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Implementation of Stunting Prevention Policy in Jayapura City: Evaluation of Resource Readiness and Program Implementation Quality in 2024–2025

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Abstract

Stunting remains a health problem both locally and nationally and requires proportional, sustainable policy implementation at the primary care level. The purpose of this study was to evaluate stunting prevention policy practices in Jayapura City for the 2024-2025 period using the Input-Process approach. This method was chosen to measure program readiness, implementation quality, and identify Input-Process characteristics and critical points of implementation. The study used a descriptive analytical approach, selecting samples from 12 Community Health Centers (Puskesmas) in Jayapura City. The data collection process used a checklist instrument based on input and process indicators. Data analysis used scoring, data grouping, data comparison between Puskesmas, and thematic analysis of the study results. The results showed that the Input level in the Health Office was very good with an average score of 2.81. The Input level in the Puskesmas area showed a very good category in 4 Puskesmas, there were 5 Puskesmas with a good category, and 3 Puskesmas were moderate. Meanwhile, in the implementation or process phase, 7 community health centers were found to be classified as very good, 2 as good, and 3 as moderate. The technical policy components, program planning, e-PPGBM/KIA data, program implementation, SOP compliance, and coordination were relatively strong. The main variations were found in budget, human resources, infrastructure, activity consistency, and monitoring and evaluation. This study concluded that the implementation of stunting prevention policies in

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Jayapura City has been going well, but the quality of implementation is determined more by the community health centers' ability to manage resources than simply their availability. Strengthening the capacity of implementers, equitable distribution of operational support, coordination, and monitoring and evaluation need to be priorities for program improvement.

Keywords: Stunting, policy evaluation, input-process, community health centers, Jayapura City.

INTRODUCTION

Government efforts to prevent stunting continue to be intensified so that the incidence of stunting becomes lower. This is aimed at realizing an Indonesian generation with high competitiveness against other countries and a golden Indonesia in 2045 (Pambudi, 2024). This commitment can be seen in Presidential Regulation Number 72 of 2021, which contains the convergence of interventions across various sectors in each region (Situmorang, 2023). The mandate contained in this presidential regulation refers to the duties and obligations of local governments to carry out evaluation and institutional performance accountability regularly and in an orderly manner so that the national stunting rate reaches 14% (Prasetya, 2022). However, in reality, the differences in the implementation of policy evaluation in the regions and the policy evaluation instruments used present a distinct challenge (Azwar et al., 2026). Field conditions show that Jayapura City, with its vast area and unique sociocultural conditions, has administrative oversight that is not yet optimal, which hampers the synergy of central government policy. As a result, without the support of appropriate and sustainable policy evaluation, stunting reduction efforts will remain mere discourse and theory on paper. An objective assessment of stunting prevention policy in the region will effectively support the success of national policy. Given that Jayapura City serves as a barometer for cities in Papua, the portrait of successful stunting prevention efforts will become a template and reflection for other cities.

Stunting is a public health problem, particularly among children, with serious negative impacts. This condition causes long-term losses for children because it can disrupt growth and development, thereby affecting the quality of human resources and development (Akseer et al., 2022). For this reason, the implementation of stunting prevention policy becomes an important priority as a logical step to reduce the stunting rate in the region (Sunarya, 2023). In line with the national policy on stunting prevention, the role of local governments is required to be active by involving various sustainable Maternal and Child Health (MCH) programs (Rahman et al., 2025). Effective efforts to prevent stunting through MCH include specific and sensitive nutrition

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interventions, improved maternal education, and a particular focus on the first 1,000 days of life (Garina et al., 2024; Hurun et al., 2024; Siswati et al., 2022). Previous studies have stated that stunting prevention will be effective if the ***quality of policy practice*** at the local level is actively carried out by local stakeholders (Nandini et al., 2024). In addition, policy implementation will succeed and run well adaptively when it uses an evidence-based approach that is monitored on an ongoing basis (Syafrawati et al., 2023). This condition shows that the annual evaluation of stunting prevention policy in a region requires the availability of adequate data, including at the primary care level (community health centers).

