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Managerial Performance In Managing The Local Supplementary Feeding (PMT) Program For Pregnant Women With Chronic Energy Deficiency (CED) Funded By The Operational Assistance Fund (BOK): A Case Study At Margojadi Inpatient Community Health Center

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Abstract

This study aims to analyze managerial performance in implementing the Local Supplementary Feeding (PMT) Program for pregnant women with Chronic Energy Deficiency (CED), funded by the Health Operational Assistance Fund (BOK) at Margojadi Inpatient Public Health Center. A qualitative approach with a case study design was employed. Data were collected through in-depth interviews, observation, and documentation involving purposively selected informants and analyzed using George R. Terry's management functions: planning, organizing, actuating, and controlling. The findings indicate that all four management functions have been implemented but remain less than optimal. Planning is constrained by budget limitations and changes in target beneficiaries, while supervision is affected by limited personnel, wide service areas, and high workloads. Supporting factors include leadership commitment, the involvement of healthcare workers and community health volunteers, and the availability of program guidelines. Meanwhile, barriers include coordination, resource limitations, budget constraints, and low compliance among some beneficiaries. The study concludes that managerial performance should be strengthened through improved coordination, optimized BOK utilization, enhanced human resources, and regular monitoring and evaluation. It is recommended that the health center improve program management to ensure more effective, efficient, and targeted implementation of the Local Supplementary Feeding Program.

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Keywords: managerial performance, Local Supplementary Feeding, pregnant women with CED, BOK Fund, management functions.

INTRODUCTION

Government performance represents an important form of public accountability and continues to receive considerable attention because it reflects the extent to which public organizations are able to provide effective services and achieve development objectives. High-quality performance is not limited to financial achievements but also encompasses the successful implementation of programs that generate tangible benefits for society. Within the health service sector, managerial performance is particularly important because the success of a program depends not only on the availability of financial and human resources but also on the ability of managers to formulate plans, organize resources, implement activities, and conduct systematic supervision (Qomah et al., 2026).

One of the health programs requiring effective management is the Local Supplementary Feeding Program (Program Pemberian Makanan Tambahan/PMT Lokal) for pregnant women experiencing Chronic Energy Deficiency (CED). The program constitutes a nutritional intervention intended to improve the intake of energy and essential nutrients among pregnant women, support maternal nutritional status, and reduce potential health risks affecting both mothers and fetuses. Pregnant women with CED represent a vulnerable group that may face greater risks during pregnancy and childbirth and may subsequently contribute to adverse birth outcomes and impaired child growth. Therefore, the appropriate and targeted implementation of the Local PMT Program is essential as part of broader efforts to improve maternal nutrition and prevent nutritional problems during pregnancy (Setyawati et al., 2024).

At the primary healthcare level, the implementation of the Local PMT Program is supported through Health Operational Assistance (Bantuan Operasional Kesehatan/BOK) funds. These funds serve as a government financing mechanism to support health activities, particularly those related to promotive and preventive services. Effective management of BOK funds requires adequate managerial capacity to ensure that financial allocations correspond with program needs, activities are implemented according to established plans, and expenditures can be properly accounted for. Consequently, the effectiveness of BOK utilization in supporting the Local PMT Program is closely associated with the quality of program management within primary healthcare facilities (Mukhra & Suganda, 2026).

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This issue can be observed in the implementation of the Local PMT Program for pregnant women with CED at the Margojadi Inpatient Community Health Center. Data from 2023 to 2025 indicate a discrepancy between the number of targeted beneficiaries, program achievements, and the actual number of beneficiaries receiving Local PMT. In 2023, the program identified 37 targets, with 10 recorded achievements and no reported realization. In 2024, there were 36 targets, 16 achievements, and only one actual recipient. Meanwhile, in 2025, the number of targets decreased to 20, with 15 achievements and seven actual recipients. These figures demonstrate that program implementation has not yet fully achieved the established targets, while the utilization of BOK funds has also remained less than optimal.

The discrepancy between program targets, identified cases, and actual PMT recipients suggests that the challenges extend beyond program outcomes and are also associated with the managerial processes underlying implementation. Several issues have been identified, including weaknesses in target planning, limited coordination among personnel, insufficient monitoring and evaluation, and administrative constraints in managing BOK funds. If these issues are not addressed appropriately, the primary objective of the Local PMT Program, namely improving the nutritional status of pregnant women with CED, may not be achieved to its full potential. This situation highlights the importance of examining program implementation not merely from the perspective of final outcomes but also through the managerial processes that determine how the program is planned and executed.

From a management perspective, George R. Terry's framework emphasizes four fundamental management functions: planning, organizing, actuating, and controlling (POAC). Planning involves determining program objectives, activities, resource requirements, and budgets; organizing concerns the distribution of responsibilities, tasks, and coordination among personnel; actuating refers to directing and mobilizing available resources to implement planned activities; while controlling encompasses monitoring, evaluation, and corrective actions. This framework is relevant for examining managerial performance in the Local PMT Program because it provides an integrated perspective for assessing how program resources and activities are managed from the initial planning stage through evaluation.

