

Evaluation of the Early Childhood Health and Nutrition Program: Current Issues at the Tajuncu Community Health Center, Soppeng Regency

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Abstract

Health and nutrition of early childhood are fundamental pillars supporting physical growth, cognitive development, and long-term child well-being. This study aims to comprehensively evaluate the implementation of health and nutrition programs for early childhood at Puskesmas Tajuncu, Donri-Donri District, Soppeng Regency, South Sulawesi, and identify current emerging issues in implementation field. The study employed a qualitative descriptive approach with data collection through in-depth interviews with the Head of Nutrition at Puskesmas Tajuncu, field observation, and documentation of child growth data from Posyandu Kemiri 1 as source triangulation. The data were analyzed using interactive analysis techniques involving data reduction, data presentation, and conclusion drawing. Results show that health and nutrition programs have been routinely implemented through monthly Posyandu activities and early detection of growth and development at PAUD/TK. Programs implemented include anthropometric monitoring (weight, height, head circumference, upper arm circumference), local supplementary food provision for 90 days, vitamin distribution, immunization, and parental nutrition counseling. Posyandu Kemiri 1 data over three months (January-March 2026) showed gradual improvement in all growth indicators. However, current issues identified include: only 50% of children achieved standard weight gain per month; 96 children with stunting and 12 with undernourishment; and inconsistent child attendance at Posyandu. Determinant factors include parenting patterns, socioeconomic conditions, and environmental sanitation. Community participation rate of 80% constitutes significant social capital. This study concludes that strengthening multisectoral collaboration among Puskesmas, Posyandu, PAUD, families, and local government is the key strategy for sustainably optimizing early childhood health and nutrition.

Keywords

Program Evaluation; Early Childhood Health; Nutrition; Stunting; Posyandu; Primary Health Center; Current Issues



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INTRODUCTION

Early childhood health and nutrition are two inseparable aspects in supporting physical growth, cognitive development, and holistic well-being. The early childhood period, spanning the ages of 0-6, is scientifically known as the golden age, characterized by rapid brain development, reaching approximately 90% of its total capacity (Georgieff et al., 2020). During this critical period, the quality of a child's nutritional intake and health have long-term, even permanent, impacts on intelligence, learning capacity, productivity, and health in adulthood (Victora et al., 2021; Black et al., 2021). Deficiencies in nutrition and health during this period risk creating human development losses that are difficult and costly to reverse.

Globally, early childhood nutrition remains a serious public health challenge. UNICEF data (2022) reports that approximately 149 million children under 5 years of age are stunted, 45 million are wasted, and 38.9 million are overweight. In Indonesia, despite significant declines, the prevalence of stunting remains at 21.5% according to the 2023 Indonesian Nutritional Status Survey (Ministry of Health, 2023), exceeding the WHO threshold of 20%, which is designated as a public health emergency. South Sulawesi Province, including Soppeng Regency, is one of the regions that continues to struggle to reduce stunting and other nutritional issues through various coordinated intervention programs.

Community Health Centers (Puskesmas) and Integrated Health Posts (Posyandu) play a strategic role as two key pillars of the early childhood health care system in Indonesia. Puskesmas serve as technical coordinators and providers of medical services, while Posyandu serve as community platforms for growth monitoring, distribution of nutritional interventions, and health education to parents. The Indonesian Ministry of Health (2022) emphasized that integrated services between Puskesmas and Posyandu are the most effective and efficient model for reaching all early childhood children, particularly in rural areas with limited access to health facilities.

Evaluation of early childhood health and nutrition programs is a crucial prerequisite for ensuring program effectiveness, targeted effectiveness, and accountability. Zahrah & Iftitah (2023) stated that without systematic and ongoing evaluation, nutrition intervention programs risk losing their relevance and effectiveness due to their inability to adapt to changing conditions on the ground. Comprehensive evaluations enable the identification of implementation gaps, structural barriers, and opportunities for evidence-based improvement. However, evaluative studies focusing on program implementation at the community health center (Puskesmas) level in South Sulawesi are still relatively limited in the scientific literature, creating a knowledge gap that needs to be filled.

The Tajuncu Community Health Center in Donri-Donri District, Soppeng Regency, actively implements early childhood health and nutrition programs through the Integrated Health Post (Posyandu) network and partnerships with PAUD/TK (Preschool and Kindergarten). Based on available data, the Tajuncu Community Health Center's work area has identified several pressing issues requiring serious attention: 96 children are stunted, 12 are malnourished, only about 50% of children experience standard weight gain each month, and program service coverage is less than optimal. These conditions require an in-depth evaluative study to identify causal factors and contextual improvement strategies.

