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(Research/Review) Article

Evaluation of the Implementation of the Stunting Prevention and Handling Program in Labuhan Bajo Village, Sumbawa Regency

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Abstract: Stunting is a chronic condition characterized by impaired physical growth resulting from prolonged malnutrition. It is clinically defined as a height-for-age measurement more than two standard deviations below the median of the WHO Child Growth Standards. The primary contributor to stunting is poor nutritional status during critical growth periods. Thus, monitoring the nutritional status of infants and toddlers is essential, as malnutrition during these stages can lead to permanent damage to both physical and cognitive development. This study used a qualitative research design to evaluate the implementation of the stunting prevention and control program in Labuhan Bajo Village, located in Utan District, Sumbawa Regency. The research subjects were Labuhan Bajo Village, and the research object was the local stunting prevention and control program. Data collection methods included observation, document review, and in-depth interviews. Data analysis followed an interactive model to interpret the qualitative findings. The findings showed that all the evaluation indicators assessed were implemented well. These indicators included: (1) Input indicators, (2) Process indicators, and (3) Output indicators. However, the output indicators revealed certain deficiencies. Despite the program's efforts, the prevalence and risk of stunting in children in Labuhan Bajo Village remained relatively high. Contributing factors included the large number of young couples, an increase in adolescents of childbearing age, unhealthy environmental conditions, and a low level of public awareness about the importance of balanced nutrition. This suggests that while the program had positive impacts on several fronts, improvements are still needed to address the root causes of stunting. Enhancing public awareness and addressing the broader social determinants of health will be crucial in reducing stunting rates and improving the overall effectiveness of the program in the future.

Keywords: Labuhan Bajo Village, Program Evaluation, Stunting, Stunting Locus, Stunting Prevention.

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1. Introduction

Stunting, or stunted growth in children, is a serious global health problem, particularly in developing countries. Stunting refers to a condition in which a child's height is significantly shorter than the average for their age. According to UNICEF (2013), stunting begins at birth and is defined as a condition in which a child's height is below minus two standard deviations from the median of the WHO Child Growth Standards. Chronic stunting is classified as minus three standard deviations or more.

Hisanuddin et al. (2023) emphasized that stunting must be addressed as early as possible because it not only affects a child's physical growth but also has long-term consequences for health, cognitive development, and future economic productivity. Similarly, Simbolon (as cited in Badawi et al., 2023) highlighted that stunting is also an indicator of the poor quality of a country's human resources, as it is considered to have the potential to reduce the nation's future productive capacity.

Globally, an estimated 148.1 million children under five will experience stunting in 2022. In Asia alone, 49.8 million children under five will experience stunting (WHS, 2023). In Indonesia, the stunting rate in 2022 was 21.6%, a slight improvement from 24.4% in 2021. However, this figure remains far from the national target of reducing stunting to 14% by 2024. Several regions in Indonesia still report relatively high stunting rates, with West Nusa Tenggara (NTB) among the five provinces with the highest rates in 2022 (Kementerian Kesehatan, 2023).

In Sumbawa Regency, the stunting rate in 2021 reached 8.39%, indicating significant progress toward the national reduction target. In 2022, the rate decreased slightly to 8.11%, indicating a downward trend, albeit at a slower pace. The decline from 2021 to 2022 was only 0.28%, indicating potential ongoing stagnation.

Stunting is a chronic nutritional problem caused by various factors. According to the Kementerian Kesehatan (2022), stunting is influenced not only by nutritional intake during pregnancy and early childhood, but also by various socioeconomic and biological variables. These variables include maternal occupation, height of both parents, household income, number of family members, childcare practices, exclusive breastfeeding, maternal education, maternal knowledge of nutrition, timing of complementary feeding, zinc and iron levels, history of infectious diseases, and genetic factors.

A study by Damanik et al. (2023) conducted in the Simarmata Community Health Center identified low birth weight (LBW) as the most dominant risk factor, showing that children born with LBW were 43 times more likely to experience stunting compared to children with normal birth weight. Similarly, studies by Ekawati & Rokhaidah (2022) and Firrahmawati et al. (2023) found that parental income, maternal education, diet, hygiene behaviors, access to health services, and psychosocial stimulation all contribute to stunting in infants and young children.

