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Implementation of Malnutrition Care Policy in Malang Municipality

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Abstract
Health is basic human right, but as public right the government still don't guarantee the health care to the poor ones in having quality health care. Health care, especially one related to malnutrition care, is very important to the growth and development of children. A malnutritioned child will lowered the quality of future human resource for development of a country, and therefore good care of nutrient to the children and peoples is very important in securing the productivity of the country in future. Therefore the research is very important to be conduted and it was employing qualitative research approach. The objectives of the research were to describes, analizes, and interprets (1) implementation of malnutrition care program in 3 (three) Work Area of UPTD (Unit Pelaksana Teknis Daerah) Puskesmas or Regional Technical Unit of Centre of People Health Care, (2) as efforts to involves the people to self sufficiently cares the malnutrition in their area. The result of the research shows that the root problems of the malnutrition in Malang Municipality were caused by several aspects such as: the coordination and program integration are still ineffective, the family income which still below the standard which make the health status become worse and lack of awareness from the people in caring of malnutrition.
Keywords : Implementation of Policy, Malnutrition

1. Introduction

Philosophy in managing health service, is health efforts which conducting by promotive approach (maintaining, increasing of health), preventive (to prevent the disease), curative (to cure the disease) and rehabilitative (health recovery) which are conducted comprehensively, integrated, dan continue. The requirements to health service are: available, comprehensive, continue, integrated, appropriate, acceptable, quality, accessible, affordable.

Health basically is one of The Human Right. This acknowledgement is stated in Undang-Undang Dasar 1945 (UUD 1945) or Constitution of 1945. Article 28 which give guarantee, “Every people has the right to live well physically and psychologically, has shelter, and get a good environment and healthy and has the right to get health care". On the responsibility of the state, Article 34 stated, "State has responsibility to provide adequate facility for health care service and public facility". On regulation which manage implementation of those constitutional mandate, which is Undang-Undang Kesehatan (Health Law) Number 23 of Year 1992 stated that, "Every people has the equal right in having optimum health level (verse 4). The Government has the responsibility to manage, mentor, and supervise in conducting health efforts (verse 6). The Government has responsibility to conduct health efforts which cover all and can be afforded by the people".

Analysis by HL Bloomm (1978) shows that the health status including of nutrition is influenced by environmental, behaviour, health service and genetic factors. The environmental factor such as physical, biological, and social has most important role in determining health and nutrition status, while factor which have significant influence are behavioural factor which related to knowledge and education which determine behaviour someone or group to behave healthy or unhealthy. Health service and genetic factor has lesser influence on determining health and nutrition status compare to both previous factors.

With the condition of health care budget which still inadequate, economic value loss because of malnutrition or the economic use which can be achieved by right intervention still on the significant value number. The loss of economic value because of nutrition problem become more tremendous if we also take account on economic value loss caused by other nutrition problem especially over nutrition problem (*Indonesia Human Development Report, 2001*).

Ahnaf (2008) said; in the urban area, almost poor category may fall into poor category by skyrocketing increase of food commodity price. By increasing of the price while the income stagnant, the people's buying power become eroded. While in the rural area, the impact of the increasing of good prices doesn't have significant impact because the commodity which the prices is skyrocketing are their own product.

Suyanto (2008), said to suppress the number of poor and malnutrition in the society, government should do more in implementing the programs which make the people has a potent to be self help.

This opinion is in accordance with Ritonga (2008), in which the people should be empowered to do productive business.

Because of the very complex causes, management of malnutrition need comprehensive cooperation

from all parties not only from the doctors and medical officers, but also the parents, families, the elders and religious leaders and of course government. The first step in management of malnutrition is overcomes the emergency which occur, followed by "frequent feeding", monitoring of diet acceptability (body's acceptance to given diet), infection management and giving stimulation. The importance of giving balanced diet, adequate calorie and protein and also the importance of education on giving the right diet according to the age of children. In the region of malnutrition endemic need to distribute the adequate food.