Rani et al. (2024) in their study confirmed that children who receive good nutrition and adequate health services show significantly better cognitive, social, and emotional development than those who are not served. Meanwhile, Hamdy et al. (2023) found that the effectiveness of Posyandu as a means of monitoring child growth and development is highly dependent on the quality of cadres, technical support from the Community Health Center (Puskesmas), and the level of active parental participation. Heckman (2019) added an economic dimension that every dollar invested in early childhood health generates a return on investment of 7-13 dollars through increased productivity and reduced future remediation costs.

Based on this background, this study aims to: (1) comprehensively evaluate the implementation of early childhood health and nutrition programs at the Tajuncu Community Health Center; (2) analyze child growth trends at the Kemiri 1 Integrated Health Post as a representation of implementation at the community level; (3) identify current issues and determinant factors that influence children's nutritional and health status; and (4) formulate evidence-based strategic recommendations for program strengthening. The results of this study are expected to contribute to the development of early childhood health program policies and practices at the district and provincial levels.

METHODS

Research Design and Approach

This study employed a qualitative approach with a descriptive evaluative design. This descriptive qualitative approach was chosen because it captures the complexity, nuances, and context of early childhood health program implementation, which cannot be reduced to numbers alone (Creswell & Poth, 2022). The evaluative dimension refers to a program evaluation framework that focuses on assessing the implementation process, identifying barriers, and analyzing contextual factors. The CIPP evaluation model (Stufflebeam & Zhang, 2017) served as the analytical framework for assessing the program's context, input, process, and product. This design combination enabled researchers not only to describe the actual conditions but also to provide an evidence-based assessment of the program's strengths and weaknesses.

Location, Time, and Context of the Research

The study was conducted at the Tajuncu Community Health Center (UPTD), Donri-Donri District, Soppeng Regency, South Sulawesi Province. Soppeng Regency is an agricultural regency located approximately 180 km from Makassar City, with a population dominated by farmers and rural communities. Donri-Donri District has quite challenging geographic accessibility, so the Community Health Center and Integrated Health Post (Posyandu) are the backbone of public health services. Primary data collection was conducted during March-April 2026, with child growth data analysis covering the last three months (January-March 2026) from Posyandu

Kemiri 1 as the community analysis unit.

Data Sources and Research Subjects

The primary data source for this study was the Head of Nutrition at the Tajuncu Community Health Center, who was purposively selected due to her comprehensive knowledge of program planning, implementation, monitoring, and evaluation. Supporting informants included cadres at the Kemiri 1 Integrated Health Post (Posyandu) and several parents of registered children. Secondary data sources included monthly anthropometric data from children from the Kemiri 1 Integrated Health Post (January-March 2026), reports on the Tajuncu Community Health Center's MCH program, data on the prevalence of stunting and malnutrition in the community health center's work area, and relevant program policy documents and standard operating procedures (SOPs).

Data collection technique

Data were collected through three complementary techniques. First, in-depth semi-structured interviews were conducted with the Head of Nutrition at Tajuncu Community Health Center using an interview guide covering aspects of program planning, activity implementation, nutrition management, coordination with Integrated Health Posts (Posyandu) and Early Childhood Education (PAUD), and challenges faced. Second, field observations were conducted during Posyandu activities to directly observe the growth monitoring process, interactions between cadres and parents, and the condition of facilities and infrastructure. Third, documentation was conducted by collecting child growth data (weight, height, head circumference, and limb) from Posyandu Kemiri 1 records for the past three months and from Puskesmas program documents.

Data Analysis Techniques and Data Validity

Data analysis was conducted interactively following the model of Miles, Huberman, & Saldana (2020), encompassing three stages: data reduction (selecting and abstracting raw data), data presentation (organizing information in narrative and tabular form), and drawing and verifying conclusions (interpretation and verification through triangulation). Data validity was ensured through source triangulation (comparing data from interviews with the nutrition head, Posyandu cadres, and documentation), member checking (confirming interpretations with key informants), and peer debriefing among research team members. This triangulation approach ensured the internal validity of the research findings in accordance with

qualitative data validity criteria (Creswell & Poth, 2022).

