

RESEARCH STUDY

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Evaluation of the Nutrition Heart Program Through the Four Elements of Community Empowerment Approach

Evaluasi Program Pos Gizi Melalui Pendekatan Empat Elemen Pemberdayaan Masyarakat

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ABSTRACT

Background: The Nutrition Heart Program is a community empowerment initiative implemented to enhance the weight of toddlers based on local food capabilities. The 2024 evaluation results revealed that 46.85% of participants experienced fluctuating weight trends. Narayan's four elements of community empowerment (access to information, inclusion/participation, accountability, local organizational capacity) play a crucial role in future program enhancements.

Objectives: To assess the Nutrition Heart Program based on the four elements of community empowerment.

Methods: The research was conducted using a qualitative design and was conducted in 10 nutrition centers supported by Amerta Kasih. Data collection methods included in-depth interviews with cadre representatives, pregnant women, and field assistants at each nutrition center. Triangulation of methods was utilized to validate the validity of the results of data collection, namely by observation and document studies.

Results: Access to information on the program includes the use of WhatsApp, flyers, field facilitators, and health workers. Most mothers of toddlers actively participated, although some were also mothers of toddlers who were passive due to work commitments. Cadres play an active role in program implementation, handling certain administrative reports are done by cadres as a form of accountability. There are no local organizations engaged in program implementation.

Conclusions: Three of the four elements of community empowerment are evident in the nutrition heart program. Efforts should be made to establish or involve local organizations in program implementation of the program, as well as efforts to optimize the implementation of the other three empowerment elements.

INTRODUCTION

Malnutrition in Indonesia is still a significant issue¹. Not only in remote and less developed areas, but also in urban areas². Despite Indonesia's progress in many sectors, malnutrition remains a major public health challenge¹. Approximately one in 12 Indonesian children under the age of five are affected by wasting, and one in five suffer from stunting³. Significant variations in prevalence exist across provinces, with rates as high as 11.9% in Maluku and as low as 2.8% in Bali³. Stunting and wasting are often the result of inadequate nutrition during pregnancy, poor dietary intake in early childhood, and/or exposure to infections and diseases³. These forms of undernutrition have serious implications, posing a threat to the health, survival, and long-term development of infants and young children across Indonesia³.

Factors contributing to malnutrition in Indonesia include poverty, limited access to nutritious food, lack of education on nutrition, and sanitation and clean water problems⁴. The impact of malnutrition is far-reaching, ranging from reduced resistance to disease, impaired physical and mental development, to reduced productivity in adulthood⁵. Therefore, a holistic and sustainable approach is needed to overcome the problem of malnutrition in Indonesia⁴.

Nutrition Heart Program or Pos Gizi is a community empowerment program to address child malnutrition by utilizing local potential. Pos Gizi is managed by Amerta Kasih in collaboration with Wahana Visi Indonesia (WVI) as the funder. The program aims to increase body weight by more than 900 grams in children under three who are malnourished in the area assisted by

the funder. Evaluation results in 2024 showed that only 53.15% of participants consistently showed weight gain, and 45.95% of participants achieved weight gain of more than 900 grams. This figure is still far from the target of 60% of participants achieving a weight gain of more than 900 grams.

Various case studies show that successful empowerment programs generally have four main elements identified by Narayan, namely adequate access to information, inclusiveness, and active participation of the community, transparent accountability mechanisms, and the capacity of organized local organizations⁶. Information is the key to empowerment. Communities with access to information are better able to take advantage of opportunities, access public services, fight for their rights, and hold government and other stakeholders accountable⁶. Information is crucial in many aspects of life, from the performance of public institutions to access to basic services⁷. Information technology makes it easier for people to access information⁸.

The involvement of communities, especially the poor and marginalized groups, in decision-making is crucial to ensure that development truly responds to local needs⁹. Their active participation can ensure a more equitable and effective allocation of resources¹⁰. However, achieving this often requires changing the rules and mechanisms that allow communities to engage more broadly in planning and budgeting processes¹¹.

