

Supplemental Feeding Program in Stunting Prevention in Pombakka Village: An Analysis of Policy Implementation in the Van Meter and Van Horn Framework

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Abstract

Stunting reflects poor nutritional and health conditions that disrupt a child's linear growth and remains a major public health concern in Indonesia. Ineffective and unsustainable management of stunting can lead to both short-term and long-term developmental problems among toddlers. Therefore, greater attention is needed in implementing programs aimed at reducing stunting at the community level. This study aims to analyze the implementation of the Supplementary Feeding (PMT) program as an effort to overcome stunting among toddlers. This research used a qualitative approach conducted at the Integrated Health Service Post (Posyandu) in Pombakka Village, Masamba District, North Luwu Regency. The study involved stakeholders responsible for the PMT program, including representatives from the Masamba Health Office, the village government, health workers, and Posyandu cadres. Data were collected through participatory observation, in-depth interviews, and document analysis. The data were analyzed using the Miles and Huberman model, which includes data collection, data reduction, data presentation, and conclusion drawing. Data validity was ensured through source, time, and method triangulation. The findings, based on the Van Meter and Van Horn policy implementation framework, indicate that the PMT program targets are generally appropriate. However, challenges remain in terms of resource capacity, implementer competence, inter-organizational communication, and social and economic conditions. Strengthening community participation and improving program resources are essential to enhance the effectiveness of stunting prevention efforts.

Keywords: Policy Implementation, Public Health, Stunting, Supplementary Food Program

Introduction

The online Indonesian dictionary states that implementation is the execution or application (KBBI, 2026). The Merriam-Webster online dictionary explains that implementation is an act or instance of implementing something: the process of making something active or effective (Webster, 2026). Implementation is an act or instance of implementing something. It can also be referred to as the process of making something active or effective. When this implementation is brought into the governmental sphere, it is referred to as policy implementation. According to the BPKP Training and Development Center (Pusdiklatwas), William N. Dunn, in his book, "Public Policy Analysis," states that policy implementation is the fourth of eight stages in public policy

formulation. Public policy implementation is a crucial stage in the policy process, where decisions formulated by policymakers are translated into concrete actions to achieve predetermined goals (Addawiyh et al., 2025).

Policy implementation is defined as actions taken by individuals, government officials, or groups aimed at achieving the goals outlined in policy decisions (Nainggolan et al., 2022). Implementation is not as simple as its literal meaning, such as execution. Rather, policy implementation is a series of actions related to a number of influencing factors. Therefore, its perspective is always linked to the content of the policy itself, as well as to the process, results, and benefits of its implementation (Jumroh & Pratama, 2021). Numerous studies have shown that the most important thing for policy makers to consider once an alternative solution has been selected is the policy implementation phase. This is because it involves a linear and interconnected process. Unfortunately, this has received little attention (Amma et al., 2024).

The topic of public health can be traced back to the beginnings of human civilization, when it was already well-established. Wong stated that "As a discipline, 'public health' traces back to the beginnings of human civilization when communities first started promoting health and combating diseases" (Li et al., 2022). It is stated in the Oxford English Dictionary, 2020 that Public health is "The health of the population as a whole, esp. as monitored, regulated, and promoted by the state" (Leeson & Thompson, 2021). Public health, more or less, is "the health of the population as a whole, especially as monitored, regulated, and promoted by the state."

Health is a state of complete physical, mental, and social well-being that enables everyone to live socially and economically productive lives. In Indonesia, one of the determinants of health is community nutrition (www.kesmas.id.com). Similar to Indonesia, China implemented comprehensive health system reforms between 2009 and 2019 with strong political and financial support, with strengthening the public health system a key priority (www.thelancet.com). Several prestigious international journals have focused on public health issues. The Lancet Public Health focuses on health equity and the importance of evidence-based public health interventions to influence global policy. The American Journal of Public Health focuses on the importance of health protection for vulnerable groups.

The Annual Review of Public Health also focuses on the impact of public health programs on increasing global life expectancy over the past century. In recent decades, stunting has been a public health issue in Indonesia that has attracted attention from both the government and academics. This topic has received extensive research because it is closely related to Indonesia's future human resources. Juni et al. emphasized that child stunting is a significant problem in Indonesia and requires special attention, even though the government has implemented various programs to address it (Juni et al., 2025). Indonesia is one of the countries with a relatively high prevalence of stunting. According to the 2021 Indonesian Nutritional Status Survey (SSGI), the stunting prevalence in Indonesia was 24.4%, a 6.4% decrease from 30.8% in 2018.

However, this health problem has serious impacts on child development and growth, causing irreversible suboptimal growth and development (Mulyani et al., 2025). The standards for implementing stunting policies are Presidential Regulation of the Republic of Indonesia Number 72 of 2021 concerning the Acceleration of Stunting Reduction and Regulation of the Minister of

Health of the Republic of Indonesia Number 2 of 2020 concerning Child Anthropometric Standards (Arieffiani & Ekowanti, 2024).