Stunting data in each area of Jayapura City reflect differing dynamics due to variations in resources, geography, and community behavior. This indicates that the need for monitoring and evaluation becomes important to support various local policies. The latest stunting incidence according to the Provincial Health Office reaches 17.5% (Adimuntja & Mamoribo, 2024). This condition shows that stunting policy interventions are not yet optimal. This epidemiological fact indicates a data blindness that still requires a compass direction for the health information system in monitoring the incidence of stunting. The oversight mechanism applied does not yet have a clear pattern, is reactive, and is not even based on continuous periodic evaluation. Jayapura City, as a destination for many migrants from regions outside Papua, further adds to the complexity of monitoring the nutritional status of toddlers in the community. When the evaluation of policy implementation is weak and not yet optimal, it produces a chain effect on resources, so that funding allocation from the local government is not well targeted (Elisandra et al., 2024). This reality is not merely a clinical nutrition problem but concerns governance and data accountability. An in-depth policy evaluation study is therefore needed to assist auditing and correction for the health agencies involved.

On the other hand, the success of stunting prevention policy implementation is an important factor at the primary care/community health center level. A study by (Ramlan et al., 2025) asserts that the optimization of the implementation of maternal and child health programs requires continuous coordination and seriousness in every element. The sustainability and success of policy programs require the support of human resources, funding, and cross-unit coordination, with periodic monitoring and evaluation mechanisms. Meanwhile, research by (Ramadhaniyati et al., 2026) states that the quality of stunting prevention implementation is influenced by the performance and understanding of the human resources involved (Santoso & Rodiyah, 2024). Program policy evaluation will therefore run optimally when it involves the various supporting aspects that underpin the program plan.

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Evaluating stunting prevention policy practice across community health centers is essential to determine the relevance and measure the performance of the stunting program. In addition, evaluation is needed to obtain a picture of the synchronization of central and regional programs in terms of planning, program funding support, adequacy of human resources, availability of facilities and infrastructure, and the implementation of programs at the community health centers. Evaluating stunting implementation programs has been shown to improve the nutritional status of children through continuous monitoring (Wahyuningsih et al., 2026). Community health centers, as the frontline primary care units for stunting program implementation, have various forms of support but also challenges and obstacles in practice, particularly in the aspects of coordination, activity consistency, and internal monitoring and evaluation. In various regions, the inhibiting factors for stunting prevention include low collective awareness of nutritious food security and even social behavior (Yusriadi et al., 2024). With consistent evaluation, the mapping of obstacles and support becomes important for improving future implementation. In addition, continuous evaluation of implementation is expected to yield empirical evidence and various more targeted improvement formulations.

Based on the findings of previous studies, the implementation of stunting prevention policy in primary care still faces obstacles in resources, coordination, governance, and the capacity of program implementers (Sunarya, 2023). Research by (Sasmito et al., 2025) emphasizes the importance of institutional synergy so that the stunting program does not run in isolation. Other studies show that social, cultural, economic, and service-access factors also influence program success, so that implementation needs to be viewed based on the local context (Setiawan Limijadi & Devi, 2025)(Taofik et al., 2026). Several recent studies demonstrate the use of dynamic models, mobile health technology, and data-based prediction in stunting monitoring (Yuniarti et al., 2025)(Hasmin et al., 2025). However, these studies have not yet directly evaluated the input readiness and process quality of stunting program implementation across all community health centers within a single region. Previous studies have not demonstrated direct operational evaluation. This study focuses on evaluating the implementation of the stunting prevention policy program at the community health centers of Jayapura City.

The purpose of this study is to evaluate the implementation of the stunting reduction policy in Jayapura City from 2024 to 2025 using an Input and Process framework approach. Research findings show that the implementation of stunting prevention policy faces various obstacles such as resources, coordination, program implementation quality, and governance in general (Sunarya, 2023). Meanwhile, research by (Herawati & Sunjaya, 2022) states that the

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success of a program in a region is influenced by the quality of implementation and the cohesion among actors. A different study shows that human resource competence and collaboration among personnel at the community health center level support the success of the policy (Sentika, Setiawan, Rattu, Yunita, Masita, et al., 2024)(Ramadhaniyati et al., 2026). Unlike previous studies, this research specifically assesses resource readiness, process quality, the input–process relationship, and implementation factors across all community health centers in Jayapura City. This study therefore provides empirical evidence to strengthen policy and improve stunting prevention programs at the primary health care level. In addition, a number of studies emphasize that without an integrated monitoring and evaluation system, stunting data are difficult to translate into a basis for effective policy decisions (Ramlan et al., 2025; Syafrawati et al., 2023). The limitations in policy evaluation and the use of stunting data therefore indicate the need for a more structured evaluation approach before assessing the performance of stunting management policy at the regional level.

