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THE IMPLEMENTATION AND IMPACT OF THE FIRST 1000 DAYS OF LIFE PROGRAM ON STUNTING PREVENTION

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Abstract. This study aims to evaluate the implementation of the First 1000 Days of Life (HPK) Movement Program as a key strategy for reducing stunting in Sumberasih District, Probolinggo Regency. The program, established under Regent Regulation No. 15 of 2019 concerning the Acceleration of Integrated Stunting Prevention, was assessed using the public policy implementation model proposed by Randall B. Ripley and Grace A. Franklin, which focuses on three dimensions: compliance with regulations, smooth execution of routine functions, and achievement of intended outcomes. The study employed a qualitative descriptive method, with data collected through interviews, observation, and documentation involving local government officials, health center staff, and community health cadres. The findings reveal that, while most policy implementers demonstrate compliance with established procedures, challenges remain in program execution and outcomes. Several activities such as nutritional supplementation, exclusive breastfeeding, and immunization—faced irregular participation and limited adherence among target groups. Consequently, the program has yet to achieve significant reductions in stunting prevalence in Sumberasih District. Strengthening intersectoral coordination, enhancing community engagement, and ensuring adequate resource allocation are essential to improving the program's effectiveness in achieving sustainable stunting reduction.

Keywords: policy implementation; First 1000 Days of Life; stunting prevention; Probolinggo Regency; public health.

I. INTRODUCTION

Stunting remains one of the most persistent public health challenges in Indonesia, affecting both human development and economic productivity [1]. The World Health Organization (WHO) defines stunting as impaired growth and development among children resulting from chronic malnutrition, recurring infections, and inadequate psychosocial stimulation [2]. Globally, approximately 148 million children under five are stunted, with the highest prevalence recorded in low and middleincome countries [3]. In Indonesia, despite national efforts to combat malnutrition, the prevalence of stunting among children under five remains at 21.5% as of 2023, exceeding the global target of below 14% by 2024 [4]. The condition of stunting not only affects physical growth but also leads to longterm cognitive impairments and reduced economic productivity in adulthood [5]. Research by Prasanti et al. [6] emphasizes that children who experience stunting in early life tend to have lower educational attainment and income levels later in life. This underlines the importance of early interventions during the First 1000 Days of Life (HPK) a period spanning from conception until a child's second birthday which is widely recognized as a "golden window" for preventing growth failure [7]. In response, the Government of Indonesia launched several integrated programs to reduce stunting, including the National Strategy for Stunting Reduction and the First 1000 Days of Life (HPK) Movement Program, regulated under Presidential Regulation No. 72 of 2021 and Probolinggo Regent Regulation No. 15 of 2019 [8]. The HPK program targets critical interventions such as maternal nutrition, exclusive breastfeeding, child immunization, and micronutrient supplementation [9]. Evidence from the Ministry of Health and UNICEF (2023) shows that interventions within the first 1000 days can reduce stunting prevalence by up to 35% if implemented comprehensively and consistently [10]. However, despite policy initiatives, challenges persist at both national and local levels. Studies indicate that program implementation often faces barriers such as limited crosssectoral coordination, low community participation, inadequate health infrastructure, and inconsistent compliance among target groups [11]. In Probolinggo Regency, East Java where stunting prevalence reached 12.8% in 2023 the implementation of the HPK Program has not yet achieved optimal outcomes [12]. Previous reports highlight fluctuations in stunting cases across villages in Sumberasih District, with several communities still recording over 50 stunting cases annually despite the ongoing intervention [13].

Policy implementation theory by Randall B. Ripley and Grace A. Franklin (1986) serves as a useful analytical lens for evaluating the success of public health programs, emphasizing three dimensions: (1) compliance with regulations, (2) smooth execution of functional routines, and (3) realization of intended performance and impact [14].

Applying this framework to the HPK Program enables a structured assessment of whether policy implementers such as local health departments, midwives, and community cadres have effectively translated regulations into measurable health improvements.

