
Analysis Of The Implementation Of The Foster Parents Movement To Prevent Stunting (GENTING) Program In East Seram District, 2025–2026

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Abstract

Stunting remains a serious nutritional challenge in Seram Bagian Timur (SBT) District, with a prevalence of 27.5% in 2023 — well above the national average. In response, the Gerakan Orang Tua Asuh Cegah Stunting (GENTING) program was socialized in SBT in January 2025, targeting 218 at-risk families across 15 sub-districts. This study aims to analyze the early implementation of the GENTING program in SBT District in 2025–2026 using an Input-Process-Output (IPO) framework. A descriptive quantitative approach was applied using secondary data, comprising the 2024 stunting-risk family recapitulation, field verification and validation (verval) results, and Orang Tua Asuh (OTA) distribution records as of June 9, 2026. Three key findings emerged: first, there were significant inconsistencies between planned targets and verval results across sub-districts, with deviations ranging from -75% to +460% of initial targets; second, OTA assistance coverage reached only 9.0% of 211 verified beneficiaries, with 7 sub-districts receiving no assistance at all; third, 95% of distributed aid consisted of nutritional support despite 24.6% of target families lacking adequate sanitation facilities, alongside inconsistencies in aid values, some falling below the national minimum standard of IDR 15,000 per day. It is concluded that the early implementation of GENTING in SBT faces three structural problems: data accuracy in planning, geographic disparity in aid distribution, and suboptimal matching of aid type to beneficiary risk profiles.

Keywords: **GENTING, Stunting, Program Implementation, At-Risk Families, Seram Bagian Timur**

INTRODUCTION

Stunting is a disorder of child growth and development resulting from chronic malnutrition and recurrent infections, characterized by a height-for-age z-score (HAZ) below -2 standard deviations (SD) (Presidential Regulation No. 72 of 2021). This condition has long-term implications for the quality of human resources and poses a risk of creating a “lost generation” if not addressed systematically.

At the national level, the prevalence of stunting in Indonesia declined from 21.5% in 2023 to 19.8% in 2024, based on the results of the 2024 Survei Status Gizi Indonesia (SSGI) (Ministry of Health of the Republic of Indonesia, 2024), surpassing the Badan Perencanaan Pembangunan Nasional (Bappenas) projection of 20.1%. Nevertheless, the government has set a more ambitious target of reducing the national stunting rate to 14.2% by 2029, in line with the Rencana Pembangunan Jangka Menengah Nasional (RPJMN). This challenge is further compounded by the fact that the lowest economic quintile (quintile 1) continues to record the highest stunting prevalence at 29.8% (Coordinating Ministry for Human Development and Cultural Affairs, 2025), indicating that the burden of stunting is heavily concentrated among low-income households.

The situation is even more severe in Maluku Province. According to the 2023 Survei Kesehatan Indonesia (SKI), the prevalence of stunting in Maluku increased by 2.3% from 2022, rising from 26.1% to 28.4%, with 7 out of 11 regencies/cities experiencing significant increases (RRI, 2024). Seram Bagian Timur District (SBT) is among the areas showing an increase, from 24.1% in 2022 to 27.5% in 2023 (RRI, 2024), which is considerably higher than the national average and remains classified as high based on WHO standards.

In response to this condition, the government, through Presidential Regulation No. 72 of 2021 on the Acceleration of Stunting Reduction, has designated the Badan Kependudukan dan Keluarga Berencana Nasional (BKKBN)—now under the Ministry of Population and Family Development—as the primary coordinator for the national implementation of stunting reduction acceleration. Within

this framework, the Gerakan Orang Tua Asuh Cegah Stunting (GENTING) Program was launched as part of the acceleration efforts, aiming to deliver strategic, targeted, and well-directed interventions to families at risk of stunting (Detik.com, 2024). The program emphasizes a cross-sectoral mutual cooperation approach, involving Badan Usaha Milik Negara (BUMN), Badan Usaha Milik Desa (BUMD), the private sector, higher education institutions, and individuals as Orang Tua Asuh (OTA), who provide assistance in the form of nutritional support, non-nutritional aid, access to clean water, and education.

