

Evaluation Of The Program For Giving Iron Supplementary Tablets To Young Girls In Schools At The Work Area Of The Kunto Darussalam Public Health Center In 2022

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Abstract: The program for giving iron tablets to young women at school is one of the government's programs as an effort to overcome anemia in young women. The UPTD of the Kunto Darussalam Health Center has carried out a program for giving iron tablets to young women at school, but the coverage for iron supplements is still low, namely 45.7%. The aim of the study was to evaluate the program for giving iron supplementary tablets to young girls in schools at the Work Area of the Kunto Darussalam Public Health Center 2022 using the CIPP method with input, process and product (output) context indicators. This type of research is qualitative with a phenomenological research approach. There were 12 informants consisting of nutrition program holders from the Rokan Hulu District Health Office, the person in charge of the UPTD Nutrition Program at the Kunto Darussalam Health Center, midwives, nurses, school principals, UKS teachers, young women and parents. The triangulation used is the triangulation of sources, methods and data. The results of the study show that the context (needs, problems, assets and opportunities) has been identified, inputs (human resources, funding, Posbindu PTM facilities and infrastructure) and processes ((preparation, distribution and delivery, recording and reporting, Ironsupplement tables. Community Health Centers can facilitate the formation of Rematri ambassadors and digital-based educational innovations through the peer-group "Ayo CERIA" establishing partnerships in every village through Corporate Social Responsibility and involving the private sector in the procurement of facilities and infrastructure.

Abstract: Program pemberian tablet tambah darah pada remaja putri di sekolah merupakan salah satu program pemerintah sebagai upaya penanggulangan anemia pada remaja putri. UPTD Puskesmas Kunto Darussalam sudah melaksanakan program pemberian tablet tambah darah pada remaja putri di sekolah tetapi cakupan pemberian tablet tambah darah masih rendah yaitu 45,7%. Tujuan penelitian untuk mengevaluasi pelaksanaan program pemberian tablet tambah darah pada rematri di sekolah Wilayah Kerja Puskesmas Kunto Darussalam Tahun 2022 menggunakan metode CIPP dengan indikator konteks input, proses dan produk (ouput). Jenis penelitian ini adalah kualitatif dengan pendekatan secara *Phenomenological research*. Informan berjumlah 12 orang terdiri dari pemegang program gizi Dinas Kesehatan Kabupaten Rokan Hulu, penanggungjawab Program Gizi UPTD Puskesmas Kunto Darussalam, bidan, perawat, Kepala sekolah, guru UKS, remaja putri dan orang tua. Tringulasi yang digunakan adalah tringulasi sumber, metode dan data. Hasil penelitian menunjukkan konteks (kebutuhan, masalah, asset dan peluang) sudah teridentifikasi, *input* (sumber daya manusia, pendanaan, sarana dan prasarana) dan proses (persiapan, pendistribusian dan pemberian, pencatatan dan pelaporan, monitoring dan evaluasi) sudah dilakukan tetapi belum sesuai dengan



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pedoman pencegahan dan penanggulangan anemia pada remaja putri Kemenkes tahun 2018. *Output* belum mencapai target Rencana Strategis Direktorat Gizi Masyarakat tahun 2022 serta masih rendahnya kepatuhan remaja putri untuk minum tabel tambah darah. Puskesmas dapat memfasilitasi pembentukan duta Rematri dan inovasi edukasi berbasis digital melalui *peer-group* "Ayo CERIA" menjalin kemitraan di setiap desa melalui *Corporate Social Responsibility* serta melibatkan swasta terkait pengadaan sarana dan prasarana.

INTRODUCTION

Referring to the 2018 guidelines for prevention and control of anemia in young women and women of childbearing age (WUS) of the Ministry of Health, in accordance with the Circular Letter of the Directorate General of Public Health number HK.03.03/V/0595/2016 that efforts to prevent anemia in young women by carrying out giving TTD supplementation in school institutions to young women aged 12-18 years (Ministry of Health, 2018). Anemia is a condition where red blood cells (hemoglobin) or erythrocytes are lower than normal. Normal hemoglobin is 12-16 gr% with erythrocytes 3.5-4.5 million/mm (Winarsih, 2018).

