

Implementation of Policy to Accelerate Stunting Reduction through Supplementary Feeding Program (PMT) in Warudoyong district, Sukabumi City

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ABSTRACT

Stunting is a serious health issue in Indonesia that hinders children's physical growth and cognitive development. The Warudoyong subdistrict in Sukabumi City saw a 5.76% increase in stunting cases in 2023, rising to 7.50% in 2024. This study aims to examine the implementation of policies to accelerate the reduction of stunting through the Supplementary Feeding Program (PMT) and to identify factors that hinder the effectiveness of its implementation. The method used is qualitative descriptive with an approach based on Van Meter and Van Horn's policy implementation theory, covering six main variables. Data collection was conducted through observation, documentation, and in-depth interviews with six informants from various related sectors. The results of the study indicate that the implementation of the PMT program has shown a fairly good structure with cross-sectoral support, technical guidelines, and community involvement. However, the effectiveness of the program is still constrained by limited budgets, low parental nutrition literacy, socioeconomic challenges, and inadequate environmental sanitation. Community participation is also uneven, so the program's benefits are not yet optimal. This study contributes to mapping the barriers to PMT policy implementation at the local level and offers innovations in the form of community-based nutrition education approaches, ongoing training for health cadres, and multisectoral funding integration as strategies to improve the sustainability and impact of the program in the future.

Keywords: Policy Implementation, Stunting, Supplementary Feeding (PMT), Sukabumi City

1. INTRODUCTION

Given the high rate of stunting, the Sukabumi City Government has implemented policy interventions to prevent and reduce stunting. Sukabumi City has seven subdistricts, one of which is Warudoyong Subdistrict. According to data from the Sukabumi City Health Department, Warudoyong District is the second area experiencing an increase in stunting cases, with an increase of 5.76% in 2023 and 7.50% in 2024.

Picture 1. Stunting Data by Sub-district in Sukabumi City for 2023-2024

No	Kecamatan	Stunting						Selisih (+/-)
		2023			2024			
		Jml Balita	Jumlah Balita Stunting	%Angka Stunting	Jml Balita	Jumlah Balita Stunting	%Angka Stunting	
1	Gunung Puyuh	2349	112	4.77	2608	108	4.14	-0.63
2	Cikole	2848	158	5.55	3049	142	4.66	-0.89
3	Citamiang	2598	210	8.08	2571	197	7.66	-0.42
4	Warudoyong	3593	207	5.76	3480	261	7.50	1.74
5	Baros	1858	49	2.64	1804	84	4.66	2.02
6	Lembursitu	2627	115	4.38	2573	90	3.50	-0.88
7	Cibeureum	2499	145	5.80	2622	183	6.98	1.18
	JUMLAH	18372	996	5.42	18707	1065	5.69	0.27

(Source : Sukabumi City Health Office eppbgm – Ministry of Health)

Based on EPPGBM data, stunting rates increased in Baros, Warudoyong, and Cibereum, while they decreased in Cikole, Citamiang, Gunungpuyuh, and Lembursitu. The Health Department has promoted the Supplementary Feeding Program (PMT), which provides safe and nutritious food for toddlers. In Warudoyong, low parental education, poverty, and poor sanitation remain key challenges. These factors limit access to nutritious food and expose children to unhealthy environments, increasing their risk of illness and stunted growth.

As attention to the issue of stunting increases, various studies have been conducted to understand the implementation of government policies. Kiranasari et al. (2024) found that the role of the stunting reduction acceleration team in villages is still weak due to a lack of technical understanding. Wiguna (2022) noted that although stunting rates have decreased, the success of the program is highly dependent on an understanding of policy implementation. Putri Purwanto et al. (2024) demonstrated that a combination of PMT and Posyandu programs is effective in reducing stunting if supported by cross-sectoral coordination. Mega Pertiwi and Winarti (2024) emphasized the importance of PMT education based on the role of housewives.

