

Management Implementation of Stimulation, Detection, and Early Intervention of Growth Toddler at Municipality Jambi; A Qualitative Study

Rumita Ena Sari¹, Evy Wisudariani², Esra Lasmarida³, Oka Lesmana⁴, Muhammad Syukri⁵

¹ Department of Administration and Health Policy, Public Health Study Program, Universitas Jambi (8 pt)

^{2,5} Department of Epidemiology, Public Health Study Program, Universitas Jambi

³ Health Department Of Municipality Jambi

⁴ Department Of Health Environment, Public Health Study Program, Universitas Jambi

Article Info	ABSTRACT
<p>Article history:</p> <p>Received November 21, 2022 Revised November 25, 2022 Accepted November 30, 2022</p> <hr/> <p>Corresponding Author:</p> <p>Rumita Ena Sari Department of Administration and Health Policy, Public Health Study Program, Universitas Jambi. Email : rumita_ena@unja.ac.id</p>	<p>The coverage of Toddler Stimulation Detection and Early Developmental Intervention (SDIDTK) at the Talang Banjar Health Center in Jambi City in 2020 was still far from the target set by the Jambi City Health Office and was the lowest coverage in Jambi City. However, scope of program implementation reached 51%. This study aim to evaluate the management implementation of the Stimulation of Detection and Early Intervention for Toddler Growth and Development (SDIDTK) at the Talang Banjar Health Center. This research was a qualitative study. Data collected from juni-august 2022, by in-depth interviews, observation and document review. In-depth interviews were conducted with 8 informants consisting of public health center employees and mothers with toddlers. In the understanding input component of Permenkes number 66 of 2016 was still lacking, there were staff program who have never received training, the number of available facilities and infrastructure was uncompleted. The components of the process of planning, organizing, workshops, supervision and evaluation, recording and reporting have been going well. Health services running by the program was unoptimal. Coverage has not been achieved because the implementation of SDIDTK for toddlers at the Talang Banjar Health Center has not been optimal.</p> <p>Keywords: Stimulation, Early Detection, Toddler, Public Health Center</p> <p>This article is licensed under a Creative Commons Attribution-ShareAlike 4.0 International License.</p> 

1. INTRODUCTION

All children in Indonesia must grow free from poverty, have a healthy body and soul and get a good education, and the government must ensure that children in Indonesia live happily, safely and comfortably because sustainable nation building starts with children so that created people who can make the best contribution to the nation and the State^[1]. The quality of a nation is measured by the quality of its human resources. Therefore, smart and healthy children will become valuable national asset and must be maintained for the survival of the nation. Indonesia constitution number 36 year 2009 contains that implementing all health programs must be based on the principle of balance of benefits, humanity, protecting rights and obligations, regardless of gender, and not discriminating against all existing religious norms. Health development aims to realize the maximum degree of public health because it is an asset in developing human resources. This is done by raising awareness, arousing the will and ability of the community to want to live a healthy life^[2]. The government always strives for health in Indonesia, which has been carried out starting from unborn children to the age of 5 years with the aim of optimizing the development and growth of the child from a mental, emotional, social, physical and intelligence perspective, all of which can be obtained by maintaining survival and improving quality of life a child^[3].

Providing maximum stimulation according to the age of the child in toddlers (Under 5 years) will help the child's great potential to develop properly because at this time toddlers are very sensitive to the environment. Unfortunately the golden period (golden period) of toddlers is fast and cannot be repeated so it is very

unfortunate if this time is wasted[3]. Stimulation is an activity that provides stimulation to hone the child to have basic abilities so that he can develop and grow well. The purpose of providing stimulation is to stimulate the toddler's brain so that the toddler can move, talk, socialize, and be independent as they get older. Besides that, another purpose of providing stimulation is to find out whether there are deviations in growth and development in children. so that if deviations occur, parents can quickly take steps to prevent these deviations from getting worse^[4].

SDIDTK for toddlers is a program that proves the government's seriousness in creating healthy children for the nation's generation. SDIDTK is an improvement from the Early Detection of Growth and Development (DDTK) which has been implemented since 1998. This program has also become one of the main tasks of public health center. SDIDTK designed to conduct early detection of deviations in child development such as developmental delays, visual and hearing impairments, emotional, mental emotional disorders, and GPHH (Attention and Hyperactivity Disorders) ^[5]. WHO records data that around 5 – 25% of pre-school children worldwide suffer from minor brain dysfunction, including fine motor development disorders^[6]. From UNICEF (United Nation Children's Fund) stated that out of 5 million developmental delays there was as many as 1,375,000 children who experience gross motor and fine motor disorders. In Indonesia, as many as 400 thousand or about 16% of toddlers in Indonesia have impaired development in fine and gross motor skills, lack of intelligence, impaired hearing, impaired speech, toddlers with autism, toddlers with attention deficit hyperactivity disorder (GPPH), toddlers with behavioral and emotional problems (KMEE) and children with Down syndrome^[1].

In municipality of Jambi, toddlers who experiencing growth and development problems has increased. Data from the Jambi Health Service form December 2020 stated that the number of autistic toddlers and toddlers with attention deficit hyperactivity disorder (GPPH) has increased quite a lot. Besides that, the number of toddlers with behavioral and emotional problems and toddlers with Down syndrome has also increased^[7]. The focus of the SDIDTK program is children aged 0-5 years. The SDIDTK program embraces all aspects, such as routine health checks for toddlers, providing counseling to parents regarding child hygiene, caring for children's teeth, improving children's nutrition, health in their homes and surroundings, how to provide stimulation to children according to the child's age, provision of vitamin A capsules , and identify deviations as well as ways to prevent and treat diseases that may arise in children. The SDIDTK program is an activity carried out in a partnership system for the whole family, such as parents and all family members, the community, LLSDM, as well as all related sectors such as the public health center^[8]. Through the SDIDTK program, it is hoped that the worst conditions of deviations in child growth and development can be prevented and treated as a condition of malnutrition. So that children do not fall into worse conditions which in the end will have a more fatal impact^[8].