Posyandu (Integrated Service Post) and Puskesmas (People Health Centre) as spearhead in early detection and first health service becomes vital in avoid of malnutrition in recent time. The usage of Kartu Menuju Sehat or Toward Healthy Card and giving of additional food in Posyandu also need to be activated again. Also include the increase of immunisation coverage to avoid disease, propaganda on personal hygiene and neighbourhood. The elders and religious leader will be much effective if they are willing to help in giving education to the people, especially in overcome the habit or wrong mites in giving the food to the children. The case of malnutrition calls all the nation components to be aware, and involved in together.

Corner dan Raharjo (1993) said that, implementation of all health policy program to achieve objectives and targets are the serious problems of health development more than the policy itself. In other hand, relatively small budget on health sector and the utilization this more oriented on the efforts to cure, than preventive completing the long and complicated problem in health sector.

The occurrence of malnutrition or the lack of heavy protein energy in Malang Municipality actually can be avoided if the root of problems in the society can be identified, so that relieving of malnutrition can be conducted more basic by solving the root of problems.

It is frequent to see the policy which based on good philosophy to help the babies and the poor families not to lack of nutrition by giving Makanan Pendamping (MP) ASI or Supplement Food of Mother's Lactation. The policy is not effective yet because in its implementation the distribution of MP-ASI for free is not on target, refusal (dislike) by the people, and finally they just be stocked in warehouses or other depository places. In one of evaluation study of MP-ASI program of blended food (2004), it was found that less than 52% of the program is not on target (accepted by children between 6-11 months and poor family. The more concerned thing is only 23.8% of the categorized as on target was consumed by babies and poor families because they just dislike it. In other words, effectivity value on MP-ASI program is only 12.4% (Sofia et al., 2004). The not effective of the government program was caused by the lack of socialization of the program to the people, and the weakness on monitoring and evaluation of the program (Dinkes or Health Office 2011).

Malnutrition and less nutrition is the collective responsibility of health sector to bring back the nutrition status. But when we go into social economy corridor then it should be handled by inter-sectoral, including the people themselves which need to have strong willing to improve themselves, and not always become poor people.

Percentage of malnutrition in Malang Municipality in the end of May 2011 when the campaign of Month of Baby and Infant Scaling based on the data from Dinkes (Health Service Office) Malang Municipality is very little in which only 31 cases of malnutrition, but still become the interest of the Government of Malang Municipality.

The Government of Malang Municipality has issued Peraturan Daerah (Regional Law) Number 4 of Year 2000 on Retribusi Pelayanan Kesehatan (Health Service Retribution), as reference for Puskesmas in giving effective and efficient health service.

Other than, to overcome the malnutrition the Government of Malang Municipality by Health Service Office in coordination with other office/institution has been conducting several programs, such as case probing and tracking, giving supplement food and sending malnutrition infant to Puskesmas, Caring Puskesmas and Rumah Sakit (Hospital). But the implementation of the program still not gives optimum results to overcome the problem completely.

The problem statement for the research are: (1) How is the implementation of Malnutrition Care Program in 3 (three) Work Unit of UPTD Puskesmas i.e. UPTD Puskesmas Dinoyo, UPTD Puskesmas Mojolangu and UPTD Puskesmas Ciptomulyo, Malang Municipality?; (2) How is the efforts and local people awareness coordinated by Puskesmas in overcoming the risk of malnutrition in their area?

2. Literature Review

2.1. Definition of Public Policy

The definition of Public Policy according to some scholars is as follows:

Lasswell and Kaplan (1970), define the policy as follows; "a projected program of goals, values and practices"

Frederick (1978) "....a proposed course of action of a person, group, or goverment within a given environment providing obstacles and opportunities which the policy was proposed to utilize and overcome in an effort to reach a goal or realize an objective or a purpose"

Amara Raksasataya stated that public policy as a tactic and strategy directed to achieve an objective. Because of this, a policy has 3 (three) elements which is;(1) Identification of the objective need to be achieved;

(2) Tactic or strategy from all of steps to achieved expected objective; (3) Make available all the inputs to make possible the real implementation of the tactic and strategy.

