

A Narrative Review: How to Optimize Program Keluarga Harapan in Addressing Nutritional Issues in Indonesia?

Tinjauan Narasi: Bagaimana Mengoptimalkan Program Keluarga Harapan dalam Mengatasi Permasalahan Gizi di Indonesia?

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Abstract

Indonesia's Conditional Cash Transfer (CCT) program, Program Keluarga Harapan (PKH), aims to alleviate poverty and improve access to essential services. However, its effectiveness in addressing the root causes of poverty, malnutrition, and stunting has been subject to criticism, as it primarily focuses on alleviating immediate financial constraints. This literature review critically analyses the existing research on the PKH program's effectiveness in addressing nutritional issues in Indonesia. Literature selection, data extraction, and analysis were employed. Based on the literature search strategy and criteria, four key papers were collected. These studies indicated that CCT/PKH could not stand alone in tackling nutritional problems. There are several supporting components that should be taken into consideration in implementing the programme, including 1) the requirement of a standardized healthcare facility; 2) focusing on quality in small numbers rather than covering a wide scale with minimum impact; 3) supplementing CCT/PKH with health education and promotion programme; and 4) improving access to health and nutritional services. A whole-system approach, involving various stakeholders and integrating targeted interventions, has the potential to break the intergenerational cycle of poverty and ensure a healthier future for all Indonesians.

Keywords

Conditional Cash Transfer, Program Keluarga Harapan, Poverty, Nutrition, Stunting

Abstrak

Program PKH bertujuan untuk mengurangi angka kemiskinan dan meningkatkan akses terhadap pelayanan dasar. Namun, efektivitas dari program PKH dalam mengatasi akar masalah kemiskinan, malnutrisi dan stunting masih menjadi objek untuk dikritisi sebagaimana program tersebut masih berfokus pada aspek finansial. Studi literatur ini bertujuan untuk menganalisis efektivitas program PKH dalam mengatasi isu gizi di Indonesia berdasarkan sumber literatur yang ada. Berdasarkan proses seleksi, ekstraksi dan analisa data, didapatkan empat literatur utama. Hasil studi menunjukkan bahwa program PKH tidak dapat berdiri sendiri dalam menanggulangi permasalahan gizi. Terdapat beberapa komponen yang dapat mendukung keberhasilan program PKH yaitu 1) standardisasi fasilitas pelayanan kesehatan, 2) berfokus pada keberhasilan program dalam skala kecil dibanding memperluas cakupan dengan dampak minimum, 3) menunjang program PKH melalui pendidikan dan promosi kesehatan, 4) meningkatkan akses pelayanan kesehatan dan gizi. Pendekatan secara menyeluruh melibatkan berbagai pemangku kebijakan dan mengintegrasikan intervensi yang ditargetkan dapat memutus rantai kemiskinan antar generasi dan mewujudkan generasi sehat Indonesia.

Kata Kunci

Bantuan Tunai Bersyarat; Program Keluarga Harapan; Kemiskinan; Gizi; Stunting

1. Introduction

Indonesia, a nation of immense diversity and potential, has long grappled with the multifaceted challenge of poverty and its associated consequences, including the pervasive issue of triple-burden malnutrition (TBM) – a condition in which a group of people experience undernutrition and micronutrient deficiencies also dealing with adverse effects of overnutrition (overweight or obesity). In Indonesia, approximately 1 in 3 children under five years are affected by stunting, 1 in 10 school-aged children live with wasting, overweight, and obesity, respectively, and 32% of adolescents experience anemia (Basic Health Research Team, 2019). Despite the large yet intersecting spectrum, Indonesia and most Southeast Asian countries implement siloed design strategies to tackle each triple-burden malnutrition component, outweighing the stunting (Nguyen et al., 2020). This act may be caused by the persistent prevalence of stunting in the region; 52% of all children with stunting are found in Asia (World Bank, 2023), indicating the need for faster progress to achieve the 2030 target.

According to the World Health Organization (WHO), stunting occurs due to poor conditions during early life development, resulting in poor linear growth. It is diagnosed when a child's height for their age is below 2 standard deviations from the WHO child growth standard median (Siswati et al., 2022). In simpler terms, stunting is when a child's height is below the standard height for their age. It is not only driven by food availability but also maternal nutrition, diet quality in infancy and early childhood, food system alteration leading to susceptibility toward unhealthy processed foods, sanitation and hygiene practices, poverty, inequity, and sociocultural factors (Popkin, Corvalan and Grummer-Strawn, 2020).