Among all these contributing factors, prevention and intervention strategies have received the most attention in efforts to reduce stunting cases. Currently, various methods are still being used to address stunting, including various government policies implemented at all administrative levels, from villages to districts to provinces. However, these strategies still face significant challenges.

Based on preliminary studies, there are still 10 villages in 7 sub-districts in Sumbawa Regency that are designated as stunting hotspots (NuansaNTB.id, 2024). Ririn Akmal Sari (2024), Head of the Adolescent and School-Age Health Division and the Stunting Reduction Acceleration Team at the Sumbawa Health Office, reported that one Labuhan Bajo village in Utan Sub-district has remained a stunting hotspot since 2019. This was confirmed by the Sumbawa Regional Secretary, Budi Prasetiyo (as quoted in NuansaNTB.id, 2024), in the 2024 Phase I Stunting Case Audit Evaluation Meeting, which revealed that around 200 families in Utan Sub-district are at risk of stunting. This at-risk group includes prospective brides, young women, pregnant women, postpartum mothers, and others.

Given this situation, it is crucial to conduct comprehensive monitoring and evaluation to ensure that all efforts have been implemented effectively and comprehensively, particularly those related to stunting prevention and management programs.

2. Proposed Method

The approach used in this study is descriptive qualitative, where the researcher aims to describe stunting prevention and management activities in depth. Primary data collected includes input, process, and output components. The input components studied include: financial resources, human resources, implementation procedures, medicines, supplements, PMT, and medical devices. Process components include: planning, organizing, implementing, and reporting. Meanwhile, the output component is the achievement of stunting indicators that have been set by the government. The population in this study were all guarantors responsible for the stunting prevention and management program in Labuhan Bajo Village, Utan District, Sumbawa Regency, West Nusa Tenggara Province. The sample was taken using a non-probability sampling technique using a purposive sampling method. Primary data collection was further carried out using in-depth interviews, observation, and document studies. The interviewees or key informants in this study were those responsible for the stunting prevention and management program in Labuhan Bajo Village, including the Labuhan Bajo Village Head. The in-depth interview activity aims to triangulate data. In addition to interview data, observational data is also collected in the form of a description of environmental conditions, the implementation of subprograms in the stunting reduction

program, and through document studies where information data related to budget reports, case reports and reports on the implementation of stunting prevention and management are also important parts to be collected. The data obtained during the research process is then analyzed using interactive model analysis techniques before being presented in the form of a report. The steps of interactive model analysis are shown in Figure 1.

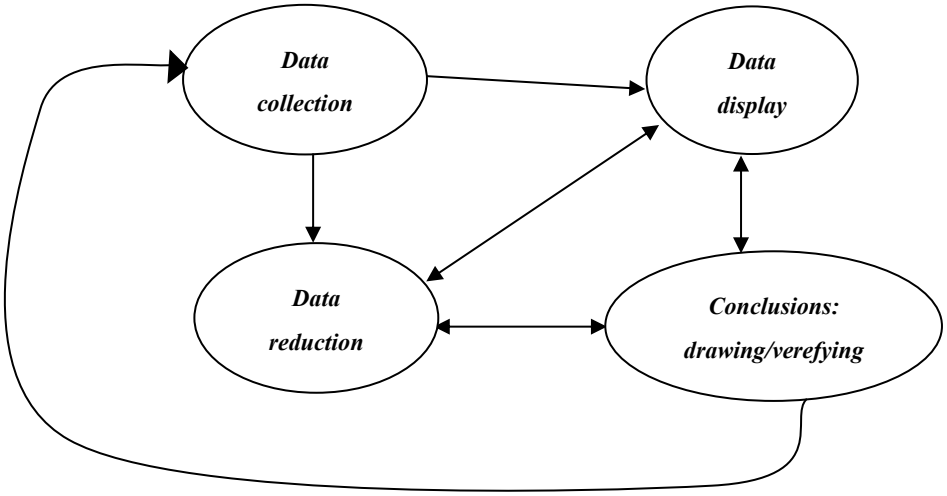

Figure 1. Components in data analysis (interactive model)
Miles and Huberman (1992)