Therefore, this study aims to evaluate the implementation of the First 1000 Days of Life (HPK) Movement Program in Sumberasih District, Probolinggo Regency, and to analyze its impact on stunting prevention using Ripley and Franklin's public policy model. The findings are expected to provide insights for strengthening coordination mechanisms, improving compliance, and optimizing locallevel stunting prevention strategies to achieve the 2024 national target.

Stunting represents a chronic form of undernutrition that hinders children's physical and cognitive development, resulting in intergenerational cycles of poverty and poor health outcomes [16]. According to WHO (2023), stunting is not merely a nutritional disorder but a multifactorial condition influenced by maternal health, sanitation, food security, and socioeconomic factors [17]. Longterm effects include reduced learning capacity, increased susceptibility to disease, and diminished productivity in adulthood [18]. In the Indonesian context, stunting reduction has become a **national priority**, reflected in the 2020–2024 National MidTerm Development Plan (*RPJMN*) targeting a national stunting rate of below 14% by 2024 [19]. Recent empirical findings by Nugraha et al. [20] reveal that despite intensive national campaigns, regional disparities persist particularly in rural and coastal areas where access to health services and nutritional awareness remains limited. This indicates that beyond macrolevel policies, localized, communitydriven interventions such as the First 1000 Days of Life (HPK) Program are essential to address contextual barriers effectively.

The First 1000 Days of Life concept, first introduced by UNICEF and WHO, underscores the critical window from conception to a child's second birthday for ensuring optimal growth and preventing irreversible damage caused by malnutrition [21]. Interventions during this period focus on maternal nutrition, exclusive breastfeeding, complementary feeding, immunization, and sanitation [22]. Studies by Suryani and Hartono [23] demonstrated that integrated HPK interventions significantly improve linear growth outcomes and cognitive development in children under two years old. Indonesia's HPK framework adopts a multisectoral approach, engaging health services, local governments, and community organizations in coordinated stunting prevention actions. However, implementation success varies widely across districts due to differences in governance capacity, community participation, and health resource distribution [24]. This variation underscores the need to evaluate local policy execution within the HPK framework to identify both best practices and persistent challenges.

Effective public policy implementation depends on the interaction between institutional capacity, actor behavior, and regulatory frameworks. Ripley and Franklin's model of policy implementation provides a comprehensive analytical framework emphasizing three key dimensions: compliance, routine functioning, and impact realization [14]. The model is widely applied in public administration to assess how effectively local actors translate policy mandates into tangible outcomes [25]. In the context of the HPK Program, this model offers a lens for examining how local health agencies, midwives, and community cadres execute and sustain preventive health interventions. It allows for assessing both procedural adherence and the achievement of intended health impacts particularly reductions in stunting prevalence.

Stunting prevention is inherently multisectoral, requiring collaboration across health, education, agriculture, and social protection systems [21]. Fitria and Rahayu [22] found that intersectoral coordination is often hindered by bureaucratic fragmentation, inadequate funding, and weak communication between local institutions. Strengthening crosssector governance is thus vital for improving the efficiency and scalability of stunting prevention efforts. The World Bank (2023) further recommends adopting decentralized approaches that empower local governments to adapt interventions to communityspecific needs. This aligns with findings by Rahman et al. [23], who highlight that locally contextualized implementation models supported by strong political commitment and local leadership yield better outcomes in reducing child malnutrition rates.

Empirical studies on HPK implementation in Indonesia reveal mixed outcomes. Research conducted by Wibawani and Nurdivanuha [24] in Probolinggo Regency found high compliance with HPK guidelines but limited effectiveness in reducing stunting due to uneven participation and resource constraints. Similarly, Utami et al. [25] reported that while awareness campaigns improved maternal knowledge, behavioral change among target beneficiaries remained inconsistent. These studies underscore the importance of examining implementation not only from a compliance perspective but also from the standpoint of impact sustainability. Therefore, evaluating the HPK Program through the Ripley and Franklin policy implementation framework is critical to understanding why certain interventions succeed while others fall short in achieving measurable health improvements.