In Seram Bagian Timur District, the socialization of the GENTING Program to the Tim Percepatan Penurunan Stunting (TPPS) was conducted in January 2025, targeting 218 Keluarga Berisiko Stunting (KRS) across 15 sub-districts. As a program that is still in its early stage of implementation, evaluating the implementation process is essential—not to measure long-term impacts that are not yet observable, but to assess the extent to which implementation aligns with the planned design and to identify structural challenges at an early stage.

This study aims to analyze the initial implementation of the GENTING Program in Seram Bagian Timur District (SBT) for the 2025–2026 period, focusing on the alignment between planning targets and field verification results, the coverage of OTA assistance distribution, and the suitability of the assistance provided with the risk profiles of the targeted families.

RESEARCH METHODS

This study employs a descriptive quantitative approach based on secondary data. This approach is selected because the objective of the study is to describe and analyze the initial implementation conditions of the GENTING Program in Seram Bagian Timur District (SBT) using existing data, without conducting interventions or primary data collection.

Analytical Framework

The implementation of the GENTING Program is analyzed using the Input–Process–Output (IPO) framework, which is commonly applied in the evaluation of public health programs. This framework is considered appropriate given that the program is still in its early implementation phase, where clinical outcomes—such as changes in nutritional status—cannot yet be measured. In this study, the three components are operationalized as follows:

1. **Input** includes the availability of target data (recapitulation of Families at Risk of Stunting/KRS), the determination of GENTING target beneficiaries per sub-district, and the involvement of foster parents (OTA) as sources of assistance.
2. **Process** includes the implementation of field verification and validation (verval) of beneficiaries, the mechanisms for distributing OTA assistance, and the alignment between the type of assistance provided and the risk profiles of the target families.
3. **Output** includes the number of verified target families, the coverage of families receiving OTA assistance, and the consistency in the value and type of assistance distributed.

The outcome component—namely the impact of the program on nutritional status and stunting prevalence—is explicitly beyond the scope of this study. This is because nutritional interventions generally require a minimum of six months to demonstrate measurable changes, while program implementation only commenced in 2026.

Data Sources

The data used in this study are derived from three official documents: (1) the *2024 Recapitulation of KRS by Region in Seram Bagian Timur District*, which contains stunting risk profiles across sub-districts, covering 27,646 families in 15 sub-districts; (2) the *2025 GENTING Target KRS Report of Seram Bagian Timur District*, presented during TPPS Action I and Action II Meetings on May 2, 2025, which includes data on targets, verification and validation results, and sanitation conditions of target families; and

(3) the *OTA Recapitulation Data as of June 9, 2026*, which contains records of OTA assistance distribution to GENTING target families in Seram Bagian Timur District (Suwakul, 2025a; Suwakul, 2025b; DPPKB SBT, 2025).

Data Analysis

Data are analyzed descriptively using frequency distributions, percentages, and inter-sub-district comparisons. The gap between targets and verification results is calculated both in absolute and relative terms for each sub-district. The suitability of assistance types with risk profiles is analyzed using descriptive comparative methods.

Study Limitations

The available OTA data cover only 20 entries out of 211 target families (9.5%), thus the analysis of distribution coverage reflects the program’s initial condition. This study does not measure clinical outcomes and does not collect primary data from program implementers or beneficiaries. Therefore, interpretations regarding the underlying causes of observed gaps are inferential in nature and require confirmation through further research.

RESULTS AND DISCUSSION

Results

Input Component: KRS Profile and Target Determination

Based on the 2024 KRS recapitulation data of Seram Bagian Timur District (SBT), there are 27,646 families across 15 sub-districts, of which 19,149 families (69.3%) are identified as being at risk of stunting. The most dominant risk factor is low welfare status (>4), affecting 9,809 families, followed by having too many children (≥3 children) with 6,200 families, and lack of access to proper sanitation facilities (2,981 families).