3. Results and Discussion

Table 1. Research Matrix

Component	Aspects Evaluated	Key Findings	Data source	Method of collecting data
Input	Funding Resources	Funds remain available from Village Funds, BOK, and APBD; But the large numbers cannot be explained	Village Informant	In-depth interview
	Human Resources	Lack of implementing personnel, both screening and treatment are still carried out by Posyandu cadres without involving specialist doctors who are competent in handling stunting.	Village Informant	In-depth interview
	Health Cadres	The increase in the number and training of cadres at integrated health posts (posyandu) has greatly assisted in the implementation of the program.	Village Informant	In-depth interview
	Medicines, Supplements, PMT, and Medical Devices	Medicines and vitamins are available; distribution is door-to-door; measuring instruments are routinely calibrated.	Health center informant	In-depth interview

Process	Planning and Budgeting	Planning was carried out at the end of the previous year; there was a district discussion on stunting.	Village Informant	In-depth interview
	Organizing	Program implementation involves multi-sectors (across agencies and villages).	Village Informant	In-depth interview
	Implement ation	Nutrition promotion is carried out in groups of mothers of toddlers; integrated health posts per RT.	Village Informant	In-depth interview
	Monitoring and Reporting	Done boldly (WA), routine monthly reports; data is submitted from midwives to community health centers and then to the Health Office.	Village Informant	In-depth interview
Output	Achieveme nt Program	High PMT coverage; The number of stunted toddlers tends to decrease, but risk factors continue to increase	Village Data Recap and Observati on Results	Document Study and Observatio n
Special Constraints	Program Implement ation	Limited integrated health posts (Posyandu); limited measuring tools; program implementation is a race against time to achieve budget absorption. Public awareness of the importance of nutrition and environmental health remains low.	Health center and village informants	In-depth interview

In accordance with table 1 above, the results of the evaluation of the implementation of the stunting prevention program show that in general the program has been implemented even though it still faces a number of challenges, both from the input, process, and output aspects.

Input Components

a Source of funds

The available funds from the Village Fund, Health Operational Assistance, and the Regional Budget (APBD) reflect the government's strong political will and commitment to supporting accelerated stunting reduction. This allocation of funds demonstrates that stunting has been recognized as a national and regional priority requiring cross-sectoral and cross-level government attention. In nominal terms, the substantial budget available demonstrates significant potential to support nutrition-specific and sensitive interventions, from improving integrated health service posts and nutrition education to providing clean water and sanitation. However, the real challenge lies in how these funds are utilized appropriately and have a direct impact on the community.

From the Resource-Based View (RBV) perspective proposed by Barney (in Madani, 2010), the success of such programs is greatly influenced by how existing resources, including funds, human resources, technology, and social networks, are strategically managed and utilized. Within the RBV framework, resources are not simply available; more importantly, how they are organized, synergized, and directed to create sustainable excellence. In other words, the effectiveness of stunting management depends not only on the amount of funds available, but also on governance capacity, transparency, and

accountability in their utilization. Regional and village governments need to ensure that every rupiah allocated is truly used for interventions based on data and real needs on the ground. However, weaknesses remain in terms of budget utilization and documentation. In many cases, details of fund utilization are unclear, difficult for the public to access, or even not systematically documented. This can lead to information gaps between program implementers and the community, as well as public trust in the effectiveness of the interventions. Low transparency also complicates monitoring and evaluation processes, making it difficult to measure the success of programs in terms of objectives and sustainability. This is in line with the research findings of Wulandari (2013), which showed that when communities or related parties such as cadres, community leaders, or NGOs are actively involved in budget planning and oversight, government programs tend to be more effective and the results are more directly felt by beneficiaries. Public participation in planning not only strengthens the legitimacy of the program but also increases accountability and efficiency of fund use. Therefore, strategies to accelerate stunting reduction should not only focus on budget provision, but also ensure that resource management is carried out in an open, participatory, and oriented towards measurable results. Human Resources

According to the WHO's Health Systems Framework (2024), health workers play a crucial role in ensuring that health services operate effectively and meet the basic needs of the community. Unfortunately, the implementation of this program has seen minimal involvement of professionals, such as nutritionists or pediatricians. This indicates that field implementers are not fully prepared or have sufficient capacity. A World Bank study highlighted that although the implementation of performance-based financing resulted in increased service coverage, the direct contribution of the incentive component to service quality was very limited. This suggests that a high workload without adequate incentive support is insufficient to improve health worker performance (World Bank in Henderson et al., 2022).

b Cadre Training

According to the WHO's Health Systems Framework (2024), health workers play a crucial role in ensuring that health services operate effectively and meet the community's basic needs. They are a key pillar of the health system, encompassing promotive, preventive, curative, and rehabilitative aspects. The presence of competent health workers, evenly distributed, and supported by an effective work system, is crucial for the success of health programs, including interventions to reduce stunting. However, in practice, program implementation still faces various challenges, one of which is the minimal involvement of professionals such as nutritionists or pediatricians.

