Implementation of a Coordinated Approach to Stunting Prevention Programs in Pandeglang Regency

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ABSTRACT

The eradication of Stunting is one form of the Government of Indonesia to carry out the Sustainable Development Goals or often known as Sustainable Development Goals (SGD's) initiated by the United Nations (UN). Pandeglang Regency is one of the districts in Banten Province with the highest number of Stunting children. To achieve more decent human welfare, Pandeglang Regency Government tries to reduce the number of Stunting children in Pandeglang Regency through the Integration Program for Action to Prevent Stunting accompanied by other programs related to fulfilling child nutrition to reach the level of age maturity. This study aims to determine how the implementation of the Stunting Prevention Action Integration Program in Pandeglang Regency with the research method used is descriptive qualitative. The collection techniques used are primary data with interviews, observations, and documentation while the secondary data techniques used are documents and other secondary data sources. The results showed that the Action Program to Prevent Stunting in Pandeglang Regency has almost succeeded because only one variable has not met the requirements as a policy that almost achieves its goals.

Keywords: Implementation, Integration, Stunting

BACKGROUND

Currently, all countries in the world are implementing the Sustainable Development *Goals* (SDGs). The SGDs program is an official program approved by the United Nations (UN) in 2015 as a continuation of the previous program, the *Millennium Development Goals* (MGDs). One of the goals of the 17 SGDs goals is *No Hunger,* which is a goal so that there are no hunger problems in a country. This is done by relying on food and nutrition security and realizing sustainable agriculture. Good nutrition allows children to grow, develop, learn, and contribute to the community, making them immune to disease. If children do not receive these nutrients, they may suffer from malnutrition. One of the effects of malnutrition is impaired growth in children, which is interpreted through a child's height that is shorter or stunted than the standard height of children their age. Efforts to ensure

the growth and development of every child depend on a combination of high-impact interventions including quality antenatal care (prenatal check-ups with a doctor or midwife), postnatal care for mothers and newborns, prevention of mother-to-child HIV transmission, immunizations to protect children from infectious diseases and access to adequate and nutritious food. One of the adverse effects if children are born and grow up in a situation of malnutrition is that they will experience *Stunting*.

Stunting has affected more than 162,000,000 million children globally (Sardjito, 2022).Children born *stunted* may not grow to reach their full height potential, and the brains of *stunted* children may not develop properly. The impact of *Stunting* problems at an early age, especially in the period of the first 1000 days of life (HPK), will cause the body's organs to not grow and develop optimally. Under-five deaths in the world are caused by *Stunting* with a total of 1.5 million (15%) deaths and are also the cause of the loss of children's healthy life span every year (Kementrian Kesehatan, 2020). The factors that cause *Stunting* cases are not only caused by poor nutrition from pregnant women or children, but many dimensional factors also affect the occurrence of *Stunting*.

Stunting cases in Indonesia show a high level, making it a major threat to the quality of human resources in Indonesia in the future. *Stunting* conditions not only affect physical growth but also affect brain development, affecting the productivity and creativity of children at productive age. The *Stunting* program was created as an effort to prevent *stunted* children, because if the child is already 2 years old the *Stunting* condition cannot be cured. Currently, reducing the number of *Stunting* rates is a national priority program in Indonesia. The government is working to organize stunting prevention acceleration tools and develop the Strategi Nasional (STRANAS) for Accelerating Stunting Prevention 2018-2024. Then as a follow-up to this *Stunting* reduction acceleration program, the Indonesian Government issued Peratutan Presiden (Perpres) Number 72 of 2021 concerning Acceleration of *Stunting* Reduction. This Presidential Regulation is a legal regulation for Strategi Nasional (STRANAS) for Accelerating the Reduction of *Stunting* that has been implemented since 2018. The Presidential Regulation that has been issued is intended to tighten the intervention framework, which must be carried out by authorized organizations. Not only that, through Rencana Pembangunan Jangka Menengah Nasional (RPJMN) the government has targeteda reduction in the prevalence of *Stunting* in Indonesia by 14% in 2024 and a sustainable development target in 2030 with achievements in 2024 (Presiden RI, 2022).