According to the World Health Organization (WHO), the incidence of anemia in rheumatism in developing countries is around 53.7% of all young women, anemia often attacks young women due to stress, menstruation or late meals. (WHO, 2021). Based on 2018 Riskesdas data, the prevalence of anemia in teenagers is 32%, meaning that 3-4 out of 10 teenagers suffer from anemia. This is influenced by suboptimal nutritional intake habits and lack of physical activity (Ministry of Health, 2021).

The government determines the dosage TTD for young women is once a week. Giving TTD at the right dose can prevent anemia and increase iron reserves in the body. The target is junior high school (SMP) and senior high school (SMA) children through school and adolescent health efforts (Permatasari, 2018). Based on the results Riskesdas (2018), that 76.2% of young women who received blood supplement tablets (TTD) consisted of 80.9% of them getting iron tablets at school and 19.1% said they did not get them from school. Meanwhile, those who did not get TTD at all were 23.8%.

The level of consumption of iron tablets < 52 items was 98.6% and those who consumed \geq 52 items was 1.4%. Based on routine reports from the Kesga and Nutrition section of Riau Province in 2020, it was found that the percentage of young women who received blood supplement tablets was 52.64% with the highest achievement in Kampar Regency at 74.17%, Rokan Hulu Regency at 71.89% and Pekanbaru at 71.40%.

Based on data from the Rokan Hulu District Health Office in 2022, out of 22 UPTD Community Health Centers in the working area of the Rokan Hulu District Health Service, there are 3 Community Health Centers with a low coverage of providing iron supplements, namely the Kunto Darussalam Health Center, which is 45.7%, the Rambah Health Center, 50.6% and the Health Center. Pagaran Tapah of 52.4%. From these data it can be seen that the Kunto Darussalam Health Center is ranked first as the Health Center with the lowest coverage of iron supplements in Rokan Hulu District. Data from the Kunto Darussalam Health Center, the scope of providing iron supplements is 13.9% in 2020, 27.61% in 2021 and 45.7% in 2022. It can be seen that there is a tendency to increase the achievement of giving TTD to young women in the last 3 years. Based on 2022 data from 1.

In accordance with the 2018 Guidelines for Anemia Management and Prevention, in order for the program to provide TTD to adolescent girls to be successful, input indicators (human resources, funding, facilities and infrastructure) are needed, a process in the form of management of the TTD administration program (preparation, distribution and delivery, recording and reporting, monitoring and evaluation) as well as output (program coverage and compliance with adolescent girls drinking TTD). These activities need to be evaluated so that the

success and weaknesses of the program in providing TTD to young women can be identified.

Various models of evaluation approaches that can be used to evaluate a program such as *CIPP model*, *discrepancy model*, *responsive evaluation model*, *formative-summative evaluation model*, *measurement model*, and goal-free evaluation approach model. One evaluation model that is often used to evaluate a program is the CIPP model is an abbreviation for context, input, process and product (output). Evaluation of this model has the aim of improving the program (Wijayanti, 2019).

Study Susanti (2021) in The Air Bangis Health Center, both from the input, process and output components of the program for administering iron supplements to young women, is not in accordance with the guidebook for prevention and control of anemia in young women and women of childbearing age in 2018. The results of the study Fitriana and Pramardika (2019), shows that at the input stage there are differences in facilities and infrastructure. At the process stage, discrepancies occur in distribution, monitoring and recording and reporting. At the output stage, discrepancies occur in targeting and timeliness and distribution, so that at the input, process, output stages there are still discrepancies in their implementation.

Research conducted by (Maulida, 2021) in Pekanbaru City shows that the implementation of the TTD program for young women in Pekanbaru City is already underway, but there are still many obstacles in its implementation so that the scope of success of this program has not yet reached the national target.

METHODS

This research is a qualitative research. Qualitative research is research that produces descriptive data in the form of the words and behavior of the people being observed (Martha, 2020). The approach to this research is phenomenological, which aims to obtain information by conducting in-depth interviews, reviewing documents and observing the implementation of the program

for giving blood supplement tablets to young women in schools in the Kunto Darussalam Health Center UPTD Working Area, Rokan Hulu Regency.

This research was carried out in schools (junior high schools and high schools) in the Kunto Darussalam Community Health Center UPTD Working Area, Rokan Hulu Regency, with the research time being carried out in January–March 2023. The selection of informants was adjusted to the principles of qualitative research, namely Appropriateness and Adequacy. The types of data in this research are primary data and secondary data. The primary data in this study were obtained from direct sources, namely from informants through interviews deeply by using interview guidelines (conversations conducted with 2 parties) and observation (observations) and searching documents with the help of a checklist sheet. Secondary data is data on the administration of blood supplement tablets to young women in schools in the UPTD Working Area of the Kunto Darussalam Health Center, Rokan Hulu Regency, 2022-2023.

