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## Implementation of the First 1000 Days of Life Intervention Policy in Overcoming Stunting at The Kinvaro Health Center on the District of Sigi

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**ABSTRACT:** This study analyzes inpatient service tariffs using the Activity-Based Costing (ABC) method to obtain a more accurate estimation of actual costs. Direct and indirect cost data were processed by identifying service activities and cost drivers, and the results were compared with the hospital's existing tariffs. The ABC method revealed discrepancies between actual resource consumption and current pricing, indicating both underpricing and overpricing across several inpatient classes. These findings suggest that ABC provides a more reliable basis for tariff formulation and supports efficiency improvements in hospital cost management.

**KEYWORDS:** Nutrition Intervention, Policy Implementation, Public Health, Stunting Prevention

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### INTRODUCTION

The First Thousand Days of Life (1000 HPK) is a golden period that begins from conception until a child reaches two years of age (270 days of pregnancy and the first 730 days of life). This phase is crucial because it determines a child's physical growth, cognitive development, and long-term quality of life. Research shows that nutritional and health problems during this period can lead to long-term irreversible impacts, cognitive impairment, and an increased risk of chronic diseases in adulthood (Angelina et al., 2025).

Globally, stunting remains a serious public health issue affecting many countries. According to the 2024 Global Health Observatory (GHO) data from the World Health Organization (WHO), approximately 22.3% of children under five worldwide experience stunting (WHO, 2024). In Southeast Asia, Indonesia ranks third with a stunting prevalence of 19.8% in 2024, affecting an estimated 298,903 children under five (Pudjirahaju et al., 2025). WHO reports that Indonesia is among the five countries with the highest stunting prevalence globally (Pudjirahaju et al., 2025).

The sharp increase in stunting cases within a short period is likely influenced by various factors, including limited coverage of specific and sensitive nutrition interventions, suboptimal maternal and child health services, inadequate sanitation and clean water access, and low community awareness about nutrition during pregnancy and early childhood. Therefore, integrated and multisectoral strategies are needed, particularly in high-burden regions such as Sigi District, to ensure sustainable stunting reduction (Makripuddin et al., 2021).

Studies by Farisya et al. show that community participation and acceptance of the 1000 HPK policy play an essential role in program implementation. Strengthening cross-sector collaboration, adequate budget allocation, and developing human resource capacity—especially nutrition workers—are needed to support the stunting reduction acceleration teams.

Policy implementation is an effort to realize policy objectives through action. According to Edwards III, four key variables determine successful policy implementation: communication, resources, disposition, and bureaucratic structure. In the context of the 1000 HPK intervention as a stunting reduction effort, these variables form the foundation for understanding program performance at primary healthcare level such as Puskesmas.

Communication ensures that the policy and technical guidelines of the 1000 HPK program are clearly understood by health workers, cadres, and target groups. Meanwhile, resource availability—including competent human resources, health facilities, and operational funds—determines the ability to reach and serve target populations effectively.

One of the challenges identified is the limited number of nutrition workers, health personnel, and community educators, resulting in suboptimal implementation. Although multisectoral partners are involved, many program implementers still lack full understanding of the 1000 HPK concept, reducing intervention effectiveness

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## MATERIALS AND METHODS

The type of research used in this study is qualitative research with a case study approach. A case study is a research method that focuses on exploring a problem in depth within clearly defined boundaries of time and place.

Informants refer to individuals who are intentionally selected because they are considered to have experience, knowledge, and direct involvement with the phenomenon being studied. Informants are not merely data providers, but key subjects who can explain the social situation in depth from their own perspectives. The selection of informants aims to ensure that the data obtained are contextually rich, in-depth, and relevant to the focus of the research.

This study employs purposive sampling in selecting informants. Purposive sampling is a sampling technique carried out by determining specific criteria or characteristics based on the purpose of the study. Through this method, the selection of data sources is based on certain considerations so that the information obtained is relevant and capable of addressing the research problems being examined (Sugiyono, 2023).