Previous studies concerning supplementary feeding programs have generally focused on the effectiveness of nutritional interventions, including changes in maternal nutritional status, weight gain, mid-upper arm circumference, and overall program outcomes. Research on BOK management has likewise identified several implementation challenges, including delays in fund

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disbursement, inadequate coordination among institutions, and less-than-optimal achievement of health indicators. Nevertheless, studies specifically examining managerial performance in the implementation of the Local PMT Program for pregnant women with CED by integrating the four management functions planning, organizing, actuating, and controlling with BOK fund management at the community health center level remain limited (Siregar et al., 2025).

This limitation constitutes the research gap addressed by the present study. Unlike previous research that has predominantly emphasized nutritional outcomes and program indicators, this study places managerial performance at the center of the analysis to understand how the Local PMT Program for pregnant women with CED, supported by BOK funds, is managed from planning through supervision. The study also examines the supporting and inhibiting factors affecting implementation, including human resources, financial resources, supporting facilities, managerial support, participation of health cadres and beneficiaries, and administrative challenges. Accordingly, the study provides a distinct contribution by applying George R. Terry's management framework to examine the implementation of a nutrition intervention program within the specific context of the Margojadi Inpatient Community Health Center (Halimatusyaadiah et al., 2026).

Based on these circumstances, this study aims to analyze managerial performance in the implementation of the Local PMT Program for pregnant women with CED financed through BOK funds at the Margojadi Inpatient Community Health Center. More specifically, the study examines the implementation of the planning, organizing, actuating, and controlling functions; identifies factors that facilitate or hinder program implementation; and formulates efforts to strengthen managerial performance. The findings are expected to contribute to the development of health management research while providing practical input for community health centers and relevant policymakers in improving the effectiveness, efficiency, accountability, and targeting of the Local PMT Program for pregnant women with CED.

LITERATUR REVIEW

Managerial Performance

Managerial performance describes the ability of managers to utilize organizational resources and coordinate activities in order to achieve predetermined objectives effectively and efficiently. In public health organizations, managerial performance is reflected not only in the achievement of program targets but also in the ability to plan, organize, direct, and supervise

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program activities. In this study, managerial performance is based on George R. Terry's management concept, which views management as a systematic process consisting of planning, organizing, actuating, and controlling (Martini et al., 2020). These four functions are interrelated and collectively determine the effectiveness of organizational activities.

The planning function involves determining program objectives, identifying beneficiaries, preparing activities, estimating resource requirements, and allocating the necessary budget. Organizing refers to the distribution of duties, authority, and responsibilities among personnel involved in program implementation (Widiastuti et al., 2020). Actuating emphasizes the process of directing, motivating, and coordinating personnel so that planned activities can be implemented appropriately. Meanwhile, controlling involves monitoring and evaluating program implementation to identify deviations and determine corrective actions. In the Local Supplementary Feeding Program, these functions are important because implementation requires coordination among health center managers, nutrition officers, midwives, administrators, and other personnel (Geelmaale, 2019).

Therefore, managerial performance in this study is reflected in the extent to which the four POAC functions are implemented effectively in managing the Local Supplementary Feeding Program for pregnant women with Chronic Energy Deficiency (CED) (Haninun et al., 2024). Good managerial performance is expected to ensure that program planning corresponds to actual needs, responsibilities are clearly distributed, implementation is properly directed, and activities are continuously monitored. Effective management can consequently support the appropriate utilization of resources and improve the achievement of program objectives (Khairudin et al., 2016).

Pregnant Women with Chronic Energy Deficiency (CED)

Chronic Energy Deficiency is a nutritional condition associated with prolonged inadequate energy and nutrient intake compared with the body's requirements. During pregnancy, nutritional needs increase because nutrients are required not only to maintain maternal health but also to support fetal growth, placental development, and other physiological changes. Pregnant women whose nutritional intake is insufficient over an extended period may experience reduced nutritional reserves and become more vulnerable to health problems. In this study, pregnant women with a Mid-Upper Arm Circumference below 23.5 cm are categorized as being

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at risk of CED and constitute the primary target group of the nutritional intervention (Siregar et al., 2025).

The occurrence of CED may be influenced by several interconnected factors. Insufficient energy and protein intake is one of the main factors because inadequate dietary consumption may prevent pregnant women from meeting their increased nutritional requirements. Other contributing factors include infectious diseases, socioeconomic conditions, educational background, nutritional knowledge, maternal age, pregnancy spacing, parity, cultural food restrictions, and limited utilization of health services. These factors may influence food availability, dietary practices, nutrient absorption, maternal health, and access to nutritional monitoring and intervention (Halimatusyaadiah et al., 2026).