The sub-districts with the highest number of at-risk families (KRS) are Bula (2,175), Pulau Gorom (1,104), and Bula Barat (536). From the total KRS population, the GENTING Program set a target of 218 families, distributed across 13 out of 15 sub-districts (Wakate and Teor did not receive target allocations).

Process Component

Verification and Validation of Target Beneficiaries

The results of field verification and validation (verval), conducted in January 2025, identified 211 verified families out of the target of 218 (96.8%). Although this aggregate figure is close to the target, sub-district-level analysis reveals significant and inconsistent disparities, as presented in Table 1.

Table 1. Comparison of GENTING Target and Verification Results by Sub-district

No	Sub-district	Target	Verified	Difference	Remarks
1	Bula	48	12	-36	Below target (-75%)
2	Seram Timur	11	25	+14	Above target (+127%)
3	Werinama	4	3	-1	Below target (-25%)
4	Pulau Gorom	5	28	+23	Above target (+460%)
5	Wakate	0	0	0	-
6	Tutuk Tolu	26	13	-13	Below target (-50%)
7	Siwalalat	15	10	-5	Below target (-33%)
8	Kilmury	2	1	-1	Below target (-50%)
9	Pulau Panjang	3	15	+12	Above target (+400%)
10	Teor	0	0	0	-
11	Gorom Timur	62	68	+6	Above target (+10%)
12	Bula Barat	20	5	-15	Below target (-75%)
13	Kian Darat	9	1	-8	Below target (-89%)

14	Siritaun Wida Timur	10	26	+16	Above target (+160%)
15	Teluk Waru	3	4	+1	Above target (+33%)
	Total	218	211	-7	

Of the 13 sub-districts with non-zero targets, 8 recorded verification results below target, while 5 exceeded their targets. The largest negative deviation occurred in Bula (-36, or -75% of the target), whereas the largest positive deviation was observed in Pulau Gorom (+23, or +460% of the target).

Sanitation Conditions of Target Families

Among the 211 verified target families, 52 families (24.6%) do not have access to proper sanitation facilities. Regarding sources of drinking water, most families rely on protected wells (64 families, 30.3%), piped water (58 families, 27.5%), and protected springs (53 families, 25.1%). However, 13 families (6.2%) still depend on rainwater as their primary water source, and 1 family (0.5%) uses surface water—both of which are classified as unsafe for consumption.

Distribution of OTA Assistance

Based on OTA recapitulation data as of June 9, 2026, there are 20 assistance records representing 19 unique beneficiaries, with one beneficiary receiving two types of assistance (housing rehabilitation and nutritional support).

In terms of assistance type, 19 out of 20 entries (95%) consist of nutritional support, while only 1 entry (5%) involves housing rehabilitation.

Assistance is highly concentrated in Bula Sub-district with 11 entries (55%), followed by Gorom Timur (3 entries), Bula Barat (3 entries), and one entry each in Siwalalat, Werinama, and Teluk Waru. Seven sub-districts with verified target families are not recorded in OTA distribution data: Seram Timur (25 families), Pulau Gorom (28), Tutuk Tolu (13), Pulau Panjang (15), Siritaun Wida Timur (26), Kilmury (1), and Kian Darat (1).

Output Component: Coverage and Consistency of Assistance

Coverage of Assistance Distribution

Out of the 211 verified target families, only 19 families (9.0%) had received OTA assistance as of June 9, 2026. Consequently, 191 families (91.0%) had not received any form of assistance during the observation period.

Inconsistency in Assistance Value

The national standard for the GENTING Program stipulates a minimum nutritional assistance of IDR 15,000 per day. Analysis of OTA data reveals significant variation in assistance values for a 30-day period, with daily equivalents ranging from IDR 10,000 to IDR 26,667.

