



MANAGEMENT NUTRITION FULFILLMENT OF NON CASH FOOD ASSISTANCE (BPNT)

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ABSTRACT

Background: The Non-Cash Food Assistance Program (BPNT) is a type of direct community assistance to provide basic necessities with the aim of allowing people to consume better food and nutrition.

Objective: This study aims to management nutrition fullfillment of Non Cash Food Assitance (BPNT).

Method: This research usesmix method. The population in this study were all households receiving the Gowa Regency Non-Cash Food Assistance Program (BPNT).

Result: In this research, recipients of non-cash food assistance (BPNT) have utilized family food access assistance by >50% or around 329 people, and there are still 21 people (4.64%) who have not maximized BPNT for family food access. 100% of recipients receive BPNT of <Rp. 300,000/month and allocate <Rp. 300,000 for purchasing food/food.

Conclusion: Basically, the distribution of BPNT in Gowa Regency has an impact on improving welfare and fulfilling the economy as well as meeting basic needs, especially food.

INTRODUCTION

Poverty is a problem that is still faced by several countries in the world, including Indonesia. Based on data from the Central Statistics Agency (BPS, 2021), it shows that in March 2021 the percentage of poor people in Indonesia was 10.14% with the number of poor people being 27.54 million people. The percentage of poor people in rural areas was 13.10% (15.37 million people) more than the urban population which was only 7.89% (12.17 million people) and overall there was a decrease of 0.05% points compared to the percentage of poor people in the September period. 2020 (BPS RI, 2021).

The poverty line recorded in March 2021 was IDR 475,525.00/person/month, where the food poverty line was IDR 349,474.00 (73.96%) and the non-food poverty line was IDR 123,051.00 (26.04%). In March 2021, poor households in Indonesia had an average of 4.49 family members. Thus, the average poverty line for each poor family is IDR 2,121,637.00/poor family/month. The food poverty line is the total expenditure value of 52 basic food items that are actually consumed by the reference population, then equal to 2,100 kcal per person per day.

One of the poverty management programs provided by the government is social food assistance. In 2016 the government mandated that the distribution of social assistance and subsidies must be carried out non-cash and through the banking system.

Currently, the transformation of the Poor Rice Program (Raskin) into Non-Cash Food Assistance (BPNT) is carried out through the provision of basic commodities by Bulog and non-cash distribution. This program aims to ensure that people can obtain food of higher quality, in appropriate quantities, and which can be purchased more easily and affordably.

Based on PERMENSOS no. 11 of 2018, the Non-Cash Food Assistance Program (BPNT) is a type of direct assistance given to the community as a replacement for the Raskin Program and is a BPNT Program which is distributed non-cash to Beneficiary Families (KPM) every month and can only be used to buy groceries and basic household needs. Disbursement of social assistance funds can be done at the Warung Gotong Royong Electronics (*E-Warung*) or agents who have collaborated with the government's State Bank Association (Himbara) regarding the distribution of non-cash food aid (Rosaliana, Ana and Hardjati, 2019).

In 2017, there were 1.2 million KPM BPNT recipients spread across 44 districts/cities. Each KPM receives IDR 110,000, which is distributed through Himbara to be disbursed at *e-Warung* listed in the form of rice and sugar. In 2018, the government expanded BPNT distribution in 54 districts/cities to 438,975 KPM, bringing the total BPNT distribution during 2017-2018 to 1.7 million KPM in 98 districts/cities served by

2,300 *e-Warong*. If in 2017 the BPNT deployment locations focused more on Java, then in 2018 there will be more focus outside Java. Gradually, food assistance will be expanded to all cities and districts according to the readiness of non-cash distribution facilities and infrastructure in the regions.

The BPNT program provided by the government seeks basic food assistance so that people consume adequate food or remain on good nutrition, equalizes targeting of residents who receive this assistance, and provides options for people who are KPM regarding what types of assistance they need to receive. In terms of fulfilling basic needs to continue to help the community in order to achieve sustainable development.

