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An analysis of the performance of the family assitance team (TPK) in reducing stunting

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ABSTRACT

This study aims to analyze the performance of the Family Assistance Team (TPK) in efforts to reduce stunting in District B0672 (code). The study was conducted with a parallel convergent mixed methods design, namely the collection of quantitative data through descriptive analysis of secondary data from the Institution of Population Control, Family Planning, Women's Empowerment and Child Protection Service and qualitative data through Focus Group Discussions (FGDs) involving cross-sectors. The results of the study indicate that the performance of the TPK is still not optimal, with significant disparities between assistance targets and between sub-districts. Assistance for pregnant women has good coverage, while assistance for prospective brides is still very low. The main factors affecting the performance of the TPK are limited data validation, inconsistencies in information systems between agencies, and lack of human resource capacity. This study recommends the integration of cross-sector information systems, the preparation of national standard operating procedures, and strengthening the capacity of the TPK through routine training and increased interpersonal communication in order to increase the effectiveness of the stunting reduction acceleration program

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INTRODUCTION

Stunting is a complex and multidimensional public health problem, which has a long-term impact on the quality of human resources (HR). Stunting, or a condition of failure to thrive in toddlers due to chronic malnutrition, especially in the first 1,000 days of life, not only affects the child's height which is not in accordance with their age, but also reduces cognitive abilities, body immunity, and increases the risk of degenerative diseases in adulthood (Ministry of Health of the Republic of Indonesia, 2023).

Indonesia, as a developing country with a large population, faces serious challenges in overcoming the problem of stunting. Based on the results of the 2022 Indonesian Nutritional Status

Survey (SSGI), the national prevalence of stunting was at 21.6%, a decrease compared to the previous year which reached 24.4% (Ministry of Health of the Republic of Indonesia, 2022). The Indonesian government is targeting a reduction in the stunting rate to 14% by 2024 through various programs, One of them is a stunting reduction acceleration program that involves various sectors, including the formation of Family Assistance Teams (TPK) at the village and sub-district levels.

The Family Assistance Team (TPK) is the spearhead of the implementation of sensitive and specific interventions in handling stunting at the grassroots level. Based on BKKBN Regulation Number 12 of 2021 concerning the National Action Plan for the Acceleration of Reducing Indonesia's Stunting Rates in 2021-2024, the TPK was formed to provide direct assistance to families at risk of stunting, namely prospective brides and grooms, pregnant women, breastfeeding mothers, and toddlers. The main tasks of the TPK include early detection of stunting risk, nutrition education, monitoring health and nutrition status, and assistance in accessing health services.

District B0672, is also a region that participates in the stunting reduction acceleration program through the formation of TPK in all villages and sub-districts. Based on data collected as of March 2025, there were 2,454 TPK members spread across 22 sub-districts and 267 villages and sub-districts. The largest number of TPK was found in Si, Km, and Ao Sub-districts, each with 144 people, while the smallest number was in Md Sub-district, with 87 people.

The existence of TPK is expected to have a significant impact in reducing stunting rates in district B0672. However, data from the Stunting Reduction Acceleration Team (TPPS) shows that stunting cases in districtB0672 are still relatively high. The number of stunted children reached 6,475 children, wasting as many as 3,018 children, and children with intersection conditions (stunted and wasting) as many as 488 children. The area with the highest stunting rate was recorded in Sa District with 543 cases, while the lowest was in Tt District with 60 cases.

The number of targets that have been assisted by TPK also shows an uneven distribution. The most assistance was aimed at pregnant women, as many as 3,615 people, while prospective brides and grooms who received assistance were only 446 people. This is an indicator that although quantitatively the number of TPKs has been available in all sub-districts, its performance or effectiveness in reaching all target groups, especially prospective brides and grooms who also have an important role in the stunting prevention cycle through a pre-conception approach (Setyawan et al., 2022). Assessment of TPK performance is crucial to determine the extent of the effectiveness of the intervention carried out in efforts to reduce stunting rates in Kabupaten B0672. TPK performance covers various aspects, such as the frequency and quality of assistance, team member competence, cross-sector coordination, support from local governments, and TPK's ability to utilize data and technology to detect and monitor families at risk of stunting.

