

Implementation of the Supplementary Feeding Program for Toddlers Experiencing Stunting

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Received: 06 May 2025; Revised: 17 May 2025; Accepted: 20 May 2025

Abstract

Stunting is a chronic nutritional disorder resulting from prolonged inadequate nutrient intake, leading to impaired physical growth, delayed cognitive and motor development, and increased risk of metabolic disorders in children. Addressing stunting is a public health priority in Indonesia, particularly in rural areas where food security and health services are often limited. This study aims to describe and analyze the implementation of the Supplementary Feeding Program (SFP) for stunted toddlers in Lalukoen Village. Using a qualitative research method with a descriptive approach, data were collected through interviews, observations, and documentation. The findings reveal that the SFP implementation in Lalukoen Village has been largely ineffective. Key challenges include minimal parental involvement during socialization, as nutritionists did not adequately engage or educate families. Additionally, the low participation of community health cadres, misalignment between the food and the children's nutritional needs, limited program budgets, and the absence of food processing infrastructure provided by the village government further constrained program effectiveness. This study highlights the urgent need to improve community-based nutrition interventions through inclusive engagement strategies, particularly by actively involving parents in early program planning and implementation stages. Furthermore, strengthening logistical and infrastructure support, especially for food preparation and distribution, is essential to improving outcomes. The research contributes to the discourse on local public health governance by offering practical recommendations for enhancing the effectiveness of stunting prevention programs in rural settings, with broader implications for policy and program design in similar contexts.

Keywords:

implementation; stunting; supplementary feeding program; village government

Introduction

Health is a fundamental need that must be fulfilled for every individual, family, and society, serving as a crucial asset in the development process toward a better future. Health is a human right and a critical element of welfare that must be realized (Massie, 2012). A common health issue in developing countries is the problem of malnutrition among toddlers. Childhood is a phase frequently plagued by malnutrition, with stunting being one of the most prevalent issues among toddlers (Martony, 2023). In Indonesia, stunting in toddlers has become a significant concern for the government, making it one of the strategic issues prioritised in national health development for 2020–2024. If left untreated or unprevented, stunting can lead to growth failure, cognitive and motor development delays, suboptimal physical body size, and metabolic disorders (Pah et al., 2023; Pradana, Ngurah, et al., 2024). Stunting can also result in decreased intellectual capacity, permanent structural and functional brain damage,

and reduced ability to learn during school years, affecting productivity in adulthood (Khoiriyah & Ismarwati, 2023).

Lalukoen Village is one of the villages in the Southwest Rote District, Rote Ndao Regency, experiencing a significant increase in the number of toddlers with stunting compared to other villages in the district. Table 1 shows the distribution of stunting cases by village, with Lalukoen recording a consistent upward trend over the past five years. It indicates a pressing need for focused government intervention and highlights the urgency of evaluating existing programs.

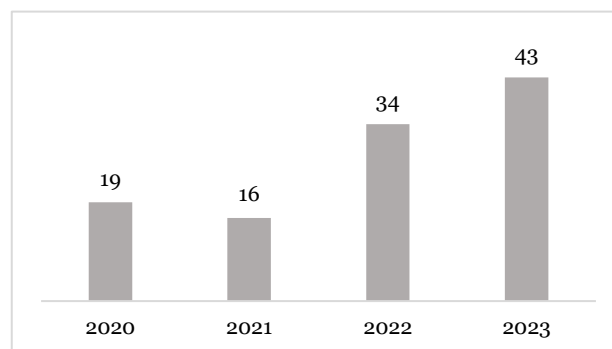
Table 1. Number of stunted children per village in the Southwest Rote District.

