



MALAHAYATI INTERNATIONAL JOURNAL
OF NURSING AND HEALTH SCIENCE
ISSN 2620-9152 (Print)
ISSN 2621-4083 (Online)
DOI: 10.33024



ARTICLE INFORMATION

Received: April, 16, 2026

Revised: June, 3, 2026

Available online: June, 6, 2026

at : <https://e-jurnal.iphorr.com/index.php/minh>

Comparative analysis of health policy implementation in toddler growth and development monitoring

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Abstract

Background: The toddler period, often referred to as the golden period, is critical for optimizing child growth and development. Based on Padang Health Office data (2024), Community Health Center Pemancangan achieved the highest performance in growth and development monitoring indicators, while Community health center Pauh recorded the lowest.

Purpose: To comparatively analyze the implementation of health policies in toddler growth and development monitoring between Community health center Pemancangan and Community health center Pauh in Padang City.

Method: A qualitative design using an input–process–output system approach. Informants included the mayor, head of the health office, heads of Community health center, program managers, regional supervisors, and Integrated health service post cadres. Data were collected through interviews, observation, and documentation, and analyzed using the Miles and Huberman method.

Results: Policy implementation refers to Minister of Health Regulation No. 6 of 2024 on Minimum Service Standards and is operationalized through Integrated health service post activities, including weighing, height measurement, vitamin A supplementation, and developmental screening. Although Community health center Pauh has more human resources and facilities, utilization remains suboptimal. Both Community health center show gaps in implementation processes, particularly in adherence to standards, recording, and reporting. Output indicators indicate that monthly monitoring is conducted but has not yet achieved program targets.

Conclusion: The implementation of toddler growth and development monitoring policies in both Community health center remains suboptimal. Strengthening planning, improving implementation quality, and reinforcing continuous monitoring and evaluation are essential to enhance program performance.

Keywords: Comparative Analysis; Development; Growth; Health Center; Policy; Toddler.

INTRODUCTION

The future of a nation depends on the success of children in achieving optimal growth and development. The toddler period, known as the golden period, is a crucial stage for optimizing children's physical and intellectual development. During this period, careful attention to children's growth and development is necessary to enable early detection of disorders (Oktaviyati, Faridawati, Siswanti, Havana, & Handayani, 2023). Globally

reported in 2020 that one in six children experiences growth and development disorders, yet only 60% of these cases are detected early and receive intervention services (World Health Organization, 2020). Growth and development monitoring is part of child health services provided to toddlers to improve the quality of children's health, including nutritional, cognitive, mental, and psychosocial status, as regulated (Ministry of Health of the Republic of

Indonesia, 2014). This activity enables early detection of abnormalities or delays so that timely interventions can be provided to prevent long-term impacts such as suboptimal physical growth, impaired cognitive development, decreased immunity, and an increased risk of degenerative diseases in later life (Laily & Indarjo, 2023). Monitoring child growth and development is important for assessing progress in global and national policies and serves as a key reference for planning and evaluating services that support healthy child development (World Health Organization, 2023). Health policies related to growth and development monitoring, concerning technical standards for meeting minimum service standards, which state that every toddler must receive standardized health services, including growth and development monitoring (Ministry of Health of the Republic of Indonesia, 2024). Additionally, monitoring and managing growth and developmental disorders in toddlers must be carried out comprehensively and with quality through adequate stimulation activities, early detection, and early intervention, conducted continuously by health workers and cross-sectoral personnel. Guidelines for Integrated health service post also emphasize that early detection is a key service for monitoring toddler growth and development. This activity is an integral part of basic health services at health centers and is regulated in health policy. However, in practice, the achievement of growth and development monitoring indicators varies across health centers, with some centers performing below targets while others exceed them.