METHODS

This study is evaluative research with a descriptive-analytical approach that aims to evaluate the implementation of stunting prevention policy in Jayapura City during 2024–2025 using an input–process framework. The evaluation was carried out to identify resource conditions, program implementation quality, the relationship between input and process components, and the factors influencing policy implementation at the primary health care level. The research was conducted within the jurisdiction of the Jayapura City Health Office and across all community health centers in Jayapura City as primary health care units implementing the stunting prevention program. The main unit of analysis was the 12 community health centers, while the Health Office served as the data source for the policy input component. Research informants included nutrition and maternal and child health (MCH) program managers at the office level, heads of community health centers, and health workers involved in implementing the stunting prevention program.

The data used consisted of primary and secondary data. Secondary data were obtained from policy documents, program planning documents, activity reports, budget data, and routine data from the Community-Based Electronic Nutrition Recording and Reporting system (e-PPGBM) and Maternal and Child Health (MCH). Primary data were obtained through semi-structured interviews and field observation. Data collection used a structured instrument based on indicators and sub-indicators developed according to the research evaluation framework. To improve data validity, each piece of information was verified through triangulation of documents, observation,

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and interviews. The evaluation covered two main components, namely input and implementation process. The input component included technical stunting prevention policy, program planning, program budget, e-PPGBM and MCH data, human resources, and facilities and infrastructure. The process component included program implementation, activity consistency, compliance with standard operating procedures (SOP), coordination, and monitoring and evaluation. Measurement used a sub-indicator-based checklist instrument with yes and no answers. Each indicator was given a score of 3 if ≥75% of sub-indicators were met, a score of 2 if 50–74% of sub-indicators were met, and a score of 1 if <50% of sub-indicators were met.

Data analysis was carried out through quantitative and qualitative approaches. Descriptive analysis was used to calculate the score of each input and process indicator at the Health Office and community health center levels. The score of each component was then averaged to obtain the final implementation value. A comparative analysis was subsequently conducted to identify variations in input and process conditions among community health centers, along with an analysis of the relationship between the two components. Implementation categories were set as very good (2.67–3.00), good (2.34–2.66), moderate (2.00–2.33), and poor (<2.00). Qualitative data were analyzed thematically through the processes of data reduction, theme grouping, and meaning extraction to identify the factors influencing policy implementation. All analysis results are presented in the form of tables and synthesis narratives to identify the implementation conditions and critical points of stunting prevention policy in Jayapura City.

RESULT

4.1 General Overview of the Research Location

This study was conducted in Jayapura City, Papua Province, involving the jurisdiction of the Jayapura City Health Office, particularly the 12 community health centers as primary health care units implementing the stunting prevention program. The involvement of all community health centers was intended to obtain a comprehensive picture of the policy implementation conditions at the health care level. This approach allowed the evaluation to be carried out thoroughly so that variations in input conditions and implementation processes across areas could be identified more objectively.

Administratively, the research location covered four districts, namely South Jayapura, North Jayapura, Abepura, and Muara Tami. The distribution of research locations reflects the diverse characteristics of the service areas, ranging from urban areas and coastal regions to border areas. These differences in characteristics may potentially affect the availability of resources,

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program implementation, and the quality of stunting prevention policy implementation.

Table 4.1 Characteristics of the Research Location

No	Puskesmas	District
1	Kotaraja	South Jayapura
2	Elly Uyo	South Jayapura
3	Twano Entrop	South Jayapura
4	Hamadi	South Jayapura
5	Tanjung Ria	North Jayapura
6	Imbi	North Jayapura
7	Abe Pantai	North Jayapura
8	Abepura	Abepura
9	Waena	Abepura
10	Koya Barat	Muara Tami
11	Skow Mabo	Muara Tami
12	Emereuw	Muara Tami

Based on Table 4.1, the study covered 12 community health centers spread across four districts in Jayapura City. South Jayapura District had the largest number of community health centers, followed by North Jayapura, Muara Tami, and Abepura. The distribution of locations covering areas with different service characteristics provides an adequate basis for evaluating variations in stunting prevention policy implementation at the primary health care level.

4.2 Input Evaluation of Stunting Prevention Policy Implementation

The input evaluation was carried out to assess the readiness of the components supporting stunting prevention policy implementation at the Jayapura City Health Office level. The assessment focused on four main components, namely technical stunting prevention policy, program planning, budget support, and the availability and use of e-PPGBM/MCH data. These four components are an important foundation for supporting program implementation at the community health center level.