Several previous studies have addressed and discussed the issue of stunting from various perspectives. One addressed the topic of stunting through a bibliometric perspective, which helped map the development of stunting research from 2027 to 2022. The results indicated that trends in public administration studies were predominantly focused on policy implementation, policy evaluation, governance, innovation, and community participation, as well as the potential for further research related to collaborative governance studies in the context of effective cooperation and institutional models for stunting (Saputra et al., 2023).

A subsequent study also addressed the issue of stunting prevention using the implementation model of George Edward III, Marilee S. Grindle, and Mazmanian & Sabatier. This focused more on government regulations and collaboration between sectors, from sub-districts to villages (Rosyida et al., 2024). The next study, which also addressed policy implementation issues, used Van Meter & Van Horn's theory, analyzing six indicators of a successful policy implementation model. The research focused on the lack of coordination between local government agencies and the lack of public awareness regarding participation in integrated health posts (Posyandu) (Luthfia et al., 2025). Another study, using Van Meter & Van Horn's theory, focused on accelerating stunting reduction, explored the lack of reliable human resources and the lack of infrastructure and budget for implementing stunting prevention programs. Similarly, the social, economic, and political environment was deemed unfavorable for communities to overcome the dangers of stunting (Furkan et al., 2026).

The aforementioned previous studies, which also represent the state of the art, address the issue of policy implementation in preventing and reducing stunting in Indonesia. The novelty of this study lies in its focus and findings. While some use the same model or theory, few have explored in depth the quality of PMT itself for toddlers. Supplementary feeding is a key component of delivery to stunted toddlers. If this food lacks the right composition and nutritional suitability for toddlers, it will become a serious problem. The strength of this research lies in the fact that the researchers are themselves Posyadu (Integrated Service Post) cadres. Therefore, it provides a richer field evidence base and valuable experience.

The PMT program has been implemented since 2024. Seven children aged 0 to 5 years old experienced stunting. In 2025, the number of stunted children increased from 13 out of 68 registered children, or approximately 20.59%. It is hoped that supplementary feeding can reduce stunting rates in the village. Given the above background, this research is crucial and still relevant. It aims to measure the performance of the implementation of the Supplementary Food Program policy in preventing stunting within the Van Mater and Van Horn theoretical framework. This is closely related to the ability to reduce stunting prevalence in a different location, namely in Pombakka Village, North Luwu Regency.

Methods

This research employed a qualitative method with a descriptive approach. Twenty informants were selected using purposive sampling. Data were collected through observations of the research location and object, as well as through interviews with informants related to the topic.

During the data collection process, additional informants were recruited through snowball sampling. The data obtained were then processed in a matrix format to facilitate analysis and draw conclusions. This research was conducted in Pombakka village, Masamba, North Luwu, from May to July 2025, spanning two months. The location was selected based on statistical data from the Masamba Health Office that Pombakka village has a high stunting rate compared to other villages. The village's Integrated Health Post (Posyandu) has been implementing the PMT program since 2024. Based on available data, the North Luwu Regional Government has been actively working to accelerate stunting reduction since 2023-2024. The instrument used was the researcher, who served as the primary research key, using interview guides and field observations based on parameters and indicators derived from the theory. Of course, with supporting documentation data, the research was conducted. Informants were selected based on their involvement and relevance to the study topic (representative). For example, the Village Head, the Head of the Integrated Health Post (Posyandu), the Posyandu cadres, and the PMT target families. The data analysis technique used the Interactive Analysis Model by Miles and Huberman. This model, which is still highly relevant for naturalistic qualitative research, is still highly relevant today. Data collection, data reduction, data presentation, and conclusions are presented. Data are collected first using writing tools or recording devices. Then, those relevant to the research questions are sorted. This related data will be presented in infographic form, which can be tables, graphs, or images. The presented data will be interpreted based on existing theoretical support.

Results and Discussion

7-Day Menu Cycle

Regarding the implementation of the Supplementary Feeding Program (PMT) for stunted children in Pombakka village, cadres first underwent training on the program, organized by the North Luwu Regency Health Office or the Masamba Community Health Center. This training focused on the nutritional balance that must be contained in the food provided. The training materials provided by the North Luwu Regency Health Office or the Masamba Community Health Center included theory and then direct practice under the guidance of the program implementers. After successful completion of the training, the North Luwu Regency Health Office or the Masamba Community Health Center submitted a list of the daily menu cycle for the Supplementary Feeding Program for stunted children. The following is a list of the menu cycle compiled by the Community Health Center.

