

Scaling Up Stunting Prevention: Integrated Strategic Framework for Assistance Team Competency

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ABSTRACT

This research addresses the competency gap challenges faced by Family Assistance Teams (TPK) in handling 4,502 at-risk families with only 49 team members in Cikole District. The study employs a dual analytical framework integrating SWOT-QSPM and Analytical Hierarchy Process (AHP) to formulate comprehensive competency improvement strategies. Using Spencer & Spencer's competency framework, qualitative data were collected through in-depth interviews, participatory observation, and document review. SWOT-QSPM analysis produced six strategies prioritizing Service Quality Improvement (TAS: 7.65) based on external conditions and immediate impact needs. Conversely, AHP analysis placed Continuous Competency Development as the top priority (29.2%) based on systematic evaluation of five competency aspects, with knowledge having the highest weight (42.8%). The research reveals that these differing priorities are complementary rather than contradictory, representing external-pragmatic versus internal-fundamental perspectives. The integrated strategy recommends phased implementation over 24 months, simultaneously addressing quick wins through service quality enhancement while building fundamental capabilities through systematic competency development. This dual perspective approach provides balanced strategy formulation that optimizes both short-term stakeholder support and long-term sustainability. The study contributes methodologically by demonstrating how SWOT-QSPM and AHP can be integrated as complementary analytical tools, and practically by providing actionable blueprint for competency improvement considering real field constraints.

Keywords: SWOT-QSPM; AHP; Competency Development; Family Assistance Team; Stunting Prevention



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INTRODUCTION

Stunting remains a critical challenge in global human development, significantly impacting long-term cognitive growth, physical health, and future productivity (Roediger et al., 2020; Ssentongo et

al., 2021). In Indonesia, despite a steady decline in prevalence, the issue persists as a national priority requiring urgent multi-stakeholder convergence (Afandi et al., 2024). The government's acceleration program, particularly through the implementation of the Family Assistance Team (Tim Pendamping Keluarga, or TPK), positions community cadres as frontline actors responsible for sensitive and targeted interventions. However, recent studies indicate that the effectiveness of these programs depends on the quality of human resources and the strategic management of teams on the ground (Nurnafajrin et al., 2025; Riyanto et al., 2025; Widiyaningsih et al., 2025). The competency of these cadres is a fundamental driver of successful stunting reduction. Research suggests that core dimensions including knowledge, skills, and work attitudes directly influence the motivation and overall performance of these teams (Pratama et al., 2025; Riyanto et al., 2025). Empirical evidence from regions like Garut and Tolitoli highlights a recurring issue. While cadres demonstrate strong commitment, gaps in technical knowledge and surveillance capabilities often hinder optimal results (Hanifah & Syahrizal, 2024; Syahrinullah, 2024). This underscores the necessity of a systematic approach to competency improvement that goes beyond basic training and evolves into a continuous, integrated development strategy.

The complexity of stunting in Indonesia demands a comprehensive strategic approach to personnel development. Cikole District in Sukabumi City faces critical challenges, with 4,502 At-Risk Families for Stunting (KRS) managed by only 49 TPK members. This results in a ratio of one TPK per 92 families. This condition raises fundamental questions about how to formulate effective competency improvement strategies that account for the complex internal and external factors affecting TPK performance. Competency development requires an analytical approach that accommodates multiple perspectives (Ghozali et al., 2020; Riyanto et al., 2025). Strategies must be responsive to external conditions to provide immediate impact. Simultaneously, they must build fundamental capabilities for long-term sustainability. The tension between these short-term and long-term needs often leads to partial and non-optimal strategy formulation. Despite the importance of these strategic interventions, there is a notable absence of integrated analytical frameworks in existing literature. Previous studies on competency development strategy formulation generally rely on single analytical methods, such as SWOT or AHP, in isolation (Ali et al., 2021; Ghozali et al., 2020; Hidayah, 2018; Marrelli et al., 2005). SWOT analysis often yields pragmatic strategies but lacks systematic prioritization grounded in measurable criteria. Conversely, AHP provides systematic priorities but frequently overlooks external feasibility.

Consequently, there is a clear research gap in bridging this divide; no current study successfully integrates the external-pragmatic advantages of SWOT-QSPM with the internal-fundamental rigor of AHP to address the specific trade-offs inherent in public health personnel management. To address this gap, this research develops a dual analytical framework that integrates SWOT-QSPM with the Analytical Hierarchy Process (AHP). This approach enables simultaneous analysis of external and internal factors and systematic, criteria-based evaluation. The integration of these methods produces strategies that are feasible, responsive, and focused on building fundamental capabilities. The objectives of this research are: (1) to identify internal and external strategic factors that affect TPK competencies based on the Spencer & Spencer framework, (2) to formulate alternative competency improvement strategies using SWOT-QSPM analysis, (3) to determine strategy priorities based on multi-criteria evaluation using AHP, and (4) to integrate SWOT-QSPM and AHP results to produce comprehensive and implementable hybrid strategies. The main contribution of this research lies in the development and validation of a dual analytical framework for formulating competency improvement strategies. Methodologically, this research demonstrates that SWOT-QSPM and AHP should not be viewed as mutually exclusive alternatives but rather as complementary approaches that offer distinct yet mutually reinforcing perspectives. SWOT-QSPM provides an external, pragmatic perspective on the most feasible strategies, while AHP provides an internal, fundamental perspective on priorities based on a systematic analysis of key success factors.

In practice, this research provides an actionable blueprint for implementing competency improvement strategies that account for resource constraints and real-world field conditions. The resulting integrated strategy is designed with a phased approach that optimizes quick wins to build momentum while simultaneously building fundamental capabilities for long-term sustainability.

