



OPTIMIZATION OF THE TODDLER FAMILY DEVELOPMENT PROGRAM FOR THE HUMAN RESOURCE INVESTMENT: A STRATEGY FOR THE STUNTING PREVENTION IN WEST KALIMANTAN

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ABSTRACT

Toddler Family Development (TFD) Program is an important strategy in the stunting prevention effort, focusing on the improvement of family function in parenting, nutrition, and stimulation on growth and development in children. This study aims to describe the implementation of TFD program in West Kalimantan Province and to formulate the direction of its optimization as a part of the investment strategy on the human resource. This research used the qualitative descriptive approach based on the secondary data from several official sources, including Indonesian Nutrient Status Survey (INSS), Family Information System (FIS), as well as the national and regional policy documents. Analysis was carried out through the SWOT approach for assessing strength, weakness, opportunity, and threat in the program implementation. This study shows the result that TFD implementation still has the gap between regulative support and achievement in the community level, particularly in terms of cadre capacity, family participation, and the financing sustainability. The TFD optimization needs to be focused on its four main pillars, namely the integration of its service with Health and Nutrition Integrated Service Center and Early Childhood Education Program, the improvement of regional regulation, the improvement of family involvement through an approach of the participative parenting, and the use of digital data system for the evidence-based monitoring and planning. These efforts are important to make TFD an instrument in the family policy which is adaptive and sustainable for accelerating the stunting reduction and development of the human resource in West Kalimantan.

Keywords: stunting, Toddler Family Development, policy, human resource, West Kalimantan

BACKGROUND

Progress in the human resource development in Indonesia highly depends on quality of the growth and development in children since infancy, so the stunting remains a key indicator to be considered in a policy. In West Kalimantan Province, the stunting prevalence was reported to reach 26.8% in 2024, an increase from 24.5% in previous year (INSS, 2024). This figure positioned West Kalimantan among the provinces with the highest stunting issues, leading to the long-term consequence in the achievement of education and economic productivity (Akseer et al., 2022; National Population and Family Planning Board, 2024; Lestari et al., 2024). Therefore, an effort of the stunting prevention must be viewed not only as a short-term health intervention, but also the human development investment affecting the socio-economic prosperity in the region.

The national policy context confirms the importance of an integrated approach in the stunting prevention, including the focus on the first 1,000 day life period and improvement of the family service (Legal Documentation and Information Network of the Finance Investigating Body, 2013). In this framework, Toddler Family Development (TFD) Program is established as a sensitive intervention focusing on the improvement of family capacity through the parenting education, the growth monitoring (Child Development Card/CDC) and the cadre involvement in village/subdistrict. An empirical evidence shows that family-based intervention and cadre capacity development are capable of improving the child care practice and reducing the risk of malnutrition when consistently applied (Islamiyati et al., 2024; Yanti & Hasibuan, 2023). These findings underlie the decision in choosing TFD as one of the

strategies for human resource investment in local level.

However, the reality in its implementation in West Kalimantan shows the gap between policy and achievement in the field. FIS data (2024) shows that the scopes of Stimulation, Detection and Early Intervention on Growth and Development in Public Health Centre reached 65.7% of active family, the active family participation in TFD was 12.57%, and percentage of the cadres getting the comprehensive training was 8% (National Population and Family Planning Board, 2024). This condition was worsened by the financing reliance from the uneven Village Budget and Revenue and high workload of the cadres (HEALTH DEPARTMENT, West Kalimantan Province, 2024; Legal Documentation and Information Network of Finance Investigating Body, 2023). The gap indicates that the operational aspects, including cadre capacity, the financing, and the monitoring mechanism, remain the main obstacle in realizing the role of TFD as an effective instrument for the stunting prevention, despite having regulation and service integration which are relatively strong.

Based on the background, this writing aims to describe the implementation of Toddler Family Development Program in West Kalimantan Province and to formulate the optimization direction as an investment strategy for human resource. Analysis was focused on the secondary data (2024 INSS, 2024 FIS, Province Health Profile) and the national/regional policy documents for 2023–2024 period, and the related literature synthesis. The qualitative descriptive approach and the SWOT mapping were used to identify strength, weakness, opportunity, and threat affecting the effectiveness of TFD in province, regency/city, and village/subdistrict. The result of this study was expected to be the empirical basis for formulating the policy strategy which is measurable and operable to accelerate the stunting reduction in West Kalimantan

METHODOLOGY

This study used the qualitative descriptive approach based on the document review and policy analysis to describe the implementation of Toddler Family Development Program in West Kalimantan Province. Secondary data were collected from 2024 INSS, 2024 FIS, Health Province of the West Kalimantan Province, and the related policy document (2023-2024 periods). Data were descriptively analyzed and mapped using the SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis to identify obstacles and threats

in TFD implementation in province, regency/city, and village/subdistrict. Validity of the findings was proven through the source triangulation and discussion with the research team. Since using the public secondary data, this study did not involve the primary data collection.

This approach was selected to allow the analysis result to provide the factual basis for formulating the operational policy strategy which can be immediately tested in program level.