Indicators of the success of child health services, especially the SDIDTK program which is aimed at toddlers and designed by the Indonesian Ministry of Health in 2019 was 90% of all toddlers who are included in the SDIDTK toddler program target^[9]. In Jambi Province the success rate for the SDIDTK program was still below this target. The SDIDTK achievement rate for toddlers in Jambi province in 2017 was 65.3%, in 2018 it was 80%, and in 2019 it was 80%. Meanwhile, the coverage rate for the SDIDTK toddler program implemented in Jambi City in 2017 was 80.8%, in 2018 it was 89% and in 2019 it was 88%. The decline in coverage rates in 2019 was because only 6 public health center achieved 100% coverage and there was 1 public health center with the lowest coverage of the 20 public health center in Jambi City. The health center with the lowest SDIDTK coverage in 2019 was the Talang Banjar Health Center with a coverage of 51%^[7].

Jambi City is the Capital City of Jambi Province with an estimated population of 609,620 people. There are 20 health centers in Jambi City, consisting of 3 inpatient health centers and 17 outpatient health centers spread across 11 districts of Jambi city^[10]. Based on the Regulation of the Minister of Health Number 75 of 2014 concerning public health center, the duties apart from being organizers of Community Health Efforts (UKM) and first-level Individual Health Efforts, are also to create healthy sub-districts by implementing health policies in order to achieve health development goals in their working areas, as well as being a vehicle for education of health workers.

The Jambi City Health Office has implemented various programs as an effort to carry out SDIDTK activities in all health centers in Jambi City. Activities carried out such as providing MCH books, SDIDTK manuals at basic level health facilities, providing health report forms and forms to recap all health reports for all toddlers and pre-school children, and providing SDIDTK training to health workers in all Jambi City Health Centers. In carrying out SDIDTK, midwives have a big responsibility as health workers to fight for the success of SDIDTK activities for toddlers. This is in line with the Decree of the Minister of Health No. 28 of 2017 regarding the practice and registration of authorized midwives to provide midwifery services that are mandatory for children, namely monitoring children in the process of growth and development^[9]. SDIDTK program evaluation is carried out to see whether the program has been running according to the plans and standards that have been set. Evaluation is carried out to provide an assessment of programs that are or have been running. In conducting an evaluation, there are three aspects that need to be evaluated, namely input evaluation, process (process), output (output)^[11].

The output of the implementation of the SDIDTK program is the scope of the successful implementation of SDIDTK. The coverage of SDIDTK in Jambi City has not been achieved in the last three years, requiring an evaluation of the implementation of the SDIDTK toddler program at the Jambi City Health Center in 2020. The Talang Banjar Health Center was chosen as the research location because the SDIDTK coverage of this health center was the lowest (51%). Talang Banjar was a non-inpatient Health Center which was established in 1982. The Talang Banjar Health Center already has facilities, infrastructure and health human resources that are in accordance with the regulations and needs of the Health Center. included in the 18 Community Health Centers with a poor satisfaction index from the community^[11]. So it is very appropriate if the implementation of SDIDTK at the Talang Banjar Health Center is evaluated to find the causes of not achieving SDIDTK coverage and for future improvements. This study aim to evaluate the management implementation of the Stimulation of Detection and Early Intervention for Toddler Growth and Development (SDIDTK) at the Talang Banjar Health Center.

2. METHOD

This research was qualitative with a grounded theory study design[1]. This research was to obtain deeper information, then it was reviewed by research so as to obtain information about the implementation of SDIDTK for toddlers at the Talang Banjar Health Center, Jambi City. The research was conducted at the Talang Banjar Health Center from Juni to August 2022. This research was conducted by seeking information by interviewing the appropriate community and having a relationship with the research objectives, usually referred to as research informants. The way to take the sample used is purposive sampling, which is selected with certain considerations and objectives.

1. Head of the Talang Banjar Community Health Center, Jambi City, as the official in charge of implementing the Children's health program.
2. The SDIDTK program manager is responsible for the SDIDTK program at the Talang Banjar Health Center.
3. The midwife/nurse implementing the SDIDTK program at the Talang Banjar Health Center is the executor and technical person in charge of child health services.
4. Mothers who have toddlers in the Talang Banjar Health Center area as recipients of SDIDTK program activities are 5 people.

Data collected by in-depth interviews. The tools or research instruments needed in collecting research data was interview guidelines, notebooks, check lists, digital cameras/ cellphone cameras, recording devices. The validity of the data was done by the triangulation method. Data were analyzed with thematic analysis.

3. RESULTS AND DISCUSSION

Informants in this study intend to provide important information about what is needed by researchers in the research process. Research data were obtained from 8 informants through in-depth interviews and document review including the Head of the Talang Banjar Health Center (1 person), Midwives holding SDIDTK programs (1 person), SDIDTK implementing midwives/nurses (1 person) and Mothers who have toddlers in the Public health center Work Area (5 people).

3.1 Data Presentation and Analysis

The evaluation indicators described in the presentation and analysis in this study include: input, process, and output where there are sub-indicators from the results of interviews and observations.

3.1.1 INPUTS

1. Policy

The results of the interviews showed that most officers did not understand the program implementation policies . The implementation policy for the SDIDTK toddler program is Permenkes No. 43 of 2016 concerning minimum service standards in the health sector which focuses on toddler health services and Permenkes no. 66 of 2014 monitoring growth and development and disorders of child growth and development. However, during the interview, only one informant knew about the policy as quoted below:

"I think that the SDIDTK program is part of the child health program, the mako that forms the basis for the implementation of SDIDTK refers to the policy from the center, namely the SDIDTK manual and minimum service standards for SPM Number 43 of 2016 besides that there is also a service operational standard book or SOP" (B1).

While other informants did not mention anything and only mentioned other things as the basis for the policy, as quoted below:

"The reference for the SDIDTK Program is first from the center, indicators from the center, Maternal Mortality Rate, Infant Mortality Rate, then stunting, then what's the nutritional status of toddlers, what is good nutrition,

malnutrition, malnutrition. then the important thing is eee standards from the center from the ministry of health, then follow the good standards from the province and from the city office” (A1).

“The SDIDTK program was carried out based on the manual on SDIDTK and SOPs at the Public health center” (C1).

From these statements it is known that the policies used as the basis for SDIDTK implementation are SDIDTK manuals and SOPs at the public health center.

1. Service Operational Standards (SOP) and Guidelines

The next input indicators are Service Operational Standards (SOP) and Guidelines. The informants already knew about SOPs and guidelines. The following are statements from informants:

“SOP exists” (A1).

“If SOP is there. the jugo ado guidebook was once distributed from the service to each officer's hand” (B1).