The success of growth and development monitoring indicators is measured by the percentage of toddlers monitored compared to the total target population. Nationally, the Indonesian Health Profile shows an increasing trend from 78.3% in 2022 to 82.3% in 2023; however, this figure remains below the strategic target of 85% for 2023. In West Sumatra, the achievement of this indicator in 2023 was 71.9%. Based on the Padang City Health Profile in 2023, the percentage of toddlers whose growth and development were monitored was 75.63%, which is still below both the strategic plan target of 85% and the program target of 80% for 2023, with an expected increase to 85% in 2024. Program implementation is an integrated system involving both activities and policies at health centers. Monitoring and evaluation

are essential to assess program success. Although growth and development monitoring has been implemented for a long time and regulated by government policies to improve child welfare, challenges remain in its implementation, both from the patient and professional perspectives (Lulianthy & Setyonugroho, 2021). A systems approach is therefore needed to understand the interaction of various components in shaping growth and development monitoring patterns. An activity can be analyzed through input and process components that influence outputs. Inputs include policies, human resources, funding, facilities, and Standard Operating Procedures (SOPs). The process includes planning, implementation, monitoring, and evaluation, while outputs refer to the results achieved in implementing growth and development monitoring (Azwar, 1980).

Previous studies have examined the implementation of growth and development monitoring in toddlers using input, process, and output approaches. Research on the analysis of the Stimulation, Early Detection, and Early Intervention for Child Growth and Development program at Community health center Padang Sibusuk in 2021 found that the program was not optimally implemented due to the absence of specific local policies, limited regulatory socialization, inadequate human resource quality, and insufficient funding and facilities. Weak cross-sectoral support, along with suboptimal monitoring and evaluation, resulted in the failure to achieve Stimulation, Early Detection, and Early Intervention for Child Growth and Development program targets (Wahyuni, Yesti, & Yanti, 2022). A qualitative study analyzing stimulation, early detection, and early intervention for child growth and development implementation at Community health center showed that input components included existing policies in the form of a Decision Letter from the head of the Community health center and SOPs for stimulation, early detection, and early intervention for child growth and development, however, human resources were sufficient but not yet trained, funding was not specifically allocated, and infrastructure was still inadequate. Planning components were included in the Proposed Activity Plan and Activity Implementation Plan. The implementation of growth monitoring had been carried out, but developmental screening was not conducted in accordance with the

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stimulation, early detection, and early intervention for child growth and development guidelines. Evaluation was conducted through monthly mini-workshops and periodic Control, Assessment, and Supervision every semester (Novela, Yasril, Winas, Abbas, & Novinces, 2024). Similarly, another study found that although monitoring and evaluation of growth and development programs had been conducted at each Integrated health service post, input components such as human resources, funding, and infrastructure were still inadequate, despite routine measurements of weight and height being performed (Misnaniarti, & Rahmawati, 2023).

Padang City has 24 health centers distributed across 11 sub-districts. Community health center Pemancungan, located in South Padang sub-district, achieved the highest performance in monitoring toddler growth and development in 2024, with an achievement rate of 93.8%, exceeding the Maternal and Child Health program target of 85%. In contrast, Community health center Pauh recorded the lowest achievement at 62.3%. According to data from the Central Statistics Agency of Padang City, the Community Health Center Pemancungan service area has a population of 19,241 people across five sub-districts: Pasa Gadang, Seberang Palinggam, Batang Anai, Bukit Gado-Gado, and Air Manis. Meanwhile, the Community Health Center Pauh service area has a population of 63,642 spread across nine sub-districts: Pisang, Binuang Kampuang Dalam, Cupak Tengah, Piai Tengah, Kapalo Koto, Koto Luar, Lambung Bukit, Limau Manis Selatan, and Limau Manis. The availability of health workers is part of workforce planning as regulated in health workforce management policy (Government of the Republic of Indonesia, 2019). Health workers play a crucial role in improving service quality to achieve optimal public health outcomes. One of the duties of midwives is to monitor toddler growth and development (Ministry of State Apparatus Empowerment and Bureaucratic Reform of the Republic of Indonesia, 2019). Community health center Pemancungan has 10 midwives and achieved the highest performance, while Community health center Pauh has 38 midwives but recorded the lowest performance (Padang City Health Office, 2023). Based on the standard ratio of two midwives per 1,000 population set by the Directorate of Health Workforce Planning, both health

centers fall below the required ratio, yet they show different output achievements in growth and development monitoring. Preliminary surveys conducted by researchers at both Community health center indicated that monitoring activities were carried out by regional supervisors and Integrated health service post cadres. Community health center Pemancungan has 37 Integrated health service post, while Community health center Pauh has 73 Integrated health service post. Facilities for growth monitoring are generally adequate; however, the availability of Educational Play Equipment remains limited in both centers.