Previous research revealed that TPK performance is greatly influenced by factors internal and external. Internal factors include the level of education, training received, experience, and motivation of TPK members (Mardiani et al., 2021). Meanwhile, external factors are related to support facilities, regional policies, incentives, and partnerships with health workers and posyandu cadres (Susanti & Rahmawati, 2023). In the context of Kabupaten B0672, an in-depth evaluation of these factors is needed so that intervention strategies can be more targeted. Evaluation of TPK performance is also important to determine the gap between input (number of TPK and resources), process (mentoring and education), and output (number of families successfully handled). For example, in the case of minimal mentoring for prospective brides and grooms, it can be a reflection of the lack of program socialization, weak coordination with the Religious Affairs Office (KUA), or limited data owned by TPK. The role of TPK as an agent of change in nutritional behavior in the community also requires an effective and contextual communication approach. A study by Andriani et al. (2023) emphasized that an interpersonal communication approach based on local culture can increase acceptance and change the behavior of target families towards parenting, nutrition, and

environmental health. In other words, TPK performance is not only measured by the quantity of mentoring, but also by the quality of interactions and educational impacts generated.

In addition, it is important to see the suitability between the number of TPK members and the existing workload. With a total of 2,454 TPKs spread across 267 villages and sub-districts, on average there are around 9-10 TPK members in each village. However, when compared to the number of targets (for example pregnant women and toddlers), the workload per TPK can be very high in villages with dense populations. This can have an impact on the effectiveness of mentoring and the risk of work fatigue (burnout), especially if not supported by adequate incentives (Prasetyo et al., 2021). Therefore, this study is important to systematically and empirically analyze the performance of TPK in efforts to reduce stunting in District B0672. The results of the analysis are expected to provide data-based and evidence-based policy recommendations, as well as become input for improving the TPK program in the future. This study is also expected to be an academic contribution in developing a performance evaluation model for community-based interventions for national priority health issues.

RESEARCH METHOD

This research uses an approach mixed-methods with parallel convergent model, namely quantitative and qualitative data collection models are carried out simultaneously to obtain a comprehensive picture of the performance and validity of the Family Assistance Team (TPK) data in accelerating stunting reduction in district B0672. This design was chosen because it was able to reveal objective aspects (such as achievements, ratios, and scores) as well as subjective aspects (such as perceptions, challenges, and good practices) of program implementation at the field level. The research was carried out from May to June 2025.

The quantitative approach used in this research is descriptive analysis. against secondary data downloaded from the official website District B0672 as of March 2025 with the data studied including the number of TP members and their distribution per sub-district, the number and type of targets assisted (premarital, pregnant women, postpartum, infant and toddlers). The ratio and performance score of TPK are calculated based on the ratio indicator of mentoring results compared to the number of TPK per sub-district. Furthermore, the data is categorized into five levels (very good, good, sufficient, lacking, very lacking). Finally, the data is validated using the data reconciliation method, namely comparing TPK and TPPS data to assess data accuracy, timeliness, and completeness.

Meanwhile, the qualitative approach used in this study was through Focus Group Discussion (FGD). The discussion was conducted onwhich was held on June 12, 2025 at district B0672. The discussion involved 49 participants consisting of 22 TPK Coordinators, 22 family planning Extension Workers, and representatives from the Health Office, Ministry of Religion, and the Population Control, Family Planning, Women's Empowerment and Child Protection Service. Participants were divided into five discussion groups, each group consisting of 8-10 people. There were five thematic domains as discussion guides, namely data flow and sources, work standards and guidelines, critical points and reporting gaps, good practices and field challenges; and cross-sector recommendations. Result data DKT is processed using a thematic analysis approach (thematic analysis) using the NVivo 12 application. The results of the analysis are then presented in the form of thematic narratives and code visualizations to support data interpretation. This research is declared to have met the ethical eligibility requirements and obtained ethical clearance from the Health Research Ethics Commission of the Faculty of Health Sciences, Muhammadiyah University of Surakarta with No. 1332/KEPK-FIK/VI/2025.

