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Prevention And Decreasing Stunting: Implementing Policies In Subdistrict Wori, North Minahasa District

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ABSTRACT

This study evaluates the implementation of stunting prevention and reduction policies in Wori District, North Minahasa Regency, based on Regent Regulation Number 23 of 2023 concerning Integrated Stunting Prevention and Reduction. Although North Minahasa Regency shows a downward trend in stunting rates, Wori District recorded an increase in cases of up to 43 children in February 2025. The study used a descriptive qualitative approach with a phenomenological method, involving observation, in-depth interviews, and documentation. Data analysis followed the Miles and Huberman (2014) model through the stages of collection, condensation, presentation, and conclusion, along with verification. The results of the study showed that although the programs (Posyandu, PMT, nutrition education, specific and sensitive interventions, and involvement of Human Development Cadres) had been implemented, their implementation had not been optimal due to limited Village Fund budget, low capacity and number of cadres, socio-cultural barriers, inadequate sanitation infrastructure, and cross-sectoral coordination that was not yet synergistic. Based on the theories of Edward III, Van Meter & Van Horn, and Mazmanian & Sabatier, the determinant factors are mainly located in the context of implementation, such as the capacity of implementers, local political support, and community participation. Recommendations include increasing budget allocation, strengthening human resource capacity (continuous training for nutrition cadres and KPM), and strengthening cross-sector convergence coordination so that specific and sensitive interventions run in an integrated manner.

Keywords: Policy Implementation; Stunting; Human Development Cadre (KPM); Wori District; Merilee S. Grindle; Edward III

INTRODUCTION

Stunting, a condition of failure to thrive in toddlers due to chronic malnutrition over a long period, is a major public health issue in Indonesia. According to the World Health Organization (2000), stunting is measured by height for age that is below -2 SD from the median WHO growth standard. Data from the North Minahasa District Health Office recorded a general downward trend in stunting rates, but Wori District experienced an increase, with 43 stunted children as of February 2025. This is contrary to the national target designed to reduce the prevalence of stunting through cross-sectoral program convergence (Presidential Regulation No. 72/2021). At the national level, the Indonesian Government has adopted the Stunting Reduction Acceleration Program as stated in Presidential Regulation Number 72 of 2021, but implementation in the regions, especially remote districts such as Wori, faces unique challenges: geography covering coastal and island areas, limited infrastructure, and low community participation. North Minahasa Regent Regulation Number 23 of 2023 emphasizes the role of villages in integrated stunting prevention and reduction. Articles 3, 8, and 11 of the Regent Regulation emphasize the allocation of village fund budget (ADD) for nutrition, sanitation interventions, and the involvement of Human Development Cadres (KPM) as the spearhead of program implementation. Although the policy framework has been formulated, the phenomenon in the field shows obstacles to implementation originating from various determinants, both in the form of limited human resources, unequal budget distribution, and socio-cultural dynamics (Grindle, 2016; Nugroho, 2017). The mismatch between policy design (content of policy) and implementation context (context of implementation) has the potential to reduce the effectiveness of the intervention (Grindle, 2016). Various theories of policy implementation—Edward III (1983), Van Meter & Van Horn (1975), Mazmanian & Sabatier (1983), and Merilee S. Grindle (2007)—underline the importance of transparency of objectives, resource allocation, organizational capacity, cross-sector coordination, and socio-political environmental factors. Based on this, this study aims to analyze the process of implementing policies for preventing and reducing stunting in Wori District, exploring the determinants that influence program implementation, and formulating policy recommendations to increase the effectiveness of efforts to reduce stunting.

This study focuses on the analysis of the implementation of Articles 3, 8, and 11 of Regulation Number 23 of 2023 in efforts to prevent and reduce stunting in Wori District. In more detail, the focus of the study is: 1. Allocation of Village Funds (ADD) for stunting programs in villages in Wori District. 2. Implementation of Supplementary Feeding (PMT) activities, nutrition education, and integrated health posts. 3. Efforts to provide sanitation, healthy toilets, clean water, and health education. 4. Mapping, handling, and monitoring of children at risk of stunting by the Health Center and Family Assistance Team (TPK). 5. Coordination of specific interventions (direct nutrition) and sensitive

interventions (environment, education) between related OPDs. 6. The role and capacity of Human Development Cadres (KPM) at the village level.

Based on the focus above, the formulation of the problem in this study is: 1. How is the implementation of the policy of preventing and reducing stunting in Wori District, especially in terms of the allocation of the Village Fund budget for stunting? 2. What are the determinants that support and hinder the implementation of the policy of preventing and reducing stunting in Wori District?

