

# **IMPLEMENTASI PROGRAM PEMBERIAN MAKANAN TAMBAHAN (PMT) BERBAHAN PANGAN LOKAL PADA BALITA GIZI KURANG DI WILAYAH KERJA PUSKESMAS SRANDAKAN**

Nadia Amita Rahmadani<sup>1</sup>, Susilo Wirawan<sup>2</sup>, Muhammad Primiaji Rialihanto<sup>3</sup>  
Jurusan Gizi Poltekkes Kemenkes Yogyakarta  
Jl. Tatabumi No.3 Banyuraden, Gamping, Sleman, Yogyakarta, Indonesia  
Email : [nadiaamita02@gmail.com](mailto:nadiaamita02@gmail.com)

## **ABSTRAK**

**Latar Belakang :** Kesehatan dan status gizi anak merupakan indikator utama keberhasilan pembangunan bangsa. Masalah gizi pada balita (usia 0–59 bulan) menjadi isu penting, terutama gizi kurang yang masih banyak ditemukan. Berdasarkan studi pendahuluan di Dinas Kesehatan Kabupaten Bantul, prevalensi balita gizi kurang tertinggi terdapat di wilayah kerja Puskesmas Srandakan. Sebagai upaya perbaikan, pemerintah melaksanakan program Pemberian Makanan Tambahan (PMT) berbahan pangan lokal. Namun, pelaksanaan program ini masih menghadapi beberapa kendala sehingga diperlukan penelitian mengenai implementasinya.

**Tujuan :** Mengetahui implementasi program Pemberian Makanan Tambahan (PMT) berbahan pangan lokal pada balita gizi kurang di wilayah kerja Puskesmas Srandakan

**Metode :** Penelitian ini menggunakan pendekatan kualitatif dengan penentuan sampel menggunakan *purposive sampling*. Teknik pengumpulan data dilakukan dengan wawancara mendalam, observasi, dan dokumentasi.

**Hasil :** Komponen input meliputi sumber daya manusia (dokter, ahli gizi, kader posyandu), dana dari BOK, dana desa, dan kas kader, sarana prasarana pendukung, serta bahan pangan lokal hasil kerja sama dengan kelompok wanita tani. Komponen proses mencakup perencanaan melalui rapat koordinasi dengan pihak internal dan eksternal puskesmas; pengorganisasian berdasarkan pembagian tugas antara ahli gizi sebagai pengawas sekaligus pelaksana dan kader posyandu sebagai pelaksana lapangan; pelaksanaan berupa pendistribusian PMT dan edukasi gizi; serta pengawasan dilakukan langsung dan melalui grup WhatsApp. Cakupan penerimaan PMT mencapai 100%, namun peningkatan status gizi belum dapat dievaluasi karena program masih berjalan.

**Kesimpulan :** Implementasi PMT telah sesuai petunjuk teknis PMT 2025, meski terkendala pada penentuan sasaran akibat penolakan sebagian ibu balita.

**Kata Kunci:** PMT, Pangan Lokal, Balita, Gizi Kurang, Srandakan

# IMPLEMENTATION OF THE SUPPLEMENTARY FEEDING PROGRAM USING LOCAL FOOD INGREDIENTS FOR WASTED TODDLERS IN THE WORKING AREA OF SRANDAKAN PUBLIC HEALTH CENTER

Nadia Amita Rahmadani<sup>1</sup>, Susilo Wirawan<sup>2</sup>, Muhammad Primiaji Rialihanto<sup>3</sup>  
Jurusan Gizi Poltekkes Kemenkes Yogyakarta  
Jl. Tatabumi No.3 Banyuraden, Gamping, Sleman, Yogyakarta, Indonesia  
Email : [nadiaamita02@gmail.com](mailto:nadiaamita02@gmail.com)

## ABSTRACT

**Background:** Child health and nutritional status are vital indicators of national development. Malnutrition in toddlers (0–59 months) remains a significant issue. A preliminary study by the Bantul District Health Office showed that the Srandakan Community Health Center area had the highest prevalence of undernourished toddlers. To address this, the government introduced a local-food–based Supplementary Feeding Program (PMT), but its implementation still encounters various challenges, highlighting the need for further research.

**Objective:** To determine the implementation of the Supplementary Feeding Program (PMT) using local food ingredients for malnourished toddlers in the working area of the Srandakan Community Health Center.

**Method:** This study employed a qualitative approach with purposive sampling. Data were collected through in-depth interviews, observation, and documentation.

**Results:** Input components include human resources (doctors, nutritionists, posyandu cadres), funds from the BOK, village funds, and cadre funds, supporting infrastructure, and local foodstuffs produced in collaboration with women's farming groups. Process components include planning through coordination meetings with internal and external parties of the health center; organization based on the division of tasks between nutritionists as supervisors and implementers and posyandu cadres as field implementers; implementation in the form of PMT distribution and nutrition education; and supervision carried out directly and through WhatsApp groups. PMT coverage reached 100%, but improvements in nutritional status could not yet be evaluated because the program is still ongoing.

**Conclusion:** The implementation of PMT has been in accordance with the PMT 2025 technical guidelines, despite obstacles in determining targets due to the refusal of some mothers of toddlers.

**Keywords:** Supplementation Feeding Program, Local Foods, Toddlers, Wasting, Srandakan