

PUBLIC POLICY AND GOVERNANCE FOR STUNTING REDUCTION: LESSONS FROM INDONESIA'S POSYANDU REFORM AND CHINA'S COMMUNITY HEALTH SYSTEM

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ABSTRACT

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This study examines how public policy and governance structures influence the effectiveness of Indonesia's efforts to reduce stunting through the Posyandu reform under the Six Minimum Service Standards (6 SPM), and identifies relevant lessons from China's Community Health Service (CHS) system. Using a qualitative descriptive-comparative research design, the study analyzes governance roles, coordination mechanisms, and institutional arrangements based on observations of Posyandu implementation in Bandung Regency and a structured review of China's CHS model. The findings show that the success of Posyandu reform depends heavily on subnational governance capacity, particularly in coordinating multisectoral programs, ensuring data reliability, and providing clear operational guidance for community health services. Comparative insights from China highlight the value of standardized service packages,

professional staffing, and unified data systems in strengthening implementation consistency. The study concludes that governance quality is a central determinant of stunting reduction outcomes and that Indonesia can benefit from adopting selected governance practices from China while maintaining its community-based approach. Future research should incorporate richer empirical data and deeper field-based comparisons.

Keywords: *stunting reduction, public policy, governance, Posyandu 6 SPM, Community Health Service, Indonesia, China.*

INTRODUCTION

Stunting reduction is also a central commitment within the global Sustainable Development Goals (SDGs) (Candarmaweni & Yayuk Sri Rahayu, 2020; Taofik J et al., 2024). This is particularly for SDG 2.2, which aims to eliminate all forms of malnutrition by 2030 (Sevilla et al., 2024). This global mandate underscores the urgency for countries to strengthen governance systems, improve service quality, and ensure equitable access to essential nutrition and health interventions. Both Indonesia and China have aligned their national strategies with these international obligations through comprehensive reforms in community-based health systems (Chen et al., 2024; Nie & Xili Lin, 2025). Indonesia's Posyandu transformation under the 6 SPM framework represents a national attempt to institutionalize minimum service standards, enhance data-driven planning, and strengthen multisectoral coordination (Arieffiani & Ekowanti, 2024; Iqbal, 2025).

Similarly, China's Community Health Service (CHS) reforms reflect a structured, government-led strategy to integrate preventive, promotive, and curative services at the community level (Prasetyo et al., 2023). This strategy emphasizes standardized operations and professionalized human resources. By situating

the analysis within the SDGs agenda, this publication contributes not only to national policy discourse but also to the global knowledge base on how local governance innovation can accelerate progress toward international nutrition and health targets (Ho, 2022).

Stunting remains one of the most persistent public health and human development challenges globally, particularly in low- and middle-income countries (Agustina et al., 2019). Characterized by impaired growth and cognitive development due to chronic undernutrition, stunting has long-term socioeconomic implications, including reduced educational attainment, productivity, and intergenerational human capital formation. Indonesia is among the countries prioritizing aggressive strategies to reduce stunting prevalence, recognizing its direct impact on national competitiveness and long-term development (Aminah et al., 2024; Candarmaweni & Yayuk Sri Rahayu, 2020; Khuzaimah et al., 2024; Prasetyo et al., 2023; Taofik J et al., 2024). In response, the Government of Indonesia has strengthened multisectoral governance mechanisms and transformed community-based health services through the reform of Pos Pelayanan Terpadu (Posyandu), anchored in the Six Minimum Service Standards (6 SPM) as a nationwide framework to improve essential public services across the life cycle (Booth et al., 2019).

Table 1. Simple Comparison of Stunting-Reduction Strategies in Selected Lower Middle Income Countries (LMICs)

| Country | Main Strategy | Key Governance Feature | Stunting Trend |
|------------|--|---|-------------------------------------|
| Indonesia | Posyandu Transformation (6 SPM), multisectoral convergence, village-level nutrition programs | Decentralized implementation with community-based cadres; the district planning agency (Bapperida) leads coordination | ↓ from 21.5% (2023) to 19.8% (2024) |
| Bangladesh | Community health workers, maternal nutrition programs, integrated NGO–government delivery | Strong central guidance with NGO partnership | ↓ from ~ 31% (2014) to ~ 24% (2022) |
| Ethiopia | Health Extension Workers, integrated WASH–nutrition programs | Federal policy with community-embedded health workers | ↓ from ~ 44% (2011) to ~ 37% (2019) |
| Nepal | Mothers' groups, conditional cash transfers, and community-based growth monitoring | Local governments are empowered with strong community mobilization | ↓ from ~ 41% (2011) to 25% (2022) |
| Vietnam | Integrated maternal–child health services, targeted poverty programs | More centralized health governance; professionalized primary care | ↓ from 29% (2010) to 19% (2021) |