This approach addresses the classic trade-off between responsiveness and sustainability in public organizational strategy formulation. The novelty of this research lies in three aspects: first, the use of a dual analytical framework that integrates SWOT-QSPM and AHP as complementary approaches in strategy formulation; second, empirical demonstration of how priority differences from the two methods can be reconciled into comprehensive hybrid strategies; third, development of a phased implementation model that integrates external-pragmatic and internal-fundamental perspectives. This research provides theoretical contributions to strategic management literature and practical contributions to public health program implementation.

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

Developing a comprehensive framework for stunting prevention requires a focus on empowering community-level actors, including health cadres, midwives, teachers, and parents, through the cultivation of multifaceted competencies (such as knowledge, practical skills, and communication abilities). According to Astutik et al. (2025) and Widiasih et al. (2025), a foundational pillar of this competency is deep knowledge of stunting, encompassing its definitions, diverse causes, including nutritional and infectious factors, and specific local risk factors. Beyond theoretical knowledge, technical proficiency is critical; teams must master accurate anthropometry for growth monitoring and early risk detection (Putri et al., 2023; Sulistyaningsih et al., 2022). Furthermore, the ability to prepare appropriate complementary foods and provide basic counseling serves as a practical bridge between clinical knowledge and community application (Khair & Hotimah, 2024; Mirayanti et al., 2025; Munir, 2024). The effectiveness of these teams is heavily reliant on their communication and coordination abilities. Previous studies (Astutik et al., 2025; Munir, 2024; Riyanto et al., 2025; Widiasih et al., 2025) emphasize that behavior change communication utilizing media such as videos, smart cards, and digital platforms like WhatsApp is essential for engaging mothers and the broader community.

Strategic frameworks must also integrate interprofessional collaboration, as highlighted by Mirayanti et al. (2025) and Afandi et al. (2024), who note the importance of coordinating with midwives, nurses, and local government to ensure a resilient prevention program. This integrated approach ensures that stunting prevention is not an isolated effort but a synchronized community movement supported by skilled facilitators (Syahrinullah, 2024). Empirical evidence suggests that structured training modalities are vital for scaling up these competencies. Programs that combine classroom instruction with simulations and field practice have consistently led to higher levels of applied skills in early detection and intervention (Munir, 2024; Siregar et al., 2025). While traditional education is beneficial, the inclusion of media-based tools and interactive modules has been shown to improve counseling readiness and learner engagement (Larasati, 2016; Marrelli et al., 2005; Siregar et al., 2025). However, Widiasih et al. (2025) caution that current competencies, particularly in anthropometry, can remain low without standardized, certification-based training. Therefore, a successful strategic framework must transition from one-off training sessions to ongoing mentoring and integrated monitoring to achieve a sustainable reduction in stunting rates (Afriani et al., 2022; Hanifah & Syahrizal, 2024; Putri et al., 2023).

The shift from sporadic training to a more robust, certification-based mentoring system underscores the necessity of a deeper psychological and behavioral approach to professional development. While the aforementioned studies highlight the efficacy of pedagogical tools and field practice, the success of these interventions depends on how effectively they address practitioners' core attributes. To

bridge the gap between standardized training and sustainable field performance, it is essential to align these strategic frameworks with established behavioral theories. This alignment is best understood through the lens of comprehensive competency modeling, which categorizes the visible and hidden drivers of professional excellence. Developing a competency improvement strategy is a multifaceted process that requires a deep understanding of the variables influencing both individual and organizational performance. Spencer & Spencer (2008) established a seminal competency model comprising five dimensions: motives, traits, self-concept, knowledge, and skills. This model offers a systematic framework for identifying competency gaps and designing targeted development initiatives. In the specific context of public health, these five dimensions interact to determine the effectiveness of workers within family assistance programs. To translate these competencies into actionable organizational goals, SWOT analysis has traditionally served as a foundational instrument (Hidayah, 2018; Priadi et al., 2024).

However, a significant limitation of SWOT is its lack of a systematic mechanism for strategy prioritization. To mitigate this, the Quantitative Strategic Planning Matrix is introduced and used in previous studies (Alamanda et al., 2019; Hilman & Wicaksana, 2019; Pearce & Robinson, 2007; Prima et al., 2021), which provides a quantitative evaluation of the relative attractiveness of alternative strategies based on critical internal and external success factors. The evolution of strategic management has shifted from purely qualitative assessments to integrated, multi-criteria decision-making frameworks. Historically, the Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis has been the predominant tool for identifying an organization's internal and external environment. According to Pramudya & Rochmoeljati (2025), SWOT analysis serves as an effective diagnostic tool for categorizing 16 or more factors influencing human resource performance. However, traditional SWOT analysis often fails to provide a quantitative basis for decision-making, as it identifies critical factors without offering a mechanism to weigh their relative importance.

This limitation often results in a strategic "list" rather than a prioritized roadmap, making it difficult for management to allocate resources efficiently. To address the inherent subjectivity and lack of prioritization in SWOT, the Analytic Hierarchy Process (AHP) has emerged as a robust mathematical solution. As explored by Salehzadeh & Ziaeeian (2024) in their systematic review, AHP allows decision-makers to decompose complex organizational problems into a structured hierarchy of goals, criteria, and alternatives. By utilizing pairwise comparisons, AHP translates qualitative judgments into quantitative weights, ensuring that the most critical factors such as transglobal leadership or professional productivity are prioritized effectively (Hermawati, 2021). Furthermore, the application of AHP in human resource management (HRM) provides a layer of analytical rigor through the Consistency Ratio (CR), which ensures that the evaluators' judgments are logically sound and reliable. Another study increasingly advocates integrating these two methodologies to create a more comprehensive strategic framework. Ashutosh et al. (2019) demonstrate that a hybrid SWOT-AHP approach effectively ranks key variables, allowing management to navigate dynamic internal and external challenges with greater precision.