Table 1. Daily Menu Cycle

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Chicken Opor, Potatoes, Tempeh	White Rice	Meatball Noodles (Bakso), Tofu	White Rice	Grilled Rice	Cheerful Fried Rice	Manado Porridge
Lontong (Rice Cake)	Stir-Fried Vegetables (Carrot, Green)	Chicken Egg	Red Bean Soup	Tuna Fish	Carrots and	Boiled Egg

	Beans, Bean Sprouts)				Chicken Egg	
Chicken Egg	Yellow Fish Soup	Papaya	Chicken Satay	Tempeh	2 Bananas	Papaya
1 Sweet Orange	Tempeh in Spicy Sauce		Watermelon	Carrot		
	2 Bananas			Egg		
				1 Sweet Orange		

The seven-day daily menu provided by the Integrated Health Post (Posyandu) has undergone a selection process by the Masamba Health Office. This menu is deemed to represent the appropriate nutritional needs for toddlers. It includes protein, carbohydrates, vegetables, and fruit. The provisions of this supplementary feeding program include the types of nutritious supplementary foods (locally based), implementation time, target beneficiary groups, and success indicators such as toddler weight gain and participant participation in Posyandu activities. After conducting the research for two months, from May to June 2026, based on interviews, observations, and documentation, the researchers can present the results of this study based on indicators from existing theories, as follows:

Policy Standards and Objectives

Standards and objectives outline the overall objectives of the policy decision. The Supplemental Feeding Program implemented in Pombakka Village is part of a national policy aimed at reducing stunting. The policy standards for this program include the types of nutritious supplementary foods (locally based), implementation time, target beneficiary groups, and success indicators such as toddler weight gain and participant attendance at Posyandu activities. In its implementation on the ground, the standards and objectives of this policy have been fully implemented in accordance with regulations. This is evident from an interview with the Pombakka Village Head:

"The implementation of the Supplementary Feeding Program in Pombakka Village is an annual program, and the stunting rate in Pombakka Village is quite high. Regarding the standards and policy targets, this program includes toddlers with stunting/indicated stunting, pregnant women with poor nutritional status (KEK), and breastfeeding mothers from poor families."

The funding and budget for the Stunting Program come from the Pombakka Village Fund, which has been allocated specifically for this program. As the Village Head explained:

"In implementing this program, we, as the village government, are involved in its implementation, not just the midwives and cadres. The village treasurer disburses the funds for the stunting program, which are then distributed to the midwives and cadres for proper management. The cadres selected to cook and deliver the meals are those with a proven track record of performance."

Similarly, an interview with the Pombakka Village Secretary also provided a similar perspective:

"The implementation of the Supplementary Feeding Program is a village government program to improve the nutritional status of toddlers, pregnant women, and breastfeeding mothers who are experiencing malnutrition. In Pombakka Village, our primary targets are stunted toddlers and pregnant women with Chronic Energy Deficiency (KEK). This decision was issued by the North Luwu Regency Health Office through the Masamba Community Health Center, followed by the Pombakka Village Midwife, and then submitted to the Pombakka Village Government, who then stored the data for attachment to the village government's performance report."

Based on the data obtained, the following presents the target population of 13 stunted toddlers with varying weight and height. Data was collected from the government to address stunting issues, particularly in children aged 0-5 years. This data collection was carried out by Posyandu officers in collaboration with the Masamba Community Health Center and the Pombakka Village Government. The following is the number of children experiencing stunting in Pombakka Village.

Table 2. Number of Stunted Children

No	Name	Date of Birth	Height (cm)	Weight (kg)	Weight/Height Status
1	Aprilia	04/05/2021	90	11.7	Underweight / Short
2	Arhan	04/06/2025	68	7.5	Underweight / Short
3	Arkanza	04/06/2025	82	10.1	Underweight / Severely Short
4	Fiqri	11/06/2022	83.1	10	Underweight / Short
5	Konita	05/01/2020	90	13.4	Underweight / Severely Short
6	M. Riziek	11/08/2020	95	13.9	Normal / Short
7	M. Faiz	06/04/2024	67.6	7.5	Normal / Short
8	Annisa	13/06/2022	84	11.1	Normal / Short
9	Arsy Ramadani	27/04/2022	82	9.4	Underweight / Short
10	Ayra Alfatunnisa	29/03/2023	76.3	8.7	Underweight / Short
11	Azkiya Sanari	17/02/2022	87	10.8	Underweight / Short
12	Nur Zhafira	02/07/2024	68	6.6	Severely Underweight / Severely Short
13	Zahra Adinda Putri	09/07/2021	85	10.2	Severely Underweight / Severely Short

The table above shows data on 13 toddlers suspected of stunting. The data demonstrates a wide range of weight and height categories. Five children were underweight and very short. Three were of normal weight and short stature, and five were underweight and short stature. The interviews above demonstrate that the implementation of the Supplementary Feeding Program in Pombakka Village, Masamba District, North Luwu Regency, is an annual program that aligns with the government's vision of addressing stunting in Indonesia, moving toward a "golden Indonesia" free of stunting by 2045. Furthermore, the village government's efforts in implementing this program include providing oversight of program implementers, including proper fund management, evidenced by expenditure receipts and photo documentation, as well

as progress toward program targets. Based on the interviews with the Village Head and Village Secretary, the data on stunting targets for toddlers is presented. Therefore, the researcher presents the following data reduction based on the indicators, Policy Standards and Objectives.