J.E. Anderson (1979) "A purposive course of action followed by an actor or set of actors in dealing with a problem or matter of cancern". Implication of state policy are: (1) always has certain objective or as an action which oriented on the objective; (2) contains of actions or action patterns of governmental officer, (3) something which really done by the government; (4) can be positive in nature means that as a form of government action on a certain problem or in negative one – means; as a decision from government not to do something, and (5) in conducting an action always based on the law and have attribute to enforce (authoritative).

Jenkins (1997) define : " a set of interrelated decisions taken by a political actor or group of actors concerning the selection of goals and the means of achieving them within a spesified situation where these decisions should in principle be within the power of these actors to achieve".

Islamy (1998) the public policy is "Set of action which set and implemented or not to be implemented by the government which has objectives or oriented on certain objective for the interest of all people". Public policy has implication in which the state policy (1) in the first form are the determination of government actions (2) it is not enough to be said but need to be implemented in the real form (3) to do something or not to do something is having and based on certain motives and objectives (4) always directed to interest of all society members. More clearly that the task of public administrator is not only to make the public policy *"in the name of"* public interest but really has the objectives to solve the problem and fulfil the desire and demand of all the member of society (Islamy, 2003).

2.2. Concept and implementation of public policy

Van Meter and Van Horn (1975) formulated implementation process as "those actions by public or private individuals (or groups) that are directed at the achievement of objectives set forth in prior policy decisions"

Later Mazmanian and Sabatier (1983), have formulated the implementation process of state policy more detail, in which;"Implementation is the carrying out of a basic policy decision, usually incorporated in a statute but which can also take the form of important executive orders or court decisions. Ideally, that decision identifies the problem(s) to be addressed, stipulates the objective(s) to be pursued, and, in a variety of ways, "structures" the implementation process. The process normally runs through a number of stages beginning with passage of the basic statute, followed by the policy outputs (decisions) of the implementing agencies, the compliance of target groups with bthose decisions, the actual impacts --- both intended and unintended --- of those outputs, the perceived impacts of agency decisions, and, finally, important revisions (or attempted revisions) in the basic statute".

Lane (1995), "implementation is characterized by a problematic structure", The implementation has two aspect in which "the relation between the objectives and the impacts from perspective of responsibility" and "the process which bring or lead the policy toward the effect from the angle of believing". Concept of implementation consists of (3) three activities which are: (a) the goal function; (b) the causal function; and (c) the accomplishment. In reality, these three functions are facing several difficulties either related to effectivity of the implementation, relationship between the way and objectives and also the variation of actor's perception involved in implementation process. Actor perception involved in the process of formulation is familiar with effectivity, way or objective related on the implementation may be event negated each other, which caused by the asymmetric relationship between policy maker and policy implementer.

Implementation which is always viewed as the main responsibility of bureaucracy which in practice they able to understand the essence of implemented policy, the interest of their clients, their own interest (bureaucracy and bureaucrat) and also the other parties which has the interest because the implementation i not only the function of bureaucracy but also the other public organizations, private or other actors (Levine *et al*, 1990).

Islamy (1998) stated that the readiness of implementation agents in implemented a policy also has dependencies to the adequate resources such as 1) Human Resources, financial resources, technological resources, and also phsicological resources.

Van Meter and Van Horn, (1975) formulated the implementation process as "those actions by public or private individuals (or groups) that are directed at the achievement of objectives set forth in prior policy decisions".

Implementation process of policy is not only related to behaviour of administrative bodies responsible to implement the program and create the obedience on target group, but also related to the network of political powers, social economy which are directly or indirectly able to influence the behaviour of all involves parties, and finally influence on either the intended good impact and unintended/negative effects. Therefore the implementation of policy which is intended to understand what was happened after a program was formulated, and what was arise from those policy program. Besides, policy implementation is not only related to administrative problems, but also examines environmental factors which influence the process of implementation

of policy.

