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Analysis of Associated Factors with the Performance of Nutrition Workers in Achieving Exclusive Breastfeeding Coverage in Hulu Sungai Utara District

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KEYWORDS
TPG knowledge, TPG availability, facilities, performance, TPG, exclusive breastfeeding coverage

ABSTRACT
Background: In 2022, exclusive breastfeeding coverage in Indonesia will only reach 67.96%, indicating the need for more intensive support to increase this coverage. Competent human resources, especially in conducting nutritional surveillance, as well as the demands and needs of quality health services in dealing with malnutrition, can describe the current health condition. Objective: This study aims to analyze the relationship between the knowledge of nutrition implementers (TPG) about the exclusive breastfeeding program, the availability of TPG in implementing the exclusive breastfeeding program, and the facilities in implementing the exclusive breastfeeding program with TPG's performance in achieving exclusive breastfeeding coverage in North Hulu Sungai Regency. Methods: This study uses an observational analytical method with a cross-sectional approach. The sample in this study is 46 TPG. Data analysis was carried out using the Chi-Square test and multiple logistic regression. Results: The chi-square test showed that there was a relationship between TPG knowledge (p=0.007), TPG availability (p=0.013), and facilities (p=0.020) in the exclusive breastfeeding program and TPG's performance in achieving exclusive breastfeeding coverage. The results of the multiple logistic regression test concluded that all independent variables were simultaneously related to TPG's performance in achieving exclusive breastfeeding coverage in the North Hulu Sungai Regency. Conclusion: there is a relationship between TPG knowledge, TPG availability, and facilities in exclusive breastfeeding programs and TPG's performance in achieving exclusive breastfeeding coverage.

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INTRODUCTION

Stunting, a growth disorder primarily caused by poor nutrition, infections, and inadequate social and environmental conditions, can lead to significant functional impairments in children, especially within the critical first 1,000 days from conception to age two (Saepudin, Pd, & Ilyas, 2024). WHO data from 2020 indicates that 22% or approximately 149.2 million children under five globally are stunted (Siboro & Azlina, 2023). In Indonesia, the 2019 Toddler Nutrition Status Survey (SSGBI) reported a stunting rate of 27.7%, placing Indonesia fourth worldwide and second in Asia for stunting cases. Although this rate reflects a decrease from 37.8% in 2013, it remains above WHO's maximum tolerance standard of less than 20%. In North Hulu Sungai Regency, the prevalence of stunting rose from 20.9% in 2021 to 28% in 2022, surpassing the national target of 18.4% (Ministry of Health of the Republic of Indonesia, 2022). Adequate nutrition in early life, particularly through exclusive breastfeeding, is crucial in preventing stunting. WHO and UNICEF recommend exclusive breastfeeding for the first six

months of life, without additional foods or drinks, except for medications and vitamins (Siboro & Azlina, 2023). In 2021, the Indonesian government issued Presidential Regulation Number 72 to accelerate stunting reduction, aiming to achieve 80% exclusive breastfeeding by 2024 (Ministry of Health, 2021). Breastfeeding offers numerous benefits, including optimizing growth, development, and intelligence, with natural nutrients that align with a baby's needs (Annissa, Suriani, & Yulia, 2019).

Exclusive breastfeeding is crucial for optimal physical and mental growth, making it a priority for mothers to ensure that their babies' nutritional needs are met, particularly in the early stages of life. Recognizing breastfeeding as a human right, both for babies and mothers, is supported by Indonesian law (Child Protection Law No. 23 of 2002) and reinforced by various government initiatives, such as the National Movement for Increasing Breastfeeding (GNPP-ASI) and the Minister of Health Decree No. 450/Menkes/SK/IV/2004, which advocates for exclusive breastfeeding from birth to six months. Despite these efforts, Indonesia's exclusive breastfeeding coverage in 2022 was only 67.96%, falling short of the WHO target of 80%. North Hulu Sungai Regency has responded by implementing a regional regulation (No. 1 of 2016) to support exclusive breastfeeding, yet coverage in 2022 remained at 62.49%, below the target. This shortfall highlights the need for continued support from all levels of government and the community to achieve the desired breastfeeding rates.