The problem of malnutrition globally still receives attention, especially in most developing countries, one of which is Indonesia (MCA, 2017). Indonesia is a country with diverse nutritional problems. Nutritional needs play a central role in creating a healthier and more prosperous society (Nasriyah, 2022).

The problem of malnutrition is stunted growth (*shortness*), underweight (*malnutrition*), weight loss (*lean*), and micronutrient (vitamin and mineral) deficiencies. Riskesdas 2018 reported the prevalence of malnutrition and poor nutrition at 17.7% (nationally) and South Sulawesi at 22.9%. In 2007, 2010 and 2013, the prevalence of stunting was 36.8%, 34.6% and 37.2% from year to year, and fell to 30.8% in 2018, while in South Sulawesi it was still higher than

national level, namely 35.7% (Riskesdas, 2018). Short-term risks of malnutrition include increased morbidity and mortality, developmental disabilities, and increased financial burdens of caring for sick children. In the long term, it will cause a decline in reproductive health, inability to concentrate on studying, and low work efficiency (Kanjijal, 2016) (Mukherje, 2016).

The prevalence of Chronic Energy Deficiency (KEK) in pregnant women is 17.3% and in women of childbearing age who are not pregnant is 14.5% (RISKESDAS, 2018). CED in pregnant women makes a major contribution to low birth weight babies. Children who are born with low birth weight and continue to suffer from malnutrition during childhood will experience stunted growth and are at risk of developing degenerative diseases as adults (Garcia, 2017).

Results of case studies in eight Indonesian Provinces, conducted by the National Development Planning Agency (Bappenas) and *World Food Program* (WFP) in 2017 stated nationally: 1) enable households to buy nutritious food using food ingredients available in local markets, of which rice, eggs, green vegetables can contribute the most to meeting nutritional needs at the lowest cost, and rice, eggs and green vegetables meet nutritional needs at the lowest price; 2) the average cost of nutritious food for a household is IDR 1,191,883.00 per month; 3) also states that nationally 62 percent of households can buy nutritious food; 4) food availability is not

the main obstacle for households to get better nutrition. Purchasing power is the main obstacle for underprivileged households, and taste, comfort or knowledge can become obstacles (Sakti, 2014).

Previous research results show that the family assistance program can improve the quality of life and quality of food consumption for PKH beneficiaries (Annisaulkahiri, 2023). Supporting factors for implementing the family assistance program include high motivation and enthusiasm which is based on the involvement of all elements of society (Cahyono T A S, 2018). Meanwhile, factors inhibiting program implementation include a

METHODS

This research uses *mix method*. First, it is carried out quantitatively to find out the extent to which family nutrition is met and the use of cash assistance is related to food access for recipients of the Cash Food Assistance Recipient Program (BPNT). Next, a qualitative approach was taken to analyze the efforts made by families to fulfill balanced nutrition.

The population in this study were all households receiving the Non-Cash Food Assistance Program (BPNT). Sampling was carried out purposively by considering the regional representation in the PBL location of the UIN Alauddin Makassar Public Health Study Program. The regional representation referred to in this research is the representativeness of the sample from the area where the aid recipient lives.

lack of human resources and budget, dissemination of information that has not been maximized and invalid data (Probohastuti, 2019). Other findings show that the effectiveness of the BNPT program is in the poor category (Syafuruddin, 2021).

Based on the description above, to study further regarding the effectiveness of efforts to improve family and community nutrition through the BPNT program, it is necessary to conduct a study of family nutrition fulfillment for recipients of BPNT assistance benefits in the District. Gowa is one of the districts with the highest KPM in South Sulawesi.

