

# REDUCTION AND PREVENTION OF MALNUTRITION PROGRAM WHICH IS CONDUCTED BY DAPUR OMABA (OJEK MAKANAN BALITA) AS CSR PARTNER OF PT PERTAMINA (PERSERO) TERMINAL BBM BANDUNG GROUP AT CISARANTEUN KIDUL VILLAGE, GEDE BAGE SUBDISTRICT, BANDUNG CITY

Kamto Triwibowo<sup>1</sup>, Wahyu Eko Widodo<sup>2</sup>, Suci Pujiati<sup>3</sup>

<sup>1</sup>. Kamto Triwibowo, PT Pertamina (Persero) Terminal BBM Bandung Group, Jl. Soekarno Hatta No. 728 Kelurahan Cinambo, Kecamatan Gede Bage, Kota Bandung Jawa Barat

<sup>2</sup>. Wahyu Eko Widodo, PT Pertamina (Persero) Terminal BBM Bandung Group, Jl. Soekarno Hatta No. 728 Kelurahan Cinambo, Kecamatan Gede Bage, Kota Bandung Jawa Barat

<sup>3</sup>. Suci Pujiati, Fakultas Ilmu Kesehatan, Universitas Ibn Khaldun Bogor, Jl. KH. Sholeh Iskandar KM. 2, Bogor, Indonesia, 16162.

\*Correspondence: [kamto.triwibowo@pertamina.com](mailto:kamto.triwibowo@pertamina.com)

## ABSTRACT

**Background:** As one of the commitments to accelerate Sustainable Development Goals (SDGs) achievement program, reduction and prevention of malnutrition is very important and need to be continuously developed. The case of malnutrition often related to the socio-economic conditions of the people who reflecting on the lack of knowledge and attitudes in preparing healthy and nutritious food. Based on Bandung Statistic Center's data at 2012, there are 3,000 people at Cisaranteun Kidul Village are poor population with majority of low education (70%) equivalent to junior high school or below. There are 22 cases of toddler malnutrition and 11 infant mortality are the most common case at Gedebage sub-district. **Purpose:** Finding out the information about programs and activities which carried out by corporate social responsibility (CSR) of PT. Pertamina (persero) Terminal BBM Bandung Group and Dapur OMABA (Ojek Makanan Balita) to overcome malnutrition problem at Cisaranteun Kidul Village, Gedebage sub-district, Bandung. **Method:** This research is a descriptive study with a qualitative approach. Data was collected through field observations, in-depth interviews, focus group discussion and documentation studies. This study involved 15 informants who were chosen by considering the linkages of informants with the focus of the research, the programs carried out and the knowledge they possessed. **Result:** During 4 years operation, Dapur OMABA brought an enormous change, marked by reduction 100% incidence cases of malnutrition and zero mortality of infant death by malnutrition. **Conclusion:** First, the distribution of healthy food directly twice a day for 3 months to malnutrition toddlers using motorbike (ojek) is quite effective and on target controlling cases of malnutrition. Second, the socialization of nutritional knowledge through mobile kitchen activities, cooking demonstrations of healthy food and the distribution of healthy menu books increasing public knowledge. Third, PT. Pertamina (persro) Terminal BBM Bandung Group succeeded in developing the community development program for Dapur OMABA Group so they can be an independent group which run a social enterprise in providing healthy food.

**Keywords :** Malnutrition, Pertamina, Dapur OMABA, toddler, CSR

## 1. INTRODUCTION

Nutrition is one of health developments focus on the Sustainable Development Goals (SDGs) 2016-2030. It becomes a key factor on the success of the public health improvement in Indonesia and the World. SDGs concern on health sector especially nutrition focused on two goals, there are "Zero

Hunger” and “Good Health and Well-Being”. Nutrition problem is closely related to the children growth. Nutrition must be placed as an important asset (input) on the country development. Nutrition also must be an important success indicator (output) on the development. Nutrition with other factors such as health, education and economy are foundation on the quality people development (Takeda, 2019).