Competent human resources, especially in the implementation of nutrition surveillance as well as the demands and needs of quality health services in dealing with malnutrition problems, can describe the current health conditions (Fanzo et al., 2015). This ability can affect the scope of public health monitoring so that technically Nutrition Implementers (TPG) can determine the scope of exclusive breastfeeding appropriately based on community theory and culture. The performance of health program managers is an important issue in maintaining and improving health development. Kopelmen (2009) mentioned three factors related to performance, namely job characteristics, individual characteristics, and organizational characteristics. In addition, stated that performance is also related to inputs, processes, outputs, and outcomes (Syamsul, n.d.).

The results of Febrida & Samino research show that the performance of nutrition workers is still low due to inappropriate educational backgrounds, relatively inadequate incentives, lack of support from health centre leaders for nutrition programs, and the existence of dual jobs. Meanwhile, those who support performance are informants who have good motivation (Febrida & Samino, 2015).

The results of observations in the preliminary study of 16 TPGs showed that the level of knowledge of TPGs regarding the exclusive breastfeeding program 6 out of 16 TPGs, or 37.5%, had less knowledge. TPG knowledge is very important in the exclusive breastfeeding program because TPG is a human resource (Newton & Krebs, 2020). TPG has met the minimum standards of DIII Nutrition education, but it is uneven because the health centre only has 1 TPG. At the same time, the target is 1049 toddlers, and the health centre has 6 TPGs, while the target is only 927 toddlers; 13 out of 16 TPGs still hold dual positions (81.25%), so the survey process has an impact on data recapitulation that is not timely; In addition, the geographical conditions of HSU Regency are different in each work area of the health centre, so it requires a lot of effort, especially if it is necessary to validate the data. In terms of improving competence, 10 TPGs (62.5%) have never participated in training related to exclusive breastfeeding to improve competence In the aspect of the APBD, the source of funds is only limited to handling malnutrition and home visits for weighing, as well as in the aspect of facilities and infrastructure to support the activities of the exclusive breastfeeding program, namely laptops connected to the internet to input data into the e-PPGBM application, as many as 68.75% can no longer be used and are completely dead, so that officers have difficulty in reporting.

The problem found in HSU Regency is the cause of the reporting of exclusive breastfeeding coverage in North Hulu Sungai Regency also does not reach the expected target (80%) (Prasetyo et al., 2023). The results of Santi's research on TPG's performance in achieving the target of exclusive breastfeeding coverage show that the educational background is not suitable, the incentives are relatively inadequate, the leaders of the health centre are less supportive of the nutrition program, and the dual position. Although their educational background is less supportive, they still have good work motivation. Training is additional knowledge, but the informant assesses it negatively because it will

only increase the workload and be wasteful. They hope that the leadership is committed to supporting the nutrition program (Santi, 2017) so that in the research of Febrida & Samino, the achievement for the indicator of exclusive breastfeeding at the age of 0-6 months has not reached the target. The maternal factor is important in increasing this achievement. The more mothers who give birth are aware of this, the slower this achievement will be achieved (Febrida & Samino, 2015). The role of nutrition workers is very important in increasing exclusive breastfeeding coverage because TPG is a nutritionist and health expert for babies and mothers. TPG supports exclusive breastfeeding practices by providing nutrition information, addressing nutritional concerns, monitoring infant growth, and collaborating with other healthcare workers to increase exclusive breastfeeding coverage.

Based on the above background, the researcher is interested in analyzing the factors related to TPG performance in achieving exclusive breastfeeding coverage in North Hulu Sungai Regency, with a focus on understanding how these factors influence outcomes and contribute to the broader field of healthcare performance analysis.

METHOD

Research Design

This observational study uses a cross-sectional approach and was conducted in the integrated service unit of the North Hulu Sungai Regency Health Office across 13 health centers from January 22 to February 5, 2024.

Settings and Respondents

The study population consists of 70 TPGs (health personnel), spread across 13 health centers in HSU Regency. A sample of 46 TPGs was selected using the Probability Sampling technique.

Variables, Instruments, and Measurements

The independent variables include TPG knowledge, TPG availability, availability of funds, and facilities for implementing exclusive breastfeeding programs. The dependent variable is TPG performance in achieving exclusive breastfeeding coverage in North Hulu Sungai Regency. Data were collected through questionnaires and secondary data from nutrition surveillance in North Hulu Sungai Regency (Suhaimi, Syahfari, Ramayana, Saihani, & Van Royensyah, 2022).

