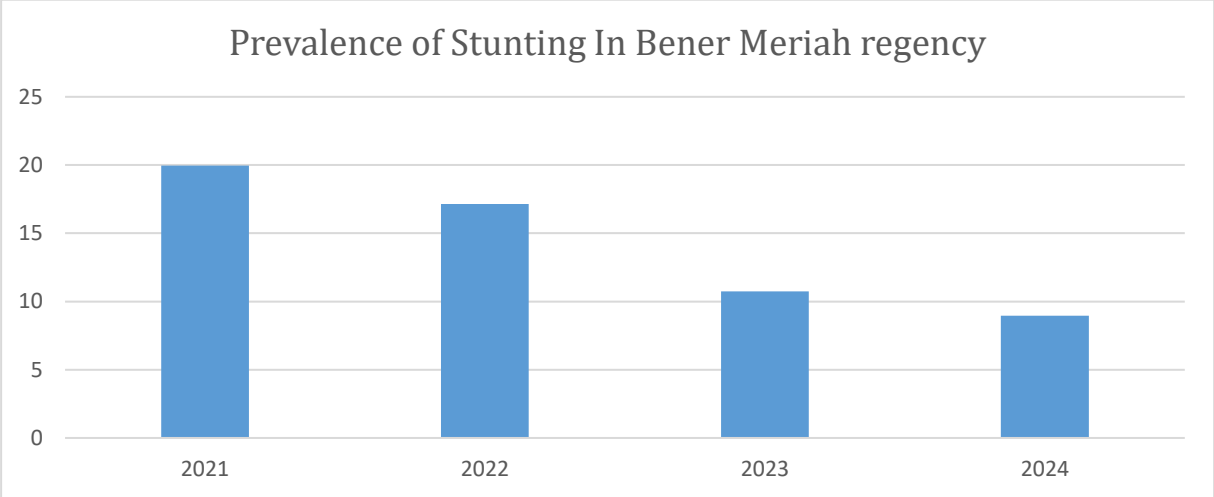
The relationship between CED and stunting is closely linked, as CED is one of the contributing factors to stunting. Pregnant women who experience chronic energy deficiency during pregnancy have a 27.4% higher risk of giving birth to children with stunting compared to those whose children do not experience stunting. Among adolescent girls, CED is indicated by a mid-upper arm circumference (MUAC) of less than 23.5 cm. Pregnant women are considered at risk of CED if their MUAC is below 23.5 cm or if their pre-pregnancy or first-trimester (≤12 weeks of gestation) Body Mass Index (BMI) is below 18.5 kg/m^2, indicating undernutrition.

Based on data from the 2022 National Nutritional Status Survey (SSGI), the prevalence of stunting in Indonesia was 21.6% (Kemenkes RI, 2022). representing a decrease from the previous year's prevalence of 24.4%. Despite this decline, the prevalence remains relatively high, considering the national target for stunting reduction in 2024 is 14% and the World Health Organization (WHO) standard is below 20% (Fariz, 2025). In accordance with Presidential Regulation Number 72 of 2021 on the Acceleration of Stunting Reduction, Article 1 paragraph 1 defines stunting as a disorder of child growth and development caused by chronic malnutrition and recurrent infections, characterized by body length or height below the standards established by the minister responsible for health affairs (Peraturan Presiden, 2021).

In 2022, the prevalence of pregnant women at risk of CED in Aceh Province was 8.5%. CED occurs due to insufficient intake of essential nutrients such as iron and protein, as well as an imbalance between energy intake and energy expenditure. Meanwhile, the prevalence of stunting in Bener Meriah Regency has decreased compared to previous years, reaching 8.96% in 2024, which surpasses the national target set by the central government of 14% (Adhelna, Halifah, and Ardhia, 2022), as illustrated in the diagram below.