This study aims to: 1. Analyze the implementation of stunting prevention and reduction policies in Wori District, seen from the availability of budget, nutrition interventions, sanitation, and KPM involvement. 2. Identify determinants (supporting factors and barriers) that influence the effectiveness of the implementation of stunting prevention and reduction policies in Wori District. The results of the study are expected to contribute to: 1. Regional Policymakers: As material for evaluating the effectiveness of Perbup Number 23 of 2023 and recommendations for improving budget allocation, strengthening human resource capacity, and improving cross-sector coordination. 2. Academics and Researchers: Adding empirical studies on the implementation of stunting policies in coastal and island areas, while testing the relevance of policy implementation theories in the local context. 3. Village Communities: Providing an understanding of the importance of active participation in the stunting reduction convergence program, to increase nutritional awareness and utilization of health services.

LITERATURE REVIEW

Public Policy

Public policy is a series of government actions to solve public problems by utilizing available resources (Dunn, 2000). Dye (2002) states that public policy is what the government does, why and how it does it, and the differences it makes. Public policy has a commanding and binding nature, so that the need for legislation becomes a strong foundation (Agustino, 2008). Anderson in Subarsono (2005) describes the important stages in solving public problems through policy: agenda setting, formulation, adoption, implementation, and policy evaluation.

Policy Implementation Theory

Policy implementation is the process of changing policy design into real actions in the field so that policy objectives are achieved (Nugroho, 2017). Some theories that are often used in policy implementation analysis include:

1. Edward III Model (Hoogerwerf, 1983 in Nugroho, 2017) - Communication: Aspects of how policies are communicated to implementing organizations and target communities. Effective communication is essential so that policy standards and objectives are understood by implementers.
   - Resources: Availability of human, financial, and infrastructure resources to implement policies.
   - Disposition: Willingness and commitment of implementers in implementing policies. - Bureaucratic Structure: Suitability of organizational structure and work procedures (SOP), as well as fragmentation of tasks that affect coordination between institutions.

2. Van Meter & Van Horn Model (1975) Emphasizes six variables that affect implementation performance: Policy standards and objectives (clarity of objectives), Resources (financial, human, information), Characteristics of implementing organizations (SOP, fragmentation), Inter-organizational relationships (cross-sector coordination), Characteristics of implementing agents (values, attitudes of implementers), Environmental factors (social, economic, political).
3. Mazmanian & Sabatier Model (1983) Focuses on three groups of variables: Problem Characteristics: Level of technical complexity, involvement of target groups, and nature of policy problems. Policy Characteristics: Clarity of policy content, theoretical support, resource allocation, commitment of officials, and participation of external groups. Environmental Variables: Socio-economic conditions, public attitudes, political support, and implementer capabilities.
4. Merilee S. Grindle Model (2007) Grindle emphasizes two main components in policy implementation: Content of Policy: Content and objectives of policy, completeness of regulations, availability of resources. Context of Implementation: Environmental factors that affect implementation, such as implementer capacity, political support, and community participation. Success is measured by the process (how well the implementation matches the policy design) and outcome (achievement of goals, impact on society).

Stunting

Definition and Concept of Stunting

Stunting is a condition of growth failure in toddlers due to chronic malnutrition in the First 1,000 Days of Life (HPK) (WHO, 2020). Characterized by height according to age that is below -2 SD from the WHO standard median. UNICEF (2018) states stunting as an indicator of long-term failure to meet nutritional needs.

Impact of Stunting

According to Black et al. (2017) and Victora et al. (2008), the impacts of stunting include:

- Cognitive: Impaired brain development, decreased IQ, behavioral problems, and academic achievement.
- Health: Increased risk of infectious diseases, metabolic disorders, and child mortality. - Economic: Decreased future productivity, increased economic burden on families and the country.
- Social: Decreased quality of human resources, weakening national competitiveness.

Determinant Factors of Stunting

Hoddinott et al. (2013) and Prendergast & Humphrey (2014) categorize the factors causing stunting as:

1. Direct Nutritional Determination (Specific Intervention): nutritional intake (PMT, exclusive breastfeeding, supplementation), maternal health (nutritional anamnesis, healthy pregnancy), and health services.

2. Contextual Determination (Sensitive Intervention): Sanitation (clean water, healthy toilets), physical environment, education, income level, socio-cultural conditions, and health infrastructure.