There are two ways of intervening in *Stunting,* namely, specific nutrition interventions that address direct causes and nutrition-sensitive interventions that address indirect causes. Local governments are expected to innovate regarding *Stunting* programs. In the implementation of *Stunting* reduction interventions, there is an integration of the main indicator targets, namely: Prevalence of *Stunting* in children *under* five, Prevalence of infants with low birth weight, Prevalence of *underweight* in children under five, Prevalence of *wasting in children under* five, Percentage of infants less than 6 months old who are exclusively breastfed, Prevalence of anemia in pregnant women and adolescent girls, Prevalence of helminthiasis in children under five, and Prevalence of diarrhea in children under five.

At the beginning of this program in 2017, it was determined that there were 8 cities that were used as focus locations for handling *Stunting*. Then to intervene as soon as possible, in 2018 the government set 100 cities including 1000 villages as the focus area for *Stunting intervention*. Furthermore, to accelerate the objectives of this program, it is planned to implement the program in 160 cities in Indonesia in 2020 - 2024 which will expand gradually to cover all cities in Indonesia. Rencana Kerja Pemerintah (RKP) has determined the locations that will be integrated with the *Stunting* Intervention Program on an annual basis.

Pandeglang Regency is one of the focus locations of several cities in the *Stunting* program in Banten Province. Tim Rencana Aksi Daerah Pangan dan Gizi (RAD PG) atau Tim Koordinasi Penanggulangan Kemiskinan Daerah (TKPKD) is responsible for implementing integrated *Stunting reduction* interventions at the city level. In addition, the intervention program to reduce the *Stunting* rate is also the responsibility of Pandeglang Regency Health Office to carry out *Stunting* recovery actions. This is done because the number of *stunted* children in Pandeglang Regency is high compared to other cities in Banten Province. The *Stunting* case in Pandeglang Regency is often associated with poverty. Poverty is the main cause of the increasing *Stunting* cases in Pandeglang Regency.

Tim Nasional Percepatan Penanggulangan Kemiskinan (TNP2K) has designated 1000 villages in 100 regencies/cities in Indonesia as priority locations for *Stunting prevention*. Based on data from Riskesdas (2013), of the 100 cities, Pandeglang Regency has a *Stunting* prevalence rate of 38.57% or 46,775 *stunted* toddlers. Pandeglang Regency is integrated with *Stunting* based on the instruction of the Minister of Home Affairs Number 440/1959/SJ dated March 20, 2018 concerning Integrated *Stunting* Reduction Intervention in 2018. The following is data on the prevalence of *Stunting* toddlers and the amount of poverty in Pandeglang Regency.

Table 1. Prevalence, Number of Stunting and Poverty in Pandeglang Regency in 2020

Province	District/City	Population 2020 (thousand people)	Stunting Prevalence 2020 (%)	Number of stunting children 2020 (people)	Poverty Rate 2020 (%)	Number of Poor Population 2020 (thousand people)
Banten	Pandeglang	1176	36.57	36775	9.87	112

Source: National Team for the Acceleration of Poverty Reduction (TNP2K) 100 Priority Districts/Cities for *Stunting* Intervention, 2020

Based on the *Stunting* cases that are still found in Pandeglang Regency can have an impact on efforts to improve public health and empower the quality of society in Pandeglang Regency. The Prevent *Stunting* Action Program in Pandeglang Regency is the government's effort to achieve the national target of reducing *Stunting* prevalence set in the National Strategy for Accelerating *Stunting* 2018-2024, and as part of efforts to accelerate nutrition improvement in Pandeglang Regency. This is in accordance with the Circular

Letter of Pandeglang Regent Number 440/2655/Dinkes/2018, the Pandeglang Regency government issued a policy, namely the Implementation of Community Behavior Change Communicationto Prevent *Stunting*. Then in accordance with the Decree of Pandeglang Regent Number 440/Kep. 226-Huk/2019 on *Stunting* Intervention Locus Village Determination, 10 villages in 6 sub-districts were determined as *Stunting* locus, namely: Koroncong Village, Koroncong Subdistrict, Pakuluran Village, Koroncong Subdistrict, Pasirkarag Village, Koroncong Subdistrict, Tegalogok Village, Koroncong Subdistrict, Kadumaneuh Village, Banjar Subdistrict, Banyumundu Village, Kaduhejo Subdistrict, Koncang Village, Cipeucang Subdistrict, Kadugadung Village, Langensari Village, Saketi Subdistrict, and Pasirdurung Village, Sindangresmi Subdistrict. The reason why these villages are used as the locus of the Action Program to Prevent *Stunting* in Pandeglang Regency is that the number of children under five years old who are indicated to be *stunted in* these villages is very high compared to other villages in Pandeglang Regency. The data of *stunted* children in the ten villages is presented in the following table.