No	Village	Number of Stunting Toddlers				
		2019	2020	2021	2022	2023
1	Oeseli	6	22	13	39	38
2	Oebou	1	12	12	42	35
3	Lalukoen	7	19	16	34	43
4	Oetefui	13	4	16	25	18
5	Oehandia	19	15	11	38	30
6	Meoain	14	8	6	23	22
7	Oebafok	15	17	25	33	37
8	Batutua	24	20	21	41	45
9	Dolasi	25	17	9	35	31
10	Lekik	12	0	3	12	9
11	Oebatu	4	16	32	41	29
12	Mbokak	2	4	14	30	22
13	Oelasin	14	15	13	48	40
14	Landu	7	8	10	14	7
15	Sakubatun	5	13	22	16	14
16	Lentera	12	13	18	40	36
17	Sangga Ndolu	4	3	1	13	11
18	Fuafuni	11	7	8	38	31
19	Dalek Esa	14	11	14	35	28

Source: Rote Ndao District Health Office, 2019-2023

To address this issue, the government has introduced the Supplemental Feeding Program (SFP) as part of the national strategy to reduce stunting, guided by Presidential Regulation No. 72 of 2021 and the Ministry of Health Regulation No. 39 of 2016. However, the persistent rise in stunting cases in Lalukoen Village despite the presence of the SFP since 2017 raises concerns regarding the effectiveness of the program's implementation at the local level.

Figure 1. Number of stunted children in Lalukoen Village after the target setting



Source: Village Head of Lalukoen, 2024

Figure 1 illustrates the post-target-setting trajectory of stunting in the village, with a steep increase from 16 children in 2021 to 43 in 2023. It suggests that the intended impact of the SFP has not materialised as expected, prompting critical reflection on its practical application. Various factors, such as inadequate nutritional fulfilment, maternal nutrition behaviour during pregnancy, and weak program delivery mechanisms, may explain this anomaly (Martony, 2023).

Against this background, the present study aims to describe and analyse how the Supplemental Feeding Program for toddlers with stunting is implemented in Lalukoen Village. Beyond a descriptive account, this study seeks to generate insights to help identify the specific operational, behavioural, and institutional bottlenecks hindering program effectiveness. The study intends to offer empirical input to inform improvements in program design, resource allocation, inter-stakeholder communication, and local government support mechanisms by uncovering these underlying challenges. In addition, this study is expected to contribute to refining public health strategies at the village level by illuminating how national programs like the SFP are translated into action on the ground. Understanding how parental involvement, cadre participation, nutritional adequacy of food provided, and budget sufficiency affect program implementation will be instrumental in producing more adaptive and responsive policy interventions.

Several previous studies have explored the implementation of supplementary feeding programs to improve the nutritional status of toddlers suffering from undernutrition and stunting. For instance, research conducted by Goulart et al. (2009) and Putri and Mahmudiono (2020) on the Supplemental Feeding Recovery Program (SFR-P) highlighted various findings that are relevant to the present study. Their research revealed that, while established policies had implemented the SFR-P and were generally understood by both implementers and target groups, several problems persisted. These included the absence of financial support for program personnel, suboptimal involvement of healthcare workers, weaknesses in assessing dietary patterns, and misalignment between food distribution timing and child feeding schedules. Moreover, the monitoring and evaluation aspects of the program remained inadequate, with limited documentation and reporting by mothers, cadres, and midwives.

While these earlier studies provide valuable empirical descriptions, they focus predominantly on technical outputs and operational compliance. As a result, they often overlook the broader institutional, behavioural, and contextual factors that shape how such programs are implemented at the grassroots level. In contrast, this research seeks to go beyond surface-level observations to explore how the interaction of various institutional dynamics, community behaviours, and resource configurations affects the practical realisation of the program's objectives. In particular, it investigates the case of Lalukoen Village—a locality where stunting has increased significantly despite the ongoing implementation of the Supplementary Feeding Program (SFP) since 2017.