Sources:

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5. Stunting Convergence Management Framework through System Integration Based on Regional Service Governance. *Sustainability*, 15(3), 1821. (Prasetyo et al., 2023) <https://doi.org/10.3390/su15031821>
6. How countries can reduce child stunting at scale: Lessons from exemplar countries (Bhutta et al., 2020)

Table 1 shows that many Lower Middle Income Countries (LMICs) rely on community-based health strategies to reduce stunting, yet governance models and institutional arrangements differ significantly across countries. Indonesia's Posyandu Transformation stands out for combining community-led service delivery with district-level planning and multisectoral coordination, contributing to a measurable decline in stunting from 21.5% in 2023 to 19.8% in 2024. This supports the manuscript's argument that effective governance, particularly coordination, service standardization, and reliable data systems, is central to achieving national nutrition targets. The table also helps justify why comparing Indonesia with countries like China or other Lower Middle Income Countries (LMICs) is valuable for identifying governance innovations that improve health outcomes.

Despite notable progress, stunting remains a critical issue at the subnational level. In Bandung Regency, for example, routine data from the *Elektronik Pencatatan dan Pelaporan Gizi Berbasis Masyarakat* (E-PPGBM) and local planning documents reveal that cases continue to be concentrated in specific districts such as Pangalengan, Ciwidey, and Kertasari, where geographic constraints, limited access to services, and socioeconomic disparities impede optimal nutrition and health outcomes. The Bandung Regency Development Planning, Research, and Innovation Agency (Bapperida) plays a central governance role in coordinating multisectoral planning, ensuring evidence-based policy formulation, and harmonizing

sectoral programs, including health, social protection, education, clean water, and sanitation, within the stunting reduction agenda. Through mechanisms such as data verification, cross-sector coordination, village budget alignment, and field “roadshows” for Posyandu transformation, Bandung provides a unique case of how local governance innovations operationalize national mandates.

Table 2. Stunting in Indonesia: Target vs Realisasi, and Key Governance Challenges

| Indicator / Issue | Indonesia (2024–2025) | Gap / Challenge / Note |
|---|--|---|
| Prevalence of stunting among under-5 children (2024) | 19.8 % | Although decreased from 21.5 % (2023), still far above the long-term target of 14.2 % by 2029 |
| Target stunting prevalence (2025) | 18.8 % | Requires a further 1.0 percentage point reduction in one year, challenging given regional disparities |
| Long-term target (2029) | 14.2 % | Gap of 5.6 points from 2024 level, demands sustained, improved governance & interventions |
| Uneven burden across provinces / socioeconomic groups | Low-income quintile households show the highest stunting (29.8 %) | Indicates inequity; national average masks wide variation; interventions need targeting |
| Governance & service delivery challenges | Decentralization; variability in Posyandu performance, cadre capacity, data reporting, inter-sector coordination, and typical challenges in decentralized community health systems | These governance and implementation issues undermine consistent reduction efforts |

Sources:

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While China’s Community Health Service (CHS) is known for a structured governance model and standardized health service delivery, recent, nationwide, comparable stunting prevalence data and subnational inequity patterns are limited in open sources. Therefore, table 2 focuses on Indonesia to highlight the current policy problem and justification for studying governance reforms.

In the broader literature, community-based health governance has been widely studied, particularly in relation to early childhood health, maternal care, and local service delivery (Candarmaweni & Yayuk Sri Rahayu, 2020; Khuzaimah et al., 2024; Prasetyo et al., 2023). Research on Indonesia’s Posyandu generally highlights its success in mobilizing community participation (Kasim & Rosnah, 2025; Rizky Amalia et al., 2025; Rusnaeni Rusnaeni et al., 2025). Besides, documents persistent weaknesses in data quality, fragmented program implementation, and uneven service performance (Sarihati, 2023).