Table 3. Data Reduction of Policy Standards and Objectives Indicators (Policy Standards and Objectives)

Indicator	Result	Conclusion
Policy Standards and Targets	The target recipients of the Supplementary Feeding (PMT) program are undernourished or stunted toddlers, pregnant women with Chronic Energy Deficiency (CED), and breastfeeding mothers from low-income families.	The objective of the PMT program to reduce stunting rates in Pombakka Village is in accordance with existing regulations and theoretical indicators.

Based on the data reduction above, it can be concluded that the Standard Indicators and Policy Targets in the PMT program have been implemented in accordance with existing regulations and in accordance with the implementation criteria and targets.

Policy Resources

Policies provide more than just standards and objectives for assessing implementation. They also provide resources that facilitate effective implementation. Resources are a crucial aspect of successful policy implementation. Implementing the Supplementary Food Program in Pombakka village requires various resources: human resources; financial resources; facilities and infrastructure.

Human Resources

The human resources in question include Posyandu cadres, village midwives, village officials, and community leaders who actively participate. Cadres are the primary implementers in registering toddlers, preparing and distributing supplementary food, and providing outreach. Interview with a Pombakka village midwife (Mrs. E), a cadre mentor in implementing PMT. The following is the interview result:

"To implement the Supplementary Feeding Program, we rely on several cadres who are considered trustworthy and possess sufficient skills. However, we also need to provide ongoing guidance and training to further enhance their abilities in running the program."

Therefore, the human resources they need are those with sufficient skills and ongoing training to ensure they remain abreast of relevant scientific developments. Similarly, an interview with another Village Midwife stated:

"During the implementation of this program, we were tasked with recording the number of children targeted. Next, we purchased cooking supplies, then delivered them to the homes of the targeted children. We also consistently provided education to parents of toddlers to pay more attention to their children's nutrition and to regularly attend the Integrated Health Post (Posyandu) so that their development could be easily monitored."

Based on the interviews with the Village Midwife and Posyandu cadres, it can be concluded that

cadre training is necessary to strengthen the capacity to implement the PMT program. Furthermore, cadres are also tasked with providing education to parents of toddlers, a task that not just anyone can undertake. They must possess sufficient understanding and good communication skills. In addition, the selection of program implementers is also carried out to ensure the smooth implementation of the supplementary feeding program.

Financial Resources

The financial resources in question are Village Funds, Village Budgets, Health Office Budgets, and assistance from National Programs. The reality on the ground is that this section often faces significant challenges. The available funds are often insufficient to provide food for toddlers. In an interview with the Village Treasurer (Initial I), he stated:

"The funding source for this program is the Village Fund for Health. The budget required by cadres is adjusted to the cost per meal of the target. We, as the Village Government, only provide a budget equal to the budget per person multiplied by the number of targets."

A Posyandu cadre, Mrs. A, also provided this information:

"We meet with the Village Treasurer and provide a record of the number of targets and the budget per target. We sometimes have difficulty managing the funds provided because the price of basic necessities in the market is volatile, especially rice, which is always rising, and so is meat."

It can be concluded that the funding source for the PMT Program comes from the Village Fund, which, based on its amount and use, often faces challenges due to market food prices.

Facilities and Infrastructure

The facilities and infrastructure in question include cooking utensils, food storage, and activity spaces. Most cooking takes place in the cadres' homes or village halls, which do not always have complete facilities. This also presents a challenge for the cadres to ensure the quality of the food they cook. The researchers also observed that shortcomings in this regard include the availability of cooking utensils, food storage, and activity spaces. Most cooking takes place in the cadres' homes or village halls, which do not always have complete facilities. This, of course, significantly impacts food quality. For more details, see excerpts from interviews with Posyandu cadres, specifically those involved in cooking and delivery.

"We were entrusted by the Village Government to implement this program, assisted by stunting cadres and the Village Midwife. During this program, we were given a different daily menu cycle throughout the week. We shop according to our cooking needs and always include a receipt. Next, we cook in the morning around 6 a.m. and, once ready, distribute the food to the designated targets. We also have to document each stunted child and pregnant woman who receives the food."

Meanwhile, another cadre added:

"Regarding the progress of the targets, after observing the program, there has been a change in the weight of stunted children, but it hasn't been significant. The challenges we face in implementing this program are that sometimes the foods we distribute to the

targets are unpopular, such as Manadonese porridge and oranges. Access to the target's homes to distribute the food is also quite difficult. Furthermore, after observing some of the targets, we noticed that their children are often given unhealthy snacks like packaged drinks and snacks, which makes the children reluctant to eat nutritious food and prefer snacks."

The following displays some of the results of the PMT food menu that has been successfully distributed to stunted toddlers over a period of time despite the limited availability of a dedicated kitchen for cooking at the Integrated Health Post (Posyandu).