Data Analysis

Univariate analysis was performed to describe the characteristics of each independent variable. Bivariate analysis using the Chi-Square test examined the relationship between the independent variables and the dependent variable, which is the coverage of exclusive breastfeeding. Multivariate analysis with multiple logistic regression was used to determine the influence of the independent variables on the dependent variable and identify the most dominant factor.

RESULT AND DISCUSSION

Table 1.
Frequency distribution of respondent characteristics

Characteristics of Respondents	n	%
Last education		
DIII Associate Nutrition Expert	32	69.6
S1/DIV	14	30.4
Breastfeeding Counseling Training (Breastfeeding Counseling)		
Yes.	16	34.8
Not.	30	65.2
Dual duties other than as TPG		

Yes.	10	21.7
Not.	36	78.3
Total	46	100

Based on Table 1, it was found that in the last education category, the most were D-III Nutrition, which was 32 TPG (69.6%), in the category of breast milk counseling training (Breast Milk Counseling) as many as 30 TPG (65.2%) did not get breast milk counseling training and for dual tasks other than as TPG, as many as 36 TPG (78.3%) did not have dual duties.

Table 2.
Distribution of independent and dependent variables in this study

Research variables	TPG's performance in achieving coverage Exclusive breastfeeding				P-Value
	Not Optimal		Optimal		
	n	%	n	%	
TPG's knowledge of exclusive breastfeeding programs					
Good.	18	39.1	6	13	0.040
Not good	10	21.7	12	26.1	
Availability of TPG in implementing exclusive breastfeeding programs					
Enough	9	19.6	15	32.6	0.001
Insufficient	19	41.3	3	6.5	
Facilities in implementing exclusive breastfeeding programs					
Complete	11	23.9	16	34.8	0.001
Incomplete	17	37	2	4.3	

Based on the table above, data was obtained that TPG's knowledge about exclusive breastfeeding programs in the good category in achieving exclusive breastfeeding coverage was not optimal as much as 18 TPG (39.1%), this percentage was higher than TPG's knowledge about exclusive breastfeeding programs in the good category for TPG's performance in achieving optimal exclusive breastfeeding coverage as much as 6 TPG (13%). In the chi square test, a significance value of 0.040>0.05 was obtained, which can be concluded that there is a relationship between TPG's knowledge about exclusive breastfeeding programs and TPG's performance in achieving exclusive breastfeeding coverage. The availability of TPG in implementing the exclusive breastfeeding program was categorized as lacking and the performance of TPG was not optimal as many as 19 TPG (41.3%) in achieving exclusive breastfeeding coverage. This percentage is higher than the availability of TPG which is in the category of less and optimal in the implementation of the exclusive breastfeeding program of 3 TPG (6.5%). In the chi square test, a significance value of 0.001>0.05 was obtained, which can be concluded that there is a relationship between the availability of TPG in the implementation of the Exclusive Breastfeeding program and the performance of TPG in achieving Exclusive Breastfeeding coverage. TPG's facilities in implementing the exclusive breastfeeding program are in the incomplete category and TPG's performance is not optimal as many as 17 TPGs (37%) in achieving exclusive breastfeeding coverage. This percentage is higher than TPG facilities which are in the complete and incomplete categories with the optimal category in implementing the exclusive breastfeeding program as many as 2 TPG (4.3%). In the chi square test, a significance value of 0.001>0.05 was obtained, which can be concluded that there is a relationship between TPG facilities in implementing exclusive breastfeeding programs and TPG's performance in achieving exclusive breastfeeding coverage.

Table 3.
Results of Logistic Regression Analysis

	B	S.E.	Wald	Df	Sig.
Knowledge	1.726	.856	4.065	1	.044
TPG Availability	2.130	.897	5.634	1	.018
Facilities	2.096	.963	4.736	1	.030
Constant	4.795	2.176	4.856	1	.028

The results of logistic regression analysis, the influence of independent variables on dependent variables can be analyzed, including:

The value of the constant (α) is 4.795, meaning that if the independent variable has a constant value, then the TPG performance value is 4.795. This shows that there is a relationship between independent variables (TPG knowledge, TPG availability, availability of funds and facilities) and dependent variables (TPG performance in achieving exclusive breastfeeding coverage) in the logistics model.