However, these studies have not explicitly identified implementation gaps in areas with high socioeconomic characteristics such as Sukabumi City, particularly Warudoyong District. Using Van Metter and Van Horn's (1975) policy implementation theory, which identifies six key variables policy standards and objectives, resources, interorganizational communication, characteristics of implementing agents, dispositions of implementers, and socioeconomic environmental conditions this study seeks to explore how PMT policies are implemented in the context of poor communities with low levels of education and limited sanitation.

2. LITERATURE REVIEW

2.1 Public Policy Implementation

According to Rianta Nugroho (2003:158), policy implementation is an effort to achieve policy objectives. Without implementation, policies are merely documents with no real impact. Implementation is carried out through direct programs or derivative policies, and must be tailored to the quality of available resources. The goal is to solve problems in society and create prosperity. In line with Van Meter and Van Horn, the main challenge of implementation is building networks between institutions and stakeholders to achieve policy objectives. Therefore, the success of implementation is crucial to the effectiveness of public policy in providing services to the community.

2.2 Stunting

Stunting remains a major nutritional problem in many countries (WHO, 2021). This condition is caused by chronic malnutrition, resulting in children being shorter than the normal height for their age, and putting them at risk of growth disorders, cognitive development problems, and recurrent infections (Ponum et al., 2020; Akbar & Huriah, 2022). Stunting typically becomes apparent after a child turns two years old and is influenced by the nutritional status of both the mother and the child. The primary causes include malnutrition

and diseases resulting from unsafe drinking water and poor sanitation. Governments and international institutions such as the World Bank continue to advocate for policy improvements to reduce stunting rates and enhance human capital quality (Siswati, 2018).

2.3 Characteristics Of Stunting

Stunting is important because of its serious impact on children's quality of life, not only in terms of short stature. Short stature at an early age, especially at birth, indicates growth and developmental impairments in other organs, including the brain, heart, kidneys, muscles, bones, and other organs. Characteristics of children with stunting:

1. Children have shorter stature compared to the normal height for their age.
2. Children tend to have poorer performance in attention span and learning memory, as well as reduced cognitive abilities and academic performance at school.
3. A baby's weight does not increase when weighed and may even decrease.

2.4 Causes of stunting

According to Yunardi (2021:3), stunting in children is caused by various interrelated factors, both direct and indirect. The following are some of the causes of stunting:

1. Diet: Stunting is influenced by limited access to food and inadequate nutritional intake, especially during the first 1,000 days of life (from pregnancy to age 2), which is the main cause of stunting. Children who do not receive sufficient and nutritious food, especially those containing the protein, calories, vitamins, and minerals necessary for growth and development, are at risk of stunting. Unhealthy or insufficiently diverse diets, such as those relying on high-carbohydrate foods but low in protein, vitamins, and minerals, can lead to malnutrition in children.
2. Parenting practices: Stunting is also influenced by behavioral factors, particularly poor parenting practices in feeding infants and toddlers. Suboptimal parenting practices also contribute to stunting. Lack of attention to healthy eating patterns, hygiene, and appropriate stimulation for physical and mental development can exacerbate stunting.
3. Sanitation and access to clean water: Limited access to health services, including sanitation and clean water, increases the risk of children contracting infectious diseases. Children living in environments without adequate access to clean water and proper sanitation are more susceptible to diseases, especially diarrhea, which can interfere with the body's ability to absorb nutrients effectively.

2.5 Efforts to Prevent Stunting

According to Yunardi (2021:8), efforts to prevent stunting are very important to ensure optimal growth and development in children. Stunting prevention involves various aspects, from improving nutrition for pregnant women to ensuring adequate nutrition for children. Here are some efforts to prevent stunting:

1. Providing Healthy and Nutritious Food, providing nutritious food is very important to prevent stunting. For children, it is important to ensure they have a balanced diet, including sources of protein, carbohydrates, healthy fats, as well as vitamins and minerals. Additionally, exclusive breastfeeding until six months of age and the introduction of nutritious complementary foods starting at six months are vital for supporting children's growth.
2. Improving access to clean water and sanitation Providing families with access to clean water and adequate sanitation is essential to reduce the risk of diseases that can hinder nutrient absorption in children. Raising awareness about the importance of personal and environmental hygiene can also help reduce infection rates that can lead to stunting.
3. Supplementary Feeding (PMT) for Vulnerable Children Supplementary Feeding (PMT) programs for children who are malnourished or at risk of stunting, such as those run by the government or health agencies, can help meet their nutritional needs. These supplementary foods generally contain calories, protein, and essential vitamins to support growth.