The techniques that researchers used in this research were in-depth interviews, observation and document review. Data analysis in this research was carried out qualitatively. Analysis was carried out by systematically arranging interview guidelines and then processing the data. Data analysis is divided into 6 (six) stages, namely the data transcription stage, data coding, analysis process, presenting data in matrix form, data analysis during data collection and analyzing data using Content Analysis.

RESULTS AND DISCUSSION

Need

Based on the results of in-depth interviews, it is known that the need for the implementation of the blood supplement tablet administration program, health report cards, Hb check kits, socialization, drinking water for drinking iron tablets and support from various parties, namely schools, parents, sub-district heads and police chiefs in the form of support for participation or

attendance in activities socialization about anemia and TTD in young women. This can be seen from the results of the following interview:

".....Support from needs is like medicine, ma'am, books or health cards, then support from the school such as the school principal and teacher, support from across sectors as well as the district head from the police and the school's support from UKS teachers, across sector, as well as parents of studentssame report book

Research result Rahmiati (2019), needed Good cooperation between Tasikmalaya District Health Service programs and between health workers in the field for the TTD program. There is a clear mechanism for rolling out TTD, there is an annual evaluation system to determine the effectiveness of the TTD program. In addition, there is a need for the availability of tools to increase compliance with iron supplement consumption, the quantity and quality of health workers for the iron supplementation program.

Problem

The results of in-depth interviews revealed problems in implementing the giving program tablet adding blood to young women at school, namely the lack of health workers and the absence of promotional media, during the Covid-19 period in 2022 we will not be able to distribute blood adding tablets to female students because they study online at home and the lack of awareness and compliance of students in taking blood adding tablets. This can be seen from the results of the following interview:

"In 2022, Covid will happen, so the students won't go to school, that's an obstacle. Apart from that, we don't have promotional media for schools, so the provision of blood-enhancing tablets is not optimal, so now there's a lack of officers, maybe there are 2-3 people who can."

Hidayat (2020) explained in his research that the obstacle to the program of giving iron tablets to young women was compliance with the consumption of TTD. One way to increase adolescent girls' compliance with TTD consumption is to seek help from outside

parties, such as health workers, teachers and parents. Young women are more obedient when consuming iron tablets with good environmental support.

Research result Permatasari (2018), explained that the government's efforts to tackle anemia were not always smooth and there were still health workers who did not comply with existing guidelines so that the target was not achieved. Obstacles to the implementation of the provision of iron supplements did not meet the guidelines in terms of the quality of human resources, socialization methods, the role of parents, stakeholder cooperation, and educator training.

Asset

Based on the results of in-depth interviews, it is known that the supporting assets for the implementation of the program for administering blood-added tablets to young girls at school are transportation equipment such as ambulances and motorbikes to distribute blood-added tablets to every school in the working area of the UPTD Puskesmas Kunto Darussalam. This can be seen from the results of the following interview:

"The facilities or assets that we use are ambulances or motorbikes to distribute TTD to schools."

Nurhayati and Anwar (2019), explains that assets are anything either tangible or intangible that has economic value, commercial value or exchange value that is owned by a business entity, agency or individual so that it can provide benefits to its users. Assets are classified into 5 types, namely real estate and facilities (buildings and facilities), plant and production (factories and production), mobile assets (moving assets), infrastructures (infrastructure) and information technology (information technology)

Opportunity

Based on the results of in-depth interviews, it is known that opportunities from policy aspects have been used or issued by the government in supporting the achievement of the implementation of the program for administering iron supplements to young women in schools, namely referring

to the circular letter of the Minister of Health in 2016 concerning Administration of Blood Supplementary Tablets (TTD) to young women. Meanwhile, there is no policy from the Regent of Rokan Hulu Regency regarding giving blood supplement tablets (TTD) to young women. This can be seen from the results of the following interview:

"There aren't any from the Community Health Center or government agencies yet, it seems. We only refer to the circular letter from the Director General of Health in 2016 regarding the administration of this blood supplement tablet for junior high and high school adolescents, especially aged 12 to 18 years.."