Analysis of data from research results in the field, validation and categorization are first carried out. The questionnaire in the form of questions and statements was analyzed using a Likert scale. According to Sugiyono (2010) the Likert scale is used to measure the attitudes, opinions and perceptions of a person or group in responding to social phenomena with categories: always if 7 times a week, often if 5-6 times a week, sometimes if 3-4 times a week a week, category rarely if 1-2 times every week, and never if 0 times every week. The data that has been analyzed is presented descriptively in the form of tables, graphs and narratives to discuss research results and qualitative data interviews.

RESULTS

Table 1
Frequency Distribution Based on Respondent Characteristics
Recipients of the Non-Cash Food Assistance Program (BPNT)

Characteristics Respondent	Frequency (n) N = 452	Percentage (%)
Respondent's Age		
15-25 years	10	2.2
26-35 years old	72	15.9
36-45 years old	168	37.2
46-55 years old	83	18.3
>55 years old	119	26.3
Gender		
Man	44	9.7
Woman	408	90.3
Level of education		
Not completed in primary school	127	28.0
Elementary School	150	33.1
Junior high school	90	19.9
Senior high school	85	18.8
Diploma	1	0,2
Work		
Doesn't work	47	10.4
Farmer	167	36.9
Entrepreneur /Trade	84	18.6
Fisherman	2	0.4
Honorary/Daily	14	3.1
Laborer/Driver/Helper	114	25.2
Other	24	5.3
Total income		
< Rp.500,000	204	45.1
> Rp. 500,000 – Rp. 1,000,000	143	31.6
> Rp. 1,000,000– Rp. 1,500,000	70	15.5
> Rp. 1,500,000– Rp. 2,000,000	21	4.6
> Rp. 2,000,000– Rp. 2,500,000	13	2.9
> Rp. 3,000,000	1	0.2

Source: Primary Data, 2022

Based on the characteristics of respondents based on the gender of BPNT recipients, it is known that the majority of BPNT participants are female, namely 408 (90.3%) and 44 male (9.7%). BPNT based on education level is dominated by 150 people

who have finished elementary school, 127 people who have not finished elementary school (28.1%) and 1 person who has completed diploma (D1/D2/D3). The type of work that BPNT recipients do is dominated by farmers, namely 167 people (36.9%), then

laborers/drivers/ojek/helpers with 114 people (25.2%), and the most others are self-employed/trading/sales people with 84 people (18.6%). 47 people (10.4%) were BPNT recipients who did not work. The

amount of household income receiving BPNT is dominated by families with income < IDR 500,000, which is around 45.1% and > IDR. 500,000 – 1,000,000. Only 1 (0.2%) family with income > IDR 3,000,000.

Table 2
Non-Cash Food Assistance Program Receipts (BPNT)

Distribution Acceptance BPNT	Frequency (n) N = 452	Percentage (%)
Recipient		
Yes	424	94.0
No	28	6.0
Number of BPNT Every Month		
< Rp. 300,000	452	100
> Rp. 300,000	0	0
Number of BPNT for the Last 3 Months		
< Rp. 300,000	21	4.6
>Rp. 300,000 – Rp. 600,000	431	95.4
BPNT Collection Location		
Village Office	47	10.4
Post office	243	53.7
Banks (BRI/BNI/MANDIRI)	28	6.19
BPNT Companion	134	29.6
Amount of BPNT Allocation		
There isn't any	10	2.2
< Rp. 300,000	330	73.0
>Rp. 300,000 – Rp. 600,000	104	23.0
>Rp. 600,000 – Rp. 900,000	5	1.1
>Rp. 900,000 – Rp. 1,200,000	3	0.7

Source: Primary Data, 2022

Based on the table above, it is known that 424 people (94%) received BPNT in the last 3 months and 28 people (6%) did not receive BPNT in the last 3 months. Based on the table, it is known that 100% of respondents received cash food assistance (BPNT) < IDR 300,000/month. The amount of BPNT obtained over the last 3 months was 95.4%, getting BPNT around > Rp. 300,000-Rp.

600,000 and the other 4.6% get < Rp. 300,000.