Table 2. Distribution of Stunting Indicated Toddlers in 10 Villages in Pandeglang Regency in 2020

No.	District	Village	Age <24 Mth	Age >24 Mth	Total
1.	Banjar	Kadu Maneuh	22	37	**59**
2.	Koroncong	Koroncong	14	23	**37**
		Pakuluran	9	17	**26**
		Pasirkarak	7	22	**29**
		Tegalongok	7	8	**15**
3.	Kadu Hejo	Bayumundu	19	47	**66**
4.	Sindang Sari	Pasir Durung	15	35	**60**
5.	Saketi	Langensari	15	35	**50**
6.	Cipeucang	Koncang	18	34	**52**
		Kadu Gadung	17	32	**49**
Total			**142**	**273**	**415**

Source: Data from Pandeglang Regency Health Office 2020

Based on the description and background and field observations, the author sees and observes several problems that arise in the Action Program to Prevent *Stunting* in Pandeglang Regency, such as: not optimal provision of nutrition from parents to children so that there are still many children, especially toddlers, who are affected by *Stunting* in Pandeglang Regency. The nutrition that should be given to children starts since the child

is born by giving breast milk by the mother. Furthermore, children who are indicated to be *stunted* or considered malnourished, will be given Supplementary Feeding (PMT) in the form of biscuits or other nutritious food given every time the child comes to the nearest posyandu from the domicile.

Furthermore, there is a lack of optimization to Posyandu cadres and counseling to village midwives. This is because many Posyandu cadres have not been trained to use *Stunting* early detection measurement tools and direct measurement of children under two years old (Baduta) who are present at the village hall. Not only that, there is a lack of motivation for parents, especially mothers, to always come to Posyandu and learn and understand material explanations about good parenting and related immunizations and *Stunting*. Then, a uniform program concept has not been established in each agency that can determine success indicators. Indeed, previously there was an Action Program to Prevent Malnutrition which was implemented long before the concept of *Stunting*. The existence of the Action Program to Prevent *Stunting was* made because it was considered more relevant and accurate to prevent cases of *stunted* children in Pandeglang Regency. However, the *Stunting* Prevention Action Program in each agency in Pandeglang Regency runs independently and only focuses on problems that occur in the *Stunting* locus. Therefore, Pandeglang Regency Health Office cannot monitor the success of the ongoing *Stunting* prevention program, because cross-sectoral government officials do not fully understand the agreed policy rules.

Furthermore, early nutritional supervision in adolescent students is often neglected. One of the concepts of the Action Program to Prevent *Stunting* in Pandeglang Regency is the provision of blood enhancement tablets that are useful for providing early nutritional intake to school students because they are the main subjects who will give birth to a child in the future. The available human resources have not been able to meet the requirements of socialization about good parenting. Based on the interview with Mr. Ade as the Section Head of *Stunting* Reduction Handling at the Office of Dinas Keluarga Berencana, Pemberdayaan Perempuan dan Pelindungan Anak (DP2KBP3A) of Pandeglang Regency, he stated that he wanted schoolteachers or other institutions to assist in the implementation of socialization related to *parenting*. But in fact, Pandeglang Regency still has limitations on proper Human Resources (HR) and many are still unprepared because they do not have enough materials related to *parenting* system.