The occurrence of malnutrition cases is very affected by people knowledge and attitude. While, one of some factors which affect people knowledge and attitude is their economic condition. If their knowledge and income getting lower, there is more likely malnutrition case occurred (Blossner, 1990). Besides the family poor economic condition, a wrong parenting practice on the nutrition provision because the lack of parent education, the mother poor knowledge of nutrition or people customs which prohibit particular kinds of food are the other factors that take part on the malnutrition cases (Robert, 2013).

Chronic malnutrition (stunting) are suffered by 161 million children in the World on 2013, approximately. Half and one third of this number live in Asia and Africa. On the same year, it is estimated that 51 million and 17 million toddler suffered wasting and severe wasting. About two third and one third of all toddler who was suffered wasting were founded in Asia and Africa (World Hunger, 2015). In Indonesia, malnutrition is one of public health problems that occurred in many region. In 2013, underweight toddler prevalence in Indonesia reach 19,6% (Risksdas, 2013). In Bandung city, there are 5,57% of 143.302 toddler or 7.993 toddler were suffered underweight and even 770 malnutrition cases exist (BPB, 2016).

Cisaranten Kidul is one of some villages in Gedebage sub-district, Bandung city. The village has many poor population which majority (70%) of the population only have junior high school degree. By this condition, malnutrition are become the most faced health problem in this village (BPS, 2012). In 2012, Cisaranten Kidul has 22 malnutrition cases with 11 infant mortality which make it the highest malnutrition and mortality cases in Gedebage sub-district. Even, there are many infant mortality in the womb, because of the pregnant mother lack of nutrition. In order to solve this malnutrition problem, Bandung city government has conducted “Pemberian Makanan Tambahan Pemulihan (PMT-PP” program, so far. Nevertheless, it is not effective enough to decrease the malnutrition cases. Therefore, Dapur OMABA (Ojek Makanan Balita) program was developed by PT. Pertamina (persero) TBBM Bandung Group and Puskesmas Riung Bandung to help government in solving this problem. This research was aimed to describe the information about programs and activities which carried out by corporate social responsibility (CSR) of PT. Pertamina (persero) Terminal BBM Bandung Group and Dapur OMABA (Ojek Makanan Balita) to overcome malnutrition problem at Cisaranteun Kidul Village, Gedebage sub-district, Bandung.

## **2. METHOD**

This research is a descriptive study by qualitative approach which was conducted for 4 months from May until August 2018. The research location was in Cisaranten Kidul village, Gedebage sub-district, Bandung city. The primary data retrieval was conducted by in-depth interview to 15 key informant,. They are chosen because of their involvement in the Dapur OMABA program, while the secondary data was obtained by document analysis and literature review.

Data validity is proved by source triangulation and data triangulation. The source triangulation is conducted by cross checking the informants responses each other, while data triangulation was conducted by analyzing the puskesmas dan village document related to malnutrition

prevalence year by year. The data was presented in table and diagram form to ease in the analysis of the information and the formulation of the conclusion.

### 3. RESULTS

After data revealed in 2012 which showed there were 22 malnutrition toddler in Cisaranten Kidul village, Gedebage sub-district, Bandung city, PT. (persero) Terminal BBM Bandung Group and Puskesmas Riung Bandung start to develop program to solve this problem. The early two years program focused on “Pemberian Makanan Tambahan Pemulihan (PMT-P)” activity using Ojek Makanan Balita (OMABA) concept. The concept was replacing the government old approach which distributing packed milk to the malnutrition toddler family by new approach which directly feed the toddler with fresh nutritious food in their home. The volunteer came to the toddler home by using their own motor bike so they were called “Ojek Makanan Balita” or abbreviated as “OMABA” then.

The program was succesfully alleviating 22 toddlers from malnutrition after 4 years OMABA program has been conducted. In 2016, there are no longer malnutrition case in Cisaranten Kidul village as showed in the table below.