Table 4. Additional Food Menu



Stunting in Toddlers and Food Menu	Description
	<p>It can be seen in the picture that additional food is provided for stunting toddlers. Fried rice menu mixed with several vegetables such as carrots and tomatoes. Each food menu is accompanied by fruit. This time, additional fruit such as papaya was given. Papaya is a fruit that is easily consumed by toddlers with a soft texture, sweet taste, and is also filling.</p>

Table 5. Additional Food Menu

Stunting in Toddlers and Food Menu	Description
	<p>The next menu is Soto Ayam, complete with sliced egg. It comes with a separate bag of soto broth and its contents. This is a favorite dish for toddlers. The textures of all the dishes are suitable for toddler teeth. For example, the egg is easy to chew, as is the soft rice cake. And toddlers can eat even more if the soto broth is savory and refreshing.</p>

Based on interviews, the implementation of the Supplementary Feeding Program in Pombakka, Masamba, North Luwu, revealed that the Integrated Health Post (Posyandu) cadres have ensured the program runs smoothly and meets established standards. They also ensure that each target group receives their supplementary food rations, despite difficult access to their homes. Furthermore, they provide counseling and interventions to address the changes experienced by

the target group during the program. Cadres' experiences also indicate that nearly 50% of parents of toddlers frequently provide unhealthy snacks to their children, leading to their reluctance to eat. Finally, the researcher reduced the resource indicators as shown in the following table.

Table 4. Data Reduction of Resource Indicators

Indicator	Result	Conclusion
Resources (Human Resources, Financial Resources, Facilities and Infrastructure)	There are limitations in terms of funding and supporting facilities, such as a healthy kitchen or adequate locations for program implementation. Although Posyandu cadres demonstrate strong commitment and dedication, these limitations remain a significant challenge in implementing the PMT program effectively.	Limited financial resources and inadequate supporting facilities pose challenges to the effective implementation of the PMT program, despite the dedication of Posyandu cadres.

Based on the data reduction above, it can be concluded that the Resource Indicators in the PMT program in Pombakka Village still require significant support from existing stakeholders, particularly in terms of funding, the provision of independent kitchens, and ongoing education for Posyandu cadres.

Interorganizational Communication and Enforcement Activities

Effective implementation requires that the individuals responsible for achieving the program's standards and objectives understand them. Therefore, it is crucial to ensure the clarity of these standards and objectives, the accuracy of their communication to implementers, and the consistency (or uniformity) of their delivery across various sources. Standards and objectives cannot be implemented unless they are clearly stated so that implementers know what is expected of them.

In Pombakka Village, communication between the Village Government, Community Health Center, and cadres is quite good. This is evident in regular meetings and periodic activity reports. However, there are still shortcomings in the clarity of information from the health office to the implementation team. Delays in receiving technical instructions, a lack of follow-up training, inconsistent data, and inconsistent supervision have made cadres feel less confident in carrying out their duties. This is evident in an interview with a Village Midwife who also serves as a Cadre Mentor. The following is an excerpt from the interview:

"The health office is sometimes slow to provide information, and the data provided is sometimes inconsistent, making it difficult for us to determine the right targets. Furthermore, regarding cadre training, information related to child nutrition visits is slow to provide, resulting in cadres sometimes being unable to attend when training coincides with well-planned family events."

Another Posyandu cadre also confirmed:

"We always communicate with the midwife or simply share our concerns regarding the

challenges we face while on duty. Even though we don't have many solutions, we still strive to make this program a success."

The interview results above can be concluded that there is miscommunication between the Health Office and the Pombakka Village Government. Information is very slow, leaving program implementers confused. Furthermore, frequent changes in data make it difficult for the Village Government to determine its targets. Similarly, communication between cadres and midwives is quite good, but challenges in the field lack follow-up or concrete solutions. The following is a summary of the data:

Table 5. Inter-Organizational Communication and Law Enforcement Activities

Indicator	Result	Conclusion
Inter-organizational Communication	Coordination occurs among the Health Office, Community Health Centers (Puskesmas), midwives, Posyandu cadres, and the PMT program beneficiaries.	Coordination among the Health Office, Community Health Centers (Puskesmas), midwives, and Posyandu cadres has not yet been fully effective in supporting the implementation of the PMT program.

The data reduction above indicates that the Inter-Organizational Communication Indicator still needs to be streamlined. Despite its effectiveness, miscommunication still occurs in the field.

Characteristics of the Implementing Agencies

This section discusses bureaucratic structure as the characteristics, norms, and recurring relationship patterns within executive agencies that have a potential or actual relationship to their policy implementation. Characteristics of the Implementing Agencies that influence implementation include education level, experience, and work motivation. While some cadres have received nutrition training, knowledge gaps remain, and some cadres still struggle to understand the concept of balanced nutrition and monitoring the nutritional status of toddlers. Furthermore, the participation of community leaders and hamlet heads can be very helpful in socializing the importance of the Supplementary Feeding Program. This local support is key to building community trust in the program.

