Ranah Research
Journal of Multidisciplinary Research and Development
E-ISSN: 2655-0865
082170743613 ranahresearch@gmail.com https://jurnal.ranahresearch.com
DINASTI RESEARCH

DOI: https://doi.org/10.38035/rrj.v8i4

CIPP Model Analysis for Evaluation of the Stunting Reduction Acceleration Program Policy: A Case Study of Hunuth/Durian Patah Village, Ambon City

Harmiati Mewal[1], Ima Mayasari[1]
[1]Faculty of Administrative Science, University of Indonesia, Jakarta, Indonesia.
mewalharmiati@gmail.com
[2]Faculty of Administrative Science, University of Indonesia, Jakarta, Indonesia.
imamayasari@ui.ac.id

Corresponding Author: mewalharmiati@gmail.com[1]

Abstract: This study evaluates the acceleration of stunting reduction in Hunuth Village, Ambon City, using the CIPP model (Context, Input, Process, Product) to identify success factors. A qualitative case study method was employed, utilizing in-depth interviews, field observations, and document analysis. Results indicate a dramatic decline in stunting prevalence from 21.80% in 2021 to 1.9% in 2024, significantly surpassing the 14% national target. This achievement is driven by visionary village leadership and the strategic prioritization of Village Funds for health and sanitation infrastructure. Implementation successfully integrated specific interventions, such as nutrition monitoring, with sensitive interventions like the Healthy Kitchen to Overcome Stunting program and improved waste management. High community participation and empowered health cadres were essential to this progress. While challenges regarding data recording accuracy and consistent household parenting practices remain, Hunuth Village serves as a premier model for institutionalizing stunting mitigation through effective village-level governance and cross-sectoral collaboration.

Keyword: CIPP model, policy evaluation, stunting, success factors

INTRODUCTION

Stunting represents a chronic nutritional deficit characterized by a failure in linear growth, primarily resulting from prolonged inadequate nutritional intake (Millward, 2017; Soliman et al., 2021). This condition is most critical during the "First 1,000 Days of Life" (Anggreani, Margawati, & Nurjazuli, 2021; Islam et al., 2020), a foundational window that determines a child's long-term health trajectory. Within the Indonesian public health landscape, stunting is classified as a severe and persistent challenge.

The implications of stunting extend far beyond mere physical stature. It is intrinsically linked to suboptimal brain development and a subsequent decline in cognitive capabilities (Nursalam et al., 2021; Sideropoulos et al., 2025). Children affected by stunting face a higher propensity for developing chronic metabolic diseases in adulthood, which ultimately creates a

cycle of reduced productivity and increased healthcare burdens for the nation (Budu, 2025; Kiosia et al., 2024). Consequently, the mitigation of stunting has transitioned from a health-centric goal to a cornerstone of national development priorities across various global economies (Jung & Vendrametto, 2025), including Indonesia.

On a global scale, the vision of a world free from all forms of malnutrition remains an elusive long-term objective. By 2024, approximately 150.2 million children under the age of five (representing 23.2% of the global population in that age bracket) continued to suffer from stunting (Diarra et al., 2026; Apriliani, 2025). These figures underscore the magnitude of the challenge facing global health institutions and the persistent nature of childhood malnutrition. In the Indonesian context, the government has integrated stunting reduction into the national development agenda. This commitment aligns with the Sustainable Development Goals (SDGs), specifically Goal 2.2 ("Zero Hunger"), which advocates for ending all forms of malnutrition, achieving food security, and promoting sustainable agriculture (Permatasari & Eprilianto, 2023; Markus, 2019).

Data from the Indonesian Nutritional Status Survey (2024) indicates a gradual improvement in national metrics. The prevalence of stunting was recorded at 19.8%, a reduction of 1.7% from the 2023 figure of 21.5%. While this reflects a consistent downward trend, the current rate remains significantly higher than the national target of 14% set for 2024. Furthermore, stark regional disparities persist; provinces such as East Nusa Tenggara (37%), West Sulawesi (35.4%), and Southwest Papua (30.5%) report prevalence rates exceeding 30%, highlighting the uneven distribution of progress.

To combat this crisis, the Indonesian government enacted Presidential Regulation Number 72 of 2021 regarding the Acceleration of Stunting Reduction (Achmad, Nurwati, & Sidiq, 2026). This regulation serves as the legal backbone for inter-institutional collaboration, targeting a prevalence of 14% by the end of 2024 goal also enshrined in the 2020-2024 National Medium-Term Development Plan. The strategy emphasizes an integrated approach that spans from the central government down to the village level. By decentralizing the intervention, the state aims to ensure that both specific nutritional interventions (direct health services) and sensitive interventions (environmental and social factors) reach the most vulnerable populations (Alfaqeeh et al., 2025).

Amidst the varying degrees of success across the archipelago, Ambon City has emerged as a beacon of progress. In 2024, Ambon recorded a stunting prevalence of 19.7%, a decrease from 20.7% in the previous year. This achievement positions Ambon as the city/regency with the lowest stunting prevalence in the Maluku Province. Within Ambon, Desa Hunuth/Durian Patah (located in the Rumah Tiga District) presents an extraordinary case study of policy success. Between 2021 and 2024, the village managed to reduce its stunting prevalence from a staggering 21.80% to a remarkable 1.9%. This achievement not only exceeds national targets but also serves as a testament to the potential of effective grassroots implementation. This sharp decline is attributed to a combination of integrated intervention programs and heightened community awareness regarding maternal and child health.

The complexity of stunting interventions necessitates a comprehensive evaluation framework to distinguish between successful strategies and systemic failures. Effective policy must be anchored in rigorous planning, precise implementation, and continuous monitoring. Evaluation is crucial for identifying program strengths and weaknesses, providing the empirical feedback necessary for refinement.