RESULTS AND DISCUSSION

Profile of the AUD Health and Nutrition Program at Tajuncu Community Health Center

Tajuncu Community Health Center (Puskesmas) is a first-level health facility serving the Donri-Donri District, Soppeng Regency. The early childhood health and nutrition program at this community health center is coordinated by the KIA (Childhood and Child Health) department, which involves nutrition officers, regional midwives, health promotion officers, and environmental health officers. There are several active Integrated Health Posts (Posyandu) within the Tajuncu Community Health Center's coverage area, with Kemiri 1 Posyandu being one of the units intensively monitored in this study.

The early childhood health and nutrition program implemented by the Tajuncu Community Health Center adheres to the Minimum Service Standards (SPM) for Health and the Indonesian Ministry of Health's Child Health and Child Health Guidelines. The program is designed with a life-course approach, starting during pregnancy (ANC monitoring), continuing through the neonatal period, exclusive breastfeeding, the introduction of complementary foods, and monitoring the growth and development of children aged 0-6 years. This continuum approach is important because the foundation of a child's nutritional status is cumulatively determined by the quality of nutrition and health during pregnancy (Victoria et al., 2021). Coordination between the Community Health Center and Integrated Service Post (Posyandu) cadres is intensively conducted through WhatsApp groups and monthly meetings.

Implementation of the Growth and Development Monitoring Program

The early childhood growth and development monitoring program at the Tajuncu Community Health Center is implemented through two main channels. The first channel is the monthly Integrated Health Post (Posyandu) activities, which are routinely held in every village within the community health center's coverage area. In these activities, trained cadres perform anthropometric measurements, including weight, height, head circumference, and mid-upper arm circumference (MUAC) on all toddlers in attendance. The measurement data is recorded in the Child Health Card (KMS) book and entered into the e-PPBGM application for transmission to the

community health center.

The second pathway is the Early Detection of Growth and Development (DDTK) program at PAUD/TK, which is conducted once a year. An integrated team from the Community Health Center (Puskesmas) conducts developmental assessments using the KPSP (Student Developmental Skills) instrument, hearing tests, and simple stimulation such as color recognition and the ability to draw basic geometric shapes. Children detected with delays or nutritional problems are referred to the Puskesmas for further evaluation and treatment. In addition to the DDTK program, the Puskesmas also monitors the progress of PAUD teachers in implementing early detection, so that teachers can identify indications of child developmental problems in daily learning activities.

Table 1. Types and Schedule of Activities for the AUD Health and Nutrition Program at the Tajuncu Community Health Center

Type of activity	Frequency	Executor	Target
Weight Weighing & Height Measurement	Monthly (Posyandu)	Cadres + Officers	Toddlers 0-5 years
Head Circumference & LILA Measurement	Monthly	Trained Cadres	Toddlers 0-5 years
Supplementary Feeding (PMT)	1x/year (90 days)	Community Health Center	Malnutrition
Vitamin A Administration	2x/year (Feb & August)	Cadres + Community Health Center	Toddlers 6-59 months
DDTK in PAUD/TK	1x/year	Community Health Center Team	Preschool/Kindergarten children
Nutrition Counseling for Parents	Every Integrated Health Post	Nutrition Officer	Mother of Toddler
Home Visit	According to the needs	Midwives + Cadres	Problematic Nutrition Cases

Source: Interview results and documentation of Tajuncu Health Center, 2026

Current Issue: Nutritional Status of Early Childhood in the Tajuncu Community

Health Center Work Area

Despite consistent implementation of health and nutrition programs, the Tajuncu Community Health Center (Puskesmas) area still faces several significant current issues. Prevalence data shows that there are 96 children with stunting and 12 children with malnutrition. This indicates that chronic malnutrition (stunting) is far more prevalent than acute malnutrition, a pattern consistent with national conditions, where stunting is multifactorial and requires more time and intervention to address (Ministry of Health, 2023; Black et al., 2021).

Another critical finding is that only about 50% of children gain weight according to growth standards within a month. There are even cases of children with good nutritional status who do not gain weight for two consecutive months, which in nutritional terminology is known as weight faltering or growth faltering. This condition is a serious early warning sign because it can develop into more severe malnutrition. Black et al. (2021) confirmed that growth faltering beginning in the first 6 months of age is the strongest predictor of permanent stunting by age 2, so a rapid intervention response is essential.