Most aid recipients take BPNT at

Posyandu Office, namely 243 people (53.8%) and BPNT Companions as many as 134 people (29.6%). Other withdrawals were made at the Village Office, namely 47 people (10.4%) and at the Bank (BRI/BNI/Mandiri), namely 28 people (6.2%).

Table 3
Fulfillment of Family Nutrition
Recipients of the Non-Cash Food Assistance Program (BPNT)

Fulfillment of Nutrition Family	Frequency (n) N = 452	Percentage (%)
Family Eating Tempeh		
Never	5	1.1
Charcoal	89	19.7
Sometimes	221	48.9
Often	102	22.6
Always	35	7.7
Family Eats Vegetables		
Never	1	0.2
Seldom	21	4.6
Sometimes	100	22.1
Often	139	30.8
Always	191	42.3
Family Eating Fish		
Never	5	1.1
Seldom	16	3.5
Sometimes	87	19.2
Often	144	31.9
Always	200	44.2
Family Eating Fruit		
Never	36	8.0
Seldom	231	51.5
Sometimes	150	33.2
Often	26	5.8
Always	9	2.0
Family Drinking Milk		
Never	134	29.6
Seldom	198	43.8
Sometimes	74	16.4
Often	30	6.6
Always	16	3.5
Family Eating Chicken		
Never	149	33.0
Seldom	191	42.3
Sometimes	101	22.3
Often	8	1.8
Always	3	0.7
Meat Eating Family		
Never	279	61.7
Seldom	144	31.9
Sometimes	26	5.8
Often	2	0.4
Always	1	2

Source: Primary Data, 2022

Based on the table, it shows that most families eat 3 times/day to fulfill family nutrition (85.8%) and 14.2% of families eat 2 times/day. Table 4.10 shows the nutritional fulfillment of families who receive BPNT based on the family eating vegetables in one week, where the majority of aid recipients consume vegetables 7 times a week/every day (42.3%), and there are still around 100 aid recipients who occasionally consume vegetables. Most of them consume tempeh 3-4 times/week (sometimes), namely 48.9%, and there are still BPNT recipients who say they never consume tempeh (1.1%) and rarely (19.7%) consume tempeh. The majority consume eggs 3-4 times/week (sometimes), namely 6.5%, and there are still BPNT recipients who state that they never consume eggs (0.2%) and rarely (7.7%) consume eggs. Fish consumption 7 times a week is 44.2% or around 200 aid recipients.

However, there are still around 1.1% or 5 BPNT recipients who say they never consume fish in one week and 3.5% who say they rarely consume fish. consuming fruit is around 51.5% or as many as 231 people. And another 33.2% said they sometimes consumed fruit, namely 33.2% or 150 people. families who drink milk in one week are dominated by the category who rarely drink milk, namely around 43.8% or as many as 198 people. And 29.6 (134 people) said they had never drunk milk in one week. 42.4% (191 people) of aid recipients rarely consumed chicken in one month, and 33% (149 people) said they never consumed chicken in one month. families who eat meat in one month are dominated by the category of never consuming meat, namely 61.7% or 279 people, and 31.9% or 144 people say they rarely consume meat in one month.

Table 4
Utilization of Assistance for Family Food Access
Recipients of the Non-Cash Food Assistance Program (BPNT)

Utilization of assistance for family food access	Frequency (n)	Percentage (%)
<10%	21	4.64
10-30%	102	22.58
30-50%	0	0
>50%	329	72.78
<i>Total</i>	452	100

Source: Primary Data, 2022

The table above shows that the majority of recipients of non-cash food assistance (BPNT) have utilized assistance for family food access, namely > 50% or around 329 people, however there are still 21 people (4.64%) who have not maximized BPNT for family food access.