Based on an interview with the Village Midwife, Mrs. F stated:

"Not all cadres can effectively implement this program. I assess which cadres are capable of carrying out this task. Prior to that, I also provide nutrition guidance to all cadres and conduct training to ensure they understand their duties and responsibilities. After that, I select cadres who are capable of implementing this program well and then guide the selected cadres in program management."

The primary focus of the PMT implementation actors in Pombakka Village is the Integrated Health Post (Posyandu) cadres, who are mentored by the Village Midwife. Therefore, their competence and skills are crucial in the field when meeting with target families of stunted toddlers. This was confirmed by Mrs. M, a Posyandu cadre. She stated:

"Before we went into the field to help implement this program, we were given training to

strengthen our skills. During the training, we were taught how to cook food to maintain its nutritional content and prevent spoilage. We were also given training on communicating with the parents of toddlers so they wouldn't be easily offended by what we said."

Based on the interview results above, the researcher concluded that the Pombakka Village Midwife pays close attention to the performance of the Village Posyandu Cadres. The Village Midwife frequently interacts with and collaborates with the cadres, allowing her to assess their abilities and determine who they trust to effectively implement the program.

Table 6. Characteristics of Implementing Institutions

Indicator	Result	Conclusion
Characteristics of Implementing Agents	The main implementers of this program are the Village Government, village midwives, and Posyandu cadres.	Program cadres and implementers at the village level demonstrate strong commitment and enthusiasm. However, not all of them yet possess adequate technical capacity to manage and evaluate the Supplementary Feeding (PMT) program using appropriate nutritional approaches.

Interviews with implementing cadres also concluded that before implementing the supplementary feeding program, they were equipped with the skills and knowledge gained from training. These skills were honed during the training, enabling them to successfully implement the supplementary feeding program.

Economic, Social, and Political Conditions

The impact of economic, social, and political conditions on public policy has been a focus of attention over the past decade. In this study, the economic and social conditions of the Pombakka Village community served as a crucial backdrop for the implementation of the supplementary feeding program. Most residents are in the lower-middle class. Their limited family incomes force them to focus more on meeting basic needs than on child nutrition. Socially, many residents still cling to old habits regarding parenting and feeding, such as giving children coffee or foods high in sugar and salt, which contradict nutritional recommendations from health professionals.

Politically, the village government supports this program by allocating village funds and providing supporting facilities. Furthermore, the commitment of the local government strengthens the position of supplementary feeding as a priority in addressing stunting. The following is an interview with the Head of Pombakka Village:

"We, the Pombakka Village Government, support this Supplementary Feeding Program. We collaborate with the Masamba Community Health Center, Village Midwives, and Integrated Health Post (Posyandu) cadres to collect data on stunted toddlers and mothers with stunting. We also allocate village funds to support this program, including training cadres and purchasing materials."

The political challenge stems from the community's perception of the PMT program. Some still

harbor jealousy about the program's fairness. This can be seen in the following interview:

"The challenge we must face is the frequent jealousy of those not targeted, as they also don't receive this assistance, even though their family members are not included. Therefore, we need community leaders to provide understanding to the community. This is also why we are conducting training for cadres to deepen their knowledge and improve their communication skills to face challenges in the field."

The economic situation of the Pombakka Village community, especially the PMT beneficiaries, is indeed facing difficult economic times. This situation can be illustrated in an interview with the Posyandi Head:

"Almost all of our targets have limited income. Most of them work as farmers or daily laborers. Therefore, their children's nutritional needs are not met and their diets are also lacking in variety. They prioritize basic needs, while vegetables, fruit, and animal protein are rarely or only consumed as part of their diet."

Finally, the researcher was able to reduce the social, economic, and political environmental indicators as follows:

Table 7. Data Reduction of Social, Economic, and Political Environmental Indicators

Indicator	Result	Conclusion
Social, Economic, and Political Environment	Support from the community, economic conditions, and government involvement can contribute to the success of the Supplementary Feeding Program.	Factors such as poverty, parenting practices, and community dietary habits remain major challenges in reducing stunting rates, even though the program is currently being implemented.

The Disposition of Implementers

Each component of the model discussed above must be filtered through the perceptions of implementers in the jurisdiction where the policy is implemented. Three elements of implementers' responses can influence their ability and willingness to implement the policy: their cognition (understanding, comprehension) of the policy, the direction of their response to it (acceptance, neutrality, rejection), and the intensity of that response.

The attitude and commitment of implementers are crucial for the success of policy implementation. In Pombakka Village, most implementers demonstrated strong commitment, as evidenced by their active involvement in every stage of implementation, including reporting on Supplementary Feeding activities. However, researchers observed that incentives for Posyandu cadres were still low. However, in interviews with them, they noted that these incentives were not their primary complaint, but rather the process involved in the field. The following is an interview with Mrs. M, a Posyandu (Integrated Health Post) cadre:

"We are very enthusiastic about the Supplementary Feeding program, but sometimes mothers with stunted children who are among the target groups are reluctant to come to the Posyandu, making it difficult for us cadres involved in intervening to improve their

toddlers. Furthermore, the food we distribute is sometimes not eaten by the toddlers, even mothers or adults living in the same household, claiming the food is not to their liking."

