



## THE STUNTING MANAGEMENT PROGRAM (RUMAH PELITA): EVALUATION STUDY OF THE CIPP PROGRAM

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### ABSTRACT

The Indonesian Health Survey in 2023 results found that 1 in 5 toddlers in Indonesia (21%) experienced stunting. The Semarang City Health Office In 2024, collaboration with multiple sectors, a facility to address stunting in children was established (Rumah Pelita). This research is important to determine the effectiveness of implementing programs in handling stunting. This study aims to provide an overview of the implementation of the Rumah Pelita Program in Semarang City to reduce stunting cases. The method used a qualitative approach with a descriptive framework, employing the Context Evaluation Model, includes Context, Input, Process, and Product (CIPP). Research techniques include in-depth interviews, non-participatory observation, and document reviews. A total of 8 participants, 1 program holder at the Semarang City Health Service, 2 nutrition officers and 1 caregiver at the Pelita House and 4 parents of toddlers. Data analysts using content analysis. Results The context evaluation of Mayor Regulation No. 45 of 2023 on the acceleration of stunting reduction in Semarang City consists of strategies, implementation, and coordination. The input evaluation consists of two categories: nutritionists and education practitioners, along with complete facilities and infrastructure in good condition. The process evaluation assesses the care and learning activities for toddlers, encompassing indoor and outdoor play, food intake provision, anthropometric measurements, nutritional status monitoring, health inspections, and growth and developmental stimulation. The product evaluation shows a success rate of 45%. Conclusion finally, the decline in stunting in Semarang City reached 11 percent.

Keywords: cross-sector; evaluation; program; rumah-pelita; stunting

### INTRODUCTION

Child growth can optimally support the availability of the nation's human resources, enabling them to be competitive (Askandary, Rahman and Hanani, 2024). The World Health Organization (WHO) determines that the problem of malnutrition in a country should not exceed 20%. Indonesia ranks as the third country with the highest cases of stunting in Asia. The incidence of stunting in Indonesia reaches 30%, higher than the global rate of 22.2%. In Indonesia, 24 million children are at risk of malnutrition (BKKBN, 2020). Based on the results of the Indonesian Health Survey (IHS) in 2023, it was found that 1 in 5 toddlers in Indonesia (21%) experienced stunting, with the most cases occurring in the age group of 2 to 3 years. This figure is not significantly different from the survey results in 2022 (Diskominfo Semarang City, 2025).

The impact of stunting on children aged two years includes increased morbidity; on school-age children, stunting makes them short and results in declining academic performance. For adults, it makes them short, with low IQ, decreased stamina, and a higher risk of stroke, obesity, and heart disease, all of which are irreversible (Eny Pemilu Kusparlina, 2020). Stunting has many triggering factors, so it cannot be eradicated through isolated sector activities. Interventions to reduce stunting

include specific strategies that address direct causes, typically managed by the health sector, as well as sensitive interventions for indirect causes, cross-sector programs, community empowerment, and strengthening the health system (Governor, 2019). To address stunting, the Semarang City Government has developed various programs, one of which is to establish a cross-sectoral stunting house for children under two years (Rumah Pelita). Rumah Pelita is a stunting intervention program offering free daycare services for toddlers with nutritional issues, aimed at achieving optimal nutritional status to prevent and address stunting while promoting child development. It assists parents in fulfilling their parenting responsibilities, education, care, and protection while they are working or unavailable, and aims to enhance the nutritional status of children through proper care (Hidayat Rizandi et al., 2023).

Referring to Presidential Regulation No. 72 of 2021 on the Acceleration of Stunting Reduction, an intermediate target has been set at 14%. The national target for the prevalence of stunting for the 2025-2030 period is based on the evaluation results of the target expected to be achieved by 2024 (Indonesia, 2021). This study aims to explore the implementation of the Rumah Pelita Program in Semarang to reduce stunting using the CIPP evaluation model. Most research on stunting focuses on the domestic or individual level (direct causes) and the community level (contextual factors). There is a lack of studies evaluating the effectiveness of the government innovation program in addressing stunting, and no literature empirically demonstrates the success of government innovation in managing this issue. Therefore, this research aims to examine how the implementation of the Rumah Pelita program as a government intervention is expected to provide solutions to the problems associated with stunting.