This study utilizes the CIPP Evaluation Model (Context, Input, Process, Product) developed by Daniel L. Stufflebeam (2017). This model is designed to view policy through four distinct lenses: (a) Context: Assessing the environment and identifying needs and opportunities; (b) Input: Evaluating the resources, strategies, and procedural designs allocated to the program; (c) Process: Monitoring the actual implementation and identifying procedural

barriers; (d) Product: Measuring the outcomes and impact of the policy against its original goals. The CIPP approach is grounded in the philosophy that the primary purpose of evaluation is not merely to prove success or failure, but to provide actionable insights that improve future results.

Despite the abundance of literature on stunting in Indonesia, a significant gap remains. Most previous studies have focused on the clinical causes of stunting, nutritional factors, or broad national health program implementations. Furthermore, existing research often highlights program barriers and failures rather than dissecting the "success factors" that lead to high-performance outcomes in specific locales. Critically, the application of the CIPP model to analyze stunting reduction at the village level, specifically in areas that have shown outlier success—is still relatively rare. There is a lack of deep qualitative and quantitative analysis into how a village-level policy can achieve near-zero stunting rates within a short timeframe.

This research aims to bridge the gap by evaluating the acceleration of stunting reduction in Hunuth Village, Ambon City, through the CIPP model. The primary focus is to evaluate the policy of the stunting reduction acceleration program in Hunuth Village, Ambon City and analyze the key factors for the success of the stunting reduction program. Theoretically, this study contributes to the evolution of village-based policy evaluation. Practically, it offers a strategic roadmap for other village governments to design and implement stunting reduction policies that are both effective and sustainable in the long term.

METHOD

This research employed a qualitative approach with a post-positivism paradigm (Creswell & Poth, 2016). A case study method was chosen to conduct an in-depth analysis of the Evaluation of the Success of the Stunting Reduction Acceleration Program Policy in Hunuth/Durian Patah Village (Hollweck, 2023). The case study approach allows for a deeper understanding of phenomena in a real-world context (Barela, 2007). Primary and secondary data collected included context, input, process, and product evaluations. The context evaluation examined the background of the stunting reduction acceleration policy, public health conditions, and stunting prevalence. Input evaluations included budgetary resources, human resources, facilities and infrastructure, and institutional support. Process evaluations encompassed policy implementation, monitoring and evaluation, identification of implementation barriers, and community involvement. Product evaluations examined the impact of the policy on stunting reduction in the form of stunting prevalence results. The operationalization of this concept can be seen in Table 1.

Table 1. CIPP model operationalization

Concept	Dimensions	Sub-Dimensions	Indicators
CIPP Model (Stufflebeam & Zhang, 2017)	Context Evaluation	Stunting Prevalence Trends	• Decline in stunting prevalence rate over a four-year period • Consistency in year-over-year improvement trends • Achievement exceeding the national target
		Access to Health Services	• Availability of basic health facilities, including one sub-health center (Puskesmas/Pustu) • Presence and consistency of active health workers (midwives and nurses) • Availability and regular monthly operations of three integrated health posts (Posyandu) • Proximity of the Puskesmas to the village and availability of supporting public transportation.
		Sanitation and Clean Water Conditions	• Condition of community clean water sources (protected springs and free-access boreholes) with continuous supply • Universal community utilization of proper toilets • Functionality of the village drainage system.

Concept	Dimensions	Sub-Dimensions	Indicators
		Community Awareness and Local Policy	• Level of awareness regarding balanced nutrition for vulnerable groups (pregnant women and toddlers) • Suboptimal awareness levels among a segment of parents requiring adaptive education • Establishment of a dedicated local institution (Stunting Reduction Acceleration Team) formalized via Village Head Decree
	Input Evaluation	Budget Resources	• Availability and sourcing of funds (Village Funds, Health Operational Assistance/BOK, and Regional Budget/APBD) • Translation of fiscal allocations into effective cross-sectoral intervention programs.
		Human Resources	• Availability and routine schedule of specific health workforces (1 village midwife, 1 nurse, and 3 nutrition workers) • Distribution and commitment of community health volunteers (15 Posyandu cadres, evenly split as 5 cadres per post) • Continuity of capacity-building efforts and active training participation for cadres • Presence and active role of the Family Support Team
		Facilities and Infrastructure	• Structural adequacy of permanent service buildings for the sub-health center and Posyandu posts • Availability of complete nutritional measurement tools • Integration of continuous pipeline distribution systems for clean water to residents' homes at no cost • Household ownership of personal toilets, septic tanks, and functioning drainage networks
		Institutional Support & Case Mechanisms	• Execution of regular, cross-sectoral annual village-level stunting discussion forums • Proactive leadership, direction, and cross-sector coordination by the Village Head • Presence of a functional early reporting and case management mechanism from Posyandu cadres to Pustu and village officials • Administrative facilitation by the village government for advanced healthcare referrals (e.g., health insurance cards).
	Process Evaluation	Specific Nutrition Interventions	• Regular implementation of direct health services at Posyandu (weighing, height measurement, complete basic immunization, and supplementary feeding/PMT for at-risk toddlers) • Maternal and maternal-infant health service activities (monitoring pregnancy nutrition, administering iron supplements, nutrition education, and mentoring exclusive breastfeeding for the first 1,000 days of life).
		Sensitive Nutrition Interventions	• Delivery of reproductive health outreach and iron tablet distribution for adolescent girls • Execution of health screenings and pre-pregnancy preparedness education ("Ready for Marriage, Ready for Pregnancy" program) for prospective brides • Allocation of Village Funds for environmental and economic support (healthy latrine construction for vulnerable families, and distribution of agricultural/fishing equipment).
		Community and Family Participation	• Attendance rates of parents bringing toddlers to regular monthly growth monitoring • Execution of proactive home-visit strategies by cadres to follow up on absent residents • Involvement of local elements in food management training via the "Healthy Kitchen to Overcome Stunting" program using nutritious local ingredients.