This background forms the basis for conducting a comparative analysis in a health policy study on the implementation of toddler growth and development monitoring between Community health center Pemancungan and Community health center Pauh using an input, process, and output system approach through qualitative field data collection.

RESEARCH METHOD

This research is a health policy study using an input, process, and output system approach, conducted qualitatively to obtain detailed information and to compare the similarities and differences in the implementation of growth and development monitoring at Community health center Pemancungan and Community health center Pauh in Padang City. The study was conducted from November 2024 to October 2025. Informants were selected using purposive sampling and snowball sampling techniques. The selected informants were considered competent data sources, knowledgeable about the issues, and able to provide relevant information related to the implementation of toddler growth and development monitoring at the Community health center. The informants included the Mayor of Padang, the Head of the Padang Health Department, the Heads of Community health center Pemancungan and Pauh, program managers of Child Health, Nutrition, and Health Promotion, midwives or regional supervisors, and Integrated health service post cadres.

The components of this research consist of input, process, and output. The input component includes policies, human resources, funding, facilities, and Standard Operating Procedures (SOPs). The process

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component includes planning, implementation, recording and reporting, as well as monitoring and evaluation. The output component is the implementation of toddler growth and development monitoring at the Community health center. Data collection techniques included interviews, observation, and documentation. Data validity was ensured through credibility using triangulation. The

stages of data analysis, based on the Miles and Huberman method, included data collection, data reduction, data display, and conclusion drawing. This research has received ethical approval from the Health Research Ethics Committee, Faculty of Medicine, Andalas University, with certificate number 349/UN.16.2/KEP-FK/2025.

RESEARCH RESULTS

Comparative Analysis of Input Components

Tabel 1. Comparative Analysis of Input Components

Community health center <i>Pemancangan</i>	Community health center <i>Pauh</i>
Similarities	
The policy used is the same, namely Health Minister Regulation No. 6 of 2024 concerning minimum service standards.	
The program for monitoring toddler growth and development at Integrated health service post	
Funding comes from the Regional Operational Budget (Health Operational Assistance), but the budget and implementation are not detailed.	
Differences	
The number of Integrated health service posts is 37	The number of Integrated health service posts is 73
The number of midwives is 9	The number of midwives is 39
The number of subdistricts is 5	The number of subdistricts is 9
The number of cadres is appropriate	The number of cadres is inadequate
The availability of APE is insufficient	The availability of APE is sufficient but not used

Comparative Analysis of Process Components

Tabel 2. Comparative Analysis of Process Components

Community health center <i>Pemancangan</i>	Community health center <i>Pauh</i>
Similarities	
Planning in determining number of toddler targets based on Pusdatin, indicator target based on Padang city health department, and preparation of Activity Implementation Plan based on last year's Proposed Activity Plan	
A schedule is in place	
Implementation of toddler growth and development monitoring does not meet standards	
Incomplete records at Integrated health service post remain	
No APE was found at the Integrated health service post	
Differences	
Cadres conduct sweeps as an effort to increase visits to Integrated health service post.	Cadres are less active in efforts to increase visits to Integrated health service post.
Monitoring through daily meetings and monthly workshops.	Monitoring and evaluation with a monthly monitoring and evaluation team.

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Comparative Analysis of Output Components

Tabel 3. Comparative Analysis of Output Components

Community health center <i>Pemancangan</i>	Community health center <i>Pauh</i>
Number of Toddlers: 1.408 Number of Attendance/Target (A/T): 100% Number of Weight Gain/Children Weight (G/W): 70.3% Field data, based on cadre records during Integrated health service post visits, showed no 100% (A/T) rates, and no recorded (G/W) rates were found at Integrated health service post by cadres.	Number of Toddlers: 3.894 Number of (A/T): 100% Number of (G/W): 70.8% Field data, based on cadre records during Integrated health service post visits, showed no 100% (A/T) rates, and no records of (G/W) at Integrated health service post by cadres were found.
Strengths	
Cadres are making efforts to increase visits to the integrated health post through sweeping.	Availability of adequate equipment for monitoring toddler growth and development
Weaknesses	
Insufficient equipment availability Implementation is not yet standardized Invalid recording and reporting	Obstacles in transporting PPE to Integrated health service post Implementation is not yet standardized. Integrated health service post cadres are less active. Large work area. Invalid recording and reporting.