While Mrs. M, the cadre mentioned above, complained about the indiscipline of target families in coming to the Posyandu for check-ups with their toddlers, the following Posyandu cadre expressed more concern about the condition of the road infrastructure, which she considered very unfavorable. The following is her interview:

"One of the challenges for us, the implementing cadres, is the poor road access to the target homes, making it difficult for us to deliver the food. Moreover, some of our target groups live far from the main road, so the only path we take is a slippery rice paddy field divider."

From the interview above, it can be concluded that the internal attitude of the PMT policy implementers is very positive and enthusiastic. Their challenges are, in fact, external factors, such as the attitudes of families of stunted toddlers and poor road conditions. The following is a data reduction of the Implementer Attitude Indicator.

Table 8. Data Reduction of Implementer Disposition and Attitude Indicators

Indicator	Result	Conclusion
Implementers' Attitude (Disposition of Implementers)	The attitudes and commitment of implementing agents play an important role in determining the success of the Supplementary Feeding Program in Pombakka Village.	Program implementers generally demonstrate good commitment; however, several external challenges remain. These include the lack of discipline among some target families who rarely attend Posyandu activities and inadequate road infrastructure that makes access to the homes of stunted toddlers more difficult.

Implementor Disposition

Disposition is defined as an official's opinion regarding matters contained in an official letter, written directly on the letter or on a dedicated sheet. Disposition refers to the implementors' attitudes, commitments, and responses to the policies being implemented. This attitude includes their understanding of the urgency of stunting reduction and their willingness to undertake tasks beyond routine obligations (Aulina et al., 2024).

Based on field practice, and also supported by interviews with stakeholders and representative informants, this study found that the implementors' disposition is generally positive, with commitment and enthusiasm for implementing the PMT program. They are local residents who carry out their duties responsibly. Some are university students. This positive attitude significantly impacts PMT distribution in the field. Conversely, subtle rejection or low motivation of field cadres can significantly reduce the quality of PMT distribution. Researchers recognize that this motivational factor is crucial because cadres are the spearheads closest to the target community at the Integrated Health Post (Posyandu) level.

The performance of implementers is considered satisfactory if they carry out their responsibilities in accordance with established procedures. This demonstrates a clear understanding of the

program and the specific tasks assigned to them. Overall, implementers' attitudes toward implementing stunting policies have been positive (Luthfia et al., 2025).

Economic, Social, and Political Conditions

Research on Economic, Social, and Political indicators indicates that this is where the challenges lie in implementing the PMT program in Pombakka Village. These economic factors make it difficult for the community to meet the nutritional needs of their toddlers. Poor parents, whose jobs are farmers and daily laborers, can only afford to provide the bare necessities to survive. Nutritional needs are no longer a priority. Vegetables, fruits, and protein, for example, become prohibitively expensive for them.

This situation affects every region with a high prevalence of stunting, for example, Sumedang Regency, West Java. It was originally one of the regions with the highest stunting rate, at 41.10% in 2023. A study by Ruswati stated that "Low economic conditions in a family's economy make it difficult to meet basic needs, especially nutritious food intake for children. Lack of nutritional intake caused by poverty over a long period of time causes children to become stunted. This is evidenced by the majority of stunted children coming from families with lower to middle economic levels. Helping to improve the conditions of the economic environment that supports and fulfills community nutrition" (Ruswati et al., 2024). Stunting families usually come from lower-middle income families. Ruswati also added that

"One of the indirect causes of stunting is the family's economic income, which is influenced by the level of parental education. If the parents' education is high, then the greater the opportunity to earn enough income to be able to live in a good and healthy environment."

This means that low economic conditions will directly impact parenting patterns or parental education patterns. Those with good economic conditions and high levels of education are certainly more likely to provide appropriate choices for their families, and vice versa. From a social perspective, this can be interpreted as a community that demonstrates sensitivity and solidarity in welcoming the PMT program. This will ultimately support one another in achieving its success independently. This social aspect can also be interpreted as a community's cultural and social environment, which is expected to fulfill more holistic health elements, such as the provision of clean water and good sanitation (Ruswati et al., 2024). This cycle was predicted by the Turkish cleric, Badiuzzaman Zaid Nursi. His phenomenal statement was that three things would weaken the community: poverty, education, and conflict. These three will fuel each other. If poverty is rampant, it will weaken education. Areas affected by poverty are more likely to experience crime.

Characteristics of the Implementing Agencies

Conceptually, the characteristics of implementing agencies refer to bureaucratic structures with recurring characteristics, norms, and relationship patterns within an executive agency that have a potential or actual relationship to their policy implementation. According to Furkan, this dimension emphasizes the importance of structural clarity, effective coordination between PMT teams, and clear Standard Operating Procedures (SOPs) (Furkan et al., 2026). This ensures that programs and activities can run effectively and efficiently. PMT implementers in Pombakka village

have coordinated with relevant parties. This primarily applies to Posyandu (Integrated Service Post) cadres, who have been provided with guidance, training, and selection of cadres deemed to understand the PMT program's work patterns and management. Posyandu continues to strive to improve the skills and competencies of its cadres.