The quote is reinforced by the statement of the program implementing officer as quoted below:

“SOP SDIDTK we have, contains the flow of activities from the implementation of activities and procedures for activities. then there is a guidebook containing KPSP, growth and development checks, vision checks and so on” (C1).

Based on the statements of the informants above, it can be concluded that SOPs and guidelines already exist.

2. Human Resources

The results of research related to human resources are sufficient, but program implementers have never received SDIDTK training from the Jambi City Health Office. Other officers, such as the program holder and the head of the health center, have received training but have not received a training certificate. As quoted below:

“If you don't have enough human resources, let alone when you go to the field, at the public health center, there are only older siblings who have been socialized. At that time, there was an event at the Provincial Office but we didn't get a certificate. Once, the City Health Office also submitted an SDIDTK orientation and didn't have a certificate. This SDIDTK has also socialized it at the lokmin to all officers, especially the SDIDTK executors who are working on helping older siblings in the collapsed room” (B1)

This information is reinforced by the statements of other informants.

“I am the executor here, so maybe I haven't had any training yet, but I am here where the program holders have had SDIDTK training, there are officers. The officers have also socialized how to check the SDIDTK to us through lokmin” (C1)

“HR huh? The HR, if ee, starts with the officer in charge of the midwife program. The midwife is D3. Mmmm, if I'm not mistaken, I've attended MTBS training. For the nutrition officer, D3 too. During the training, she attended meetings. For the detection of growth and development there have also been meetings. Then for general doctors, there has been a meeting on MTBS. If I'm alone, right now it's not like I'm becoming functional, isn't it? Functionally, I've attended a malnutrition meeting, I've had MTBS training, eeee, I've attended a trainer meeting, a meeting about PONED. So in general, I think the resources are sufficient here” (A1)

From the data above it can be concluded that Human Resources (HR) already exist and the number was sufficient. but training has never been given to program implementers.

3. Fund

Funds for implementing the SDIDTK Toddler program at the Talang Banjar Health Center was sourced from the Health Center BOK funds. This was reinforced by the following interview excerpts:

“For those at the Public health center, the funds for SDIDTK activities, eee, all of them come from BOK funds. Then, I don't think there are any funds from the city budget. The funds from the BLUD are more than the support, such as for ATK em for office equipment” (A1)

"Because SDIDTK is included in the child health program, the funds are already included in the program. Funds from BOK are sufficient" (B1)

"Yes, using BOK funds, more or less we at POA carry out our activities or children's programs around 20 million in BOK. For SDIDTK activities, in particular, around under 6 million" (C1).

Funds are one indicator that determines the success of a program so that it can be implemented properly. SDIDTK funds come from BOK Public health centerfunds.

4. Facilities and infrastructure

The number of facilities and infrastructure in the SDIDTK program at the Talang Banjar Health Center are complete, but the number is lacking. This was revealed from the information obtained from the informants as quoted below:

"The facilities for the public health center, eee, the ingredients, in my opinion, are still not complete, right? It's still not complete. So to complete it, we propose it through the Health Service and we can also try from BLUD funds. For example, if we can come from the department or from the center, there is assistance. BLUD. As for the equipment for SDIDTK, the measurement for the nutritional status of toddlers is the scales and then the height gauges are there, but the numbers are not enough. It's not enough because for services at the pustu or getting to the posyandu, there isn't enough equipment. For services at the public health center itself it is also not enough because there are only one or two tools so other rooms also need to be available but not enough" (A1)

"If the infrastructure is adequate and can still be used, but the amount is not enough, what's more, especially if we go down to the Posyandu, we do n't have any equipment for weighing scales to measure height, so bring it from the public health center, if it's a special room, this is the room, bro." (B1)

For the completeness of SDIDTK toddler facilities and infrastructure at the Talang Banjar Health Center, it is sufficient. This was reinforced by informants such as the following quote:

"The facilities and infrastructure are quite adequate, assistance is also available from the service, it's complete, so here we use a scale, height meter, E card, there are children's toys" (C1)

It can be concluded that the facilities and infrastructure supporting the implementation of the SDIDTK program at the Talang Banjar Public Health Center was completed, but the quantity was still lacking.

3.1.2 Process

1. Program Planning

The program planning process referred to in this indicator was in the form of schedules for midwives to go to the field and activities at the Public health center. The results of interviews regarding this matter obtained the following information:

"The POA is there. The POA is made every year, the POA is divided into the main activities of the public health center, so the main activities of the public health center are for MCH and mother-child health, and the POA itself has been made by the program managers, both from maternal health and child health. Then from the nutrition program it also has its own POA, e.g. what is the name proposed every year then from the Health Promotion as well because more or less it is also related to the Health Promotion, including there is already a POA" (A1)

This was also explained by other informants:

"If planning is made every year, a proposed plan for RUK activities and also a plan for implementing RPK activities" (B1)

"We have POA, RUK and RPK in the building, we carry out together with Cross Program the first health promotion, nutrition, dentistry, then there is also a doctor, if there are problems found in babies we consult the doctor. Then there are also activities outside the building in collaboration with cross-programs. We have KB, Early Childhood and Kindergarten schools, around 18 Kindergarten and Early Childhood Education" (C1)

It was concluded that the implementation of the SDIDTK Toddler Program at the Talang Banjar Health Center already has a program that was compiled annually.

2. Mini Workshop

Implementation of mini-workshops at Public health center is very important to do to know the progress of implementing a program. The implementation of the mini-workshop at the Talang Banjar Health Center was explained by the informant as quoted below:

"For mini workshops, it's held but not routinely because of the conditions of the Covid pandemic last year and this year it's not routinely carried out. Eee usually it's been carried out routinely before, but for ee planning and program evaluation we usually go directly to the officers, can't carry it out in this exposure together with other programs" (A1).

This was also expressed by other informants. The following are quotes from other informants:

"Before this pandemic, we had mini-ra workshops every month, but since this corona, every three months after the completion of services at the public health center, sometimes not all employees also participate in Karno Ado who are in the field and at Posyandu, basically there are many obstacles. So sometimes not all problems That's the problem with the program being conveyed by all. But usually the head of the public health center evaluates the program directly to the respective officers. For the duo this year, you really don't focus on the RA program because you are in college" (B1)

"Maybe it's because of this corona, our regular lokmin every month, this year a mini workshop is held every quarter. This involves all programs and public health center staff discussing program problems in the public health center" (C1)

Based on the results of interviews related to the implementation of the mini-workshops, it can be concluded that the Talang Talang Health Center has carried out mini-workshops, however, due to the pandemic period, mini-workshops that should be held once a month cannot be carried out and are held once every three months.

