



Beyond Nutrition Assistance : Implementation and Sustainability of The GENTING Foster Parent Movement for Stunting Reduction in Surakarta, Indonesia

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ABSTRACT

Background: Stunting reduction requires local programs that move beyond temporary nutrition assistance and address caregiving, household capability, environmental risk, and implementation governance. Surakarta City implemented the Gerakan Orang Tua Asuh Cegah Stunting (GENTING), a foster-parent movement that mobilizes family-planning field officers, community health cadres, local government, and cross-sector partners to support vulnerable households.

Methods: This descriptive qualitative implementation study analyzed GENTING in three priority urban villages—Sondakan, Sumber, and Sewu—using field documentation, in-depth interviews, observation, thematic analysis, and SWOT/TOWS synthesis.

Result: GENTING functioned as a community implementation platform that connected food support, cadre accompaniment, household monitoring, education, and complementary engagement activities. The program was perceived by implementers and beneficiaries to support child feeding during the assistance period, but sustainability was constrained by high cadre workload, limited incentive systems, weak behavior-change orientation, assistance dependency, indirect caregiving by grandparents or other relatives, and water, sanitation, and housing barriers. Baby-spa activities increased engagement and were perceived to support appetite and sleep, but their role remained complementary.

Conclusion: GENTING should be redesigned as a family-empowerment and implementation-governance model. Its sustainability depends on structured cadre support, household-wide behavior-change counselling, inclusion of alternative caregivers, WASH-linked environmental action, data-driven monitoring, and an exit strategy that builds economic and caregiving capacity before assistance ends.

Keywords: Stunting prevention ; Community health cadres ; Behavior change communication ; Family empowerment ; Implementation sustainability

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Introduction

Stunting remains one of the most persistent public-health and development problems in Indonesia because it reflects the interaction of chronic undernutrition, repeated infection, caregiving constraints, household poverty, food insecurity, and limited environmental support. Its consequences extend beyond height-for-age deficits; early linear growth faltering is associated with impaired development, vulnerability to illness, and lower human-capital potential across the life course.^{8,55} Indonesia has therefore positioned stunting reduction as a national priority through multisectoral acceleration strategies that emphasize nutrition-specific interventions, nutrition-sensitive action, local convergence, and family-based prevention.^{22,28} The persistence of stunting in local settings, however, shows that program success depends not only on whether interventions exist, but on how they are implemented, sustained, and translated into everyday caregiving practices.

Recent evidence reinforces this multidimensional interpretation. Linear growth trajectories in early life predict later growth and stunting status, underlining the importance of timely intervention before growth deficits become entrenched.² Studies from Indonesia and comparable settings show that risk is shaped by maternal education, breastfeeding, low birth weight, sanitation, household socioeconomic status, psychosocial stimulation, food access, and spatially clustered vulnerabilities^{6,13,53}. Environmental and infectious pathways are also central: poor sanitation and unsafe water can increase infection risk and environmental enteric dysfunction, reducing the benefits of nutrition inputs^{15,43,59}. These findings imply that a local stunting program should be evaluated as a system of household, community, environmental, and governance mechanisms rather than as a single nutritional package.

Surakarta City developed the Gerakan Orang Tua Asuh Cegah Stunting (GENTING), a foster-parent movement that uses local solidarity to connect vulnerable households with support from government actors, family-planning field officers, community health

cadres, community leaders, and potential non-government partners. The program includes food assistance, cadre support, monitoring of child growth, health education, and complementary activities such as baby spa. This design is consistent with a broader shift from sectoral programming to cross-sectoral convergence. Evidence from Indonesia shows that cross-sector coordination can improve program reach, yet coordination frequently remains fragmented when data systems, financing, accountability, and role clarity are weak^{12,29,49}.

The central implementation actor in GENTING is the community cadre. Cadres have direct access to households and can translate policy into practical guidance, but they often face limited remuneration, expanding responsibilities, uneven training, and pressure to maintain program performance in difficult field conditions. Indonesian studies on stunting cadres document both their strategic role and their operational constraints, including skill gaps, reporting burdens, and the need for ongoing capacity strengthening^{26,51,57}. International experience similarly indicates that community health worker programs require systematic resourcing, supervision, data support, and recognition to function as durable components of primary health systems^{24,33,56,58}.