Accountability in this case starts from the highest level of managerial leadership to the operational level; all parties involved in managing public affairs must be responsible for their actions¹². Both government agencies, political parties, non-governmental organizations, and private companies that receive a public mandate, are required to provide regular and transparent performance reports to the public¹³. The ability of communities to work together and manage resources independently is essential in addressing common problems¹⁴. A well-organized community will be more effective in voicing their needs and fighting for their rights¹⁵. This article aims to evaluate the Pos Gizi program based on the four elements of community empowerment.

METHODS

The data collection method for the qualitative evaluation involved in-depth interviews. Triangulation was conducted using in-depth interviews, document studies, and observations. Triangulation was performed to assess the credibility of the data. Informants for the in-depth interviews were selected using purposive sampling techniques. The informants were divided into three groups: mothers of children under three or toddlers (7 people), cadres (5 people), and field facilitators (5 people). The strategy to prevent informant bias is multilevel informant retrieval, ensuring that representatives from

all groups involved in program implementation participate in the in-depth interviews. Qualitative data collection was conducted in June 2024. The locations of the activities were 10 Nutrition Heart Programs in Bulak Banteng, Sidodadi, Simolawang, Tambakrejo, and Tanah Kali Kedinding urban villages. These 10 locations were chosen because they were where the Amerta Kasih-assisted nutrition heart program was conducted in 2023.

The researchers follow the qualitative analysis technique by Cresswell, (2009) to ensure consistency across data collected by observation, transcripts of in-depth interviews, and document studies. The steps are: 1) Organize and prepare data for analysis, including interview transcripts, observation notes, and document studies. 2) Read all the data to understand the general overview and reflect on its meaning. 3) Conduct detailed analysis through the coding process, grouping data into categories. 4) Use the coding results to produce descriptions of the context, categories, or themes. 5) Develop descriptions and themes into a qualitative narrative. 6) Interpret the meaning of the data to answer research questions or generate new questions¹⁶.

Narayan's four elements of empowerment were identified through the analysis of the coding results from the transcript, observation, and document study data (Step 4). The context, categories, or themes identified in Step 4 were re-analyzed following Narayan's four elements of empowerment: access to information, community inclusion/participation, accountability, and the capacity of local organizations. These four elements are suitable for implementation in the Nutrition Heart Program as they align with the program's objective of promoting long-term behavioral change in the health and nutrition of the Surabaya community. By ensuring access to information, promoting community participation, maintaining accountability, and enhancing the capacity of local organizations, the program can improve its effectiveness and sustainability. Research ethics approval was obtained under number 0904/HRECC.FODM/VIII/2024 and was granted on August 29, 2024.

RESULTS AND DISCUSSIONS

Brief Description of the Nutrition Heart Program Implementation

The program's target is for 60% of child participants to experience an increase in body weight of more than or equal to 900 grams. The parties involved in the implementation of the program are the Amerta Kasih Team (manager); WVI (funder); cadres (implementers); field facilitators; mothers of toddlers (targets); and children under three or toddlers (targets). The Nutrition Heart Program activities are shown in Figure 1. The activities start from cadre training, participant screening, 10 Days Nutrition Heart Program, and monitoring.