Table 2. Variation in Daily Nutritional Assistance Value (30-Day Period)

No	Sub-district	Assistance Value	Daily Equivalent	OTA	Remarks
3	Bula	Rp750,000	Rp25,000	RSUD Bula	Above standard
10	Gorom Timur	Rp675,000	Rp22,500	PKB	Above standard
11	Gorom Timur	Rp500,000	Rp16,667	PKB	Above standard
12	Gorom Timur	Rp300,000	Rp10,000	PKB	Below standard
18	Siwalalat	Rp800,000	Rp26,667	Finance Office SBT	Above standard
19	Werinama	Rp800,000	Rp26,667	Finance Office SBT	Above standard
20	Teluk Waru	Rp800,000	Rp26,667	Finance Office SBT	Above standard

Among the entries with calculable daily values, one entry (from Gorom Timur Sub-district) falls below the minimum standard, providing only Rp10,000 per day, equivalent to 67% of the national minimum standard.

Mismatch Between Assistance Type and Risk Profile

Of the 52 target families lacking proper sanitation and 14 families using unsafe water sources, only one beneficiary received non-nutritional assistance (housing rehabilitation). All other beneficiaries received nutritional support, regardless of their sanitation-related risk profiles.

Discussion

Gap Between Targets and Verification Results: Issues in Planning Data Accuracy

At the aggregate level, the verification and validation (verval) results (211 families) appear close to the initial target (218 families). However, sub-district-level analysis reveals a far more complex pattern significant deviations occur in both directions, with Bula Sub-district experiencing a shortfall of -75% of its target, while Pulau Gorom exceeds its target by +460%. Such disparities do not reflect effective planning but rather an aggregate coincidence that masks underlying inaccuracies in target distribution.

This condition is consistent with long-standing issues identified in Indonesia's national stunting program planning system. The Rencana Aksi Nasional Percepatan Penurunan Angka Stunting Indonesia (RAN-PASTI) highlights that the implementation of both nutrition-specific and nutrition-sensitive interventions—from central to village levels—has not yet achieved convergence in planning and budgeting, implementation, monitoring, and evaluation (BKKBN, 2024). In Seram Bagian Timur District (SBT), these inaccuracies are likely exacerbated by archipelagic geographical conditions, where several sub-districts are accessible only by sea transportation, resulting in system data that may not accurately reflect real-time household conditions in the field.

Verification and validation of KRS data are critical steps in accelerating stunting reduction, as valid data serve as the foundation for designing and implementing effective intervention programs (BKKBN, 2025). The findings indicate that the verval process in SBT has been conducted; however, the quality of baseline data used for target setting requires improvement to ensure more precise planning. Without systematic data updating prior to target determination, disparities in target distribution across sub-districts are likely to persist in subsequent program cycles.

9% Distribution Coverage and Geographic Inequality

The OTA assistance distribution coverage, which has only reached 9.0% during the period of January 2025 to June 2026, indicates that program implementation remains at a very early stage. More substantively concerning is the geographic inequality—55% of total assistance is concentrated in Bula Sub-district as the regency capital, while seven sub-districts with a combined total of 109 verified targets remain entirely unserved.

This pattern is closely related to the capacity and distribution of participating OTA actors. Most OTA contributors recorded in the dataset are local government institutions based in Bula, such as RSUD Bula, the Health Office, Social Affairs Office, Finance Office, and the Bula Sub-district administration. Logistically, these institutions have greater operational reach within urban areas compared to remote island sub-districts that require sea transportation. RAN-PASTI emphasizes that stunting reduction efforts must be implemented systematically and in stages, with each phase interconnected—including the mapping of implementing partners capable of reaching all intervention areas (BKKBN, 2024).

This issue becomes particularly critical given that underserved sub-districts actually bear a substantial burden of KRS. Pulau Gorom Sub-district, for instance, has 28 verified targets yet no recorded OTA assistance, despite having 1,104 families at risk of stunting—the third highest in the regency. Similarly, Siritaun Wida Timur, with 26 verified targets, has not received any assistance.

Inconsistency in Assistance Value: Absence of Quality Control Mechanisms

The national GENTING standard stipulates a minimum nutritional assistance value of IDR 15,000 per day. Findings indicate that, among entries with verifiable 30-day periods, the daily

equivalent values range from IDR 10,000 to IDR 26,667, with one entry falling below the minimum standard. This entry, from Gorom Timur Sub-district, provides only IDR 10,000 per day, equivalent to 67% of the prescribed national minimum.