RESULTS AND DISCUSSIONS

The research began by collecting data from the the Population Control, Family Planning, Women's Empowerment and Child Protection Service at District B0672 website. The data obtained are presented in the following table:

Table 1. TPK and TPPS Data of the instotution of the population control, family planning, women's empowerment and child protection service at disrtict B0672

No.	Name Subdistrict (initial code)	Amount TPK	TPK Mentoring Results			TPPS Data				
			Premarital	Pregnant	Postpartum	under 2 years	under 5 years	Stunting	Wasting	Slice
1	Ca	90	5	106	30	22	5	543	61	17
2	Ab	96	12	138	54	21	13	273	56	10
3	Cc	141	25	178	42	43	20	90	62	10
4	Ed	87	12	85	24	79	46	115	103	15
5	Be	99	25	178	58	13	16	465	73	20
6	Me	120	25	196	76	12	14	242	120	14
7	Tf	120	22	179	71	44	72	297	123	31
8	Pg	108	16	118	37	27	38	200	79	20
9	Bh	135	20	184	51	225	169	185	159	38
10	Si	144	25	160	56	91	74	374	110	22
11	Cj	120	26	286	60	38	23	340	317	25
12	Nk	117	24	234	71	61	26	140	255	17
13	Sl	120	29	190	64	65	50	121	131	0
14	Km	144	25	208	29	44	155	463	113	25
15	Kn	117	20	213	57	82	114	409	110	30
16	Ao	144	54	259	55	62	171	475	168	45
17	Kp	93	29	127	29	31	63	283	124	33
18	Wq	99	8	148	55	30	50	284	466	20
19	Tr	90	13	115	38	114	234	439	103	40
20	Gs	90	8	116	35	51	22	458	59	15
21	Tt	90	19	73	38	47	35	60	57	6
22	Wu	90	4	124	24	10	23	219	169	35
	Total	2454	446	3615	1054	1212	1433	6475	3018	488

Based on Table 1, it can be seen that the number of TPK in District B0672 is 2,454 people spread across 22 sub-districts. The largest number of TPK (144 people) was in Si, Km, Ao Sub-districts, while the smallest number (87 people) was in Ed Sub- district. The results of TPK assistance were mostly pregnant women, 3,615 people, and the smallest number were prospective brides, 446 people. The TPPS data shows that the number of stunted children is 6,475. The sub-district with the most cases of stunted children is Sa Sub-district (543 children) and the lowest is in Tt Sub-district (60 children). Overall, Table 1 shows disparities in the focus of TPK assistance. TPK appears to be more intensive in assisting pregnant women, who are indeed a key target. However, the low level of assistance for prospective brides is a serious concern because it has the potential to hinder efforts to prevent stunting from the upstream. These data underscore the need for further evaluation of TPK assistance strategies and priorities, and perhaps the need for redistribution of focus or strengthening of TPK capacity for targets with low coverage.

