



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

Dini Ariani<sup>1</sup>, Rasmiati Tahir<sup>1</sup>, Elya Septiani<sup>1</sup>

<sup>1</sup>Public Administration Science, Sekolah Tinggi Ilmu Sosial dan Ilmu Politik Veteran Palopo, Indonesia

\*Corresponding Author: Dini Ariani

E-mail: [aariannyr@gmail.com](mailto:aariannyr@gmail.com)

---

### Article Info

Article History:

Received: 16 March 2026

Revised: 2 June 2026

Accepted: 15 June 2026

---

### Keywords:

Cadre Capacity,  
Community Nutrition,  
Policy Implementation,  
Public Health, Stunting  
Prevention

---

### Abstract

*This study aims to analyze the implementation of the Supplementary Feeding Program (PMT) in preventing stunting in Pombakka Village, North Luwu Regency. The research employed a qualitative descriptive approach using the Van Meter and Van Horn policy implementation framework. Data were collected through observation, interviews, and documentation involving village officials, health workers, Posyandu cadres, and target families. The findings show that the PMT program has been implemented according to policy objectives and has improved nutritional support for vulnerable groups. However, implementation remains constrained by limited financial resources, inadequate facilities, weak interorganizational communication, and socio-economic challenges among beneficiaries. Community dietary habits and parenting patterns also influenced program outcomes. Despite these challenges, strong commitment from local implementers supported program continuity. The study implies that successful stunting prevention requires integrated governance, sufficient resources, improved nutrition literacy, and stronger community engagement to ensure sustainable public health outcomes.*

---

## INTRODUCTION

In the online Indonesian dictionary, implementation is stated as the implementation or application (KBBI, 2026). In the online Merriam-Webster dictionary, it is explained that implementation is an act or instance of implementing something: the process of making something active or effective (Webster, 2026; Clancy, 2022). That implementation is an action or example of implementing something. It can also be called the process of making something active or effective. If this implementation is brought into the realm of government, it is called policy implementation. Quoted from the BPKP Training and Development Center, William N. Dunn in his book Public Policy Analysis states that policy implementation is the fourth of eight stages in the formulation of public policy. The implementation of public policy is an important stage in the policy process, where decisions that have been formulated by policy makers are translated into concrete actions to achieve predetermined goals

(Addawiyh et al., 2025; Banha et al., 2022; Pollex et al., 2025; Normann et al., 2024; Marienfeldt, 2024).

Policy implementation is an action taken by individuals, officials, or government groups aimed at achieving the goals outlined in policy decisions (Nainggolan et al., 2022; Sager & Gofen, 2022; Rijal, 2023). Implementation is not as simple as its literal meaning, such as execution. Rather, it is a series of actions related to a number of influencing factors. Therefore, its interpretation is always linked to the content of the policy itself, including the process, results, and benefits of implementing the policy itself (Jumroh & Pratama, 2021; Jiang & Raza, 2023).

Numerous studies have shown that the most important thing for policymakers to pay attention to once an alternative solution has been selected is the policy implementation phase. This is because the process is linear and interconnected. Unfortunately, this is under-recognized (Ammal et al., 2024). The topic of public health can be traced back to the beginnings of human civilization, which has long paid attention to this issue. Wong states 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). The Oxford English Dictionary (2020) defines public health as "the health of the population as a whole, especially as monitored, regulated, and promoted by the state" (Leeson & Thompson, 2021). This means, more or less, that public health is "the health of the population as a whole, especially as monitored, regulated, and promoted by the state."

Health is a state of physical, mental, and social well-being that enables everyone to live productively socially and economically (Schramme, 2023; Avan et al., 2022; Lakioti et al., 2025). In Indonesia, one of the determinants of health is seen in community nutrition ([www.kesmas.id.com](http://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 for the reforms ([www.thelancet.com](http://www.thelancet.com)). Several prestigious global 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 (Lameky, 2024; Setiarsih et al., 2023). This topic has received extensive research because it is closely related to Indonesia's future human resources. Juni 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). Stunting in children is a significant problem in Indonesia and requires special attention, even though the government has implemented various programs to address it (Meher et al., 2023; Astuti et al., 2025).

Indonesia is one of the countries with a relatively high prevalence of stunting. Based on the results of the 2021 Indonesian Nutritional Status Survey (SSGI), the prevalence of stunting in Indonesia was 24.4%, a 6.4% decrease from 30.8% in 2018. However, this health problem has a serious impact on child development and growth, which can cause 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. Some have addressed the topic of stunting through a bibliometric perspective, which helps map the development of stunting research from 2027 to 2022. The results indicate that public administration studies are 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; Afandi et al., 2023; Sapri et al., 2026).