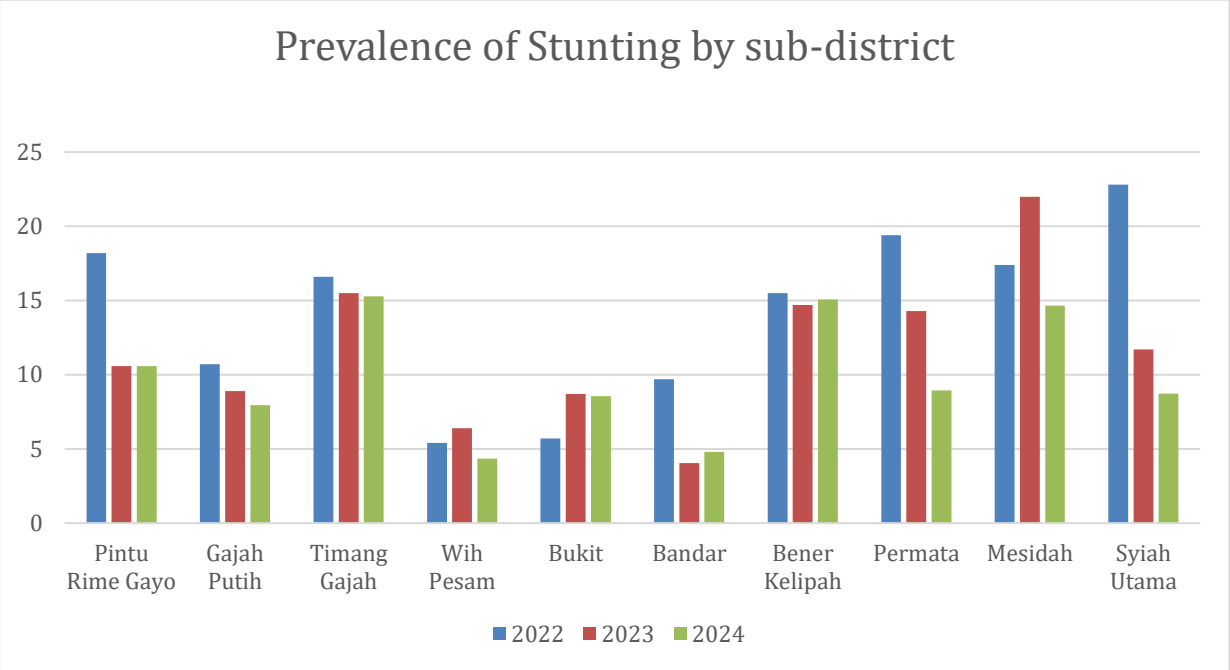
Table 1. Prevalence of Stunting In Bener Meriah Regency



Source: (Pemerintah Kabupaten Bener Meriah, 2024)

This decrease demonstrates the success of various programs and policies in addressing stunting in Bener Meriah District. If this positive trend continues, stunting rates in the region can be further reduced in the coming years.

Table 2. Prevalence of Stunting by Sub-District



Source: (Pemerintah Kabupaten Bener Meriah 2024)

Based on stunting prevalence data per sub-district in Bener Meriah Regency, there has been a decline in most areas from 2022 to 2024. Pintu Rime Gayo Sub-district experienced a decline from 18.2% in 2022 to 10.5% in 2023 and 10.57% in 2024. Gajah Putih also showed a downward trend from 10.7% in 2022 to 8.9% in 2023 and 7.94% in 2024. Meanwhile, Timang Gajah experienced slight fluctuations, namely 15.28% in 2022, rising to 16.5% in 2023, before falling back to 15.5% in 2024. A significant decline was seen in Wih Pesam, from 6.4% in 2022 to 5.4% in 2023 and 4.3% in 2024. A similar trend was observed in Bandar, with the figure dropping from 9.7% in 2022 to 4.79% in 2023 and 4.05% in 2024. Bener Kelipah experienced a decline from 15.6% in 2022 to 12.7% in 2023 and 12.55% in 2024. Meanwhile, Permata showed significant progress from 19.4% in 2022 to 14.3% in 2023 and 8.94% in 2024.

The sub-districts with the highest stunting rates in 2022, namely Mesidah and Syiah Utama, also experienced improvements. Mesidah decreased from 22% in 2022 to 17.4% in 2023 and 14.66% in 2024. Syiah Utama, which initially had the highest prevalence of 22.8% in 2022, experienced a drastic decline to 11.7% in 2023 and 8.72% in 2024. Overall, this trend reflects the success of various intervention programmes in reducing stunting rates in Bener Meriah District, although some sub-districts still require further attention to ensure equitable improvements in child nutrition and health. The factors that determine the KEK status of a woman of childbearing age, whether pregnant or not, consist of direct factors, indirect factors, basic factors and main factors. Direct factors include food intake and diseases suffered (infectious diseases, anaemia, protein deficiency). Indirect factors

include food availability, environment (family, environmental hygiene, culture), medical history/health, health services, education and maternal knowledge (Anggraini, Hardisman, and Yusrawati, 2021).