This synergy is particularly evident in specialized sectors, such as the halal industry or human capital development, where an ANP-SWOT or AHP-SWOT model accounts for interdependencies and feedback loops among strategic elements (Dzikrulloh & Mayvani, 2024). By combining the environmental scanning capabilities of SWOT with the mathematical prioritization of AHP, organizations can develop strategies that are not only theoretically sound but also practically implementable and prioritized based on environmental feasibility. The consensus in the literature suggests that relying on a single isolation method whether the descriptive nature of SWOT or the criteria-heavy focus of AHP may lead to strategic gaps. For instance, Pramudya & Rochmoeljati (2025) conclude that integrating SWOT and AHP enables companies to focus on the most impactful strategies by assigning measurable weights to the results of the SWOT analysis. This integrated dual

analytical framework thus provides a superior foundation for enhancing organizational performance, ensuring that strategic initiatives are balanced across internal capabilities and external realities. Within the context and realm of public health, this research fills that gap by developing a dual analytical framework. This integration is based on the proposition that the two methods are mutually reinforcing: SWOT-QSPM provides an external perspective on strategic feasibility relative to environmental conditions. In contrast, AHP provides an internal perspective on priorities through systematic factor analysis. The synergy of these two perspectives results in strategies that are more comprehensive, balanced, and implementable.

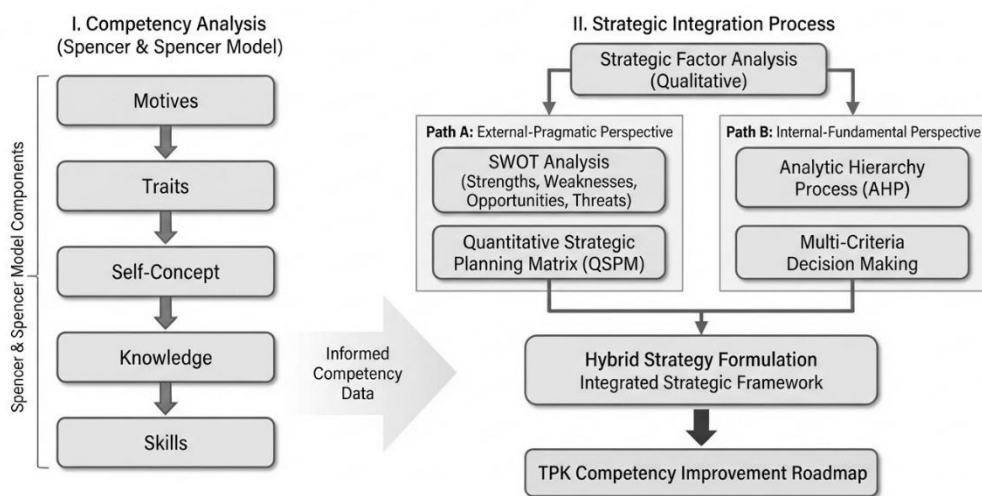


Figure 1. Integrated Theoretical Framework for Stunting Prevention Assistance Team Competency

The theoretical framework of this study is illustrated in Figure 1. The framework integrates the individual competency assessment based on the Spencer & Spencer (2008) model comprising motives, traits, self-concept, knowledge, and skills as the input for strategic analysis (Clardy, 2008; Knies et al., 2017). These competency factors are subsequently processed using a dual analytical framework: the SWOT-QSPM method, which provides an external, pragmatic perspective, and the AHP method, which offers an internal, fundamental perspective. The convergence of these two analytical paths yields a comprehensive, implementable Hybrid Strategy for improving TPK competency.

METHODS

This research employs a mixed-methods approach with a sequential explanatory design. This design prioritizes an initial qualitative phase to explore in-depth contextual conditions of TPK competencies, followed by a quantitative phase for strategic analysis using SWOT-QSPM and AHP. The qualitative findings provide the empirical foundation for the quantitative strategic modeling. A case study design was utilized to enable a deep contextual analysis of the complex phenomenon of TPK competency improvement within its natural setting. The research was conducted in Cikole District, Sukabumi City, selected purposively based on four criteria: (1) it is a priority area for stunting management with high prevalence; (2) it exhibits a significant number of At-Risk Families for Stunting (KRS) relative to the number of TPK; (3) it is representative of urban-suburban conditions with diverse sociodemographic characteristics; and (4) it offers adequate accessibility for

comprehensive data collection. Cikole District comprises six villages with a total of 4,502 KRS managed by 49 TPK.

Research informants were selected using purposive sampling to ensure the inclusion of diverse perspectives relevant to TPK performance. The inclusion criteria required that informants have direct, sustained involvement in TPK activities or be direct beneficiaries of the program. A total of 27 informants were selected: (1) 12 TPK members from various villages, representing variations in field experience and educational backgrounds; (2) 6 structural officials at the district and village levels; (3) 4 technical officials from the Health Office and DP2KBP3A; and (4) 5 beneficiary families representing various sociodemographic profiles. While data saturation was technically achieved at the 24th informant, data collection continued with the remaining three participants to ensure the comprehensiveness of perspectives and to cross-validate emerging themes. Data were collected through a triangulation strategy involving interviews, observation, and document review. Semi-structured in-depth interviews were conducted using guidelines derived from the Spencer & Spencer competency framework and the four SWOT components. Each interview lasted between 30 and 60 minutes, was audio-recorded with informed consent, and transcribed verbatim. Furthermore, participatory observation of 15 TPK assistance activities was conducted using a structured checklist. Finally, a review of 20 documents including regulations, operational guidelines, training materials, and program reports was performed to provide secondary evidence.

To ensure data quality, rigorous validation procedures were applied. Data validity was established through credibility (using triangulation of sources, techniques, and time), transferability (achieved through thick description of the research context), dependability (via a documented audit trail of the research process), and confirmability (maintained through researcher reflexivity). Furthermore, member checking was systematically conducted by returning interview transcripts and initial findings to the key informants to ensure that the interpretations accurately reflected their lived experiences and observations. Qualitative data analysis followed the Miles-Huberman model, consisting of data reduction, data display, and conclusion drawing/verification (Miles et al., 2014) (Miles et al., 2014). Strategic analysis utilized a dual framework. The first stage was a SWOT-QSPM analysis, which began with the identification of strategic factors based on the qualitative analysis results. Internal and external factors were then evaluated using IFAS and EFAS matrices to determine the weight and rating of each factor. The total weighted scores for IFAS and EFAS were plotted on a Cartesian diagram to determine the organization's strategic position. Based on the strategic position, alternative strategies were formulated using the SWOT matrix and then evaluated with QSPM. Each strategy was assessed based on the Attractiveness Score for each key success factor, yielding the Total Attractiveness Score as the basis for priorities.