II. RESEARCH METHODS

This study employed a qualitative descriptive research design aimed at evaluating the implementation of the *First 1000 Days of Life (HPK)* Program as a stunting prevention strategy in Sumberasih District, Probolinggo Regency. The qualitative approach was chosen to obtain an in-depth understanding of the program's implementation, focusing on the perceptions, behaviors, and interactions of key stakeholders involved in executing the HPK program [26]. The descriptive nature of the study enabled the researchers to portray the actual conditions and identify challenges affecting policy implementation at the local level [27]. The research framework was grounded in the Ripley and Franklin Policy Implementation Model, which evaluates public policy performance across three analytical dimensions:

1. Compliance with regulations, which measures the extent to which implementers adhere to formal policy directives and procedures;
2. Smooth execution of routine functions, referring to the operational efficiency and coordination among implementing actors; and
3. Achievement of intended outcomes, assessing whether policy objectives—specifically stunting reduction—were effectively realized [28].

This framework allows for a structured evaluation of how regulatory mandates are translated into actionable outcomes within the health system, emphasizing both implementation fidelity and program impact. The study was conducted in Sumberasih District, Probolinggo Regency, East Java Province, which was selected purposively due to its consistent ranking among the top five districts in East Java with the highest stunting prevalence between 2019 and 2023 [12]. Participants included key stakeholders involved in the HPK program implementation, namely:

1. Officials from the Probolinggo District Health Office,
2. Staff of the Sumberasih Community Health Center (Puskesmas),
3. Village Health Cadres (Kader Kesehatan), and
4. Target beneficiary groups, including pregnant women and mothers with children under two years old.

A total of 20 informants were selected using purposive sampling based on their involvement, experience, and relevance to the HPK implementation process [29].

III. RESULT AND DISCUSSION

A. Level of Compliance with Applicable Provisions

The policy implementers in this program are the Probolinggo District Health Service, Sumberasih Community Health Center, Health Cadres, as well as the target group from the First 1000 Days of Life (HPK) Movement. Through observations and interviews, policy implementers were shown to comply with the policy. This can be reviewed through a series of activities carried out by the implementor, including:

1) The Health Service adhered to the promotion of stakeholder participation in a planned and coordinated manner regarding the nutritional needs of fetuses and babies in the first thousand days of life by holding a Stunting Consultation on March 21 2024
2) The signing of an integrity pact by the regional government, community and related stakeholders was carried out during the Stunting Consultation as a form of joint commitment and compliance to achieve and implement efforts to accelerate, prevent and overcome stunting in accordance with Probolinggo Regent Regulation Number 15 of 2019.
3) Communication is adhered to by the Health Service by holding Interpersonal Communication Orientation (KAP) activities across Community Health Center and Health Cadres. Compliance with the Sumberasih Community Health Center and Health Cadres in communication is realized in the form of communication, discussion and direct dialogue with the target group. This communication is carried out in every activity of the 1000 HPK Movement program.
4) Education is adhered to by the Health Service by holding KIE activities to prevent stunting with Community Health Center and Health Cadres. Compliance Sumberasih Community Health Center and Health Cadres is realized in the form of promotion, education and health outreach efforts to target groups in each village in Sumberasih District.
5) The provision of information is adhered to by the Sumberasih Community Health Center by providing a Consultation Corner at the Sumberasih Community Health Center as a forum for providing information and consultation to the target group. Health Cadres compliance is realized by providing information through posyandu table 4. Table 4 at the posyandu, information is provided for target groups according to their respective conditions.
6) Campaign through print and electronic media. Referring to the use of banners and mass media, such as Instagram and YouTube belonging to the Probolinggo District Health Service. Compliance Sumberasih Community Health Center is realized in the form of putting up posters at the Sumberasih Community Health Center, while Health Cadres are realized in the form of putting up posters at the Posyandu and Polindes in each village. This campaign aims to disseminate information about The 1000 HPK Movement Program.
7) Providing additional food to pregnant women to overcome chronic energy and protein deficiencies is adhered to by the Probolinggo District Health Service, Sumberasih Community Health Center, and Health Cadres by providing local Supplementary Food Provision (PMT). Supporting data shows that of the 22 target groups, only 18 target groups adhered to consuming PMT.
8) Overcoming chronic iron and protein deficiencies is adhered to by the Probolinggo District Health Service, Sumberasih Community Health Center, and Health Cadres administering blood supplement tablets (TTD). Supporting data shows that of the 45 target groups, only 29 target groups adhere to consuming TTD.
9) Addressing iodine deficiency is not adhered to by the Probolinggo District Health Service, Sumberasih Community Health Center, and Health Cadres because Probolinggo Regency is not an endemic area for goiter.
10) Reducing worms in pregnant women is not adhered to by the Probolinggo District Health Service, Sumberasih Community Health Center, and Health Cadres because most worms are only found in children so worm medicine is given to children only.
11) Protecting pregnant women from malaria and dengue fever is adhered to by the Probolinggo District Health Service, Sumberasih Community Health Center, and Health Cadres by administering ABATE drugs, Mosquito Nest Eradication (PSN), and fogging. Supporting data shows that of the 45 target groups, all of