The Implementation Analysis Frame (Mazmanian and Paul A. Sabatier, 1983 in Abdul Wahab, 2002) identify the aspects which influence achievement of formal objectives on the whole implementation process which is classified in three big categories in which (1) The easiness of the controlled problems, (2) Capability of the policy to structure implementation process, (3) Aspect outside policy which influence implementation process.

Aside of the three (3) aspects above, some aspects which also influence are: 1) output or decision from the implementation board, 2) the willing of group in obeying the policy, 3) real impact of decision from implementation board, 4) perception to the impact of those decisions, 5) evaluation of political system to the regulations, either on basic improvement or efforts to implement improvement in the loads and contents.

2.3. Malnutrition

The examinations of nutrition status are two types

1. Direct Measurement, consist of: Anthropomentri (scaling of body weight, measuring of body height, circle of upper arm and thickness of body fat), biochemistry (laboratory to examine specimen of body tissue: blood, urine, feces, liver and tissues), clinic (examine the tissue of ephytel: skin, eyes, hair and mucosa oral), biophysics (capability, function and changes structural tissue).
2. Indirect Measurement, consists of: consumption survey, vital statistic, ecology factor intended to analyze and predict the external factor in one case of low nutrition.

The examination of nutrition status for the age > 18 year using Mass Body Index with formulation: MBI = Body Weight (kg) / Height (m^2). Normal value of MBI for male is 20.1 – 25.0 and for female 18,7 – 23,8 if lower than the smallest value then it is categorized as malnutrition, if higher than the biggest value then it is categorized as over nutrition.

The assessment for nutrition status for infant and children under 5 year based on the Kartu Menuju Sehat (KMS) or Toward Healthy Card which was in accordance with WHO in which the red-curve become line indication of warning on the grows of the children viewed from weight to age. If the point of assessment of nutrition status above the red curves then the children is in good nutrition, while under the red-curve means the children need to be examined further.

The problem of malnutrition in Indonesia are: Inadequate Protein Energy which caused by deficiency of general energy source food and protein source, deficiency of Vitamin A caused by low consumption of vegetables and fruits which is the premier source of vitamin, Anemia of Iron Nutrition which is caused by low consumption of meat food and dark green.

Arnelia (2007), the Nutritionist in Pusat Penelitian dan Pengembangan (Puslitbang) Gizi dan Makanan (Centre of Research and Development of Nutrition and Food) Bogor, stated that the children with malnutrition still occur and never disappeared as long as the root of problems is not solved. The malnutrition on children is not always caused by deficiency of nutrition intake. The lack of knowledge of family nutrition is very influence the occurrence of malnutrition cases.

According to UNICEF (2005), the malnutrition problem is much related to other social condition, such as agriculture, economy, job opportunity, culture and event political. There are 2 (two) causing factors of malnutrition, which are; first, intake of nutrition (from food) which low and; second, there is disease of infection. Both this direct causes are influenced by 3 (three) factors which become indirect cause, which are; firstly, low availability of family food; second, health behaviour (including raising pattern/caring of mother and children) which is not right and; third, low health service and bad/unhealthy environment. These three factors are converged on poverty and illiterate, which is direct impact from non conducive political and economy policy.

Based on the criteria of World Health Organization (WHO, 2008), the case of low nutrition and malnutrition is categorized high. The condition has impact on the quality of human resources. The malnutrition causes the decrease of productivity between 20 until 30 percent. Children which experience malnutrition will short, has disturbance in growth and brain development, make the level of intellectual become low.

2.4. Concept and indicator of poverty

Several health cases which occur include malnutrition in most cases is only the impact of the other problems which is poverty and education. Poverty makes the people unable to feed their children with good food from quality and quantity side. Meanwhile, the lacks of nutritional knowledge make the people don't understand the need of nutrition for their children.

Poverty Reduction Program can be viewed as one key to minimalize the problem of malnutrition. In accordance, the lack of understanding of the parents to give the food which proper to their child also needs to be improved (Soekirman, 2007).