Despite substantial economic growth and development in recent decades, a significant portion of Indonesia's population remains trapped in a vicious cycle of poverty, exacerbated by inadequate access to essential services and limited opportunities for upward mobility. Approximately 64 million Indonesians live less than 50 per cent above the poverty line, while 24.7 million live below the line (Holmemo et al., 2020). In addition to that, the economic growth of Indonesia in 2023 was not

quite good – it grew by 5.05%, which is lower than the prior year (Badan Pusat Statistik, 2024).

The Indonesian government introduced the Program Keluarga Harapan (PKH) or Conditional Cash Transfer (CCT) program to address these pressing challenges in 2007. Inspired by similar initiatives implemented in several Latin American countries, the PKH program aims to provide conditional cash assistance to impoverished households, contingent upon their fulfilment of specific requirements related to health and education (Cahyadi et al., 2020). The program's primary objectives are to alleviate immediate poverty, improve access to essential services, and promote human capital development through investments in health and education, thereby breaking the intergenerational cycle of poverty (Cahyadi et al., 2020).

Despite its well-intentioned design and substantial financial investment, the effectiveness of the PKH program in tackling the root causes of poverty and addressing the issue of stunting has been subject to scrutiny and debate. Critics argue that the program needs to address the underlying structural factors that perpetuate poverty and malnutrition, focusing primarily on alleviating immediate financial constraints rather than implementing comprehensive, multi-dimensional strategies (Hadna & Askar, 2022). One of the primary criticisms against the PKH is its narrow scope and overreliance on cash transfers as a panacea for poverty alleviation and the prevention of stunting. While cash assistance can provide temporary relief and access to essential services, it does not necessarily address the deeper systemic issues contributing to persistent poverty and chronic malnutrition (Hadna & Askar, 2022). Addressing complex issues causing stunting and other forms of malnutrition requires a comprehensive approach beyond conditional cash transfers.

Collaboration between the penta helix actors is essential to ensure a holistic and coordinated approach to the prevention of stunting, encompassing maternal and child health interventions, food security, education, promotion of sustainable agriculture, and improvements in water and sanitation infrastructure (Torlesse et al., 2016). Furthermore, monitoring beneficiaries' consumption is crucial. Research has revealed that CCT causes overconsumption, resulting in unsustainable

lifestyles. A recent report showed that the food expenditure pattern in Indonesia is significantly led by ready-to-eat (RTE) and ready-to-drink (RTD) products, followed by cigarettes and tobacco, and grains; meanwhile, expenses for fruit and meat are below 5%.

Based on the gap, this study aims to evaluate the work process of PKH/CCT in tackling nutritional issues, especially stunting.

2. Methods

2.1. Selection Rationale

The review was conducted by selecting papers related to our topic, which is the availability of resources. Recent breakthroughs have shown that issues like malnutrition and stunting cannot be addressed through a single intervention. It requires a comprehensive approach that involves various systems, including policies and strategies within the social protection system.

2.2. Search Process

2.2.1. Literature Search Strategy

The literature search was conducted using two academic databases, Google Scholar and PubMed. It was guided by a combination of relevant keywords and phrases, such as “Program Keluarga Harapan”, “Conditional Cash Transfer”, “poverty alleviation”, “stunting”, “nutrition”, and related terms. The search strategy was limited to the time range of the published article for the last five years.

Additionally, the reference lists of relevant studies will be manually scrutinized to identify any potentially overlooked sources.

2.2.2. Inclusion and Exclusion Criteria

A set of inclusion and exclusion criteria will be applied to ensure the relevance and quality of the literature included in the review. The inclusion criteria will encompass peer-reviewed journal articles, book chapters, and reports from reputable organizations that specifically address the PKH/CCT program and its impact on poverty and nutritional issues. Additionally, preference will be given to literature published within the last ten years to ensure the most up-to-date and relevant research is captured.

Exclusion criteria will include non-peer-reviewed sources, such as opinion pieces, news articles, blog posts, and literature

focusing solely on CCT programs without considering nutritional issues. Studies that do not explicitly address the connection between the PKH program and poverty or nutritional issues will also be excluded.

2.3. Analysis Approach

2.3.1. Data Extraction and Analysis

Relevant data and information will be systematically extracted and organized for the selected literature. This will include the study design, methodology, key findings, and conclusions. A standardized data extraction form will ensure consistency and facilitate the analysis process.