This research uses strategy principles theory. According to David, F. R. (2014), strategic principles are the foundation for developing and implementing effective strategies. These principles provide a framework for strategic thinking and assist in making appropriate decisions for organizations. In strategic planning, there are three main stages that must be carried out by an organization (Wibisono, Ni Luh Putu Agustini Karta I Made Hedy Wartana Gunawan Dwiyanti 2023), namely: 1) Strategy Formulation. This stage includes setting the organization's vision and mission, identifying opportunities and challenges from an external perspective, and determining the organization's weaknesses and strengths from an internal perspective. In addition, this stage also involves preparing long-term plans, developing various alternative strategies, and selecting the most appropriate strategy to implement. 2) Strategy Implementation. After strategies are formulated, the next step is to implement them in organizational operations. This stage involves policy formulation, resource allocation, inter-unit coordination, and establishing concrete steps to achieve the established strategic goals. 3) Strategy Evaluation. This stage aims to assess the effectiveness of implemented strategies. Evaluation is conducted by measuring organizational performance, identifying obstacles or constraints that arise, and making adjustments or improvements to implemented strategies to remain aligned with internal and external environmental dynamics.

This study focuses on the strategies implemented by the Bener Meriah District Health Office in preventing Chronic Energy Deficiency (CED) in pregnant women as an important effort in reducing the risk of stunting. These strategies include increasing nutritional intake, health education, and strengthening the monitoring system to ensure that pregnant women receive adequate nutrition during pregnancy. Through a comprehensive approach, it is hoped that the nutritional status of mothers and babies will improve, thereby positively impacting child growth and development. Success in reducing stunting rates requires collaboration among all parties, including health workers, local governments, and communities, to create an environment that supports the health of mothers and children in a sustainable manner. The purpose of this study is to analyse the strategies implemented by the Bener Meriah District Health Office in preventing chronic energy deficiency in pregnant women as an effort to reduce stunting rates and to identify obstacles in the implementation of stunting prevention programmes. This research provides both practical and academic benefits for local governments by providing a strategic overview and evaluation material regarding KEK and stunting prevention policies, which have so far been based on central government policies. It strengthens the understanding of the important role of village midwives, nutritionists, and cadres in distributing PMT supplementary food. For the community itself, it can increase the awareness of pregnant women regarding the importance of balanced nutrition to prevent the risk of babies being born with stunting.

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METHOD

This study utilises strategic theory. According to David, F. R. (2014), strategic principles form the basis for developing and implementing effective strategies. In strategic planning, there are three main stages that an organisation must undertake, namely strategy formulation, strategy implementation, and strategy evaluation. This study employs a qualitative method, a body of knowledge referred to as epistemology. (Firmansyah, Masrun, and Yudha S, 2021). with a case study approach that aims to conduct an in-depth analysis of an object or case. This approach allows researchers to explore phenomena comprehensively by relying on various relevant data sources and based on the facts as they appear at the time the research is conducted. The researchers used primary data that was provided directly to them.

Case studies were chosen to provide in-depth insights into the prevention of chronic energy deficiency (CED) in pregnant women, both through cases that represent the general situation and specific cases that provide a broader understanding of the issues being studied. The data collection techniques used included semi-structured interviews to obtain information directly from informants, direct observation to understand conditions in the field objectively, and audiovisual data analysis to support the validity of the research findings. Through this approach, it is hoped that the research can provide a comprehensive picture of strategies for preventing CED in pregnant women and their implications for efforts to reduce stunting rates. In this study, the researchers involved parties from the Bener Meriah District Health Office as informants. These informants were selected because the study focused on the policy level and health programme management carried out by the agency. The study was conducted over three months in June, July, and August 2025 in the province of Aceh, Bukit sub-district, Bener Meriah district.

RESULTS AND DISCUSSION

A mother's knowledge influences her decision-making and behaviour. Mothers with good nutritional knowledge are likely to provide adequate nutrition for their babies. This is even more important when mothers enter the craving stage, when they usually refuse to eat any nutritious food due to nausea and instead choose foods with fresh and sour flavours. However, even in such conditions, if a mother has good knowledge, she will try to meet her nutritional needs and those of her baby (Fitrianingtyas, Pertiwi, and Rachmania, 2018).