The TPG Knowledge variable has a positive coefficient value of 1,726, meaning that every increase in one unit of TPG knowledge, assuming the value of other variables is fixed, will increase the TPG performance by 1. This shows that if knowledge increases, TPG's performance will also increase, which will increase TPG's knowledge related to breastfeeding programs. For this reason, it is necessary to carry out breastfeeding counselling training, and it needs to be supported by local governments by allocating adequate funds to collaborate with Bapelkes (Health Training Centers in Indonesia) in carrying out breastfeeding counselling training/breastfeeding counselling. This training is expected to increase TPG's knowledge about exclusive breastfeeding, which is very useful in implementing breastfeeding programs such as breastfeeding education and counselling for pregnant and lactating women so that it can improve TPG's performance in achieving exclusive breastfeeding coverage.

The TPG availability variable has a positive coefficient value of 2,130, meaning that every increase in one unit of TPG availability, assuming the value of other variables is constant, will increase the TPG performance value by 2,130. The availability of TPG in HSU Regency is still uneven due to the existence of TPG, which is a PTT (Non-Permanent Employee) issued directly from the South Kalimantan Provincial Health Office for remote and very remote areas so that for urban areas where the number of people served is more but the number of TPG is less. In 2023, the HSU District Health Office will rearrange the health worker needs plan based on the Workload Analysis (ABK) in each health centre which will then be proposed for the recruitment of Government Employees with Work Agreements (PPPK), which will be adjusted to the needs plan in each health centre to overcome the uneven distribution of TPG.

The facility variable in the implementation of the Exclusive Breastfeeding program has a positive coefficient value of 2.096, meaning that every increase in one unit of facilities in the implementation of the Exclusive Breastfeeding program is assumed to have a constant value of other variables, which will increase the TPG performance value by 0.315. Facilities such as lactation rooms are still not available in several health centres in HSU Regency, which are only available in lactation corners that are located in the corners of a limited room and are only covered with cloth or curtains. Likewise, the recording and reporting facilities on the e-PPGBM application that require laptops/computers connected to the internet are still limited and slightly damaged. The limitations of these facilities are very closely related to the achievement of exclusive breastfeeding coverage; therefore, through DAU (Special Allocation Fund) budgeting, the Health Office allocates a budget for the procurement of laptops to support the recording and reporting of exclusive breastfeeding programs.

The relationship between TPG's knowledge about the exclusive breastfeeding program and TPG's performance in achieving exclusive breastfeeding coverage in North Hulu Sungai Regency.

Based on Table 2 above, data was obtained that as many as 18 TPGs (39.1%) had poor knowledge about the exclusive breastfeeding program and had less than optimal performance. In comparison, only 6 TPGs (13%) had good knowledge and had optimal performance in achieving exclusive breastfeeding

coverage. In the chi-square test, a significance value of 0.040 < 0.05 was obtained, so it can be concluded that there is a relationship between TPG's knowledge about the exclusive breastfeeding program and TPG's performance in achieving exclusive breastfeeding coverage.

TPG is responsible for supporting exclusive breastfeeding programs in the HSU District to ensure the health of babies and mothers. TPG's performance can make a significant contribution to increasing exclusive breastfeeding coverage in the community through an understanding of exclusive breastfeeding and is the basis for an approach to providing education to breastfeeding mothers. In Table 2, most of the TPG knowledge data obtained is in a good category, which is 24 TPG (52.2%). Good TPG knowledge is due to the inter-TPG communication established with the existence of a conversation group that facilitates coordination and recording and reporting. Recording and reporting are indicators of the success of an activity (Ainsworth, Cahalin, Buman, & Ross, 2015). Whatever form of nutrition program is carried out without recording and reporting, it will not be good. The results of recording and reporting are valuable data and information if the method used is correct and correct (Kereh, Montol, & Paruntu, 2017).

HSU Regency Nutrition Surveillance is a monitoring and evaluation program carried out in collaboration with related parties. One of the objectives of this nutrition surveillance is to measure the achievement of the exclusive breastfeeding coverage target (Nguyen et al., 2017). Assessing achievements and seeking improvements is easier with careful monitoring, accurate reporting, and regular evaluation. TPG has a great opportunity to play an important role in increasing the number of exclusively breastfed babies. This goal can be achieved together, which has a positive impact on the health and well-being of the community through education, support, and optimal performance. The Ministry of Health has determined that one of the indicators for the implementation of nutrition surveillance is an exclusive breastfeeding program for 0-6 months, with an achievement target of 80%, which can be achieved in 2014 (Dewi, Muhyi, & Rosida, 2017).