## RESULTS AND DISCUSSION

### 1. VIP Class

#### Characteristics of Informants and Research Findings

A total of seven informants participated in this study, consisting of one key informant, two ordinary informants, and four additional informants. The key informant was the Head of Kinovoro Health Center, the ordinary informants were the Nutrition Officers of Kinovoro Health Center, and the additional informants were Health Center staff and Posyandu cadres within the working area of Kinovoro Health Center.

#### Communication in the Implementation of the 1,000 Days of Life Intervention Policy for Stunting Prevention

##### a. Transmission

Interviews with ordinary informants revealed that socialization activities related to the 1,000 days of life policy have frequently been carried out by Kinovoro Health Center, as reflected in the following interview excerpts:

“... many... here we don't only conduct socialization, there is additional food as well, but not only for stunting, we also handle children with undernutrition.” (Ms. NA – Nutrition Officer)

“... usually it is delivered to me ... typically during meetings the head will convey it... if it is scheduled structurally, no... usually during Posyandu visits they inform us... but not intense, sometimes only when they come down.” (Ms. NA – Nutrition Officer)

“... we directly deliver the socialization through Posyandu, in the pregnant mother class or toddler class... using the KMS books held by mothers. There are also leaflets, and if the District Office distributes any, we hand them out too.” (Mrs. A – Nutrition Officer)

This is consistent with statements from additional informants, who reported that socialization regarding the 1,000 days of life policy is routinely conducted by the Health Center at Posyandu activities, intersectoral village and subdistrict meetings, district health office meetings, and within the Health Center itself.

Observations by the researcher also confirmed the presence of physical evidence of socialization efforts at both the Kinovoro Health Center building and Posyandu locations, such as printed media including wall posters, standing banners, flipcharts, and leaflets containing information on the importance of the 1,000 HPK period in addressing stunting.

##### b. Clarity

Health Center officers—from policymakers to program implementers—have made every effort to ensure clarity in communicating information related to the 1,000 days of life policy for stunting prevention at Kinovoro Health Center. This is illustrated in the following interview excerpt from Mr. A:

“... yes, I directly call the staff, the program coordinator, if there is information that must be delivered immediately. If I am unable to attend, I usually call or instruct them to join activities at the District Office, or like earlier via Zoom, I ask the officers to participate...”

(Mr. A – Key Informant)

Similar statements were expressed by ordinary informant Ms. NA and additional informant Mrs. NI:

“... the content does not change because the education is always the same, to avoid inconsistencies. So mothers receive uniform information... that's why we strengthen cadres first. Whenever there is socialization, we include them (about 1,000 HPK). So this cadre, if we're not available, the cadre will inform the residents.” (Ms. NA – Nutrition Officer)

##### c. Consistency

According to interviews with the key informant, communication in conveying information during the 1,000 Days of Life program socialization has been implemented consistently. The information received by the key informant is routinely communicated without discrepancies to program implementers. The following interview excerpts reflect this:

“Yes, our officers are also involved there. Not only nutrition officers, but KIA officers as well, they collaborate in delivering the information.” (Mr. A – Key Informant)

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“At every Posyandu activity, the nutrition officer always delivers the information... if there is any new information from the District, I also pass it on to the nutrition officer. Yes... most often I call Nurul because she is the nutrition program coordinator. ... No, no differences, we try to make everything the same.” (Mr. A – Key Informant)

Consistency in the implementation of the 1,000 days of life policy for stunting prevention at Kinvaro Health Center—regarding content, objectives, and instructions—was also confirmed by ordinary informant Ms. NA:

“... as I said earlier, it's not only about stunting. We also prevent undernutrition among children and chronic energy deficiency among pregnant women... there is monitoring and evaluation. We check stunted children monthly to see if their weight increases... we ask cadres not to be replaced so we don't have to retrain from the beginning.” (Ms. NA – Nutrition Officer)

Additional informant Mrs. NI expressed similar views.

Researcher observations support these findings, revealing scheduled Posyandu activities distributed to program implementers and field staff, as well as monthly internal meetings and intersectoral meetings held every three months.

### **1. Resources in the Implementation of the 1,000 Days of Life Intervention Policy for Stunting Prevention**

#### **a. Human Resources**

Interviews showed that human resources at Kinvaro Health Center are insufficient in both quantity and quality. The number of nutrition officers is inadequate compared to the large coverage area. Additionally, multiple roles carried out by staff overwhelm nutrition officers, even though they are qualified.