This study is related to several previous studies that also highlight the issue of stunting in Bener Meriah District, but with different focuses and approaches. The first study was conducted by (Karmila et al., 2024) with the title 'Risk Factors for Stunting in Children Aged 12–23 Months in Bener Meriah District, Aceh, and Efforts to Overcome It'. This study examined biological and behavioural factors of mothers that influence the occurrence of stunting, such as energy intake, breastfeeding practices, and infections. The method used was quantitative observational analysis with a case control and quasi-experimental (one group pre–post test) design involving 40 respondents. The results showed that inadequate energy and carbohydrate intake and infections were the main risk factors for stunting, while health education interventions could improve mothers' knowledge and attitudes towards stunting prevention. In contrast to that study, this study focused on the policy level and health programme management implemented by the Bener Meriah District Health Office in preventing chronic energy deficiency (CED) in pregnant women.

The approach used was qualitative, employing case study methods through interviews, observations, and field documentation. The analysis was conducted based on David's (2014) strategy theory, which covers strategy formulation, implementation, and evaluation. The results of the study show that the KEK prevention strategy in Bener Meriah has not been formulated independently, but still refers to central government policy, with a focus on supplementary feeding (PMT), nutrition education, and monitoring the nutritional status of pregnant women. Thus, the main difference between the two studies lies in the level of analysis and research approach. Linda Karmila's study examined biological and behavioural factors of individuals (micro), while this study examined the institutional strategies of local governments in the context of public policy (macro). Although the focus is different, both have the same goal, which is to reduce stunting rates through the prevention of malnutrition in pregnant women and young children.

Furthermore, this study is also related to the study conducted by (Febriyanti and Harahap, 2023) entitled "Analysis of the Implementation of Integrated Stunting Prevention and Management Policies in the Working Area of the Lampahan Community Health Centre, Bener Meriah Regency. Febriyanti's research used a quantitative approach with a cross-sectional design involving 100 respondents who were mothers of stunted toddlers. The research focused on policy implementation at the primary care level, assessing the implementation of programmes such as PMT, immunisation, and iron supplementation. The results showed that the policy had been implemented quite well, but there were still obstacles such as low rates of exclusive breastfeeding, limited health workers, and a lack of ongoing nutrition education.

Meanwhile, this study focuses more on the planning and policy-making strategies (top-down approach) implemented by the Bener Meriah District Health Office. Using a qualitative case study method, this study explores in depth the process of formulating, implementing, and evaluating KEK prevention strategies, and shows the adaptation of national policies to the local context. The fundamental difference between Febriyanti's (2023) study and this study lies in the direction of the approach and the level of analysis. Febriyanti focuses on field implementation (bottom-up) at the community and health worker levels, while this study emphasises strategic planning at the policy level (top-down). Nevertheless, the two studies complement each other. Febriyanti's research provides an empirical picture of policy implementation and community behaviour, while this study provides a strategic framework for regional policies that form the basis for the implementation of these programmes.

Conceptually, the results of Febriyanti and Karmila's research reinforce the findings in this study that stunting prevention efforts cannot be carried out partially but must be integrated between government strategies, health workers, and community participation. With this synergy, KEK prevention policies for pregnant women can be implemented more effectively and sustainably in efforts to reduce stunting rates in Bener Meriah District. In several previous studies, particularly in the field of socialisation and education, it is very important to focus on health for pregnant women, as this is useful for raising awareness among pregnant women (Sudirman, Marwang, and Passe, 2023).

Furthermore, the journal entitled Characteristics of Pregnant Women with Chronic Energy Deficiency (CED) with BOMBASTIK Innovation (Booklet Meal Plan, Flip Sheet, CED Sticker) at the Bukit Hindu Community Health Centre has a fundamental difference in terms of analytical perspective, even though both raise the same issue, namely Chronic Energy Deficiency (CED) in pregnant women. The journal by (Mardhatillah, 2024) focuses on clinical and individual education dimensions, where this research is descriptive

quantitative to map the characteristics of CEM sufferers at the Bukit Hindu Community Health Centre, Palangka Raya. The main output of this journal is the development of visual educational media called BOMBASTIK as a practical solution to increase the personal knowledge of pregnant women.