By examining this anomaly, the present study aims to generate more nuanced insights into the barriers and enablers of effective policy implementation. It is not merely concerned with identifying whether or not the program is executed in line with formal guidelines; instead, it seeks to uncover the reasons behind the program's limited impact, asking what institutional blind spots, behavioural misalignments, or environmental pressures may have undermined its success. In doing so, the study expects to contribute empirical evidence useful for technical improvements and informing more adaptive, context-sensitive policy design. The findings are expected to provide actionable input for various stakeholders, including local governments,

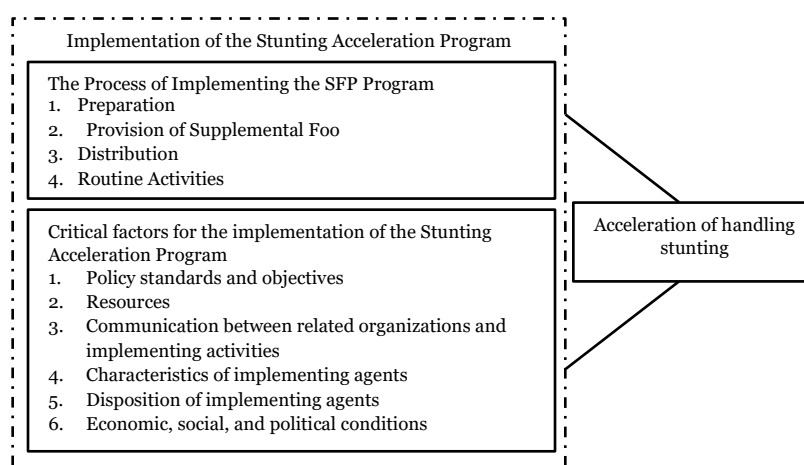
health departments, and community organisations, by offering an in-depth understanding of the implementation landscape and identifying specific areas for reform.

To guide this analysis, the study adopts the policy implementation model developed by Van Meter and Van Horn (1975), which offers a robust analytical framework for evaluating the success or failure of public policy implementation. This model identifies six interrelated variables that collectively shape implementation outcomes: policy standards and objectives, resources, inter-organisational communication and enforcement activities, characteristics of implementing agencies, the disposition of implementers, and the broader economic, social, and political environment. This framework allows for a multidimensional analysis of the SFP, enabling the researcher to assess the presence or absence of implementation activities and the quality and coherence of the underlying systems that support those activities.

By applying this theoretical lens, the research examines how these variables manifest in the context of Lalukoen Village and how they interact to produce the observed results. For instance, a lack of parental involvement during program socialisation may point to failures in communication and coordination. At the same time, budget constraints in the face of rising food prices may highlight weaknesses in resource planning and fiscal responsiveness. Similarly, the limited availability of cooking infrastructure and the uneven commitment among program implementers may reveal structural and motivational gaps within the implementing agency (Grindle, 2017b; Kabnani et al., 2024). In this way, the study positions itself not only as a descriptive case study but also as a critical inquiry into the institutional logic of policy execution at the local level.

Ultimately, the insights generated from this study are intended to support the development of more effective, participatory, and sustainable approaches to tackling stunting through supplementary feeding interventions. By illuminating the underlying dynamics that shape program performance, the research aims to inform future improvements in program strategy and policy architecture, thereby contributing meaningfully to the literature on policy implementation and public health governance in developing regions.

Figure 2. Research framework



Source: Authors' construct, 2024

Method

This study employed a qualitative research method with a descriptive approach. The method is based on postpositivist philosophy and investigates natural objects, with the researcher as the vital instrument. Data collection techniques are conducted through

triangulation (a combination of methods), data analysis is inductive/qualitative, and the results of qualitative research emphasize meaning over generalization (Bungin, 2021).

The research will be conducted in Lalukoen Village, Southwest Rote District, Rote Ndao Regency. The researcher chose this location because of prior observations made during the pre-research phase, during which the researcher analyzed the phenomena that are the focus of the current study. Additionally, the location is easily accessible, allowing for smooth research operations. This study used primary and secondary data. The data collection techniques include observation, interviews, and documentation. Data analysis involves data reduction, presentation, and conclusion drawing.