MUAC is used as an important indicator for identifying pregnant women at risk of CED because the measurement is relatively simple and can be performed in primary healthcare settings. A MUAC measurement below 23.5 cm is used as the operational threshold for identifying CED risk among pregnant women. The measurement provides health workers with a practical basis for determining nutritional risk and identifying women who require further nutritional assistance. Accordingly, identification through MUAC measurement is an important component in determining the beneficiaries of the Local Supplementary Feeding Program (Nasution et al., 2026).

Local Supplementary Feeding Program

The Local Supplementary Feeding Program is a nutritional intervention that provides additional food to individuals or groups experiencing nutritional problems or considered nutritionally vulnerable (Nasution et al., 2026). The food provided is prepared using locally available ingredients with nutritional value and is intended to complement, rather than replace, the beneficiaries' regular meals. For pregnant women with CED, the program is designed to increase the intake of energy and essential nutrients required during pregnancy and to support improvements in maternal nutritional status. The utilization of local food ingredients also allows the intervention to be adapted to local food availability and community practices (Setyawati et al., 2024).

The program has several objectives related to maternal and child health. These include increasing energy and nutrient intake, improving maternal nutritional status, reducing the risk of low birth weight, supporting efforts to prevent stunting, and reducing potential pregnancy and

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childbirth complications. In addition to providing food, program implementation may involve nutritional education, counseling, monitoring, and assistance from health workers. These activities are important because sustainable nutritional improvement requires not only additional food intake but also greater understanding and adoption of appropriate dietary practices.

Pregnant women with CED are the main beneficiaries targeted by the program in this study. Beneficiary identification is carried out through nutritional assessment and verification by health personnel at the public health center. The main criterion is a MUAC below 23.5 cm, accompanied by the determination of health workers that the pregnant woman is experiencing or is at risk of CED. Beneficiaries are also expected to be registered within the health center's service area and willing to participate in supplementary feeding, monitoring, and related activities. Accurate beneficiary identification is essential to ensure that available program resources are directed toward pregnant women who require nutritional intervention most urgently (Siregar et al., 2025).

Health Operational Assistance Fund (BOK)

The Health Operational Assistance Fund, or BOK, is a government financing mechanism intended to support the implementation of public health activities, particularly promotive and preventive services at the primary healthcare level. BOK provides operational support for various health programs implemented by public health centers according to community needs and government priorities (Prihastuti & Gani, 2024). In this study, BOK is relevant because it provides financial support for the implementation of the Local Supplementary Feeding Program for pregnant women with CED. Consequently, BOK serves not only as a source of financing but also as an instrument supporting the implementation of priority health programs.

Effective BOK utilization depends on sound managerial practices. Funds need to be planned according to program priorities, organized through clear responsibilities, implemented in accordance with established procedures, and monitored to ensure accountability. In relation to the Local Supplementary Feeding Program, proper BOK management is important to ensure that financial resources are available and used efficiently for food provision, program activities, monitoring, and other necessary interventions (Megawat et al., 2025).

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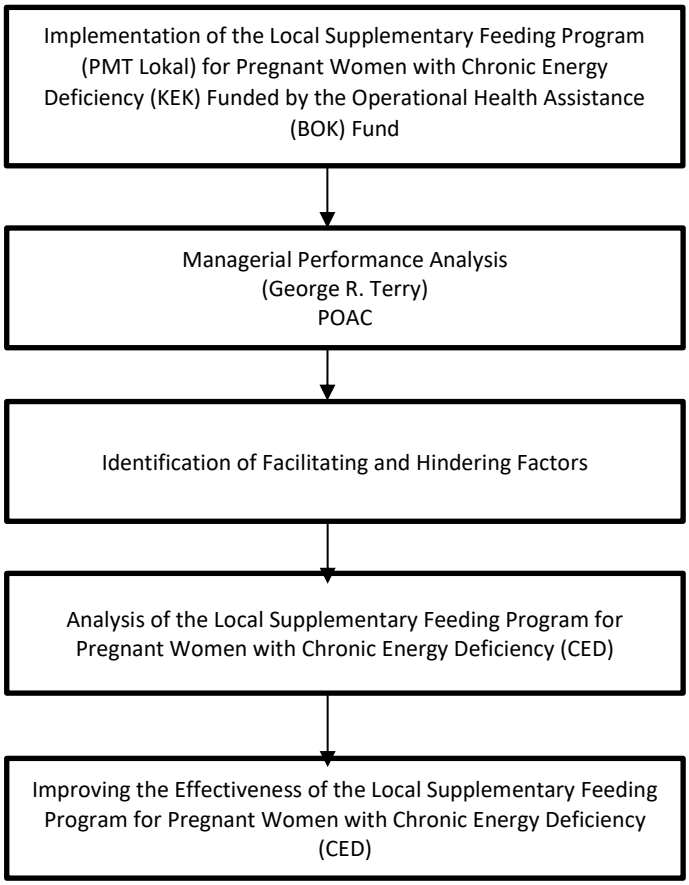