The unresolved scientific and policy problem addressed in this article is the tension between assistance and empowerment. Food assistance, supplementation, or meal programs can improve dietary intake in the short term, as shown by studies involving oral nutritional supplements, animal-source foods, micronutrients, fish-based protein, community meal programs, and combined interventions^{1,11,21,36,60}. Yet nutritional gains may be limited or uneven when interventions do not simultaneously build caregiver capability, household decision-making, implementation quality, and environmental resilience^{3,9}. For GENTING, the question is not only whether food support reaches children, but whether this support becomes a scaffold for durable household capability.

This study therefore analyzes GENTING as an implementation platform rather than as a

food-distribution scheme. The novelty of the study lies in linking three levels of evidence: field-based implementation findings from Sondakan, Sumber, and Sewu; recent literature on community-based stunting interventions and cadre systems; and SWOT/TOWS synthesis that converts local strengths and constraints into a sustainability model. The study asks: (1) how is GENTING implemented across the three priority urban villages; (2) what factors support or threaten its sustainability; and (3) what model can guide the transition from short-term assistance to family autonomy and cross-sectoral accountability?

Methods

This study used a descriptive qualitative implementation design to analyze the delivery and sustainability of GENTING in three priority urban villages of Surakarta City: Sondakan, Sumber, and Sewu. The design was selected because the central concern was not to estimate a statistical treatment effect, but to understand implementation processes, operational challenges, social relationships, and risks that may affect sustainability. Qualitative description is appropriate for program evaluation when the objective is to produce a close, practice-oriented account of how an intervention is delivered, received, and adapted in context.

The data sources consisted of the revised draft manuscript, field documentation, observation notes, and findings generated from in-depth interviews conducted during 28 May–14 June 2025. Informants included family-planning field officers (PLKB), cadres responsible for program delivery, and beneficiary households, including pregnant women, mothers of children under two, and families with children at risk of stunting. The available program documentation described how food assistance was prepared and distributed, how cadres monitored consumption, how beneficiaries responded to education and assistance, and how environmental and caregiving conditions shaped delivery.

Data were analyzed thematically through four stages. First, all available materials were

read repeatedly to identify recurrent implementation issues. Second, initial codes were grouped into themes, including cadre workload, dual responsibility, dependency on assistance, behavior-change limitations, indirect caregiving, perceived effects of baby spa, environmental constraints, and sustainability. Third, the themes were organized into four analytical domains: implementation capacity, household behavior, environmental determinants, and governance. Fourth, the findings were synthesized with a SWOT/TOWS matrix to convert descriptive themes into program redesign strategies.

The literature integration used the Scopus RIS file supplied for the manuscript. Each abstract was screened for relevance to GENTING. Priority was given to community-based stunting interventions, community health workers, nutrition education, family-centered or caregiver-centered interventions, WASH and environmental determinants, food assistance, poverty and empowerment, local governance, and implementation sustainability. No references outside the draft manuscript and supplied reference file were introduced. The citation claims were kept close to the scope of the referenced abstracts and titles to avoid over-attribution.

Because the available files did not include individual-level quantitative data, such as anthropometric measurements before and after intervention, adherence records, number of target households per village, illness episodes, or longitudinal household indicators, inferential statistics were not performed. Claims about nutritional improvement are therefore stated cautiously as programmatic perceptions or field accounts rather than verified treatment effects. Future evaluation should incorporate height-for-age z-scores, feeding adherence, frequency of counselling, illness episodes, WASH exposure, and post-assistance follow-up to estimate measurable program effects.

Ethical reporting requires author verification before submission. The documents available for this finalization did not include an ethics-approval number or written consent documentation. The final manuscript therefore avoids identifying any

individual beneficiary and reports findings only at program and thematic levels. The authors should insert formal ethical clearance

and consent information if required by the target journal before submission.