## **METHOD**

This study employs a descriptive qualitative approach and utilizes the CIPP model to evaluate several aspects: context (policy support), input (human resources and infrastructure), process (program implementation), and products (results). The subjects of this study included individuals in the public health sector, specifically the Semarang City Health Office, staff of Rumah Pelita, Cadres of Integrated Service Post, and parents of toddlers enrolled in Rumah Pelita. This research was conducted at Rumah Pelita Tambak Aji, where, in 2024, 15 children received care for stunting. The study was conducted from September 2024 to May 2025. Technical data collection involved observational methods, independent interviews, A total of 8 participants 1 program holder at the Semarang City Health Service, 2 nutrition officers and 1 caregivers at the Pelita House and 4 parents of toddlers. and documentation. The analysis of primary and secondary data sources was conducted through data reduction methods, followed by conclusions and verification. Permission for the study was obtained by making a prior to collecting data. This study was approved by ethics committee of institute of health and science college of "Widya Husada Semarang University" (Ref. No 70/EC-LPPM/UWHS/IV-2025). All respondents gave their inform consent prior to their inclusion in the study.

## **RESULT**

### **The context evaluation (Policy Support)**

This aligns with policies and efforts in the Global Movement, including Law No. 17 of 2023 on Health Article 66 paragraph (1), which reads, "efforts to improve nutrition through nutritional surveillance, nutritional education, nutritional procedures, and nutritional supplementation." The nutritional procedures, as mentioned in paragraph (1), consist of a series of actions designed to address issues such as growth failure, underweight, malnutrition, stunting, excess nutrition, micronutrient deficiency, and nutritional problems arising from disease (BKKBN, 2020).

Presidential Regulation of the Republic of Indonesia Number 72 of 2021 on the Acceleration of Stunting Reduction states in Article 2, paragraph (2) that the National Strategy for the Acceleration of Stunting Reduction aims to reduce the prevalence of stunting, improve the quality of family life

preparation, ensure adequate nutritional intake, enhance parenting practices, improve the accessibility and quality of health services, and increase access to drinking water and sanitation[3]. Additionally, the government established Presidential Regulation Number 59 of 2017 on the Implementation of the Achievement of Sustainable Development Goals (SDGs), where efforts to enhance nutrition are a component of the SDGs. The Indonesian government has developed a National Strategy document for the Acceleration of Stunting Prevention to serve as a reference for stakeholders at both central and regional levels, including government and non-government entities, in the push for stunting prevention(Eny Pemilu Kusparlina, 2020)(Governor, 2019). This aligns with the five pillars proposed by the City of Semarang: 1) enhancing the commitment and vision of the mayor's leadership, 2) improving communication regarding behavioral change and community empowerment, 3) increasing the convergence of specific and sensitive interventions within Regional Government Organizations and Sub-districts, 4) boosting food and nutrition security at the individual, family, and community levels, and 5) strengthening and developing systems, data, information, research, and innovation(Hidayat Rizandi et al., 2023)(Indonesia, 2021).

The Governor of Central Java issued Governor Regulation Number 34 of 2019 on the Acceleration of Stunting Prevention in Central Java Province (2019). The Regency/City Government integrates the activity plan mentioned in the Regency/City Government Work Plan and the Regency/City Regional Work Plan(Indra and Khoirunurrofik, 2022)(Indonesia, 2021). Mayor Regulation No. 27 of 2022 on accelerating the decline of stunting in Semarang includes several strategies, implementation plans, and coordination efforts. The strategy for accelerating the decrease in stunting, as outlined in Article 5, aims to achieve the 4% target set in the Regional Medium-Term Development Plan 2021-2026(Bella Fauziah et al., 2023)(Hidayat Rizandi et al., 2023). Semarang Mayor's Decree Number 050/468 of 2022 concerns the Semarang City Stunting Decrease Team (2022). This decree outlines the team's membership structure. It details the team's responsibilities, which include coordinating, synergizing, and evaluating the acceleration of stunting reductions at both the city and sub-district levels. The team consists of 28 officials, institutions, professional organizations, and tertiary institutions in the city of Semarang, with the Head of Public Health at the Semarang DKK serving as the Coordinator of Sensitive Intervention and Specific Intervention Services(Laily and Indarjo, 2023)(Moguel, Berrocal and García-Alonso, 2019).