This inconsistency suggests the absence of an effective quality control mechanism in the distribution process. Although a real-time reporting system through the SIGA dashboard has been established within the GENTING operational framework, these findings indicate that the system has not yet functioned as a verification tool to ensure compliance with minimum standards prior to distribution. RAN-PASTI underscores that each stage of intervention is interrelated and mutually influential; therefore, weaknesses at any stage including distribution will affect the overall effectiveness of the system (BKKBN, 2024).

Mismatch Between Assistance Type and Sanitation Risk Profiles

The most substantively significant policy finding is the mismatch between the type of assistance provided and the risk profiles of target families. Of the 52 families (24.6%) without access to proper sanitation facilities and 14 families using unsafe water sources, only one beneficiary received non-nutritional assistance in the form of housing rehabilitation.

Scientific evidence consistently demonstrates a strong relationship between sanitation conditions and the incidence of stunting. A systematic review of 21 studies found that water-related factors (unsafe drinking water sources) and sanitation factors (use of unimproved toilet facilities and open defecation practices) are significantly associated with stunting among children under five in Indonesia (Olo, Mediani, & Rakhmawati, 2021). More specifically, multivariate analysis in Palu City revealed that access to improved sanitation facilities has an odds ratio (OR) of 5.99 (95% CI: 2.98–9.23) for stunting, while access to clean water has an OR of 5.99 (95% CI: 3.31–10.83), both representing strong risk factors (Suarayasa, Wandira, & Yani, 2023).

Therefore, the predominance of nutritional assistance provided to families with concurrent sanitation deficits is unlikely to yield optimal outcomes in stunting prevention. Sanitation-related assistance should ideally involve a combination of infrastructure subsidies and behavioral interventions, followed by monitoring of utilization and contamination risks through convergence mechanisms between village authorities and primary healthcare centers (Olo et al., 2021). Although risk profile data for GENTING target families in SBT are already available and sufficiently detailed to inform appropriate intervention types, they have not yet been optimally utilized in the assistance distribution process.

CONCLUSIONS

This study analyzes the early implementation of the GENTING Program in Seram Bagian Timur District (SBT) for the 2025–2026 period using an Input–Process–Output (IPO) framework based on secondary data. Three main conclusions are identified.

First, there is a significant gap between the initial targeting of GENTING beneficiaries and the results of field verification and validation (verval) at the sub-district level. Large deviations in both directions indicate that the system data used as the basis for target setting do not yet reflect actual field conditions, particularly in geographically remote archipelagic areas.

Second, the coverage of OTA assistance distribution has reached only 9.0% of the total verified targets during the period January 2025–June 2026, with highly unequal geographic distribution. This disparity is correlated with the distribution of OTA actors, which are dominated by government institutions based in the regency capital. Consequently, island sub-districts—despite having a high burden of families at risk of stunting (KRS)—are the least served.

Third, the distribution of assistance has not been fully aligned with the risk profiles of target households. Of all assistance delivered, 95% is in the form of nutritional support, while 24.6% of target families lack access to proper sanitation facilities. In addition, inconsistencies in the value of nutritional assistance across beneficiaries were identified, with at least one entry falling below the national minimum standard.