The coverage of exclusive breastfeeding at the Puskesmas is a public health indicator that shows the percentage of babies aged 0-6 months who get exclusive breastfeeding without additional food or other drinks (Arifin et al., 2022). Exclusive breastfeeding programs can reflect a commitment to improving the health of babies and mothers through optimal breastfeeding practices. Exclusive breastfeeding coverage is a large percentage of babies aged 0-6 months. The implementer of the activity is responsible for achieving the goals of the exclusive breastfeeding program at the Puskesmas, where the implementer carries out certain activities called management functions to achieve these goals (Astuti & Indrawati, 2019). The coverage of exclusive breastfeeding in 34 villages in HSU Regency is only 55%, not meeting the coverage standards based on the standards set by the HSU Regency Regional Regulation No. 1 of 2016 concerning Exclusive Breastfeeding, which is 80%. This needs to be the concern of the HSU Regency government to optimize coverage by providing adequate human resources and facilities so that the standards that have been set can be achieved (Maryati, Humaira, Afriana, Roekmi, & Suhartini, 2021).

The correlation between knowledge and TPG performance is where the results of TPG knowledge are still in the poor category, and the performance is not optimal at 28 TPG (60.9%). This requires attention from the local government to increase TPG knowledge through breastfeeding counselling training by allocating adequate funds to collaborate with Bapelkes (Health Training Center) in its implementation. Adequate TPG knowledge provides space to provide education through the dissemination of information, knowledge, and skills to the community or certain groups to improve TPG performance in exclusive breastfeeding programs. This education aims to increase understanding, awareness, and positive behaviour in order to increase the coverage of exclusive breastfeeding. Nutrition education can be carried out directly through counselling and counselling as well as by using various media, both print and electronic (Utama, Ningsih, Lionita, & Kurniati, 2023).

The percentage level of exclusive breastfeeding coverage is one of the main benchmarks to determine the success of exclusive breastfeeding programs through intensive efforts to increase the percentage of babies who receive exclusive breastfeeding in a certain period. One of the efforts that can be made is through effective counselling and comprehensive education so that breastfeeding mothers

have the knowledge and motivation to provide exclusive breastfeeding. The effectiveness of puskesmas management greatly determines the success of the evaluation of exclusive breastfeeding programs. The success of exclusive breastfeeding programs is determined by input, creativity, and active efforts in implementing health promotion strategies (Silvianta, Halim, & Ridwan, 2018).

TPG in HSU Regency in carrying out data collection tasks has been equipped with a Nutrition Surveillance guidebook and a standardized Nutrition Care Guidebook that has been distributed by the Health Office to 13 Health Centers which aims to assist TPG in carrying out its duties and provide the latest guidelines and standards in the implementation of nutrition in the community which is the essence of professionalism. The Health Office also periodically conducts technical guidance and coaching meetings for TPGs at the district level to provide the latest information and program directions as well as targets for achieving nutrition activities so that it is hoped that TPGs can improve their knowledge based on the latest information and can provide excellent services.

The relationship between the availability of TPG in the implementation of the exclusive breastfeeding program and TPG's performance in achieving exclusive breastfeeding coverage in North Hulu Sungai Regency.

The data obtained showed that the number of TPGs available in the implementation of the exclusive breastfeeding program was the most in the poor category, and the performance of TPGs was not optimal, namely 19 TPGs (41.3%) who achieved exclusive breastfeeding coverage. This percentage is higher than the availability of TPG, which is in the category of less and optimal in implementing the exclusive breastfeeding program, which is as many as 3 TPG (6.5%). In the chi-square test, a significance value of 0.001>0.05 was obtained, which can be concluded that there is a relationship between the availability of TPG in the implementation of the Exclusive Breastfeeding program and the performance of TPG in achieving Exclusive Breastfeeding coverage.

Based on Table 2, data was obtained that most of TPG's knowledge about the exclusive breastfeeding program was in the category of good knowledge, and TPG's performance was not optimal in achieving exclusive breastfeeding coverage, which was 18 TPG (39.1%). North Hulu Sungai Regency, in 2015-2017, received Non-Permanent Nutrition Workers (PTT) from the Province with a Decree (SK) of direct placement from the Provincial Health Office for remote and very remote areas, which caused the distribution of TPG to be uneven.