Conversely, this journal takes a governance and public policy perspective with a research locus in Bener Meriah District. This research is qualitative and analyses how the district health office formulates and implements macro strategies to reduce stunting rates through CEM prevention. The journal by (Mardhatillah, 2024) discusses media interventions for patients, while this journal highlights programme management, budget constraints, and the effectiveness of bureaucracy in implementing health policies at the local level.

Although previous studies have examined stunting and chronic energy deficiency (CED) in pregnant women in Bener Meriah Regency, most of these studies still focus on biological factors, individual behaviour, and programme implementation at the primary care level, such as community health centres and educational interventions. Studies examining local government strategies from a public policy and strategic management perspective are still very limited, particularly in comprehensively analysing the process of formulating, implementing, and evaluating CEM prevention strategies. In addition, there has been little research that has examined in depth the impact of limited local fiscal capacity, top-down policy approaches, and the suitability of national programmes to the local socio-economic conditions of communities that work predominantly in the agricultural sector. Therefore, this study aims to fill this gap by analysing the strategies of the Bener Meriah District Health Office in preventing KEK in pregnant women as an effort to reduce stunting through a qualitative approach based on strategic management theory.

CED (Chronic Energy Deficiency) Formulation

The interview results show that budget constraints hamper local strategies. The fact that Bener Meriah District has not formulated its own stunting prevention strategy, but instead refers entirely to central government guidelines, highlights challenges in regional capacity, particularly in terms of funding and resources. 'Lack of funding' is one of the main obstacles to the implementation of stunting programmes in Bener Meriah District (Linda, 2024).

The findings show that the lack of funding has a direct impact on the low flexibility of the region in adjusting stunting programmes to local needs and characteristics. As a result, the implementation of stunting prevention programmes tends to be administrative in nature and has not been optimal in addressing specific issues at the district level. These budget constraints also limit programme innovation and cross-sector coordination, which should be key to the success of efforts to accelerate stunting reduction.

According to (Anggraeni and Astuti, 2023), supplementary feeding is one of the government programmes implemented to increase a person's nutritional intake in order to achieve better nutritional status. The type of food provided can be family meals based on local foods. According to (Faizul Haq et al., 2023), this programme has another objective, which is to ensure that children receive all types of nutrients in the appropriate amounts so that there is no decline in nutrition in children who should still be in their growth period.

Based on research conducted with the Bener Meriah District Health Office, the stunting prevention strategy in Bener Meriah was not formulated independently but directly referenced guidelines from the central government. This was due to budget constraints in the region, making the development of local strategies a low priority. The

main focus of the adopted national strategy is the provision of supplementary foods (PMT), especially for pregnant women with Chronic Energy Deficiency (KEK) (Linda, 2024).

The findings show that the implementation of the stunting prevention strategy in Bener Meriah District focuses on the main programme recommended nationally, namely the provision of supplementary food (PMT), especially for pregnant women suffering from Chronic Energy Deficiency (CED). The focus of this curative and standardised programme reflects the limited scope for regional innovation in developing more comprehensive and preventive interventions. As a result, stunting prevention efforts have not been fully integrated with a contextual approach that is appropriate to the social, economic, and geographical conditions of Bener Meriah District.

The lack of energy intake from macro nutrients (carbohydrates, protein and fat) and micro nutrients, especially vitamin A, vitamin D, folic acid, iron, zinc, calcium, iodine and other micro nutrients in women of childbearing age (from adolescence, pre-conception to pregnancy), results in Chronic Energy Deficiency (CEE) during pregnancy, which begins with a 'risk' of CEE and is characterised by low energy reserves over a sufficiently long period of time, measured by an Upper Arm Circumference (UAC) of less than 23.5 cm or a Body Mass Index (BMI) before pregnancy or in the first trimester (pregnancy age ≤12 weeks) below 18.5 kg/m^2. Body Mass Index (BMI) is the ratio of body weight (in kilograms) to height (in metres), calculated using the formula BW/(HT)^2 (kg/m^2) (kementrian kesehatan republik indonesia n.d.).

CED (Chronic Energy Deficiency) Implementation

Service activities are carried out starting from pregnancy by providing education from pregnancy to mothers, namely education about balanced nutrition for pregnant women, routine check-ups to detect whether normal or not (Ummi Kulsum and Dyah Ayu Wulandari, 2022). Expected results from Continuity of Care activities are: 1) increased maternal knowledge in meeting nutrition for pregnant women; 2) Increased maternal skills in meeting balanced nutrition for pregnant women; 3) Husband and family support in meeting nutrition during pregnancy.