Table 2. Distribution of Actual Health and Nutrition Issues for AUD in the Tajuncu Community Health Center Work Area

Issues / Problems	Amount	Information	Interventions Given
Stunting (Height/Age < -2 SD)	96 children	Regional data	90 day local PMT, home visit, referral
Malnutrition (BW/U < -2 SD)	12 children	Regional data	PMT, referral if approaching malnutrition
Not gaining weight according to standard/month	~50%	from total monitoring	Nutrition counseling, intensive monitoring
Not attending Posyandu regularly	~20%	from the target	Parent education, home visits for cadres

Source: Results of in-depth interviews and documentation of Tajuncu Health Center, 2026

Child Growth Trends at Kemiri 1 Integrated Health Post (January-March 2026)

Growth data from the Kemiri 1 Integrated Health Post (Posyandu), which routinely monitored 36 children over three months (January-March 2026), provides a more optimistic picture of child development trends at the community level.

Analysis of the four growth indicators shows a consistent, gradual increase each month, indicating that health and nutrition programs at the Posyandu level have had a positive impact.

The average weight of children showed a gradual increase from January to March. This trend indicates that children's energy and protein intakes were relatively adequate in aggregate. However, good averages can mask significant individual variation, making individual monitoring even more important. Average height also increased consistently, indicating that chronic nutritional deficiencies did not worsen during this period. Supariasa et al. (2020) caution that to determine the adequacy of the height growth rate, comparison with the WHO standard growth curve for each individual child is necessary.

The average head circumference showed a gradual increase without a decrease over the three months of monitoring. This is a positive indicator that children's brain development is within normal limits, as underdeveloped head circumference (microcephaly) is a serious sign of impaired brain development. The gradual increase in mid-upper arm circumference (MUAC) also confirmed that the nutritional status of the children in this sample was relatively well maintained, as MUAC is a sensitive indicator of changes in muscle mass, reflecting adequate protein intake. The success of this program aligns with the findings of Hermawati et al. (2021) on the effectiveness of local food-based PMT.

Table 3. Summary of Child Growth Indicator Trends at Posyandu Kemiri 1 (January-March 2026)

Growth Indicators	January	February	March	Trends
Average Body Weight (kg)	KMS Data	KMS Data	KMS Data	Increase (↑)
Average Height (cm)	KMS Data	KMS Data	KMS Data	Increase (↑)
Average Head Circumference (cm)	KMS Data	KMS Data	KMS Data	Increase (↑)
Average LILA (cm)	KMS Data	KMS Data	KMS Data	Increase (↑)
Number of Children Monitored	36 children	36 children	36 children	Consistent

Source: Documentation of growth data from Posyandu Kemiri 1 (2026); LILA = Upper Arm Circumference

Determining Factors of Children's Nutritional Status and Health

Thematic analysis of in-depth interviews identified three clusters of key determinant factors. The first cluster is family parenting patterns, which are the most proximal determinant. Inappropriate parenting patterns include incorrect complementary feeding practices (too liquid, not varied, and not frequent enough), providing instant foods as a substitute for main meals, and a lack of attention to food hygiene. Paramashanti et al. (2020) demonstrated that mothers with high nutritional knowledge had children with a 2.4-fold lower risk of stunting, confirming the importance of maternal education as a key intervention.

The second cluster is the family's socioeconomic status, which directly determines their ability to access nutritious food. Families with limited income tend to rely on carbohydrate-rich foods with a very limited variety of side dishes. Arisman (2020) explains that economic limitations create a trade-off between food quantity and quality, which often harms young children. However, an interesting finding in this study is that some families with relatively good economic conditions still have children with nutritional problems, indicating that nutritional knowledge and behavior are independent of economic status.

The third cluster concerns sanitation and environmental conditions, which contribute to the high frequency of infections (diarrhea, acute respiratory infections, worms) that interfere with nutrient absorption. Dewey & Adu-Afarwuah (2020) emphasized that the infection-malnutrition cycle is the primary pathophysiological mechanism driving stunting in areas with suboptimal sanitation. This situation reinforces the argument that nutrition programs that focus solely on food interventions without accompanying sanitation improvements will have limited impact. The 80% community participation rate in Posyandu activities represents a valuable social asset and an indicator of community trust in the program.

Intervention Strategies and Constraints in Program Implementation

The Tajuncu Community Health Center has developed several intervention strategies. The primary strategy is a 90-day localized PMT program for children with malnutrition, prioritizing highly nutritious local foods such as eggs, nuts, bananas, and local vegetables. This local food-based approach aligns with the recommendations of Hermawati et al. (2021) and receives financial support from the Ministry of Health and the village government. Children with conditions approaching severe malnutrition or with comorbidities are referred to higher-level health facilities for intensive care.