Figure 1. Framework

RESEARCH METHODS

This study employed a qualitative approach with a case study design to obtain an in-depth understanding of managerial performance in the implementation of the Local Supplementary Feeding Program (PMT Lokal) for pregnant women with Chronic Energy Deficiency (CED), funded through the Health Operational Assistance Fund (BOK), at Margojadi Inpatient Public Health Center. The qualitative approach was selected because the study sought to explore the actual processes, experiences, and managerial practices involved in program implementation within its natural setting. Particular attention was given to the four management functions proposed by

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George R. Terry, namely planning, organizing, actuating, and controlling, as well as the supporting and inhibiting factors affecting program implementation (Aspers & Corte, 2019).

The research focused on managerial performance in managing the Local PMT program, particularly the processes of identifying and determining CED pregnant women as program beneficiaries, developing activity plans and BOK budget requirements, organizing personnel and responsibilities, coordinating program implementers, distributing supplementary food, providing nutritional education and assistance, monitoring beneficiaries, evaluating program achievements, and supervising the use of BOK funds. The study also examined human resources, budget availability, managerial support, community health volunteer participation, beneficiary participation, and administrative constraints as factors that could influence program implementation. The study was conducted at Margojadi Inpatient Public Health Center, which implements the Local PMT program for pregnant women with CED using BOK funding. The research site was selected purposively because the health center had continuously implemented the program and had experienced differences between the number of targeted CED pregnant women, actual PMT recipients, and program budget utilization during 2023–2025. In addition, the availability of organizational structures and personnel directly involved in program implementation enabled the researcher to obtain detailed information concerning planning, organizing, implementation, and supervision.

Informants were selected using purposive sampling based on their knowledge, experience, and direct involvement in the implementation of the Local PMT program. The informants consisted of the head of the public health center or relevant structural personnel, the BOK treasurer or financial officer, health workers involved in the CED maternal program, community health volunteers, and pregnant women with CED who received the Local PMT intervention. The selection criteria were intended to capture perspectives from managerial, financial, operational, community, and beneficiary levels. In particular, the beneficiary informants were required to be registered as Local PMT recipients, meet the CED criteria specified in the research, be willing to participate, and be undergoing the program.

Data were collected through in-depth interviews, direct observation, and documentation. The interview guide was developed from the conceptual framework and was directed toward exploring the POAC dimensions of managerial performance. Interviews were conducted with relevant informants to obtain information regarding program planning, division of responsibilities, coordination, leadership and motivation, utilization of BOK funds, program

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implementation, monitoring, and evaluation. Observation was used to examine the implementation of program activities in the field, while documentation was employed to complement the interview and observational findings with relevant program records and administrative documents.

Table 1. Interview Guide

No	Types of Informants	Procedure	Question
1	Structural Official/Head of Community Health Center	In-depth Interview	1. Have you ever heard the term "managerial management"? (Probing: If yes, where did you learn about it?)
			2. What is your understanding of "managerial management," and what is its relevance to the Supplementary Feeding (PMT) program for pregnant women with Chronic Energy Deficiency (KEK)?
			3. What is the planning process for the BOK-funded PMT program for pregnant women with KEK at the Margojadi Community Health Center (Puskesmas), ranging from target setting to budget requirement formulation?
			4. What is the mechanism for organizing the human resources involved in the PMT program for pregnant women with KEK, including the division of tasks and responsibilities?
			5. What forms of coordination are carried out by the Head of the Community Health Center, health workers, BOK administrators, and community health volunteers (kader) in executing this program?
			6. As a leader, how do you direct, guide, and motivate staff to ensure the program runs effectively?

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			7. What are the mechanisms for utilizing and managing BOK funds during the implementation of the PMT program for pregnant women with KEK at the Margojadi Community Health Center?
			8. As a leader, how do you monitor and evaluate the implementation of the PMT program for pregnant women with KEK and the utilization of the budget?
			9. What are the hindering and supporting factors affecting managerial performance in the implementation of the BOK-funded PMT program for pregnant women with KEK at the Margojadi Community Health Center?
			10. What efforts and strategies will you implement to improve managerial performance and achieve the targets of the PMT program for pregnant women with KEK in the future?
2	BOK Fund Treasurer	In-depth Interview	1. Could you explain your duties and responsibilities as the BOK treasurer at the Margojadi Community Health Center (Puskesmas)?
			2. What is the planning process for the BOK budget allocation to support this program?
			3. How does the BOK treasurer coordinate with the Head of the Community Health Center, health workers, and community health volunteers (kader) regarding BOK fund management?
			4. What is the process for fund disbursement and utilization in support of this program?