In several activities carried out by universities, there are several activities that can provide education to pregnant women, one of which is as follows (Amelia et al., 2025). *First*, introduction and participant knowledge exploration stage. In the introduction and participant knowledge exploration stage, presenters greet and introduce themselves, and explain the purpose and objectives of the counseling activity. Participants are given the opportunity to ask questions regarding nutritional needs during the postpartum period, creating an interactive atmosphere that encourages active participation. *Second*, counseling activities and examination stage. In the core counseling activity, the service team presents material regarding the definition, symptoms, prevention, and management of CED, as well as the importance of adequate nutritional intake. If participants have questions or problems related to the material, they can discuss directly with the team or health workers present to find solutions to their problems. *Third*, evaluation. The final stage is evaluation, which consists of several aspects. Structure evaluation is conducted by ensuring that implementers arrive on time to prepare facilities and infrastructure. Presenters also coordinate with midwives responsible for the obstetrics room and students to gather pregnant women in the room. Process evaluation shows that the total number of participants present was 20 people. Outcome evaluation indicates that all participants have received comprehensive education on CED prevention and management.

Strategy implementation is primarily carried out at the basic service level, namely health centers. In this implementation, active involvement comes from village midwives, nutrition staff, and health cadres. Meanwhile, the Health Office plays a role in providing support in the form of policy and program socialization, but not as direct implementers in the field. One form of program implementation is providing supplementary food (PMT).

Based on the results of interviews with cadres who deliver supplementary food directly to the homes of pregnant women. The above statement describes a model of implementation based on basic services and community participation. The direct involvement of midwives, nutritionists and health cadres is a key strength in the stunting prevention programme, while the Health Office plays a role at the policy and supervisory level. The system of delivering supplementary food to the homes of pregnant women by cadres is an effective innovative approach, but requires strict management and supervision to ensure it is on target (Linda, 2024).

Researchers found that the active involvement of midwives, nutritionists, and health cadres is a key strength in the implementation of stunting prevention programmes. Health workers play a role in technical aspects and nutritional assistance, while health cadres carry out operational functions at the community level. On the other hand, the Health Office plays a role in policy formulation, coordination, and programme supervision. Although this approach of delivering PMT to homes is considered innovative and effective, the study also found that this model requires a strict management system and supervision mechanism to ensure the accuracy of the target, quality of service, and sustainability of the stunting prevention programme.

The role of health cadres is very important in supporting food security, especially for pregnant women. Health cadres act as educators and community assistants in ensuring that pregnant women obtain safe and nutritious food. They provide education on the importance of choosing and consuming food that meets food safety standards, so that the risk of food-related health problems can be minimised. Health cadres are also responsible for providing information on food safety, identifying potential risks in food consumed by pregnant women, and providing solutions and advice to overcome these problems (Hermansyah, 2016). They can teach how to select, store, and process food properly, so that food safety can be maintained from potential contamination and damage.

Based on the results of the study, it can be concluded that the distribution of funds for the programme is carried out through the Health Operational Assistance (BOK) application, which directs funds directly to the relevant community health centres. Health Operational Assistance (BOK) for Community Health Centres is an innovative activity alongside other activities such as Community Health Insurance (Jamkesmas) and Childbirth Insurance (Jampersal). BOK is a vital instrument in supporting puskesmas-based health programmes because it is flexible, focuses on promotion and prevention, and can fund innovative programmes such as PMT. However, the success of the programme is highly dependent on the ability of puskesmas to manage, report, and integrate BOK funds with other health programmes (Linda, 2024).

Researchers found that Health Operational Assistance (BOK) is the primary funding instrument in supporting the implementation of stunting prevention programmes based on community health centres in Bener Meriah District. The distribution of funds through the BOK application directly to puskesmas is considered effective in accelerating programme implementation and providing flexibility for puskesmas to carry out promotive-preventive activities, including innovative programmes such as supplementary feeding (PMT). However, the effectiveness of BOK fund utilisation is highly dependent on

the managerial capacity of health centres in planning, management, reporting, and integration with other health programmes such as Jamkesmas and Jampersal. Limited capacity has the potential to reduce the optimal use of funds and the overall success of stunting prevention programmes.