This situation indicates that program implementers at the primary care level are not fully prepared or have sufficient capacity to address the complexities of chronic malnutrition. Human resource limitations encompass not only quantity but also quality and relevant competencies. Professional staff are essential, particularly for technical supervision, nutritional diagnosis, and capacity building for field officers and cadres. Their absence often leads to program implementation being administrative in nature and not focusing on the quality of interventions delivered to target communities.

A World Bank study by Henderson at al. (2022) also highlighted this dynamic through an evaluation of performance-based financing schemes implemented in various developing countries. While these schemes were able to increase service coverage, findings indicate that the direct contribution of the incentive component to service quality remains limited. This suggests that simply adding performance-based incentives is insufficient to generate profound transformations in health worker behavior and performance. If high workloads are not accompanied by increased capacity, technical support, and an adequate work environment, motivation and service quality are at risk of remaining low.

Therefore, strengthening the health system to reduce stunting cannot focus solely on incentives or increasing the quantity of services. It must also encompass developing the competencies of health workers, structuring the distribution of professionals, and creating work systems that enable them to perform optimally. Policies are needed that place human resource development at the heart of health reform, ensuring that programs are truly able to address challenges on the ground and deliver tangible impacts to communities.

Increasing the number and improving training of community health workers is a crucial step in empowering community health workers, especially in areas with limited professional healthcare personnel. Integrated service post cadres, or village health cadres, play a key role in bridging communication between government programs and grassroots communities.

They not only convey information but also build strong social relationships with residents, making it easier to identify challenges faced by target families and provide contextual and ongoing support.

According to Rogers' (2003) Diffusion of Innovation theory, behavioral change in a community tends to be more successful if influenced by respected and trusted local figures. In this context, cadres become agents of change with strong influence due to their social, cultural, and emotional closeness to their communities. When cadres have adequate capacity and communication skills, they can be effective channels for disseminating health innovations, such as infant and young child feeding (IYCF) practices, growth monitoring, and stunting prevention education. The process of information diffusion through cadres is often more acceptable to the community than formal approaches, because the approach used is more participatory and prioritizes trust.

This is reinforced by the findings of Syafrina at al. (2019), who demonstrated that the capacity of cadres plays a direct role in determining the success of implemented nutrition intervention programs. This success depends not only on the number of cadres available, but also on the quality of their training, understanding of the material, and their ability to translate technical information into everyday language and practices that are easily understood by the community. Therefore, strengthening cadre capacity cannot be viewed as a supplementary activity, but rather an integral part of a comprehensive nutrition intervention strategy. Investment in ongoing cadre training, including appropriate supervision and incentives, is key to creating a strong and effective community empowerment ecosystem in the long term.

Process Components

c Planning and Budgeting

The planning and budgeting process for stunting management is reflected in the stunting discussion forum, which involves various sectors. This forum is a concrete example of collaborative planning in public policy practice. In practice, the stunting discussion forum serves as a strategic space for local governments, working with cross-sectoral partners, to align action plans, establish program priorities, and integrate funding from various sources, including the regional budget (APBD), village funds, and support from development partners.

According to Governance theory, the involvement of actors from various levels of government and sectors can accelerate program effectiveness, including interventions in the field of nutrition (Ansell & Gash, 2008). This collaboration allows for the exchange of information, more efficient use of resources, and increased capacity of local institutions in implementing complex intervention programs such as stunting prevention. Stunting consultations also serve as a means to strengthen shared commitment, enhance accountability, and ensure that each sector understands its role within the intervention convergence framework.