Table 1. Sudy Design, Data Sources, and Analytical Implications

Component	Finalized description	Revision responding to author comments
Design	Descriptive qualitative implementation study	Clarifies that the study evaluates process and sustainability, not causal effectiveness.
Setting	Sondakan, Sumber, and Sewu urban villages, Surakarta City	Specifies comparison across local delivery modalities.
Participants	PLKB officers, cadres, pregnant women, mothers of children under two, and beneficiary households	Identifies implementer and beneficiary perspectives.
Data sources	Interviews, observation, program documentation, draft manuscript, and supplied reference file	Improves transparency of available evidence.
Analysis	Thematic analysis combined with SWOT/TOWS synthesis	Explains coding domains and strategy synthesis.
Limitation	No individual-level anthropometric or adherence dataset available	Prevents unsupported statistical or causal claims.

Result

GENTING was implemented as a community-based foster-parent program that combined food support, household accompaniment, cadre monitoring, education, and cross-sectoral coordination. Across Sondakan, Sumber, and Sewu, the program relied on local cadres as the operational bridge between government systems and beneficiary households. PLKB officers provided coordination and supervision, while cadres ensured that assistance reached intended families and that the program remained visible in the community. The program therefore operated through an intensive chain of care: local policy support, cadre labor, household contact, food delivery or collection, consumption monitoring, and follow-up education.

Implementation differed across the three urban villages. In Sondakan and Sewu, cadres delivered meals directly to beneficiary households. This model increased opportunities to observe household conditions, confirm receipt of food, identify the actual

caregiver, and provide brief counselling during contact with the family. However, it also increased cadre workload, travel time, and emotional responsibility, which may affect implementation fidelity over a 180-day intervention period. In Sumber, beneficiaries collected food at a designated point. This approach reduced the delivery burden on cadres and may encourage a more active role among beneficiary families, but it can weaken direct observation, reduce opportunities for household-level counselling, and make it more difficult to verify how food is shared and consumed at home. These contextual differences mean that the findings should not be interpreted as evidence of a single uniform implementation model. Rather, they show that the fidelity, feasibility, participant experience, and perceived success of GENTING are shaped by local delivery arrangements. Future implementation in similar urban settings should therefore select the delivery modality according to household distance, cadre capacity, caregiver availability, and the level of monitoring required.

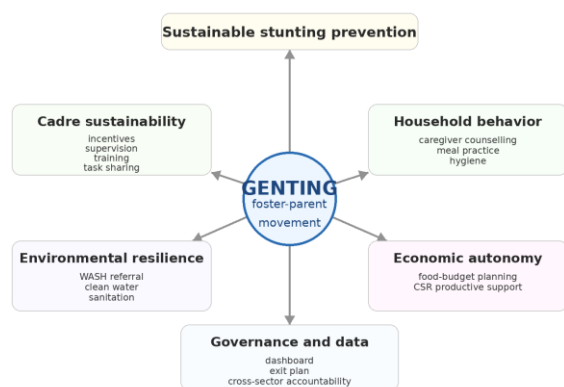


Figure 1. Analytical Framework for Assessing GENTING Implementation

The first dominant theme was the expansion of cadre responsibilities beyond the conventional role of health promotion. Cadres were expected to purchase ingredients, cook, distribute meals, monitor consumption, adjust delivery schedules to household routines, and submit reports. Over a 180-day intervention period, this created substantial time and emotional demands. Cadres were not simply assisting the program; they were performing

core implementation functions. This finding is consistent with studies showing that community volunteers are often positioned as the last-mile solution for complex health programs even when formal systems do not provide adequate incentives, supervision, or workload protection^{26,33,51,57}.

The second theme was dependency on assistance. Field materials indicated that child feeding and nutritional condition were perceived to improve during the assistance period, but these gains could weaken after assistance ended. This suggests that food support addressed immediate intake gaps but did not automatically produce household autonomy. Some beneficiary families viewed assistance as an entitlement rather than a temporary bridge to improved practices. This does not mean that social assistance is inappropriate; vulnerable families require support. The risk emerges when assistance is not linked to practical skills, budget planning, caregiver confidence, and capacity to sustain dietary diversity after external support is withdrawn.