Concept	Dimensions	Sub-Dimensions	Indicators
		Monitoring, Evaluation, and Data Management	• Systematic recording and monthly reporting workflows of Posyandu activities • Utilization of digital data integration systems (Electronic Community-Based Nutrition Recording and Reporting System) • Occurrence of data management challenges (recording errors, input discrepancies, and unintegrated info systems).
	Product Evaluation	Program Effectiveness and Output	• Achievement of a highly significant downward trend in stunting prevalence • Sustained cross-sectoral coordination and continuous utilization of basic health and preventive services by the community.
		Sustainability and Behavior Change	• Progress in internalizing community behavior changes regarding childcare and everyday household feeding practices • Continuous promotion and enhancement of parental knowledge regarding the principles of balanced nutrition and optimal parenting patterns.

This research was conducted in Hunuth/Durian Patah Village. The selection of research locations must consider the uniqueness and significance of the case (Miles et al., 2014). Informants: Village Heads, Village Officials involved in the program, Health workers (midwives, nurses, nutritionists), Integrated Health Post (Posyandu) cadres, Village Facilitators, Mothers with toddlers and pregnant women. Data collection techniques used in-depth interviews, field observations, and document analysis with detailed exploration and experiences of informants (Ginn & Munn, 2019). Data analysis used data reduction, data presentation, and conclusion drawing (Miles et al., 2014).

RESULTS AND DISCUSSION

Context Evaluation

Hunuth Village has demonstrated significant progress in accelerating stunting reduction efforts over the past four years, as reflected in a decline in prevalence from 21.80% in 2021 to 14.70% in 2022, a sharper decline to 2.78% in 2023, and a further decline to 1.90% in 2024 (konvergensi.bangda.kemendagri.go.id). This decline indicates a consistent year-over-year improvement trend related to the intensification of interventions during this period. This achievement reflects the results of a combination of factors, including the implementation of specific and sensitive nutrition interventions and strengthened coordination among stakeholders at the village level.

Furthermore, this achievement exceeds the national target set by the government, which is to reduce stunting prevalence by 14% by 2024. This demonstrates that Hunuth Village has not only successfully met national performance standards but also serves as an example of best practice in locally based stunting reduction program governance.

Access to health services in Hunuth Village can be categorized as adequate, supported by the presence of one sub-health center (in Bahasa: Puskesmas) and health workers, including midwives and nurses, who consistently provide services to the community. In addition, there are three integrated health posts (in Bahasa: Posyandu) that routinely provide monthly health services for toddlers and pregnant women. The Puskesmas is also relatively close to Hunuth Village and is supported by the availability of public transportation.

Furthermore, access to sanitation and clean water is in excellent condition. The community obtains clean water from protected springs and free-access boreholes, with a continuous supply of flowing water. In terms of sanitation, the entire community uses proper toilets, supported by a well-functioning drainage system in the village.

Most residents have demonstrated a relatively good level of awareness regarding the importance of balanced nutrition for pregnant women and toddlers, as vulnerable groups. This is the result of ongoing education conducted by health workers, integrated health post (Posyandu) cadres, and the Hunuth Village Family Welfare Movement women, who actively aid and counseling to the community. These efforts contribute to building a collective understanding of the importance of nutritional intake in supporting maternal health and optimizing child growth and development.

However, some parents of toddlers still have a suboptimal level of awareness and require further strengthening. This indicates that the internalization of knowledge regarding balanced nutrition is not yet fully distributed. Therefore, a more adaptive and sustainable education strategy is needed to strengthen the community's knowledge base and encourage more consistent behavioral changes in nutritional practices at the household level. This is also influenced by educational attainment and economic factors.

The village government has established a Stunting Reduction Acceleration Team at the village level, as stipulated in the Decree of the Head of Hunuth Village Number 03 of 2022 concerning the Stunting Reduction Acceleration Team. The formation of this team is not merely an administrative response but rather reflects a proactive local institutional response in internalizing the mandate of national policy, as stipulated in Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction. Thus, stunting management efforts are not only programmatic but also institutionalized within village governance.

Input Evaluation

First, Budget Resources. The availability of funding from Village Funds, Health Operational Assistance (BOK), and the Regional Budget (APBD) reflects the government's strong political will and commitment to supporting accelerated stunting reduction. From a policy implementation perspective, strong political commitment is a crucial prerequisite for policy success (Sabatier & Mazmanian, 1979). The allocation of these fiscal resources demonstrates that stunting has been placed on the priority agenda at both the national and regional levels, thus requiring cross-sectoral involvement and coordination between levels of government.

The allocated funds translate into effective intervention programs, ranging from increasing access to maternal and child health services, improving sanitation and environmental hygiene, to providing nutritious food. The effectiveness of these programs is then influenced by other factors such as human resource capacity, intersectoral coordination, and community participation (Atnafu et al., 2021). Thus, funding is only one important component in a comprehensive stunting reduction ecosystem.

The literature shows varying research findings regarding the impact of funding on stunting reduction. A study by Smith et al. (2020) in Bangladesh found that increased investment in the health sector significantly contributed to a reduction in stunting rates. Similarly, research in Ethiopia by Habte et al. (2019) highlighted the importance of targeted budget allocation for nutrition programs. Conversely, research by Jones (2022) in Nigeria showed that funding alone is insufficient without good governance and high accountability. This inconsistency can be explained by differences in socioeconomic contexts, health systems, and government capacity in each country. Meanwhile, another study by Syahrinullah (2024) in Indonesia showed that effective village fund allocation with strict monitoring can significantly reduce stunting rates at the village level.