This aligns with the (2018) directive from Indonesian National Development Planning Agency, which also encourages a cross-sectoral approach to accelerate stunting reduction. This approach emphasizes the importance of integrating specific and sensitive interventions in a coordinated manner. In this context, the stunting discussion is not merely a coordinating forum but a crucial part of the program's governance mechanism, bringing together actors in the fields of health, education, sanitation, food, and social protection. Through this structured collaboration, the stunting management program is expected to operate not only in a sectoral manner but also complement and strengthen each other to achieve optimal results.

d Organizing

The involvement of various agencies and village governments reflects the strengthening of cross-sectoral collaboration in addressing public health issues, including stunting. This synergy extends beyond the health sector to include education, agriculture, community empowerment, and basic infrastructure, all of which contribute to nutritional determinants. This approach aligns with the WHO's Working Together for Health principle (2006), which emphasizes the importance of collaboration between sectors and levels of government as a foundation for building a responsive and sustainable health system. In the context of stunting, this collaboration is crucial because chronic malnutrition cannot be addressed by a single sector alone but requires an integrated approach from upstream to downstream.

These efforts are further strengthened by regional-level policies, as reflected in the Central Java Province Regional Action Plan for Food and Nutrition (RAD-PG). One of the main strategies in this document is to encourage the establishment of Nutrition Working Groups (Pokja) at various levels of government, from the provincial level down to the village level. The Pokja Nutrition serves as a coordinating forum that ensures that all programs and activities related to improving nutrition, preventing stunting, and food security are implemented in a synchronous and mutually supportive manner. The presence of this Pokja is a clear demonstration of the regional government's commitment to comfortable cross-sector collaboration, while also strengthening the mechanism for monitoring, evaluating, and following up on programs in a structured manner.

Furthermore, the role of village governments is highly strategic because they are at the forefront of identifying community nutrition issues and coordinating various local resources. With cross-sectoral support through the Nutrition Working Group, village governments can develop data-driven plans, prioritize interventions, and direct the use of village funds to programs that directly contribute to stunting prevention. This collaboration creates a more harmonious and adaptive work ecosystem, where each sector plays an active role according to its capacity and authority, to jointly reduce stunting rates sustainably.

e Implementation

Programs such as nutrition promotion and supplementary feeding continue to be implemented in various regions as part of specific nutrition intervention efforts, but their implementation often requires adjustments to real-world conditions. These adjustments encompass various aspects, from distribution mechanisms and nutrition education formats to the involvement of integrated health post cadres and the utilization of local resources. Adaptation is key to ensuring programs remain relevant and acceptable to target communities. This aligns with the theory developed by Loper et al. (2021), which emphasizes the importance of adapting programs to the social, cultural, and structural contexts within the community so that interventions are not only administratively effective but also socially meaningful.

In practice, programs that fail to adapt to local dynamics tend to lose their reach and effectiveness. When the social context of a community changes, whether due to economic factors, population mobility, health crises, or cultural factors, overly rigid approaches often fail to respond to evolving needs. Research by Muthia and Yantri (2019) confirms that stagnation in implementation methods, such as monotonous outreach or uninnovative supplementary feeding mechanisms, can lead to decreased community participation and ultimately hinder the achievement of program objectives. Therefore, the success of a nutrition program is determined not only by the availability of budgets or policies, but also by the implementer's ability to understand local situations and continuously innovate.

This adaptive approach also encourages more active community involvement in the implementation process. For example, in the context of supplementary feeding, communities can be involved in selecting locally sourced food menus, managing logistics, and overseeing implementation at the integrated health post level. In addition to strengthening ownership, this participation also enhances program sustainability, as communities are no longer mere objects but rather play a role as subjects of change. Thus, implementing nutrition programs that are responsive to the social and structural context not only increases the effectiveness of interventions but also strengthens communities' capacity to maintain their citizens' nutritional health independently and sustainably.

f Monitoring and Reporting

The use of a WhatsApp reporting system is indeed an innovative step in an emergency situation and deserves praise, especially given the limited infrastructure and the need to maintain rapid communication between field officers and policymakers. Utilizing this platform enables real-time information distribution, accelerates coordination, and simplifies monitoring of activities at the local level. Its flexibility and ease of access make WhatsApp an effective tool for reaching remote areas or where formal reporting systems are not yet fully operational.

However, this system still has limitations in ensuring robust data validity. Reliance on manual reporting via text messages can increase the potential for recording errors, inconsistent reporting formats, and the risk of data loss due to the lack of a structured storage system. Furthermore, minimal control over the quality of transmitted data, both in terms of content and reporting time, can impact the accuracy of analysis and decision-making. In

practice, successful reporting depends not only on the speed of information delivery but also on the strength of the supporting system that ensures comprehensive data integrity.