DISCUSSION

In 2020, the value of BPNT assistance received by poor families in Gowa Regency was originally IDR. 110,000/KPM every month, increasing to Rp. 200,000/KPM every month. With the Covid-19 pandemic, in April 2020 the Gowa Regency Government distributed 98,786 social assistance to underprivileged families, including those affected by the spread of the Corona Virus or Covid-19. This effort is a form of regional government commitment to fulfill community food security, especially for vulnerable families during the implementation of Large-Scale Social Restrictions (PSBB) which will enter the implementation stage on Monday 04 May 2020. Based on Gowa Regency Covid-19 Social Safety Net data, basic food assistance which is distributed from various social programs from the central to district governments.

Basically, the distribution of BPNT in Gowa Regency is expected to have an impact on improving the welfare and economic fulfillment of the beneficiaries, especially having an impact on the Beneficiary Families (KPM) in their ability to meet basic needs,

especially food, as stated in Law Number 13 of 2011 concerning Handling The poor.

Fulfilling Family Nutrition through the BPNT program in Gowa Regency is able to encourage good growth patterns and nutritional status. Efforts to improve nutrition will be more effective if it is part of poverty reduction and human resource development policies. Leaving the population with malnutrition problems will hinder the achievement of development goals in terms of poverty reduction.

Social assistance through BPNT for poor families (KPM) in the form of rice and eggs, is *supporting* (help), which of course does not meet all of KPM's food needs. Therefore, (still) maximum effort is needed from KPM to meet the daily nutritional needs of their families. Supporting and Inhibiting Factors for Implementing the BPNT Program can be seen from community support and hard work from the government or BPNT program assistants in carrying out their duties. The public must understand about the BPNT program because the program uses cards that can be exchanged at e-warongs. In distributing this program, there must be good coordination between agencies implementing the BPNT program, this is in accordance with the theoretical aspects regarding program implementation that aspects of coordination and cooperation are important aspects of success.

Effective implementation of the BPNT program for recipients is the achievement of government policy in overcoming poverty with

the BPNT program using a card that resembles an ATM and can be exchanged at e-warong according to needs such as rice, oil, eggs, sugar. This is to meet the food needs of poor families or poor households. Through the implementation of the BPNT program, it can provide real benefits in increasing food security and household social welfare, especially fulfilling family nutrition.

Growth and nutritional problems are multidimensional problems, influenced by various factors. The direct cause of malnutrition is unbalanced eating, both in the quantity and quality of nutritional intake, in addition, nutritional intake cannot be utilized optimally by the body due to absorption disorders due to infectious diseases. Indirect causes are insufficient food availability in the household, poor childcare patterns, especially in feeding patterns for toddlers, inadequate sanitation and environmental health and poor health services. All of these conditions are closely related to low levels of knowledge, income levels and poverty. Every family is expected to be able to meet the food needs of all its family members in sufficient quantities, both in quantity and nutritional quality.

BPNT is the government's effort to transform the form of aid into non-cash (*cashless*) ie through the use of electronic cards given directly to KPM. The social assistance is channeled to KPM using the banking system, which can then be used to obtain rice and/or eggs at e-Warong, so that KPM also obtains a more balanced diet.

The results of the research carried out show that there are still people who have not optimized BPNT assistance, so integrated efforts are needed to encourage the welfare and fulfillment of healthy families who receive BPNT. Because the main objective of the BPNT program is to reduce the expenditure burden on Beneficiary Families (KPM) by fulfilling some of their food needs; providing more balanced nutrition to Beneficiary Families (KPM); increasing the accuracy of targeting and timing of receipt of food assistance for Beneficiary Families (KPM); provide choice and control to Beneficiary Families (KPM) in meeting food needs; and encourage the achievement of Sustainable Development Goals (SDGs).