### **The Input Evaluation ( Human Resources and Infrastructure)**

DKK Semarang has 11 Rumah Pelita located throughout the city of Semarang. The facilities provided include playrooms, kitchens for food preparation, dining rooms with cutlery and tables designed for toddlers to practice eating and drinking independently, bedrooms with air-conditioned, mattresses and storage cabinets, indoor study rooms, educational media such as digital televisions, bathrooms, and outdoor learning spaces. The Rumah Pelita has two officers: nutritionists who monitor toddlers' growth and manage nutritional arrangements for students and caregivers, all of whom hold undergraduate degrees in psychology and possess experience in childcare. The activities conducted in the Day Care involve health professionals such as doctors, dentists, nutritionists, nurses, and sanitary midwives from Community Health centers serving as speakers in parenting classes or conducting weekly health examinations. Additionally, health experts from various organizations, including pediatricians, physiotherapists, and psychologists, perform periodic health checks.

### **The Process Evaluation (Program Implementation)**

Based on the results of interviews and observations conducted at Rumah Pelita, toddlers receive care, learning, and indoor and outdoor play activities, which include monitoring food intake, measuring anthropometry, performing nutritional assessments, conducting health checks, and stimulating growth and development. The daily meals schedule consists of lunch, milk before naptime and after bathing, and a snack after learning. Health workers and health cadres play a crucial role in reducing stunting by measuring weight, height, and toddler head circumference. They utilize the WHO Growth Chart to identify toddlers at risk of stunting and report monitoring data through systems such as e-

Stunting applications. Activities at Rumah Pelita start from 8:00 a.m. to 2:00 p.m. from Monday to Friday. From Monday to Thursday, children will receive lessons aimed at developing six aspects: cognitive, physical motor, language, art, religious and moral values, and social-emotional. On Friday, outdoor activities include gymnastics, running, and jumping.

The following describes the activities at Rumah Pelita: 1) Parents managing children with nutritional issues, particularly mothers of toddlers, strive to ensure that no one is neglected, which includes participation in the Family Category of Integrated Social Welfare Data. 2) Anthropometric measurements are conducted every week by a nutritionist. 3) Assessment and monitoring of nutritional status are performed by nutritionists. 4) Psychological assistance is regularly provided to mothers and children under five, typically every three months. 5) Physiotherapy examinations for toddlers are conducted regularly, usually every three months. 6) Specialist examinations occur once a month, supplemented by weekly mentoring from the doctor of the Community Health center. 7) Motor and sensory development activities are carried out by the caregiver team daily. 8) Monitoring of stimulation, detection, and early intervention in growth and development (SDIDTK) is carried out by midwives. 9) Children are given a lunch, with snacks provided once, and milk offered twice. The meals are prepared by trained staff and served to toddlers by the caregiver team. 10) Health workers provide education and counseling to parents of toddlers every Friday during Parenting Class activities. 11) Evaluation of the results of the interventions is conducted.

The following outlines the procedure for registration at Rumah Pelita: Parents register through Integrated Service Post cadres in their respective regions, continuing at the Community Health Center, where screenings determine if the child requires attention at Rumah Pelita. These screenings include measuring anthropometry, checking immunization status, performing the Mantoux test, and carrying out complete laboratory checks. If the Mantoux test results are negative and the immunization status and lab results are normal, the child is directed to daycare. The Community Health Center staff transport toddlers to Rumah Pelita, where parents must bring a Maternal and Child Health book and photocopies of their family cards. At Rumah Pelita, toddlers undergo an initial assessment by the Rumah Pelita staff. If all requirements are met, the toddlers can participate in the daycare program. This process resembles the Dementia Day Care Center guide in Italy, which states that daycare must adhere to special criteria and address specific needs to support independence, safety, and comfort. The staff must be sufficient, possess the necessary qualifications, and be able to apply appropriate interventions.