Implementation of Stunting Prevention and Reduction Policies

Various studies emphasize the importance of cross-sectoral program convergence in stunting prevention (Bappenas, 2024; UNICEF, 2018). Presidential Regulation Number 72 of 2021 mandates the establishment of a Stunting Reduction Acceleration Team (TPPS) at the central and regional levels, while Regent Regulation Number 23 of 2023 emphasizes the role of villages as referred to in Regent Regulation Number 36 of 2020 concerning the Role of Villages in Integrated Stunting Prevention and Reduction.

Role of the Village

Regent Regulation No. 23/2023 Articles 3, 8, and 11 require villages to:

- Allocate village funds (ADD) for stunting prevention and reduction activities (PMT, integrated health posts, sanitation interventions) as needed.
- Organize nutrition education and monitor the development of toddlers. - Involve Human Development Cadres (KPM) as the spearhead at the village level.
- Coordinate cross-OPD programs (Health Office, PPKB Office, PUPR Office, Environmental Office) through the stunting discussion forum and village TPPS.

Cross-Sector Synergy

Stunting prevention interventions require integration of specific interventions (PMT, immunization, supplementation) and sensitive interventions (sanitation, clean water, nutrition education). The Health Office is responsible for preparing technical guidelines and monitoring implementation through the e-PPGBM system, while the PPKB Office focuses on family-based interventions through the Family Assistance Team (TPK) (Minahasa Utara Health Office, 2025). The PUPR Office and the Environmental Office are responsible for providing sanitation and clean water infrastructure.

Theoretical Basis for Implementation

Edward III's theory (Hoogerwerf, 1983) highlights four key issues (communication, resources, disposition, and bureaucratic structure) that are highly relevant to the context of coastal villages such as Wori. Meanwhile, Van Meter & Van Horn (1975) emphasize the importance of measurable standards and targets, availability of resources, and coordination networks between implementers. The Mazmanian & Sabatier (1983) model validates the need for political support and community participation. Grindle (2007) emphasizes the balance between the content of policy and the context of implementation.

METHOD

Research Approaches and Types

This study uses a descriptive qualitative approach with a phenomenological type (Siyoto & Sodik, 2015), which attempts to capture social reality in the context of implementing policies for preventing and reducing stunting in Wori District. The phenomenological approach was chosen so that researchers can understand the meaning of the stunting phenomenon from the perspective of actors and stakeholders.

Location and Time of Research

The study was conducted in Wori District, North Minahasa Regency, North Sulawesi Province. This sub-district has 13 villages in the coastal area and 7 villages in the island area (Mantehage Island and Nain Island), with a total area of ±11,037 hectares and a population of 21,226 people in 2025. The study took place from April to June 2025.

Focus and Description of Research Focus

The research focus is formulated based on Articles 3, 8, and 11 of Perbup No. 23/2023, with the following indicators:

- Stunting Budget (ADD): ADD allocation for prevention & handling of stunting.
- Improving Community Nutrition: Implementation of PMT (milk, iron tablets), nutrition education, and integrated health posts.
- Stunting Prevention and Reduction: Activities to provide clean water, sanitation, healthy toilets, and health education.
- Handling of Stunting Children: Mapping of children at risk through weighing & monitoring growth.
- Stunting Prevention Interventions: Specific interventions (Toddler PMT, immunization, iron tablets) and sensitive interventions (synchronization of sanitation programs, education, clean water).
- Involvement of Human Development Cadres (KPM): The role and capacity of KPM at the village level support policy implementation.

Research Instruments

The research instruments include:

- In-depth Interview Guidelines: Prepared to be discussed with key informants (Old Law, Sub-district Head, Head of Health Center, Head of Health Office, Head of PPKB Office, KPM, and community elements).
- Participatory Observation: Directly observing the implementation of Posyandu, PMT implementation, Stunting Discussion, and KPM training.
- Documentation: Collection of official documents (Regent Regulation, Health Office technical guidelines, TPPS reports, toddler weighing data, stunting rates, and Village Fund budget).
- Field Notes: To record important events during observations and interviews that were not captured by audio recordings.

Data Sources and Informants

Primary Data Sources:

- Village Government (ADD data, Posyandu implementation reports, PMT).
- Wori and Tinongko Health Centers (stunting prevalence data, nutrition intervention reports, number of nutrition workers).
- North Minahasa Regency Health Office (technical guidelines, e-PPGBM system data).
- PPKB Office (Family Assistance Team report).
- Regent Regulation Document No. 23/2023 and Regent Regulation No. 36/2020.
- Key Informants:
- Wori Sub-district Head and Hukum Tua of Minaesa Village.
- Head of Wori and Tinongko Health Centers.
- Head of Health Office and Head of PPKB Office
- 13 Human Development Cadres (KPM) in Wori villages.
- Several community leaders/pregnant women/health educators.