The results of previous research show that the implementation of the Non-Cash Food Assistance Program (BPNT) has gone quite well and is right on target for poor people who are less able to meet their needs, but it is not felt that meeting their monthly needs is sufficient. The obstacles experienced by beneficiary families include: 1) inaccuracy in targeting food aid to the beneficiary family's account, 2) distance between recipient families the benefits of e-warong are far away, 3) inconsistencies in the distribution schedule for non-cash food aid, 4) problems with damaged, broken cards, lost and blocked cards (Aspar & Syakhrudin, 2019). Basically, BNPT aims to reduce the burden on society, but in reality

there are several problems, one of which is that it is not on target (Aisyah, 2021).

The Non-Cash Food Assistance Program is an effort to reform the Rastra Subsidy Program which was implemented based on the direction of the President of the Republic of Indonesia to increase the effectiveness and accuracy of program targets, as well as to encourage financial inclusion. The distribution of non-cash food aid was implemented in stages starting in 2017 in several selected areas in Indonesia with adequate access and facilities. Apart from providing a wider choice of food, the distribution of Non-Cash Food Assistance through the banking system is also intended to support people's productive behavior through flexibility in the timing of aid withdrawals and asset accumulation through savings opportunities (Gultom et al., 2020).

Through the Non-Cash Food Assistance (BPNT) program, the government provides assistance in the form of non-cash money amounting to Rp. 110,000 which cannot be disbursed in the form of money but in the form of 10 kg of rice and 10 eggs which can be picked up at E-Warong (Electric Warong Mutual Cooperation Special for the BPNT program) which is more specifically a place for distributing BPNT aid in addition to empowering commodities other than rice and failures carried out by the service kubes. The success of the non-cash food assistance program (BPNT) is measured based on targets, right quantity, right price, right time, right

quality and right administration (Yunus, 2019).

Policy recommendations provided by previous research state that the effectiveness of implementing BPNT will be better if: (a) improving the supply of food, (b) improving the internet network and infrastructure as well as handling card problems for aid recipients, (c) improving the household data collection mechanism. become target recipients of aid, (d) perfect the food social assistance program according to community and regional characteristics, and (e) increase the intensity of involvement and performance of Perum Bulog in order to support the distribution of food social assistance and national food affairs (Iwan et al, 2021).

With the existence of Non-Cash Food Assistance (BPNT), community food security has been greatly helped, even though it is not fully met, it can help provide enough food for the community in everyday life. The Non-Cash Food Assistance Program (BPNT) for underprivileged communities can be said to be running effectively and according to procedures (Arief et al., 2023). according to the MicroSave Consulting (MSC) report (2019), BPNT contributes 12-29 percent to total monthly expenditure or can meet the community's food (rice) needs for 1-2 weeks. Although in cases at the regional level it was reported that BPNT did not affect public spending (Nasution et al., 2020).

Disagreements have emerged regarding BPNT's view of helping poor households meet their food needs. The pro group claims that

BPNT is able to correct previous food aid by increasing the accuracy of KPM targets (Wiwit et al., 2020), reducing budget irregularities (Rachman et al., 2018), encouraging people to become digitally literate and financial literate (Rachman et al., 2018), as well as empowering the people's economy through e-Warong (Risnandar & Broto, 2018). Meanwhile, opposing groups argue that the types of BPNT commodities are still limited and inflexible (Nurhayati, 2019). The increase in prices caused lower food purchases and a decrease in monthly household consumption to 1.78 kg of rice and 3.73 eggs (Ilman, 2019). The government should evaluate and increase the number of food supplies and e-Warong in the BPNT Program in order to increase the level of