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			5. As the treasurer, is the utilization of BOK funds in accordance with the existing technical guidelines? Please explain.
			6. Could you explain the procedures for recording, reporting, and accounting for budget utilization?
			7. Are there any obstacles encountered during the implementation regarding the absorption or management of the BOK budget? If so, what are they?
			8. What mechanisms are in place for the monitoring and evaluation of BOK fund utilization to ensure the budget is used appropriately, effectively, and accountably?
			9. In your opinion, to what extent does the BOK budget allocation influence the successful implementation of the Supplementary Feeding (PMT) program for Pregnant Women with Chronic Energy Deficiency (KEK) at the Margojadi Community Health Center?
			10. What suggestions and recommendations do you have to make the management of BOK funds for the PMT program for Pregnant Women with KEK more effective?
3.	Village Midwife	In-depth Interview	1. How long have you served as a village midwife in the Margojadi Community Health Center (Puskesmas) service area, and could you describe your duties and responsibilities in this role?
			2. Could you explain your role in implementing the local Supplementary Feeding (PMT)

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			program for pregnant women with Chronic Energy Deficiency (CED)?
			3. What is the process for identifying and selecting pregnant women with CED as program beneficiaries?
			4. How does the coordination system work among the village midwife, the Community Health Center, and community health volunteers (kader) during the program's implementation?
			5. Could you describe the process regarding the provision, distribution, and monitoring of the supplementary food (PMT) for these pregnant women?
			6. What kind of education or support do you provide to pregnant women with CED?
			7. In your opinion, do the quantity and type of supplementary food provided meet the nutritional needs of pregnant women with CED?
			8. How is the nutritional status of the pregnant women monitored after they receive the supplementary food?
			9. What factors hinder or support the implementation of this supplementary feeding program for pregnant women with CED?
			10. What suggestions or recommendations do you have to help the program progress and achieve its targets in the future?
4.	Cadre	In-depth interview	1. Could you explain how long you have served as a health volunteer supporting this program?
			2. Could you explain your roles and responsibilities as a health volunteer?

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			3. What is your role in helping to identify pregnant women suffering from Chronic Energy Deficiency (CED)?
			4. How do you coordinate with the village midwife or the Community Health Center (Puskesmas)?
			5. Could you explain how volunteers monitor pregnant women with CED to ensure they regularly consume the Supplementary Feeding (PMT)?
			6. What is the data collection and identification process carried out by volunteers to assist health workers in determining the target beneficiaries?
			7. In your view, how do pregnant women with CED respond to the PMT program designed for them?
			8. What challenges do you face as a volunteer in supporting and monitoring this PMT program for pregnant women with CED?
			9. In your opinion, what factors might hinder or support the successful implementation of this program?
			10. What suggestions can you offer regarding the implementation of this program?
5.	Pregnant women with Chronic Energy Deficiency (CED)	In-depth interview	1. Could you describe your experience with this PMT program, from the time you first received it until now?
			2. How did you find out that you were eligible to receive this PMT assistance for pregnant women with Chronic Energy Deficiency (KEK)?

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			3. What is your opinion regarding the quantity, variety, and quality of the local PMT food provided by the community health center (Puskesmas)?
			4. Did you receive any explanation or education from health workers or community health volunteers when you received this local PMT food?
			5. How did the health workers or community health volunteers conduct themselves while providing support?
			6. Do you consume this PMT food regularly? If not, what is the reason?
			7. Did you encounter any specific difficulties or obstacles while participating in this program?
			8. In your opinion, does the implementation of this PMT program meet the needs of pregnant women in this area? Why?
			9. How was the communication with health workers or community health volunteers throughout the program? Was it easy to understand?
			10. What are your hopes for ensuring this PMT program runs effectively and becomes even more beneficial?

Source: Processed data, 2026

Data processing was conducted concurrently with data collection. Interview recordings were transcribed and subsequently reviewed to identify information relevant to the research objectives. The data were then selected, classified, and grouped according to the main themes of planning, organizing, actuating, and controlling. Information obtained from interviews, observations, and documents was integrated and systematically arranged into thematic

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categories and narrative descriptions to facilitate interpretation. This process enabled the researcher to distinguish relevant evidence from information outside the scope of the study.
Data analysis followed the interactive qualitative analysis model developed by Miles, Huberman, and Saldaña, which involves data reduction, data display, interpretation, and conclusion drawing. Data reduction was performed by selecting and condensing information related to managerial performance and program implementation. The selected findings were then organized and presented according to the research themes, particularly the four management functions of George R. Terry. The researcher subsequently interpreted relationships and patterns emerging from the data before formulating conclusions regarding managerial performance, supporting and inhibiting factors, and opportunities for improving the implementation of the Local PMT program.