Based on Table 2, it can be seen that the number of TPGs in all health centres with a distribution that does not match the number of people served, such as the Sungai Karias Health Center, which is located in an urban area only has 3 TPGs with a total population of 19,219 people served. On the other hand, the Haur Gading Health Center has 7 TPGs with a smaller number of people served, namely 16,280 people. This inequality in the amount of TPG affects the coverage of exclusive breastfeeding in HSU Regency, which in 2022 is only 62.49% and in 2023 it is only 65.78%, still below the target of 80%.

The low coverage of exclusive breastfeeding is explained in the research of Utami et al. (2024) that the problem of low coverage of exclusive breastfeeding should not be encountered if the activities have implemented the correct management from the beginning, based on management functions consisting of planning, organizing, implementing, and controlling. (Pradini et al., 2024). According to the Ministry of Health of the Republic of Indonesia, 2018, the availability of health workers must be adjusted to the type and level of service, referring to efforts to ensure that the number, type, and qualifications of available health workers are in accordance with the needs of health services provided at Puskesmas (Ministry of Health of the Republic of Indonesia, 2018).

The availability of TPG in HSU Regency is determined based on planning to ensure that human resources in the health sector are sufficient to provide effective and quality health services, especially in the implementation of nutrition surveillance to make the exclusive breastfeeding program a success.

The HSU District Health Office will then follow up on the TPG inequality at the health center level in 2023 by redrafting the Renbut (Needs Plan) of health workers based on the Workload Analysis (ABK) in each health centre to then propose to recruit Government Employees with Work Agreements (PPPK) in accordance with the planned needs.

The availability and performance of TPG are identified from the number, educational qualifications, and skills of TPG in achieving goals and outcomes in the field of nutrition (Song, Shen, & Wang, 2023). Performance can be measured through various indicators, including the achievement of nutritional targets, improvement of community nutritional status, effectiveness of nutritional interventions, and other factors relevant to the goals of the program or activity.

Based on Alifah's (2016) research conducted at the Candilama Health Center, health workers who are responsible for the exclusive breastfeeding program are still lacking, which consists of only four people in the field of KIA and is assisted by one nutrition officer. The lack of availability of human resources/health workers is one of the reasons why the goal of the exclusive breastfeeding program at the Puskesmas has not been achieved (Andriani et al., 2016).

TPG's performance includes all community nutrition measurement activities, including the implementation of effective exclusive breastfeeding practices. This includes providing adequate support to breastfeeding mothers, TPG being able to provide correct information, and supporting and facilitating the exclusive breastfeeding process. TPG's performance can also be measured from the achievement of the target of exclusive breastfeeding coverage in the community.

In the results of the research of Tunggadewi et al. (2017), there are several obstacles and impacts on the availability of TPG, namely in terms of input, namely the lack of TPG and the relatively minimal facilities infrastructure. The means that are not yet available are anthropometric tools. PMT, MP-ASI, vitamin A capsules, and Fe tables are readily available. The infrastructure of the PMT and MP-ASI storage buildings has been fulfilled. Limited operational costs: operational costs come from the BOK of the Health Office through cadre incentives and transportation funds. The Health Office allocates funds for malnutrition control programs through PMT-P and MP-ASI to health centres.

The relationship between the facilities implementing the exclusive breastfeeding program and TPG's performance in achieving exclusive breastfeeding coverage in North Hulu Sungai Regency.

The data obtained shows that most of the TPG facilities that implement the exclusive breastfeeding program are in the incomplete category, and the performance of TPG has not been optimal, namely, 17 TPGs (37%) that have achieved exclusive breastfeeding coverage. This percentage is higher than TPG facilities which are in the complete and incomplete categories, with the optimal category in implementing the exclusive breastfeeding program as much as 2 TPG (4.3%). In the chi-square test, a significance value of 0.001>0.05 was obtained, which can be concluded that there is a relationship between TPG facilities in implementing exclusive breastfeeding programs and TPG's performance in achieving exclusive breastfeeding coverage.

The results of the study showed that the means of implementing the exclusive breastfeeding program declared by TPG were incomplete, as many as 27 TPGs (52.2%). To support nutrition reporting activities, especially reporting on the e-PPGBM application (electronic Community-Based Nutrition Reporting Recording), one of which is reporting exclusive breastfeeding coverage in each area of North Hulu Sungai Regency.