REFERENCES

- Annisaulkhairi & Nurdin M N. (2023). Analysis of the Food Quality and Nutritional Status of Toddler From the Family of Program Beneficiaries of the Indonesian Conditional Cash Transfer Program. *Jurnal Gizi Dietetik*, 2(1), 31 – 36. https://journal.ipb.ac.id/index.php/jgizi_dietetik/issue/view/3224
- Aisyah T, Sukmawati C, Hasyem M, Aklima N. (2021). The Effectiveness of the Non Cash Food Assistance Program (BPNT) during the Covid 19 Period in Bireuen Regency. *Jurnal Ilmu Sosial dan Ilmu Politik Malikussaleh*, 2(2), 206 – 217. <https://doi.org/10.29103/jspm.v2i2.5202>
- Aspar & Syakhrudin. (2019). Implementation Of Non Cash Food Assistance Programs On Family Recipients In Kelurahan Bontoduri Kecamatan Tamalate Makassar City. *Jurnal Berita Sosial*, 9(2), 61-81.
- B., Kanjilal, Mazumdar P.G., , and Rahman M.H. (2016). Nutritional Status of Children in India: Household Socio-Economic Condition as the Contextual Determinant, *Int J Equity Health*, 9(19), 1-10. <https://doi.org/10.1186/1475-9276-9-19>
- Badan Pusat statistik. (2021). Data dan Informasi kemiskinan Tahun 2021. Jakarta Pusat : Badan Pusat Statistik. <https://www.bps.go.id/id/publication/2>

satisfaction of program recipients (Junaidi, 2017).

CONCLUSION

In this research, recipients of non-cash food assistance (BPNT) have utilized family food access assistance by >50% or around 329 people, and there are still 21 people (4.64%) who have not maximized BPNT for family food access. 100% of recipients receive BPNT of <Rp. 300,000/month and allocate <Rp. 300,000 for purchasing food/food.

SUGGESTION

Further studies need to be carried out regarding the non-cash food assistance program (BPNT).

- Badan Penelitian dan Pengembangan Kesehatan. (2018). Laporan Nasional Riskesdas 2018. Kementerian Kesehatan Republik Indonesia. <https://repository.badankebijakan.kemkes.go.id/id/eprint/3514/>
- Cahyono SAT, Iryani SW. (2018). Gerak langkah Program Keluarga Harapan: Kontribusi Program Keluarga Harapan terhadap kesejahteraan Keluarga Penerima Manfaat. *Jurnal Penelitian Kesejahteraan Sosial*, 17(4), 1-10. <https://doi.org/10.31105/jpks.v17i4>
- Cruz, L. M. G., Azpeitia, G. G., Suárez, D. R., Rodríguez, A. S., Ferrer, J. F. L., & Serra-Majem, L. (2017). Factors Associated with Stunting among Children Aged 0 to 59 Months from the Central Region of Mozambique. *Nutrients*, 9(5), 491. <https://doi.org/10.3390/nu9050491>
- Iwan H., Izzaty, Eka Budiyanti, Rafika Sari, Yuni Sudarwati, dan Mohammad Teja. (2021). The Effectiveness of Non-Cash Food Assistance Program in Yogyakarta City. *Jurnal Ekonomi & Kebijakan Publik*, 12(2), 131 – 145. <https://doi.org/10.22212/jekp.v12i2.2237>
- Ilman, A.S. (2019). Dampak tingginya harga pangan terhadap Bantuan Pangan Non-Tunai (BPNT) di Indonesia, Studi kasus di Nusa Tenggara Timur. Makalah Kebijakan No. 26. Jakarta: Center for Indonesian Policy Studies. <https://doi.org/10.35497/300890>
- Junaidi, M.S., Setiawan, B.M., & Prastiwi, W.D. (2017). The Satisfaction Comparison of Bantuan Pangan Non Tunai recipients and Rastra recipients in Cakung District, East Jakarta. *Jurnal Ilmiah Econosains*, 15(2), 273-288. <https://doi.org/10.21009/econosains.0152.08>
- MCA Indonesia. (2017). Stunting dan Masa Depan Indonesia. Millenn Chall Acc - Indonesia.
- MSC. (2019). BPNT operations assessment. Jakarta: MicroSave Consulting.
- Mukherjee M. (2016). Nutritional status of children in India: Household socio-economic condition as the contextual determinant. *Int J Equity Health*, 9(19), <https://doi.org/10.1186/1475-9276-9-19>
- Müller O, Krawinkel M. (2015). Malnutrition and health in developing countries. *CMAJ*. <https://doi.org/10.1503/cmaj.050342>
- Nasution, A., Krisnamurthi, B., & Rachmina, D. (2020). Analisis permintaan pangan rumah tangga penerima manfaat Bantuan Pangan Non Tunai (BPNT) di Kota Bogor. *Forum Agribisnis (Agribusiness Forum)*, 10(1), 1-10. <https://doi.org/10.29244/fagb.10.1.1-10>
- Nasriyah N, Rusnoto R, Supriyanto S. (2022). Optimalisasi Perbaikan Gizi Keluarga dalam pencegahan stunting melalui pemberdayaan masyarakat. *Jurnal Abdimas Indonesia*, 4(2), 128 – 135. <https://doi.org/10.26751/jai.v4i2.1702>
- Nurhayati. (2019). Analisis komparasi evaluatif atas Program Bantuan Pangan di Desa Sojomerto Kecamatan Gemuh Kabupaten Kendal. Skripsi. Semarang: Universitas Diponegoro.

