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## **STUDI KUALITATIF IMPLEMENTASI PRORAM PEMBERIAN MAKANAN TAMBAHAN (PMT) PANGAN LOKAL PADA BALITA GIZI KURANG DI PUSKESMAS TENGARAN**

### **ABSTRAK**

Puskesmas Tenganan merupakan salah satu Puskesmas yang sudah mengimplementasikan Program PMT pangan lokal, menurut data tahun 2024 jumlah balita yang mengalami gizi kurang sebesar 181 (8,32%) dari jumlah keseluruhan balita namun yang mendapatkan PMT hanya 161 (87,9%) balita. Selama implementasi program ini kenaikan status gizi balita masih 50%.

Desain penelitian yang digunakan adalah deskriptif kualitatif, dengan pengumpulan data melalui wawancara mendalam, tinjauan literature, dan data sekunder mengenai cakupan program PMT untuk balita yang mengalami gizi kurang selama setahun terakhir. Penelitian ini menggunakan model interaktif untuk analisis data. Informan terdiri dari Sembilan orang, termasuk pelaksana program, kader posyandu, dan ibu balita penerima PMT.

Secara keseluruhan, program PMT pangan lokal ini berhasil meningkatkan kesadaran masyarakat tentang gizi berkelanjutan dan meningkatkan status gizi anak-anak, terutama berat badan mereka. Hasil penelitian ini sebagai berikut : Aspek Program: pelaksana program memahami dengan baik tujuan program; pelaksanaan program mematuhi peraturan dan ketentuan; penerima PMT dipilih sesuai kuota dari Dinkes; kandungan gizi sesuai (double protein) dan memenuhi kebutuhan balita; frekuensi distribusi sesuai dengan peraturan (setiap hari selama 56 hari); ada beberapa bahan yang sulit didapatkan seperti daun kelor dan wader. Aspek Organisasi: pelaksana program memahami tugas masing-masing; koordinasi antar instansi berjalan baik; rapat antar instansi telah diadakan tetapi belum rutin; pelatihan telah dilakukan; jumlah pelaksana sudah mencukupi; alokasi dana dianggap mencukupi tetapi kader berharap dapat ditingkatkan; dan fasilitas dapur sehat baik tetapi beberapa peralatan dapur perlu diperbaiki. Aspek Pemanfaatan: banyak ibu balita yang bekerja; meskipun sebagian besar masyarakat mendukung masih ada beberapa orang menaganggap tidak penting; hambatan bisa muncul dari faktor cuaca, perbedaan selera, dan penerimaan masyarakat; sebagian besar balita mengalami kenaikan berat badan dan perbaikan status gizi. Diperlukan dana tambahan supaya balita yang mengalami gizi kurang bisa mendapatkan PMT agar status gizinya menjadi baik dan perbaikan fasilitas pendukung seperti perlengkapan dapur yang memadai serta kerja sama lintas sektor untuk membangun hubungan baik dengan masyarakat.

**Kata Kunci:** Implementasi Program, gizi kurang, PMT pangan lokal

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**QUALITATIVE STUDY ON THE IMPLEMENTATION OF THE LOCAL FOOD  
SUPPLEMENT PROGRAM (PMT) FOR UNDERNOURISHED TODDLERS AT THE  
TENGARAN HEALTH CENTER**

**ABSTRACT**

*The Tengarani Community Health Center is one of the community health centers that has implemented the PMT Local Food Program. According to 2024 data, the number of infants suffering from malnutrition reached 181 (8.32%) of the total number of infants, but only 161 (87.9%) infants received PMT. During the implementation of this program, the improvement in infants' nutritional status still reached 50%.*

*The research design used was descriptive qualitative, with data collection through in-depth interviews, literature reviews, and secondary data on the coverage of the PMT program for toddlers who had experienced malnutrition during the past year. This study used an interactive model for data analysis. The informants consisted of nine people, including program implementers, posyandu cadres, and mothers of toddlers receiving PMT.*

*Overall, this local food PMT program successfully increased community awareness of sustainable nutrition and improved children's nutritional status, particularly their weight. The results of this study are as follows: Program Aspects: program implementers have a good understanding of the program's objectives; program implementation complies with regulations and provisions; PMT recipients are selected according to quotas from the Health Office; nutritional content is adequate (double protein) and meets the needs of toddlers; distribution frequency complies with regulations (every day for 56 days); some ingredients are difficult to obtain, such as moringa leaves and wader. Organizational Aspects: program implementers understand their respective tasks; coordination between agencies is good; inter-agency meetings have been held but are not yet routine; training has been conducted; the number of implementers is sufficient; the budget allocation is considered adequate but cadres hope it can be increased; and healthy kitchen facilities are good but some kitchen equipment needs to be repaired. Utilization Aspect: Many mothers of toddlers work; although most of the community supports the program, there are still some who consider it unimportant; obstacles can arise from weather factors, differences in taste, and community acceptance; most toddlers have gained weight and improved their nutritional status.*

*Additional funds are needed so that malnourished toddlers can receive PMT to improve their nutritional status, as well as improvements to supporting facilities such as adequate kitchen equipment and cross-sector cooperation to build good relationships with the community.*

**Keywords:** Program Implementation, Poor Nutrition, Local Food PMT