The credibility of the findings was supported by comparing information obtained from different data sources and collection techniques. Information from interviews was examined alongside observations and relevant documentation to identify consistency and differences among the sources. The involvement of informants representing different roles within the program also enabled the study to capture diverse perspectives regarding managerial performance. Through this process, the research sought to produce findings that accurately reflected the implementation of the Local PMT Program for pregnant women with CED at Margojadi Inpatient Public Health Center.

RESULT AND DISCUSSION

Application of Managerial Management in the Local PMT Program for Pregnant Women with Chronic Energy Deficiency from a Regulatory Perspective

The implementation of managerial management in the Local Supplementary Feeding (PMT) Program for pregnant women with Chronic Energy Deficiency (CED), funded through the Health Operational Assistance (BOK) scheme at Margojadi Public Health Center, is strongly supported by applicable regulations. The findings indicate that regulatory provisions serve as the primary reference for managerial decision-making, covering planning, organizing, implementation, and supervision. Program planning and budgeting are developed by referring to the BOK technical guidelines and the Ministry of Health's guidelines for locally sourced supplementary food. These regulations also provide a framework for distributing responsibilities among health personnel, including midwives, nutrition officers, financial administrators, and

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community health cadres. In financial management, compliance with BOK provisions ensures that program expenditures remain accountable and consistent with established procedures. Thus, regulations function not only as formal administrative requirements but also as managerial instruments that provide direction, clarity, and accountability throughout program implementation.

The study further demonstrates that regulatory implementation at the operational level is relatively adaptive to local conditions. Health workers generally follow the established technical guidelines while adjusting certain implementation mechanisms to geographical circumstances, community characteristics, and the specific needs of pregnant women with CED. This reflects the application of managerial functions in which national policies are translated into operational practices without disregarding the prescribed standards. However, the findings also reveal differences in regulatory understanding among program stakeholders. The head of the health center and BOK treasurer demonstrate a relatively strong understanding of the applicable provisions, whereas village midwives primarily apply the guidelines in accordance with field conditions. Health cadres tend to perform their responsibilities based on directions from midwives without fully understanding the substantive aspects of the regulations, while beneficiaries are generally aware of the supplementary feeding program but have limited knowledge of its underlying policies, objectives, and participation requirements. This indicates that regulatory dissemination and communication should be strengthened, particularly among frontline cadres and program beneficiaries.

From the perspective of George R. Terry's management theory, regulations are closely connected with the four fundamental management functions: planning, organizing, actuating, and controlling. Regulations provide a basis for program planning and budgeting, establish roles and responsibilities within the organizational structure, guide operational implementation, and serve as standards for monitoring, evaluation, and financial accountability. These findings are also consistent with George C. Edward III's policy implementation framework, which emphasizes communication, resources, implementer disposition, and bureaucratic structure as key determinants of successful implementation. In this context, regulations constitute an important component of the bureaucratic structure, while effective communication is essential to ensure that their substance is understood consistently by all stakeholders. Overall, managerial implementation from the regulatory perspective at Margojadi Public Health Center can be considered adequate, as evidenced by adherence to technical guidelines throughout the program

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cycle. Nevertheless, broader and more systematic dissemination of regulatory information to health cadres and beneficiaries is necessary to promote shared understanding, strengthen participation, and further improve the effectiveness of the Local PMT Program for pregnant women with CED.

Planning in the Implementation of the Local Supplementary Feeding Program for Pregnant Women with Chronic Energy Deficiency

The planning function in the Local Supplementary Feeding (PMT) Program for pregnant women with Chronic Energy Deficiency (CED) at Margojadi Public Health Center has been implemented through target identification, activity planning, budget preparation, and coordination among program implementers. In accordance with George R. Terry's management theory, planning involves establishing objectives and determining the resources and actions required to achieve them. The planning process at Margojadi Public Health Center was conducted collaboratively by involving the Head of the Public Health Center, nutrition officers, BOK treasurers, village midwives, and health cadres. The identification of pregnant women with CED was based on field data collected by village midwives, particularly through Upper Arm Circumference (MUAC) measurements during integrated health post activities and home visits. Pregnant women with a MUAC below 23.5 cm were identified as eligible recipients of local supplementary food. Health cadres also contributed by identifying newly pregnant women within the community and reporting them to village midwives for further assessment. This collaborative mechanism indicates that planning was based on actual community needs and helped ensure that program beneficiaries were appropriately targeted.