The next study also addressed the issue of stunting prevention using the implementation model of George Edward III, Marilee S. Grindle, and Mazmanian & Sabatier. It focused more on government regulations and collaboration between sectors, from sub-districts to villages (Rosyida et al., 2024). The next study, which also addressed the issue of policy implementation, used the Van Meter & Van Horn theory by analyzing six indicators of a successful policy implementation model. The research results focused more on the problem of lack of coordination between local government agencies and the lack of public awareness in participating in integrated health posts (Posyandu) (Luthfia et al., 2025). Also, a study on the problem of accelerating stunting reduction using the Van Meter & Van Horn theory focused more on exploring the problem of a lack of reliable human resources, as well as deficiencies in infrastructure and budgets for implementing stunting prevention programs. Likewise, the problem of social, economic, and political environmental conditions was considered not to be favorable for the community to escape the dangers of stunting (Furkan et al., 2026; Firdaus & Maulana, 2025; Muhafidin, 2022; Noor et al., 2025; Meiyenti et al., 2025).

The previous studies mentioned above, 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 food is a key component of food delivery to stunted toddlers. If this food lacks the right composition and nutritional suitability for toddlers, it will pose a serious problem. The strength of this research lies in the fact that the researchers are themselves Posyandu (Integrated Service Post) cadres. Therefore, it provides a richer evidence base and valuable experience.

The PMT program has been implemented since 2024. There are 7 children aged 0 to 5 years who experience stunting. In 2025, the number of stunted children increased from 13 out of 68 children recorded, or around 20.59%. It is hoped that the provision of Supplementary Food can reduce the stunting rate in the village. Based on the above background, research is very important and still relevant to be conducted. To measure the performance of the implementation of the Supplementary Food policy or Program in preventing stunting within the framework of the Van Mater and Van Horn theories. And this is closely related to the ability to reduce the prevalence of stunting in a different location, namely in Pombakka Village, North Luwu Regency.

## METHODS

This research employs a qualitative method with a descriptive approach. In this study, 20 informants were selected using purposive sampling. Data were collected through observations of the research locations and objects, as well as through interviews with informants related to the topic. During the data collection process, the number of informants was increased through snowball sampling. The data

obtained was then processed in matrix format to facilitate analysis and drawing conclusions.

This research was conducted in Pombakka village, Masamba, North Luwu, from May to July 2025, covering approximately 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 a 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 is the researcher, who serves as the primary key to the research, utilizing interview guides and field observations based on the parameters and indicators of the theory. Supporting documentation is of course provided. 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), Posyandu cadres, and PMT target families. The data analysis technique uses the Interactive Analysis Model from Miles and Huberman. It is still highly relevant for naturalistic qualitative research. It involves data collection, data reduction, data presentation, and conclusions. Data is collected first using stationery or recording devices. Then, it is sorted for relevance to the research questions. This related data will be presented in infographics, 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, the cadres first underwent training on this program organized by the North Luwu District Health Office or Masamba Community Health Center. This training focused on the nutritional balance that must be contained in the food to be provided. The training materials provided by the North Luwu District Health Office or Masamba Community Health Center included theory which was then directly practiced under the guidance of the program implementers. After the training was carried out well, the North Luwu District Health Office or Masamba Community Health Center submitted a list of daily menu cycles for the Supplementary Feeding Program for stunted children. The following is a list of menu cycles 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, Potato, and Tempeh Opor	White rice	Meatball Noodle, Tofu	White rice	Grilled Rice	Happy Fried Rice	Manado Porridge
Rice cake	Stir-fried Vegetables (Carrots, Green Beans, and Bean Sprouts)	Chicken eggs	Bean soup	Tuna fish	Carrots and Chicken Eggs	Boiled eggs
Chicken eggs	Yellow Fish Soup	Pawpaw	Chicken satay	Tempeh	2 Bananas	Pawpaw
1 Sweet Orange	Fried Tempeh with Sambal		Watermelon	Carrot		
	2 Bananas			Egg		
				1 Sweet Orange		

Source: Field interviews and observation (2025–2026)

The seven-day daily menu provided by the Integrated Health Post (Posyandu) has undergone a selection process by the Masamba Health Office. These menus are deemed to represent the appropriate nutritional needs for toddlers. They include 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 indicators of success such as weight gain in toddlers and participant participation in Posyandu activities.

After conducting research for two effective months, from May to June 2026, based on interviews, observations, and existing documentation, the researchers can present the following findings based on indicators from existing theories.

### **Policy Standards and Objectives**

Standards and objectives outline the overall goal of a policy decision. The Supplementary Feeding Program implemented in Pombakka Village is part of a national policy aimed at reducing stunting rates. Policy standards for this program include the types of nutritious (locally-based) supplementary foods, the timing of provision, the target beneficiary group, and indicators of success such as increased toddler weight and attendance at Posyandu (Integrated Health Post) activities.