Table 2. Thematic Matrix of GENTING Implementation Findings

Theme	Key finding	Implementation meaning	Recommended response
Cadre workload	Cadres purchase, cook, distribute, monitor, educate, and report.	Cadres are the operational backbone and the main sustainability risk.	Workload-sensitive incentives, task-sharing, and logistical support.
Assistance dependency	Nutritional improvement was perceived during assistance but may weaken after support ends.	Food support is not yet fully converted into household capability.	Start exit planning early and connect assistance with menu practice and budgeting.
Behavior-change education	Education remains more informational than problem-solving.	Knowledge transfer alone is insufficient for durable practice change.	Use counselling, demonstrations, caregiver scripts, and repeated household coaching.
Indirect caregiving	Children are often fed by grandparents or other relatives.	The actual feeding decision-maker may not receive program messages.	Target fathers, grandparents, and other caregivers.

Continued Table 2. Thematic Matrix of GENTING Implementation Findings

Theme	Key finding	Implementation meaning	Recommended response
Baby spa	Perceived to improve appetite and sleep and attract participation.	Useful for engagement, not as a primary stunting intervention.	Use baby spa as an entry point for responsive feeding and caregiving education.
Environmental barriers	Water quality, sanitation, and dense housing constrain outcomes.	Nutrition support is weakened by infection and environmental risk.	Create WASH referrals and coordinate with infrastructure sectors.
Sustainability	No clear exit strategy and limited cadre incentives.	Program risks remaining a short-term assistance scheme.	Build a five-domain sustainability model with indicators and follow-up.

The third theme was the limited depth of behavior-change education. Cadres provided nutrition messages, but education tended to be informational rather than dialogical and problem-solving. Families often need concrete help to translate nutrition advice into affordable menus, child-feeding routines, responsive feeding practices, and hygiene behaviors. Behavior-change theory emphasizes that knowledge alone rarely produces durable practice unless reinforced by enabling conditions, social support, and repeated counselling^{17,40}. Indonesian community empowerment and ERKADUTA studies similarly indicate that improvements in knowledge, attitude, and practice require structured, repeated, and locally acceptable engagement^{3,52}.

The fourth theme was indirect caregiving. Many children were cared for by grandparents or other relatives while parents worked. Consequently, the person who attended counselling or received program messages was not always the person who decided what, when, and how the child was fed. This caregiver gap is a critical sustainability risk. Family-centered and culturally tailored interventions are more aligned with this reality because they treat the household as the unit of change rather than treating the mother as the only recipient of information^{35,47,54}.

The fifth theme concerned baby spa as an engagement innovation. Beneficiaries

perceived baby spa as helpful for appetite and sleep, and the activity increased interest in the program. Its value was therefore partly behavioral: it created a positive entry point for families who might otherwise resist health messages. Nevertheless, baby spa should be considered complementary rather than core. Stunting is driven by chronic nutritional, infectious, environmental, and caregiving pathways. Its strongest contribution may be to build trust, attract attendance, and open opportunities for counselling on feeding, sleep, stimulation, and hygiene.

The sixth theme was environmental constraint. Poor water quality, dense housing, and sanitation problems were identified as barriers to program success. These conditions can sustain infection risk and reduce the nutritional return of food assistance. Evidence from Indonesia confirms that social and environmental factors are associated with stunting in local settings, and spatial analyses show that risk is often clustered by territory and infrastructure conditions^{4,13,15,32}. Therefore, GENTING cannot be fully effective if it remains isolated from water, sanitation, housing, and environmental-health programs.

The seventh theme was the absence of a clear exit strategy. The program had operational strengths, including competent PLKB officers, organized cadres, reporting channels, and cross-sector potential. However,

without a planned transition from assistance to autonomy, the program may become a recurring cycle of distribution rather than empowerment. An exit strategy should begin when a family enters the program, not when assistance is about to stop. It should define

what a household needs to know, practice, and access by month six: affordable menu planning, reliable caregiving routines, hygiene behaviors, access to clean water, identification of growth risks, and economic pathways for sustaining food expenditure.