### **The Product Evaluation (Results)**

In 2024, Rumah Pelita had 304 students enrolled for three to six months. If there is no improvement in nutritional status, the parenting period is extended to a maximum of eight months. There is no charge for parents. According to the survey, the parent community expresses great gratitude and happiness because their children are healthier and smarter, with average satisfaction survey results reaching 4.7 on a scale of 5. Interview results indicate that the success of the program cannot be fully compared to the PMT giving program from 2021 to 2023; however, in 2024, success was at 45%. The decline in stunting in the city of Semarang ranged from 10.9 to 11.2 percent, showing a significant decrease from previous years (Kemendikdasmen, 2023) (Ministry of Health Republic of Indonesia, 2022). showing a significant decrease from previous years. For reference, data indicates that in 2021, the prevalence of stunting in the city of Semarang was 21.3%. Additionally, by the end of 2024, many stakeholders have visited Rumah Pelita, including the Tegal City PKK, Azmat Tribe (Papua), UNICEF, the Main Secretary of BKKBN Gorontalo Provincial Health Office, Kutai Karta District Health Office, TP-PKK Bugis Village, DWP BKKBN 16 Provinces, the Ministry of Foreign Affairs, the Directorate General of Public Health, the Ministry of Health, the Minister of Health, the Minister of PPPA, and the Vice President of the Republic of Indonesia 2019-2024 (Maruf Amin).

## DISCUSSION

The context evaluation (Policy Support) The Rumah Pelita Program is an innovation aimed at reducing stunting by improving parenting, ensuring proper nutritional intake, stimulating growth and development, and providing health services in a free childcare model. This innovation arose from health priorities and other health issues that are of national and global concern, as well as the demands of the national program regarding regional innovation initiatives to reduce stunting. The target set by the 2020-2024 National Medium-Term Development Plan aims for a prevalence of stunting at 14% by 2024 (Askandary, Rahman and Hanani, 2024). The Input Evaluation (Human Resources and Infrastructure) aligns with Kusparlina's assertion that addressing the physical needs of toddlers is linked to the development of those who have nutritional issues (Mossello et al., 2023) (Mossello et al., 2023). A conducive atmosphere for learning and stimulation is essential to engage students actively, and the availability of facilities and infrastructure contributes to this positive environment (Presiden RI, 2023). Edward's assertion that human resources must be sufficiently qualified (Puspanelli, Khotijah and Kartiyani, 2025).

The Process Evaluation (Program Implementation) aligns with Purwani and Mariyam's assertion that a good diet is essential to prevent malnutrition (Puspanelli, Khotijah and Kartiyani, 2025). Children's eating habits directly impact their health; poor habits can lead to the loss of important nutrients, adversely affecting cognitive and functional development (Health Development Policy Agency. Ministry of Health of the Republic of Indonesia, 2024). In the clinical treatment of individuals with disproportionate short stature, health practitioners must accurately collect anthropometric measurements periodically, including height, body weight, head circumference, and lengths of body segments affected (RI, 2024). assertion that the better a child's diet and the higher their physical activity, the better their nutritional status will be (Syafrawati et al., 2023). The activities are consistent with research findings indicating that stunting relates to various growth and development factors in children, such as fine motor skills, gross motor skills, language and communication, and social-emotional aspects, each demonstrating significant p-values ( $p < 001$ ;  $p < 001$ ;  $p < 001$ ;  $p = 002$ ). Stunting can lead to a decline in the quality of human resources, thus requiring more attention (TNP2K, 2019).

Syafrawati mentioned that several factors, both driving and inhibiting the decline in stunting prevalence, include the need for a robust agency role as the primary sector and an appointed leader for the stunting convergence action. Another crucial factor is emphasizing the improvement of stunting data quality and ensuring adequate funding support. A strong commitment from the Community Health center towards the health of mothers through classes for pregnant women, infants, and children under five can also make an impact. Furthermore, the appropriate execution of tasks by assigned actors in specific and sensitive programs, along with integrated monitoring and evaluation of both the implementation and outcomes of the program, can influence stunting prevalence [18]. The Indonesian government has initiated various programs to address stunting cases, including village fund programs. Additionally, having a sufficient number of qualified officers can significantly decrease the prevalence of stunting in Indonesia (Tussi Ayu, 2020).

The Product Evaluation (Results) Benchmarking is vital for health service providers to enhance quality and efficiency, particularly for complex conditions. A data comparison approach can assist health service providers in increasing the effectiveness of the overall health care system and achieving better results for patients in terms of outcomes and costs (Wijayanti and Nurpratama, 2020) (Fuchs et al., 2023).

## CONCLUSION

In its third year, the Rumah Pelita program aims to effectively tackle stunting through cross-sector involvement. The benefits are being experienced by toddlers affected by stunting in the form of improved nutritional status and greater parental understanding of children's health.

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