In its implementation on the ground, the standards and objectives of the policy have been fully implemented in accordance with regulations. This can be seen in an interview with the Head of Pombakka Village:

*"The implementation of the Supplementary Feeding Program in Pombakka Village is an annual program, and the stunting rate in Pombakka Village is quite high. The program's standards and policy targets include toddlers with stunting or suspected stunting, pregnant women with poor nutritional status (KEK), and breastfeeding mothers from poor families."*

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

*"As the village government, we are involved in implementing this program, not just the midwives and cadres. The village treasurer disburses the stunting funds, which are then given to the midwives and cadres to manage properly. The cadres selected to cook and deliver the meals are those whose performance can be trusted."*

In line with that, an interview with the Secretary of Pombakka Village also provided the same view, that:

*"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 main targets are stunted toddlers and pregnant women with KEK (Chronic Energy Deficiency). This decision was issued by the North Luwu Regency Health Office through the Masamba Community Health Center, then the Pombakka Village Midwife and then submitted to the Pombakka Village Government, which then stored the data to be attached to the village government's performance report."*

Based on the data obtained, the following presents the target population for stunting in 13 children with varying weight and height. The data was collected from the government to address the problem of stunting, particularly in children aged 0-5 years. This data collection was carried out by integrated health post (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 Stunting Children

No	Name	Date of birth	TB	BB	Weight/Height
1	Aprilia	4/5/2021	90	11.7	Less/short
2	Arhan	4/6/2025	68	7.5	Less/short
3	Arkanza	4/6/2025	82	10.1	Less/very short
4	Fiqri	11/06/2022	83.1	10	Less/short
5	Konita	5/1/2020	90	13.4	Less/very short
6	M. Rizieq	11/8/2020	95	13.9	Normal/short
7	M. Faiz	6/4/2024	67.6	7.5	Normal/short
8	Annisa	June 13, 2022	84	11.1	Normal/short
9	Arsy Ramadani	April 27, 2022	82	9.4	Less/short
10	Ayra Alfatunnisa	March 29, 2023	76.3	8.7	Less/short
11	Azkiya Sanari	02/17/2022	87	10.8	Less/short
12	Nur Zhafira	2/7/2024	68	6.6	Very less/very short
13	Zahra Adinda Putri	9/7/2021	85	10.2	Very less/very short

Source: Field interviews and observation (2025–2026)

The table above shows data on 13 toddlers suspected of stunting. The data shows a variety of weight (BW) and height (H) categories. Five children were underweight and very short, three were of normal weight and short, and five were underweight and short.

Based on the results of the interview above, it can be seen that the Implementation of the Supplementary Feeding Program in Pombakka Village, Masamba District, North Luwu Regency is a program that will run every year in accordance with the government's vision in overcoming Stunting in Indonesia towards a golden Indonesia free of stunting in 2045. In addition, the efforts of the village government in implementing this program are to provide supervision to program implementers, starting from good fund management with proof of a shopping note and photo documentation and also the development of targets in this program.

Based on the interviews with the Village Head and Village Secretary, the data on the targets for stunted toddlers is presented below. Therefore, the researcher can present the following data reduction from the Policy Standards and Objectives indicators.

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

Indicator	Results	Conclusion
Policy standards and objectives	The target recipients of the PMT program are malnourished toddlers or stunting, pregnant women from special economic zones (KE), breastfeeding mothers from poor families.	The PMT program's objective of reducing stunting rates in Pombakka Village is in accordance with regulations and theoretical indicators.

Source: Field interviews and observation (2025–2026)

Based on the data reduction above, it can be concluded that the Standard Indicators and Policy Targets in the PMT have been implemented in accordance with existing regulations and 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 crucial for successful policy implementation. Implementing the Supplementary Food Program in Pombakka village requires various resources: human resources; financial resources; and 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. An interview with a Pombakka village midwife (Mrs. E), a cadre mentor in implementing PMT, follows. The following is the interview result:

*"For the implementation of the Supplementary Feeding Program, we rely on several cadres who are considered trustworthy enough to help implement this program and also have good abilities, but it is also necessary to always provide sufficient direction or training to further improve the cadres' abilities in implementing this program."*

Therefore, the human resources they need are those with sufficient skills and ongoing training upgrades, allowing them to stay 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 targets. Next, we shopped for cooking supplies, delivered them to the target homes, and consistently educated parents of toddlers on the importance of paying more attention to their children's nutrition and regularly attending integrated health posts (Posyandu) so that their development could be easily monitored."*

Based on interviews with village midwives and integrated health post (Posyandu) cadres, it was 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 cannot be undertaken by just anyone. They must possess sufficient understanding and strong communication skills. Furthermore, the selection of program implementers is crucial to ensure the smooth implementation of the supplementary feeding program.