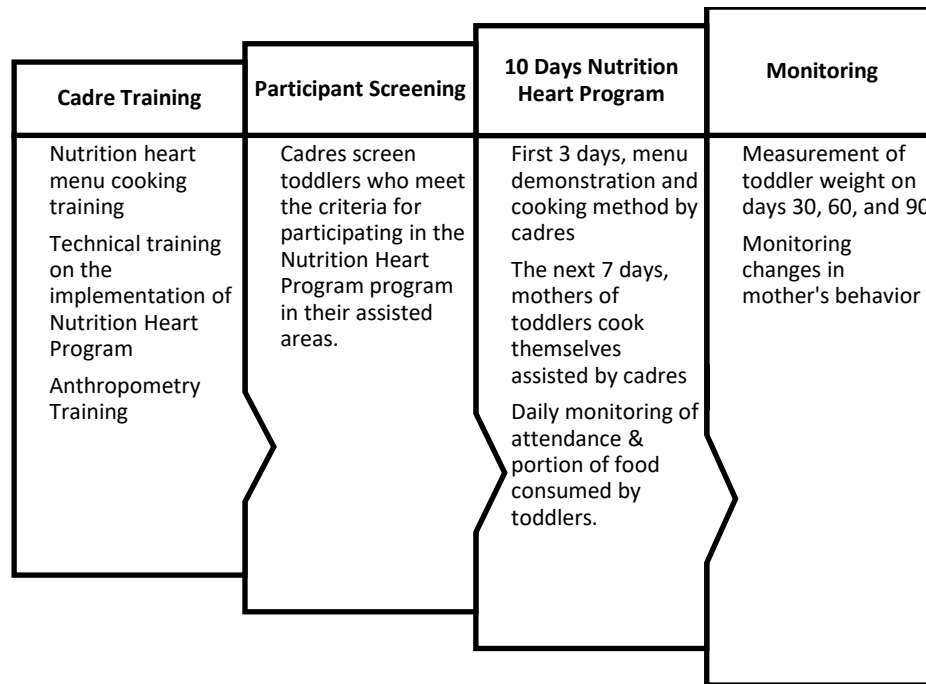


Figure 1. The activities of the Nutrition Heart Program, implemented and participated in by the cadres, begin with cadre training, participant screening, a 10-day Nutrition Heart Program, and monitoring.

The Nutrition Heart Program activities begin with cadre training. The next activity involves the selection of participants by cadres. The criteria for participants are toddlers who have low body weight and or weight loss twice in a row based on Posyandu data.

The Nutrition Heart Program lasted for 10 days. Cadres conducted a cooking demonstration of the Nutrition Heart Program menu to provide examples for mothers of toddlers. The cooking demonstration lasted for 3 days. Mothers of toddlers practice the menu that has been modeled by cadres from the 4th to 10th day.

Cadres monitored the attendance and meal portions consumed by toddlers throughout the 10-day Nutrition Heart Program implementation. Monitoring was carried out using two methods: toddler weight measurement on days 30, 60, and 90; and monitoring maternal behavior. Monitoring is conducted by cadres through home visits and or during Posyandu.

Information Access

Access to information in the Pos Gizi program involves the use of information technology, particularly WhatsApp, along with media such as posters, health workers, and field facilitators. Whats App serves as a communication channel among the various stakeholders involved in program implementation. Whats App Group (WAG) was utilized to disseminate crucial information related to program implementation, particularly concerning recipes for Pos Gizi participants to prepare. Nevertheless, some mothers of children under three did not possess mobile phones, thus preventing them from joining the WAG or receiving information via WhatsApp. Some mothers lack a mobile phone due to their economic circumstances, resulting in the phone being solely owned by the husband.

"I don't read books, but I share them on my phone, in groups. I share, 'Tomorrow is this menu, this is how to cook it,' in the nutrition post group," said S, a 31-year-old mother of a toddler.

"...The cadres have given the recipes to practice because they have been trained. The menu is also in the group and photocopied," said S, a 38-year-old mother of a toddler.

"Sometimes, some individuals do not possess mobile phones, making it challenging for us to reach out to them," said S, a 46-year-old cadre.

"...I do not own a mobile phone; my older son utilizes it," said N, a 40-year-old mother of a toddler.

"Yes, and STBM yesterday. But STBM yesterday was just one flyer," then the cadre mother explained. "For CPTS, we have many flyers," said Y, a 24-year-old field facilitator.

"...Oh yes, there is a handwashing brochure," said I, a 29-year-old mother of a toddler.

Field facilitators act as mediators and supporters for cadres when facing problems in the field. They assist in finding solutions and provide the necessary direction to overcome the various challenges that arise. In addition, they also serve as a communication link between cadres and program managers and funders.