DISCUSSION

Input Components

Health policy refers to actions or strategies that influence health services. Community health centers, as implementers of health policies, play a crucial role in regulating the quality of health services related to patient satisfaction (Saputra, Hajar, & Sari, 2024; Agustini, Wahyudi, & Priyatno, 2024). The policy of monitoring toddler growth and development, which has been implemented monthly at Integrated health service post, requires continuous monitoring and evaluation to ensure the achievement of optimal child growth and development.

The number of midwives in both Community health center does not comply with the established health worker ratio of 2 per 1,000 residents. This gap indicates a suboptimal distribution of health workers, which may negatively impact community health status, particularly in areas with limited access to services. The establishment of regional regulations on the recruitment of health workers based on regional needs should be considered to optimize the number

and distribution of midwives in Community Health Centers. This policy serves as a normative derivative of the strategic framework for planning health workforce needs based on the principle of equitable distribution in both the number and type of health workers (Minister of Health Regulation, 2018). As demonstrated in Ogan Ilir Regency to improve the quality of health services (Akbar, 2025).

Scheduled training involving all health workers is expected to improve competencies, thereby enabling the provision of optimal health services for toddlers. Needs-based, scheduled human resource training has positive implications for access to and the quality of maternal and child health services at Community health center Fodo, South Gunung Sitoli (Zebua, Lase, Halawa, & Telaumbanua, 2025). The competence of Integrated health service post cadres in monitoring growth and development is also crucial, as this is part of their responsibility during Integrated health service post activities. This is consistent with research showing that cadre training is effective in

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improving the competency and skills of cadres at the Pasar Minggu Community Health Center (Zalela, Prasiwi, & Purnamawati, 2024). Another study indicates that factors beyond knowledge, such as motivation and older age, also influence cadre skills (Musmiller, 2020). Health workers and Integrated health service post cadres are therefore expected to meet both quantitative and qualitative requirements to ensure that toddler growth and development monitoring is implemented according to standards. This aligns with research indicating that suboptimal quantity and quality of human resources can hinder the achievement of Minimum Service Standards, including toddler growth and development monitoring (Wahyuni, 2021). Capacity building for health workers and cadres should be conducted routinely each year to refresh and update knowledge related to toddler growth and development monitoring.

The funding for this activity comes from the Health Operational Assistance. However, this funding is not specifically itemized in the Proposed Activity Plan and Activity Implementation Plan at Community health center Pemancangan or Pauh; instead, it is included under child health service activities. This finding is consistent with research stating that financial planning for Health Operational Assistance at each health center begins with the preparation of the Proposed Activity Plan, which is then developed into the Activity Implementation Plan through approval in meetings involving the health office and Health Operational Assistance management team, as a requirement for allocating Health Operational Assistance funds (Wibowo, Nurcihikita, & Kurniawan, 2023). Another study on health financing and the effectiveness of maternal and child health services in East Kalimantan concluded that the amount of funding does not necessarily determine service effectiveness; rather, commitment to service and cross-sectoral collaboration are more critical for achieving the Sustainable Development Goals (SDGs) (Duma, 2016).

Inadequate facilities and infrastructure have resulted in suboptimal implementation of toddler development monitoring. This is consistent with research indicating that the lack of adequate facilities and infrastructure is a barrier to the implementation of the Integrated health service post program in Karangan Putih Village, Kelua District, Tabalong

Regency (Munawarah, Handayani, & Herlinda, 2025). Another study found that health services at the Pinayungan Village Community Health Center were relatively good, supported by adequate facilities and infrastructure, which contributed to improved performance and service quality (Nasution, Kurniansyah, & Priyanti, 2021). Efforts to address the lack of equipment for monitoring toddler growth and development should include procurement through Health Operational Assistance funding and the utilization of Corporate Social Responsibility (CSR) programs, such as those from Semen Padang, to ensure that monitoring activities are conducted according to standards.