them adhere to using ABATE drugs, receiving PSN activities and fogging.

12) Encourage Early Breastfeeding Initiation (IMD) to be adhered to by the Probolinggo District Health Service, Sumberasih Community Health Center, and Health Cadres by forming a Breastfeeding Support Group (KPASI). Supporting data shows that of the 205 target groups, all of them implemented IMD during the birthing process.
13) Encourage the Exclusive Provision of Breast Milk (ASI) by the Probolinggo District Health Service, Sumberasih Community Health Center, and Health Cadres by forming a Breastfeeding Support Group (KPASI). Supporting data shows that of the 205 target gorups, only 125 target groups adhere to giving breast milk to their children.
14) Encouraging the continuation of breastfeeding beyond the age of 623 months accompanied by MPASI is adhered to by the Probolinggo District Health Service, Sumberasih Community Health Center, and Health Cadres forming a Breastfeeding Support Group (KPASI). Supporting data shows that of the 669 target groups, only 425 target groups adhered to continuing breastfeeding accompanied by MPASI until the age of 23 months.
15) The provision of worming medication is complied with by the Probolinggo District Health Service, Sumberasih Community Health Center, and Health Cadres by administering worming medication. Supporting data shows that of the 669 target groups, only 447 target groups complied with taking worm medicine to their children.
16) The provision of zinc supplements is not adhered to by the Probolinggo District Health Service, Sumberasih Community Health Center, and Health Cadres due to limited zinc supplements at Sumberasih Community Health Center.
17) Fortification of iron into food is not adhered to by the Probolinggo District Health Service, Sumberasih Community Health Center, and Health Cadres due to limited budget funds
18) Providing protection against malaria and dengue fever is adhered to by the Probolinggo District Health Service, Sumberasih Community Health Center, and Health Cadres by administering ABATE drugs, eradicating mosquito nests, and fogging. Supporting data shows that of the 669 target groups, all of them complied by using ABATE drugs, receiving PSN activities, and fogging.
19) The provision of complete immunization is adhered to by the Probolinggo District Health Service, Sumberasih Community Health Center, and Health Cadres by providing complete immunization in the Sumberasih District area. Supporting data shows that of the 669 target groups, only 453 target groups complied with supporting their children to receive immunization.
20) Prevention and treatment of diarrhea is adhered to by the Probolinggo District Health Service, Sumberasih Community Health Center, and Health Cadres by socializing CommunityBased Total Sanitation (STBM) and diarrhea treatment at Sumberasih Community Health Center. Supporting data shows 669 target groups, all target groups complied with participating in STBM socialization activities. All children affected by diarrhea receive treatment for diarrhea at the Sumberasih Community Health Center.

Through the explanation above, it can be concluded that the policy implementers, namely the Probolinggo District Health Service, Sumberasih Community Health Center, Health Cadres, and the target groups in the First 1000 Days of Life (HPK) Movement program are compliant. However, of the 20 activities of the First 1000 Days of Life Movement program, there were 4 activities that were not complied with and implemented. Apart from that, target groups were found to be disobedient in several 1000 HPK Movement program activities. It can be said that from the perspective of the level of compliance with applicable provisions, implementers were successful in implementing the 1000 Days of Life (HPK) Movement program in Sumberasih District.