"...Sometimes we're sharing. If we can answer, we answer. If we can't answer, we wait for direction from the Primary Health Center or miss (field facilitator) if she can answer... God willing, we have followed the directions. If something is missing, mbak (field facilitator) reminds us, saying, 'You haven't done this yet,'" said S, a 31-year-old cadre.

"...For my own involvement, it's more about the implementation in the field. I was always present in two places during the 10 days of activities. I saw and observed how the cadre women carried out cooking procedures for additional food for participants. I also provided socialization related to nutrition, how mothers feed babies, or PHBS (Clean and Healthy Living Behavior). Besides that, I am also a timekeeper in this activity. Those are my duties in the implementation of the nutrition post," said M, a 27-year-old field facilitator.

Health workers from the Primary Health Center, specifically those in the field of nutrition, play a key role in the implementation of the Nutrition Heart Program. Their responsibilities include recommending food menus for cadres to prepare, conducting routine visits, and educating mothers of toddlers. These efforts aim to ensure the program's effectiveness in addressing nutritional needs.

"...Yes, there is. If it's from the health center, there are encouraging recipes like that. We always consult. At that time during the nutrition post, the nutritionist was Mbak Arini. She gave us this recipe..." said S, a 46-year-old cadre.

"...Before the implementation, we submit the menu that we will cook. We give it to the Primary Health Center officer, and then the officer will evaluate it. So, we can see if there is something lacking, and if there is something

excessive, we can reduce it," said S, a 46-year-old cadre.

The use of information technology through WhatsApp is used effectively as the main communication medium in the program. WAG is used to disseminate program-related information, such as recipes for food to be cooked, quickly and efficiently. However, the use of WhatsApp technology can be a problem if there are participants who do not have access to smartphones or the internet. To overcome accessibility issues, it is necessary to provide alternative information media such as guidebooks or leaflets that are distributed to participants before the implementation of activities. This is especially important for participants who do not have access to smartphones or the internet.

Utilizing posters and flyers as educational tools can enhance participants' understanding of the significance of Hand-Washing with Soap (HWWS) and healthy diets. However, flyers and posters may not effectively reach all participants, especially if not all mothers of children under three attend each education session¹⁷. Therefore, efforts should be made to ensure the distribution of flyers and posters reaches all participants, for example by ensuring each household receives the materials¹⁸. In addition, additional socialization in public places such as posyandu or village halls can be conducted to reach more participants¹⁷.

Field facilitators play a crucial role as mediators and supporters for cadres, providing solutions to problems encountered and serving as a communication bridge with Amerta Kasih and WVI teams¹⁹. Effective coordination between various parties, including cadres, assistants, and health workers, requires good communication and can be challenging if there is misinformation or lack of coordination²⁰. Therefore, regular coordination meetings between cadres, facilitators, and health workers are essential to ensure all parties have the same understanding of the program and its solutions¹⁹. In addition, the use of simple project management tools such as Google Sheets can help monitor program progress and ensure that all parties are up to date²¹.

Community Inclusion/Participation

Most Pos Gizi participants actively participated in the ten-day program, although one or two were passive. In some Nutrition Heart Programs, mothers of toddlers were engaged in providing cooking ingredients to enhance their involvement and support program sustainability. However, in other Nutrition Heart Programs, involving mothers of toddlers in providing cooking ingredients was not feasible.

"...For the nutrition post, the ones who are usually actively involved are the cadre mothers, and there are mothers of toddlers who come every day," said Y, a 24-year-old field facilitator.

"...When I look at it, 75% of the mothers are active... "They are engaged, willing to try what we do, and they aren't shy about asking questions either. We also said, 'Tomorrow you will practice it, mum,' and they responded, 'Yes, mum.' Then we said, 'If you practice cooking, take a photo and send it to the WA group later,' and they were willing to," said S, a 46-year-old cadre.

"...Mothers of toddlers were asked to contribute food ingredients, whether it was one egg or a few spoons of flour; it started like that. But based on our agreement, just coming is already appreciated," said A, a 44-year-old cadre.