Second, Human Resources. The availability of human resources in the health sector in Hunuth Village indicates adequate operational support for the provision of basic health services at the community level. The sub-health center is supported by a health workforce consisting of a village midwife and one nurse who consistently provides services to the

community every day. In addition, three nutrition workers are specifically responsible for implementing services at three integrated health posts (Posyandu) spread across the village. Posyandu activities are carried out routinely every month, reflecting the continuity of promotive and preventive services, particularly in monitoring the community's nutritional status.

From a community empowerment perspective, the role of Posyandu cadres is a crucial element in supporting the sustainability of health programs. Hunuth Village has 15 Posyandu cadres evenly distributed, with five per Posyandu. These cadres demonstrate a high level of participation and commitment in carrying out their duties, both in routine service activities and in supporting other health interventions. Capacity building efforts are also continuously carried out through the cadres' active participation in various training activities, aimed at improving their competency and knowledge, particularly in supporting the program to accelerate stunting reduction.

A study by Syitra et al. (2025) indicates that Posyandu cadres play a central role in community-based nutrition interventions to prevent stunting in toddlers. As the spearhead of primary health care at the village level, Posyandu cadres play an active role in routinely monitoring child growth through growth monitoring programs, which serve as the basis for assessing nutritional status and early detection of stunting risk. Furthermore, cadres also serve as educational agents, providing nutritional knowledge to families, particularly mothers, regarding the importance of providing appropriate complementary foods, consuming nutritious foods, and parenting patterns that support optimal child growth and development. Thus, the role of Posyandu cadres extends beyond technical functions to include family and community empowerment, enabling effective and sustainable nutritional interventions.

Furthermore, the presence of the Family Support Team (in Bahasa: *Tim Pendamping Keluarga*/TPK) in Hunuth Village strengthens family-based interventions in stunting management. The TPK plays an active role in assisting families, particularly mothers with toddlers, through education and direct interventions for children at risk of or already experiencing stunting. This approach reflects the integration of formal health services and community-based social approaches, simultaneously contributing to the increased effectiveness of the stunting reduction acceleration program at the village level.

Third, Facilities and Infrastructure. Based on interviews and field observations, Hunuth Village demonstrates relatively adequate facilities and infrastructure to support public health services, particularly in efforts to accelerate stunting reduction. The village has one sub-health center (Puskesmas) and three integrated health posts (Posyandu), each equipped with a permanent building for service delivery. The complete nutritional measurement tools provided by the Puskesmas enable optimal nutritional status monitoring. Furthermore, the availability of these facilities also supports the implementation of specific nutritional interventions, such as the distribution of iron supplement tablets to pregnant women and adolescent girls, as well as the provision of essential vitamins to toddlers and other vulnerable groups. These contribute to meeting micronutrient needs, preventing anemia, and improving the community's nutritional status, all of which are integral parts of the village's strategy to accelerate stunting reduction.

Furthermore, the health environment is supported by the availability of adequate clean water and sanitation facilities. The community has access to clean water sourced from protected, laboratory-tested springs and is supported by drilled wells. This water is collected in a reservoir and distributed through a continuous pipeline system directly to residents' homes at no cost, demonstrating the existence of inclusive public service-based interventions.

Furthermore, all households have toilets and septic tanks, and a well-constructed and functioning drainage system contributes to a healthy environment. Furthermore, efforts to increase public knowledge about nutrition are carried out through various educational channels, both directly within integrated health service posts (Posyandu) activities and

through outreach conducted by health workers, Posyandu cadres, human development cadres, and the Family Welfare Movement (in Bahasa: *Pemberdayaan Kesejahteraan Keluarga*/PKK) team. Overall, this reflects an integrated approach between infrastructure provision and educational interventions to improve community health.

Fourth, Institutional Support. Institutional support in Hunuth Village is excellent, as reflected in the regular annual village-level stunting discussion involving village officials, health workers, Posyandu cadres, and community leaders. This cross-sectoral deliberation forum aims to ensure accelerated stunting reduction efforts through the identification and validation of data on at-risk families, the establishment of specific and sensitive intervention priorities, and the agreement on the roles of local stakeholders. This forum also serves as the basis for integrating inter-sectoral programs and developing village planning and budgeting, ensuring more targeted, coordinated, and sustainable interventions, in line with the mandate of Presidential Regulation Number 72 of 2021.

Furthermore, this support is not only structural but also includes individual responses from the village head as a key actor who actively encourages, directs, and ensures the continuity of cross-sector collaboration as an integral part of Hunuth Village's success in reducing stunting. This aligns with the findings of Headey et al. (2016), who highlighted that the success of local-level programs often depends on village leadership, community involvement, and the effectiveness of the interventions. In the case of management mechanism, if a toddler is found to be at risk of stunting, the integrated health post (Posyandu) cadre will immediately report the condition to health workers at the Sub-Health Center (Pustu) for follow-up. Furthermore, the community health center (Pustu) will coordinate with the village government to provide support to target families as part of early intervention efforts. In certain circumstances, if referrals to advanced health care facilities are required, the village government will also play a role in facilitating administrative aspects, including obtaining health insurance cards. This ensures the referral process runs effectively and is unhindered by bureaucratic obstacles.