3. Organizing

Organizing is a step to determine, classify and regulate various kinds of activities in the implementation of the program and determine the main tasks, authority and delegation of authority by the leadership to the staff to achieve a goal. The organization in the implementation of the SDIDTK program at the Talang Banjar Health Center was disclosed by the informants as quoted below:

"As for the organization, ee SK, maybe there isn't yet, so specifically for the SDIDTK program, there isn't one yet" (A1)

"If we have a decree on the appointment of the RA from the Capus. Sister as the midwife in charge of the child health program including SDIDTK in it" (B1)

"There is an SK as the executor of the SDIDK program there. Here we work with LPs, each of whom carries out his duties according to their respective responsibilities" (C1)

The organizer of the SDIDTK toddler program at the Talang Banjar Health Center was carried out by the Head of the Health Center and outlined in the SK (Decree) of the Head of the Health Center.

4. Health services

Health services for the SDIDTK toddler program at the Talang Banjar Health Center was carried out every day. This was accordance with the statement of one of the following informants:

"Here I say as an executor, I do SDIDTK activities every day, I record babies coming, I check them and then I record them in the register book then the program holders will see them" (C1)

The implementation of SDIDTK is also not only carried out in the Public health center, but has also been carried out outside the Public health center environment which is the scope of work of the Talang Banjar Public health center. This was revealed in interviews with other informants such as the following quote:

"Efforts to service the SDIDTK program are we follow the activities of the public health center. So there are Community Health Centers with Community Health Units, Community Health Centers go out into the field for monitoring. Monitoring starts with e Posyandu, then administers vitamin A, then monitors the provision of

deworming drugs to schools and surveillance if there are cases, for example, cases of malnutrition. case of ee baby resti, for example there is a baby with LBW. Now. then meetings to increase the capacity of posyandu cadres. Er, for those who serve UKP activities at the Public health center there is a nutrition consultation room, there is an IMCI room, there is an immunization room, there is a laboratory service, medicine. For services in the public health center that provide SDIDTK services, we have a room for growth and development and staff. There is also a flow of service. SOP is also available” (A1)

” According to you, special health services for the SDIDTK program are very important because the focus is on children who are future generations of the nation. In addition to the discipline and responsibilities of officers in carrying out the program, it must also have the role and participation of the community which is important to be able to be actively involved in bringing their children to health facilities, both healthy and sick, so that they can receive optimal service, so this program is implemented properly, it can also be successful according to the targets set. both from the central and regional policies ”. (B1)

From the results of the interviews it can be concluded that the implementation of the SDIDTK Toddler program at the Talang Banjar Health Center has been carried out both inside and outside the Talang Banjar Health Center.

5. Supervision and Evaluation

Supervision and evaluation of the implementation of the SDIDTK Toddler Program at the Talang Banjar Health Center was carried out by the Head of the Public health center and the Jambi City Health Office. This was obtained from the results of interviews with informants as quoted below:

”For the evaluation of SDIDTK activities at the public health center from the head of the public health center on the activities carried out by the public health center, the first thing to do is to look at the activity reports reported by the officers to the head of the public health center, the head of the public health center gives an assessment and sees the achievements of the activities then what are the obstacles. Once the constraints are known, alternative solutions will be sought whether the problem is in the community or officials or what. Then the results are also conveyed to those involved, for example, um, is it from the immunization or from the child or maybe from the mother, then to the health promotion officer too, er, if it's related, we also ask the health promotion officer. For the one from the health office, there will still be coaching, starting with looking at the public health center report sent from the health office, if there is a report that is incomplete or unclear, the health service will submit it to the public health center and the head of the public health center will convey it to the staff.” (A1)

”In the primary health care center, the SDIDTK program is always evaluated every month, from the campus directly to the officer in charge. If the supervision from the Health Office is usually not specifically for the SDIDTK program, it also includes the SDIDTK Karno child health program in it” (B1)

”Supervision has been done well. The Department of Health supervises them. If the evaluation is carried out by a doctor every month. Supervision is carried out by the health office specifically for the SDIDTK program” (C1)

Supervision and evaluation of the SDIDTK program at the Talang Banjar Health Center was carried out every month by the head of the Health Center. Supervision from the Department of Health was uncertain because the nature of his visit was sudden.

6. Recording and Reporting

Based on information from informants regarding recording and reporting, the following information was obtained:

”For the SDIDTK program, we have a duo of reports, the child health service report is reported monthly and the family health service report is reported quarterly. For technical recording and reporting, it's usually after the service, especially when you go to the field, it's not immediately recorded until it's finished, but on the execution day. It should be recorded right away, but afterwards it will still be recorded and reported to the person in charge by the supervisor of each area. For activities in the building every day, record the visit immediately” (B1)

This was also expressed by other informants.

"Recording and reporting there is an indicator report every month then there is a quarterly report which will be sent to DHO and if we go to the field we just record it indirectly in the cohort then we mark where we think there is a problem we suspect then we fill it into this SDIDTK form" (C1)

"Recording of program services at the public health center for activities outside the posyandu, for example, from the posyandu, the officer in charge of the program receives reports from officers who go down to the posyandu. So after going down to the posyandu, the officers make a report on their activities and then submit it to the SDIDTK officer or nutrition officer through the posyandu book, then recapitulated by the nutrition officer at the public health center. From the reports of the posyandu officers, the nutrition officer makes a nutrition report, the report is in the form of a written report every month and then submitted to the head of the public health center and reported to the Health Office. There is also a report form by using the EPPBGM internet application . For SDIDTK, because it involves a number of programs, several persons in charge after the report is made by the person in charge, be it from nutrition, children, MTBS, it is collected and reported to the head of the public health center then submitted to the Health Office" (A1)

From the results of interviews on recording and reporting, it can be concluded that the recording and reporting of the implementation of the SDIDTK Toddler Program at the Talang Banjar Health Center has been carried out. Recording reports are carried out every month and submitted to the head of the Public health center for then forwarded to the Jambi City Health Office.