Table 3. SWOT Inventory and Strategic Implication of The GENTING Program

SWOT domain	Elements identified in the program	Strategic implication
Strengths	Competent PLKB officers; program innovation; cross-sector facilitation; organized cadre structure; reporting system.	Use existing organization and reporting as the foundation for a stronger implementation platform.
Weaknesses	Limited funds; weak monitoring and evaluation; no cadre incentive system; education not yet behavior-change based; no clear sustainability plan.	Reform internal design before scaling assistance volume.
Opportunities	CSR and external assistance; committed cadres; committed families; perceived baby-spa benefit; volunteers or students; local role models; communication channels.	Convert social and institutional capital into structured partnerships and measurable support.
Threats	Indirect caregiving; poor physical environment; limited cadre communication skills; dependency; relapse after assistance; resistance to education; poverty; cadre dropout.	Anticipate relapse and implementation fatigue through exit planning, WASH referral, and caregiver-inclusive counselling.

Discussion

The findings indicate that GENTING operated as a locally relevant implementation platform that mobilized solidarity around a national priority while bringing support closer to vulnerable households. The evidence presented in this study should be interpreted as qualitative implementation experience, not as proof of program effectiveness in improving anthropometric outcomes. The study shows how the program was organized, how cadres and beneficiaries experienced it, and which operational mechanisms may support or constrain sustainability. Its basic logic is consistent with evidence that community-based programs can support nutrition-related practice when they combine direct support, counselling, local ownership, growth monitoring, and adaptive implementation^{25,34,41,42}. Yet the Surakarta experience also shows that program reach should not be

mistaken for verified impact or long-term sustainability. The most important implication is therefore not that GENTING has demonstrated effectiveness, but that it offers practical lessons for designing assistance that strengthens households and local institutions after assistance ends.

The differences among Sondakan, Sumber, and Sewu are important for interpreting the findings. Direct household delivery can strengthen contact intensity, observation of caregiving conditions, and opportunities for immediate counselling, which may improve some aspects of implementation fidelity. At the same time, it increases workload and may reduce feasibility if cadre support is weak. Food collection at a central point is more operationally efficient, but it may reduce information about consumption, household barriers, and caregiver practices. These variations suggest that future implementation

should not apply one delivery format mechanically. A hybrid approach may be needed, with direct delivery prioritized for high-risk or poorly accessible households and collection-point delivery used for families with stronger capacity and reliable follow-up.

Cadres are the backbone and bottleneck of the GENTING implementation system. The model depends on cadres for procurement, cooking, distribution, monitoring, education, and reporting. This workload resembles the complex responsibilities documented in Indonesian health-cadre studies, where cadres are expected to perform technical, relational, and administrative roles in stunting prevention^{26,57}. International implementation experience confirms that community health worker programs require clear task design, supervision, incentives, data support, and integration into the health system^{24,33,56,58}. For GENTING, a written cadre support package should include transport support, food-preparation logistics, non-financial recognition, periodic training, peer mentoring, and workload-sensitive compensation.

The second implication concerns the transformation of assistance into empowerment. Direct nutritional inputs can support child growth or nutritional status when targeted and combined with counselling or monitoring^{1,11,36,60}. However, the same literature shows that nutritional assistance must be interpreted through implementation context. Free meal programs may generate health and educational benefits while still facing logistical, budgetary, coordination, and menu-acceptance problems²¹. Cash-transfer packages and community activities may improve intermediate outcomes but require careful design to affect linear growth sustainably⁹. For GENTING, prolonged reliance on food assistance is a central sustainability risk. Food support should function as a temporary scaffold that is deliberately connected to caregiver skills, affordable menu planning, household food budgeting, use of local foods, and linkages with livelihood or social-protection resources. A self-reliance pathway should be introduced from the beginning of enrolment, with monthly milestones that gradually shift families from

receiving prepared assistance to demonstrating independent feeding routines and food-budget planning.

Behavior-change communication is the third pillar. The findings suggest that education has not yet sufficiently shifted household mindset. Community empowerment models can improve mothers' knowledge, attitudes, and practices when they are structured, repeated, and locally embedded^{3,52}. In this manuscript, behavior change is defined operationally as the household's ability to select affordable nutritious foods, prepare age-appropriate meals, maintain hygiene, respond to feeding difficulties, involve fathers and alternative caregivers, and monitor growth after the assistance period. Education should therefore move from one-way advice to problem-solving counselling supported by visual tools, menu demonstrations, and motivational communication.