Data Collection Techniques

- In-depth Interview: Conducted face-to-face with key informants using open interview guidelines. Topics include understanding of policies, budget allocation, technical constraints, and the role of KPM. Each interview was recorded, then transcribed for analysis.
- Participatory Observation: Researchers were directly present at Posyandu activities, PMT implementation, Rembuk Stunting, and KPM training. Documentation of physical conditions (sanitation facilities, toilets, access to clean water) in coastal and island villages.
- Documentation: Collection of Perbup documents, ADD reports, stunting prevalence data, toddler weighing results, KPM records, and TPPS reports.

Data Analysis Techniques

Data were analyzed using the Miles & Huberman Interactive Model (2014) which consists of four stages:

- Data Collection: Interview data was collected from transcripts, observations from field notes, and official documents.
- Data Condensation: Selecting relevant data according to the focus of the research. Simplifying data through theme categorization (budget, nutrition, sanitation, KPM, coordination, determinants).
- Data Presentation: Compiling a summary table of findings based on indicators: ADD Budget Findings Table, Nutrition Improvement Findings Table, Stunting Prevention & Reduction Findings Table, Stunting Handling Findings Table, Specific & Sensitive Intervention Findings Table, KPM Involvement Findings Table, Barrier Determinant Factors Table. Presenting descriptive narrative data to support the table.

- Conclusion Drawing & Verification: Making initial interpretations of field findings. Verification through triangulation (interviews, observations, and documents). Testing the consistency of the results with policy implementation theory (Edward III, Van Meter & Van Horn, Mazmanian & Sabatier, Grindle).

Validity of Data

The validity of the data is maintained through four trustworthiness criteria (Lincoln & Guba in Moleong, 2007):

- Credibility: Triangulation of sources (interviews, observations, documents). Member check (confirming the summary of the informant's answers to the relevant informant).
- Transferability: Description of the geographic, demographic, and social context from the beginning. Explaining the research procedure so that readers understand the context and can compare it with similar cases.
- Dependability: Maintaining an audit trail in the form of interview transcript documents, field notes, and analysis reports. Completing the researcher's reflection notes to minimize bias.
- Confirmability: Recording methodological decisions in detail. Keep supporting documents (recordings, transcripts, analysis tables).

RESULTS AND DISCUSSION

Overview of Research Location

Wori District is located on the north coast of North Minahasa Regency, North Sulawesi Province, with an area of ±11,037 ha and 20 villages (13 coastal villages, 7 island villages: Mantehage Island and Nain Island). The northern boundary is directly with the Sulawesi Sea, the east borders Budo Village, the south with Kima Bajo Village, and the west with the Sulawesi Sea. The topography varies between low hills (slope 15–39°) and sandy coastal areas. The population in 2025 reached 21,226 people (6,667 families), with the economic ecosystem dominated by the fisheries sector (95% of the population of Minaesa Village as traditional fishermen using pampboats) and a little agricultural land. Social characteristics include ethnic heterogeneity (Sangihe-Talaud, Bajo, Bantik, Minahasa), which influences cultural dynamics and participation in health programs.

Minaesa Village Profile

Minaesa Village (area ±1.5 km²) is located on the coast of the Sulawesi Sea, ±3 km from the capital of Wori sub-district and ±23 km from Manado City. The organizational structure of the village is led by the Hukum Tua (Saprin Fanah) and the Village Secretary (Mus Paputungan), supported by the Head of Section (Government, Welfare, Service), Kaur (Administration, Planning, Finance), and 9 Heads of Guard in the village area. The livelihoods of the majority of its residents are traditional fishermen, catching pelagic fish (yellowfin tuna, skipjack, mackerel), while a small number of residents work in the travel trade sector.

Description of Research Results

Stunting Budget (ADD)

Based on interviews and APBDes documents, each village in Wori District, including Minaesa Village, has allocated village funds (ADD) for stunting prevention and handling activities. The budget includes:

Posyandu and PMT (Supplementary Food Provision):

- The village organizes Posyandu activities every month, with funds allocated to buy milk for children aged 0-6 years and pregnant women (Minaesa Village Old Law, May 20, 2025).
- Village funds are also used to buy vitamins and iron tablets for pregnant women in the 4T category (high risk), according to the direction of the Wori Health Center.