3.1.3 Outputs

The output in implementing the SDIDTK toddler program was the coverage of toddlers who have received SDIDTK services. The following was narrative of the informant regarding the scope of the Toddler SDIDTK program at the Talang Banjar Health Center:

"The results of SDIDTK services at the first health center are related to equipment, but what is the name of the service at the health center e which is already in accordance with the standards that we have carried out both through standards from the center and standards from the regions. This service includes everything starting from the field, such as at the posyandu according to standards. The obstacle at the posyandu is the first equipment, the equipment is such as a measuring device for body length, body length or height. the problem is that according to the standard it has to be calibrated every year but in practice it is almost never calibrated. So the measurement of BB, the measurement of a child at the posyandu may not match the truth, with the standard because the equipment is no longer accurate. Then it is not the same as measuring the baby's body length it doesn't exist until the posyandu. If it's for ting measurements The teeth of babies and children who can stand up are available using patches, not all posyandu have microtoises. For the public health center building itself, there is only a small amount of equipment and visits too because during the current Covid pandemic, visits are somewhat reduced, um, what is called avoiding contact, then service is also more by phone with communication facilities so you don't face each other directly.

Our hopes and suggestions as the head of the public health center here are the first things we have done related to conditions like this, especially in terms of facilities. So for public health center facilities trying to independently complement existing equipment such as facilities for measuring TB for measuring BB then supporting facilities such as computers for office equipment can use funds from the BLUD. Then for officers who have met the standard of competence, maybe they just need to add training to improve their abilities. Now, for equipment at the Posyandu, because the equipment at the Posyandu, let's say it doesn't meet the requirements because it hasn't been calibrated according to our standard, so that the scales are calibrated.(A1)

"It's still not enough, it doesn't match the target set apart from the problem at that time, my sister was less focused because she was busy studying, so the implementation here was the one who worked for the region, but because of the condition earlier, the midwife did the dewekla work. In addition to that, there is also a lack of SDIDTK achievement targets at the Talang Banjar Health Center, I have explained a little above, there are many supporting factors so that this program runs well, if toddlers don't come, we'll be sweeping, hopefully for this year and in the future we will pay more attention to the implementation of this program. so that it becomes better and of better quality so that the set targets can be met" (B1)

"Maybe I, as the executor, maybe I feel that I am not optimal enough to carry out this service, um, what is it like because I haven't been trained yet? My suggestion is that there may be training for those who haven't attended training, then outreach to the community itself, how about SDIDTK so that people know problems that arise in infants and toddlers, so early on they bring their children to the public health center so if there are deviations, deviations must be known early so the faster the treatment will be carried out on the child" (C1)

From the results of in-depth interviews related to coverage results, it can be concluded that the scope of implementation of the SDIDTK Toddler program at the Talang Banjar Health Center has not reached the set targets.

4. RESULTS AND DISCUSSION

4.1 Inputs

The implementation of the management input components for the implementation of Stimulation, Detection and Early Intervention for Toddler Growth and Development at the Talang Banjar Health Center, Jambi City includes: Policies, SOP and guidelines, human resources, funds, facilities and infrastructure.

1. Policy

Health policy is everything that becomes a determining factor in the health sector in order to improve the quality of public health^[12]. The function of health policy is to provide a pattern of health care services, treatment of disease and protection for vulnerable people^[13]. The policy for implementing SDIDTK has been regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2016 concerning Minimum Service Standards in the Health Sector with a focus on toddler health services (Kemenkers RI, 2016). The policy is also regulated in the regulation of the Minister of Health of the Republic of Indonesia Number 66 of 2014 concerning Monitoring Growth, Development and Disorders of Child Growth and Development (Ministry of Health, 2014).

The results of research conducted by Putri on the implementation of SDIDTK for toddlers at the Public health center in Padang City found that the process of implementing SDIDTK for toddlers was only limited to providing passive services because all policies had not been implemented consistently by program implementers^[9]. The results of another study conducted in the city of Semarang by Sri Wahyuni stated that a good understanding of SDIDTK program policies was the initial capital for the SDIDTK program to run, which was also accompanied by the commitment and attitude of health workers^[14].

Based on the results of observations on the implementation of these policies, it was found that the implementation of the SDIDTK Program was still based on the guidebook for implementing SDIDTK for Toddlers in the Public health center. Permenkes Policy No. 66 of 2014 has not been socialized properly to informants. As a result, officers' understanding of the policy is still lacking. This should have been avoided by socializing the policy from the Jambi City Health Office to the Head of the Public health center or SDIDTK program holders to be forwarded to program implementers or other officers.

2. SOPs and Guidelines

Standard Operational Procedure (SOP) can be interpreted as a work process guide that must be carried out by each element of the company or agency^[15]. According to Tjipto Atmoko, SOP is a guide or reference for carrying out work tasks in accordance with the functions and performance appraisal tools for government agencies based on technical, administrative and procedural indicators based on work procedures, work procedures and work systems in the work unit concerned^[16].

The purpose of the SOP in the Guidebook for the Preparation of First Level Health Facility Accreditation Documents by the Director General of Health Efforts in 2015 is so that various routine work processes are carried out efficiently, effectively, consistently and safely, in order to improve service quality through compliance with applicable standards^[17]. According to Permenpan PER/21/M-PAN/11/2008 the principles of SOP are consistency, commitment, continuous improvement, and binding^[18]. SOPs and guidelines used in implementing the SDIDTK program were issued by the Indonesian Ministry of Health where the flow of SDIDTK implementation is contained therein.

According to the results of research on SDIDTK Implementation at Posyandu in Tegal Regency, although SDIDTK SOP and Guidelines are available, their implementation does not comply with the SDIDTK Toddler implementation criteria as set out in the guidebook and SDIDTK Toddler SOP^[19]. Another study conducted by Suharmiati on the implementation of SDIDTK in accordance with the SDIDTK manual in Batu City stated that although the SDIDTK manual already existed, the obstacle was that the midwives were too lazy to read because they were too tired to serve patients and there were too many reports^[20].

Based on a review of the implementation documents for the SDIDTK program at the Talang Banjar Jambi Health Center, it was found that the SOP guidelines were already available, but based on observations the implementation of the SDIDTK Toddler program was not implemented in accordance with the SOP. This can happen due to the lack of compliance of officers in carrying out the SDIDTK program SOP. This problem should be resolved by copying the contents of the SDIDTK SOP flow from the book into the form of announcements or banners or posters and pasting it in the SDIDTK room so that officers always follow the flow of program implementation and the Head of the Public health center can provide motivation to officers so that the implementation of the SDIDTK program goes according to the SOP and implementation guidelines.