### **Financial Resources**

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

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

One of the Posyandu cadres with the initials Mrs. A also provided information regarding this:

*"We met with the Village Treasurer and provided a list of the target number and the budget for each target. We sometimes have difficulty managing the funds allocated because the prices of basic necessities in the market are volatile, especially rice, which is always rising, and meat."*

It can be concluded that the source of funds for the PMT Program comes from Village Funds, which, based on the amount and use, often encounter challenges with the condition of food prices on the market.

### Facilities and infrastructure

The facilities and infrastructure in question include cooking utensils, food storage, and activity spaces. Most cooking takes place in cadres' homes or village halls, which don't always have complete facilities. This presents a challenge for cadres to ensure the quality of the food they cook is maintained.

Researchers also observed that the shortcomings in this regard were the availability of cooking utensils, food storage, and activity space. Most cooking takes place in cadres' homes or village halls, which are not always fully equipped. 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 for one week. We shop according to our cooking needs and don't forget to include a shopping receipt. Next, we cook in the morning around 6 a.m. and once it's ready, we distribute it to the designated targets. We also have to document each stunted child and pregnant woman who receives the food."*

Meanwhile, another cadre also added:

*"Regarding the progress of the target population, after observing the program's progress, there has been a change in the weight of stunted children, but it hasn't been significant. The challenge we face in implementing this program is that sometimes the food we distribute to the target population is unpopular, such as Manadoese porridge and oranges. Access to the target population's homes to distribute food is also quite difficult. Furthermore, after observing several target population groups, 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 Menus	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 easy for toddlers to consume with its soft texture and sweet taste, and is also filling.</p>

Source: Field interviews and observation (2025–2026)

Table 5. Additional Food Menu

Stunting in Toddlers and Food Menus	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>

Source: Field interviews and observation (2025–2026)

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 that the program runs smoothly and meets existing standards. They also ensure that each target group receives additional food, 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 toddler parents often provide unhealthy snacks to their children, resulting in their children being reluctant to eat. Finally, the resource indicators can be reduced by researchers as in the following table.

Table 4. Data Reduction of Resource Indicators

Indicator	Results	Conclusion
Source Power	Human Resources Financial Resources Facilities and Infrastructure	There are limitations in terms of funding, supporting facilities such as healthy kitchens, and program locations. Despite genuine enthusiasm, these remain significant challenges for Posyandu cadres in implementing the PMT program.

Source: Field interviews and observation (2025–2026)

Based on the data reduction above, we can conclude that the Resource Indicators for PMT 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 program's standards and objectives be understood by the individuals responsible for achieving them. Therefore, it is crucial to pay attention to the clarity of standards and objectives, the accuracy of their communication to implementers, and the consistency (or uniformity) of their delivery across various information sources. Standards and objectives cannot be implemented unless they are stated clearly enough so that implementers know what is expected of them.

In Pombakka Village, communication between the village government, the community health center, and cadres is quite good. This is evident in regular meetings and regular 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, changing data, and inconsistent supervision make cadres feel less confident in carrying out their duties. This is evident in an interview with the village midwife who also serves as the cadre mentor. The following is an excerpt from the interview:

*"The health department is sometimes slow to provide information, and the data it receives is sometimes inconsistent, making it difficult to determine the right targets. Furthermore, information regarding cadre training related to child nutrition visits is slow to be provided, sometimes preventing cadres from attending when the training coincides with a family event that had been planned well in advance."*

Also, emphasized by other Posyandu Cadres:

*"We always communicate with the midwives or just share our thoughts regarding the challenges we face while on duty. Even though we don't find many solutions, we still strive to make this program a success."*

The interview results above indicate a miscommunication between the Health Office and the Pombakka Village Government. Information was disseminated very slowly, leaving program implementers confused. Furthermore, frequent changes in data made it difficult for the Village Government to determine its targets. Similarly, communication between cadres and midwives was good, but challenges in the field lacked follow-up or concrete solutions. The following summarizes the data.

Table 5. Interorganizational Communication and Law Enforcement Activities

<b>Indicator</b>	<b>Results</b>	<b>Conclusion</b>
Inter-organizational Communication	Coordination between the Health Service, Community Health Centers, Midwives, Integrated Health Post Cadres, and PMT targets.	Coordination between the Health Service, Community Health Centers, Midwives, and Integrated Health Post Cadres is not yet fully effective.

Source: Field interviews and observation (2025–2026)

The data reduction above indicates that the Interorganizational 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 patterns of relationships within executive institutions that have a potential or actual relationship to their policy actions. Characteristics of implementing agents that influence implementation include education level, experience, and work motivation. Some cadres have received nutrition training, but 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 that:

*"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 provide guidance to the selected cadres on 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 families targeted for stunted toddlers. This was confirmed by one of the Posyandu cadres, Mrs. M., who stated:

*"Before we went to the field to help implement this program, we "We were first given training to strengthen our skills. 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 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	Results	Conclusion
Characteristics of Implementing Agents	The main implementers of this program are the Village Government, Village Midwives, and Posyandu Cadres.	The cadres and program implementers at the village level demonstrate high enthusiasm; however, not all possess adequate technical capacity to manage and evaluate the provision of supplementary food using an appropriate nutritional approach.

