ABSTRAK

Kekurangan Energi Kronik (KEK) pada ibu hamil merupakan masalah gizi yang berisiko tinggi terhadap kesehatan ibu dan janin, seperti persalinan lama dan bayi berat badan lahir rendah. Puskesmas Tolangohula melaksanakan program Pemberian Makanan Tambahan (PMT) untuk meningkatkan status gizi ibu hamil KEK. Penelitian ini bertujuan mengevaluasi pelaksanaan program PMT serta mengetahui pengaruhnya terhadap perubahan status gizi ibu hamil KEK. Metode yang digunakan adalah deskriptif kuantitatif dengan pendekatan observasional analitik terhadap 30 ibu hamil serta petugas puskesmas yang berperan pada program PMT yaitu bidan, kader dan petugas gizi. Data dikumpulkan melalui kuesioner, observasi, dan pengukuran antropometri Lingkar Lengan Atas (LiLA). Evaluasi meliputi aspek input berupa SDM, dana, saran prasarana, penerima dan metode pemberian, aspek proses meliputi bagaimana pelaksaannya dilapangan dan aspek output meliputi cakupan capaian pemberian PMT dan peningkatan statu gizi ibu hamil KEK. Hasil menunjukkan 60% pelaksanaan program termasuk kategori baik. Proporsi ibu hamil dengan status gizi baik meningkat setelah intervensi PMT. Kesimpulan dari penelitian ini bahwa program PMT memberikan kontribusi positif dalam meningkatkan status gizi ibu hamil KEK, meskipun masih terdapat aspek pelaksanaan yang perlu perbaikan. Disarankan pemantauan konsumsi PMT dilakukan secara langsung melalui kunjungan rumah dan kerja sama dengan kader kesehatan, serta evaluasi status gizi dilakukan secara berkala dengan indikator yang terukur. Untuk itu diperlukan cara penanganan yang tepat dalam mencegah KEK pada ibu hamil

Kata kunci : Evaluasi, ibu hamil, kek, PMT, status gizi

Abstract

Chronic Energy Deficiency (CED) in pregnant women is a nutritional problem that poses a high risk to maternal and fetal health, such as prolonged labor and low birth weight. Tolangohula Community Health Center (CHC) implemented a Supplementary Feeding (SF) program to improve the nutritional status of pregnant women with CED. This study aims to evaluate the implementation of the SF program and determine its impact on changes in the nutritional status of pregnant women with CED. The method used was a quantitative descriptive method with an analytical observational approach to 30 pregnant women and health center staff who played a role in the SF program, namely midwives, cadres, and nutrition officers. Data were collected through questionnaires, observations, and anthropometric measurements of the Upper Arm Circumference (UAC). The evaluation included input aspects such as human resources, funds, infrastructure, recipients and methods of administration; process aspects including how it was implemented in the field; and output aspects including the coverage of SF provision and improving the nutritional status of pregnant women with CED. The results showed that 60% of the program implementation was categorized as good. The proportion of pregnant women with good nutritional status increased after the SF intervention. The conclusion of this study is that the SF program has made a positive contribution to improving the nutritional status of pregnant women with CED, although there are still aspects of implementation that need improvement. It is recommended that SF consumption be monitored directly through home visits and collaboration with health workers, and that nutritional status be evaluated periodically using measurable indicators. Therefore, appropriate management is needed to prevent CED in pregnant women.

Keywords: *Evaluation, pregnant women, kek, SF, nutritional status*