The extracted data will be critically analyzed and synthesized to identify common themes, patterns, and potential gaps in the existing literature.

2.4. Ethical Considerations

As this research involves a literature review, ethical considerations primarily revolve around ensuring academic integrity, avoiding plagiarism, and accurately representing the findings and conclusions of the included studies. Appropriate citation and referencing practices will be strictly adhered to, and any potential conflicts of interest will be disclosed transparently.

2.5. Limitations of Methods

The analysis's quality and comprehensiveness will inherently depend on the availability and accessibility of relevant literature. Additionally, there may be language barriers or publication biases that limit the inclusion of certain studies or perspectives.

3. Results and Discussion

3.1. Results

Table 1 below shows the results of the narrative review conducted in this study. Based on the literature search strategy and criteria, four key papers were collected. These studies indicated that CCT/PKH could not stand alone in tackling nutritional problems. There are several supporting components that should be taken into consideration in implementing the programme, including the requirement of a standardized healthcare facility, focusing on quality in small numbers rather than covering a wide scale with minimum impact, supplementing CCT/PKH with health education and

promotion programme (e.g. WASH/BCC), and improving access to health and nutritional services.

3.2. Discussion

Based on our results, the discussion is followed by key findings and themes that we need to further discuss about the healthcare system required to optimize the PKH program, researcher involvement, community health worker participation and private sector engagement.

3.2.1. The functioning of healthcare systems to address nutritional issues through CCT/PKH.

The Indonesian government has implemented a conditional cash transfer program called PKH, which aims to improve the accessibility of nutritious food to poor households in the country. This is part of their efforts to lift these households out of poverty and improve their health and education status. CCT/PKH is anticipated to be an effective strategy to increase access to healthcare and education for the people of Indonesia, especially children and pregnant women. Cash transfers can also stimulate the local economy by bolstering household purchasing power (Nurkhalim et al., 2022).

One study conducted by Adriani et al. described the distribution of nutritional conditions among mothers and children in Indonesia. Approximately 47.9% of mothers were classified as overweight or obese. Stunting was the prevalent form of malnutrition, affecting 29.7% of children, followed by wasting at 16.6% and underweight at 9.7%. Moreover, about 42.0% of children were identified as anaemic (Andriani et al., 2023).

Some studies have shown that stunting is more prevalent in disadvantaged families with limited access to healthcare services, adequate food and nutrition, and social care. For instance, a study conducted in Sudan between 2010-2014 found that stunting was more common in families with low income and education levels. In Indonesia, stunting is a persistent health issue that must be addressed to prevent adverse impacts on human development and health over the course of life. According to data released by Indonesia's Ministry of Health in 2023, the prevalence of stunting decreased from 24.4% in 2021 to 21.6% in 2022. Although the prevalence of stunting appears to be decreasing, it is still

smaller than the annual reduction of the global target, which is a 3.9 reduction per year (de Onis et al., 2013).

Based on one of the results presented, we found that CCT programs positively influence child nutrition by increasing women's income and control over resources as well as improving children's dietary intake. CCT is effective in improving child health by strengthening and effectively functioning healthcare systems.

Further, the complexity of health inequalities results in different prevalence among provinces. According to data from the Ministry of Health in 2022, there are notable differences in stunting prevalence between provinces in Indonesia. The data indicates that rural areas have a higher prevalence of stunting than urban areas. For example, a study conducted in East Lombok, West Nusa Tenggara, a region with slow public development, showed that monthly family income has a marginally significant effect on the incidence of stunting (Sajalia et al., 2018). This suggests that children who live in high-income families are 2.15 times less likely to experience stunting compared to those who live in low-income families (Sajalia et al., 2018). Indonesia's "PKH" program provides conditional cash transfers to cover the early days of a child's life (Siswati et al., 2022). These interventions have been successfully implemented and improved in Yogyakarta, Indonesia, from 2018 to 2021, resulting in a reduction in the prevalence of stunting from 21.42% in 2018 to 17.3% in 2021 (Siswati et al., 2022).

To bridge the gaps, no single intervention can prevent all types of nutritional issues. It requires an effective healthcare system. This involves regulating policies, strategies, and programs delivered through primary healthcare platforms to enhance nutrition for both in-school and out-of-school children and married and/or pregnant women. Health system actions should include preventing anaemia, providing school health and nutrition services, and offering care and counselling through primary healthcare services (Sharma & Vilma, 2021).