Financing Nutrition Education and Counseling:

- Allocation of funds to print educational materials (brochures, posters) on balanced nutrition.
- Funding for intensive nutrition cadres to conduct home visits to at-risk families.

Allocation Constraints:

- The Minaesa Village Elder Law states that the allocation of village funds for stunting is limited due to the priority of other programs (village infrastructure, non-stunting social assistance) (interview, SF, May 20, 2025).
- The Wori Sub-district Head, as the sub-district level coordinator, monitors the use of village funds, but budget absorption is not evenly distributed due to the ADD planning process, which is constrained by the capabilities of village planning staff (interview, KD, May 20, 2025).

Improving Community Nutrition

Implementation of efforts to improve community nutrition in Wori District includes:

Provision of Additional Food (PMT):

- Each village organizes PMT in the form of milk for children aged 0-6 years and pregnant women, coordinated by the integrated health post with the Wori Health Center (interview, SF, May 20, 2025).
- The Wori Health Center provides balanced nutrition education and iron tablets to pregnant women every trimester (interview, EW, May 21, 2025).

Implementation of Posyandu:

- Posyandu is routinely carried out in 13 coastal villages and 7 island villages every month. Activities include weighing toddlers, monitoring PB/U, providing vitamin A, immunization, and nutritional counseling.
- Several families refuse to attend the integrated health post because they think "being short is normal" or are embarrassed if their child is detected as stunted (interview, SF, May 20, 2025).
- The health center and nutrition cadres take a persuasive approach by visiting inactive families at home (interview, EW, May 21, 2025).

Prevention and Reduction of Stunting

Efforts to prevent stunting in Wori District are illustrated through:

1. Provision of Clean Water and Sanitation: - Coastal villages have limited sanitation infrastructure (healthy toilets) and the installation of clean water pipes (PDAM) has not reached the island areas (Hukum Tua of Minaesa Village, May 20, 2025). - Tinongko Health Center revealed that the island areas are difficult to reach, so sanitation education and toilet construction are often delayed due to bad weather and limited access to sea transportation (interview, HS, May 21, 2025).
2. Integrated Health Post (Posyandu) Activities and Counseling: - Counseling on clean living patterns, hand washing, use of healthy toilets, and nutrition education are routinely held during Posyandu and village discussions. - However, the behavior of the community who considers toilets not very important is still dominant (observation, May 2025).
3. Cross-Sector Coordination: - The annual Stunting Discussion Forum involves OPDs (Health, PPKB, PUPR, Environment) to formulate a convergence action plan (interview, JS, May 21, 2025). - The PPKB Service through the Family Assistance Team (TPK) assists families at risk of stunting door-to-door, but the number of TPK is limited so that coverage is uneven (interview, JS, May 21, 2025).

Handling of Stunting Children

Handling of stunted children in the Wori area is coordinated by the Wori and Tinongko Health Centers:

- Risk Mapping: - Every month the Health Center weighs toddlers at the Integrated Health Post to map children at risk of stunting (PB/A < -2 SD). The weighing results are then applied to the e-PPGBM system for intervention referrals (interview, EW, May 21, 2025). - Children at risk are visited at home by nutrition officers for consultation, dietary counseling, and further monitoring (interview, EW, May 21, 2025).
- Limited Nutrition Personnel: - The Wori Health Center only has 2 nutrition workers for 13 villages, resulting in excessive workload and visits to the island areas are often delayed (interview, EW, May 21, 2025). - Some families are less cooperative because they feel embarrassed or think that the child's low height is a hereditary factor (interview, EW, May 21, 2025).

Stunting Prevention Interventions

Stunting prevention interventions in Wori District involve specific interventions and sensitive interventions:

1. Specific Interventions (Health Sector): - Nutritional Improvement: PMT for thin toddlers, iron tablets for adolescent girls, micronutrient supplementation. - Health Services: Increasing immunization coverage (Measles, Polio) and ANC (ante natal care) services for pregnant

women in the 4T category. - Infection Management: Complete immunization, environmental hygiene education, and hand washing counseling.

2. Sensitive Interventions (Cross-Sector): - Inter-OPD Cooperation: The Health Office collaborates with the PPKB Office, the PUPR Office, and the Environmental Service for environmental sanitation and healthy toilet programs (interview, SS, May 21, 2025). - Sanitation Facilities and Infrastructure: Construction of healthy toilets in 30% of villages, drilled wells, clean water installations in coastal villages, but access to the islands is still limited. - Environmental Education: Environmental health counseling in elementary schools and integrated health post meetings.