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Table 4.2 Results of Input Evaluation at the Health Office Level

Input Component	Score	Category	Interpretation
I1 Technical Stunting Prevention Policy	3,00	Very Good	Policy is fully available and used as a guideline for program implementation
I2 Stunting Program Planning	3,00	Very Good	Program planning is available and integrated into annual documents
I3 Stunting Program Budget	2,50	Good	Budget support is available but there are still limitations in some activities
I4 e-PPGBM/MCH Data	2,75	Very Good	Data is available, updated periodically, and used in planning

The evaluation results in Table 4.2 show that the input conditions within the jurisdiction of the Jayapura City Health Office are in the very good category with an average score of 2,81. The technical policy and program planning components obtained the highest scores, while the e-PPGBM/MCH data component also showed good conditions through the availability and use of data in the planning process. Meanwhile, the budget component obtained a relatively lower score than the other components, although it remained in the good category.

Overall, these results show that the implementation of the stunting prevention program in Jayapura City has been supported by adequate policy, planning, and information systems at the Health Office level. This support becomes an important foundation for program implementation at the community health center level, which is evaluated in the following section.

4.3 Input Evaluation at the Community Health Center Level

The input evaluation at the community health center level was conducted on six main components, namely technical stunting prevention policy (I1), stunting program planning (I2), stunting program budget (I3), e-PPGBM/MCH data (I4), human resources (I5), and facilities and infrastructure (I6). The assessment was carried out to describe the readiness of the resources supporting the implementation of the stunting prevention program at each community health center.

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Table 4.3 Results of Input Evaluation at the Community Health Center Level

Puskesmas	I1	I2	I3	I4	I5	I6	Input Average	Category
Kotaraja	3	3	3	3	3	3	3,00	Very Good
Elly Uyo	3	3	2	3	2	2	2,50	Good
Twano Entrop	3	3	2	3	2	2	2,50	Good
Hamadi	3	3	2	3	2	2	2,50	Good
Tanjung Ria	3	3	2	3	2	2	2,50	Good
Imbi	3	3	2	3	3	2	2,67	Very Good
Abe Pantai	3	3	2	3	2	2	2,50	Good
Abepura	3	3	3	3	3	3	3,00	Very Good
Waena	3	3	3	3	3	3	3,00	Very Good
Koya Barat	3	2	2	3	2	2	2,33	Moderate
Skow Mabo	3	2	2	3	2	2	2,33	Moderate
Emereuw	3	2	2	3	2	2	2,33	Moderate

Based on Table 4.3, the input scores of the community health centers ranged 2,33–3,00 with an overall average of 2,60 which falls into the good. A total of four community health centers were in the very good category, namely Kotaraja, Imbi, Abepura, and Waena. A total of five community health centers were in the good category, namely Elly Uyo, Twano Entrop, Hamadi, Tanjung Ria, and Abe Pantai. Meanwhile, three community health centers were in the moderate category, namely Koya Barat, Skow Mabo, and Emereuw. When examined by individual indicator, the technical stunting prevention policy component (I1) and the e-PPGBM/MCH data component (I4) obtained the maximum score across all community health centers. Program planning (I2) showed a relatively high score, although several community health centers still obtained lower scores than others. Clearer variation was seen in the program budget (I3), human resources (I5), and facilities and infrastructure (I6) components, which showed differences in the level of resource support among community health centers.

Kotaraja, Abepura, and Waena community health centers obtained the maximum score on all input components, while Imbi community health center showed relatively good conditions with an average score of 2.67. Conversely, Koya Barat, Skow Mabo, and Emereuw obtained lower

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scores, particularly in the aspects of program planning, budget, human resources, and facilities and infrastructure. In general, these results show that most community health centers already have adequate input support to implement the stunting prevention program, although variation remains in the resource components that may potentially affect program implementation in the field.

4.4 Process Evaluation of Stunting Prevention Program Implementation

The implementation process describes the extent to which the available policy and resources can be translated into program activities at the health care level. In this study, the implementation process was evaluated through five indicators, namely program implementation (P1), activity consistency (P2), compliance with standard operating procedures (P3), program coordination (P4), and monitoring and evaluation (P5).