Source: Field interviews and observation (2025–2026)

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

### **Economic, Social, and Political Conditions (Economic, Social, and Political Conditions Indicators)**

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 serve 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. From a social perspective, many people are still bound by old habits regarding parenting and feeding patterns, such as giving coffee or foods high in sugar and salt to children, which of course contradicts nutritional recommendations from health professionals.

Politically, the village government supports this program by allocating village funds and providing supporting facilities. Furthermore, the local government's commitment 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 are collaborating 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 are also allocating village funds to support this program, including training cadres and purchasing materials."*

The political challenge itself stems from public attitudes toward PMT. Some still harbor jealousy about the program's fairness. This can be seen in the following interview:

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

The economic situation of the people of Pombakka Village, particularly those receiving PMT benefits, is indeed challenging. This situation is illustrated in the following interview with the Posyandi Head:

*"Almost all of our targets have limited incomes. Most of them work as farmers or day laborers. As a result, their children's nutritional needs are inadequate and lacking in variety. They prioritize basic needs, while vegetables, fruit, and animal protein are rarely or even commonly consumed."*

Finally, researchers can reduce the social, economic and political environmental indicators as follows:

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

<b>Indicator</b>	<b>Results</b>	<b>Conclusion</b>
Social, Economic, and Political Environment	Community support, economic conditions, and government commitment contribute to the success of the Supplementary Feeding Program.	Poverty, parenting patterns, and unhealthy dietary habits remain major challenges in reducing stunting rates, despite the ongoing implementation of the program.

Source: Field interviews and observation (2025–2026)

### **The Disposition of Implementor**

Each of the model components 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, sense) 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, demonstrated by their active involvement in every stage of implementation, including reporting on Supplementary Feeding activities. However, researchers observed that incentives for Posyandu cadres remained 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 cadre:

*"We are very enthusiastic about the Supplementary Feeding program, but sometimes mothers with stunted children who are targeted are reluctant to come to the Integrated Health Post (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 in the same household, claiming the food is not to their liking."*

While the female cadre, Mrs. M, complained about the undisciplined attitude of the target families in visiting the Integrated Health Post (Posyandu) for their toddlers' checkups, the following Posyandu cadre complained more about the condition of the road infrastructure, which she considered very unfavorable. Here's the interview:

*"One of the challenges that is quite difficult for us as implementing cadres is that the road access to the target houses is not good, so we have difficulty delivering the food, especially since some of our targets' houses are far from the main road, so the road we take is only a very slippery road separating the rice fields."*

From the interviews above, it can be concluded that internally, the PMT policy implementers are very positive and enthusiastic. However, external challenges, such as the attitudes of families of stunted toddlers and poor road conditions, pose challenges. The following is a reduction of the data from the Implementer Attitude Indicator.

Table 8. Data Reduction of Implementer Disposition and Attitude Indicators

Indicator	Results	Conclusion
The Disposition of Implementor	The attitude and commitment of the Implementing Agent determines the success of the implementation of the Supplementary Feeding Program in Pombakka Village.	Program implementers generally have a good commitment, but external issues pose challenges, such as the indiscipline of stunting-affected families who rarely attend integrated health posts (Posyandu) and the substandard road infrastructure leading to the homes of stunted toddlers.

Source: Field interviews and observation (2025–2026)

### **The Disposition of Implementor**

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 implementers' attitudes, commitments, and responses to the policy. 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 disposition of implementers is essentially positive, committed, and enthusiastic in implementing this PMT program.

They are indigenous people who carry out their duties with a strong sense of responsibility. Some of them are students. This positive attitude will significantly influence 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 vital because cadres are the spearheads closest to the target community at the Posyandu level.

The performance of implementers is considered satisfactory if they carry out their responsibilities according to established procedures. This demonstrates a clear understanding of the program and the specific tasks assigned to them. Overall, the implementers' attitudes toward implementing the stunting policy 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 include farming and daily labor, can only afford to provide the bare necessities to survive. Nutritional needs are no longer a priority. For example, vegetables, fruits, and protein become prohibitively expensive for them.

This condition affects every region with a high prevalence of stunting. For example, Sumedang Regency, West Java, was initially 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 fulfill 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. In helping to improve the conditions of the economic environment that supports and fulfills community nutrition" (Ruswati et al., 2024). That stunted families usually come from families with lower to middle incomes.