At the Sentosa Baru Community Health Centre, BOK management has been carried out through a series of formal stages based on technical guidelines, UKM meetings, joint implementation with nutritionists and cadres, SPJ recording, and monitoring through mini-workshops. The study concluded that the use of BOK has contributed significantly to stunting prevention (Salwa et al., 2024). The distribution of BOK funds is one of the government's responsibilities in health development for rural communities, particularly in improving promotive and preventive health efforts to achieve the Minimum Service Standards (SPM) in the health sector, as a benchmark for mandatory health affairs delegated by the government to local governments (Menteri Kesehatan RI, 2011). Citing page https://ayosehat.kemkes.go.id/1000-hari-pertama-kehidupan/home that there are foods containing protein that are very good for pregnant women, and these foods are:

Figure 1. Foods Containing Protein Are Very Good For Pregnant Women
Source: (kementrian kesehatan republik indonesia n.d.)

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The image above shows varied foods including animal protein so that the baby grows and develops well. The image above is a nutritional guide called "Isi Piringku" (My Plate) specifically designed for pregnant women, published by the Ministry of Health of the Republic of Indonesia in collaboration with GERMAS (Healthy Living Community Movement). This guide explains the balanced food composition that pregnant women should consume daily with the slogan "Every Meal Fill My Plate Rich in Animal Protein".

In this guide, pregnant women are advised to consume animal protein such as fish, eggs, chicken, and others as much as 4 portions per day for all trimesters of pregnancy. One portion of animal protein is equivalent to 50 grams or 1 medium piece of fish, and 55 grams or 1 chicken egg. In addition to animal protein, pregnant women also need plant-based protein from tempeh, tofu, and similar foods as much as 4 portions per day for trimesters 1, 2, and 3, with a measurement of 1 portion equivalent to 50 grams or 1 medium piece of tempeh, or 100 grams which is equivalent to 2 medium pieces of tofu.

Fruit consumption is also very important, with a recommendation of 4 portions per day for all trimesters. One portion of fruit is equivalent to 100 grams or 1 orange, or 100 grams which is equivalent to 1 medium piece of banana. Vegetables should also be consumed 4 portions per day for trimesters 1, 2, and 3, where 1 portion is equivalent to 100 grams or 1 bowl of cooked vegetables without broth. For staple foods such as rice, pregnant women need 5 portions per day in trimester 1, and increase to 6 portions per day in trimesters 2 and 3, with a measurement of 1 portion equivalent to 100 grams or three-quarters of a glass of rice.

In addition to food intake, pregnant women are also required to take 1 blood-boosting tablet every day during pregnancy to prevent anemia. Adequate hydration is also very important, so pregnant women are advised to drink 8 to 12 glasses of water per day to prevent dehydration and facilitate digestion. This guide emphasizes that the types of food need to be varied and rich in animal protein to support optimal fetal growth and development. Meal portions should be larger but consumed in small frequent amounts so that they are easier to digest and nutrients are well absorbed by the bodies of both mother and fetus. To achieve the target of preventing chronic energy deficiency in pregnant women, the Bener Meriah District government includes it in the strategic plan, as shown in the table below:

Table 3. Medium-Tern Goals and Targets for Regional Apparatus Services

NO	GOAL	TARGET	GOAL/TARGET INDICATOR	INITIAL CONDITIONS IN 2021	PERFORMANCE TARGETS GOALS/OBJECTIVES FOR THE YEAR			
					2023	2024	2025	2026
1.	Incresing Public Health Status		Life Expentacy	69,26	69,29	69,33	69,38	69,41
		Incresing Family Health and Community Nutrition	1. MMR (Maternal Mortality Rate) 45 per 100.000 KH	336	306	275	244	214
			2. IMR (Infant Mortality Rate 45 per 1.000 KH	5	5	5	3	3
			3. Prevalence of stunded toddlers	20,5	18	16	14	14
			4. Prevalence of stunting	2,6	7,3	7	7	7
			5. Ederly Health	72,5	80	85	90	95
		Improving access to and quality of health services	Public satisfaction index	100	100	100	100	100
		Improved disease prevention and control	The percentage of diseases can be prevented by immunization.	100	100	100	100	100

Source: (DINAS KESEHATAN KABUPATEN BENER MERIAH, 2023)