To enhance the effectiveness of the healthcare system in addressing nutritional issues, several interventions are required. These include integrated service delivery, such as regular check-ups for beneficiaries and growth monitoring to ensure comprehensive care. Additionally,

Table 1. Findings of the reviewed sources

No.	Authors	Title	Study Design	Methodology	Sample size	Key Findings
1	Owusu-Addo, E., Cross, R, 2014	The impact of conditional transfers on child health in low-middle income countries	Systematic review	Literature search	16 papers	Ten different studies indicate that four Conditional Cash Transfer (CCT) programs positively influence child nutrition by increasing women's income and control over resources, as well as improving children's dietary intake. In Mexico, children aged 12-36 months who participated in a CCT program experienced an average height increase of more than 1 cm compared to non-participating children, and they also had a reduced risk of stunting. CCT is effective in improving child health by addressing nutritional issues and requires the effective functioning of health care systems.
2	Cahyadi et al., 2020	Cumulative Impacts of Conditional Cash Transfer Programs: Experimental Evidence from Indonesia	RCT (Randomized Controlled Trial)	Survey	360 sub-districts	<p>a) There is a continued effects of the CCT program regarding maternal health-seeking behaviors which are assisted childbirths by trained personnel in a health facility</p> <p>b) No increase in vitamin A supplementation and malnutrition (weight for age), and insignificant increases in the number of times a child was weighed</p> <p>c) Significant reduction in stunting, but no difference between the first two and six years of follow up</p> <p>d) Potential mechanism of stunting reduction including increased interaction with medical professionals (weight monitoring), protein intake improvement, illness declining</p> <p>e) CCT program has been running without researcher involvement</p> <p>f) The government prioritized the expansion rather than focused implementation of CCT in a small number of areas</p>
3	Manley, Alderman and Gentilini, 2022	More evidence on cash transfers and child nutritional outcomes: a systematic review and meta-analysis	Systematic review and meta-analysis	Literature search	129 studies	<p>a) None of HAZ, WAZ, WHZ and wasting decline are significant in children under age two.</p> <p>b) WAZ and WHZ decline are insignificant in both children under age two and older groups.</p> <p>c) CCT programme on HAZ and stunting continue to be statistically significant but small in size (larger in older children)</p> <p>d) Water, Sanitation and Hygiene (WASH)/hygiene-based behaviour change communication</p> <p>e) (BCC) associated with improvements in HAZ, stunting, animal-source foods consumption and diarrhoea prevalence.</p>
4	Kurian et al, 2021	Scoping Review of Intervention Strategies for Improving Coverage and Uptake of Maternal Nutrition Services in Southeast Asia	Scoping Review	Literature Search	22 studies	Conditional Cash Transfers (CCT) when integrated into maternal and child health programs, can have a positive impact on children's nutritional status by improving access to essential nutrition services and supporting maternal and child health outcomes.

Sumber: Analisis penulis berdasarkan peraturan perundang-undangan terkait, 2024.

there is a need to scale up capacity building for healthcare providers, equipping them with the latest knowledge and skills in nutrition and maternal and child health. To address health inequalities, it is crucial to invest in health infrastructure, including clinics and mobile health units, to ensure that healthcare providers can deliver nutritional and healthcare services to remote and underserved areas.

Not only limited to stunting, but other poor nutrition outcomes such as being underweight, wasted, anaemic and children-obese need the same interventions.

3.2.2. Researcher involvement to optimize the PKH Program.

Based on one of the studies presented in the results section, it was found that the cumulative impact of the CCT program in Indonesia has been limited due to the absence of researcher involvement. Despite the PKH program's ongoing efforts to promote significant health investments in children, its outcomes could be significantly improved through the involvement of researchers. Researchers can provide the necessary data and analysis to generate evidence-based policy recommendations, which are crucial for targeted interventions (research can help identify the most effective interventions and strategies for improving child health and nutrition, ensuring that resources are used efficiently) and policy adaptation (evidence-based research allows for the continuous adaptation of policies to respond to emerging challenges and changing conditions, making the PKH program more resilient and effective).

To generate comprehensive and effective policy recommendations, interdisciplinary collaboration is essential. This involves bringing together experts from various fields, including public health, nutrition, education, economics, and social policy. Such collaboration can provide a holistic understanding of the factors influencing child health and nutrition, leading to more effective interventions. For example:

a) **Public Health:** Public health experts can design and evaluate health interventions to ensure that they address the specific health needs of children in different regions.