In addition, the lack of community participation in attending the socialization provided by DP2KBP3A. This is because there are still people who expect a gift to come and attend the socialization held by DP2KBP3A. The cause of this lack of community participation is considered because socialization has not run optimally by providing unique material, so that the community is not bored with the learning provided and does not always do it monotonously. So that during the implementation that has been carried out, it has resulted in 70% progress. Finally, there is a lack of direction from stakeholders regarding the Prevent *Stunting* Action Program. The process of implementing this program is carried out by Pandeglang Regency Health Office with other OPDs that already have a strong network in implementing this program, because they both have the same tasks and goals. However, building external networks at the village level is still lacking, so it is

necessary to increase the capacity of the village government. Another reason is that Pandeglang Regency is very fast in transferring employees so that they must quickly learn new material in a new environment. The achievement of handling *Stunting* in Pandeglang is still not running optimally. The implementation of this program is carried out only as a formalism to meet government performance requirements. Programs run by OPDs have interrelated targets, so it can be seen that the performance of the *Stunting* handling coordination team is only measured by the performance of the Health Office.

LITERATURE REVIEW

Public policy is a policy of security measures or government activities that are implemented and determined by programs or decisions that serve the public interest. According to Anderson (Agustino, 2016) public policy, as a variety of actions carried out by an actor or a group of actors with certain goals or objectives in relation to topics or problems of public concern. Basically, implementation of a policy is a planned and progressive sequence of operations carried out by the implementing body in accordance with the policy established by the ruler. According to the theory of Edwards III (Subarsono, 2016) policy implementation will run well and achieve goals, so seen from the distribution of communication well, clearly and consistently between policy implementers, the ability of resources from policy implementers, policy dispositions/ attitudes and bureaucratic structures are based on four variables, namely:

Communication, that is, for the implementation of the policy to be successful, the implementor must know what to do. What are the goals and objectives of the policy should be communicated to the *target group* to reduce distortions of implementation. For policy implementation to be effective, resources must be available. These resources can be both human and financial resources. Disposition refers to the personality and characteristics of the executor, such as commitment, honesty, and conversational nature. The bureaucratic organization that handles policy implementation has considerable influence on policy execution. Prosedue Operating Standards (SOPs) are an important structural part of any company.

METHOD

Research is the systematic and methodical exploration of a problem to find solutions and add to the body of knowledge (Silalahi, 2012). This research will use qualitative research methodology, with the researcher being part of the research instrument. It is conducted by researchers by means of structured interviews and unstructured interviews using the help of a voice recorder and notes or handwritten, then by observing the research location and documenting the research location. The data collected will be obtained by the researcher as a whole and naturally. The data collection approach addresses how the researcher obtained the data. I n this study, researchers used the following approaches for data collection: Observation is a data collection method that requires researchers to go to the field and see things related to space, place, actors, activities, objects, time, events, goals, and feelings (Fauzan & Djunadi, 2012). However, only things that are related or highly

relevant to the required data should be considered. As a scientific procedure, observation can be defined as the concentration of attention on a matter by using all of one's five senses (Suharsimi, 2010).

An interview is a conversation between two or more people, whose questions are asked by the researcher to the subject or group of research subjects to be answered (Danim, 2013). The interview was used to reveal data about the implementation of *Stunting* prevention in Pandeglang Regency. In this study, data collection tools were used in the form of interview guidelines or instruments in the form of questions addressed. The technique used was an *in- depth interview.* In this research, the in-depth interview method is one of the techniques used to collect data and information. By using this interview technique, the researcher hopes that the interview will be flexible, the direction is more open, the conversation does not bore both parties, so that more information is obtained.

Documentation comes from the term document which means a written product, and the documentation process refers to a method of collecting data by capturing existing data. Documentation or study technique is a method of collecting data through archives that also contain books of opinion, theory, and other research topics. In this case, researchers collect data by scanning books and articles related to the topic that has been determined, especially how to find usefulness to assist researchers in conducting research. This research uses qualitative data analysis, which is an ongoing, iterative, and continuous activity. According to Miles and Huberman (Sugiyono, 2016), the procedure for analyzing data in the field is Data reduction is the process of selecting, polishing, abstracting, and converting raw data derived from written field notes. Data presentation is a process carried out after collecting data that focuses on research. Researchers analyze by presenting data to make it easier to understand what happened and plan future work based on what has been learned. Conclusions are drawn by means of a process of selecting, focusing, and grouping data that is more focused.