Table 4.4 Results of Implementation Process Evaluation

Puskesmas	P1	P2	P3	P4	P5	Process Average	Category
Kotaraja	3	3	3	3	3	3,00	Very Good
Elly Uyo	3	2	3	3	3	2,80	Very Good
Twano Entrop	3	2	3	3	2	2,60	Good
Hamadi	3	2	3	3	3	2,80	Very Good
Tanjung Ria	3	2	3	3	3	2,80	Very Good
Imbi	3	3	3	3	2	2,80	Very Good
Abe Pantai	3	2	3	3	2	2,60	Good
Abepura	3	3	3	3	3	3,00	Very Good
Waena	3	3	3	3	3	3,00	Very Good
Koya Barat	3	2	2	2	2	2,20	Moderate
Skow Mabo	3	2	2	2	2	2,20	Moderate
Emereuw	3	2	2	2	2	2,20	Moderate

Based on Table 4.4, the implementation process scores ranged 2,20–3,00 with an overall average of 2,68 which falls into the very good. A total of seven community health centers were in

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the very good category, two community health centers were in the good category, and three community health centers were in the moderate category. Kotaraja, Abepura, and Waena community health centers obtained the highest scores with an average process value of 3.00, while Koya Barat, Skow Mabo, and Emereuw obtained the lowest score of 2.20.

Viewed by individual indicator, program implementation (P1) showed the most consistent achievement because all community health centers obtained the maximum score. This condition shows that the main stunting prevention activities have been carried out at all research locations. Compliance with standard operating procedures (P3) and program coordination (P4) also showed relatively high achievement at most community health centers. Conversely, greater score variation was found in the activity consistency (P2) and monitoring and evaluation (P5) indicators, which differentiated the process achievement among community health centers.

Community health centers in the very good category generally showed better consistency of activity implementation, compliance with work procedures, program coordination, and monitoring and evaluation. Meanwhile, the group of community health centers in the moderate category showed lower scores on several process components, although basic program implementation continued to run. Overall, these results show that the stunting prevention program has been implemented at all community health centers, but the quality of implementation still shows variation among service areas.

4.5 Input–Process Comparison and Distribution of Implementation Categories

The input–process comparison analysis was carried out to describe the relationship between resource readiness and the quality of stunting prevention program implementation at the community health center level. This approach was used to observe the implementation patterns formed based on the combination of input conditions and process achievement at each research location.

Table 4.5 Input–Process Comparison and Implementation Category

Puskesmas	Input Score	Process Score	Implementation Category
Kotaraja	3,00	3,00	Very Good
Elly Uyo	2,50	2,80	Good
Twano Entrop	2,50	2,60	Good
Hamadi	2,50	2,80	Good

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Puskesmas	Input Score	Process Score	Implementation Category
Tanjung Ria	2,50	2,80	Good
Imbi	2,67	2,80	Very Good
Abe Pantai	2,50	2,60	Good
Abepura	3,00	3,00	Very Good
Waena	3,00	3,00	Very Good
Koya Barat	2,33	2,20	Moderate
Skow Mabo	2,33	2,20	Moderate
Emereuw	2,33	2,20	Moderate

Distribution of Implementation Categories

Category	Number	Percentage
Very Good	4	33,3%
Good	5	41,7%
Moderate	3	25,0%
Poor	0	0,0%

The comparison results show that there were four community health centers in the very good implementation category, namely Kotaraja, Imbi, Abepura, and Waena. This group showed a combination of equally high input and process scores. A total of five community health centers were in the good category, while three community health centers others were in the moderate category. No community health center was found to be in the poor category.

Table 4.5 also reveals an interesting pattern. Kotaraja, Abepura, and Waena community health centers had equally maximum input and process scores. On the other hand, several community health centers such as Elly Uyo, Hamadi, and Tanjung Ria showed higher process scores than their input scores. Conversely, Koya Barat, Skow Mabo, and Emereuw had relatively lower input and process scores than the other community health centers.

Based on the distribution of implementation categories, most community health centers were in the good to very good category, namely 75,0% of all research locations. This finding shows that the implementation of stunting prevention policy in Jayapura City has generally run well.

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Nevertheless, variation in the level of implementation among community health centers remains, reflected in the differences in input and process scores at each location. This variation becomes the basis for identifying the factors influencing program implementation in the following section.

4.6 Qualitative Findings and Critical Points of Policy Implementation

The qualitative analysis was carried out to complement the quantitative assessment results and to provide a deeper understanding of the factors influencing the implementation of the stunting prevention program at the community health center level. The findings were obtained through document review, field observation, and confirmation with program managers at each research location. The analysis results were then synthesized to identify the aspects that support or limit program implementation.