Jegouzo and Brangeon, (1995) stated that poverty has multiple faces, including low income and productive resource which guarantee long live, hunger and malnutrition, low level of education, limited and lack

of access to education and other primary services, unnatural condition and dead from ever increase disease, homeless live and inadequate settlement, unsafe environment and discrimination and social drawback. Poverty is also characterized by low participation in drawing the decision and in civil live, social and culture.

Gunawan Sumodiningrat (1997), stated that generally the poor people was signed by underpowered/unable in the (1) fulfilling basic need; (2) conducting productive entrepreneurship activity; (3) reach to access the social and economy resources; (4) deciding their own destiny and always getting discriminative treatment, apathy and fatalistic and; (5) unable to free himself from the mentality and culture of the poor and always has low pride and dignity.

The approach used by Badan Pusat Statistik (BPS) (Central Statistics Bureau) to determine the poor people is basic needs approach, in which the poverty was defined as inability in fulfilling basic need of food and non-food. The indicator used is *Head Count Indeks* (HCI) in which amount and percentage of poor people under the line of poverty. The poverty line is determined based on average spending for food and non-food.

BAPPENAS (2004), defined the poverty as condition in which someone or group of people, male and female, unable to fulfil their basic right to survive and develop their dignity life. Basic rights of rural people are, fulfilling the need of food, health, education, job, housing, clean water, land, natural resources, feeling safe from violence treatment or threat and right to participate on social politic life, either for female or male. To realize the basic need of the poor people, BAPPENAS (National Development Board) use some main approaches which are; basic needs approach, income approach, human capability approach and objective and subjective.

From these approaches, the main indicator of poverty could be seen from; (1) lack of food, and inadequate clothes and housing; (2) limited land ownership and productive equipment; (3) lack of ability to read and write; (4) lack of life guarantee and welfare; (5) vulnerability and low condition in social and economy side; (6) inability or low bargaining position; and (7) access to knowledge is limited.

From several definition above, the main indicator of poverty are; (1) limited amount and quality of food; (2) limited access and low quality of health service; (3) limited access and low quality of education; (4) limited job and entrepreneur's opportunity; (5) low protection for enterprises assets, and salary difference; (6) limited access to housing service and sanitation; (7) limited access on clean water; (8) low ownership and tenure of land; (9) deteriorated condition of environment and natural resources; (10) low guarantee of safety; (11) low participation; (12) huge population load caused by huge family burden; (13) bad governance which caused inefficiency and infectivity in public service, spread of corruption and low social insurance to the people.

According to World Bank (2003), the causing factor of poverty are: (1) failure of capital owner especially land and capital; (2) limited availability of basic need, facility and infrastructure; (3) development policy which biased on urban and sectors; (4) there are some differences between member of society and unsupported system; (5) there are some difference on human resources and difference on economy sector (traditional economy versus modern economy); (6) low productivity and level of share formation in the people; (7) lifestyle which related to the ability of someone to manage natural resources and environment; (8) good governance is not implemented; (9) management of excessive natural resources and don't have environmental perspective.

According to World Bank the main indicator of poverty is limited ownership of land and capital, limited needed facility and infrastructure, urban biased development, difference in opportunity between member of society, different of human resources and economy sector, low productivity, bad lifestyle, bad governance, and excessive exploitation of natural resources.

2.5. Strategy in Solving Poverty

Some strategies need to be implemented to overcome the poverty, Firstly, because the poverty has multidimensional character, so that the program of poverty reduction should be not only prioritize on economical aspect itself but also show another dimension. Secondly, increasing of basic ability of the people to increase their income by doing health improvement and education, increasing of entrepreneurial skills, technology, wide spreading of job *networking*, and market information. Thirdly, involve the poor people in all of process of poverty reduction, start from planning, implementation, monitoring, and evaluation, even on the process of decision making. Fourthly, empowerment strategy.

Ginandjar Kartasasmita (1996) stated that efforts in empowering of peoples at least need to do by three ways, in which (1) create the situation or climate which make able for development of people potent (2) strengthen the potent owned by people, and (3) protecting.