Budget planning was carried out by estimating the number of eligible beneficiaries and subsequently incorporating the required expenditure into the health center's budget plan in accordance with the technical guidelines for BOK funding. This approach demonstrates that financial planning was not conducted solely on the basis of available funds but was adjusted to the identified needs and applicable regulations. The findings are consistent with previous research showing that systematic planning, food distribution, nutritional counseling, and monitoring are important components supporting the implementation of local supplementary feeding programs. The involvement of multiple actors also strengthened coordination and clarified responsibilities during program implementation. Furthermore, the identification of beneficiaries through objective health indicators increased transparency because pregnant

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women were informed of their eligibility based on the results of health examinations. However, the study identified a practical challenge in budget planning, namely fluctuations in the number of pregnant women with CED throughout the implementation period. Changes in the number of beneficiaries could result in a mismatch between the initially allocated budget and actual program requirements. Thus, although budget preparation had complied with BOK technical guidelines, its effectiveness remained dependent on the ability of the health center to respond to changes in beneficiary needs.

Overall, the findings indicate that the planning function of the Local Supplementary Feeding Program at Margojadi Public Health Center has been implemented relatively well through evidence-based beneficiary identification, regulatory-based budget preparation, cross-professional coordination, and community participation. The findings support George R. Terry's view that effective planning requires the establishment of objectives, determination of appropriate actions, and preparation of resources before program implementation. Unlike findings from previous research reporting shortcomings in the input and process stages of supplementary feeding programs, particularly in monitoring and reporting, this study demonstrates that the planning process at Margojadi Public Health Center has generally followed the applicable BOK regulations. Nevertheless, the changing number of beneficiaries and limitations in the BOK budget allocation remain important challenges. This finding highlights that effective planning is not solely determined by regulatory compliance but also by the capacity of health centers to adapt planned activities and resource allocation to changing conditions and actual community needs during program implementation.

Organizing Function in the Implementation of the Local Supplementary Feeding Program for Pregnant Women with Chronic Energy Deficiency

The findings indicate that the organizing function in the implementation of the Local Supplementary Feeding (PMT) Program for pregnant women with Chronic Energy Deficiency (CED), funded through the Operational Health Assistance (BOK), at Margojadi Public Health Center has been implemented relatively well. The organizational process is reflected in the clear distribution of responsibilities, established coordination mechanisms, and utilization of available human resources according to their respective competencies. The Head of the Public Health Center coordinates the program by assigning specific responsibilities to midwives, nutrition officers, BOK treasurers, village midwives, and health cadres. Midwives are primarily responsible

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for identifying and monitoring pregnant women, nutrition officers manage menu planning and nutritional requirements, treasurers administer the budget, while cadres assist in identifying beneficiaries within the community. Coordination is conducted through Mini Workshops, coordination meetings, and direct communication or WhatsApp groups when immediate responses are required. These findings are consistent with Si'o et al., who emphasized that the effectiveness of PMT programs depends on the integration of health personnel, cadres, funding, and supporting facilities. Nevertheless, the study identified several organizational challenges, particularly the overlapping responsibilities of some personnel, which may increase workload and potentially reduce implementation effectiveness.

The organizing function is also evident in the management of BOK funds and the coordination of beneficiary identification and intervention. Budget planning is not conducted independently by the treasurer but involves communication with the Head of the Public Health Center, nutrition officers, and village midwives to ensure that expenditures correspond to program needs and applicable regulations. This collaborative arrangement contributes to more structured and accountable financial planning, although delays in communicating changes in program requirements may affect the administrative process. The coordination mechanism also operates from the identification of pregnant women with CED to the delivery and monitoring of PMT. Village midwives promptly communicate information regarding eligible beneficiaries to nutrition officers and the health center, allowing intervention decisions to be made more efficiently. Health cadres further support this process by identifying pregnant women, encouraging attendance at Posyandu, monitoring participation, and reporting newly identified or irregularly attending beneficiaries to midwives. These findings support previous studies by Hanggraini et al., Khuzaimah et al., Wulandari and Tanjung, and Hano and Si'o et al., which highlight the importance of coordination, adequate funding management, and active cadre involvement in sustaining PMT implementation. However, geographical distance between villages, limited opportunities for face-to-face coordination, and the voluntary nature of cadre work remain important operational constraints.

From the perspective of program beneficiaries, the organizing function is reflected not only in the internal division of responsibilities but also in the way information and services are delivered to pregnant women. Beneficiaries reported that health workers and cadres provided information regarding PMT distribution schedules, health examinations, and appropriate consumption procedures through direct communication, Posyandu activities, and WhatsApp.

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This communication pattern enables beneficiaries to receive timely information and facilitates their participation throughout the program. The findings suggest that cadres function as an important bridge between the community and health personnel, while midwives and nutrition officers ensure that identified beneficiaries receive appropriate follow-up. Overall, the implementation of the organizing function at Margojadi Public Health Center can be considered adequate, as demonstrated by the clear allocation of duties, regular cross-program coordination, and active communication with beneficiaries. However, strengthening human resource capacity, improving cadre competencies, addressing overlapping workloads, and optimizing coordination systems are still necessary to enhance the effectiveness and sustainability of the Local PMT Program for pregnant women with CED.