Table 4.6 Qualitative Findings and Critical Points of Implementation

Theme	Main Findings	Impact on Implementation	Improvement Priority
Technical Policy	Guidelines available at all community health centers	Supports uniformity of program implementation	Low
Program Planning	Program integrated into the annual work plan	Facilitates activity implementation	Low
Budget	Budget availability is not yet equitable	Limits some field activities	Medium
e-PPGBM/MCH Data	Data available and used in planning	Supports program target setting	Low
Human Resources	Some community health centers have limited program staff	Increases the workload of staff	Medium
Facilities and Infrastructure	There is variation in the completeness of facilities	Affects the efficiency of program implementation	Medium
Program Implementation	Main activities run routinely	Supports achievement of program targets	Low
SOP Compliance	Compliance with SOP is	Maintains the quality of	Low

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Theme	Main Findings	Impact on Implementation	Improvement Priority
	relatively good	activity implementation	
Coordination	Cross-program coordination runs well but is not yet optimal in all areas	Affects activity synchronization	Medium
Monitoring and Evaluation	Documentation and follow-up of monitoring and evaluation still vary	Reduces the effectiveness of program improvement	Medium

Based on Table 4.6, most implementation components showed relatively good conditions. Technical policy, program planning, e-PPGBM/MCH data, program implementation, and compliance with standard operating procedures were the most consistent aspects found across all community health centers. These conditions align with the quantitative evaluation results, which showed high achievement in the policy, data, and program implementation indicators.

Nevertheless, several aspects still showed variation among community health centers. Budget support, human resource availability, and facilities and infrastructure were not yet fully equitable across all service areas. In addition, differences in the quality of cross-program coordination and the implementation of monitoring and evaluation were still found at some community health centers. The variation in these aspects contributed to the differences in implementation achievement seen in both the input and process evaluation results.

Overall, the qualitative analysis results show that the critical points of stunting prevention policy implementation in Jayapura City relate more to the operational aspects of the program than to the policy aspects. Budget support, adequacy of implementing staff, availability of facilities and infrastructure, cross-program coordination, and monitoring and evaluation were the factors that most frequently emerged as differentiators of implementation achievement among community health centers. This finding shows that strengthening implementation quality in the future needs to be directed toward increasing the operational capacity of the program so that policy implementation can take place more equitably across all primary health care areas.

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DISCUSSION

Based on the input evaluation results in Table 4.2 and Table 4.3, most community health centers in Jayapura City were in the good to very good category. A total of 4 community health centers were in the very good category, 5 in the good category, and 3 in the moderate category. The highest achievement appeared in the technical stunting prevention policy component, program planning, and the use of Community-Based Electronic Nutrition Recording and Reporting (e-PPGBM) and Maternal and Child Health (MCH) data. This finding shows that the foundations of policy, planning, and information systems were sufficiently strong at most community health centers. However, variation was still seen in the budget, human resources, and facilities and infrastructure components. This condition shows that implementation readiness does not depend solely on the existence of policy and reporting systems, but also on the adequacy of operational resources. Strengthening program input therefore needs to be directed toward the aspects of budget, implementing staff, and facilities and infrastructure so that stunting policy can be implemented more effectively at the community health center level.

This finding aligns with (Ramlan et al., 2025) which states that the implementation of stunting policy requires strong policy support, program planning, and supporting systems in order to run effectively. Meanwhile, a study by (Mulyani et al., 2025) also asserts that the acceleration of stunting reduction depends not only on health interventions but also on the readiness of the system supporting sustainable program implementation. In a broader context, (Sunarya, 2023) shows that the main challenge of stunting program implementation in Indonesia often lies not in the availability of policy, but in the equitable distribution of resources and the capacity of implementers at the service level. Although the foundation of program implementation in Jayapura City has been well established, strengthening the budget, human resources, and facilities and infrastructure remains necessary to reduce the readiness gap among community health centers and to improve implementation quality more equitably.

As shown in Table 4.4, the process quality of stunting prevention program implementation at most community health centers was in the good to very good category. A total of 7 community health centers were in the very good category, 2 in the good category, and 3 in the moderate category. High achievement was seen in program implementation, compliance with standard operating procedures (SOP), and program coordination. However, variation was still found in activity consistency and monitoring and evaluation. This finding shows that the stunting prevention program has run at all community health centers, but the quality of implementation is not yet fully uniform. Strengthening the process therefore needs to be directed toward activity

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continuity, routine monitoring, and the use of evaluation results as a basis for program improvement.