2.6. Puskesmas as peoples' empowerment agent in health sector

The vision of Department of Health is: “Self-sufficient Society to Live Healthy”. In making true of the vision, the mission of Department of Health is; ”Make the People to be Healthy”. In this issue, Department of Health should be able to be prime mover and facilitator of health development conducted by government together with the people and private venture, to make people healthy, either physically, socially, or mentally (Depkes, 2006).

Puskesmas as health service unit which institutionally has big authority in creating innovation on health service model in basic term. The functions of Puskesmas consists of 3 (three) thing; 1) as centre of prime mover for development by healthy perspective; 2) centre of people empowerment and family in developing of health, and; 3) centre of health service in first level. (Maya Syahria 2007).

Function and role of Puskesmas as health institution which reach people in remote area need strategy in the people organization to be involved in administration of health service self-sufficiently.

3. Methods and Location of Research

The type of research is descriptive with qualitative approach, the source of data which is: key informants, events and documents analysed by referred to the steps explained by Miles and Huberman (1992) which consists of 3 (three) steps which are: *data reduction*, *data display* and drawing of conclusion or verification.

The research was conducted in 3 (three) Work Area of Puskesmas in Malang Municipality, East Java which conducting malnutrition relieving program which are; UPTD Puskesmas Dinoyo, UPTD Puskesmas Mojolangu and UPTD Puskesmas Ciptomulyo.

4. Results of Research and Discussion

4.1. Malnutrition caring program in 3 (three) work area of UPTD Puskesmas, i.e. UPTD Puskesmas Dinoyo, UPTD Puskesmas Mojolangu and UPTD Puskesmas Ciptomulyo, Malang Municipality.

Three root problem of malnutrition problem area: (a) children is not having enough food intake because of incapacity of family economy (poverty); (b) children is not having enough food intake because lack of knowledge of the family on nutrition; and (c) there are disease on the children.

Program of malnutrition relieve in Malang Municipality is based on the Guidance of Pedoman Penanggulangan Energi Protein (KEP) (Relieving of Protein Energy) which issued by Health Office East Java Province of Year 2001 which is: Monitoring of Children under Five Year Growth and transfer of care to Puskesmas and Hospital, giving PMT to all infant ages 6-11 months old in Malang Municipality specially from poor family, giving of PMT to under malnutrition of poor family of five year old children, comprehensive nutrition package for pregnant mum, education on nutrition to the people, giving aid of fund on empowerment of malnutrition family, advocating to stakeholder (executive and legislative), Making better of the coordination of inter-sectoral by Tim Kewaspadan Pangan dan Gizi (KPG) (Food and Nutrition Awareness Team) forum, conducting capacity building of KPG Team of Malang Municipality, conducting training on "Management of Malnutrition" and its relieving. Increase and develop nutrition education to the people, conducting liaison on malnutrition by midwives in every kelurahan (village) and limited aid on operational facilities of Posyandu and give stepped technical facilitation, inter-sectoral activities.

The relieving steps which were conducted by Health Office and Puskesmas are:

1. Giving of Supplement Food - ASI for under 5 years old malnutrition children aged between 6-11 months in the form of milk porridge and 12 months to 2 years old in biscuit.
2. Giving PMT-Pemulihan (supplement food for rehabilitation) for the children above 6 months old with formula milk.
3. Issued transfer of care to Puskesmas and Hospital to get relieving of nutrition and the disease.

Government of Malang Municipality still cannot conduct the optimum steps in caring of malnutrition, which is: 1) Doing inter-sectoral coordination especially on overcome the poverty problem; 2) Increase health information session by involving all the health officer, Posyandu cadre, Pendidikan Kesejahteraan Keluarga (PKK) (Family Wealth Education), etc; 3) Increasing of giving additional foot to under 5 years old children with low nutrition and malnutrition. Beside Posyandu cadre always changed without get proper training. Ability in counselling and nutritional explaining is very limited, capability of Puskesmas is dropping since economic crisis, funding and operational facility of Posyandu is very much drop, there is no support from stakeholder in regional level (Village and Sub-district), there is no Standard Operating Procedure (SOP), the monitoring is not optimal yet, Posyandu is not active.