Since 2016, the health office has distributed laptops to 13 health centres to facilitate recording and reporting. However, the laptops are damaged, and some can no longer be used. There are also internet network problems in several sub-districts and villages. Thus, recording and reporting activities, which are currently all data-based and online applications, cannot be done.

According to Handayani (2023), TPG facilities must collect data by equipping it with adequate computer equipment, desks, and communication systems. Adequate internet access and documentation centres can help TPG access up-to-date information. This information includes indicators of community nutrition achievement and other information that is not yet available in routine reports. Nutrition surveillance will increase the effectiveness of nutrition development activities and improve community nutrition problems in a timely, targeted, and appropriate manner.

Most of the facilities that implement the exclusive breastfeeding program are not complete, and the performance of TPG has not been optimal in achieving exclusive breastfeeding coverage, which is as many as 17 (37%). Currently, some health centres in HSU Regency do not have special lactation rooms. Currently, the Breast Milk Corner is usually located in a limited corner of the room and is only

covered by curtains or clothes that are commonly used by mothers to breastfeed their babies. Meanwhile, most of the rooms for recording and reporting e-PPGBM carried out by TPG every month are still in the MTBS (Integrated Management of Toddlers Sick) or other health programs, so the facilities are inadequate.

In the implementation of the exclusive breastfeeding program, data collection facilities are an important element to assess and monitor the effectiveness of the program. The facility is designed to facilitate accurate and comprehensive data collection, allowing for in-depth analysis to support informed decision-making. TPG facilities are required for data collection and are equipped with computer equipment, spacious workbenches, and adequate communication systems. In the Regulation of the Minister of Health of the Republic of Indonesia Number 23 of 2014 concerning Nutrition Improvement Efforts, article 7 states that the district/city local government is tasked and responsible for organizing and facilitating the implementation of nutrition, carrying out the prevention of malnutrition on the district/city scale, improving family and community nutrition, providing nutrition improvement services at regional health service facilities and facilitating, licensing, coordinating, monitoring, and evaluation.

The government has made an exclusive breastfeeding program policy to improve the health and welfare of mothers and children. With this program, the government can find out the scope of breastfeeding in each region (Sando, Yanthi, Widodo, & Khairani, 2020). Hulu Sungai Regency is committed to the welfare of mothers and babies, the exclusive breastfeeding program policy is the main basis in an effort to improve the practice of exclusive breastfeeding in the community with the existence of HSU Regency Regional Regulation No. 1 of 2016 concerning Exclusive Breastfeeding. This policy is carefully and holistically designed to create a supportive environment and encourage mothers to choose and implement exclusive breastfeeding practices.

This local regulation protects mothers from breastfeeding their babies. This regulation has also encouraged positive changes in the form of support from related parties, especially in the context of health services. The success of the government's policy on exclusive breastfeeding can of course be seen from the availability of Human Resources (HR), supporting facilities and infrastructure, and the provision of communication, information, and education (KIE).

CONCLUSION

There is a relationship between TPG's knowledge of exclusive breastfeeding programs and TPG's performance in achieving exclusive breastfeeding coverage. There is a relationship between the availability of TPG in implementing exclusive breastfeeding programs and TPG's performance in achieving exclusive breastfeeding coverage. There is a relationship between the availability of funds for exclusive breastfeeding programs and TPG's performance in achieving exclusive breastfeeding coverage. There is a relationship between the availability of facilities in the exclusive breastfeeding program and TPG's performance in achieving exclusive breastfeeding coverage. TPG's knowledge of the exclusive breastfeeding program, the availability of TPG in implementing the exclusive breastfeeding program, the availability of funds for the exclusive breastfeeding program, and facilities in implementing the exclusive breastfeeding program simultaneously are related to TPG's performance in achieving exclusive breastfeeding coverage in North Hulu Sungai Regency.

There is a significant relationship between TPG's knowledge of exclusive breastfeeding programs and their performance in achieving exclusive breastfeeding coverage. Additionally, the availability of TPG personnel, funds, and facilities in implementing these programs are also significantly related to TPG's performance in this area. Collectively, TPG's knowledge, availability, funding, and facility resources in the exclusive breastfeeding program are strongly correlated with their success in achieving exclusive breastfeeding coverage in North Hulu Sungai Regency.

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