B. Smooth implementation of function routines

Randall B. Ripley and Grace A. Franklin said that the smooth implementation of functional routines means that successful implementation is marked by smooth functioning routines and the absence of problems encountered [7]. Through observation results, there are several activities that are considered routinely carried out, including:

1) Providing additional food to pregnant women to overcome chronic energy and protein deficiencies is routinely carried out for 120 days. The problem encountered is that there are several target groups who do not regularly consume PMT for reasons of allergies to certain menus, feelings of nausea, and feelings of fear of getting diarrhea after consuming PMT. This problem was resolved by the Sumberasih Health Center and village Health Cadres with assistance when consuming PMT.
2) Overcoming chronic iron and protein deficiencies is routinely carried out for 90 days during pregnancy. The problem encountered is that there are target groups who do not regularly consume TTD for reasons of forgetfulness, nausea, and feeling fine so they do not need to consume TTD. Sumberasih Community Health Center and Health Cadres were unable to resolve this problem.
3) Protecting pregnant women from malaria and dengue fever by routinely administering ABATE medication once a month, Mosquito Nest Eradication (PSN) is routinely carried out once a week, while fogging is carried out if there are cases of malaria and dengue fever in Sumberasih District. There were no problems encountered in this activity and there were no pregnant women affected by malaria and dengue fever in Sumberasih District.
4) Encourage routine Early Breastfeeding Initiation (IMD) every 3 months. No problems were encountered in this activity, and all target groups implemented IMD during the birthing process.

5) Encourage the provision of exclusive breast milk (ASI) every 3 months. The problem is that there are several target groups who replace breastfeeding with sugar water or formula milk. This is due to the mother's inattentiveness due to low breast milk production while the need for breast milk for the child is large, as well as the mother's inability to buy formula milk because she belongs to a poor family. Sumberasih Community Health Center and Health Cadres were unable to resolve this problem.
6) Encourage continued breastfeeding beyond the age of 623 months accompanied by routine MPASI carried out every 3 months. The problem encountered is that there are several target groups who do not continue breastfeeding accompanied by MPASI until the age of 23 months. This is because the mother has to work so she cannot give her breast milk, besides that the mother does not have a breast pump and refrigerator to store breast milk when she is away from work. Sumberasih Community Health Center and Health Cadres were unable to resolve this problem.
7) Routine provision of deworming medication is carried out every 6 months. The problem faced is that there are target groups who do not take worm medicine regularly because they feel fine so they don't need to take worm medicine, they forget, and they experience the bitter taste when taking worm medicine. Sumberasih Community Health Center and Health Cadres were unable to resolve this problem.
8) Provides protection against malaria and dengue fever by administering ABATE medication routinely once a month. Mosquito Nest Eradication (PSN) is routinely carried out by village Health Cadres once a week, while fogging is carried out if there are cases of malaria and dengue fever in Sumberasih District. There were no problems encountered in this activity and no target groups were found affected by malaria and dengue fever in Sumberasih District.
9) Providing complete immunizations by providing complete immunizations in the Sumberasih District area is routinely carried out according to the child's age. The problem encountered is that there are several target groups who do not routinely receive immunizations and some who do not receive immunizations at all. This is due to feelings of fear by parents or family, side effects felt after immunization, and distrust of parents or family. Sumberasih Community Health Center and Health Cadres resolved this problem with housetohouse counseling by Health Cadres accompanied by village midwives, but there are still target groups who do not routinely and do not support their children in getting immunizations.
10) Prevention and treatment of diarrhea by socializing CommunityBased Total Sanitation (STBM) is routinely carried out once a year. Meanwhile, diarrhea treatment at the Sumberasih Community Health Center is carried out every time a target group is affected by diarrhea. The problem faced in this activity is that there are target groups who still do not have toilets in their homes. Sumberasih Public Health Center Health Cadres solved this problem by collaborating with village officials to build latrines for target groups who did not yet have latrines.