This research finding is supported by (Sentika, Setiawan, Rattu, Yunita, Basrowi, et al., 2024) which emphasizes that compliance with work procedures and interprofessional coordination are important factors in maintaining the quality of primary health care. Research by (Ramadhaniyati et al., 2026) reports that differences in the capacity of health workers can affect the quality of program implementation even though the guidelines used are relatively the same. In addition, Anita and (Anita & Zakaria, 2025) show that structured monitoring plays an important role in supporting program improvement and ensuring the continuity of implementation in the field. This finding shows that the variation in process quality in Jayapura City is influenced more by activity consistency, coordination, and monitoring and evaluation than by basic program implementation, which has generally run well.

The comparison results in Table 4.5 show that input conditions are related to the process quality of stunting prevention program implementation. Kotaraja, Abepura, and Waena community health centers obtained the highest input and process scores, each 3.00, placing them in the very good category. Conversely, Koya Barat, Skow Mabo, and Emereuw had an input score of 2.33 and a process score of 2.20, placing them in the moderate category. However, several community health centers such as Elly Uyo, Hamadi, and Tanjung Ria were able to reach a process score of 2.80 despite an input score of only 2.50. This pattern shows that good input tends to support process quality, but the relationship between the two is not always linear. Implementation quality is also influenced by program management capacity, team coordination, internal leadership, and the ability to utilize available resources. The input–process relationship is therefore more accurately understood as a mutually reinforcing relationship in determining the quality of program implementation.

This research finding aligns with (Ramlan et al., 2025) which states that the implementation of stunting policy requires a combination of resource support and an effective implementation system. Meanwhile, (Ramadhaniyati et al., 2026) shows that the capacity of health workers and program management ability can affect implementation quality even when resource conditions are not always the same. In the context of program governance, (Sasmito et al., 2025) asserts that institutional synergy and coordination among implementers are important factors in translating available resources into impactful activities. Meanwhile, (Wijaya, 2024) shows that social environment support and community involvement can strengthen health program implementation despite resource limitations. These findings reinforce the results of this

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study, that the process quality of stunting prevention program implementation in Jayapura City is determined by a combination of input adequacy, program management capacity, and the ability of community health centers to build effective coordination.

Based on Table 4.3, Table 4.4, and Table 4.6, the variation in stunting prevention program implementation among community health centers was influenced primarily by budget, human resources, facilities and infrastructure, coordination, and monitoring and evaluation. These components varied more than technical policy, program planning, and e-PPGBM/MCH data, which were relatively uniform across most community health centers. Community health centers in the very good category generally had stronger resource support and coordination mechanisms than those in the moderate category. Operationally, the budget supports activity implementation, human resources determine service capacity, and facilities and infrastructure support service quality. Coordination maintains program integration, while monitoring and evaluation function as the basis for quality control. The variation in implementation among community health centers therefore reflects differences in operational capacity more than differences in the policy used.

This finding is supported by (Yusriadi et al., 2024) which reports that limitations in resources and operational support are the main obstacles in stunting program implementation at the community level. A study by (Syafrawati et al., 2023) also shows that the availability of implementing staff, cross-sector support, and coordination mechanisms are factors that influence the success of accelerating stunting reduction at the regional level. From a governance perspective, (Sasmito et al., 2025) explains that variation in implementation often arises from differences in the capacity of local organizations to manage programs even when the policy used is relatively the same. Similar findings were reported by (Sunarya, 2023) which asserts that the success of stunting programs is strongly influenced by the ability to integrate resources, governance, and the implementation system effectively. The results of this study therefore show that the dominant factor in stunting prevention policy implementation in Jayapura City relates not only to the availability of resources but also to the ability of community health centers to manage, coordinate, and evaluate the program on a sustainable basis.

The synthesis of Table 4.3 through Table 4.6 shows that the implementation of stunting prevention policy in Jayapura City has generally run well but is not yet equitable across all community health centers. The foundation of implementation has been formed through the availability of technical policy, program planning, and a relatively good data system. However, variation was still seen in budget, human resources, facilities and infrastructure, coordination, and monitoring and evaluation. This finding shows that the critical points of implementation lie more

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in operational aspects than in regulatory aspects. Community health centers with high achievement were able to manage input and process more consistently, while those in the moderate category still faced limitations in operational capacity. The differences in implementation achievement therefore reflect variation in program management capability more than differences in the policy used.