"...For shopping, we actually agreed to involve them. But the thing is, they're too busy taking care of their toddlers, so they say, 'We can't, mum, we don't go to the market every day,' so the cadre prepares it. But sometimes there are mothers who offer, 'Mum, I have this at home, I have a lot of moringa leaves at my house,' so I ask them to bring it the next day," said S, a 46-year-old cadre.

One of the cadres took the initiative to raise funds from the RT heads of toddlers who participated in the program. Each RT was willing to donate Rp10,000 per toddler participating in the Pos Gizi program from their respective areas. On certain days, some Pos Gizi experience a shortage of funds, and in these situations, the shortage of funds is covered by contributions from cadres to ensure Pos Gizi activities continue to run smoothly and meet the nutritional needs of the children involved.

"...As motivation, I ask the RTs (neighborhood leaders), for example, for those who arrive the earliest and on time, I'll buy them washing soap or dish soap, something like that, to keep them enthusiastic. I maintain this through the RT. During the implementation, I also gave door prizes to those who were the most diligent in asking questions at the end of the event... The price was 10k at that time, over a 10-day program... The issue is that there are neighborhoods that don't have toddlers." "They didn't want me to set the same

amount per neighborhood; they objected, preferring it to be per toddler, so most contributions came from RT 01. The neighborhoods without toddlers didn't participate," said A, a 44-year-old cadre.

"If something is lacking, we cadres contribute as well. We take it from our own cash... It's a little, not up to 50k, at most 20 or 25k, or even 10k, not much. If I'm not mistaken, yesterday it was above 150k per day from Wahana Visi," said S, a 46-year-old cadre.

"...And also in RW 07, the nutrition post cadre happens to be a small business owner, so she has a lot of food stocks. When we don't have enough ingredients, she supplies them," said S, a 46-year-old cadre.

"Yes, like, 'I have chicken, just use my chicken,' or 'I have eggs, just use my eggs, there are plenty'... RW 06 does something similar, but in RW 07 it's more of a joint effort for materials, whereas in RW 06 it's more funded by cadre cash," said Z, a 23-year-old field facilitator.

Most mothers under three actively attended the Nutrition Heart Program activities, reflecting a high level of engagement in the program, although there were one or two mothers under three who remained passive and less engaged. To increase participation, several strategies can be implemented, such as holding additional education sessions or interesting activities to attract passive mothers under three, as well as providing additional incentives for attendance and active participation, such as door prizes or awards, which have been done by one of the cadres at the Nutrition Heart Program²². One of the methods implemented is fundraising from the head of the neighborhood²³.

Mothers of children under three in some Nutrition Heart Programs are involved in the provision of cooking ingredients, which increases their sense of ownership and responsibility for the program. However, in some locations, time constraints and busy childcare schedules prevented mothers of children under three from being involved in the preparation of cooking ingredients. Possible solutions include forming small groups that take turns to prepare cooking ingredients, so that the burden is not concentrated on one party, as well as generating a spirit of mutual cooperation among members to support the success of the Nutrition Heart Program²⁴.

Some Nutrition Heart Programs experience a lack of funds on certain days, which can disrupt the smooth

running of activities. Shortages of funds or food ingredients are often resolved through contributions from cadres or local MSMEs' food stocks. Efforts that can be made to overcome this problem include submitting proposals for funding assistance to institutions or organizations concerned with child nutrition and health issues²⁵. In addition, fundraising activities in the community or finding local sponsors who are willing to support the program can also be a solution²⁶. Creating a reserve fund or joint cash system that can be used when there is a shortage of funds and involving more parties, such as the village government or non-profit organizations, can provide more stable and sustainable support²⁵.

Accountability

The program manager prepares accountability reports, which are then submitted to funders to uphold transparency. Cadres contribute by providing detailed reports, including receipts for food purchases, attendance records, and the quantity of food portions consumed by toddlers. These reports also incorporate anthropometric measurements to monitor the program's effects on child nutrition.