RESULT

Result of the research was compiled based on the policy document analysis, secondary data and the result of the 2024 FIS and INSS data processing Implementation of the Toddler Family Development Program in general in West Kalimantan Province still had some challenges in aspects covering the growth and development in children, cadre's capacity, and community participation.

Scope of Toddler's Growth and Development Services

Scope of services for Stimulation, Detection, and Early Intervention of Child Growth and Development (SDEIGD) in West Kalimantan in 2024 only reached 65.70%, failing to meet a national target at 85%. This condition showed the gap in supervising the growth and development in children in the basic health facility. Role of parents in the first 1,000 days of life is the important factor in assuring the success of nutrient intervention and growth and development stimulation in children (HEALTH DEPARTMENT, West Kalimantan Province, 2024; Legal Documentation and Information Network of Finance Investigating Body, 2022).

Table 1.
Main indicator in the TFD implementation and toddler service in West Kalimantan in 2024

| Indicator | Score (%) | Data Source |
|--|-----------|---|
| Stunting Prevalence | 26.8 | 2024 INSS |
| SDEIGD Scope in Public Health Centre | 65.7 | 2024 FIS |
| Family participation in TFD | 12.57 | 2024 FIS |
| Family attendance in Health and Nutrition Integrated Service Center | 54.4 | Health Department, West Kalimantan (2024) |
| Percentage of the trained cadres in TFD | 8.0 | 2024 FIS |
| Integration of TFD with Health and Nutrition Integrated Service Center/Early Childhood Education Program | 90.5 | 2024 FIS |

These findings show that most of the TFD groups have been integrated with Health and Nutrition Integrated Service Center and Early Childhood Education Program, but the participation level of family and cadre capacity remained low. This condition affected effectiveness of the parenting education and the stunting prevention in household.

Operation of the TFD Program

Toddler Family Development in village/subdistrict had its main obstacles, namely the limited operational budget and minimum incentive for cadres. Although Village Minister Regulation, Examination with Specific Purpose No. 7 and No. 13 Year 2023 had stipulated TFD as the priority in the use of Village Budget, the realization was not yet equal. As the result, the implementation of activities and training for cadres often relied on the support from Operational Assistance for Family Planning and National Population and Family Planning Board and the cadres themselves. FIS data in 2024 showed that only 8% of the TFD cadres got the comprehensive training. This condition resulted in low quality in education and the monitoring on child's growth and development in community level.

Community Participation in TFD Program

Although about 90.5% of TFD groups have been integrated with Health and Nutrition Integrated Service Center and Early Childhood Education Program through the Integrative Holistic Program of TFD, the participation level of family remained low. Only 12.57% of the family actively participated in TFD, while the rest 54.4% of mothers regularly attended Health and Nutrition Integrated Service Center (National Population and Family Planning Board, 2024; HEALTH DEPARTMENT, West Kalimantan Province, 2024). The causative factors of low participation were the limited time, the lack of cadres, and low awareness of the importance of stimulation for growth and development in children in house.

SWOT Analysis of TFD Program in West Kalimantan

Situation analysis resulted in the mapping of strength, weakness, opportunity, and threat as set forth in Table 2 below.

Table 2.
SWOT Analysis of TFD Program in West Kalimantan

| STRENGTH |
|---|
| <ul style="list-style-type: none"> - Presidential Regulation No. 60 Year 2013 concerning Integrative Holistic Development of Early Childhood; Presidential Regulation No. 72 Year 2021 concerning Acceleration of the Stunting Reduction; Law No. 4 Year 2024 concerning Prosperity of Mothers and Children in 1,000 First Days of Life; - Village Minister Regulation, Examination with Specific Purpose No. 7 and No. 13 Year 2023 had stipulated TFD as the priority in the use of Village Budget; - The support of National Population and Family Planning Board through the provision of TFD Kit and Child Development Card to monitor the growth and development in children; and - Integration of TFD with Health and Nutrition Integrated Service Center and Early Childhood Education Program in Integrative Holistic TFD Program. |
| WEAKNESS |
| <ul style="list-style-type: none"> - Limited Number and Competency of TFD Cadres; - The limited financing, relying on the Village Budget and Revenue or Operational Assistance for Family Planning which was inconsistent; and - Minimum advanced training for the cadres. |
| OPPORTUNITY |
| <ul style="list-style-type: none"> - National and village policies supporting the priority of TFD; - Support of the CSR and the penta-helix (government, academician, private sector, media, and community) collaboration; - Competition in Family Prosperity Empowerment-Family Planning-Health to improve the cadre's motivation; - Programs from TFD and Community Service from the universities supporting the TFD in village; and - The use of simple technologies, namely WhatsApp Group and Zoom Meeting for the online parenting class. |
| THREAT |
| <ul style="list-style-type: none"> - Low appreciation for the cadres leading to the demotivation; - High resignation level of cadres (turnover); - Low participation of community in TFD and Health and Nutrition Integrated Service Center; and - The changes in the modern parenting pattern which was less suitable and reliance on the gadget. |

The result comprehensively showed that the main challenges in the implementation of Toddler Family Development Program in West Kalimantan were on the financing aspects, cadre capacity, and community participation, despite having strong policy and regulation. Optimization in the program management and cross-sectoral collaboration were required to allow TFD to effectively function as an investment strategy for human resource in an effort to accelerate the stunting reduction in village and subdistrict.