According to the Health Information Systems theory proposed by Lippeveld at al. (2000), reporting in health programs should ensure the accuracy, relevance, and timeliness of the information conveyed. This means that every reporting system, including those based on informal digital media like WhatsApp, needs to be equipped with data validation mechanisms, consistent standard formats, and systematic documentation procedures. Without these, the data received risks being scientifically and administratively inaccurate. Therefore, while WhatsApp can be an adaptive, temporary solution, strengthening formal reporting systems remains an urgent need to ensure the quality of information in supporting data-driven health program policies and interventions.

Output Components

Although data shows a decline in the prevalence of stunted toddlers in recent years, this does not fully reflect success in addressing the deeper root causes. Fundamental factors such as mothers' lack of nutritional knowledge, inappropriate parenting practices, and limited access to health information and services remain key challenges. An approach that focuses too much on technical or medical aspects alone is insufficient to address the complexity of this problem.

According to the Social Ecological Model (SEM) proposed by McLeroy et al. (1988), effective health interventions must consider multiple levels of influence, ranging from the individual (such as behavior and knowledge), social relationships (family and community support), institutional context (the role of health and education services), to the policy level (government regulations and programs). This approach emphasizes that behavior change does not occur in a vacuum, but is influenced by the broader social and structural environment.

In the context of stunting, research by Amin and Julia (2016) reinforces the importance of understanding sociodemographic factors in efforts to improve children's nutritional status. They found that parental characteristics, particularly maternal height and education level, significantly influence child growth and development. Mothers with higher education tend to have better knowledge of nutrition and child care, and are better able to access and utilize health services. Therefore, strategies for reducing stunting need to be developed comprehensively, taking into account the structural, cultural, and economic dimensions that shape family and community lifestyles.

Special Constraints

One of the fundamental challenges in efforts to improve community nutritional status is the limited availability of accurate measurement tools and low public awareness of the importance of nutritional health. Limited measurement tools often hinder health workers from early detection of nutritional problems, particularly stunting in children. Furthermore, a lack of public understanding of a balanced diet, children's nutritional needs, and the importance of regular growth monitoring means that nutritional interventions are not always optimal. This reinforces the urgency of an approach that is not only technical but also addresses aspects of individual behavior and awareness.

It is in this context that Behavior Change Communication (BCC) plays a strategic role. BCC is a communication approach designed to change individual and group behavior through the distribution of relevant, easily understood information that is appropriate to the socio-cultural context of the community. Through BCC, information about the importance of balanced nutrition, exclusive breastfeeding, and child feeding practices can be conveyed sustainably and persuasively. A well-designed BCC program can build awareness, foster intentions, and encourage concrete actions that support healthy lifestyles, including aspects of family nutritional completeness (Jaki, 2025).

The effectiveness of this approach has been demonstrated by numerous studies. For example, a study by Rosha et al. (2018) showed that interventions involving nutrition promotion and counseling through targeted communication strategies significantly reduced the prevalence of stunting. This confirms that improving public understanding of nutrition issues depends not only on the provision of health services or food aid, but also on the ability to build awareness and change behavior through effective communication strategies. Therefore, integrating BCC into nutrition programs should be a priority in public health policies at all levels.

6. Conclusions

A comprehensive evaluation of the stunting prevention program's implementation reveals that, despite political commitment and funding from various sources, its effective implementation still faces several challenges. The main weaknesses lie in suboptimal human resource management, minimal involvement of professional staff, and a lack of transparency in budget utilization. Meanwhile, the role of community cadres as spearheads has proven strategic, particularly in delivering nutrition education and monitoring child growth and development. Stunting discussion forums and cross-sectoral collaboration have opened up opportunities for collaboration, but their success is largely determined by local capacity and the commitment of implementers.

To strengthen the impact of interventions, it is recommended that local governments increase the involvement of professional health workers in the program, expand ongoing cadre training, and develop a more accurate and well-documented reporting system. Improving community nutrition literacy through the Behavior Change Communication (BCC) approach also needs to be a priority, particularly by utilizing local communication media and community leaders as agents of change. Furthermore, transparency in budget use needs to be improved through participatory mechanisms involving communities and NGOs to maintain accountability. A more holistic and contextual approach, both in terms of policy, institutions, and culture, will strengthen the effectiveness of efforts to reduce stunting sustainably.

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