RESULT AND DISCUSSION

The research results obtained were obtained from data and facts in the field sourced from initial and final observations as a determination of data validity, the results of interviews with informants, and also documentation obtained during the field. This research aims to analyze the implementation process of the Action Integration Program to Prevent *Stunting* in Pandeglang Regency. An important stage in the overall policy structure is how the policy is implemented as a solution to existing public problems (Agustino, 2016). This research was analyzed with the policy implementation model from George C. Edward III (Subarsono, 2016) with several variables, namely: Communication, Resources, Disposition and Bureaucratic Structure.

First, Communication (Anggreni, Lubis, & Kusmanto, 2022) as one of the main variables affecting public policy implementation has an impact on the successful achievement of public policy implementation objectives. Effective implementation will occur if decision makers make prior planning. Decision makers can only obtain information through effective communication. The dimensions contained in the

communication variable in the implementation of the Action Program to Prevent *Stunting* in Pandeglang Regency are communication transmission, intensity of socialization to the community and efforts and prevention of *Stunting* at the *Stunting* locus in Pandeglang Regency. Transmission in the implementation of the Action Program to Prevent *Stunting* in Pandeglang Regency is in the form of delivering or sending information from the Central Government to the policy implementing agency and then forwarded to the community through socialization. This is so that the community can understand and know more about *Stunting and* understand the indications of *Stunting* that can be prevented as early as possible when the baby is still in the mother's womb.

The method used in the transmission of the implementation of the Action Program to Prevent *Stunting* in Pandeglang Regency is in the form of direct socialization by conducting meetings with the community, education through social media and also conducting apples every morning for implementers at the agency level. This aims to provide further understanding so that there is no miscommunication in running the Action Program to Prevent *Stunting* in Pandeglang Regency. According to several informants as the community who received the communication message, they claimed to have known and received the Action to Prevent *Stunting* program in the area where they live. This is in accordance with research (Noviantama, 2017) which states that the understanding of program implementation must be accepted by all individuals and must understand the purpose and objectives of the program clearly and correctly in the communication aspect.

Second, Resources according to (Anggreni et al., 2022) are very important in implementing superior policies. This indicator is used to determine how much influence resources have on policy implementation. Even if the policy content has been stated well and consistently, implementation will fail if implementers lack the resources to carry it out. Without resources, policies are just documents. The resources available in the Action Program to Prevent *Stunting* in Pandeglang Regency are human resources (implementers) and also non-human resources (financial, facilities and infrastructure). Human resources have a significant effect on the implementation of an approach. It will work with the objectives of the approach to be achieved due to the availability of appropriate human resources. Many programs fail to be implemented due to a shortage of human resources or a lack of skills and expertise among those human resources, resulting in inefficient policy implementation(Sari, 2022). In terms of the procurement of human resources responsible for the Action to Prevent *Stunting* program, it has been explained in the Decree of the Pandeglang Regent No. 440.05/Kep.102-Huk/2022 concerning the *Stunting* Reduction Acceleration Team in Pandeglang Regency. The Acceleration Team for *Stunting Reduction in* Pandeglang Regency consists of Regional Apparatus and Stakeholders, as well as the Family Welfare Empowerment Team.

All implementers involved and responsible for the Action to Prevent *Stunting* program in Pandeglang are employees who are considered competent in their fields. In fact, there are still many employees who do not have a background in Nutrition Science education, due to limited of human resources who are experts in the field of nutrition. This allows for the failure of the program implementation if the implementers are not given training and coaching related to nutrition beforehand. In addition, the number of

implementing personnel in the field is still considered inadequate because the research facts show that the number of officers who socialize the Aksi Cegah *Stunting* program is still relatively insufficient, which then causes delays in the data that should be obtained. This is in line with research (Sari, 2022) which states that the implementation of an approach will fail no matter how good the concept and purpose of a strategy and the willingness or tendency to do it seriously, if it is not supported by large human resources.