Meanwhile, international studies frequently cite China’s Community Health Service (CHS) system as a model of structured, government-led primary healthcare, integrating preventive, promotive, and curative functions with strong institutional support (Ba & Luo, 2025; Dong et al., 2025; Li et al., 2025). However, only a few comparative studies have examined how China’s CHS model may offer governance lessons specifically for stunting reduction, nor how its institutional arrangements compare with Indonesia’s evolving Posyandu transformation under the 6 SPM framework. This gap also includes a limited understanding of how decentralized governance, such as that exemplified by Bapperida’s leadership, shapes the success of local stunting interventions.

The scientific novelty of this article lies in bridging this gap through (1) a comparative governance analysis of Indonesia’s Posyandu 6 SPM reform and China’s CHS system, (2) an explicit examination of how evidence-based planning functions at the subnational level (using Bandung Regency as an empirical anchor), and (3) the articulation of cross-national lessons on institutional design, community service integration, and multisectoral coordination for stunting reduction. Unlike prior studies that treat Posyandu as a community health institution in isolation, this article situates it within a broader governance framework, policy planning, budgeting, monitoring, and intergovernmental coordination, while juxtaposing it with China’s more centralized but structurally integrated CHS model.

Based on this foundation, the research problem addressed in this article is: How do public policy and governance structures influence the effectiveness of community-based health service reforms for stunting reduction in Indonesia, and what practical lessons can be learned from China’s Community Health

Service system? The study further explores sub-questions regarding (a) the role of evidence-based planning, (b) the effectiveness of multisectoral coordination, and (c) the institutional mechanisms that support sustainable community health transformation.

The purpose of this article is therefore to (1) analyze Indonesia's Posyandu reform within the governance framework of stunting reduction, with specific insights drawn from the Bandung Regency case; (2) compare its institutional arrangements with China's CHS system; and (3) identify policy lessons that can strengthen community-based health governance and accelerate stunting reduction efforts. Through this comparative public policy lens, the article aims to advance community health governance theory while offering practical recommendations for policymakers in Indonesia and beyond.

Table 3. Key Points Contents in Stunting Reductions

| Section | Key Points |
|------------------------|---|
| General Background | Stunting remains high in Indonesia; Posyandu 6 SPM introduced to strengthen basic services; Bandung still has concentrated cases; Bapperida leads data-driven coordination. |
| State of the Art | Research shows gaps in Posyandu quality and data; limited studies on Posyandu 6 SPM; China's CHS is a strong primary health model; and few cross-country comparisons exist. |
| Scientific Novelty | First governance comparison of Posyandu 6 SPM and China's CHS; highlights Bapperida's role; links governance, coordination, and service transformation. |
| Research Problem | How governance affects stunting-related service reforms; what Indonesia can learn from China's CHS; focus on planning, coordination, and institutional mechanisms. |
| Purpose of the Article | Analyze Posyandu reform in Bandung; compare with China's CHS; derive governance lessons to strengthen community health and reduce stunting. |

Sources: Proceed by authors (2025)

Table 3 shows the key components of the Introduction and clarifies how each element lays the foundation for the article. The general background emphasizes that stunting remains a persistent public health challenge in Indonesia and that the Posyandu 6 SPM reform was introduced to strengthen basic services, with Bandung Regency still facing notable cases despite ongoing efforts. The state of the art highlights existing gaps in service quality and data reliability, as well as the limited number of studies comparing Posyandu 6 SPM with strong primary health care models such as China's Community Health Service (CHS). The scientific novelty reflects the article's unique contribution as one of the first governance-focused comparisons between Posyandu 6 SPM and China's CHS, particularly in examining the role of Bapperida and the institutional mechanisms that shape service delivery. The research problem centers on understanding how governance influences the performance of stunting-related reforms and identifying what Indonesia can learn from China's more structured system. Finally, the article analyzes the Posyandu reform in Bandung, compares it with the CHS model, and derives governance lessons to strengthen community health services and accelerate stunting reduction.

METHOD

This study employs a qualitative descriptive-comparative research design to examine governance arrangements within Indonesia's Posyandu 6 SPM reform and to identify relevant lessons from China's Community Health Service (CHS) model. The type of research is qualitative descriptive, aimed at systematically documenting policy processes and institutional arrangements, combined with a comparative component for cross-national interpretation. The focus of the study centers on governance variables, including multisectoral coordination, institutional roles, data management, cadre performance, and standardization of service delivery, as well as structural features of China's CHS as a comparative benchmark.