- b) **Nutrition:** Nutritionists can provide insights into the dietary needs of children and develop programs to ensure access to nutritious food.
- c) **Education:** Educators can develop programs to raise awareness about health and nutrition among children and their families.
- d) **Economics:** Economists can analyze the cost-effectiveness of different interventions and help design programs that provide the best return on investment.
- e) **Social Policy:** Social policy experts can ensure that interventions are inclusive and address the broader social determinants of health.

Learning from the success of CCT programs in other countries can provide valuable insights for optimizing the PKH program. Social protection programs such as conditional cash transfers have the potential to reduce income inequality and promote human development by providing better education and employment opportunities ([The International Policy Centre for Inclusive Growth, 2018](#)). Starting from early life, pregnant women can also benefit from improved nutrition, which can positively impact fetal development ([The International Policy Centre for Inclusive Growth, 2018](#)). Similar to Brazil, has augmented its public expenditures on health and education, resulting in improved health equity by addressing the social determinants of health. A noteworthy reduction in child stunting rates was observed among the poorer groups, or even the poorest group, from 1996 to 2006/2007 ([Marmot & Bell, 2016](#); [The International Policy Centre for Inclusive Growth, 2018](#)). This progress was possible due to the country's socioeconomic development and equity-focused policies across all sectors, including their conditional cash transfer program known as "Bolsa Familia" which improved access to education, healthcare, and water and sanitation services ([Marmot & Bell, 2016](#)). The interdisciplinary approach and evidence-based policies have been key to its success.

In another example, The Bihar Child Support Programme in Bihar, Northern India, is a pilot programme that provides a conditional cash transfer to empower women to manage household expenses, including food purchasing power ([The International Policy Centre for Inclusive Growth, 2018](#)). This

programme has proven to be effective in improving maternal dietary diversity, particularly in a region with low women's empowerment and high rates of stunting and underweight in children under 5 years old. This programme has encouraged women to opt for pro-health and pro-nutrition foods and has had a modest impact on child dietary diversity in terms of meat, vegetable, and sugar-based product consumption ([The International Policy Centre for Inclusive Growth, 2018](#)).

CCT/PKH program may potentially involve various strategies such as expanding the range of eligible foods covered by the program, providing nutritional education and counselling to beneficiaries, collaborating with local farmers to ensure access to fresh produce, and integrating nutrition into the program's monitoring and evaluation framework. Policy entrepreneurs, such as researchers or advocates, may champion these ideas and work to bring them to the attention of policymakers ([Jazuli et al., 2021](#)).

3.2.3. Involving Community Health Workers (CHWs) in health promotion and wise budget allocation

Involving Community Health Workers (CHWs) in health promotion and wise budget allocation is a strategy that has gained significant attention in recent years, particularly in low and middle-income countries. This approach recognizes the unique position of CHWs as trusted members of their communities who can effectively bridge the gap between formal health systems and local populations.

CHWs play a crucial role in health promotion by delivering culturally appropriate health education, conducting basic health screenings, and facilitating access to health services. Their involvement in budget allocation decisions can lead to more targeted and effective use of limited health resources. As noted by [Schneider et al. \(2016\)](#), CHWs' intimate knowledge of community needs and challenges can inform resource allocation to address the most pressing local health issues. This participatory approach not only enhances the efficiency of health interventions but also promotes community ownership and sustainability of health programs.

However, the effective involvement of CHWs in these processes is not without challenges. [Perry et al. \(2014\)](#) highlights the importance of adequate training, supervision, and remuneration for CHWs to ensure their effectiveness and retention. Moreover, integrating CHWs into formal health system decision-making processes requires careful consideration of power dynamics and institutional barriers.

Despite these challenges, evidence suggests that involving CHWs in health promotion and budget allocation can yield significant benefits. A study by [Pallas et al. \(2013\)](#) demonstrated that CHW programs, when properly implemented and supported, can be cost-effective in improving health outcomes, particularly in maternal and child health. Furthermore, [Kok et al. \(2015\)](#) found that CHW involvement in community-based health interventions can enhance health equity by reaching marginalized populations.

To maximize the potential of CHWs in health promotion and budget allocation, policymakers and health system leaders should consider developing structured mechanisms for CHW input in decision-making processes, investing in CHW training and support systems, and conducting further research on best practices for CHW integration in health system planning and management.