CED (Chronic Energy Deficiency) Evaluation

Based on the interview results, it can be concluded that the evaluation of the strategy implemented by the Bener Meriah District Health Office is carried out routinely and in stages, with daily, weekly, and monthly reporting. The evaluation carried out by the Bener Meriah District Health Office uses a special form to record achievements and obstacles. This type of evaluation has proven to be very effective (Linda 2024). Daily-weekly-monthly reporting creates a tiered information system that enables intensive monitoring, detects operational obstacles early, and allows for quick corrective action. The use of structured forms helps standardise data between service units (health centres, midwives), making it easier for the Department to conduct analysis, compare regions, and produce more transparent reports (Linda 2024).

Researchers found that the Bener Meriah District Health Office routinely implemented a tiered stunting prevention programme evaluation system through daily, weekly, and monthly reporting using structured forms. This system was effective in supporting intensive monitoring, detecting operational obstacles early, and enabling quick corrective action. Standardising the forms also facilitates analysis, comparison of achievements between regions, and increases the transparency of programme reporting. Analysis of various stunting programme evaluations found that the programme works well in many community health centres, but is often hampered by constraints such as a lack of human resources, suboptimal reporting mechanisms, and limited evaluation inputs and outputs (Nisa and Sumarmi 2024). Therefore, it is important to strengthen the capacity of cadres and health centre volunteers to increase the number of community-based nutrition cadres (through training for posyandu and PKK cadres) to assist in programme implementation, including data collection and nutrition education. Structured training Capacity building programmes for health workers in health centres and village midwives to enable them to detect stunting early, fill in evaluation data, and compile reports in accordance with national health standards. Research conducted with the Bener Meriah District Health Office indicates several challenges in implementing this strategy, such as the absence of pregnant women from scheduled activities and low participation from the general public in supporting this programme, as most people in Bener Meriah District work as farmers. These two factors have a direct impact on the effectiveness of public health interventions. This is particularly true in areas with high stunting rates, such as the sub-districts of Syiah Utama, Timang Gajah, Pintu Rime Gayo, and Timang Gajah (Linda 2024).

The researchers also found that the implementation of stunting prevention strategies in Bener Meriah District faced obstacles in the form of low attendance of pregnant women in scheduled activities and minimal community participation in supporting the programme. This condition is influenced by the socio-economic characteristics of the community, the majority of whom are farmers, so that time constraints and work activities are the main inhibiting factors. These obstacles have a direct impact on the effectiveness of public health interventions, especially in sub-districts with high stunting rates such as Syiah Utama, Timang Gajah, and Pintu Rime Gayo. The issues of non-attendance and low community participation are not merely technical obstacles, but rather a reflection of structural, economic, and cultural challenges that need to be addressed comprehensively. Therefore, the stunting reduction programme in Bener Meriah District needs to be managed in an inclusive, contextual, and community-based manner in order to effectively reach vulnerable groups.

CONCLUSION

This study concludes that the Bener Meriah District Health Office's strategy to prevent chronic energy deficiency (CED) in pregnant women has contributed significantly to the decline in stunting rates, which fell from 19.95% in 2021 to 8.96% in 2024. The strategy implemented is still top-down in nature, referring to central government policies due to limited regional fiscal capacity, and focuses on providing supplementary food (PMT), nutrition education, and monitoring nutritional status through community health centres. Programme implementation is carried out at the primary care level, involving village midwives, nutritionists, and health cadres, while the Health Department plays a role in coordinating, supervising, and evaluating the programme through a relatively effective tiered reporting system. Although the programme's achievements show positive results, this study recommends the need to develop more contextual and locally-based strategies

for the prevention of KEK and stunting, optimise the use of Health Operational Assistance (BOK) funds, and adjust the programme implementation pattern to the characteristics of communities working in the agricultural sector so that the participation of pregnant women and the community can be increased sustainably.

This study has limitations because it uses a qualitative approach with a contextual case study method, so the results cannot be generalised widely to other regions. In addition, most of the research data sources came from the Health Office and health workers, so the direct perspectives of pregnant women and the community have not been explored in depth. The limited research time also restricted the analysis of the long-term impact of KEK prevention strategies on the sustainability of child growth quality. Nevertheless, this study still makes an important contribution to enriching public policy studies in the health sector, particularly regarding local government strategies in KEK prevention as an effort to reduce stunting.

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