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 problems will directly impact parenting patterns or parental education patterns. Those with good economic conditions and high school education are certainly more adequate if they provide appropriate choices for their families, and vice versa.

From a social perspective, it can be interpreted as a community that demonstrates sensitivity and solidarity in welcoming the PMT program. This will ultimately lead to mutual support in its future success independently. This social aspect can also be interpreted as a reflection of the community's culture 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 kind of cycle was predicted by the Turkish cleric, Badiuzzaman Zaid Nursi. His phenomenal statement was that three things would weaken the ummah: poverty, education, and conflict. These three would fuel each other. If poverty is rampant, it will weaken education. Areas affected by poverty will tend to give rise to crime.

### **Characteristics of the Implementing Agencies**

Conceptually, the characteristics of implementing institutions refer to bureaucratic structures that have recurring characteristics, norms, and relationship patterns within an executive institution that have a potential or actual relationship with what they do in terms of policy. According to Furkan, this dimension emphasizes the

importance of clear structures, effective coordination between PMT teams, and clear Standard Operating Procedures (SOPs) (Furkan et al., 2026). This allows programs and activities to run efficiently and effectively. PMT implementers in Pombakka village have coordinated with relevant parties. This is especially true for Posyandu cadres who have been given direction, training, and selection of cadres who are deemed to understand the work patterns and management of the PMT program. Posyandu continues to strive to improve the skills and competencies of its cadres.

### **Interorganizational Communication and Enforcement Activities**

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

A field case in Pombakka is that there are often delays in information to the Integrated Health Post (Posyandu). Likewise, information is sometimes inconsistent, making it difficult for the Implementation Team to schedule appropriate time. Similarly, there are training schedules that sometimes change. However, according to Susanti, stunting management is cross-sectoral in nature, communication between organizations is a determining variable for intervention convergence (Susanti et al., 2025). Similarly, Annisa acknowledged that the success of the PMT program at the village level is highly dependent on how effective coordination between the Community Health Center, Village Government, and the Family Welfare Movement Team (PKK) is (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, and facilities and infrastructure, particularly those related to the Healthy Kitchen, 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 Posyandu (Integrated Service Post) cadres. Yet, resources are an absolute prerequisite for policy operationalization. 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 step in the analysis. Essentially, performance indicators assess the extent to which policy standards and objectives are being realized. 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 the reality 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 village implementers (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 a 90-day PMT intervention (Ruswati et al., 2024).

## CONCLUSION

The conclusion of this study, based on six indicators from Van Meter and Van Horn's theory, indicates that the implementation of the feeding program to reduce stunting in Pombakka Village, North Luwu Regency, still requires improvement. For the Standards and Policy Objectives indicators, this program has been implemented in accordance with existing regulations and is on target. Policy resources still need to be met and improved. This is especially true for human resources, which require ongoing training and education. Furthermore, there's the issue of facilities and infrastructure. Independent kitchens, or healthy kitchens, are still desperately needed to manage and distribute PMT food in an integrated manner.

Inter-organizational communication in PMT implementation in Pombakka village still needs to be improved, not just in terms of intensity, frequency, or simply being fixed on paper. It also requires real-time alignment between what is discussed and what actually happens on the ground. Similarly, the Implementing Institution Characteristics 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 beneficiary community. The challenges are 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 the community's maximum effort to strive for the best.

The practical implications of this research are that the government, particularly the Health Office, along with the village and integrated health posts (Posyandu), are collaborating effectively to ensure optimal implementation. Specifically, strengthening standard operating procedures (SOPs), providing sustainable education to Posyandu cadres, and further enhancing innovations that can accelerate and streamline program implementation. The researchers recommend that future research focus more on stunting prevention models that can be replicated in Pombakka village to reduce stunting.

## REFERENCES

- Addawiyh, A., Febriani, L., & Fadillah, N. (2025). Effectiveness of public policy implementation in realizing responsive public services: A theoretical and empirical review. *Journal of Social, Political, and Humanities Research Cluster*, 4(1), 27–35. <https://doi.org/10.55606/jurrish.v4i1.4438>
- Afandi, M. N., Tri Anomsari, E., Novira, A., & Sudartini, S. (2023). Collaborative governance in a mandated setting: shifting collaboration in stunting interventions at local level. *Development Studies Research*, 10(1), 2212868. <https://doi.org/10.1080/21665095.2023.2212868>
- Amma, G. M., Bagus, N., & Suprojo, A. (2024). Implementation of the direct cash assistance policy in Sidomulyo Village, Batu City based on Van Meter and