3. Human Resources

The 2009 National Health System states that Human Resources for Health are professional and non-professional health workers as well as health support workers who are involved and work in health efforts and management, in order to achieve the highest degree of public health^[21]. Guidelines for the Preparation of Health Human Resource Planning at the Provincial, District, City and Hospital levels based on Minister of Health Decree No. 81, the minimum number of midwives for the Public health centers is 7 people^[4]. The number of midwives at the Talang Banjar Health Center is 7 people, so the number of midwives to carry out the SDIDTK program at the Talang Banjar Health Center is sufficient. Article 13 Law no. 36 of 2014 concerning Health Workers states that the Government and Regional Governments are required to meet the needs of health workers in terms of number, type and competence.

SDIDTK training is divided into three materials. Basic material, core material and supporting material. The basic material includes the policies of the Ministry of Health in the Family Health Program. The core material includes the concept of monitoring child growth and development, stimulation of the growth and development of toddlers and preschoolers, early detection of deviations in child development, early intervention and referral of deviations in growth and development, recording of monitoring and evaluation reports. While supporting materials include *Building Learning Commitment*, follow-up plans and anti-corruption^[22].

The results of M. Rizki's research on the implementation of SDIDTK at the Keramasan Health Center stated that there was a relationship between knowledge and officer performance. Good officer performance will provide good results in the implementation of the SDIDTK program^[23]. This is also in line with research conducted by Putri on the implementation of the SDIDTK program at the Padang City Health Center which stated that at the Andalas Health Center and Air Cold Health Center only midwives who held the program received training from DKK Padang. So that SDIDTK coverage at the Padang City Health Center is low because the resources are incapable, incompetent and unskilled^[9].

The results of the research on improving the competence of SDIDTK program implementers at the Talang Banjar Health Center found that the person in charge of the program had attended SDIDTK toddler training but did not receive a training certificate. Whereas in the Stimulation, Detection and Early Intervention Training Curriculum book, a certificate will be given from the Ministry of Health of the Republic of Indonesia with a credit score of 1 (one) credit score signed by the authorized official and the organizing committee^[22]. However, training has never been provided to SDIDTK program implementers at the Talang Banjar Health Center. The Jambi City Health Office should be able to provide training to SDIDTK program implementers so that the competence of officers is good. Besides that, increasing the competence of officers can also be done by providing work assistance to program implementers by the head of the Public health centers so that the ability and performance of officers will improve.

4. Fund

Funds are money provided for a purpose (KBB). The health fund is the amount of money that must be provided to organize and or utilize various health efforts needed by individuals, families, groups and communities. For this reason, a large amount of funds is needed to keep up with developments in the allocation of funds in the health sector^[24].

Sources of funding for large health centers are from the center (APBN), and provincial and city government funds. SDIDTK implementation funds come from BOK (Health Operational Assistance) funds at the Public health center. The BOK Fund itself is a grant from the central government to local governments to implement SPM (Minimum Service Standards) for health (Permenkes No. 3 of 2019)^[25]. The results of Putri's research^[9] stated that funds for implementing the SDIDTK program at the Padang City Health Center came from the Health Center BOK funds. According to research on the implementation of SDIDTK in Bengkulu City conducted by Yuniarty^[26] stated that the funding for implementing SDIDTK in the city of Bengkulu was so small that it affected the coverage of SDIDTK in the city of Bengkulu.

The results of research on SDIDTK implementation funds at the Talang Banjar Health Center found that program implementation funds came from the BOK funds for the public health center. Based on the results of a review of the funding documents for the 2020 SDIDTK program, Rp. 6,000,000.00. Funding is still lacking for the working area of the Talang Banjar Health Center which has 2 auxiliary Health Centers, 1 Polindes, 32 Posyandu and 18 Kindergartens and PAUD within it, so it is necessary to increase the SDIDTK implementation budget.

5. Facilities and infrastructure

Facilities are all types of equipment that function as the main tool or direct tool to achieve goals. Infrastructure is a set of tools that function indirectly to achieve goals^[27]. Regulation of the Minister of Health of the Republic of Indonesia Number 31 of 2018 concerning the Application of Medical Facilities, Infrastructure and Devices states that a facility is a building that is partly or wholly located on land or waters or underground or waters and is used for organizing or supporting health. Infrastructure is the tools, networks and systems that

make facilities work[28] The facilities and infrastructure needed for the implementation of the SDIDTK Program are special program rooms, height measuring devices, head circumference measuring devices, and scales to measure body weight as well as instruments for hearing and vision tests.

In organizing SDIDTK, facilities and infrastructure are also needed so that activities can run well. According to Putri 's research conducted in the city of Padang, the facilities and infrastructure for implementing SDIDTK at the Public health center were incomplete[9]. The results of research conducted by Margaretha on factors related to the attitude of posyandu cadres in implementing the SDIDTK program at posyandu in the working area of the Pekan Baru City Health Center stated that there was a relationship between the completeness of posyandu facilities and the attitude of posyandu cadres in carrying out early detection of baby development / toddler[29].

In the interviews it was found that the facilities and infrastructure were adequate but the numbers were still lacking. This is supported by the results of observations when visiting posyandu and auxiliary health centers . In that place there is no measuring device for head circumference, height measurement. And also the scales (dacin) that are available have never been calibrated.

This problem of facilities and infrastructure can be overcome by procuring, maintaining and repairing it because the SDIDTK facilities and infrastructure have become part of the public health center facilities and infrastructure. However, if funds are an obstacle in the provision of facilities and infrastructure, then one can still find alternative solutions to these limitations, such as by coordinating across sectors and across related programs. For example, for implementation outside the public health center, the executor and person in charge of the SDIDTK program can work together with PPKB (Prevention of Family Planning Control) in which there are BKB (Toddler Family Development) activities. For activities within the Public health center, SDIDTK program holders and implementers can coordinate between programs such as immunization, nutrition, etc. so that the problem of the lack of facilities and infrastructure can be overcome.

4.2 Process

1. Program Planning

Planning is a process of setting the main goals in advance, determining strategies to achieve these goals by integrating and coordinating all work until the goals of the organization are achieved[30] Health planning is a thoroughness, a careful interpretation and an effort to develop regular health services which is carried out on the basis of utilizing all modern knowledge and experience possessed in such a way as to meet the health needs of the community based on available resources[31]. The results of Fadila Abdullah 's research on the management of SDIDTK program implementers in the working area of the Ternate City Health Center stated that there was a relationship between SDIDTK program coverage in the working area of the Ternate Public Health Center and program planning[32]. The results of another study, namely the results of research conducted by Novita on the influence of the SDIDTK implementing management function on the coverage of SDIDTK under five, stated that SDIDTK program implementers who had good planning would increase the achievement of SDIDTK coverage^[33].