The second stage was an AHP analysis, which began with the construction of a three-level hierarchy: goal (TPK competency improvement strategy), criteria (five aspects of the Spencer & Spencer competency), and alternatives (strategies from the SWOT-QSPM results). Pairwise comparisons were conducted to determine relative weights among criteria and performance of each alternative against each criterion. The assessment used the Saaty 1-9 scale, based on expert judgment and qualitative analysis results. Assessment consistency was verified by maintaining the Consistency Ratio below 0.1. AHP results provided global weights for each alternative strategy as the basis for priorities. Integration of SWOT-QSPM and AHP results was conducted through comparative analysis to identify consensus, divergence, and complementarity, thereby producing comprehensive hybrid strategies.

RESULTS AND DISCUSSION

Strategic Factor Identification Based on Competency Analysis

In-depth analysis of TPK competencies using the Spencer & Spencer (2008) framework identified strategic factors that form the basis for strategy formulation. From a motivational perspective, TPK shows high intrinsic motivation to help reduce stunting rates, but a heavy workload with a 1:92 ratio results in decreased motivation among 35 percent of TPK. From the trait perspective, TPK have good communication skills and high empathy, but 40 percent of TPK show limitations in technological adaptability. From a self-concept perspective, the majority of TPK have a good understanding of their roles, but 30 percent experience confidence crises when handling complex cases. The most significant gap was in knowledge, with only 98 of 591 cadres having received special stunting training. The MCH and Nutrition Sub-Coordinator stated that 70 percent of TPK do not yet fully understand anthropometric measurement techniques and the interpretation of results. From a skills perspective, TPK master interpersonal communication but face serious obstacles in technical and digital skills. This analysis identified 11 internal factors: 5 strengths (high intrinsic motivation, rich field experience, effective communication skills, strong collaboration network, strong institutional support) and 6 weaknesses (significant knowledge gaps, dependence on external validation, limited digital literacy, workload imbalance, non-optimal training system).

SWOT-QSPM Analysis Results: External-Pragmatic Perspective

External environment analysis identified 11 factors: 6 opportunities and 5 threats. Key opportunities include strong government commitment to stunting as a national priority, comprehensive cross-sector support, advances in information technology, an extensive health service network, increased community participation, and structured capacity development programs.

Table 1. Identification of TPK Stunting Strategic Environment

INTERNAL FACTORS		EXTERNAL FACTORS	
STRENGTHS (S)		OPPORTUNITIES (O)	
1. High intrinsic motivation and mental resilience		1. Strong government policy support	
2. Highly effective interpersonal communication skills		2. Comprehensive cross-sectoral support from various agencies and organizations	
3. Strong and tangible government support		3. Advances in information technology	
4. Rich and applicable fieldwork experience		4. Extensive health service networks	
5. Ability to build effective collaborative networks		5. Increased community participation and awareness	
		6. Structured capacity-building programs	
WEAKNESSES (W)		THREATS (T)	
1. Large Competency Gap among TPK		1. The complexity of the stunting problem	
2. Limited technical knowledge of stunting among TPK		2. Limited human resources (TPK)	
3. Low skills of TPK in using information technology		3. Rapid technological and system changes	
4. High and unbalanced workload among TPK		4. Risk of TPK leaving or changing jobs	
5. Inadequate training and development systems		5. The stunting program is less important than other programs	
		6. Uncontrollable external factors can disrupt the work of TPK	

After the internal strategic factors and external strategic factors of the Family Assistance Team of Cikole District are identified, and strategies are made, the next step is to compile the Internal Factor Analysis Summary (IFAS), which can be seen in Table 3 as follows:

Table 2. Internal Factor Analysis Summary (IFAS) Matrix Cikole District Year 2025

No	Critical Success Factor	Weighted	AS	Score
Strengths				
1	High intrinsic motivation and mental	0,13	4	0,52
2	Strong and tangible government support	0,11	4	0,44
3	Rich and applicable fieldwork experience	0,1	4	0,4
4	Highly effective interpersonal	0,09	4	0,36
5	Ability to build effective collaborative	0,07	3	0,21
	Number	0,50		1,93
Weaknesses				
1	The training and development system	0,07	2	0,14
2	The workload of TPK is quite high and	0,08	1	0,08
3	The technical knowledge of TPK stunting	0,11	2	0,22
4	The skills of TPK in using information	0,11	2	0,22
5	The competency gap between TPK is	0,13	2	0,26
	Number	0,50		0,92
	Total (Strengths + Weaknesses)	1,00		2,85

The IFAS matrix calculation results show a score of 2.85, indicating a relatively strong internal condition. The biggest contribution came from intrinsic motivation strength (weighted score 0.65) and communication ability (0.60). The biggest weaknesses are knowledge gap (weighted score - 0.48) and workload imbalance (-0.42).