By implementing these preventive measures, stunting can be prevented and children's development can be ensured, both physically and cognitively. Preventing stunting requires collaboration between families, communities, and the government to create an environment that supports healthy growth.

2.6 Program

A program is a series of activities that embody policy. Programs are an integral part of implementation. Programs are steps to complete a series of activities that include measures to be taken to achieve a goal and are the first element that must be in place to achieve an implementation activity (Bahri et al., 2020). Programs support implementation because they include various aspects, such as:

- a) The existence of goals to be achieved.
- b) The existence of policies adopted to achieve those goals.
- c) The existence of rules that must be followed and procedures that must be adhered to.
- d) The existence of estimated budgets required.
- e) The existence of strategies for implementation.

2.7 Supplementary Feeding Program (PMT)

Supplementary Feeding (PMT) is the provision of nutritious, safe, and high-quality food to children, pregnant women, and individuals suffering from malnutrition, as a preventive and treatment measure for stunting. Local PMT programs use locally available food ingredients, such as legumes, vegetables, fish, or tubers, making them more affordable and aligned with local dietary habits. PMT does not replace main meals but serves as a supplement to daily intake to meet the nutritional needs of the target population. Additionally, the program

includes nutrition education for families to enable them to adopt healthy eating patterns independently and sustainably at home.

3. METHODS

This study uses a descriptive research method with a qualitative approach. According to Sugiyono (2022:9), qualitative research is an approach used to investigate the natural situation of the research object, unlike the experimental method. In this method, the researcher acts as the main instrument, data collection is carried out through triangulation or a combination of techniques, data analysis is inductive, and the emphasis of the research results is more on meaning than generalization. The determination of informants in this study uses the snowball sampling technique, which is a technique for sampling data sources, starting with a small number and gradually increasing. This study employs three data collection techniques: observation, interviews, and documentation. Data analysis utilizes the model proposed by Miles et al. (2014), which includes four stages: (1) data collection, (2) data reduction, (3) data presentation, and (4) drawing conclusions.

4. RESULTS AND DISCUSSIONS

This study on the implementation of the Supplementary Feeding Program (PMT) for stunting reduction in Warudoyong District, Sukabumi City aims to improve the program at the local level. Data from six key informants ranging from health workers to program beneficiaries were analyzed using six indicators. The findings of this study provide insights into the factors that support or hinder the program, as well as recommendations to improve the program's effectiveness and relevance in line with community needs.

a. Standard Dimensions and Policy Objectives

The implementation of the PMT Program in Sukabumi City aligns with policy standards and objectives through clear SOPs and technical guidelines from the Ministry of Health. The program targets are specific and measurable, aimed at reducing stunting and improving nutrition for pregnant women and toddlers. However, challenges remain, such as public misconceptions about PMT and limited capacity of some cadres to adjust menus or identify priority cases. Strengthening training, support, and community education is needed to improve program outcomes.

Table 1. Specific Nutrition Intervention Activity Targets

No	Policy Objectives	Activities
1	Pregnant Women	Provide support to pregnant women to undergo >4 prenatal checkups
		Provide supplementary food to pregnant women

2	Infants aged 0-6 months (toddlers)	Promoting exclusive breastfeeding (individual and group counseling)
		Basic immunization
3	Breastfeeding mothers aged 7-23 months	Administration of deworming medication
		Administration of complementary foods

(Source: Sukabumi City Health Office)

Based on Table 1 above, these are the targets of the Specific Nutrition Intervention program implemented by the Sukabumi City Health Office, which are policy measures that can demonstrate the success of the policy objective, namely a reduction in stunting rates in Warudoyong District, Sukabumi City.