- Van Horn analysis. *LENVARI: Journal of Social Science*, 2(1), 1–7. <https://doi.org/10.61105/jss.v2i1.96>
- Arieffiani, D., & Ekowanti, M. R. L. (2024). Evaluating local government policy innovations. *Civil Development*, 16(1), 1–20. <https://doi.org/10.21787/jbp.16.2024.1-20>
- Astuti, S. J. W., Dwiningwarni, S. S., & Atmojo, S. (2025). Modeling environmental interactions and collaborative interventions for childhood stunting: A case from Indonesia. *Dialogues in Health*, 6, 100206. <https://doi.org/10.1016/j.dialog.2025.100206>
- Aulina, R. A., Angin, R., Adawiyah, P. R., & Asti, R. (2024). Stunting: A serious threat to the nation's future, government's role and alternative solutions. *American Journal of Public Law and Political Education*, 1(72), 98–107. <https://publishingjournals.org/ajplpe>
- Avan, A., Hachinski, V., Brain Health Learn and Act Group, Aamodt, A. H., Alessi, C., Ali, S., ... & Wilk, P. (2022). Brain health: Key to health, productivity, and well-being. *Alzheimer's & dementia*, 18(7), 1396-1407. <https://doi.org/10.1002/alz.12478>
- Banha, F., Flores, A., & Coelho, L. S. (2022). A new conceptual framework and approach to decision making in public policy. *Knowledge*, 2(4), 539-556. <https://doi.org/10.3390/knowledge2040032>
- Clancy, T. R. (2022). Sensors and the Internet of Things. In *Nursing and Informatics for the 21st Century-Embracing a Digital World, 3rd Edition, Book 3* (pp. 61-80). Productivity Press.
- Firdaus, S. E., & Maulana, P. D. (2025). Acceleration of stunting reduction: Advancing social and environmental well-being through policy, education, and environmental management. *Journal of Sustainability, Society, and Eco-Welfare*, 2(2), 141-158. <https://doi.org/10.61511/jssew.v2i2.2025.1496>
- Furkan, S., Rachmawati, I., & Jumadi. (2026). Implementation of the policy to accelerate stunting reduction in Kayan Hulu District, Sintang Regency. *Social Society*, 6(1), 492–505.
- Jiang, B., & Raza, M. Y. (2023). Research on China's renewable energy policies under the dual carbon goals: A political discourse analysis. *Energy Strategy Reviews*, 48, 101118. <https://doi.org/10.1016/j.esr.2023.101118>
- Jumroh, & Pratama, Y. Y. (2021). *Implementation of public services: Theory and practice*. Insan Cendekia Mandiri Publisher.
- Juni, S., Astuti, W., Suindyah, S., & Atmojo, S. (2025). Modeling environmental interactions and collaborative interventions for childhood stunting: A case from Indonesia. *Dialogues in Health*, 6(3), Article 100206. <https://doi.org/10.1016/j.dialog.2025.100206>
- Kamus Besar Bahasa Indonesia (KBBI). (2026). *Implementasi*. <https://kbbi.web.id/implementasi>
- Lakioti, E., Pagonis, N., Flegkas, D., Itziou, A., Moustakas, K., & Karayannis, V. (2025). Social factors and policies promoting good health and well-being as a sustainable development goal: current achievements and future pathways. *Sustainability*, 17(11), 5063. <https://doi.org/10.3390/su17115063>
- Lameky, V. Y. (2024). Stunting in Indonesia: Current progress and future directions. *Journal of Healthcare Administration*, 3(1), 82-90.