The fourth pillar is the caregiving ecology. Field findings on indirect caregiving correspond with broader literature showing that child growth and development are influenced by stimulation, parenting, maternal mental health, adverse childhood experiences, and family-level interactions^{14,20,47}. Family-centered and culturally tailored interventions among Moi families in Southwest Papua underline that stunting reduction must engage household norms and caregiving practices rather than treating nutritional behavior as an individual maternal responsibility³⁵. In Surakarta, this means that education should include grandmothers, fathers, and other caregivers. Household visits should identify the actual feeder of the child, and indicators should record caregiver participation beyond the mother.

The fifth pillar is environmental integration. Environmental conditions and spatial risk are central to stunting prevention. Studies of social and environmental factors in Batu City, environmental conditions in West Pasaman, spatial nutritional patterns in East Java, and household sanitation in risk-factor models point to the importance of place-based determinants^{4,13,32,44}. The biological plausibility is strengthened by evidence

linking infectious exposure and environmental enteric dysfunction with impaired linear growth¹⁵, and by global WASH guidance emphasizing that water, sanitation, and hygiene are essential to child health^{43,59}. For GENTING, the practical implication is to create a household risk register that flags water, sanitation, ventilation, and crowding problems and links those households with relevant sectors.

The sixth pillar is local governance. Recent Indonesian studies argue that stunting policy can remain symbolic when local governments adopt national language but fail to translate it into strategic coordination, budgeting, monitoring, and accountability⁴⁹. Studies from Rote Ndao, Donggala, and West Nusa Tenggara describe common implementation problems, including coordination gaps, fragmented interventions, insufficient monitoring, and the need for cross-sector integration^{12,29,48}. GENTING has several strengths—PLKB capacity, organized cadres, reporting channels, and cross-sector potential—but these strengths must be institutionalized through routine data, partner roles, budget lines, and accountability.

The seventh pillar is economic and food-system resilience. Stunting prevention is difficult when households face unstable livelihood and food expenditure constraints. Research on extreme poverty and livelihood strategies in West Java shows that empowerment must be linked to realistic local economic pathways⁵⁰. Community-based

urban farming through women's farmer groups has been proposed as a way to improve access to vegetables and mobilize local participation¹⁶. Biofortified food systems, such as zinc-enriched rice, also show that nutritional improvement can be approached through staple-food innovation, although such strategies require sustainability assessment and institutional adoption⁴⁵. For Surakarta, CSR should not be limited to buying food packages; it should also support household livelihood, local food production, affordable menus, and productive assets that sustain dietary quality.

Based on the implementation synthesis, this study proposes a five-domain sustainability model for GENTING. The first domain is cadre sustainability: incentives, supervision, task-sharing, and skill development. The second is household behavior: counselling, caregiver inclusion, menu practice, and feeding routines. The third is environmental resilience: WASH, clean water, sanitation, ventilation, and housing risk referral. The fourth is economic autonomy: household budgeting, microenterprise support, local food systems, and CSR investment in productive assets. The fifth is governance and data: cross-sector accountability, academic monitoring, dashboards, and an exit plan. The model reframes the program as a pathway from assistance to capability; however, its performance still requires prospective testing with post-assistance follow-up and objective household and child indicators

Table 4. Five Domain Sustainability Model for GENTING

Domain	Core mechanism	Operational indicator
Cadre sustainability	Incentives, supervision, task-sharing, skill development	Cadre workload map, incentive record, training completion
Household behavior	Counselling, caregiver inclusion, menu practice, feeding routine	Main caregiver attends counselling and demonstrates agreed practices
Environmental resilience	WASH referral, clean water, sanitation, ventilation, housing risk	Household risk register and sectoral follow-up
Economic autonomy	Budget planning, microenterprise linkage, local food support	Family has a food-budget or livelihood-support plan
Governance and data	Dashboard, academic monitoring, cross-sector accountability, exit plan	Quarterly monitoring report and post-assistance follow-up

The study has limitations. The analysis is based on qualitative program documentation and a draft manuscript; it does not include verbatim transcripts, individual-level anthropometry, household-level socioeconomic data, or a comparison group. The claim that nutritional status improved during the intervention is therefore treated as a programmatic perception rather than a statistically verified effect. The study also did not include post-intervention follow-up, so it cannot determine whether perceived improvements were sustained after the 180-day assistance period or whether households achieved self-reliance after support ended. The next evaluation should include measurements before, during, and after the intervention; number and characteristics of beneficiary households; adherence to food consumption; frequency of counselling; caregiver participation; household food-budget practices; illness episodes; WASH exposure; and follow-up after assistance ends. These additions would allow stronger causal claims and more precise estimates of program effectiveness.