Involvement of Human Development Cadres (KPM)

The role of KPM as the vanguard of policy implementation:

1. Number and Distribution of KPM: - Each village in Wori District has 1 KPM (a total 20 KPM). Their duties include monitoring child growth, recording data on at-risk families, and facilitating program convergence at the village level (interview, KD, May 20, 2025). - The limited number of KPMs results in a high workload, especially during home visits to at-risk families in island villages separated by the sea.
2. Capacity and Training: - Training for KPMs is carried out once a year, but the material is still general and not specific to handling stunting in the local context (observations, KPM training documents). - KPMs need increased capacity related to nutritional counseling techniques, data collection methods, and cross-sector coordination to be able to facilitate convergence at the village level properly.
3. Commitment and Coordination: - The level of KPM commitment varies. Some KPMs actively report monthly data, but some KPMs are less intensive in conducting home visits and counseling due to minimal incentives and supervision support (interview, KD, May 20, 2025). - Coordination between KPMs and the Health Center has not been scheduled routinely, so data validity is often delayed.

Determinant Factors (Obstacles)

Based on the results of interviews and observations, there are several determinant factors (barriers) in the implementation of stunting prevention and reduction policies in Wori District:

1. Limited Community Knowledge and Behavior: Low understanding of parents about the importance of balanced nutritional intake, exclusive breastfeeding, and parenting patterns; there is still an assumption that short children are normal because of heredity (interview, EW, May 21, 2025). Traditional practices and local beliefs influence perceptions about nutrition and sanitation. Low awareness of attending Posyandu causes weighing and monitoring to be hampered.
2. Socioeconomic Conditions: Families with low incomes (fishermen, farmers) have difficulty providing nutritious food; food consumption is less varied (based on family interviews in

Minaesa Village). Irregular income (depending on fish catches) affects the ability to buy nutritious food and visit health facilities.

3. Limited Infrastructure and Access to Services: Coastal and island geographical conditions make it difficult to access sea transportation, especially during bad weather; visits to the Health Center and distribution of PMT are often delayed. Sanitation and clean water are not evenly distributed; some villages still rely on traditional wells, without PDAM pipe installations; healthy toilets have not reached 100% coverage (Minaesa Village Elder Law, May 20, 2025).
4. Limited Human Resources: The limited number of nutrition workers and KPM affects the scope of intervention; one nutrition worker serves many villages, so that mobility to island villages is difficult to organize. KPM experiences changes in members and double workloads (taking care of village administration) so that continuity of assistance is hampered.
5. Limited Village Fund Budget: ADD must be allocated for various priorities (village infrastructure, non-stunting social assistance, village government operations), so that the portion for stunting prevention is limited. There is often a refocusing of the village budget for other urgent activities (road infrastructure needs, construction of office buildings), which affects the smooth running of the PMT and nutrition education programs.
6. Suboptimal Cross-Sector Coordination: The Stunting Discussion Forum has been formed, but the monitoring and evaluation mechanisms are not yet systematic; forum scheduling is often delayed. District and village TPPS do not always run in parallel; field data has not been integrated between the Health Office, PPKB Office, and PUPR Office.

Review Based on Edward III's Theory

1. Communication: The results show that village policy communication is still formal (monthly coordination meetings), but the delivery of policy objectives around stunting has not been fully socialized among the community. Many families do not understand the objectives of PMT and the importance of weighing toddlers, indicating weak communication between the actors (implementors) and targets (the community). Edward III emphasized that poor communication will hinder the implementer's understanding of the standards and objectives of the policy; field results confirm this.
2. Resources: The limited number of nutrition workers (only 2 people for 13 villages) and KPM (1 per village) indicate a deficit in human resources. Edward III stated that inadequate human resources are the main obstacle to policy implementation. In addition, the limited Village Fund budget is directly proportional to the lack of sanitation facilities and PMT distribution, in line with the theory that lack of financial resources hinders program implementation.
3. Disposition: Variations in the commitment of implementers (KPM, Hukum Tua, Puskesmas officers) affect the effectiveness of the program. Some KPM actively report data, while others are not optimal due to minimal incentives. Edward III stated that the mental readiness and

commitment of implementers are important so that policies are implemented according to their objectives; Field findings reflect this phenomenon.