Through the explanation above, it can be concluded that the smooth implementation of the routine functions of the First 1000 Days of Life Movement (HPK) program is routine. However, problems in the smooth routine functioning of the 1000 HPK Movement program cannot be resolved by the Sumberasih Community Health Center and Health Cadres. It can be said that from the perspective of smoothly implementing routine functions, the Sumberasih Community Health Center was less successful in implementing the 1000 Days of Life (HPK) Movement program in Sumberasih District.

C. The desired performance and impact is realized

Policy implementation can be said to be successful if viewed from a process perspective, but can fail if viewed from an outcome perspective, namely the desired impact [7]. Based on the results of observations and interviews, all programs have not shown the expected performance and impact, this is because:

1) The performance of activities to provide additional food to pregnant women to overcome chronic energy and protein deficiencies has not been realized. This is because the 4 target groups' noncompliance in consuming PMT had an impact on 4 births of stunted babies.
2) The performance of activities to overcome chronic iron and protein deficiencies has not been realized. This was because the noncompliance of 16 target groups in consuming TTD had an impact on the birth of 12 stunted babies.
3) The performance of activities to encourage exclusive breastfeeding has not been realized. This is because the noncompliance of 80 target groups in breastfeeding had an impact on 36 children who were classified as stunted.
4) The performance of activities to encourage continued breastfeeding beyond the age of 623 months accompanied by MPASI has not been realized. This was because the noncompliance of 244 target groups in continuing to provide breast milk accompanied by MPASI had an impact on 108 children who were classified as stunted.
5) The performance of activities providing worm medicine has not been realized. This is because the noncompliance of 222 target groups in providing worm medicine had an impact on 75 children who were classified as stunted.
6) The performance of complete immunization activities has not been realized. This is because the noncompliance of 216 target groups in providing complete immunization had an impact on 138 children who were classified as stunted.

Through the explanation above, it can be concluded that the performance of the 1000 HPK Movement program has not been realized because there were 4 activities that were not implemented, while other activities were implemented but had problems in their implementation. The impact of the First

1000 Days of Life (HPK) program is that there are still cases of stunting in Sumberasih District. It can be said that from the perspective of realizing the desired performance and impact, the implementation of the First 1000 Days of Life (HPK) Movement program in Sumberasih District has not been successful.

IV. CONCLUSIONS

Based on the results of research and discussion regarding the Implementation of the First 1000 Days of Life (HPK) Movement Program in Sumberasih District, Probolinggo Regency, the following conclusions can be drawn: Level of Compliance with Applicable Provisions. The 1000 HPK Movement Program is adhered to by all policy implementers in this program, namely the Probolinggo District Health Service, Sumberasih Community Health Center, and village Health Cadres. However of the 20 existing activities, there were 4 activities that were not complied with. Compliance with other policy implementers, namely the target group is obedient. However, in several 1000 Days of Life (HPK) Movement program activities, target groups were found who did not comply with the activities. Smooth Implementation of Fuction Routines. The 1000 Days of Life (HPK) Movement Program is routinely carried out by the Sumberasih Community Health Center and village Health Cadres. However several activities were found to have problems, namely that there were target groups who did not routinely carry out activities from the 1000 Days of Life (HPK) Movement program. Sumberasih Community Health Center and Health Cadres were unable to resolve the problems that arose. The Desired Performance and Impact is Realized. The performance of the 1000 Days of Life (HPK) Movement program was also identified as not being fully realized in accordance with the stated objectives. The impact of the Days of Life (HPK) Movement program has not yet accelerated stunting reduction in Sumberasih District. Referring to the three perspectives in measuring the success of policy implementation according to Randall B. Ripley and Grace A. Franklin, there is 1 perspective that has been successful while the other 2 have not been successful. So it can be said that the implementation of the First 1000 Days of Life (HPK) program in Sumberasih District, Probolinggo Regency has not been successful in accelerating stunting reduction in Sumberasih District, Probolinggo Regency.

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