Based on documentation studies conducted by the researchers, both Community health center Pemancangan and Pauh already have SOPs for monitoring toddler growth and development. These SOPs are developed based on guidelines and technical instructions from the Ministry of Health. The existence of SOPs in both health centers represents an effort to maintain the quality of toddler health services. This is in line with research concluding that SOPs have a positive effect on service quality at the Pulogadung District Health Center in East Jakarta (Marojahan & Assegaf, 2025). As fundamental references for all health activities, SOPs need to be updated in accordance with regulatory changes and require proper supervision during implementation by midwives and cadres.

Process Components

The determination of toddler targets at both community health centers, which currently relies on data from the Pusat Data dan Teknologi Informasi (Pusdatin), should be strengthened with actual field data to ensure accurate targeting. The preparation of the proposed activity plan and activity implementation plan should also refer to the Community health center management guidelines (Saenong, Sukarta, & Kassaming, 2022).

The results of the study indicate that the implementation of toddler growth and development monitoring in both Community health center is not yet optimal. Regular training and professional development for health workers can improve service quality (Wardani, Yudhawati, & Dewi, 2025). The role of Integrated health service post cadres includes

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conducting toddler health checks, providing health outreach, carrying out home visits, and delivering health education to the community to increase awareness and understanding of child health (Hikmah, 2024). The role of cadres as managers, implementers, and users is positively correlated with increased coverage of toddler visits in the Sukaluyu Village working area, Karawang (Purba & Sugiantini, 2023). Enhancing the capacity of Integrated health service post cadres can improve their understanding in achieving the objectives of Integrated health service post (Nurhayati, Khairunnisa, Holfinur, & Hamdan, 2024). Efforts to improve program achievement can be carried out through outreach (sweeping) by cadres and by increasing the participation of mothers in bringing their toddlers to Integrated health service post.

Recording and reporting systems can provide feedback from the Community health center to higher administrative levels, offering information and evaluation to improve the quality of health services (Sary, Dewi, & Kurniawan, 2021). Recording and reporting are carried out by implementing officers at various levels, up to the health office. These activities utilize cohort records, spreadsheets (links), and the electronic Community-Based Nutrition Recording and Reporting application, which still require monitoring to ensure data completeness and minimize errors.

The success of a program in achieving its objectives is closely related to supervision and monitoring functions. Monthly monitoring and evaluation can be conducted through routine meetings, report submissions, and field supervision. Monitoring conducted by both community health centers can be integrated to track activity implementation, identify obstacles, and develop follow-up plans to address existing issues. Monitoring activities, including post-field reviews, should involve a monitoring and evaluation team directly engaged in the field as an effort to improve service quality.

Output Components

Monthly monitoring of toddler growth and development at both Community health center has been carried out through Integrated health service post activities. Both health centers have strengths and weaknesses in terms of input and process components; however, in terms of output, both show

suboptimal implementation and failure to achieve program indicator targets. The achievement of toddler growth and development monitoring at the Community health center is not solely the responsibility of health workers and cadres as implementers; community participation, particularly parents who bring their toddlers to Integrated health service post, also plays a significant role in improving program outcomes (Juwitaningsih & Khairiah, 2024; Utami & Wintarsih, 2024). Continuous improvement in service quality is therefore required through regular training of health workers and cadres, standardization of equipment and toddler health services, and consistent monitoring and evaluation to enhance the quality of toddler health services (Rinayati, Nisrina, Harsono, & Santoso, 2023; Ridho, Oktodensa, & Hilman, 2024)).

CONCLUSION

The implementation of toddler growth and development monitoring at Community health center Pemancangan and Community health center Pauh remains suboptimal across input, process, and output components. Limited facilities at Community health center Pemancangan and the suboptimal utilization of available resources at Community health center Pauh, combined with inadequate implementation and weak recording and reporting systems, have contributed to suboptimal outcomes, despite efforts to improve coverage through active cadre participation at Community health center Pemancangan. Therefore, strengthening planning, enhancing implementation quality, and reinforcing continuous monitoring and evaluation are essential to improve the effectiveness of toddler growth and development monitoring policies.

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DOI: <https://doi.org/10.33024/minh.v9i3.2992>