The second strategy involves home visits by regional midwives and

community health workers to families of children experiencing nutritional problems or who are absent from Posyandu (Integrated Health Post). These visits aim to provide personalized nutrition counseling, identify specific family barriers, and ensure continuity of monitoring. The third strategy involves health and nutrition education for parents during each Posyandu session, covering appropriate feeding practices, a varied and nutritious menu using local ingredients, and healthy lifestyle practices.

The main obstacles identified include: the absence of ~20% of children from monthly Posyandu (Integrated Health Post), low consistency in the implementation of counseling results by some parents at home, limited access to detailed nutritional status data due to the e-PPBGM system requiring special authorization (so data cannot be copied without official permission), and the frequency of PMT (Food and Nutritional Balance) of only once per year, which is considered inadequate for cases of severe malnutrition. Zahrah & Iftitah (2023) and Hamdy et al. (2023) identified similar challenges in their evaluative studies, suggesting that these problems are systemic and require structural, not just individual, solutions.

Discussion: Theoretical Implications and Policy Recommendations

The findings of this study reinforce UNICEF's (2022) conceptual framework, which asserts that child nutrition issues are determined by multiple, interacting factors. While an 80% community participation rate represents valuable social capital, the 20% who remain uninvolved are likely the most socioeconomically vulnerable and most in need of services. Proactive strategies such as home visits should be prioritized for this group, in line with the principle of equity in health services.

The high prevalence of stunting (96 cases) indicates that postnatal intervention alone is insufficient. Victora et al. (2021) and Black et al. (2021) consistently show that the most impactful interventions occur in the first 1,000 days of life. Consequently, strengthening ANC and lactation counseling programs needs to be prioritized alongside toddler nutrition intervention programs. Furthermore, the limited frequency of PMT (once per year) is a systemic barrier that needs to be addressed through budget advocacy with local governments, considering that research by Paramashanti et al. (2020) and Rachmi et al. (2020) shows that sustained PMT interventions (at least 3-6 months) have a much more significant impact.

This study recommends five priority strategies: (1) increasing the frequency and quality of nutritional counseling for pregnant and breastfeeding mothers as an investment in stunting prevention from the upstream; (2) developing a practice-

based nutrition education curriculum (cooking demonstration) for parents using nutritious local food; (3) increasing the capacity of Posyandu cadres in digital technology-based growth monitoring; (4) strengthening partnership networks between Community Health Centers (Puskesmas), PAUD, PKK, and village governments to create a comprehensive support ecosystem; and (5) advocating to local governments for increased PMT budget allocation and the development of local food-based community food security programs.

CONCLUSION

This evaluative study yielded four main conclusions. First, the early childhood health and nutrition program at the Tajuncu Community Health Center in Soppeng Regency has been implemented in a structured and sustainable manner through monthly Integrated Service Posts (Posyandu) and DDTK (Vocational Health and Nutrition) activities at PAUD/TK. The program includes comprehensive anthropometric monitoring, locally-based PMT (Food-Based Nutrition Program), vitamin provision, counseling, and home visits, reflecting a strong institutional commitment to implementing minimum MCH service standards.

Second, child growth data at the Kemiri 1 Integrated Health Post (Posyandu) from January to March 2026 showed a consistent positive trend across all four growth indicators: weight, height, head circumference, and MUAC. This trend indicates that the ongoing program has positively contributed to child growth, as monitored regularly. The 80% community participation rate is a significant achievement that provides a strong foundation for the program's sustainability.

Third, the identified actual issues include 96 cases of stunting, 12 cases of malnutrition, only 50% of children achieving standard monthly weight gain, and ~20% of children not attending integrated health posts (Posyandu). The main determinants are parenting patterns, family socioeconomic conditions, and environmental sanitation quality, which require a multidimensional intervention response and cannot be addressed through a medical-clinical approach alone.

Fourth, this study recommends: (1) strengthening nutritional interventions in the first 1000 days of life as an upstream stunting prevention strategy; (2) increasing the frequency and diversification of local food-based PMT; (3) developing a more innovative practice-based nutrition education model for parents; (4) digitizing the growth monitoring system to improve accuracy and timeliness of response; and (5) strengthening multi-sectoral synergy between Community Health Centers, Integrated Health Posts (Posyandu), Early Childhood Education (PAUD), village

governments, and families as the main prerequisite for the program's sustainable success.

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