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Based on researchSusanti (2021),The policy used in implementing the provision of TTD to adolescent girls in West Pasaman Regency schools refers to the policy sourced from the policy of the Indonesian Ministry of Health and the Regional Government Policy specifically regarding the TTD provision program in the form of a circular from the Regent and the Health Service.

Human Resources

Based on the results of in-depth interviews, it is known that the quantity of human resources for the program to provide blood supplement tablets to young women at the Kunto Darussalam Community Health Center is still lacking, there are still officers with dual duties, namely those in charge of the nutrition program and also as surveillance officers for 18 nutritional indicators. This can be seen from the following interview results:

"As for the number of officers, in my opinion, yes, sir, I am a nutritionist myself and I also concurrently serve as a nutrition surveillance officer for 18 indicators in nutrition, I call all the activities themselves. In my opinion, coupled with the administration of

blood-boosting tablets, it should really go down, it seems that it is still not optimal. Moreover, this is an inpatient health center, the standard is 2 nutrition officers "

Funding

Based on the results of in-depth interviews, it is known that the source of funding for the TTD program in schools in the UPTD work area of the Kunto Darussalam Health Center comes from Health Operational Assistance (BOK). This can be seen from the results of the following interview:

"Source of funds from the BOK center from BOK funds"

The results of the research also found that Puskesmas doctors were not involved in TTD program activities for adolescent girls at school even though according to the guidebook for the prevention and control of anemia in adolescent girlsMinistry of Health (2018),The human resources involved in the TTD program for young women are:doctors, midwives, nurses, nutritionists and health promotion officers, school principals, teachers and UKS teams

Completeness of Facilities and Infrastructure

As a result of in-depth interviews, it was found that the availability of blood supplement tablets was sufficient for all young women at school, there were no health report books for female students, female students were only given registration cards for taking blood supplement tablets and the quantity was not enough for all targets, there was no promotional media and no tools. check Hb. This can be seen from the results of the following interview:

"The blood-boosting tablets are sufficient, according to the target. There are no Hb checking tools, there are report cards but they are not enough for the target, that's why they are not distributed, if we don't have the facilities and infrastructure, for example for counseling or promotion,"

Facilities and prasana tersehegood from segi quantity and quality willmesupport meachieve the goals of a program.Facilities and infrastructure in peimplementation

pemberian tablet add blood to the remaja putri dipeneed, among others, tefour pestorage and tools or mehe promotion and SOP(Susanti, 2021).

The results of this study are in line with research Yanti (2022), In Simpang Jaya District, Nagan Raya Regency, there is still a lack of facilities and infrastructure in the program for providing blood supplement tablets, such as the availability of posters, leaflets/brochures for outreach about anemia and TTD, as well as the unavailability of TTD supplementation cards for young women.

Preparation

Based on the results of in-depth interviews, it is known that the preparation for planning needs to be done by calculating the target number of female students multiplied by 52 tablets for one year calculation. Provision of blood-added tablets from IFK (District Pharmacy Agency) Rokan Hulu District Health Office continued to the Kunto Darussalam Health Center to be distributed to schools. This can be seen from the results of the following interview:

"The calculation is that the number of female students is multiplied by 52 tablets for one year's calculation. The process of providing it is based on the number of targets and needs, right? We make a request to the department, then the IFK department will provide and give the tablets to the Puskesmas based on need."

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Research result Indar (2022), that the preparation stage in the program for providing TTD to adolescent girls in schools in Indar Regency is still not good, especially at the needs planning stage where there is a

shortage of tablets, added Darrah during distribution.

Distribution and Giving

Based on the results of in-depth interviews, it is known that TTD is distributed from the IFK (District Pharmacy Agency) of the Rokan Hulu District Health Service and then distributed to community health centers and community health centers through village midwives who distribute it to every high school and middle school in the Kunto Darussalam Community Health Center UPTD working area. This can be seen from the following interview results:

"Public health centerask the IFK health service. Later, the department will distribute it to community health centers and community health centers to villages, then we distribute it to schools once every three months, right?"

The results of this study are in line with research Indar (2022), that distribution blood supplement tablets for adolescent girls in junior high school, high school/vocational school are not in accordance with the guidelines for preventing and controlling anemia in adolescent girls and women of childbearing age because most of the Puskesmas locations are far from school locations and are in the mountains and very remote areas, so the TPG Puskesmas decided to give TTD to young women once a month (TTD was given as 4 tablets for the needs of 4 weeks/1 month for the female).