<https://doi.org/10.33546/joha.3388>

- Leeson, P. T., & Thompson, H. A. (2021). Public choice and public health. *Public Choice*, 195, 111–127. <https://doi.org/10.1007/s11127-021-00900-2>
- Li, B., Wong, H., Maaß, L., Vodden, A., Van Kessel, R., Sorbello, S., & Buttigieg, S. (2022). The dawn of digital public health in Europe: Implications for public health policy and practice. *The Lancet Regional Health – Europe*, 14, 1–7. <https://doi.org/10.1016/j.lanepe.2022.100316>
- Luthfia, F., Titania, T., Hidayat, M. T., & Bharoto, R. M. H. (2025). Stunting: Issues and prevention efforts by stakeholders. *Journal of Social, Culture and Society*, 3(3), 570–579. <https://doi.org/10.58905/athena.v3i3.436>
- Marienfeldt, J. (2024). Does digital government hollow out the essence of street-level bureaucracy? A systematic literature review of how digital tools' foster curtailment, enablement and continuation of street-level decision-making. *Social Policy & Administration*, 58(5), 831-855. <https://doi.org/10.1111/spol.12991>
- Meher, C., Zaluchu, F., & Eyoer, P. C. (2023). Local approaches and ineffectivity in reducing stunting in children: A case study of policy in Indonesia. *F1000Research*, 12, 217. <https://doi.org/10.12688/f1000research.130902.1>
- Meiyenti, S., Effendi, N., Djafri, D., & Devianto, D. (2025). Cultural barriers in stunting prevention policy implementation: an ethnographic study in West Sumatra, Indonesia. *Cogent Social Sciences*, 11(1), 2586379. <https://doi.org/10.1080/23311886.2025.2586379>
- Merriam-Webster. (2026). *Implementation*. <https://www.merriam-webster.com/dictionary/implementation>
- Muhafidin, D. (2022). Policy strategies to reduce the social impact of stunting during the COVID-19 pandemic in Indonesia. *Journal of Social Studies Education Research*, 13(2), 320-342.
- Mulyani, A. T., Khairinisa, M. A., & Khatib, A. (2025). Understanding stunting: Impact, causes, and strategy to accelerate stunting reduction—A narrative review. *Nutrients*, 17, 1–29. <https://doi.org/10.3390/nu17091493>
- Nainggolan, A. C., Stiawati, T., & Cadith, J. (2022). Implementation of the “Sembako” program. *Governance*, 8, 39–48.
- Noor, M. S., Syarwani, M., & Putri, R. M. (2024). Healthy Environment As A Human Right: Law Enforcement To Overcome Stunting In Children. *Proceeding: Islamic University of Kalimantan*. <https://doi.org/10.31602/piuk.v0i0.15389>
- Normann, H. E., Svartefoss, S. M., & Thune, T. (2024). Behind the scenes: Politics and pragmatism in formulating mission-oriented innovation policies in a national context. *Environmental Innovation and Societal Transitions*, 52, 100891. <https://doi.org/10.1016/j.eist.2024.100891>
- Nurfadillah, A., Amiruddin, S., & Prafitri, N. (2025). Implementasi Kebijakan Rencana Aksi Percepatan Penurunan Stunting di Desa Sinarjaya Kecamatan Mandalawangi Kabupaten Pandeglang. *Journal of Geopolitics and Public Policy (JOGPP)*, 3(2), 31-43.
- Pollex, J., & Lenschow, A. (2025). When talk meets actions—return to Commission leadership in EU environmental policy-making with the European Green Deal. *Journal of European Public Policy*, 32(9), 2197-2222.

<https://doi.org/10.1080/13501763.2024.2402866>

- Rijal, S. (2023). The importance of community involvement in public management planning and decision-making processes. *Journal of Contemporary Administration and Management (ADMAN)*, 1(2), 84-92.
- Rosyida, M., Kushandajani, & Herawati, N. R. (2024). The analysis of stunting implementation policy in Tegal Regency. *Socio-Political Communication and Policy Review*, 1(5), 1-6. <https://doi.org/10.61292/shkr.168>
- Ruswati, T., Ellah, Muh, I., Wargadinata, & Sahyana, Y. (2024). Policy implementation model acceleration stunting reduction in Sumedang Regency, West Java Province. *Forum for Linguistic Studies*, 6(72), 1226-1253. <https://doi.org/10.6084/m9.figshare.90759940>
- Sager, F., & Gofen, A. (2022). The polity of implementation: Organizational and institutional arrangements in policy implementation. *Governance*, 35(2), 347-364. <https://doi.org/10.1111/gove.12677>
- Sapri, S., Mardhatillah, M., & Ramlan, P. (2026). From Coordination to Convergence: A Collaborative Governance Model for Multi-sectoral Stunting Reduction in Decentralized Contexts. *Journal of Governance and Public Policy*, 13(1), 48-59. <https://doi.org/10.18196/jgpp.v13i1.28137>
- Saputra, T., Zuhdi, S., Affrian, R., Sufi, W., & Harahap, J. R. (2023). Bibliometric studies and public administration research potential on stunting problems. *Public Service Management*, 6(2). <http://dx.doi.org/10.24198/jmpp.v3i2.45671>
- Schramme, T. (2023). Health as complete well-being: The WHO definition and beyond. *Public health ethics*, 16(3), 210-218. <https://doi.org/10.1093/phe/phad017>
- Setiarsih, D., Raharjeng, S. B. H., Kardina, R. N., Viantri, P., Fildzah, F., Putri, P. H., ... & Widowati, K. (2023). The important role of multi-sector partnership in stunting management in east java: a literature review. *Bali Medical Journal*, 12(1), 660-664. <https://doi.org/10.15562/bmj.v12i1.4157>
- Situmorang, L. S. (2023). *Implementation of Presidential Regulation No. 72 of 2021 concerning the acceleration of stunting reduction (Case study in Sicanang Village, Medan Belawan District)* (Undergraduate thesis). Medan Area University.
- Susanti, M., Arifin, S., Zoelkarnain, I., Nugroho, A., & Noor, M. S. (2025). Implementation of PT Adaro Indonesia's corporate social responsibility program intervention policy to reduce stunting in Balangan Regency. *Jurnal Ners*, 9, 274-286. <http://journal.universitaspahlawan.ac.id/index.php/ners>