REFERENCES

- Badan Kependudukan dan Keluarga Berencana Nasional. (2024). Rencana Aksi Nasional Percepatan Penurunan Stunting Indonesia (RAN-PASTI). BKKBN.
- Badan Kependudukan dan Keluarga Berencana Nasional. (2025). Panduan pemutakhiran, verifikasi dan validasi data keluarga berisiko stunting. BKKBN.
- Detik.com. (2024, Desember 5). Menteri Wihaji luncurkan Program Genting, fokus penurunan stunting. <https://www.detik.com/jabar/berita/d-7671799/menteri-wihaji-luncurkan-program-genting-fokus-penurunan-stunting>
- Dinas Pengendalian Penduduk dan Keluarga Berencana Kabupaten Seram Bagian Timur. (2025). Data rekapan bantuan orang tua asuh Program GENTING per 9 Juni 2026 [Data tidak dipublikasikan].
- Hermawati, L., Wulansari, E., Ulfah, N., Zulfah, H., Tsaqifah, N., & Hidayati, M. (2025). Analisis deskriptif Survei Status Gizi Indonesia (SSGI) 2024: Prevalensi dan faktor determinan stunting pada balita di Provinsi Banten. *Jurnal Gizi Kerja dan Produktivitas*. <https://jurnal.untirta.ac.id/index.php/JGKP/article/view/36646>
- Kementerian Kesehatan Republik Indonesia. (2024). Hasil Survei Status Gizi Indonesia (SSGI) Tahun 2024: Prevalensi stunting nasional turun menjadi 19,8%. Badan Kebijakan Pembangunan Kesehatan, Kemenkes RI. <https://www.kemkes.go.id/id/ssgi-2024-prevalensi-stunting-nasional-turun-menjadi-198>
- Kementerian Koordinator Bidang Pembangunan Manusia dan Kebudayaan. (2025). Prevalensi stunting tahun 2024 turun jadi 19,8 persen, pemerintah terus dorong penguatan gizi nasional. <https://www.kemenkopmk.go.id/prevalensi-stunting-tahun-2024-turun-jadi-198-persen-pemerintah-terus-dorong-penguatan-gizi-nasional>
- Olo, A., Mediani, H. S., & Rakhmawati, W. (2021). Hubungan faktor air dan sanitasi dengan kejadian stunting pada balita di Indonesia. *Jurnal Obsesi: Jurnal Pendidikan Anak Usia Dini*, 5(2), 1113–1126. <https://obsesi.or.id/index.php/obsesi/article/view/788>
- Peraturan Presiden Republik Indonesia Nomor 72 Tahun 2021 tentang Percepatan Penurunan Stunting. (2021). Sekretariat Negara Republik Indonesia.
- Purnamasari, I., et al. (2024). Hubungan sanitasi lingkungan dengan kejadian stunting pada balita:

- Sebuah literature review. Mitra Raflesia: Journal of Health Science. <https://jurnal.stikesbhaktihusada.ac.id/index.php/MR/article/view/372>
- RRI. (2024, Mei 13). Prevalensi stunting di Maluku naik 2,3 persen. <https://rri.co.id/ambon/kesehatan/687508/prevalensi-stunting-di-maluku-naik-2-3-persen>
- Slodia, M. R., Ningrum, P. T., & Sulistiyani, S. (2022). Analisis hubungan antara sanitasi lingkungan dengan kejadian stunting di Kecamatan Cepu, Kabupaten Blora, Jawa Tengah. *Jurnal Kesehatan Lingkungan Indonesia*, 21(1), 59–64.
- Suarayasa, K., Wandira, B. A., & Yani, A. (2023). Hubungan sarana sanitasi dasar dengan kejadian stunting pada balita usia 6–59 bulan di Kota Palu Sulawesi Tengah. *Media Publikasi Promosi Kesehatan Indonesia* (MPPKI). <https://jurnal.unismuhpalu.ac.id/index.php/MPPKI/article/view/3547>
- Suwakul, I. (2025a). Sosialisasi Program Gerakan Orang Tua Asuh Cegah Stunting (GENTING) kepada Tim Percepatan Penurunan Stunting Kabupaten Seram Bagian Timur Tahun 2025 [Materi presentasi]. Dinas Pengendalian Penduduk dan Keluarga Berencana Kabupaten Seram Bagian Timur, 31 Januari 2025.
- Suwakul, I. (2025b). Laporan keluarga berisiko stunting sasaran GENTING di Kabupaten Seram Bagian Timur Tahun 2025 [Materi presentasi Rapat Aksi I dan Aksi II TPPS]. Dinas Pengendalian Penduduk dan Keluarga Berencana Kabupaten Seram Bagian Timur, 2 Mei 2025.