- Permensos No 11 Tahun 2018. (2018).
Penyaluran Bantuan Pangan Non
Tunai. Menteri Sosial Republik
Indonesia
- Paudel R, Pradhan B, Wagle RR, Pahari
DP, Onta SR. (2017). Risk factors
for stunting among children: A
community based case control
study in Nepal. Kathmandu Univ
Med J, 10(39), 18-24.
<https://doi.org/10.3126/kumj.v10i3.8012>
- Probohastuti NF, Rengga A. (2019).
Implementasi kebijakan intervensi
gizi sensitif penurunan stunting di
Kabupaten Blora. Journal of
Public Policy and Management
Review. 8(4), 1-16.
<https://doi.org/jppmr.v8i4.24936>
- Rachman, B., Agustian, A., & Wahyudi.
(2018). Efektivitas dan perspektif
pelaksanaan Program Beras
Sejahtera (Rastra) dan Bantuan
Pangan Non-Tunai (BPNT). Analisis
Kebijakan Pertanian, 16(1), 1-18.
<https://doi.org/10.21082/akp.v16n1.2018.1-18>
- Reurings M, Vossenaar M, Doak CM,
Solomons NW. (2018). Stunting rates
in infants and toddlers born in
metropolitan Quetzaltenango,
Guatemala. Nutrition, 29(4), 1-9.
<https://doi.org/10.1016/j.nut.2012.12.012>
- Risnandar & Broto, A.W. (2018).
Implementasi program bantuan sosial
non tunai di Indonesia. Sosio
Konsepsia, 7(3), 146-161.
<https://doi.org/10.47134/aksiologi.v2i2.68>
- Rosalina, Ana. (2019). Efektivitas Pelaksanaan
Bantuan Pangan Non Tunai (BPNT)
di Kecamatan Wanocolo Surabaya
Jawa Timur, Public Administration
Journal of Research 1(2), 96-111.
<https://doi.org/10.33005/paj.v1i2.13>
- Syafruddi, Iqbal M, Kalrah A. (2021).
Efektivitas Program Bantuan Pangan
Non Tunai Terhadap Kesejahteraan
Masyarakat Desa Maddenra
Kecamatan Kulo Kabupaten
Sidenreng Rappang Sulawesi Selatan.
Jurnal JIA, 9(2), 104 – 110.
<https://doi.org/10.26740/publika.v5n3.p%25p>
- Wiwit, Sulistyaningsih, T., & Kamil, M.
(2020). Monitoring dan evaluasi
kebijakan Program Bantuan Pangan
Non Tunai (BPNT) dalam
penanggulangan kemiskinan di Kota
Batu. Government: Jurnal Ilmu
Pemerintahan, 13(1), 1-12.
<https://doi.org/10.31947/jgov.v13i1.9379>