Table 3. External Factor Analysis Summary (EFAS) Matrix Cikole District Year 2025

No	Critical Success Factor	Weighted	AS	Score
Opportunities				
1	Strong government policy support	0,13	4	0,52
2	Comprehensive cross-sectoral support	0,11	4	0,44
3	Advances in information technology	0,09	4	0,36
4	Increased public participation and	0,07	4	0,28
5	Structured capacity building programs	0,06	3	0,18
6	Extensive health service networks	0,04	3	0,12
	Number	0,50		1,9
Threats				
1	Uncontrolled external factors can disrupt	0,04	2	0,08
2	Stunting programs are less important than	0,06	2	0,12
3	Risk of TPK leaving or changing jobs	0,07	2	0,14
4	Limited human resources (TPK)	0,09	2	0,18
5	Rapid technological and system changes	0,11	2	0,22
6	Complexity of the stunting problem	0,13	2	0,26
	Number	0,50		1,00
	TOTAL (Opportunities + Threats)	1,00		2,90

The EFAS score of 2.90 shows a very supportive external environment. The biggest contribution came from government commitment opportunity (weighted score 0.72) and cross-sector support (0.65). The biggest threats are turnover rate (weighted score -0.38) and resource limitations (-0.35).

Cartesian/Quadrant Diagram

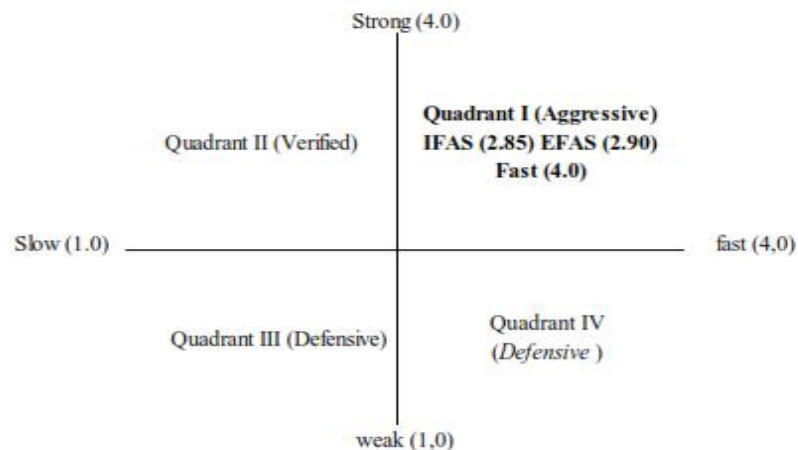


Figure 2. Cartesian Diagram/Quadrant

The strategic position at coordinates (2.85; 2.90) places TPK in Quadrant I, indicating an aggressive or growth strategy. Based on this position, 6 alternative strategies were formulated through the SWOT matrix: (1) Service Quality Improvement utilizing communication skills to build public trust, (2) Continuous Competency Development utilizing capacity development programs to address knowledge gaps, (3) HRM System Improvement utilizing institutional support to address workload imbalance, (4) Collaboration Network Strengthening optimizing cross-sector support, (5) Technology Optimization utilizing technology advances to address digital literacy limitations, (6) Risk Mitigation anticipating turnover and priority changes.

Table 4. Quantitative Strategic Planning Matrix (QSPM) TPK Stunting Cikole District Year 2025

Critical Success Factors Alternative Strategy Weight	Weight	ALTERNATIVE STRATEGIES											
		A) Continuous Competency Development		B) Technology and System Optimization		C) Strengthening Collaborative Networks		D) Human Resource Management Systems		E) Service Quality		F) Risks and Threats	
		AS	TAS	AS	TAS	AS	TAS	AS	TAS	AS	TAS	AS	TAS
OPPORTUNITIES													
Strong government policy support	0,13	4	0,52	3	0,39	4	0,52	4	0,52	4	0,52	3	0,39
Comprehensive cross-sectoral support from various agencies and	0,11	3	0,33	3	0,33	4	0,44	3	0,33	3	0,33	2	0,22
Advances in information technology	0,1	3	0,3	4	0,4	3	0,3	3	0,3	4	0,4	2	0,2
Extensive health service networks	0,08	4	0,32	3	0,24	3	0,24	4	0,32	4	0,32	3	0,24
Increased community participation and awareness	0,09	3	0,27	2	0,18	3	0,27	2	0,18	4	0,36	3	0,27
Structured capacity development programs	0,09	2	0,18	2	0,18	4	0,36	3	0,27	3	0,27	2	0,18

THREATS													
Complexity of the stunting problem	0,13	3	0,39	2	0,26	3	0,39	2	0,26	4	0,52	3	0,39
Limited human resources (TPK)	0,09	2	0,18	2	0,18	3	0,27	4	0,36	3	0,27	4	0,36
Rapid technological and system changes	0,11	3	0,33	4	0,44	2	0,22	3	0,33	3	0,33	3	0,33
Risk of TPK leaving or changing jobs	0,07	3	0,21	2	0,14	2	0,14	4	0,28	3	0,21	4	0,28
Stunting programs are less important than other programs	0,06	2	0,12	2	0,12	3	0,18	3	0,18	3	0,18	4	0,24
Uncontrollable external factors can disrupt TPK work	0,04	2	0,08	2	0,08	3	0,12	3	0,12	3	0,12	3	0,12
STRENGTHS													
Very high intrinsic motivation and mental resilience	0,15	4	0,6	3	0,45	3	0,54	4	0,6	4	0,6	3	0,45
Highly effective interpersonal communication skills	0,11	4	0,44	3	0,33	4	0,44	3	0,33	4	0,44	3	0,33
Strong and tangible government support	0,13	4	0,52	4	0,52	3	0,39	3	0,39	3	0,39	3	0,39
Rich and applicable fieldwork experience	0,12	3	0,36	3	0,36	4	0,48	4	0,48	3	0,36	3	0,36
Ability to build effective collaborative networks	0,1	4	0,4	3	0,3	3	0,3	3	0,3	4	0,4	3	0,3
WEAKNESSES													
Large Competency Gap between TPK	0,13	4	0,52	3	0,39	2	0,26	4	0,52	4	0,52	3	0,39
Limited technical knowledge of stunting among TPK	0,11	4	0,44	2	0,22	3	0,33	3	0,33	3	0,33	2	0,22
Low skills in using information technology among TPK	0,11	4	0,44	2	0,22	3	0,33	3	0,33	3	0,33	2	0,22
High and unbalanced workload among TPK	0,08	3	0,24	4	0,32	2	0,16	3	0,24	3	0,24	2	0,16
Low training and development system	0,07	3	0,21	4	0,28	2	0,14	4	0,28	3	0,21	2	0,14
TOTAL ATTRACTIVENESS			7,4		6,33		6,82		7,25		7,65		6,18