Planning is the basis for managing the implementation of the SDIDTK toddler program. Planning is done by choosing what activities should be carried out by officers and program holders both within the Public health center and outside the Public health center environment. The results of the research on planning the implementation of the SDIDTK Program at the Talang Banjar Health Center by observation and document analysis show results if the Talang Banjar Community Health Center has prepared and made a plan contained in the POA (Plan of Action) which is prepared every year. The POA contains RUK (Activity Description Plan) and RPK (Activity Budgeting Plan). However, due to budget constraints, SDIDTK activities at the Talang Banjar Health Center could not be implemented entirely. For example, there are activities but the volume of activities cannot be added or their implementation increased. Besides that, the implementation of the SDIDTK program at the Talang Banjar Health Center is still based on POA only. There was no initiative from the program executor and person in charge to carry out additional activities beyond the POA that had been prepared. Other activities that are not included in the POA of the public health center, such as sweeping toddlers in the working area of the Talang Banjar Health Center, should be carried out so that SDIDTK coverage can be increased.

2. Mini Workshop

Mini workshops are an attempt to establish team cohesiveness to carry out planning in order to achieve the goals of a program[17]. Standards for implementing mini-workshops are contained in P erkemkes No. 44 of 2016. Monthly mini-workshops are conducted to assess achievements in the implementation of a program in the past month and monitor activities to be carried out next, so that further planning can be made if necessary. Trimonthly mini workshops are workshops that are held every three months to inform the achievements that have been achieved in the last three months^[34].

The results of Putri 's research on the implementation of SDIDTK at the Padang City Public Health Center stated that the mini-workshop was carried out with other programs and there was no SDIDTK-specific mini-workshop[9]. Another study conducted by Handayani on the implementation of SDIDTK at the Sungai Prince

Health Center found that SDIDTK coverage was low in the working area because monitoring and evaluation of SDIDTK achievements was only carried out at quarterly mini-workshops^[35].

In the research at the Talang Banjar Health Center, the informants mentioned that previously the monthly mini-workshops and tri-monthly mini-workshops were routinely carried out in conjunction with other programs at the Talang Banjar Health Center, but during the current pandemic the monthly mini-workshops were eliminated and only held trimonthly mini-workshops. This was reinforced by the results of the document review conducted by the researcher. The mini-workshop at the Talang Banjar Health Center was carried out across programs and was not optimal, and there was no special mini-workshop for the SDIDTK Toddler program. The Head of the Public health centers should be able to carry out a mini workshop specifically for the SDIDTK program which aims to discuss the implementation of SDIDTK both within the Public health center environment and outside the Public health center environment, find out the problems or obstacles in the field so that solutions for solving these problems can be quickly obtained and determined so that the performance of officers increases which will affect SDIDTK coverage in the working area of the Talang Banjar Health Center.

3. Organizing

Organizing is the process of determining, grouping, and managing the various activities needed to achieve goals^[36]. The activities in question are dividing work into operational tasks, grouping tasks into operational positions, combining operational positions into interconnected units, selecting and placing people for appropriate jobs, explaining requirements from each position, adjusting the authority and responsibility for each member, providing various facilities for employees and aligning the organization in accordance with the results of supervision. The results of Ir Mawati's research correlation on the management function relationship in the implementation of the SDIDTK program on SDIDTK coverage in Semarang City previously stated that there was a very significant relationship between organization and SDIDTK coverage in Semarang City^[37]. The same thing was stated by research conducted by Fadilla Abdullah on the management of SDIDTK implementers in Ternate City^[38].

The results of interviews, observations and document reviews in the research at the Talang Banjar Health Center showed that the organization had been carried out and contained in a Decree (SK) issued by the Head of the Talang Banjar Health Center. However, the decree still joins with other decrees on the implementation of maternal and child health programs. There is no specific decree organizing the implementation of the SDIDTK program. If this is done, all activities should be well integrated between the program head, program secretary, implementers and program members.

4. Health services

Health services are any efforts that are carried out individually/jointly within an organization to maintain and improve health, prevent, cure disease, and restore individual/group health (Depkes RI, 2009). In the guidebook for implementing SDIDTK for toddlers, the minimum services for implementing SDIDTK are divided into 2 types of services, namely health services for examining the growth of toddlers and health services for examining the development of toddlers. Health services for growth checks are carried out by measuring toddlers' weight, height and head circumference, while health checks for development include carrying out gross and fine movements, speech and language skills, socialization, and independence, hearing tests, and eyesight tests^[4]. According to the results of Nuraini's research in a journal entitled Analysis of the role of midwives in the implementation of Stimulation of Detection and Early Developmental Intervention (SDIDTK) for infants and toddlers at the Batoh Health Center in Banda Aceh City, it was stated that midwives had not provided optimal services, midwives only carried out simple stimulation on infants and toddler^[39]. This is in line with the results of research conducted by Yuniarti on the implementation of SDIDTK in Bengkulu City which stated that during the implementation of SDIDTK the examination was only limited to checking growth. While flower inspection is rarely done^[26].

The results of the study based on observations of SDIDTK health services at the Talang Banjar Health Center found that the implementation of SDIDTK was still not optimal. The KPSP format (Pre-Developmental Screening Questionnaire) to examine infants' fine and gross motor skills, language skills and toddler socialization has not been used properly. KPSP was only used after parents of toddlers reported that their toddler's development was not in accordance with the age group, so that the basic essence of the SDIDTK program's goals, namely early detection of disorders and deviations in toddlers, was not achieved. Because this is in line with research conducted by Dewi in the working area of the Purwokerto Health Center which stated that SDIDTK was effective in increasing the early detection rate of growth and development disorders in children under five^[40].