The research is conducted in the administrative context of Bandung Regency, using governance practices and stunting-reduction processes observed at the district and subdistrict levels as the empirical basis. The primary subjects are governance actors and institutional processes involved in Posyandu 6 SPM implementation, particularly Bapperida's roles in evidence-based planning, data verification, village budget alignment, and Posyandu transformation roadshows. Data sources consist solely of materials already provided, including E-PPGBM stunting records, village budgeting summaries, meeting minutes, planning documents, and observational field notes from Posyandu activities.

Data collection techniques involve document extraction and qualitative coding, where narrative and numerical information from the provided materials is reviewed, filtered, and organized into thematic

categories. No interviews, surveys, or external datasets are used, ensuring the method remains consistent with the limited data frame. Data analysis follows two stages: (1) thematic analysis to identify patterns related to governance effectiveness, multisectoral coordination, and institutional support, and (2) comparative analysis to contrast Indonesia's governance structure with the characteristics of China's CHS system. Interpretation techniques rely on pattern matching, cross-case comparison, and consolidation of governance indicators. This methodological approach is designed to be transparent and replicable, allowing other researchers to reproduce the study using the same set of materials.

RESULTS

The results of this analysis highlight the key governance elements that influence the implementation of Posyandu 6 SPM in Indonesia, particularly in Bandung Regency and identify relevant features of China's Community Health Service (CHS) as a comparative model. Overall, the findings demonstrate that while Posyandu transformation aims to strengthen essential community health services through standardized guidelines, the effectiveness of its implementation varies significantly across regions due to differences in subnational governance capacity, data reliability, and institutional arrangements.

First, the analysis of stunting prevalence and spatial disparities in Bandung Regency shows a clear pattern of uneven progress. Although stunting prevalence according to the 2024 Indonesia Nutrition Status Survey (SSGI) gradually decreased from 25% in 2022 to 29.2% in 2023, and further to 24,1% in 2024 these improvements are not uniformly distributed across the region (Kabupaten Bandung, 2025). Stunting cases remain significantly concentrated in several regencies with a high burden, particularly in Pangalengan District with 2.244 cases recorded in the February BPB report and 1.472 in the August BPB report (*source: interview with Bapperida*), making Pangalengan the district with the highest stunting cases. The persistence of these clusters reflects structural disadvantages such as geographic isolation, limited access to essential health and education services, and socioeconomic disparities that hinder equitable service delivery. These spatial patterns reinforce the conclusion that the performance and success of Posyandu 6 SPM are strongly dependent on localized governance capacity, resource allocation, and the ability of subnational institutions to address context-specific barriers. The mindset of the community also explains why Pangalengan has the highest cases of stunting.

Second, the implementation of Posyandu 6 SPM at the district level is strongly influenced by the governance capacity of Bapperida, which plays a pivotal role in coordinating multisectoral stunting interventions. As the central planning institution, Bapperida is responsible for aligning sectoral programs with district development priorities and ensuring that stunting-related activities are systematically integrated into village budgets. Governance data illustrates the extent to which Bapperida plays a role in organizing at least twice a year multisectoral coordination meeting in coordination with the Dinas Pengendalian Penduduk, Keluarga Berencana, Pemberdayaan Perempuan, dan Perlindungan Anak (DaldukPPA) of Bandung Regency, because the budget for coordination meetings is managed by that office. APBdes for stunting are not regulated by the central government, but must be adjusted to the stunting situation and conditions in each respective area, and programs are aimed to be aligned with the stunting reduction agenda (*source: interview with Bapperida*)(Bupati Bandung, 2025; Indra & Khoirunurrofik, 2022). These findings highlight that governance functions such as planning, coordination, and budgeting are fundamental determinants of service consistency across regions, underscoring that effective implementation of Posyandu 6 SPM is inseparable from the strength of subnational institutional leadership.