QSPM analysis evaluated six strategies against 21 key success factors (10 internal, 11 external). Each strategy was assessed an Attractiveness Score (AS) on a 1-4 scale for each factor, then multiplied by the factor weight to produce Total Attractiveness Score (TAS). Analysis results show priority order: (1) Service Quality Improvement (TAS: 7.65), (2) Continuous Competency Development (TAS: 7.40), (3) HRM System Improvement (TAS: 7.25), (4) Collaboration Network Strengthening (TAS: 6.82), (5) Technology Optimization (TAS: 6.33), (6) Risk Mitigation (TAS: 6.18).

Table 5. QSPM Analysis Results - TPK Stunting Strategy Priorities in Cikole District Year 2025

Ranking	Strategy	Total Attractiveness	Percentage
1	E) Improving Service Quality	7,65	18,38%
2	A) Continuous Competency Development	7,4	17,78%

3	D) Improving Human Resource Management Systems	7,25	17,42%
4	C) Strengthening Collaborative Networks	6,82	16,38%
5	B) Optimizing Technology and Systems	6,33	15,21%
6	F) Mitigating Risks and Threats	6,18	14,85%

Service Quality Improvement became the highest priority because it is highly attractive to external factors, especially community participation and government commitment. This strategy leverages existing strengths (communication skills, intrinsic motivation) to respond to external opportunities and overcome threats (e.g., turnover, social resistance). Implementation includes service protocol standardization, continuous feedback systems, the development of measurable performance indicators, and improved responsiveness through effective communication systems. This strategy is prioritized because it can provide visible quick wins to build momentum and stakeholder trust.

AHP Analysis Results: Internal-Fundamental Perspective

An AHP analysis was conducted by constructing a three-level hierarchy using five aspects of the Spencer & Spencer competency as evaluation criteria. Pairwise comparisons among criteria yielded weights that reflect the relative importance of each aspect in the context of TPK competency improvement. Analysis results show the importance hierarchy: Knowledge (42.8%), Motive (22.4%), Skills (15.9%), Self-Concept (10.7%), and Traits (8.2%). The Consistency Ratio value of 0.08 is below the 0.1 tolerance limit, indicating acceptable assessment consistency.

Table 6. Main Criteria Comparison Matrix with Comprehensive Justification of TPK Stunting Cikole District Year 2025

Criteria	C1 (Motives)	C2 (Traits)	C3 (self-concept)	C4 (knowledge)	C5 (skills)	Priority
C1 (Motives)	1	3	2	0,333	2	0,227
C2 (Traits)	0,333	1	0,077	0,250	0,50	0,067
C3 (self-concept)	0,500	2	1	0,333	1	0,137
C4 (knowledge)	3	4	3	1	3	0,433
C5 (skills)	0,500	2	1	0,333	1	0,137

Consistency Ratio (CR) = 0.0265 < 0.1 (Consistent)

Weight Justification:

Knowledge (42.8%): Highest because the biggest gap was found in this aspect.

Motives (22.4%): Second highest because they are the foundation of TPK performance.

Skills (13.5%): Third due to significant variations in technical abilities.

Self-concept (13.5%): Fourth because it is still under development.

Traits (7.8%): Lowest because they are generally good.

The analysis results show that the knowledge aspect has the highest weight of 42.8 percent. The dominance of this knowledge aspect is based on findings that the knowledge gap is the most fundamental obstacle affecting TPK performance. Only 98 out of 591 cadres have received special stunting training, and about 70 percent of TPK do not yet fully understand anthropometric measurement techniques. The motive aspect ranks second with a weight of 22.4 percent, reflecting the importance of intrinsic motivation in maintaining TPK commitment facing heavy workload. The skills aspect carries a weight of 13.5 percent, particularly in technical and digital skills, which remain major weaknesses. The self-concept aspect carries a weight of 13.5 percent; although most TPK have a good understanding of their roles, some still lack confidence in handling complex cases. The trait aspect has the lowest weight of 7.8 percent because TPK generally already show good personal characteristics such as social concern and interpersonal communication skills. The Consistency

Ratio for the criteria comparison matrix is 0.08, which is below the 0.1 tolerance limit, so that the analysis results can be accepted as consistent and reliable.

Table 7. AHP Analysis Results

Ranking	Alternative Strategy	Final weight	Priority
1	A) Continuous Competency Development	29,15%	Tall
2	B) Technology and System Optimization	22,90%	Tall
3	D) Improvement of the Human Resources Man	15,13%	currently
4	C) Strengthening Collaborative Networks	14,75%	currently
5	E) Improving Service Quality	11,79%	Low- Medium
6	F) Risk and Threat Mitigation	7,06%	Low

Based on these criterion weights, pairwise comparisons were conducted for each alternative strategy against each criterion. Synthesis results show that Continuous Competency Development has the highest global weight, at 29.15 percent. This strategy is considered the most effective for addressing the knowledge gap, a fundamental obstacle. Technology and Systems Optimization obtained 22.90 percent, followed by HRM System Improvement with 15.13 percent, Collaboration Network Strengthening with 11.79 percent, Service Quality Improvement with 11.79 percent, and Risk and Threat Mitigation with 7.06 percent.