This research utilizes informants with extensive information and data about the studied issues and objects. The selection of informants is based on the consideration that the chosen informants understand and are connected to the problems and phenomena being researched, referred to as key informants. Key informants are selected purposively (Creswell, 2019). The selected vital informants are knowledgeable, understand, and are directly involved with the research topic.

Table 2. Research informants

No	Category	Total	Rationale
1	Village Head	1	The village head is a local leader who oversees various village programs and has direct access to data and information related to them.
2	Nutrition officer	1	Nutrition officers have special knowledge and expertise in nutrition and are directly involved in program implementation.
3	Integrated service post cadres	5	The cadets are directly involved in program implementation and have close relationships with the community and beneficiaries.
4	People who have toddlers	8	Parents of toddlers are direct beneficiaries of the program and can provide information about its impact on their children's health and nutrition.
Total		15	

This research does not extend beyond the intended scope; therefore, it is limited to discussing the implementation of the SFP program for accelerating stunting management and the critical factors influencing the implementation of the SFP program in Lalukoen Village.

Results and Discussion

This section provides a deeper analytical understanding of the multidimensional factors influencing the implementation of the Supplemental Feeding Program (SFP) in Lalukoen Village, Southwest Rote District, Rote Ndao Regency. The program is part of a broader national policy response to stunting and malnutrition, aiming to provide nutritious, high-protein food to targeted vulnerable groups, including toddlers, pregnant women, and breastfeeding mothers. The findings presented here do not merely describe operational steps but are interpreted through multiple theoretical lenses—namely Van Meter and Van Horn (1975), Grindle (2017a), Hood and Gunn (1985), and Sabatier and Mazmanian (1980)—to strengthen the analytical depth and policy relevance of the discussion. The initial phase of the SFP focused on preparation activities, including program socialisation, cadre training, and logistical planning for food distribution. While these actions are essential in operational terms, their effectiveness must be evaluated in light of broader institutional frameworks. As noted by Ms. PA in her interview on March 26, 2024, the socialisation efforts began promptly; however,

they failed to include the parents of the toddlers, one of the key stakeholder groups. EH's observation confirms this gap, indicating a serious deficiency in participatory mechanisms.

This deficiency can be interpreted using Van Meter and Van Horn's framework, where weak communication among implementers and a lack of engagement with target groups hinder the translation of policy into effective action. Additionally, drawing on Hood and Gunn's argument about the "perfect implementation" model, this lack of inclusion reflects a structural flaw in policy executability—namely, the failure to align policy design with implementational feasibility and ground-level realities. A policy may be clear and well-resourced, but without ensuring access to those directly affected, its execution remains fragile (Pradana, Wijayanti, et al., 2024). Moreover, this scenario reflects what Sabatier and Mazmanian refer to as an issue of "tractability of the problem and clarity of objectives." While the overarching goal of reducing stunting is clear, the means of achieving it—through parent education, nutritional behaviour change, and long-term community participation—are inherently complex and context-dependent. The failure to incorporate community members into the early stages of program planning underestimates this complexity, thus diminishing the program's transformative potential (Tummers et al., 2011).

According to Grindle (2017), policy implementation in developing contexts is inevitably influenced by the negotiation between political actors, the availability of resources, and bureaucratic constraints. In Lalukoen, the absence of parental participation undermines program legitimacy and weakens the "content" and "context" components that Grindle sees as pivotal to implementation success. The 'content'—in this case, nutrition education—is not fully absorbed due to socialisation gaps, while the 'context'—community norms and parental roles—is not sufficiently leveraged. These observations suggest that improving the SFP requires reconfiguring the early-stage engagement mechanisms, shifting from top-down dissemination to collaborative planning. Parents must not be passive recipients but active partners in implementing the program. This approach would increase behavioural compliance and foster ownership, consistent with what Sabatier and Mazmanian term "implementer commitment"—a core determinant of success (Subarsono, 2016).