Third, the progress of Posyandu 6 SPM implementation and its corresponding service performance reveals substantial variation across service units. Although the *Peraturan Menteri Dalam Negeri No. 13 Tahun 2024 on Integrated Service Posts* has been formally enacted (TP PKK/TP Posyandu, 2025), its translation into operational practice remains uneven. Of the 4,368 Posyandu in Bandung Regency, 2,443 have reached independent status, 1,574 are categorized as purnama, and 351 remain at the madya level, reflecting significant disparities in institutional maturity and service readiness (DPMD Kabupaten Bandung, 2025). At the same time, the effectiveness of Posyandu 6 SPM is significantly constrained by workforce limitations, particularly due to the system's heavy reliance on volunteer cadres whose competencies and availability vary widely. Bandung Regency has approximately 20.174 active cadres. Of these volunteers, about 3.000 cadres have received formal training in 6 SPM and demonstrate adequate competence in using

the E-PPGBM digital reporting system (*source: 2025 Coordination Meeting of the Bandung Regency Integrated Health Post Advisory Team*). Moreover, these workforce limitations collectively contribute to inconsistent service performance, weakened supervisory capacity, and unreliable data recording, all of which directly undermine the quality and effectiveness of stunting reduction interventions (Nurhaeni et al., 2024; Siswati et al., 2022; Syafrawati et al., 2023).

Fourth, the quality of data and the performance of the E-PPGBM reporting system continue to present significant challenges for evidence-based decision-making in stunting reduction efforts. Although E-PPGBM is as the primary source of routine nutrition data, its implementation at the Posyandu level is still inconsistent. Findings indicate that data collection at posyandu is conducted monthly and is verified by the health center to check its accuracy. However, the Health Office's reference is twice a year, in February and August. The data can be considered final after about two months of verification to ensure its accuracy, including duplicate entries and missing values. In addition, the incomplete attendance of children during monthly weighing sessions results in substantial data gaps, further reducing the reliability of growth monitoring outputs. These issues demonstrate that data governance remains a critical bottleneck in the Posyandu 6 SPM system. Strengthening data quality, reporting compliance, and digital capacity is therefore essential to ensure that stunting interventions are accurately targeted and timely, and that policy decisions are grounded in valid and comprehensive information (*source: interview with Bapperida*).

Fifth, comparative analysis with China's Community Health Service (CHS) reveals a contrasting governance model characterized by stronger institutional structures and more professionalized service delivery mechanisms. The CHS system employs a formal health workforce typically comprising 2–3 general practitioners and 4–6 nurses per unit which ensures that essential services are delivered by trained professionals rather than volunteers. In addition, CHS provides 12 standardized national service packages, supported by fully integrated digital reporting systems that streamline data collection, monitoring, and decision-making. Centralized supervision and routine performance monitoring further reinforce service consistency across regions. These features demonstrate how formalized staffing arrangements, unified service protocols, and interoperable information systems contribute to uniform implementation an outcome that contrasts sharply with Indonesia's decentralized and volunteer-dependent Posyandu model. The comparison highlights potential pathways for strengthening Posyandu 6 SPM by adopting more structured institutional arrangements and integrated data governance practices.

Table 4. Summary of Results

| Section | Key Points |
|-------------------------------|---|
| Posyandu 6 SPM Implementation | Standardization is underway, but effectiveness varies; in Bandung Regency, only about 5% of Posyandu have fully met the 6 SPM requirements, reflecting the ongoing transition period and the uneven service quality across regions. |
| Governance Role (Bapperida) | Coordinating related regional devices, aligning planning, supporting policies and budgets for specific intervention activities, conducting evaluation and monitoring of stunting reduction acceleration together with the Bandung Regency Stunting Reduction Acceleration Team, integrating stunting issues into the village budget.. |
| Key Challenges | Variable cadre skills (3,000 cadres involved in the implementation of the 6 SPM posyandu transformation roadshow), data reporting is sometimes inconsistent, and fragmented sectoral coordination |
| China's CHS Model | Structured services, professional staffing, national guidelines, and centralized digital systems ensure uniform implementation. |

Sources: Proceed by authors (2025)

Table 4 summarizes the central findings of the study, emphasizing the governance dynamics that shape the implementation and effectiveness of Posyandu 6 SPM. The results indicate that although national efforts toward standardization are underway, service quality remains uneven across regions due to disparities in local institutional capacity, resource availability, and operational readiness. The table further highlights the pivotal role of Bapperida as the main coordinating body responsible for aligning sectoral plans, integrating stunting interventions into regional and village-level budgets, and ensuring that relevant agencies work in a coherent, multisectoral manner. This underscores that governance rather than technical guidelines alone is a decisive factor in determining implementation consistency.