5. Supervision and Evaluation

Supervision is an observation made by the supervisor on the performance of all employees and provide direction to overcome if there is a discrepancy with the plan^[41]. The American Public Health Association states

that evaluation is a process to determine the amount of success of steps in achieving predetermined goals^[24]. The purpose of supervision is to find out the progress of the implementation of a program, find out the obstacles encountered in implementing the plan, find out whether there are deviations in implementation, and provide information - information to decision makers^[31]. Still in Permenkes No. 44 of 2014 states that there are two types of Public health centers supervision, namely internal supervision and external supervision. Internal supervision is supervision carried out by the health center itself. Internal supervision can be carried out by the head of the Public health center, the person in charge of the program or the internal audit team. While external supervision is supervision carried out by outsiders, in this case, city/provincial health agencies^[34]

This is in line with the results of Fadila's research conducted in the City of Ternate which states that supervision has a very significant relationship with the coverage of SDIDTK toddlers and preschoolers^[32]. Another study, namely research conducted by Raharjo, which examined the influence of the DIDTK management function on the coverage of SDIDTK under five, found that there was an influence of supervision on SDIDTK implementers on the coverage of SDIDT^[33].

Based on the research results, this activity is routinely carried out by the head of the Public health center every month. And external monitoring is also routinely carried out by the Jambi City Health Office.

6. Recording and reporting

Recording and reporting are formal and official documents made in writing regarding health data^[42]. The results of Putri 's research at the Padang City Health Center said that the recording and reporting of the SDIDTK program was routinely carried out at the end of each month in stages^[9]. Research conducted by Irmawati who conducted research on the implementation of the SDIDTK program in Semarang City stated that cohort filling and SDIDTK monthly reports were rarely carried out so that sub-districts and villages with low coverage were not monitored and coaching could not be carried out immediately.

The results of observation and review of documents on the process of recording and reporting the implementation of the SDIDTK program at the Talang Banjar Health Center found that recording and reporting was carried out in a tiered flow and stages. Recording is carried out by the program implementer and then submitted to the program holder to then be forwarded to the Head of the Public health center. The report is then reported back to the Jambi City Health Office using the Public health center Information System.

4.2.3 Outputs

Output is the result of a job or element conclusions resulting from the ongoing process^[43]. SDIDTK implementation coverage target set by the government is 90%^[44]. The coverage referred to is the large number of services provided to toddlers who visit the Public health center. The target of toddlers at the Talang Banjar Health Center in 2019 was 2,446 toddlers with details of 1,271 toddlers boys and 1,175 toddlers girls while the results of implementing the SDIDTK program in 2019 were 1,239 toddlers with details of 591 toddlers boys and 648 toddlers girls. With a total coverage of program implementation of 51%.

The coverage results were far from the target due to several factors, including: most officers did not understand SDIDTK program policies. Compliance and discipline of officers in running the SDIDTK program in accordance with the SDIDTK guidelines and SOPs for implementing the SDIDTK program is still lacking so SDIDTK services are not in accordance with set standards, program implementers have never received SDIDTK training so toddlers often feel bored and uncomfortable when implementing the SDIDTK program, funds which is not in accordance with the area of work and the number of facilities that are lacking.

From the indicators of the health service process, the implementation of the SDIDTK program was not optimal and the staff's initiative was lacking . In addition, mothers are reluctant to do SDIDTK activities because the implementation of activities is quite time consuming. The location of the growth and development room which is separated from other program rooms (immunization room and nutrition room) is one of the contributing factors. There should be a *connector* or connector between the 3 spaces so that the baby will Immunized can carry out the SDIDTK program first without having to go in and out from one room to another. Another observation result is the lack of coordination of program implementation with other public health center officers, in this case, ticket officers. When mothers of toddlers come to carry out immunizations, the ticket officer directs the mother and toddler to the growth and development room first, but in reality, the officers immediately direct them to the immunization room. The results of observations in the field, the implementation of SDIDTK health services only carried out examinations on child growth. Examination of the development of toddlers is rarely or can be said not to be carried out, this can be the cause of deviations that occur in toddlers that cannot or are found too late which will ultimately make interventions for these deviations t be too late. This is of course very detrimental not only for the mother of the toddler but also for the future of the toddler. Another factor is the lack of awareness and understanding of the importance of implementing SDIDTK by mothers who have toddlers.

This is in line with the results of Putri 's research on evaluating the implementation of SDIDTK at the Padang City Health Center . to public health center, wide work area, lack of innovation by officers and lack of

socialization of the program^[9]. Research conducted by Yuniarty in Bengkulu City also stated that the low coverage of SDIDTK Balit in Bengkulu City was caused by several factors, namely: insufficient human resources and low staff motivation, insufficient funds and not optimal management of SDIDTK implementers.

5. CONCLUSION

Based on the results of the research through interviews, observation and document review on the implementation of the SDIDTK program at the Talang Banjar Health Center in Jambi City using input, process and output techniques, the following conclusions drawn Input Component ; In this indicator, the officers' understanding of the policy is still lacking. Officers' compliance in carrying out the program SOP still needs to be improved. Training has never been given to program implementers, when compared to the size of the work area, the funds available are still lacking and it is necessary to increase the number of SDIDTK facilities for toddlers Process Components ; Process indicators in the implementation of the SDIDTK program at the Talang Banjar Health Center have been running but not in accordance with the provisions. Examinations that do only check the growth of children such as measuring weight, height and head circumference of children. Examination of new child development is carried out if the officer receives a report from the parents of the toddler.

Output Components ; The output component as a result of the achievement of the SDIDTK program at the Talang Banjar Health Center, Jambi City, is still below the set target because SDIDTK implementation has not been optimal. It is hope that public health center making efforts to increase the competency and compliance of SDIDTK officers through SDIDTK training activities, create service procedures/flows, SDIDTK SOPs that are the same for all Community Health Centers in Jambi City related to SDIDTK program services, conduct Facilitative Supervision of SDIDTK officers at the public health center on a regular basis to guide, monitor and evaluate the implementation of the SDIDTK program, conduct Facilitative Supervision of SDIDTK officers at the public health center on a regular basis to guide, monitor and evaluate the implementation of the SDIDTK program, providing rewards for public health center that have successfully implemented SDIDTK program activities and achieved program targets as set, as a stimulus for other public health center. Provide guidance and direction to SDIDTK program implementing officers through the implementation of directed, systematic and continuous facilitative supervision so that the knowledge, skills and compliance of implementing officers in implementing SDIDTK service steps becomes better. Advocating across sectors to increase cooperation and commitment in terms of implementing the SDIDTK program so that it can be carried out properly and the community, especially mothers who have toddlers, know and take an active role in obtaining health services. Socializing the SDIDTK program to the community in the working area of the public health center.

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