b. Resource Dimensions

The implementation of the PMT program to reduce stunting in Warudoyong Subdistrict faces challenges due to limited budget, personnel, and facilities. Funds are insufficient to reach all targets, requiring prioritization of high-risk groups. Health workers and cadres maximize available resources but lack authority to adjust budgets. There's also a shortage of nutrition staff and no special funds for cadres, despite their key role. Training exists, but skills remain uneven. Coordination uses digital tools, such as WhatsApp and regular online meetings, though limited funding reduces face-to-face meetings. Program monitoring and reporting are supported through the SIGIZI KESGA application, which helps improve data accuracy and follow-up actions. Despite the challenges, stakeholders strive to maintain program effectiveness through efficient strategies, digital reporting, and strong community and local government support.



Picture 2. Types of Supplementary Foods

(Source: Warudoyong District Health Center, Sukabumi City, compiled by researchers)

Based on the image 2, the implementation of the PMT program in Warudoyong District is evident through the distribution of hygienically packaged, nutritious food to toddlers. The program is supported by field staff and Posyandu cadres, showing good coordination and resource use. The variety of food provided carbohydrates, protein, fruits, and snacks reflects optimal utilization of available materials.

In addition to human and financial resources, this study also presents information on health facilities, which play a supporting role in combating stunting in Sukabumi City. The following is the number of health facilities spread across various subdistricts in Sukabumi City:

Table 2. Number of Health Facilities and Personnel in Warudoyong District, Sukabumi City

No	Subdistrict	Community Health Center	Auxiliary Health Center	Integrated Health
1	Nyomplong	-	-	11
2	Benteng	Benteng Community Health Center	-	15
3	Warudoyong	Pabuaran Health Center	Pabuaran Health Center	8
4	Dayeuhluhur	-	-	25
5	Sukakarya	Sukakarya Health Center	-	18
No	Community Health Center	Doctor	Midwife	Total
1	Benteng	3	6	9
2	Pabuaran	6	3	9
3	Sukakarya	2	5	7

(Source: Sukabumi City Statistics Agency)

From Table 2 above, it is evident that policy resources in the form of human resources in the health sector/health workers, particularly medical personnel such as doctors and midwives, have been distributed evenly across all sub-districts in the city of Sukabumi. The presence of these healthcare workers not only plays a role in providing routine healthcare services to the community but is also actively involved by the Sukabumi City Health Department in supporting the implementation of the accelerated stunting reduction program in each of their respective work areas.

c. Dimensions of Interorganizational Communication

The implementation of the PMT program in Warudoyong District is fairly structured through coordination among the Health Office, puskesmas, Posyandu cadres, and village government. Coordination occurs via meetings, evaluations, and WhatsApp or phone communication. Local organizations like PKK, LPM, and community leaders help in

outreach and food distribution. Despite this structure, challenges remain, including limited budgets, uneven participation, inconsistent information flow, and the need for better communication and data alignment to ensure program effectiveness and sustainability.

Table 3. Activities to Combat Stunting in Warudoyong District, Sukabumi City

No	Activity Name	Implementation Date	Activity Scope
1	Accelerating stunting reduction and stunting discussion at the sub-district level in Warudoyong, Sukabumi City	19 September 2023	Internal
2	Mini Workshop and Strengthening of the TPPS in Efforts to Accelerate Stunting Reduction	26 August 2024	External
3	Nutritious Food Assistance for Families at Risk of Stunting	30 November 2024	External
4	Training on Providing Local Food Supplements to Posyandu Cadres	26 april 2024	Internal
5	Training for Implementation Teams in Preparing Local Food-Based Supplementary Feeding for Pregnant Women with KEK and Undernourished Toddlers	16 mei 2024	External

(Source: Warudoyong District, Sukabumi City, Compiled by Researchers)

Table 2 shows a series of activities that have been carried out in Warudoyong Subdistrict in an effort to combat stunting. Activities such as cadre training, nutrition assistance, coordination meetings, and the launch of a monitoring application demonstrate cross-sectoral commitment. The government, community health centers, and the community are all actively involved, indicating that policy implementation is collaborative and continues to be strengthened at the local level.