Additionally, the table identifies several key challenges that continue to impede the performance of Posyandu 6 SPM. Variability in cadre skills, insufficient training coverage, and the reliance on volunteer-based service delivery limit both service reliability and data accuracy. Reporting through E-PPGBM remains inconsistent, and cross-sectoral coordination is often fragmented, resulting in gaps in monitoring and intervention delivery. These persistent bottlenecks demonstrate that without strengthening human resources,

data governance, and supervisory mechanisms, service standardization cannot fully translate into improved outcomes.

Finally, the table contrasts these challenges with China's Community Health Service (CHS) model, which offers an illustrative example of how structured institutional arrangements such as professional staffing, nationally standardized service packages, and centralized, integrated digital systems can promote uniformity and high service quality. The CHS model highlights the potential advantages of formalized workforce systems and strong data infrastructures in improving community-level health service delivery.

Overall, the table reinforces that governance capacity, institutional structure, and data reliability are critical determinants of success in community-based health reforms. The comparison suggests that while Indonesia's Posyandu 6 SPM has made meaningful progress, sustained improvements will require strengthening local governance, professionalizing service delivery, and enhancing digital reporting systems to achieve more consistent and equitable implementation across regions.

DISCUSSION

The discussion draws on these results to address the research question of how governance structures shape stunting-reduction efforts and what lessons Indonesia may learn from China.

First, the findings reaffirm that multisectoral coordination, largely facilitated by subnational planning agencies, is essential for integrating health, nutrition, and village-level interventions. While Indonesia's decentralized system allows flexibility, it also leads to variability in implementation compared with China's more centralized CHS structure. This variation is evident in areas such as Pangalengan, where limited-service access, uneven cadre capacity, and poor sanitation continue to hinder implementation despite national standardization efforts. The subdistrict also lacks sufficient upper-secondary education facilities, leading many adolescents to discontinue schooling and increasing tendencies toward early marriage factors closely linked to adolescent pregnancy and higher stunting risk (Pramesti Sulistyono Rini et al., n.d.).

Second, the analysis suggests that improving data governance is a major priority, as Posyandu service quality depends heavily on accurate and timely reporting. Challenges such as discrepancies in e-PPGBM entries and inconsistent documentation undermine the identification of high-risk groups and delay targeted actions. In contrast, China's standardized and unified data systems enable more consistent monitoring and facilitate rapid policy responses.

Third, the comparison highlights the importance of institutionalizing service roles; Indonesia's volunteer-based cadre system provides strong community ownership but lacks the structured professional support found in China's CHS, which relies on trained health workers. Although the district government has trained around 3,000 cadres through the Transformasi Posyandu 6 SPM roadshow (TP Posyandu Kabupaten Bandung, 2025), persistent challenges in skills, supervision, and performance consistency indicate that training alone is not sufficient. Strengthening ongoing support, clear role definitions, and incentive systems is therefore essential to improving service quality and achieving more reliable Posyandu implementation.

Finally, these findings indicate that progress in reducing stunting requires stronger standardization, clearer operational guidelines, and more formalized coordination mechanisms. Lessons from China's CHS model highlight the value of structured services, professionalized frontline workers, and integrated data systems in ensuring consistent implementation. For Indonesia especially in structurally constrained areas like Pangalengan enhancing local governance capacity, improving resource allocation, and strengthening cross-sector collaboration will be essential to achieving more equitable and sustained stunting reduction. (Untung et al., 2025)

Table 5. Summary of Discussion

| Section | Key Points |
|---------------------|---|
| Governance | Indonesia's decentralization creates variability; China's centralized model improves consistency. |
| Data Systems | Indonesia faces data quality issues; China benefits from unified reporting systems. |
| Institutional Roles | Indonesia relies on volunteers; China uses trained health workers, enabling more consistent service delivery. |
| Policy Lessons | Strengthen standardization, coordination, data systems, and cadre support within Posyandu reform. |

Sources: Proceed by authors (2025)

Table 5 shows that despite the decline, Indonesia is still far from the long-term target, indicating that stunting remains a serious problem. The "Uneven burden" indicator shows that stunting is not severe. The lower economic group is more severely affected, underscoring the need for more targeted, justice-based interventions. "Governance & service delivery challenges" emphasize that the problem extends beyond health services to governance. Institutional capacity, data, and coordination are the main aspects that are the focus of your manuscript. The "Gap / Challenge / Note" shows that the success of stunting reduction does not depend only on national policies. However, it also depends on local implementation, consistency, and effective governance.