Interorganizational Communication and Enforcement Activities

Effective implementation requires individuals to understand program standards and objectives, pay attention to clarity of standards and objectives, accurate communication to implementers, and consistency (or uniformity) in their delivery across various information sources. Standards and objectives cannot be implemented unless they are clearly stated so that implementers know what is expected of them. Communication within and between organizations is a complex and difficult process. When conveying messages downstream within an organization, or from one organization to another, communicators inevitably distort those messages, either intentionally or unintentionally.

A field case in Pombakka was frequent delays in information reaching the Integrated Health Post (Posyandu). Similarly, inconsistent information often made it difficult for the Implementation Team to schedule appropriate timeframes, and training schedules frequently changed. However, according to Susanti, stunting management is cross-sectoral, and communication between organizations is a determining factor in intervention convergence (Susanti et al., 2025). Annisa also acknowledged that the success of the PMT program at the village level depends heavily on effective coordination between the Community Health Center (Puskesmas), Village Government, and Family Welfare Movement (PKK) Team (Nurfadillah et al., 2025). Poor communication often leads to program overlap or missed target groups (Situmorang, 2023).

Policy Resources

This dimension emphasizes resources that can facilitate effective implementation. The resource situation in Pombakka village in implementing the PMT Program still faces significant challenges. Human resources (HR) need to be continuously improved. Facilities and infrastructure, particularly those related to Healthy Kitchens, which can provide space and materials for preparing and processing food for stunted toddlers, are not yet available. The area remains heavily reliant on the independent initiatives of Integrated Health Post (Posyandu) cadres. Yet, resources are an absolute prerequisite for policy implementation. This variable encompasses not only the financial budget but also the quality and quantity of human resources, as well as supporting facilities (Aulina et al., 2024). In the PMT program, budget constraints often lead to uneven intervention coverage, while a shortage of nutritionists at the Community Health Center (Puskesmas) hinders monitoring of food quality and education for parents (Luthfia et al., 2025).

Policy Standards and Objectives

This dimension conceptually aims to emphasize the factors that determine policy performance. Identifying performance indicators is a crucial stage in the analysis. Essentially, performance indicators assess the extent to which policy standards and objectives are being realized. These standards and objectives outline the overall purpose of policy decisions. These standards and objectives go beyond the generalities of legislative documents to provide concrete and more

specific standards for assessing program performance.

In Pombakka village, this dimension has been well-documented and well-documented. Relevant parties have made every effort to align regulatory standards from the local Health Office with what is happening on the ground. Successful implementation begins with clear standards and targets. In the PMT program, these standards include recipient criteria, the nutritional composition of the food provided, and the duration of the intervention. Policies with overly ambitious goals without clear technical support often confuse implementers at the village level (Aulina et al., 2024). Policy standards must be realistic and measurable, such as a reduction in stunting prevalence per region or an increase in toddler weight after 90 days of PMT intervention (Ruswati et al., 2024).

Conclusion

Based The conclusion of this research, based on six indicators from Van Meter and Van Horn's theory, indicates that the implementation of the food distribution program to reduce stunting in Pombakka Village, North Luwu Regency, still requires improved performance. For the Policy Standards and Objectives indicators, this has been implemented in accordance with existing regulations and is on target. Policy resources still need to be met and improved. This is particularly true for human resources, who require ongoing training and education. Furthermore, facilities and infrastructure are crucial. Independent Kitchens, or Healthy Kitchens, are still needed to manage and distribute PMT meals in an integrated manner. Communication between organizations in PMT implementation in Pombakka Village still needs to be improved. This requires more than just intensity, frequency, or a fixed goal on paper, but also real-time alignment between what is discussed and what actually happens on the ground. Similarly, the Characteristics of Implementing Institutions indicator has also been implemented well. Proper coordination between the Supervising Midwives and the Integrated Health Post (Posyandu) cadres has ensured the distribution of PMT services to the beneficiaries. Challenges remain in the economic, social, and political indicators. These three dimensions cannot be directly intervened, as they are related to the culture and personal circumstances of PMT recipient families. Government generosity and appropriate policies are required, as well as maximum community effort to strive for excellence. The practical implication of this research is that the government, particularly the Health Office, with the village and Posyandu (Integrated Health Posts) must collaborate effectively to ensure optimal implementation. Specifically, strengthening standard operating procedures (SOPs) and providing sustainable education to Posyandu cadres are crucial. Furthermore, innovations that can boost program implementation performance are crucial for a faster and more agile approach. The researchers recommend that future research focus more on stunting prevention models, which can be replicated in Pombakka village to reduce stunting.

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