Process Evaluation

Evaluation of the process component indicates that the implementation of the stunting reduction acceleration program in Hunuth Village has been carried out through various intervention activities, both specific and sensitive. Implementation of specific interventions has been maximized through integrated health service posts (Posyandu) activities, which include weighing, height measurement, complete basic immunization, and supplementary feeding (PMT) for toddlers at risk of stunting. It also includes health services for pregnant and breastfeeding mothers, such as monitoring nutritional status during pregnancy, administering iron supplements, nutrition education, and mentoring exclusive breastfeeding practices to support optimal child growth and development starting in the first 1,000 days of life (HPK). A study by Setianingsih & Hussain (2023) found that specific nutrition interventions, which directly target pregnant and breastfeeding mothers, play a crucial role in stunting prevention efforts, contributing 30%. This intervention is implemented by the health sector through various activities such as providing supplementary food for pregnant women to address energy and protein deficiencies, iron and folic acid supplementation, providing complete immunizations, and promoting early initiation of breastfeeding and exclusive breastfeeding for infants. These specific interventions are short-term with results that can be seen within a relatively short time.

Meanwhile, for sensitive interventions, the Hunuth Village Government carries out various activities, such as outreach and education to adolescent girls about reproductive health, along with the provision of iron tablets to prevent anemia. Furthermore, prospective brides and grooms will undergo health screenings at the sub-health center (Pustu) before three months of marriage, followed by education through the "Ready for Marriage, Ready for

Pregnancy" program by Human Development Cadres, to increase prospective brides' knowledge and health preparedness before pregnancy. Meanwhile, sanitation continues to be improved. In 2023, the Hunuth Village Government aided with the construction of healthy latrines to 19 families with toddlers, pregnant women, and people with disabilities, allocated from the Village Fund (desahunuth.id, 2023). Furthermore, support is also provided in the agriculture and fisheries sector, aiding residents in the form of agricultural equipment and fishing gear (desahunuth.id, 2024). Findings from Muhamad et al. (2023) and Bhutta et al. (2020) indicate that sensitive interventions contribute 70% to the reduction in stunting, encompassing both social and environmental aspects. Therefore, focusing on improving the comprehensiveness of both specific and sensitive nutrition interventions is crucial to accelerating more widespread stunting reductions.

Community participation in stunting management efforts in Hunuth Village can be categorized as quite good, as reflected in the active involvement of parents in regularly bringing their toddlers to monthly community health post (Posyandu) activities. This attendance demonstrates a collective awareness of the importance of monitoring child growth and development from an early age. However, a small number of parents still do not attend Posyandu activities on the day of their appointments. To address this, Posyandu cadres together with the PKK Mobilization Team implemented a proactive strategy by visiting residents' homes directly or picking up those who were absent, to ensure that weighing, height and head circumference measurements, and optimal immunizations for toddlers were carried out.

In addition, community involvement is also evident in technical guidance and food management training through the Healthy Kitchen to Overcome Stunting program. This activity involves elements of Posyandu cadres, human development cadres, pregnant/breastfeeding mothers and the TP-PKK (Family Welfare Movement) of Hunuth village. This program utilizes local food ingredients as a source of nutrition, such as tongka langit bananas, pumpkin, soybeans, and fresh fish, which are processed into various high-nutrition menus, including sushi rolled fish, pumpkin soup, pumpkin smoothies, and steamed fish with ginger sauce. This activity not only improves the knowledge and skills of pregnant women in preparing nutritious food but also strengthens a local wisdom-based approach in stunting reduction interventions at the village level. This is in line with research conducted by Puspitasari et al. (2025) which shows that family and community-based interventions have an important role in preventing stunting in children under five years of age. Family-based interventions have proven effective in improving child growth by strengthening the role of parents, particularly in providing adequate nutrition, nutrition education, and improving parenting patterns. Meanwhile, community-based interventions can strengthen the public health system by involving health cadres, mothers' groups, and community health workers in growth monitoring and raising public awareness of the importance of child health and nutrition.

In terms of monitoring and evaluation, oversight mechanisms have been implemented through routine reporting of integrated health post (Posyandu) activities, including recording the nutritional status of toddlers, services for pregnant women, and the achievements of other health interventions. Data from these activities is then input into the Electronic Community-Based Nutrition Recording and Reporting System as part of the digitization and integration of nutrition data. These activities are then monitored periodically by community health centers (Puskesmas) as a form of technical guidance and service quality control. Monitoring results are then reported back to the village government as evaluation material and a basis for decision-making in planning sustainable stunting management programs.

However, errors in data recording and input remain a problem that can potentially impact the accuracy of the information produced. Furthermore, discrepancies in data between sources or reporting results are common, further reinforcing issues in data management.

Research by Heidkamp et al. (2021) highlights that unintegrated information systems can hamper stunting intervention efforts by making data-driven decisions difficult. This can impact on the accuracy of intervention targeting and the quality of data-driven decision-making. Furthermore, a study by Dewey & Begum (2011) showed that accurate data-driven interventions can significantly improve the effectiveness of maternal-child nutrition and health programs. Therefore, efforts are needed to increase the capacity of cadres and health workers, as well as strengthen data verification and validation systems to ensure more accurate, reliable, and accountable information.

One of the challenges in stunting management is the level of parental awareness and understanding of implementing a balanced nutritional diet. This includes parents' ability to meet children's daily nutritional needs according to recommended standards, making behavioral and parenting practices key factors in determining the success of stunting prevention and management efforts at the household level.

Research conducted by Siboro et al. (2025) showed that parenting patterns, particularly feeding practices, are the most dominant factor significantly increasing the risk of stunting. This finding indicates that the quality of parenting, particularly in meeting children's nutritional needs, has a significant impact on a child's growth and development. Inappropriate feeding practices, in terms of quantity, quality, and frequency, have the potential to cause an imbalance in nutritional intake, ultimately impacting child growth.