**Table 1. Malnutrition and Mortality Reduction in Cisaranten Kidul village After OMABA Program during 2012 – 2018**

Year	Number of Malnutrition Toddler	Number of infant Mortality
2012	22 cases	11 cases
2013	18 cases	0 cases
2014	17 cases	0 cases
2015	8 cases	0 cases
2016	0 cases	0 cases
2017	0 cases	0 cases
2018	0 cases	0 cases

Source: PT. Pertamina (persero) Terminal BBM Bandung Group Community Development Evaluation Report Document 2017-2018

In 2016, when there is no longer any malnutrition and mortality cases in Cisaranten Kidul village, PT. Pertamina (persero) Terminal BBM Bandung Group renewed the social mapping. The social mapping document revealed that there are 161 poor family still exist. These poor family is the root problem why malnutrition toddler was occurred, so if there is still any poor family, the malnutrition case also still possible to be reoccured. It is clear that the real problem is poverty which is also related to the first goal on Sustainable Development Goals, “No Poverty”. Therefore, PT. Pertamina (persero) Terminal BBM Bandung Group innovate the OMABA program to be Dapur (kitchen) OMABA program. The new program was not only focused on malnutrition alleviation but also the prevention by developed their poor family to be wealthier.

On this stage, PT. Pertamina (persero) Terminal BBM Bandung Group CSR program was not only a charity, but beyond it become community development program that will create a independent community who can solve their own problems. Some of activities which was conducted on Dapur OMABA program to solve this poverty problem are:

- a) Entrepreneurship training

There are various training and workshop held in order to create a good entrepreneur. Those are production training, entrepreneurship mindset, marketing training both offline and online and also administration and financial workshop.

b) Establishment of Dapur OMABA building, equipment and group

Dapur OMABA which is located on Jalan Riung Mulya No. 20, Cisaranten Kidul, Bandung was build on the last 2016. It also was equipped by a set of complete cooking equipment so the people can practice there. Then, Dapur OMABA group legalized as a legal group entity by village government and now in 2018 is on progress to be a legal business entity as co-operation or CV.

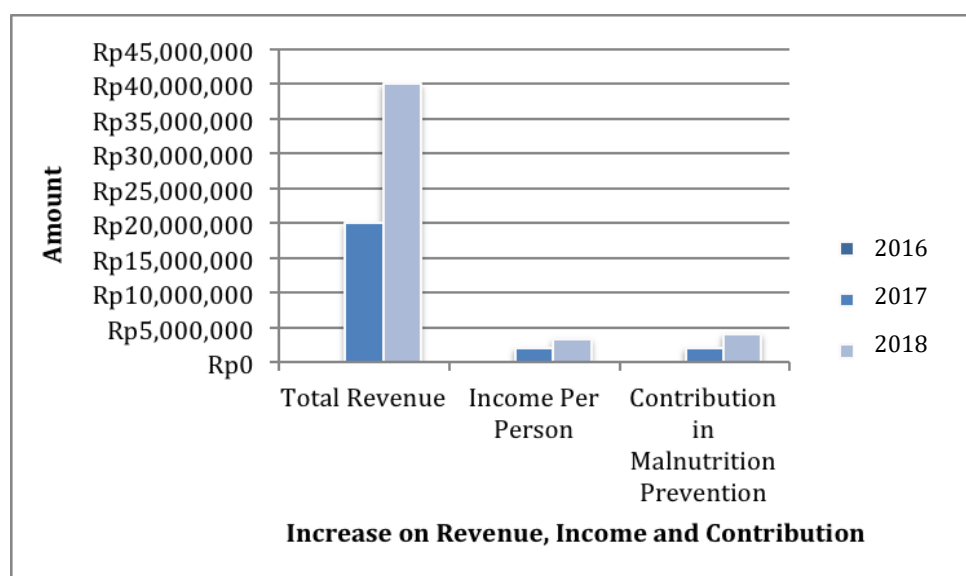
c) Healthy food product development which could be sold to the common people

Some healthy food were created by Dapur OMABA, such as vegetable cheese stick, non gluten cookies, green noddle and carrot cake. Some of those product have been obtained PIRT certification from Dinas Kesehatan Bandung and Halal certification from Majelis Ulama Indonesia. The sertification is a mandatory for Dapur OMABA product so that it can be sold.

d) Marketing of the product using various method

Dapur OMABA product can be found both online and offline now. On the online platform, consumer can get it on Dapur OMABA website [www.dapuromaba.com](http://www.dapuromaba.com) and Instagram account @dapuromaba. While on the offline stores, Dapur OMABA product has been sold in some snack store in Cipaganti street, Husein Sastranegara Airport and now on progress partnership with dr. Oz Indonesia host, dr. Reisa Brotoasmoro to build a healthy food gift store in Bandung.