4. Bureaucratic Structure: Fragmentation of tasks occurs because cross-OPD coordination has not been integrated. The e-PPGBM data reporting process at the Health Office has not been connected to the PPKB Office or the PUPR Office. Edward III emphasized that a fragmented bureaucratic structure and non-adaptive SOPs will hinder implementation; field results support this theory.

Review Based on Van Meter & Van Horn Theory

1. Policy Standards and Targets: Perbup No. 23/2023 explains the standards (target stunting rates) and targets (toddlers, pregnant women in category 4T). However, field findings show that these standards have not been measured in the village implementer performance indicators, so that program absorption rates are often not monitored validly. Van Meter & Van Horn emphasize that unclear targets trigger multiple interpretations; the situation in Wori illustrates this.
2. Resources: In line with Edward III, Van Meter & Van Horn highlight human resources, finances, and information as the main variables. The limited coverage of nutrition workers and KPM and minimal ADD are a reflection of a lack of resources, hampering the effectiveness of implementation.
3. Characteristics of the Implementing Organization: The organizational structure of the Health Center and the village does not yet have a specific SOP for coordinating the stunting program. Van Meter & Van Horn show that a rigid organization and old SOPs will hinder the implementation of new policies; field findings show the same thing.
4. Inter-Organizational Relations: Cross-OPD coordination is only carried out through the stunting discussion forum, but there is no scheduled coordination mechanism. Van Meter & Van Horn emphasize the importance of good inter-organizational relations; Wori has not achieved an intensive collaboration mechanism.
5. Characteristics of Implementing Agents: Variations in the values and attitudes of KPM, Puskesmas officers, and village officials affect performance. Van Meter & Van Horn's theory states that agent disposition is a critical variable; in the field, the mental unpreparedness of some implementers hinders the effectiveness of the program.
6. Environmental Factors: Coastal and island geographical conditions, limited infrastructure, and local culture that values the low importance of nutrition are environmental variables that affect implementation. Van Meter & Van Horn's theory states that environmental factors play an important role; this is evident in Wori.

Review Based on Mazmanian & Sabatier Theory

Problem Characteristics: Stunting in Wori occurs due to a combination of technical factors (lack of nutrition workers, infrastructure) and social complexity (culture, fishermen's economy). Mazmanian

& Sabatier stated that technical complexity and diversity of target groups increase the implementation challenges.

Policy Characteristics: Perbup No. 23/2023 is quite clear in regulating the role of villages, but the limited allocation of resources and support for translating policies into implementing derivatives (village regulations, village implementing regulations) is not optimal. Mazmanian & Sabatier mention policy clarity, theoretical support, and resource allocation as key variables; in Wori, although the policy is formulated, resource support is minimal.

Environmental Variables: Public support is relatively low due to the public's perception that the "stunting problem" is low, so that Posyandu participation is not optimal. In addition, the economic conditions of fishermen's families narrow the scope for nutritious food consumption. This follows the theory that the socio-economic environment and public support influence the success of implementation.

Discussion According to Indicators

1. Stunting Budget: Analysis shows that although ADD has been allocated for stunting, the limited portion (less than 10% of the total ADD) causes financial insufficiency. More allocation is directed to village infrastructure and other social assistance. As a result, PMT activities and nutrition education must compete for budget.
2. Improving Community Nutrition: Although Posyandu has been carried out routinely, many families are reluctant to participate because of the perception that “it is normal to be short”. This requires a new communication strategy; contextual educational materials are needed that involve traditional and religious leaders to change the mindset.
3. Stunting Prevention and Reduction: Sanitation and clean water infrastructure have not reached all villages. The healthy toilet program only covers 30% of the area, the rest is waiting for funds from the PUPR Office. A multi-stakeholder collaboration strategy is needed, involving CSR from fisheries companies, environmental NGOs, and special district allocation funds, so that sanitation infrastructure coverage becomes 100%.
4. Handling Stunting Children: Risk mapping through weighing toddlers and monitoring in e-PPGBM is relatively good, but home visits for intervention are delayed due to limited nutrition workers. It is recommended to add contract nutrition workers at the Health Center, as well as develop KPM based on village volunteers with minimal incentives, to minimize monitoring delays.
5. Stunting Prevention Interventions: Specific interventions (PMT, immunization, supplementation) are running, but immunization coverage is only 85%. Sensitive interventions (sanitation, environmental education) need to be accelerated; participation of the Environmental Service and PUPR Service needs to be maximized. Stunting Discussion must produce a measurable action plan (monitoring program indicators, timeline, and person in charge) so that it is not just a formal forum.
6. KPM Involvement: KPM plays a strategic role as a liaison between the village and the Health Center. Specific training needs (nutrition counseling, data collection techniques), incentives,

and the establishment of a regular communication forum between KPM and the Health Center can improve commitment and performance.