Application of Managerial Management in the Local Supplementary Feeding (PMT) Program for Pregnant Women with Chronic Energy Deficiency (CED): A Controlling Perspective

The implementation of the controlling function in the local supplementary feeding (PMT) program for pregnant women with chronic energy deficiency (CED) at Margojadi Public Health Center has been carried out through routine monitoring, evaluation, documentation, reporting, budget supervision, and periodic assessment of maternal nutritional status. Based on interviews with program implementers, supervision is conducted collaboratively through monthly evaluations led by the Head of the Public Health Center. The evaluation covers the achievement of program targets, the number of beneficiaries receiving supplementary food, changes in maternal body weight, and the compliance of budget utilization with applicable technical guidelines. Financial control is also implemented through systematic recording of expenditures, verification of supporting documents, and hierarchical review before reports are submitted to the Health Office. These practices reflect George R. Terry's concept of controlling, which emphasizes ensuring that organizational activities remain consistent with predetermined plans, standards, and objectives while allowing corrective action when deviations are identified.

Monitoring is also extended to the direct condition and behavior of beneficiaries. Village midwives periodically assess the nutritional status of pregnant women through body-weight measurements, mid-upper arm circumference (MUAC) assessments, and Posyandu visits. Health cadres complement this supervision by monitoring the consumption of supplementary food during community-based interactions and reminding beneficiaries to consume the food according to the program recommendations. From the beneficiaries' perspective, this monitoring

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is perceived as supportive rather than burdensome because health workers and cadres maintain regular communication and provide assistance when difficulties arise, such as reduced appetite or irregular attendance at health services. Nevertheless, several operational constraints remain, including delays in administrative documentation, changes in the number of beneficiaries, limited availability of cadres, and the absence of some pregnant women during scheduled monitoring activities. In such situations, health workers may conduct additional follow-up through home visits to maintain continuity of supervision.

Overall, the findings indicate that the controlling function of the local PMT program at Margojadi Public Health Center has been implemented in a relatively structured and continuous manner, involving managerial, financial, clinical, and community-level supervision. The findings are consistent with previous studies emphasizing that regular monitoring, accurate documentation, reporting, financial accountability, and beneficiary assistance are important determinants of successful PMT implementation. The involvement of the Head of the Public Health Center, BOK treasurer, village midwives, health cadres, and pregnant women creates a multi-level monitoring mechanism that supports program accountability and continuity. Although administrative delays and limitations in beneficiary attendance and cadre availability may occasionally affect the timeliness of monitoring, corrective measures and ongoing communication help minimize these obstacles. Thus, the application of controlling based on George R. Terry's management theory has contributed to ensuring that the local PMT program is implemented in accordance with established plans, technical guidelines, and nutritional objectives for pregnant women with CED.

CONCLUSION

1. Planning: The program begins with data collection and identification of pregnant women with CED, followed by budget preparation based on BOK funds and applicable technical guidelines. Key challenges include limited funding and fluctuations in the number of beneficiaries.
2. Organizing: Task allocation is aligned with the responsibilities of each staff member. Coordination among the head of the health center, nutrition officers, midwives, BOK treasurers, and health cadres supports effective program implementation.
3. Implementation: Staff perform their respective roles through PMT provision, nutrition education, assistance, and monitoring of pregnant women with CED. Effective

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communication improves beneficiaries' understanding and adherence to health recommendations.

4. Controlling: Monitoring involves assessing maternal nutritional status, evaluating program implementation, and reviewing BOK fund utilization. However, limited personnel, wide service coverage, and high workloads continue to constrain effective supervision.

IMPLICATION

1. Theoretical Implications

   This study demonstrates that George R. Terry's management functions—comprising Planning, Organizing, Actuating, and Controlling—remain relevant to the management of health programs at Community Health Centers (Puskesmas). The success of the Local Supplementary Feeding (PMT Lokal) program for pregnant women suffering from Chronic Energy Deficiency (CED) is not determined by a single function alone; rather, it requires the integration of the entire management process to ensure the program is implemented in alignment with established objectives.

2. Managerial Implications

   The research findings can serve as a basis for evaluation by the Margojadi Inpatient Community Health Center to improve the management of the Local PMT program through data-driven planning, clear task allocation, effective coordination, and periodic monitoring and evaluation. Communication among leadership, BOK (Operational Health Assistance) fund managers, health workers, community health volunteers (kader), and pregnant women must be maintained to support program effectiveness. Furthermore, the findings can provide valuable input for the Health Office regarding the improvement of BOK fund management and the guidance provided to community health centers.

3. Methodological Implications

   The use of a qualitative approach involving in-depth interviews provides insight into the application of management functions from the perspectives of the various stakeholders involved in the Local PMT program. These findings can serve as a reference for future research examining health programs—whether through qualitative, quantitative, or mixed-methods approaches—to yield broader and more comprehensive results.

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