The Dapur OMABA program as a community development program to alleviate Cisaranten Kidul people from poverty has been created encouraging results, especially on increasing their income as showed in the figure below.



**Figure 1. Increasing on Dapur OMABA Revenue, Income per Person and Contribution in Malnutrition Prevention per Month**

Dapur OMABA program has been increasing the group revenue from Rp0,- per month in 2016 to Rp20.000.000,- per month in 2017 and Rp Rp40.000.000,- per month in 2018. If divided to be income per person it also increased from Rp0,- in 2016 to Rp2.000.000 per person per month in 2017 and Rp33.333.333 per person per month in 2018. Adopting the social entrepreneurship concept, Dapur OMABA have a vision to alleviate and prevent toddler from malnutrition, so they also share 10%

their revenue to be used on malnutrition prevention program. The contribution also increase from Rp0,- in 2016 to Rp2.000.000,- per month in 2017 and Rp4.000.000,- per month in 2018.

#### **4. DISCUSSION**

Dapur Ojek Makanan Balita (OMABA) program both of the charity concept and community development concept has been successfully applied in Cisaranten Kidul village. Not only alleviate toddler from malnutrition it also alleviate their family from poverty. This program should be amplified and replicated by government, company CSR and other related institutions to solve the similar problem in the other area not only in Indonesia but also in The World.

#### **5. CONCLUSION**

The research conducted on this study propose several conclusions below.

- a) During 4 years operation, Dapur OMABA brought an enormous change, marked by reduction 100% incidence cases of malnutrition and zero mortality of infant death by malnutrition,
- b) The root problem of malnutrition problem in Cisaranten Kidul village was poverty,
- c) Dapur OMABA program development from charity concept to be community development concept using social entrepreneurship approach has been successfully alleviate malnutrition toddler family from poverty,
- d) This approach should be amplified and replicated by government, company CSR and other related institutions to solve the similar problem.

#### **6. ACKNOWLEDGEMENTS**

We would like to say thank you to PT. Pertamina (persero) Terminal BBM Bandung Group that funded this research so this paper can be published.

## BIBLIOGRAPHY

- Badan Penelitian dan Pengembangan Kesehatan Departemen Kesehatan RI. Riset Kesehatan Dasar (RISKESDAS). Laporan Nasional 2013. Jakarta
- Departemen Kesehatan RI. Kesehatan dalam Kerangka *Sustainable Development Goals* (SDGs). 2015. Available at : [http://www.pusat2.litbang.depkes.go.id/pusat2\\_v1/wp-content/uploads/2015/12/SDGs-Ditjen-BGKIA.pdf](http://www.pusat2.litbang.depkes.go.id/pusat2_v1/wp-content/uploads/2015/12/SDGs-Ditjen-BGKIA.pdf)
- Food and Agriculture Organization of The United Nations. *The Double Burden of Malnutrition. Case Studies from Six Developing Countries*. FAO Food and Nutrition Paper 2006; 84
- Laporan Evaluasi Program Community Developmet PT. Pertamina (persero) Terminal BBM Bandung Group 2017
- Laporan Evaluasi Program Community Developmet Pertamina (persero) Terminal BBM Bandung Group 2018
- Laporan Need Assesment dan Social Mapping PT. Pertamina (persero) Terminal BBM Bandung Group 2016
- Sawaya, A.L, Roberts, S. *Stunting and Future Risk of Obesity : Principal Physiological Mechanisms*. Cad. Saude Publica, Rio de Jeneiro, 19 (Sub.1): S21-S28, 2003
- World Hunger Education Service. 2015. *2015 World Hunger and Poverty Facts and Statistics* <http://www.worldhunger.org/articles/Learn/world%20hunger%20facts%202002.htm>. [Accessed 26 August 2018]
- Xu, G, Umezawa, M, Takeda, K. *Early Development Origins of Adult Disease Caused by Malnutrition and Environmental Chemical Substances*. Journal of Health Science, 55(1) 11-19, 2009