"There is reporting to Wahana Visi, like how many kilos of chicken you bought, how much money you spent, but if you report to the Wahana Visi, it has to be 150 [thousand rupiahs]," said S, a 46-year-old cadre.

"...Only attendance, the attendance list. That's it, and how much was spent on the children. So how many were there from the first day to the 10th day, and the monitoring forms," said S, a 33-year-old cadre.

"Anyway, after the activity, we are asked for a weight report, whether we met the target or not," said A, a 44-year-old cadre.

The financial reports prepared by cadres contain transparent receipts for food purchases and fund utilization, simplifying tracking and ensuring transparency. Cadres bear a significant administrative load due to the requirement to generate comprehensive reports on different program facets. Some solutions to address this include the development of simpler, standardized report formats to facilitate report completion by cadres²⁷. In addition, providing training and tools, such as digital templates, can assist cadres in preparing reports²⁸.

Cadres also report participant attendance and portions of food consumed by the toddlers, which are important for monitoring attendance and child nutrition intake. However, reports tend to focus on quantitative data such as food quantities, attendance, and anthropometric measurements, and lack qualitative

aspects such as constraints in the field or feedback from participants²⁹. A possible solution is to add a section in the report for narrative descriptions of constraints, successes, and suggestions from cadres and participants³⁰. Organizing regular reflection sessions where cadres can share experiences and feedback, which are then incorporated into the report, can also improve the quality of reporting³⁰.

Reporting of anthropometric measurements, such as weight and height, is done to ensure the achievement of child nutrition targets. Challenges often arise in ensuring that all reports are in line with the set targets. Possible solutions include holding coordination sessions between managers and cadres to discuss the targets and ensure that all parties have the same understanding of the targets³⁰.

Capacity of Local Organizations

There are no local organizations specifically involved in the Pos Gizi program. However, local community leaders such as the lurah, RT head, and RW head play an important role in the implementation of the program. They are responsible for granting permits as well as providing locations for Pos Gizi activities.

"The RW and Mrs. RW are supportive. We have also informed the neighbors that there is a nutrition post. The kelurahan facilitates the place... if it's from the RW, it's usually the place. If the place is in the hall," said S, a 46-year-old cadre.

"...Mr. RT and Mr. RW, thank God, can support it. We are supported by the place, so we implement the nutrition post in the RW hall, and with the permission of the RT too," said S, a 31-year-old cadre.

The lurah and/or RW head occasionally visited the Pos Gizi implementation site to monitor the program and encourage the mothers of toddlers. Their presence helped ensure the smooth execution of activities while also offering valuable moral support to participants. These visits reinforced community engagement and highlighted the importance of collective efforts in improving child nutrition.

"...For instance, representatives from the kelurahan only visit to observe the activities," mentioned Y, a 24-year-old field facilitator.

"There are appeals, like, thank you for being helped in this way. Please cooperate and be cohesive; RT and RW are always like that," said S, a 46-year-old cadre.

Lurah, RT heads, and RW heads play an important role in granting permits and providing locations for the implementation of the Nutrition Heart Program, which ensures the smooth running of the activities. While the involvement of community leaders in the permit and location aspects is crucial, the absence of local organizations specifically involved in the program may reduce the potential for additional support and resources from local organizations³¹. Therefore, it is necessary to identify and involve local organizations that can contribute to program implementation, both in terms of resources, support, and involvement in activities³¹. Local organizations that can be involved are women's groups, youth organizations, and religious organizations in the community³²⁻³⁴.

The presence of the village head and RW heads at Nutrition Heart Program locations provides valuable moral support and motivation to mothers of children under three, while also helping ensure the smooth running of activities. However, their participation in monitoring is often restricted to sporadic visits, which might not enable detailed feedback or meaningful contributions to program refinement. Greater engagement from community leaders could enhance program oversight and foster more impactful improvements.