3.2.4. Healthier food choices by private sector and monitored and supported by government's policy

The challenge of promoting healthier food choices among consumers is a complex issue that requires a multifaceted approach. The private sector, particularly food retailers and manufacturers, plays a crucial role in shaping consumer food choices. As [Hawkes \(2008\)](#) notes, they have direct access to consumers and can influence purchasing decisions through various means such as product placement, store layout, pricing strategies, marketing, advertising, and product development. Potential initiatives include implementing clear nutritional labelling systems, offering discounts or loyalty rewards for healthier options, redesigning store layouts to promote healthier choices, and reformulating products to reduce salt, sugar, and unhealthy fats. However, challenges exist in balancing profit motives with health promotion, potential resistance to change

from some industry players, and ensuring consistency across different retailers and brands.

Government involvement is crucial to ensure that private sector initiatives align with public health goals and are implemented effectively. [Mozaffarian et al. \(2018\)](#) highlight the importance of setting nutritional standards and guidelines, implementing regulations on food labelling and marketing, providing incentives for businesses promoting healthier options, and monitoring and evaluating the effectiveness of initiatives. Potential policies include mandatory front-of-pack nutritional labelling, taxes on unhealthy foods and subsidies for healthier options, restrictions on marketing of unhealthy foods (especially to children), and public health campaigns to educate consumers. Challenges in this area include balancing regulation with industry freedom, ensuring policies are evidence-based and effective, and avoiding unintended consequences such as increased food prices.

The most effective approaches are likely to involve close collaboration between the private sector and government. [Kraak & Story \(2015\)](#) emphasize the potential of public-private partnerships for health promotion campaigns, government support for industry-led initiatives that align with health goals, and shared data and research to inform policy and business strategies. Benefits of such collaborations include leveraging private sector innovation and efficiency, ensuring initiatives are aligned with public health goals, and creating a more comprehensive and consistent approach to promoting healthy eating. However, challenges exist in managing potential conflicts of interest, ensuring transparency in collaborations, and maintaining public trust in both government and private sector actions.

To inform future strategies, it's crucial to examine existing initiatives and their outcomes. Notable examples include the UK's voluntary salt reduction program ([He et al., 2014](#)), Chile's strict food labeling and marketing laws ([Corvalán et al., 2019](#)), and Amsterdam's approach to reducing childhood obesity ([Hawkes et al., 2020](#)). Lessons learned from these case studies highlight the importance of clear, consistent messaging, the need for a long-term, sustained approach, and the value of

combining multiple strategies including education, regulation, and incentives.

To continue improving strategies for promoting healthier food choices, several areas require further exploration. [Gortmaker et al. \(2011\)](#) suggests the need for long-term impact studies of various interventions, consumer behavior research in different cultural contexts, innovative technologies for personalized nutrition guidance, and strategies for addressing food deserts and improving access to healthy options.

Promoting healthier food choices requires a collaborative effort between the private sector and government. By combining the innovation and consumer reach of businesses with the regulatory power and public health expertise of government, we can create more effective strategies for improving dietary habits. However, this approach also presents challenges that must be carefully navigated. Ongoing research, evaluation, and adaptation will be crucial to refine these strategies and achieve meaningful improvements in public health through better nutrition.

3.2.5. A Whole System Approach in Program Keluarga Harapan

Malnutrition, particularly stunting, remains a pervasive and detrimental issue in Indonesia, with far-reaching consequences for children's physical and cognitive development, as well as their prospects ([Torlesse et al., 2016](#)). Despite the implementation of the CCT program, known as PKH, aimed at alleviating poverty and improving access to essential services, the program's effectiveness in addressing the root causes of malnutrition and stunting has been subject to criticism.

A comprehensive, whole-system approach is necessary to tackle the multifaceted issue of malnutrition and stunting. This approach recognises the interconnected nature of the various determinants of malnutrition and the need for a multi-sectoral, coordinated effort involving multiple stakeholders and interventions. Adopting a whole-system perspective, the CCT/PKH program can be enhanced and complemented with targeted interventions addressing the underlying drivers of malnutrition and stunting.

Firstly, it is crucial to strengthen the nutritional component of the CCT/PKH program by integrating

targeted interventions focused on improving dietary diversity and promoting nutrition education (Goudet et al., 2019). While the program's current emphasis on health check-ups and vaccinations is essential, it fails to adequately address the importance of balanced and nutritious diets, particularly during critical periods such as pregnancy and early childhood. By providing conditional cash transfers tied to attending nutrition education sessions and promoting the consumption of locally available, nutrient-rich foods, the program can foster a deeper understanding of proper nutrition practices and empower beneficiaries to make informed dietary choices.