Integration of SWOT-QSPM and AHP Results: Dual Perspective Strategy

Table 8. Comparison of AHP Results with QSPM

Strategy	Ranking AHP	Ranking QSPM	Gap
Continuous Competency	1	2	1
Technology and System	2	5	3
Human Resource	3	3	0
Strengthening Collaborative	4	4	0
Enhancing Service Quality	5	1	-4
Risk and Threat Mitigation	6	6	0

The difference in priorities between SWOT-QSPM and AHP analysis reflects two complementary perspectives in strategy formulation. SWOT-QSPM places Service Quality Improvement as the highest priority because it views it from the perspective of external conditions and urgent needs to increase public trust. This approach focuses on strategies that provide quick, visible impact (quick wins) to build program momentum. Conversely, AHP prioritizes Continuous Competency Development because it focuses on building internal capabilities as a long-term foundation. This difference is actually not contradictory but complementary. SWOT-QSPM answers questions about what strategy is easiest and fastest to implement with current conditions.

In contrast, AHP answers questions about what fundamental problem must be solved to achieve sustainable improvement. The integration of these two perspectives produces hybrid strategies that optimize both short-term and long-term needs. The recommended integrated strategy is a phased implementation, with Continuous Competency Development and Service Quality Improvement as two core strategies carried out in parallel. In the first stage (0-6 months), focus on improving service quality to build public trust and show quick wins. Implementation includes standardization of service protocols, continuous feedback systems from beneficiary families, and increased TPK responsiveness. In parallel with this, a competency development program has also been started, with the identification of specific gaps for each TPK and the preparation of a structured training curriculum.

In the second stage (6-12 months), focus on full implementation of continuous competency development programs with tiered certification systems, senior-to-junior TPK mentoring, and periodic refresher programs. Along with this, improvements to the HRM system are implemented, including more proportional workload redistribution, structured reward and recognition systems, and clear career path development. In the third stage (12-24 months), focus on technology optimization and risk mitigation implementation, including intensive ELSIMIL application training, utilization of social media for education, and development of early warning systems for TPK turnover. The advantage of this dual-perspective approach is that it provides a balance between the need to show quick results (which is important for maintaining stakeholder support and TPK motivation) and the need to build fundamental capabilities for long-term sustainability. Without adequate competence, service quality improvement will be only superficial and unsustainable. Conversely, focusing solely on competency development without showing visible service improvement can result in loss of momentum and stakeholder support.

The implementation of this integrated strategy is expected to produce three main outcomes within 24 months. First, increase beneficiary family satisfaction by at least 20 percent, as measured through periodic surveys. Second, equalization of competencies among STPKs, with a target of 90 percent of STPKs achieving the set minimum competency standards. Third, reducing stunting prevalence by at least 15 percent from the baseline of 23.5 percent to below 20 percent, which is an indicator of the ultimate success of the entire TPK competency improvement program. This research successfully developed and validated a dual analytical framework integrating SWOT-QSPM and AHP to formulate a robust competency improvement strategy for the Stunting Family Assistance Team (TPK). Guided by the Spencer & Spencer competency framework, the analysis identified that while TPK cadres possess strengths in intrinsic motivation and interpersonal communication, significant gaps remain in technical knowledge with only 17% of cadres adequately trained—and digital proficiency. These deficiencies are further exacerbated by systemic challenges, including an unfavorable workload ratio (1:92), inconsistent training distribution, and limited digital literacy among frontline actors.

The application of the SWOT-QSPM matrix yielded six strategic alternatives, identifying "Service Quality Improvement" as the primary priority (TAS: 7.65). This result reflects an external-pragmatic perspective, focusing on feasible "quick wins" to address immediate community needs. In contrast, the AHP analysis prioritized "Continuous Competency Development" (29.2%), reflecting an internal, fundamental perspective aimed at long-term capability building. Rather than being contradictory, these divergent priorities are complementary, illustrating a strategic trade-off between immediate responsiveness and organizational sustainability. Theoretically, this research contributes to the field by demonstrating that SWOT-QSPM and AHP serve as reinforcing analytical tools rather than mutually exclusive alternatives. In practice, it provides an actionable blueprint and a comprehensive monitoring and evaluation (M&E) system that can be replicated across diverse competency improvement contexts. Despite these contributions, the study is limited by its single-case design, which may affect the generalizability of the findings to regions with different socio-demographic characteristics.

The findings of this research highlight a critical interplay between competency dimensions and the strategic priorities required to prevent stunting. Our analysis identifies knowledge as the dominant driver of competency improvement, carrying a substantial weight of 42.8% in the AHP model. This finding aligns with the research by Widiastih et al. (2025), which similarly emphasizes that technical knowledge remains the foundational pillar for effective early detection of stunting among health cadres. However, while our results concur on the centrality of knowledge, we observe a distinct nuance in the context of systemic pressures. Unlike studies conducted in more rural or stable settings, our findings reflect the unique challenges faced by TPK in urban areas like Cikole, where high caseloads a ratio of 1:92 exacerbate the knowledge-practice gap. This suggests that technical

training alone, as advocated by Munir (2024), may be insufficient without accompanying structural interventions to address workload imbalances.