“... there are three nutrition graduates... but we are overloaded because there are 10 villages, far apart... we have four officers in the nutrition team, but we back up many programs...” (Ms. NA – Nutrition Officer)

“We are overwhelmed. We have 860 target infants in 10 villages and 20 Posyandu. Only about 637 infants are served. Especially during reporting periods in August and February when our inputs must reach 100%...” (Mrs. A – Nutrition Officer)

Additional informant Mrs. NI supported this:

“... yes, staff are still lacking. In the city there are nurses and others, but here there is only one officer for 2,000 residents in this village, with 17 pregnant women—now increased to 19.” (Mrs. NI – Village Midwife)

#### **b. Information Resources**

Interviews revealed inadequate information resources at Kinvaro Health Center. Computer and network infrastructure is insufficient:

“There are no computers except two: one in the head's office and one at the service counter... none are specifically for program use. Staff use their personal devices for data entry. But there is Wi-Fi, the network is quite good.” (Mrs. SM – Additional Informant)

“No, no computers from the office. We use our own. Wi-Fi exists but the signal is often poor because the Health Center is located in the mountains.” (Ms. NA – Nutrition Officer)

There is also no designated IT operator. Nutrition officers themselves input data:

“There is no dedicated operator. Each program officer inputs their own data.” (Mr. A – Key Informant)

Field midwives also confirm data reporting is still manual.

### **2. Disposition in the Implementation of the 1,000 Days of Life Policy**

#### **a. Bureaucratic Appointment**

Interviews show that recruitment of health staff is handled by the district government, while program coordinator assignments are determined internally by the Health Center based on qualifications and competence:

“No, the Health Center does not recruit staff. We only receive personnel assigned by the District HR Agency... We only select program coordinators based on educational background, program understanding, responsibility, and—though not a priority—years of service.” (Mr. A – Key Informant)

Other informants echoed this.

Routine rotation is rarely conducted:

“No rotations. I have been responsible for this village for nearly 10 years.” (Mrs. NI – Village Midwife)

#### **b. Incentives**

Interviews revealed that incentives are only provided through BOK funds and capitation. No special rewards exist for achieving program targets.

“... incentives from the Health Center do not exist, only from the village... for us in nutrition, if I receive extra, I share with my colleagues.” (Ms. NA – Nutrition Officer)

“... incentives are only from BOK and capitation... the more field activities you attend, the more you receive through SPPD.” (Mrs. A – Nutrition Officer)

This is supported by the key informant.

Some informal verbal acknowledgment is given to staff during meetings.

### **3. Bureaucratic Structure in the Implementation of the 1,000 Days of Life Policy**

#### **a. Mechanisms (SOP)**

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Interviews showed that while SOPs exist for services related to the 1,000 HPK program, no specific SOP for the full implementation of 1,000 HPK exists:

“... for socialization, there is no guideline, only leaflets. No specific book or material from the Health Center.” (Ms. NA – Nutrition Officer)

“... no specific SOP for 1,000 HPK, but SOPs for nutrition and KIA exist.” (Mrs. A – Nutrition Officer)

Cadres also confirmed receiving only verbal instructions, not written SOPs.

The key informant confirmed that SOPs are used as required by accreditation but not displayed publicly.

### b. Fragmentation

Work division and responsibilities among staff have been carried out appropriately:

“... we divide tasks. For example, today there is supplementary feeding, so some of us attend the PMT activity, while others provide MTBS services at the Health Center.”

(Ms. NA – Ordinary Informant)

“I see they divide tasks; some go to Posyandu, others stay at the clinic.” (Mrs. SM – Additional Informant)

## V. CONCLUSIONS

The implementation of the 1000 HPK intervention at Puskesmas Kinovaro has generally been conducted well, supported by routine communication and multisectoral collaboration. However, challenges remain in the limited number of nutrition workers, inadequate cadre capacity, and inconsistent understanding of program guidelines. Strengthening human resources, improving communication clarity, and enhancing cross-sector coordination are essential to optimize stunting reduction efforts.

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