Product Evaluation

The prevalence of stunting in Hunuth Village has shown a very significant downward trend over the past four years, from 20.8% in 2021 to 1.9% in 2024 (Indonesian Nutritional Status Survey, 2024). This decline indicates that the implementation of stunting reduction interventions at the village level has been effective, both through specific interventions such as maternal and child nutrition, and sensitive interventions encompassing environmental and social improvements. This success can be attributed to an integrated approach, supported by effective cross-sectoral coordination, targeted and sustainable implementation of nutrition programs, and a relatively high level of community participation. This participation is reflected in various preventive activities, such as supplementary feeding, provision of clean water access, improved sanitation, and regular utilization of basic health services.

However, this significant reduction needs to be balanced with efforts to strengthen community behavior change, particularly at the family level. Parental awareness of appropriate parenting patterns and understanding of the principles of balanced nutrition must be continuously improved and promoted. This is crucial because family behavior and knowledge are key determinants that directly influence feeding and childcare practices. Therefore, the sustainability of stunting prevalence reduction depends not only on the effectiveness of program interventions but also on consistency in building family awareness and capacity as key actors in stunting prevention efforts.

Key Success Factors

The success of accelerating stunting reduction in Hunuth Village is inseparable from the fulfillment of various key factors that mutually support and reinforce each other within an integrated system. One of the most crucial factors is the strong leadership of the village head and his strong commitment to the stunting reduction program. A village head who demonstrates firm, visionary leadership and can internalize the mandate of national policies can encourage all elements in the village to work synergistically and commit to implementing the program consistently. This leadership serves as the foundation that drives the entire series of activities, from planning to implementation in the field, and ensures that the policies and programs designed are implemented effectively and efficiently. Furthermore, success will not be achieved without adequate financial support. Consistent allocation of adequate village

funds and transparent and accountable financial management are crucial factors in ensuring sufficient resources are available to implement various intervention programs, from improving health services and nutrition, improving sanitation, to strengthening human resource capacity at the village level. Sustainable funding is crucial to ensuring programs are not merely short-lived but capable of delivering tangible, long-term impacts.

Beyond financial support, capacity building for integrated health post (Posyandu) cadres and health workers is a crucial factor that cannot be overlooked. Through ongoing training, coaching, and empowerment, cadres and health workers can carry out their duties competently and with dedication. They are at the forefront of implementing direct interventions within the community, including monitoring, education, and optimal provision of health and nutrition services. The quality of these health workers and cadres is crucial for the success of the interventions, as they directly interact and provide services to the community on a regular basis. Equally important is active community participation, which is the key to program success. The level of community awareness of the importance of healthy eating habits, good parenting practices, and utilization of local health services demonstrates the impact of ongoing education and outreach. Through activities such as integrated health posts (Posyandu) and various local wisdom-based training, the community is invited to play an active role, increase understanding, and change behaviors that support children's nutritional conditions and the health of pregnant women.

CONCLUSION

The significant success in reducing stunting rates in Hunuth/Durian Patah Village, Ambon City, is the result of the implementation of comprehensive, integrated, and locally based policies supported by various key supporting factors. One crucial factor is the strong leadership of the village head and his strong commitment to the stunting reduction program. Firm, visionary leadership, and the ability to internalize national policy mandates, empower all village elements to work synergistically, from planning and implementation to monitoring and evaluation. Furthermore, adequate financial support, including transparent and accountable allocation of village funds, is a crucial pillar ensuring the availability of resources to support various interventions, including health services, nutrition, sanitation improvements, and capacity building for health workers and integrated health post (Posyandu) cadres.

This village's success is also supported by adequate infrastructure and facilities, such as the presence of a sub-health center (Puskesmas) and a regular Posyandu (Integrated Health Post) that actively provide nutrition and health services on an ongoing basis. Active community participation contributes to the program's success, as evidenced by the high attendance of parents and families at integrated health service posts (Posyandu) activities and participation in training and technical guidance on local wisdom-based food management. The outreach strategy implemented by Posyandu cadres and the Family Support Team, along with community empowerment through various educational and training activities, has raised public awareness of the importance of balanced parenting and nutritional intake, enabling the sustainable implementation of socialized healthy practices.

Beyond human and financial factors, success also depends heavily on an effective, data-driven monitoring and evaluation system. This system can monitor progress in real time, identifying challenges and obstacles, and providing the basis for appropriate and timely policymaking. Strengthening this system ensures that all program activities remain on track, adapt to evolving situations and needs on the ground, and enhances accountability in program management.

REFERENCE

Achmad, W., Nurwati, N., & Sidiq, R. S. S. (2026). Health Law and Stunting: How is the Government Handling in Eliminating Stunting? *Government & Resilience*, *4*(1), 104-118.

Alfaqeeh, M., Zakiyah, N., Postma, M. J., & Suwantika, A. A. (2025). Setting priorities for healthcare interventions in Indonesia: a comprehensive conceptual framework. *International Journal for Equity in Health*, *24*(1), 327.

Anggreani, R. D., Margawati, A., & Nurjazuli, N. (2021). Evaluasi Penanganan Stunting Melalui Dana Desa Di Masa Pandemi Covid-19 Dengan Metode Sistematik Review. *Jurnal Ilmiah Kesehatan*, *14*(2), 139-151.

Apriliani, A. (2025). Utilization of primary healthcare services and stunting among children aged 0–59 months in Indonesia: a national cross-sectional study. *Contagion: Scientific Periodical Journal of Public Health and Coastal Health*, *7*(1), 404-414.

Atnafu, A., Wolde, M., & Dagnew, A. B. (2021). Determinants of stunting among children aged 6-59 months in Ethiopia: Further analysis of the 2016 Ethiopian Demographic and Health Survey. *PLoS ONE, 16*(3), e0248424.