Program action logic

The proposed plan of action operationalizes the sustainability model as a set of practical implementation improvements rather than as evidence of confirmed long-term impact. Cadre incentives and communication training should be implemented early because they affect all subsequent activities. Environmental mapping should begin before the end of food assistance so that households with water or sanitation constraints can be connected to relevant actors while they are still being monitored. Exit planning should be introduced when the family enters the program, allowing households to practice menu planning, identify the main caregiver, receive household counselling, and develop a realistic plan for sustaining child feeding. To reduce reliance on prolonged assistance, the final months of support should include a gradual transition from delivered food to supervised independent menu practice, household budgeting, and referral to productive economic support where needed.

Table 5. Plan of Action for Strengthening The GENTING Program

Strategy	Activities	Target output	Responsible actors	Time frame
Cadre incentives	Develop financial and non-financial incentives based on workload and performance.	Written and socialized incentive scheme.	DP3AP2KB, CSR partners, PLKB	Jul–Aug 2025
Behavior-change education	Conduct household counselling for parents and caregivers.	Module, scripts, and completed training sessions.	PLKB, Puskesmas, village government	Aug–Oct 2025
Environmental intervention	Map sanitation, water, ventilation, and crowding risks.	Household WASH-risk register.	DLH, PUPR, PDAM, CSR	Jul–Dec 2025
Independent baby-spa replication	Train cadres and mothers in safe practices linked with counselling.	Video tutorial, local module, trained participants.	Cadres, health workers, volunteers	Jul–Sep 2025
Empowerment-based exit plan	Provide menu budgeting and livelihood linkage.	Supported households have active food-budget or livelihood plan.	CSR, local economic actors, village government	Jul–Dec 2025
Family role strengthening	Schedule parenting education for fathers and alternative caregivers.	Active participation of main caregivers.	PLKB, cadres, posyandu	Aug–Nov 2025

Continued Table 5. Plan of Action for Strengthening The GENTING Program

Strategy	Activities	Target output	Responsible actors	Time frame
Communication training	Train cadres in counselling and resistance management.	All cadres complete communication training.	Academics, DP3AP2KB	Jul–Aug 2025
Academic monitoring	Create simple dashboard and quarterly report.	Quarterly evidence-based monitoring report.	UNS and relevant agencies	Quarterly

Conclusions

This study shows that GENTING functions as a locally relevant implementation platform for stunting-reduction efforts because it mobilizes community solidarity and cross-sector support around vulnerable households. In Sondakan, Sumber, and Sewu, the program reached target families through food assistance, cadre accompaniment, education, monitoring, and complementary engagement activities. The evidence supports conclusions about implementation experience, operational strengths, and sustainability risks, but it does not demonstrate program effectiveness in terms of measured child-growth outcomes.

The program's implementation sustainability remains vulnerable because the current model places heavy demands on cadres, lacks a structured incentive system, provides education that is not yet sufficiently behavior-oriented, and faces household dependency, indirect caregiving, environmental barriers, and an unclear exit strategy. These constraints are central mechanisms that may determine whether short-term nutritional support can become sustainable family capability, but their effects need to be assessed through prospective monitoring and post-assistance follow-up.

This study concludes that GENTING should be developed further from a foster-parent food-assistance program into a family-empowerment and implementation-governance model. Its potential sustainability requires five linked reforms: formal cadre support, household-wide behavior-change counselling, inclusion of alternative caregivers, integration with WASH and environmental-health action, and data-driven

exit planning supported by cross-sector partners. With these reforms and with future evaluation using objective outcome and follow-up data, GENTING could become a scalable urban-village model for transforming assistance into family autonomy and strengthening local capacity to prevent stunting. At present, this remains a programmatic potential rather than an empirically demonstrated long-term outcome.

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