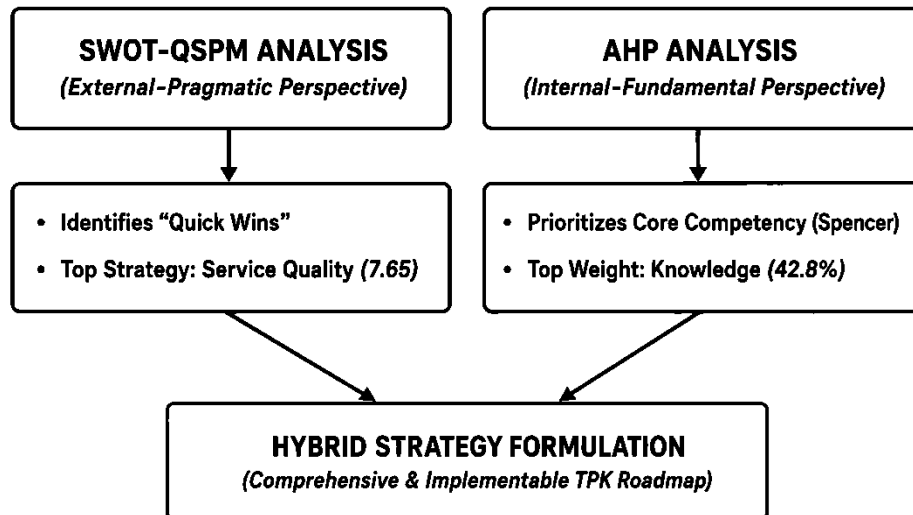


Figure 3. Hybrid Strategy Analysis

Furthermore, the integration of SWOT-QSPM and AHP reveals a fascinating strategic duality that has been largely overlooked in previous HRM literature. While traditional studies by Ali et al. (2021) and Hidayah (2018) often advocate for either qualitative SWOT or quantitative AHP as standalone tools, our research demonstrates that these methods function best as complementary rather than competing frameworks. By prioritizing "Service Quality Improvement" through SWOT-QSPM, we acknowledge the pragmatic need for "quick wins" to maintain community trust a perspective supported by Afandi et al. (2024) on collaborative governance. Yet, by tempering this with AHP's focus on "Continuous Competency Development," we address the internal-fundamental necessity for long-term professionalization. This hybrid approach bridges the theoretical gap observed by Pramudya & Rochmoeljati (2025), effectively reconciling the tension between immediate public responsiveness and the sustainable development of human capital.

The emphasis on intrinsic motivation as a primary strength, despite the high-pressure environment, provides an optimistic counter-narrative to studies that focus solely on performance decline. While Nurnafajrin et al. (2025) note that motivation can act as a diminishing factor under heavy compensation or workload stress, our data indicate that the TPK in Cikole possesses a unique mental resilience that serves as a buffer against system-level threats. This resilience, however, should not be taken for granted. Our integrated strategy recommends a phased implementation that leverages this inherent motivation to drive the adoption of digital tools and standardized protocols. By shifting from sporadic training sessions to the tiered, certification-based mentoring suggested by our AHP results, we move toward a more sustainable ecosystem that empowers cadres rather than merely monitoring them.

Ultimately, this study contributes to the strategic management literature by validating a dual-analytical model in a public health setting. It shifts the discourse from "what" competencies are needed which is well documented by Spencer & Spencer (2008) to "how" these competencies can be systematically prioritized under real-world resource constraints. Future implementations of this framework should recognize that strategic success is not merely a product of optimized math, but of maintaining the human element the empathy and communication skills identified in our research as the heart of all stunting prevention efforts. By balancing the rigors of AHP with the environmental

agility of SWOT-QSPM, policymakers can transform the current, often fragmented, stunting response into a cohesive and long-term movement. Despite these contributions, this research acknowledges several limitations that should be considered when interpreting the results. First, the study is geographically bounded to the Cikole District in Sukabumi City, which may limit the generalizability of the findings to regions with vastly different demographic or socioeconomic profiles. Second, the reliance on primary data from 49 TPK members introduces the potential for informant bias, particularly in self-assessments of competency levels. Finally, the cross-sectional nature of this study captures a specific point in time, meaning it may not fully account for the dynamic changes in TPK performance and stunting prevalence over a longer duration.

This study successfully created a balanced "action plan" to improve the skills of Family Assistance Teams (TPK) in the fight against stunting. By looking at these teams through a professional lens, we found that while our cadres are highly motivated and excellent communicators, they face a steep uphill battle. Currently, only 17% have received adequate technical training, and many struggle with the digital tools required for their work. These challenges are made harder by heavy workloads, where a single team is often responsible for nearly 100 families. To solve this, our research combined two different strategic perspectives to ensure no stone was left unturned. First, we identified "quick wins" immediate improvements in service quality that families can feel right away. Second, we prioritized long-term growth, focusing on steady, continuous training to build a lasting foundation of expertise.

To reconcile these perspectives, this study proposes a hybrid implementation roadmap phased over a 24-month horizon. The first phase (0–6 months) focuses on service quality improvements to achieve rapid impact, alongside comprehensive competency assessments. The second phase (6–12 months) shifts toward continuous competency development and the strengthening of Human Resource Management (HRM) systems. The final phase (12–24 months) emphasizes technology optimization and risk mitigation. This integrated approach ensures that the strategy remains responsive to short-term momentum while securing the fundamental capabilities required for long-term success in stunting reduction. Despite these contributions, this research acknowledges several limitations that should be considered when interpreting the results. First, the study is geographically bounded to the Cikole District in Sukabumi City, which may limit the generalizability of the findings to regions with vastly different demographic or socioeconomic profiles. Second, the reliance on primary data from 49 TPK members introduces the potential for informant bias, particularly in self-assessments of competency levels. Finally, the cross-sectional nature of this study captures a specific point in time, meaning it may not fully account for the dynamic changes in TPK performance and stunting prevalence over a longer duration.

CONCLUSION

This study has successfully developed and validated a dual-analytical framework that integrates SWOT-QSPM and AHP to formulate strategies for improving TPK competency in the context of stunting prevention. Our findings demonstrate that while SWOT-QSPM identifies pragmatic, service-oriented "quick wins" such as Service Quality Improvement the AHP analysis provides the necessary internal rigor to prioritize fundamental capabilities, with a specific focus on the Knowledge dimension. This hybrid approach effectively reconciles the tension between immediate public responsiveness and long-term professional development, offering a more comprehensive strategy than single-method applications. Based on these findings, several recommendations are offered for future research and practice. For future studies, it is strongly encouraged to adopt longitudinal designs to observe the long-term efficacy of the proposed hybrid strategies. Furthermore, researchers should explore cross-district comparative studies to refine the external factors identified in the SWOT-QSPM framework across varying urban-rural contexts. In practice,

we recommend developing a user-friendly Decision Support System (DSS) based on the dual-analytical model presented in this study. Automating this hybrid framework would enable local government health departments to conduct rapid, real-time assessments and dynamically adjust competency strategies as new data become available, ultimately ensuring that TPK development remains both evidence-based and highly responsive to local needs.

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