Third, Disposition (Anggreni et al., 2022) is one of the main criteria that influence effective policy implementation. If the implementer has a positive predisposition or attitude towards policy implementation, or if there is support for policy implementation, the policy will be implemented in line with the initial decision. If the implementer has a bad attitude or refuses to implement the policy due to a conflict of interest, then policy implementation will be severely hampered. Policy implementation will run as well as possible according to what the policymaker wants if the implementors have good dispositions. When the quality or opinion of the implementer is different from the policy maker, the policy implementation process becomes ineffective. Similarly, the implementers of the implementation of the Action to Prevent *Stunting* Program in Pandeglang Regency must have a commitment that upholds the success of the program. The implementers of the Action to Prevent *Stunting* program have tried their best to be committed to the program. They will always monitor the performance of their subordinates through the data received. Previously, the implementers who came from the Health Office agency already knew clearly about the *Stunting* program that had been managed through malnutrition monitoring for a long time. In addition, the officers expect that children who are in the *Stunting* locus will have their nutrition fulfilled immediately in order to achieve the goals of this program.

Fourth, Bureaucracy according to (Anggreni et al., 2022) is one of the institutions that most often carry out actions, even as a whole. Bureaucracy can be found not only in government structures, but also in private companies, educational institutions, and so on. In certain aspect, the bureaucracy is formed solely to carry out a certain policy. Policy implementation has a big impact on policy implementation. The availability of standard operating procedures (SOPs) is an important structural feature of any company. In the implementation of the Prevent *Stunting* Action Program, the SOP that is applied comes from the guidelines, namely Presidential Regulation No. 72 of 2021 concerning the Acceleration of *Stunting* Reduction, Decree of Pandeglang Regent No. 440.05/Kep.102-Huk/2022 concerning the *Stunting* Reduction Acceleration Team in Pandeglang Regency, and also Decree of Pandeglang Regent No. 440.05/Kep.157-Huk/2022 concerning the Determination of *Stunting* Intervention Locus Village in 2022. The implementers admitted that they have tried their best to run the implementation of the Prevent *Stunting* Action Program in accordance with the command given to them. This can be seen based on the real results that monitoring is carried out routinely and also the provision of medicines that are in accordance with the conditions of children with *Stunting* or pregnant women who need medical assistance.

CONCLUSION

Based on the research results and field findings that researchers obtained regarding the Action Program to Prevent *Stunting* in Pandeglang Regency, it is quite optimal but there are still some obstacles in its implementation. This is because, although the *Stunting* locus in Pandeglang Regency is still at a fixed number, namely 10 areas in Pandeglang Regency, but the area is a new area which was not previously a *Stunting* locus area. This proves that slowly some of the *Stunting loci of the* Prevent *Stunting* Action Program have been released from the status of the locus area. In addition, the number in 2021 was 2400 children and decreased in 2022 to 1313 children with *Stunting* in the *Stunting locus* area in Pandeglang Regency. In the communication variable carried out by the implementers of the Prevent *Stunting* Action Program, it is quite optimal by means of intensive socialization so that the community can accept and understand the program well. However, there is no more detailed explanation of what kind of indicators can be said that a child is indicated to be *stunted*. In addition, the socialization of the Action Program to Prevent *Stunting is* carried out only focusing on areas that are *Stunting* loci, so that other communities in Pandeglang Regency have minimal knowledge about this program.

The resources variable in the Action Program to Prevent *Stunting* in Pandeglang Regency cannot be said to be optimal. This is due to the limited number of personnel implementing the program and also the limited budget that should be used to support this program. The disposition variable in the Action Program to Prevent *Stunting* in Pandeglang Regency is quite optimal. Article The implementers are very enthusiastic about the existing program and are also fully committed to reducing the number of *stunted* children in the *Stunting* locus area in Pandeglang Regency. The bureaucratic structure variable in the Action Program to Prevent *Stunting* in Pandeglang Regency is going well, based on the applicable SOP that already refers to the laws and regulations related to this program. In addition, the coordination carried out by the implementers has also been carried out well through the method of reporting activities from the lower level (Posyandu Cadres) to the top level, namely the District (related agencies). Based on this, if the Action Program to Prevent *Stunting* in Pandeglang Regency is analyzed by referring to the policy implementation model of George C. Edward III, it is almost successful because only one variable has not met the requirements as a policy that has almost achieved its goals.

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