This research finding is supported by (Sasmito et al., 2026) which explains that the success of stunting programs is strongly influenced by the ability to build institutional synergy and partnerships among program implementers. A study by (Sentika, Setiawan, Rattu, Yunita, Basrowi, et al., 2024) asserts that effective coordination and governance are important factors in maintaining the quality of primary health care. In addition, (Taofik et al., 2026) shows that institutional capacity and inter-actor integration determine the success of public health policy implementation. This finding reinforces the research result that the critical point of stunting implementation in Jayapura City lies in the ability to connect resources, governance, and program processes effectively.

The research results provide several important implications for strengthening the stunting prevention program in Jayapura City. The finding that most community health centers already have a good foundation of policy, planning, and information systems shows that future improvement efforts no longer focus on formulating new policy but on improving the quality of program implementation at the service level. The program strengthening strategy therefore needs to be directed toward the aspects that still show variation among community health centers, particularly budget, human resources, facilities and infrastructure, coordination, and monitoring and evaluation.

Strengthening human resource capacity is a primary need because health workers are the main implementers of various stunting prevention interventions. Competence improvement, technical assistance, and managerial capacity strengthening need to be carried out continuously so that program implementation becomes more consistent and adaptive to field challenges. Ramadhaniyati et al. (2026) show that the understanding and capacity of health workers affect the quality of stunting program implementation at primary health care facilities.

Using data as a basis for decision making also needs to be continually strengthened. The e-PPGBM and MCH data already available at all community health centers need to be used more optimally for target setting, monitoring of program achievement, and identification of risk groups. In a systematic review conducted by (Aminah et al., 2024), the good use of data was shown to support the effectiveness of program management and more well-targeted intervention planning.

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Strengthening cross-sector coordination and collaboration is another important aspect, given that stunting is a multidimensional problem that cannot be resolved by the health sector alone. Collaboration among community health centers, local government, the education sector, the social sector, village government, and the community needs to be strengthened so that various interventions can run in an integrated manner. This finding is supported by (Kolomboy et al., 2025) and (Nandini et al., 2024) which show that collaboration among stakeholders contributes to the acceleration of stunting reduction at the local level.

In addition, **monitoring and evaluation need to be developed as a program learning instrument**, not merely an administrative activity. Structured monitoring allows earlier identification of obstacles, while continuous evaluation can become the basis for improving implementation in the following period. Ramlan et al. (2025) assert that the success of health policy implementation is strongly influenced by the ability of the organization to conduct evaluation and to follow up on the evaluation results in the program planning process. Overall, the results of this study show that strengthening the stunting prevention program in Jayapura City needs to be directed toward increasing the operational capacity of community health centers, using evidence-based data, strengthening cross-sector coordination, and conducting continuous monitoring and evaluation. This approach is expected to improve the equity of program implementation quality and strengthen the effectiveness of stunting prevention policy at the primary health care level.

This study has several limitations that need to be considered in interpreting the research results. The evaluation only covered the input and process components of implementation, so it has not directly assessed the output or outcome of the program on the reduction of stunting prevalence. In addition, the measurement used an indicator-based scoring approach that, although strengthened through triangulation of documents, observation, and interviews, still has the potential for subjectivity in the assessment process. The results of this study therefore describe the implementation conditions of the stunting prevention program at the primary health care level in Jayapura City. Future research is recommended to integrate the input, process, output, and outcome components to obtain a more comprehensive picture of the effectiveness of stunting prevention policy implementation.

CONCLUSION

This study shows that the implementation of stunting prevention policy in Jayapura City has generally run well. The technical policy, program planning, and use of e-PPGBM and MCH data

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components have been supported by good input conditions, with an average input score at the Health Office level of 2.81 (very good category). At the community health center level, most research locations were in the good to very good category in both the input and process aspects of implementation, although several community health centers with moderate achievement were still found. The main finding of the study shows that the success of stunting prevention policy implementation is determined not only by the availability of resources but also by the ability of community health centers to manage and use those resources effectively. Budget, human resources, facilities and infrastructure, coordination, and monitoring and evaluation were the factors that most influenced the variation in implementation among community health centers. Strengthening the capacity of implementers, ensuring the equitable distribution of resource support, optimizing data use, and strengthening coordination and monitoring-evaluation therefore become important aspects for improving the quality of stunting prevention program implementation at the primary health care level in Jayapura City.

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