Recording and Reporting

Based on the results of in-depth interviews, it is known that the recording and reporting of the administration of blood supplement tablets to young women is carried out by teachers. Recording consists of weekly and monthly recording, while reporting is done every 3 months to health workers. This can be seen from the results of the following interview:

"That's good, sir, reports are made by the UKS teacher every week and some also every month. Later 3Once a month it is recapitulated by community health center officers or village officials"

Without pennotes and pereport, toany activities or programs carried out will not be accepted look at its form. Output from PEnnotes and pethis report is sepieces of data and information that areresteem and berrate if meuse metodethat tepat and benar (Handayuni, 2019).

The results of this study are also not in line with research Yudina (2020), that is the recording and reporting process is still not in accordance with the guidelines for preventing and treating anemia. The UKS teacher should also be in charge of the health sector at school and involve himself in continuing to monitor compliance with taking iron tablets in young girls. In theory, the recording and reporting must be completed by the young women themselves in terms of compliance with iron tablets consumption through a nutritional supplementation card and my health report card, besides that there are still young women who have not received a health report card.

Monitoring and Evaluation

Based on the results of in-depth interviews, it is known that there is no direct monitoring of the program for giving blood supplement tablets to young girls in schools in the working area of the Kunto Darussalam Health Center UPTD, either monitoring from the Health Service or from the Community Health Center and program evaluation is only carried out on the results of reporting records only. This can be seen from the results of the following interview:

"Monitoring has not been busy directly evaluating only reports. Due to time constraints. because we have to go to schools to monitor and evaluate. Meanwhile, we are on our own, so if we go down alone we won't be able to, ma'am. That's why we see from the report"

The results of this study are in line with research Susanti (2021), that the monitoring carried out by Air Bangis Health Center officers in carrying out monitoring and evaluation is also not optimal. There are still schools that do not carry out monitoring and evaluation. Monitoring carried out by nutrition implementing staff is by looking at recording reports. Meanwhile, monitoring from the teacher was in the form of directly asking students about iron tablets whether

they had taken them or not, watching young women consume iron tablets directly when drinking together at school. The evaluation carried out by TPG was by providing explanations to young women who did not want to consume TTD.

Output Evaluation of the Implementation of the Blood Supplement Tablet Provision Program

Based on the results of in-depth interviews, it is known that the results (coverage) of the program for administering blood-boosting tablets to young women in schools in 2022 did not reach the target because iron supplements could not be given to female students during the Covid-19 pandemic. This can be seen from the results of the following interview:

"It's really hard to reach the target. Nationally, we haven't reached 54% yet. "It's quite difficult, especially since yesterday during the pandemic, many schools were closed, so those activities stopped."

Outputs (toouter) meshow the result of the process. Evaluation mempeshow whether a program tethat's memberickpeput it against peact like according to replan (Riza et al, 2020). Research result Fitriana and Pramardika (2019) that coverage activities in the TTD program in 2018 at UPT Bengkuring Health Center was 97.1%. This is based on the number of drugs received each month for young women in the Bengkuring Health Center work area which started from March 2018 to December 2018. Achievements were not 100% due to the target of participating in extracurricular activities outside the city.

CONCLUSION

contexts, the needs in implementing the TTD program for young women in schools, namely elementary schools, infrastructure and cross-sectoral support. Problems: Lack of health workers, lack of promotional media, lack of awareness among students about drinking TTD. Supporting assets include ambulances, motorbikes, health center buildings and computer equipment. Opportunities in the form of a circular letter from the Minister of Health in 2016 AND cross-sectoral collaboration. The quantity of input and human resources for health

workers is lacking and they have not received training. The source of BOK funds is still lacking in implementing the TTD program in schools. Facilities and infrastructure do not yet meet the Ministry of Health's standard guidelines for preventing and controlling anemia in adolescent girls. There are no obstacles in the process of preparing the TTD program. the distribution and administration of iron tablets was constrained by the Covid-19 pandemic and not all students brought drinks on the day they drank iron tablets together. Recording and reporting is not in the health report book. Monitoring and evaluation is not carried out directly to schools. Product (Output), the implementation of the program for giving blood-added tablets to young girls in schools in the UPTD work area of the Kunto Darussalam Health Center, namely 45.7%, has not yet reached the target of the Strategic Plan for the Directorate of Community Nutrition in 2022 of 54%.

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