To tackle this issue, it is crucial to offer guidance to community leaders regarding their roles in monitoring and evaluation, and to set up a structured schedule for visits and feedback. Moreover, engaging these leaders in routine evaluation meetings to assess program progress and develop recommendations can greatly improve program effectiveness. Such measures can also contribute to the long-term sustainability of the initiative³⁵.

Challenges and Dynamic in the Community

Challenges and dynamics encountered in the program implementation include utilizing Posyandu data for participant screening, which may lack accuracy. Geographical obstacles, like Suramadu Street, create logistical challenges and hinder access, particularly when moving children across the road to reach the Nutrition Heart Program.

"..... we primarily rely on Posyandu data. The Posyandu data is not entirely reliable, and we also receive targets from the Puskesmas.. This presents a challenge, as the operational definitions used by the Puskesmas and our team are different. We have our own theories, while the Puskesmas operates under its own standards." - said S, a 33-year-old field facilitator.

"We are limited to serving those in need, and our mistake was not conducting a thorough needs analysis first. We should have

assessed the community's needs and determined whether they realize that their children have nutritional problems. That's where the oversight lies. I'm not sure if the average participant is being informed by the cadre on how to address these issues; that's another gap. "I'm concerned that some may attend without a genuine need, failing to recognize that their child has a nutritional issue that requires a solution." - said S, a 33-year-old field facilitator.

"RW 1 also faces challenges since the area is divided into two by the Suramadu Highway. Toddlers needing assistance must be picked up by their caregiver. Additionally, RW 1 hopes for equitable distribution of targets, which creates obstacles." - said N, a 25-year-old field facilitator.

There are also challenges in motivating community members to take on volunteer roles, as they may perceive their involvement as a job rather than a communal effort. Additionally, there are difficulties in changing eating behaviors among participants, such as consuming unhealthy foods before attending Pos Gizi sessions. Furthermore, the proposed menu for Pos Gizi is considered too complicated.

"Another challenge is the lack of volunteers. Many people perceive their involvement as employment rather than community service, which has been a long-standing issue. Gradually, we want to change this mindset. Therefore, the main challenge lies in the perception that we are employing them, which complicates our efforts in community development." - said S, a 33-year-old field facilitator.

"One obstacle is that it's behaviorally difficult to change certain habits. Some participants still bring fried foods from outside. For example, they may arrive at the nutrition post at 9 a.m. after having breakfast with meatball soup, which is not nutrient-dense at all. By the time the nutrition post starts, they are already full and may not eat again." - Z, a 23-year-old field facilitator.

"Our mistake has been that the nutrition post menu is too complicated. I mentioned this to the specialist, asking whether the concept of the nutrition post was meant to direct meals towards lunch or snacks. I was told to consider the timing; if it's noon, it's lunch, and if it's 10 a.m., it's a snack. However, what's happening in practice is that participants perceive it as lunch." Consequently, for ten days straight, their weight has increased significantly because they were consuming a full lunch with the provided side dishes, which are also too complex to prepare. Moving forward, we aim to simplify the menu with easy, appealing ingredients that children will enjoy." - said S, a 33-year-old field facilitator.

Recommendation for the long-term sustainability of the Nutrition Heart Program.

The recommended strategy for ensuring long-term program sustainability is to involve local organizations. The Family Welfare Empowerment (PKK) community organization is considered relevant for this role, as one of its activities focuses on child health. Involving the PKK group to sustain the program can be achieved by adopting the seven steps of community empowerment, namely: 1) preparatory stage; 2) assessment stage; 3) alternative program planning stage; 4) action plan formalization stage; 5) implementation stage; 6) evaluation stage; and 7) termination stage³⁶.

In the initial stage, Amerta Kasih should prepare community workers, particularly PKK members, to conduct community empowerment activities within their neighborhoods. During the second stage, an assessment takes place, where PKK members analyze their communities to identify current issues (particularly nutritional concerns in toddlers) and evaluate the resources within the community. In the third stage, the PKK devises various alternative programs to tackle the identified issues, leveraging the community's capabilities. The fourth stage entails guiding the PKK in developing and finalizing the program for implementation and formalizing the plan in written form. Ideally, the plan should include an activity outline, a budget, sources of funding, and an evaluation strategy. Once formalized, the program can be implemented and later evaluated³⁶.