d. Characteristics of Implementing Agents

The implementation of the stunting reduction policy through the PMT Program in Warudoyong Subdistrict is going quite well, as each party understands their respective roles. PKK cadres handle weighing and data collection, midwives provide guidance and nutrition education, while the Community Health Center monitors nutrition and manages cases. The

village and subdistrict governments support coordination and provide facilities. This clear division of tasks enhances focus and prevents overlap. Despite strong collaboration, communication and the capacity of cadres still need to be improved for better implementation.

e. Dimension of Disposition of Implementers

PMT program implementers in Warudoyong Subdistrict demonstrate high commitment and enthusiasm in carrying out their duties, despite facing various limitations such as a lack of personnel, facilities, and incentives. They actively conduct monitoring, home visits, and direct distribution of supplementary food as a form of concern for children's health and stunting prevention. However, understanding of the policy content still varies. At the district office and health center levels, understanding of the program's objectives and principles is fairly good, while at the village, community health worker, and beneficiary levels, understanding tends to be limited to technical aspects only.



Figure 3 Home Visits by Posyandu Cadres in the Warudoyong Subdistrict
(Source: Posyandu Cadres of Warudoyong Subdistrict)

Figure 3 shows the implementation of home visits by Posyandu cadres in the Warudoyong District. This activity is part of the implementation of the stunting reduction acceleration program, which focuses on monitoring the growth and development of toddlers directly in their living environment. In this activity, Posyandu cadres measure children's weight using digital scales and record the results in nutrition monitoring books. Additionally, the cadres provide brief education to mothers or caregivers of infants regarding the importance of balanced nutrition and the role of supplementary foods in supporting children's growth and development. These home visits are crucial to ensure that the targeted infants receive the attention and support they need.

f. Social, Economic, and Political Dimensions

The implementation of policies to accelerate stunting reduction through the Supplementary Feeding Program (PMT) in Warudoyong Subdistrict is significantly influenced by the social, economic, and political conditions of the local community. From a social perspective, there are still many negative perceptions and feelings of shame among parents, especially mothers, whose children are indicated to be stunted. This stigma makes some of them reluctant to attend Posyandu or participate in the PMT program regularly. Additionally, parenting practices and the habit of consuming convenient but nutritionally inadequate instant foods remain prevalent, especially among young families or when children are cared for by grandparents. Low awareness of the importance of balanced nutrition also poses a major challenge in enhancing the program's effectiveness. From an economic

perspective, low purchasing power among the community often results in PMT being used as the primary food source rather than a supplement, contrary to the program's original intent.



Figure 4. Discussion between cadres and mothers of toddlers
(Source: Posyandu cadres in Warudoyong Subdistrict)

The image shows that nutrition education by cadres at residents' homes is part of the PMT program at the community level. It reflects mothers' participation, though some still lack awareness of healthy food. The simple setting highlights economic limitations, while government support exists, cross-sectoral roles still need strengthening. Overall, social, economic, and political factors play a key role in the program's success beyond technical implementation.

5. CONCLUSION

Based on field findings, the implementation of the Supplementary Feeding Program (PMT) in Warudoyong Subdistrict has been running quite well and in accordance with national guidelines. The program's objectives and targets are clear, and the implementers show a high level of commitment. However, challenges remain in the form of budget constraints, inadequate community understanding, and technical coordination gaps. Additionally, the success of the PMT program is significantly influenced by the limited socio-economic conditions of the community. Many families rely on PMT as their primary food source due to limited purchasing power, so the program's objective as a supplementary food source has not been fully achieved. Therefore, additional interventions are needed, such as improving access to affordable nutritious food, as well as cross-sectoral program support, such as improving sanitation and strengthening Posyandu. The commitment of local governments to allocate special budgets and implement policies that support the integration of nutrition programs with poverty alleviation is a key factor in significantly reducing stunting rates in this region. To refine policies, there is a need to strengthen nutrition education for the community, provide ongoing training for health workers, and enhance cross-sectoral support. Local governments are also advised not to focus solely on PMT distribution but to promote changes in community nutrition behavior through a more integrated, sustainable, and community-based approach.

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