The hampering factor faced by the region (Malang Municipality) in increasing of service quality in 15 (fifteen) UPTD Puskesmas are: 1) Ability of regional budget is limited, 2) Implementation of Puskesmas program as an integral part of the whole health development is not optimal yet, 3) Management of Puskesmas activity which is used to be centralistic, make it not easy to them to conduct their activity themselves, 4) Puskesmas doesn't have enough authority to make use the available opportunity, 5) The welfare of employee is low and have influence to their motivation in conducting their task in Puskesmas, 6) Puskesmas is not ready in facing the globalization era in the future.

Based on the experience and the problem above, then Malang Municipality have conducted the activity in-depth on the concept of public service which is Non Profit Public Enterprise. The base of thinking in development of the concepts that Puskesmas still to be spearheading of primary health service which focussed on Upaya Kesehatan Masyarakat (UKM) (People Health Efforts) but need to be given opportunity

on Upaya Kesehatan Perorangan (UKP) (Personal Health Efforts). And then Puskesmas is not to be directed to be small hospitals, and always to be object of policies which in many times become the heavy burden for he Puskesmas it self. But Puskesmas is given autonomy in managing the resources they have and responsibility to increase service quality.

Malang Municipality is using jargons self-funding, self-management and self-sufficient Puskesmas, which be used is self-sufficient of Puskesmas. Some reasons which could be expressed in general: the usage of the 3 (three) jargons will be give advantages in determining health service in the future, but contrary event it will limit the Health Office to give advocating with others stokeholder. Specially 1) development of Puskesmas will be still to be public service provider with non profit oriented principle, 2) main focus is basic services, 3) still need subsidy either for operational or investation, 4) given autonomy and responsibility to increased quality of health service.

Some steps taken to realized the self-sufficient Puskesmas consists of a) problem identification, conducting activity such as peoples expectation survey on Puskesmas service, survey on willing and ability to pay from the people, comparative study/benchmarking, analysis of resources need (employee, budget, equipment) b) problem solving, c) preparing of self-sufficient indicator draft, d) conducting test of instrument in some Puskesmas, e) revision of instrument, f) implementation, g) monitoring and h) self-sufficient evaluation.

In developing self-sufficiency in Malang Municipality, it has been determined self-sufficient typology with 3 (three) type of self-sufficiency which basic self-sufficiency, midlle self-sufficiency, and pirmary self-sufficient. As benchmark in developing of self-sufficient Puskesmas in Malang Municipality consists of 1) type of Puskesmas (Puskesmas with caring unit and non caring unit), 2) budget management of Puskesmas, 3) human resources management, 4) management and quality assurance of Puskesmas and 5) ability to pay from the people.
Some problems related to implementation and assessment on the self-sufficient state of Puskesmas,:

1. The understanding of self-sufficient concept of Puskesmas by all of employer either in Health Office and Puskesmas
2. Assessment which was conducted still not objective one.
3. Limited budget to fulfil the need of increasing of needed resources, either quantitatively or qualitatively.
4. Low acknowledgement and commitment on the advantages of health advantages from the holder of policy maker of inter-sector in all level.

4.2 Efforts and awareness of local people coordinated by Puskesmas in relieving of malnutrition risk

Organization of people become process to build community power by involving of society member as many as possible by finding social capital, problematic, statement of problem solving alternative in the health and develop democratic social institution, based on aspiration, willing, power, and potency which grow in the community. The objectives of organization of the community in revitalize the Puskesmas role are as follows:

1) Develop community power
2) Strengthen power of community base
3) Develop alliance