Furthermore, the CCT/PKH program should be complemented by initiatives that promote sustainable agriculture and food security at the community level (Sibhatu & Qaim, 2018). This could include supporting smallholder farmers through training, access to agricultural inputs, facilitating market linkages, and encouraging the cultivation of nutrient-dense crops and the establishment of community gardens. By increasing the availability and accessibility of diverse, nutritious foods, these interventions can directly contribute to improved dietary diversity and reduced malnutrition rates.

Additionally, a whole-system approach necessitates addressing the underlying determinants of malnutrition, such as inadequate water, sanitation, and hygiene (WASH) infrastructure (Cumming & Cairncross, 2016). Poor WASH conditions can exacerbate malnutrition by increasing the risk of infectious diseases and compromising nutrient absorption. By integrating WASH interventions, such as providing safe drinking water, improved sanitation facilities, and promoting proper hygiene practices, the CCT/PKH program can create an enabling environment for better health and nutrition outcomes.

Collaboration and coordination among various government agencies, non-governmental organisations (NGOs), and community-based organisations are essential in implementing a whole-system approach (Rasanathan et al., 2017). For instance, the Ministry of Health, Ministry of Agriculture, and Ministry of Public Works and Housing could collaborate to develop comprehensive strategies that address the multifaceted

drivers of malnutrition. NGOs and community organisations can play a vital role in raising awareness, providing nutrition education, and facilitating community-led initiatives focused on improving food security and dietary diversity.

Equally important is local communities' involvement and empowerment in the decision-making and implementation processes (Goudet et al., 2019). By engaging community leaders, traditional authorities, and grassroots organisations, interventions can be tailored to address different regions' specific cultural, social, and economic contexts. This participatory approach fosters a sense of ownership and increases the likelihood of sustained behaviour change and long-term impact.

Furthermore, a whole-system approach should prioritise capacity building and strengthening existing healthcare and social protection systems (Rasanathan et al., 2017). This could involve investing in training healthcare workers and community health workers on nutrition-specific interventions and enhancing the monitoring and evaluation mechanisms to track progress and ensure accountability.

To support these efforts, the CCT/PKH program could explore innovative financing mechanisms and partnerships with the private sector (Hodge et al., 2015). For instance, public-private partnerships could be established to leverage private sector expertise and resources in agricultural technology, supply chain management, and nutrition product development. Additionally, exploring blended finance models that combine public funds with private investments could attract additional resources and catalyse sustainable solutions.

Lastly, a strong emphasis should be placed on generating and utilising evidence-based data to inform decision-making and ensure the continuous improvement of interventions. This could involve conducting rigorous impact evaluations, longitudinal studies, and community-based participatory research to understand the complex drivers of malnutrition and the effectiveness of various interventions. By embracing a data-driven approach, policymakers and stakeholders can make informed decisions, allocate resources efficiently, and adapt strategies.

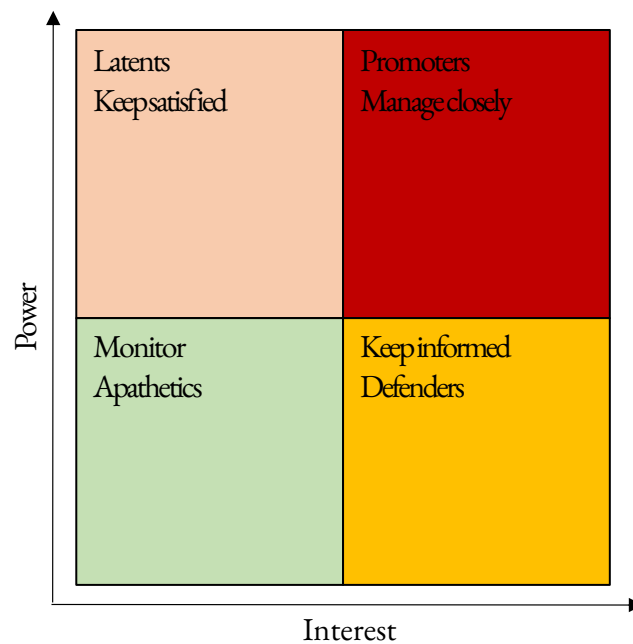


Figure 1. Stakeholders Quadrants.