Attamimi, H., Lestari, Y., Kesuma, E., & Anggraini, Y. (2025). Evaluation of the Implementation of the Stunting Prevention and Handling Program in Labuhan Bajo Village, Sumbawa Regency. *International Journal of Health Science, 5*(2), 334–344.

Aulia, H., Ap, M., Damaya, T., Andini, A., Ng, A., Marini, M., Abao, A., & Santri, S. (2025). Evaluasi Program "˜Inigenting' Generasi Berencana (Genre) untuk menurunkan stunting di Kubu Raya, Kalimantan Barat. *Dimensia: Jurnal Kajian Sosiologi*, *14*(1), 01-12.

Barela, E. (2007). Ulasan Buku: Analisis Studi Kasus Multipel, oleh Robert E. Stake. New York: Guilford Press, American.

Bhutta, Z. A., Das, J. K., Rizvi, A., Gaffey, M. F., Walker, N., Horton, S., ... & Black, R. E. (2013). Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *The lancet*, *382*(9890), 452-477.

Bhutta, Z., Akseer, N., Keats, E., Vaivada, T., Baker, S., Horton, S., Katz, J., Menon, P., Piwoz, E., Shekar, M., Victora, C., & Black, R. (2020). How countries can reduce child stunting at scale: lessons from exemplar countries. *The American Journal of Clinical Nutrition, 112*, 894S - 904S.

Budu, M. R. M. (2025). Characterizing the link between stunting and metabolic syndrome in developing nations. *Cellular Signalling*, 112193.

Dewey, K. G., & Begum, K. (2011). Long-term consequences of stunting in early life. *Maternal & child nutrition*, *7*, 5-18.

Diarra, A. S., Diarra, B., Diarra, B., Abou Coulibaly, C., Sangho, F., Dolo, H., ... & Togo, Y. (2026). Towards Universal Health Coverage in Mali: The Pivotal Role and Limitations of Community Health Workers in the Fight Against Malnutrition 2010-2024. *International Journal of Research and Innovation in Applied Science (IJRIAS)*, *11*(3).

Ginn, G. M., & Munn, S. L. (2019). Wawancara: Menguasai Seni Wawancara Penelitian Kualitatif, Edisi Ketiga, oleh Svend Brinkmann dan Steinar Kvale. Thousand Oaks, CA: Sage, 2015. 405 halaman, $60.00 (edisi paperback). *New Horizons in Adult Education and Human Resource Development, 31*(2), 67–69.

Habte, D., Melaku, Y. A., & Tariku, A. (2019). Factors associated with stunting among children aged 6-59 months in Ethiopia: Evidence from the 2016 Ethiopian Demographic and Health Survey. *BMC Pediatrics, 19*(1), 1-12

Headey, D., Hoddinott, J., & Park, S. (2016). Drivers of nutritional change in four South Asian countries: a dynamic observational analysis. *Maternal & child nutrition*, *12*, 210-218.

Heidkamp, R. A., Piwoz, E., Gillespie, S., Keats, E. C., D'Alimonte, M. R., Menon, P., ... & Bhutta, Z. A. (2021). Mobilising evidence, data, and resources to achieve global maternal and child undernutrition targets and the Sustainable Development Goals: an agenda for action. *The Lancet, 397*(10282), 1400-1418.

Hooghe, L., & Marks, G. (2020). Teori Pasca-Fungsionalis tentang Tata Kelola Multilevel. *The British Journal of Politics and International Relations, 22*(4), 820–826.

Indra, J., & Khoirunurrofik, K. (2022). Understanding the role of village fund and administrative capacity in stunting reduction: Empirical evidence from Indonesia. *PloS one*, *17*(1), e0262743.

Islam, M. S., Zafar Ullah, A. N., Mainali, S., Imam, M. A., & Hasan, M. I. (2020). Determinants of stunting during the first 1,000 days of life in Bangladesh: A review. *Food science & nutrition*, *8*(9), 4685-4695.

Jones, K. D. (2022). The impact of corruption on stunting in Nigeria. *Journal of Development Studies, 58*(3), 542-558.

Jung, D. R., & Vendrametto, O. (2025). Agroforestry for food security and public health: a comprehensive review. *International Journal of Environmental Research and Public Health*, *22*(4), 645.

Kiosia, A., Dagbasi, A., Berkley, J. A., Wilding, J. P., Prendergast, A.J. Li, J. V., ... & Frost, G. (2024). The double burden of malnutrition in individuals: Identifying key challenges and re-thinking research focus. *Nutrition bulletin*, *49*(2), 132-145.

Larasati, K., Budiono, I., Woro, O., & Handayani, K. (2025). Evaluasi Program Promosi Kesehatan untuk Menurunkan Angka Stunting di Puskesmas Bandarharjo. Jurnal Ilmu Kedokteran dan Kesehatan Indonesia. *Jurnal Ilmu Kedokteran Dan Kesehatan Indonesia*, *5*(1), 581–590.

Lestari, F., et al. (2020). Data Quality Challenges in Indonesian Healthcare. *Journal of Health Informatics, 12*(2), 123-135.

Lipsky, M. (2016). Street-level bureaucracy: Dilemmas of the individual in public services. Russell Sage Foundation.

Markus, P. (2019). Analisis Permasalahan, Isu Strategis dan Kebijakan Pembangunan SDGs Kabupaten Mojokerto. Jurnal Ilmiah Sosio Agribis, Universitas Wijaya Kusuma Surabaya.

Maxwell, J. A. (2012). *Desain Penelitian Kualitatif: Pendekatan Interaktif. SAGE Publications*. Miles, M. B., Huberman, A. M., & Saldana, J. (2014). Analisis Data Kualitatif: Buku Panduan Metode. SAGE

Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Analisis Data Kualitatif: Buku Panduan Metode*. SAGE.