In the development of community base health, form of cooperation need to be developed, the society need to be considered as subject not object, so that make the people become more able and knows their right and obligation. The role of inter-sector which expected to have function of mentoring role on the society involvement in health sector especially to make nutritional program can be conducted well are: PKK, Bapermas (Badan Permusyawaratan Masyarakat/ Society Consultative Board), BBMKP, Social Welfare Office, Perindag (Industry and Trade office), BKKBN (Badan Koordinasi Keluarga Berencana Nasional/National Family Planning Coordination Board), Pemda (Local Government)

From the proposal of action and function of Puskesmas, it is obvious that Puskesmas real is not only on technical medical problems but also how the skills of human resources able to organized social model in the community. Function and role of Puskesmas as health institutions which reach the people in remote area need strategy in organization of people to involve in management of health self-sufficiently.

Puskesmas as a organization unit which give service as whole and integrated to the people in their work area in form of basic health efforts, Puskesmas has authority and responsibility to maintain people health in their work area which consist of one sub-district and fitted to the need. The maximum area which still effective in rural area is an area in radius of 5 km, while optimum area is in radius of 3 km. For an area with bigger one, it needs to have Puskesmas Pembantu (Auxiliary Puskesmas) which conduct activity in simpler health service. The health service in Puskesmas is currative, preventive, promotive and rehabilitative. It serves individual, family, and people as whole, woman and man, infant, children, adult, and senior citizen.

Strategy in implement program of relieving malnutrition in Malang Municipality are by revitalization of Posyandu to support the monitoring of under five year old children growth. In their role, Posyandu is huge social modal and could change the world if can be managed and run well.

Posyandu at the beginning is a organisatione of service in preventing disease and family planning for

fertile marital spouse and the children under five years olds. Posyandu is expected to be established and developed as a awareness and effort of the people itself, or social participation from every community in the village. In the planning, activity of Posyandu will be conducted by member of PKK in village level under coordination of headmaster spouse. Posyandu also, in reality, become one of activity of LKMD (Lembaga Ketahanan Masyarakat Desa/ Village People Sustainability Board).

In the recent time, from more than 250.000 Posyandu in Indonesia, it is only 40% of them still active (Depkes RI, 2008). Meanwhile Posyandu in Malang Municipality which amounted for 638 posyandu and in 3 area of research which is in area of UPTD Puskesmas Dinoyo = 40 Posyandu, UPTD Puskesmas Mojolangu = 31 posyandu, and UPTD Puskesmas Ciptomulyo = 45 Posyandu.

The objective of development of Posyandu is in line with development objective of health, which is:

1. To accelerate the lowering of infant and under five year old children mortality rate and natality number.
2. To accelerate the acceptance of Norma Keluarga Kecil Bahagia dan Sejahtera (NKKBS) or Happy and Wealthy Small Family Norm.

The flourishing of peoples activities in supporting of people health is in accordance with need and it capability.

Efforts and awareness of local people coordinated by Puskesmas in relieving of malnutrition risk is related to two things; responsibility from the people and obligation of Government of Malang Municipality. Posyandu revitalization program is conducted by using togetherness principle and equal participation, transparency, accountability dan sustainability.

5. Conclusion

Implementation of Malnutrition Caring Program in 3 (three) Work Unit of UPTD Puskesmas i.e. UPTD Puskesmas Dinoyo, UPTD Puskesmas Mojolangu and UPTD Puskesmas Ciptomulyo, Malang Municipality are. 1) not so good in coordination and integrity of the program; 2) instrument and resources are limited; 3) service from Puskesmas and Posyandu is not in good quality yet; 4) Limited Budget for Program because little fund allocation from APBD.

The peoples efforts and awareness of local people which coordinated by Puskesmas in overcome the risk of malnutrition in their area thru private venture participation, NGO, and the people are not run well because lack of people involvement.

Because so many problems in implementing the malnutrition care policy in Malang Municipality, therefore, the future research on this area needs to be focused on the efforts to overcome the malnutrition case in more comprehensively manner by correlating with other governmental bodies in order to have comprehensive care of malnutrition, inter sectoral programs to overcome the malnutrition problem since the root causes are beyond the capacity of UPTD Puskesmas and Health Office.

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