To implement a whole system approach in PKH, it is essential to consider the perspectives and interests of various stakeholders involved (Halim et al., 2024). A stakeholder's quadrant can be a tool to identify and analyze the roles, interests, and potential contributions of different stakeholders (Riahi, 2017). There are four possible stakeholders' quadrants for implementing a PKH program in Indonesia particularly in the accessing nutritional food (see Figure 1).

The most important stakeholders that should be managed closely are called promoters (IDF, 2016). The central government agencies, including the Ministry of Social Affairs, have a crucial role as promoters on this initiative. PKH is managed by the Ministry of Social Affairs in collaboration with other institutions, such as, the National Team for the Acceleration of Poverty Reduction (TNP2K), and the Ministry of National Development Planning (BAPPENAS) (Oxford Policy Management, 2017). They are likely to support and advocate for the implementation of the PKH program. Additionally, the Ministry of Finance also holds significant roles because once payments are authorized by Kemensos, the Treasury Office within Kemenkeu (Kementerian Keuangan, the Ministry of Finance) disburses funds to the central office of PT Pos, who in turns transfers funds to regional branches. The PKH

cash benefit is then transferred directly to mothers only (Alatas, 2012). Donor organizations such as the World Bank, with their commitment to sustainable development and poverty reduction, are expected to endorse the PKH program (Syamsulhakim, 2021).

Latent stakeholders may not be directly involved in the implementation of the PKH program, but their participation can be valuable in terms of providing resources, expertise, or research insight to support the program's effectiveness (IDF, 2016). Local government officials can contribute their on-the-ground knowledge and resources to enhance the program's reach and impact. Academic and research institutions in Indonesia, like SMERU institute can offer valuable insights and data-driven analyses to inform the program's strategies and evaluate its outcomes. For example, this research institute are already published research within collaboration with Ministry of Social Affairs about "Strengthening Economic Opportunities for Program Keluarga Harapan Families: A Case Study of Four Districts in Java"

Based on Interaction Design Foundation, 2016 defender stakeholders are likely to defend the interests of the target beneficiaries and ensure that the PKH program is designed and implemented in a way that addresses their needs and concerns. Community-based

organizations (CBOs) are expected to advocate for the program's alignment with the specific requirements and priorities of the local communities they represent (Luwiti et al., 2020). Furthermore, the local communities and beneficiaries themselves like in Kubang District, Solok Regency (Mardaus, 2021) will play a crucial role in voicing their concerns and ensuring that the program caters to their unique circumstances. Civil society organizations, including perkumpulan posyandu (Integrated Healthcare Center) will serve as vital defenders, leveraging their grassroots connections and community engagement to improving prenatal visits and birth weight (Nurkhalim et al., 2022).

Lastly, apathetic stakeholders may be indifferent or unaware of the PKH program's potential benefits and may need to be informed or engaged to gain their support or minimize potential resistance (IDF, 2016). The public, particularly urban areas residents, might initially exhibit apathy or lack awareness about the significance of the program, necessitating effective communication and outreach efforts to educate them on its merits (Nazara, 2013).

4. Conclusion

Addressing the persistent issues of poverty, malnutrition, and stunting in Indonesia requires a comprehensive and multifaceted approach that goes beyond the current CCT program, PKH. While the PKH program has provided financial assistance to impoverished households, its impact on addressing the root causes of malnutrition and stunting has been limited.

A whole-system approach is necessary to effectively tackle the multidimensional aspects of poverty and malnutrition. This approach involves integrating the PKH program with complementary interventions aimed at improving dietary diversity, promoting sustainable agriculture, enhancing water, sanitation, and hygiene (WASH) infrastructure, and fostering community empowerment.

Implementing a whole-system approach requires collaboration and coordination among various stakeholders, including government agencies, NGOs, CBOs, and the private sector. Establishing clear governance structures, strengthening institutional

capacities, and leveraging the expertise and resources of different stakeholders is crucial.

In addition to programmatic interventions, a whole system approach should prioritize capacity building, strengthening existing healthcare and social protection systems, exploring innovative financing mechanisms, and generating evidence-based data to inform decision-making and continuous improvement. By addressing these issues holistically and collaboratively, Indonesia can make significant strides in breaking the intergenerational cycle of poverty, improving health and nutrition outcomes, and ensuring a brighter and healthier future for all its citizens, particularly the most vulnerable.

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