DISCUSSION

Findings of the research show the gap between national policy and achievement in the Toddler Family Development Program implementation in the field. In terms of regulation, the support on acceleration in the stunting reduction has been intense through Presidential Regulation No. 72 Year 2021, Presidential Regulation No. 60 Year 2013, and Village Minister Regulation, Examination with Specific Purpose No. 7 and No.

13 Year 2023, positioning the TFD as a priority in the village development. However, the realization of policy in its implementation has not been completely optimal because of the limitation of cadre capacity, budget, and family participation.

TFD program is truly designed with an approach of the family-centered intervention, positioning the family as the main actor of change in the parenting behavior and child's nutrient (Akseer et al., 2022; Umar, 2021). However, in West Kalimantan, family participation had remained low (12.57%) despite having a high institutional integration level ($\pm 90.5\%$). This pattern shows that the policy structure and support have not been adequate, without active family involvement as the main beneficiaries. This phenomenon was worsened by the social condition of the community in coastal area and village with seasonal occupation, in which time and context of the programs were not in line with the daily needs (Islamiyati et al., 2024).

Cadre capacity has been a critical point in the program effectiveness. Only 8% of TFD cadres have received the comprehensive training, while the competence improvement was proven to affect the success of nutrient education and the change of family behavior (Yanti & Hasibuan, 2023). The untrained cadre tended to act as the information presenter, not as the behaviour facilitator. As stipulated in the guidelines of the Integrative Holistic TFD (Ditbalnak, 2018) and the study result (Bidayati, 2017), commitment and motivation of cadres have been important factors in the program sustainability in village.

This condition limited scope and quality of the intervention in the household level. Therefore, the cadre's capacity was improved through the hierarchical training and field supervision to be the priority steps. From a perspective of the human resource development, the parenting intervention and the stunting prevention at an early age had a long-term economic implication. A number of studies showed that children with the stunting tended to have lower productivity and academic achievement, leading to the macroeconomic loss in the end (Lestari et al., 2024; Suryana, 2023). Thus, TFD program is not only educative, but also a kind of human resource investment having the long-term social and economic values towards the Golden Indonesia.

SWOT analysis showed that the main strength of the program was on the regulative support and a broad institutional network (integration with Health and Nutrition Integrated Service Center and Early Childhood Education Program at $\pm 90.5\%$). However, its weakness was from the limitation of cadre capacity and low participation in family. A large opportunity was open through the use of

digital data system, namely FIS and INSS, to support the monitoring and the evidence-based planning. Reports from UNICEF'S Digital Health & Information System Annual Report 2023 showed that the integration of digital health information system in the community was capable of accelerating the service monitoring and the data-based decision making. Threat was still from the limitation of village financing, difficult geographical access, and high workload in cadre. Based on these findings, the optimization direction of TFD needs to be focused on four main strategic steps as follows:

First, the improvement of service integration is carried out among TFD, Health and Nutrition Integrated Service Center, and Early Childhood Education Program to implement the monitoring on growth and development, nutrient education, and child stimulation in an ecosystem of family service.

Second, regional regulation is improved to assure the financing sustainability, cadre supervision, and cross-sectoral coordination through the Regulation of Governor or Regional Head.

Third, the improvement of family involvement is carried out through the participative and contextual parenting approaches, namely drawing, storytelling, and gardening, combined with the counseling on exclusive breast milk and the balanced nutrient.

Fourth, the use of digital data system (CDC, FIS, and INSS) needs to be improved as a basis of the evidence-based monitoring, as well as the mitigation tool on the limitation of financing and resource. The use of *real-time* data will support the program planning to be more adaptive on the local condition and to strengthen the cross-sectoral accountability.

These four strategies completed each other in shaping a TFD ecosystem which is more adaptive, collaborative, and evidence-based. Through the cross-sectoral integration, strong regional regulation, solid data system, and active family participation, TFD Program in West Kalimantan potentially transforms into an effective policy instrument, for accelerating the stunting reduction and a long-term investment for the human resource development.

CONCLUSION

An analysis on the Toddler Family Development Program implementation in West Kalimantan Province showed the gap between national policy and implementation achievement in the field. The regulation framework has provided a strong basis for the effort in accelerating the stunting reduction, but effectiveness of its implementation in

community level was still affected by the cadre capacity, the financing support, and participation level of family.

Optimization in the TFD implementation needs to be directed on four strategic pillars, namely service integration with Health and Nutrition Integrated Service Center and Early Childhood Education Program, the strengthening of the regional regulation to assure the program sustainability, improvement of the family participation, through the participative parenting approach, and the use of digital data system to support the evidence-based planning and monitoring.

Strengthening these four aspects, TFD has a potential to be the family policy instrument which is more adaptive, collaborative, and sustainable. This program is not only a medium for nutrient education, but also a long-term investment in the human resource development which is competitive and healthy in the future for achieving the Golden Indonesia.

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