CONCLUSION

This study concludes that governance quality is a decisive factor in determining the effectiveness of Indonesia's Posyandu 6 SPM reform in reducing stunting. Although the reform establishes a coherent national policy framework to strengthen essential community-based health services, its implementation remains uneven across regions. The findings show that disparities in multisectoral coordination, institutional clarity, workforce readiness, and data governance significantly affect the consistency and quality of service delivery. These results reinforce that standardization alone is insufficient; the success of community-level interventions fundamentally depends on local planning institutions' capacity to integrate sectoral programs, align budgets, and ensure systematic monitoring.

First, the study confirms that multisectoral coordination is a core governance mechanism for effective stunting reduction. Empirical evidence from Bandung Regency demonstrates that progress in Posyandu 6 SPM implementation is shaped by localized governance performance and contextual constraints. Persistent spatial disparities in stunting cases, variability in Posyandu readiness, and heavy reliance on volunteer cadres with uneven competencies all contribute to inconsistent service outcomes (Setiyadi et al., 2024). These challenges indicate that decentralization, while enabling flexibility and community participation, can also magnify inequalities when institutional structures and supervisory mechanisms are insufficiently robust.

Second, the study identifies data governance as a major constraint on evidence-based policymaking. Although digital reporting systems such as E-PPGBM are formally established, limitations in data quality, validation timelines, and completeness restrict their use for timely targeting and monitoring of interventions. These findings underscore the importance of strengthening data governance as a foundational component of community health service reform.

Third, the results highlight institutional challenges associated with Indonesia's reliance on volunteer-based cadres. While cadres remain essential for community engagement, the expanded scope and technical demands of Posyandu 6 SPM exceed traditional volunteer roles. Without stronger institutional support, clearer role definition, and sustained supervision, disparities in service quality and performance are likely to persist.

Finally, the comparative analysis with China's Community Health Service (CHS) system illustrates how structured institutional arrangements—professionalized staffing, standardized service packages, and integrated data systems—can enhance implementation consistency. Although the CHS model cannot be directly replicated in Indonesia due to contextual differences, it offers valuable governance lessons for strengthening Posyandu reform. Overall, this study demonstrates that achieving equitable and sustainable stunting reduction requires not only policy standardization, but also robust governance mechanisms that support consistent implementation across diverse local contexts.

RECOMMENDATIONS FOR DEVELOPMENT

Based on the findings of this study, several policy-oriented recommendations are proposed to strengthen the implementation of the Posyandu 6 SPM reform by addressing key governance constraints at multiple levels.

At the national level, the government should clarify and strengthen the implementing regulations of Posyandu 6 SPM to ensure clearer operational roles, service standards, and performance indicators across regions. The introduction of targeted incentive mechanisms, both financial and non-financial, may encourage local governments to improve compliance and service quality. In addition, strengthening national

data governance particularly interoperability among health, nutrition, and social protection information systems is essential to support evidence-based stunting reduction policies.

At the provincial and regency levels, coordinating institutions such as Bapperida should be further empowered to lead multisectoral integration. This includes strengthening their authority in aligning sectoral plans and budgets related to stunting reduction, as well as establishing formal coordination and data-sharing mechanisms across relevant agencies. Improved monitoring and supervision at this level are needed to reduce disparities in implementation capacity across subdistricts.

At the community level, sustaining Posyandu performance requires stronger institutional support for volunteer cadres. Providing modest incentives, structured training, and clearer role definitions may improve cadre motivation, retention, and service consistency. Simplifying digital reporting tools is also recommended to reduce administrative burdens and improve data accuracy. In addition, community-based preventive interventions particularly those targeting adolescent health and early marriage should be more systematically integrated into Posyandu activities.

Finally, this study is limited by its qualitative, single-case design and reliance on secondary comparative data. Future research should adopt multi-site and mixed-method approaches to strengthen empirical generalization and deepen understanding of governance mechanisms in community health systems. Overall, strengthening governance coherence across levels of government remains essential to ensuring that Posyandu 6 SPM contributes to equitable and sustainable stunting reduction.

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