The funding plan devised in the fourth stage may entail seeking sponsorship from local businesses, collecting donations, and promoting crowdfunding among community members. If the PKK decides to use external funding sources, it is crucial to prepare an accountability report, detailing both the funds received and their usage. This report should be shared with all funding partners. Accountability reports enhance the trust of funders in the PKK, increasing the likelihood of continued financial support³⁶.

Throughout the empowerment activities from stages 2 to 6, Amerta Kasih plays a supporting role by acting as a mentor. The PKK should lead the idea development and implementation of all activities, with Amerta Kasih intervening only when significant challenges arise or assistance is requested. It is essential for Amerta Kasih to refrain from providing direct support in the form of funds or labor, focusing instead on offering problem-solving ideas. Once the PKK no longer faces issues in implementing the program, Amerta Kasih can gradually disengage, formally terminating the relationship with the target community³⁶.

However, there are some drawbacks to the program. Access to technology, such as smartphones, is an obstacle for participants who do not have adequate access. Print media, like flyers and posters, have not reached all participants effectively. Cadres encounter a significant administrative burden due to detailed reporting that does not fully address the qualitative aspects of the program. To address these shortcomings, some steps that can be taken include:

1. Providing alternative information media, such as guidebooks or leaflets, for participants who do not have access to technology, and ensuring a more equitable distribution of printed materials, before the program starts.
2. Developing simpler and more standardized report formats that can be monitored in real-time by managers, such as developing applications or simple digital platforms (e.g. Google Forms) for more effective data management.
3. Identify and involve local organizations for additional support and program sustainability.
4. Offer guidelines and frameworks for monitoring and evaluation, involving community leaders in the process.
5. Create comprehensive training modules for implementers in the supported locations for sustainable use.
6. Local organizations like PKK women's groups, youth organizations, and community religious groups should participate for program sustainability.

The study has several strengths that contribute to its robustness and relevance. First, it employs a qualitative method with in-depth interviews, enabling a comprehensive exploration of participants' experiences, perspectives, and contributions to the program. The use of triangulation through observation and document analysis further strengthens the validity of the findings. Secondly, the study utilizes Narayan's Four Elements of Community Empowerment as a structured and well-defined evaluation framework, ensuring clarity and focus in the analysis. Fourthly, the research successfully identifies both the well-implemented elements and those needing improvement, providing specific and actionable recommendations. Lastly, the study was conducted across ten nutrition posts supported by Amerta Kasih, enhancing the representation and breadth of the findings.

However, the study also has certain limitations. It primarily focuses on qualitative findings, with limited

exploration of quantitative data, especially concerning trends in child weight changes, determinants influencing these trends, the effectiveness of health education media, and activity methods within the nutrition post program. This approach would provide a more holistic and evidence-based evaluation of the program's impact.

CONCLUSIONS

The evaluation focuses on only four elements of community empowerment. Other relevant factors that might influence program effectiveness, such as cultural beliefs or socio-economic status, are not considered. The evaluation concluded that the Pos Gizi program uses various communication media like WhatsApp and posters to disseminate information, involving health workers and field facilitators to provide support. Most mothers of children under three actively participate in the activities, and their involvement in providing cooking ingredients supports the sustainability of the program. Community leaders such as the lurah, RT head and RW head provided critical support in terms of permits, locations, and motivation to participants. Cadres also received comprehensive training to improve their capacity in implementing the Nutrition Heart Program, including management and evaluation.

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CONFLICT OF INTEREST AND FUNDING DISCLOSURE

All authors have no conflict of interest in this article.

AUTHOR CONTRIBUTIONS

RS: conceptualization, data analysis, writing original draft, editing; GMK: conceptualization, data collection, data analysis, writing review, editing; AME and CIP: supervision, validation, writing review, editing.

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