Millward, D. J. (2017). Nutrition, infection and stunting: the roles of deficiencies of individual nutrients and foods, and of inflammation, as determinants of reduced linear growth of children. *Nutrition research reviews*, *30*(1), 50-72.

Muhamad, Z., Mahmudiono, T., Abihail, C. T., Sahila, N., Wangi, M. P., Suyanto, B., & Binti Abdullah, N. A. (2023). Preliminary study: the effectiveness of nutrition education intervention targeting Short-Statured pregnant women to prevent gestational stunting. *Nutrients*, *15*(19), 4305.

Nursalam, N., Neolaka, M. N., Djani, W., & Toda, H. (2021). Penanggulangan Stunting Melalui Modal Sosial Di Desa Besmarak Kecamatan Nekamese Kabupaten Kupang. *Idea Pengabdian Masyarakat*, *1*(02), 100-106.

Permatasari, M. A., & Eprilianto, D. F. (2023). Analisis Partisipasi Masyarakat Dalam Mencapai Zero Stunting Di Kelurahan Bulak Banteng Kecamatan Kenjeran Kota Surabaya. Publika, 2637-2650.

Puspitasari, Y. D., Indarwati, R., Wahyuni, S. D., & Suraya, A. S. (2025). Community and family-based intervention strategies to prevent stunting: A systematic review. *Care: Jurnal Ilmiah Ilmu Kesehatan*, *13*(2), 286-298.

Rahayu, I., Musthofa, S. B., & Kartini, A. (2023). Evaluation of the Stunting Program at the Margototo Health Center, Lampung East District. *Jurnal Penelitian Pendidikan IPA*, *9*(7), 5788-5797.

Sabatier, P. A., & Mazmanian, D. A. (1979). The implementation of public policy: A framework of analysis. *Policy studies journal, 8*(4), 538-560

Saputra, T., Zuhdi, S., Aguswan, A., Affrian, R., Eka, E., Sufi, W., & Harahap, J. R. (2023). Bibliometric Studies and Public Administration Research Potential on Stunting Problems. *Jurnal Manajemen Pelayanan Publik*, *6*(2), 197-211.

Setianingsih, T., & Hussain, N. (2023). Analysis of the completeness of specific nutritional interventions as an effort to prevent stunting: an observational study. *Padjadjaran Journal of Dentistry*, *35*(3), 237-246.

Siboro, V. A., Rochadi, K., Sinaga, J., Manurung, K., & Bancin, D. (2025). The Relationship of Knowledge, Parenting Patterns, Feeding, and Environmental Sanitation to the Incidence of Stunting in Toddler Ages 24-59 Months in the Working Area of the Buhit Puskesmas, Samosir District, 2025. *Journal of Pharmaceutical and Sciences*, 2107-2117.

Sideropoulos, V., Draper, A., Munoz-Chereau, B., Ang, L., & Dockrell, J. E. (2025). Childhood stunting and cognitive development: a meta-analysis. *Journal of Global Health*, *15*, 04257.

Sitohang, D. and Lestari, M. (2024). Analisis Normatif Terhadap Implementasi Peraturan Presiden Republik Indonesia Nomor 72 Tahun 2021 Tentang Percepatan Penurunan Stunting. *CENDEKIA, 1*(12), 848-856.

Smith, L. C., Ruel, M. T., & Haddad, L. (2020). Reducing children under nutrition: Past drivers and priorities for the post-MDG era. *World Development, 126*, 104745.

Soliman, A., De Sanctis, V., Alaaraj, N., Ahmed, S., Alyafei, F., Hamed, N., & Soliman, N. (2021). Early and long-term consequences of nutritional stunting: From childhood to adulthood. *Acta Bio Medica: Atenei Parmensis*, *92*(1), e2021168.

Stufflebeam, D. L., & Zhang, G. (2017). *The CIPP evaluation model: How to evaluate improvement and accountability*. Guilford Publications.

Sufri, S., Iskandar, I., Nurhasanah, N., Bakri, S., Jannah, M., Rajuddin, R., ... & Lassa, J. A. (2024). Implementation outcomes of convergence action policy to accelerate stunting reduction in Pidie district, Aceh province, Indonesia: a qualitative study. *BMJ open*, *14*(11), e087432.

Suharsih, S. and Rahayu, A. (2023). Relationship between budget policy, fiscal capacity and stunting prevalence in indonesia. *International Journal of Advanced Economics, 5*(7), 187-198.

Sujatmiko, E. (2025). Urgency of evaluation of stunting handling programs and activities. *Jurnal Keperawatan Profesional (KEPO)*, *6*(1), 51-66.

Sukanti, S., & Faidati, N. (2021). Collaborative governance dalam upaya penanggulangan stunting di Kabupaten Sleman. *Jurnal Caraka Prabu, 5*(1), 51-64.

Syafrawati, S., Lipoeto, N. I., Masrul, M., Novianti, N., Gusnedi, G., Susilowati, A., ... & Umar, H. B. (2023). Factors driving and inhibiting stunting reduction acceleration programs at district level: A qualitative study in West Sumatra. *Plos One*, *18*(3), e0283739.

Syahrinullah, S. (2024). Strengthening strategy village performance management in effort reducing stunting through multistakeholder involvement in the village. *Jurnal Ekonomi*, *13*(04), 380-388.

Syitra, S. M. L. P., Tiara, A., & Tarigan, A. A. (2025). Effectiveness of Community-Based Nutrition Interventions in Preventing Stunting and Malnutrition in Toddlers: A Literature Review. *International Journal of Health Science*, *5*(2), 78-88.