CONCLUSION

Based on the results of the research and discussion, it can be concluded that: 1. Policy Implementation: Implementation of the policy for preventing and reducing stunting in Wori District has been carried out through the allocation of ADD budget for PMT, nutrition education, sanitation development, and the involvement of KPM. However, the implementation has not been optimal due to the limited portion of ADD, uneven distribution of sanitation infrastructure, and insufficient nutrition human resources. 2. Inhibiting Determinant Factors: - Community Knowledge and Behavior: Low understanding of balanced nutrition and traditional perceptions ("fairly short") hinder program participation. - Limited Human Resources: Only 2 nutrition workers for 13 villages, 1 KPM per village with inadequate training. - Budget Limitations: ADD is divided into other priorities (infrastructure, non-stunting social assistance); budget refocusing makes PMT and nutrition education constrained. - Sanitation Infrastructure and Access to Services: Access to clean water and healthy toilets is not evenly distributed, especially in the island region. - Cross-Sector Coordination is Not Optimal: The Stunting Discussion Forum and village TPPS are not yet consistent; data has not been integrated between agencies; program performance monitoring is not connected. 3. Conformity of Theory and Practice: Field findings are in line with the theories of Edward III (the importance of communication, resources, disposition, bureaucratic structure), Van Meter & Van Horn (standards, resources, coordination, agent characteristics, environment), Mazmanian & Sabatier (problem characteristics, policies, environment), and Grindle (balance between content of policy and context of implementation). In particular, the obstacles lie in the context of implementation, which does not fully support the policy objectives (content of policy).

Suggestions

Based on the conclusions above, the following suggestions are expected to increase the effectiveness of the implementation of stunting prevention and reduction policies in Wori District:

1. Increasing Policy Support and Funding: - The local government needs to increase the allocation of a special budget for stunting in the Village Fund, at least to 15-20% of the total village Village Fund, with an incentive scheme for villages that show a decrease in stunting rates. - Facilitate cooperation between villages and the private sector (fishery company CSR) and NGOs for the development of sanitation infrastructure (healthy toilets, drilled wells) in coastal and island villages. - The Health Office and the PPKB Office can propose Regional Incentive Funds (DID) for villages that have succeeded in reducing stunting rates below the district average.
2. Increasing Capacity and Number of Implementers: - Recruitment of at least 1 contract nutrition worker per Health Center to support visits to island villages; ongoing training for

nutrition workers related to the contextual approach to local culture. - Increasing the capacity of KPM through specific training (nutrition counseling, data management, social advocacy techniques) at least twice a year; monthly incentives for KPM who actively report data on time. - Establishment of a routine coordination forum (in collaboration with Puskesmas–KPM–Village) every month to ensure data synchronization and intervention follow-up.

3. Strengthening Cross-Sector Coordination and Collaboration: - It is necessary to establish an integrated monitoring mechanism (e-PPGBM dashboard) that can be accessed by the Health Office, PPKB Office, PUPR Office, and Environmental Office to monitor program progress in real time. - Stunting Discussion must be designed as a technical forum (not just a routine meeting) with measurable outputs: quarterly action plan, person in charge, success indicators, timeline, and budget allocation. - Involvement of education elements (Education Office, elementary schools) in clean lifestyle and nutrition education through the health education curriculum, so that the younger generation has better knowledge about stunting prevention.
4. Contextual Communication and Education Approach: - Develop nutrition education materials that are adapted to the local cultural context (narratives in local languages, involving traditional and religious leaders) to break the stigma of "reasonably short". - Involvement of community, religious, and traditional leaders as agents of cultural change to increase public awareness of the importance of balanced nutrition and attendance at Posyandu. - Utilization of local media (community radio, simple leaflets) to disseminate information on nutrition, sanitation, and the importance of repeated immunization.
5. Utilization of Technology and Data in Monitoring: - Use of mobile applications for KPM to input monitoring data for children at risk of stunting, so that the data updating process is faster and more accurate. - KPM training in the use of smartphones and basic health monitoring applications to accelerate reporting and follow-up. - The Health Office provides a stunting monitoring dashboard that can be accessed by the Sub-district Head, Hukum Tua, and KPM to facilitate real-time evaluation.

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