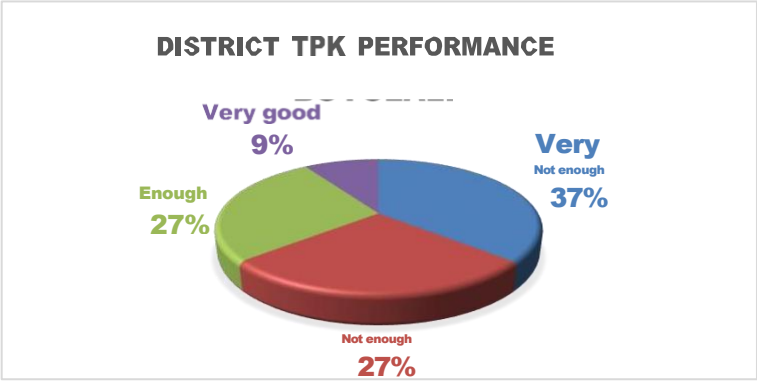

Figure 1. Performance of TPK disrtict B0672

Figure 1 shows that the majority of TPK in District B0672 have very poor performance (37%), meaning that further evaluation is needed. Based on the calculations carried out, it was obtained that the sub-districts with the lowest average score (9.7) with the very poor category were Sa and Cc sub-districts, while the highest score (17.2) with the very good category was Juwangi sub- district. When combined, the categories "Very Poor" and "Poor" reached 64%, indicating that the majority of TPK still have performance that needs to be significantly improved. TPK with sufficient performance reached 27%, indicating that there are some groups that have met the minimum standards, although they cannot be said to be good or optimal, and only 9% of TPK were assessed as Very Good, indicating that the best quality is still rarely found.

The results show that TPK performance is still a major challenge in the stunting reduction acceleration program. Support for training, supervision, and ongoing coaching needs to be strengthened to improve the quality of TPK work. The high proportion in the "Very Poor" category indicates the need for a comprehensive evaluation of the TPK recruitment, coaching, and monitoring system in B0672. TPK that perform well can be used as role models or mentors for other TPK in implementing more effective strategies and approaches. Therefore, several things still need to be done for future improvements, including identifying the main causes of low performance, such as uneven training, high workload, or lack of technical support (Putro et al, 2024). In addition, efforts to increase TPK capacity through intensive training based on field needs or routine supervision and feedback based on performance indicators also need to be carried out, including if possible additional incentives or appreciation for TPK that perform well as motivation (Hernayanti et al., 2025; Suryani, 2024; Mulyasari et al., 2024). The results of qualitative analysis using Nvivo 12 show that from the Limited Group Discussion (FGD) data, 6 main themes were found, namely those related to initial reflection, tools and data sources, standards and guidelines, critical points and gaps, good practices and challenges, and recommendations and RTL as show in table 2.

Table 2. The results of the analysis of focus group discussions (FGDs) involving the ministry of religion

Main Theme	Ministry of. Religious Affairs	Family planning counselor	TPK Coordinator	Health of office	DP2KBP3A
Initial Reflection	Instructions for religious counselors, active cross-religion counselors, the role of TPK in	TPK is important for toddlers, cross-sector roles need strengthening.	Limited human resources, stigma of the term *stunting*, weak synergy.	TPK is stra midwives a too burden by other programs.	Focus on women and children assistance, coordination with Religious Affairs Office

	healthy marriage.				and others is weak.
Data Flow and sources	Siap Hamil App, input by TPK & Religious Affairs Office.	TPK logbook, EPPGBM app, manual-midwife coordination.	Logbook, TPK B0672 , ELSIMIL, RT and community.	Posyandu → SIGIZI KIA after validation by midwives	From Health Office, visualized data, SOP and validation are not clear.
Standars and guidelines	No formal SOP, no standard input.	Differences in indicators from Health Office & BKKBN, materials delivered via Zoom.	Indicators not synchronized, no written SOP.	Only midwife standard, no written SOP.	Validation is only at sub-district level.
Critical point and gaps	System error, human error, workload at Religious Affairs Office.	Data privacy concerns in EPPGBM access.	Duplicate data, no data synchronization system.	Data mismatch between online-offline and requests.	Data column mismatch, terminology confusion.
Good practices and challlenges	Early digitization, good entry format, but long to fill.	Monthly meetings, small TPK groups; rejection of workload.	Involvement of community leaders, RT, community is good.	Periodic socialization, but not all understand.	Data storage in different formats, not visualized.
Recommendation and follow up	HR optimization, P3K (first aid), synergy among agencies.	Physical SOP, communication path, easy access modules.	App integration, institutional coordination, national SOP.	Written SOP, equipment & network installation.	Field validation, formatting and visualization by region.

Family Planning Counselors, TPK Coordinators, Health Services, and the Population Control, Family Planning, Women's Empowerment and Child Protection Service at District B0672 showed that there were dynamics that occurred in the implementation of the family assistance program as a strategy to accelerate the reduction stunting. In the initial reflection theme, variations were found related to cross-sector understanding of the role of TPK, institutional synergy was not optimal, and technical terms such as stunting not fully understood by the community or cadres in the field. Regarding the flow and source of data, there are serious problems in the form of overlapping recording systems and the absence of platform/integrated container between sectors, where data is stored separately in various applications, without a clear synchronization mechanism. This lack of integration is exacerbated by the absence of uniform technical standards and guidelines in the form of SOPs or performance indicators which then cause differences in data in recording and reporting between KUA, TPK, and the Health Office.

The most prominent critical point is the large number of data gaps due to the system which sometimes error, cadets who input data late, there is duplicate input, and empty columns, thus hampering the validation process and data- based decision making. Nevertheless, good practices have been found that have been carried out by several parties such as training of extension workers, early digitalization, forums for pregnant women, and efforts to store data safely. All sectors provide strategic recommendations that lead to strengthening HR capacity, preparing cross-agency SOPs, application integration, cadre incentives, and standardized regional data visualization. Overall, these findings emphasize the importance of systemic improvements in terms of coordination, validation, and data interoperability to ensure the effectiveness of the TPK program in reducing stunting rates in District B0672 in a sustainable manner.

As internal validation, the discussion results were synthesized in a cross-sector matrix (see Table 2) which compared the roles, challenges, and solutions of the Ministry of Religion, Health Office, the Population Control, Family Planning, Women's Empowerment and Child Protection

Service, and TPK. From the analysis, it was found that there was a lack of integration of information systems, the absence of uniform SOPs, and the imbalance in the capacity of field implementers as the main recurring issues. This analysis is inductive and oriented towards evidence-informed decision making, in accordance with the principles suggested by Nutley & Reynolds (2021) in the strategic use of community health data.

CONCLUSION

Based on the performance analysis and data validation of the Family Assistance Team (TPK) in efforts to reduce stunting in District B0672, several important points were found. TPK performance shows significant variation between assistance targets and sub-district areas. In general, the effectiveness of TPK needs to be improved, especially in assisting prospective brides and toddlers whose coverage is in the "Very Poor" category, as well as postpartum mothers and toddlers in the "Poor" category. On the other hand, TPK performance in assisting pregnant women has shown good results.

The main challenges in reducing stunting related to TPK include suboptimal data validity, data inconsistencies between the TPK system and the Stunting Reduction Acceleration Team (TPPS), and limited data utilization in policy formulation. Other factors such as the quality of data entry and the workload of operators at the KUA level also affect data accuracy and consistency. Cross-sector coordination also still needs to be strengthened to ensure synergy between programs. The effectiveness of TPK assistance also experienced significant disparities between sub-districts. The Jr Sub-district recorded the highest effectiveness, while Sa and Cc Sub-districts were in the lowest category. The use of digital technology faces technical obstacles such as application disruptions, the absence of clear standard operating procedures (SOPs), differences in indicators between agencies, and limited human resource capacity in the field. Social challenges in the form of negative stigma and community resistance also reduce the effectiveness of the program.

This study recommends the preparation and implementation of clear national SOPs to be used uniformly in all related sectors. Several key factors to influence the success of this process is; coordination between levels of government with strong communication an synergy between local governments are essential to ensure that national policies are accurately interpreted and impelemnted at local level, National SOPs should be designed with local wisdom, and also availability of lnfrastructure, huma resource capacity, and financial resources. Integration of digital systems between agencies needs to be carried out to avoid data duplication and improve efficiency and accuracy of reporting, Regular technical training is also important to improve the competence of operators and cadres, especially in the use of digital technology. In addition, strengthening interpersonal communication and education on effective communication in TPK must be prioritized to reduce social stigma and increase community participation. Active community involvement in data validation is recommended to strengthen data accuracy and public trust. Likewise, routine evaluation of the impact of interventions needs to be carried out so that the results can be used as a reference in improving policies and increasing program effectiveness in the future.

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