The training of implementers—particularly health cadres—emerged as a critical component of the SFP's operational framework in Lalukoen Village. The program's structured five-day cooking trials, followed by annual refreshment training, ensured cadres were equipped with technical cooking skills and familiarised with the nutritional standards mandated by the Ministry of Health. Informants RM and DM described how these trainings emphasized hands-on learning, local ingredient utilization, and practical menu adjustments based on available food sources. Such training efforts, while commendable, must be critically assessed through the lens of policy implementation theory. This finding's importance can be connected to Resource Dependency Theory, which suggests that organizations rely on resources—both human and material—to ensure success (Chen & Chen, 2013). In this case, cadre training and the use of local resources helped the SFP operate efficiently and sustainably. By equipping cadres with practical skills and relying on local ingredients, the program not only ensured that nutritious meals were prepared but also that they were culturally acceptable and accessible to the community.

Van Meter and Van Horn's model highlights resources as one of the six core variables influencing implementation effectiveness. In this case, human resources in the form of trained cadres represent a foundational asset. However, Hood and Gunn (1986) warn that poor coordination, unclear role definitions, or a lack of feedback loops can undermine their effectiveness even where trained personnel exist. While training was delivered, the absence of structured mechanisms to evaluate cadre performance and link it with community feedback

points to a missed opportunity for quality assurance and adaptive improvement (Kabnani et al., 2024). Grindle's (2017) emphasis on 'bureaucratic capability' and 'managerial discretion' is also highly relevant. While the SFP implementers in Lalukoen show commitment, the decentralized nature of training supervision, where village-level actors operate without continuous oversight, has created inconsistency in how standards are applied. In some cases, the discrepancy between training content and actual delivery demonstrates the limits of 'rule-based compliance' in loosely coupled systems, echoing Hood and Gunn's caution about fragmented authority. Furthermore, the strategic use of local resources—such as moringa leaves, tofu, mung beans, and locally sourced chicken and fish—contributed significantly to the program's contextual adaptation and acceptability. This localization reflects a strong alignment with the 'implement ability conditions' described by Sabatier and Mazmanian, particularly the variable of "socioeconomic conditions that facilitate behavioral change." Local food familiarity supports cultural resonance, increasing community acceptance and reducing intervention resistance (Suratri et al., 2023).

The Health Belief Model (HBM) supports this emphasis on culturally relevant, nutrient-rich food. This model explains that individuals are more likely to participate in health-related behaviors when they believe the intervention will yield positive health outcomes (Carico et al., 2021). In this context, the community's acceptance of the food provided can be seen as an outcome of their belief in the benefits of nutritious meals, further reinforcing the importance of cultural relevance in public health interventions. However, while this alignment appears promising on the surface, it still falls short in leveraging broader stakeholder participation, such as involving local farmers or food suppliers in a sustainable procurement system. From Grindle's perspective, this represents an 'underutilized' political and administrative space' where resource mobilization could be optimized. Local resource usage must be seen as a cost-saving adaptation and a deliberate strategy for enhancing inter-sectoral linkages, food sovereignty, and long-term policy legitimacy.

Thus, while the training and food preparation aspects of the SFP in Lalukoen show several strengths, including community-based adaptation and nutritional alignment, there remains an analytical gap in how these processes are institutionalized, supervised, and integrated into the broader village health governance framework. Drawing insights from these multi-theoretical perspectives enables a richer understanding of how seemingly technical dimensions like training and ingredient selection are inherently political and administrative decisions that profoundly shape program outcomes (Agustino, 2016). A crucial element in the success of the SFP in Lalukoen Village was the program's emphasis on ensuring the nutritional adequacy and hygienic quality of the food provided. According to PA and IS, the portion sizes were determined based on pre-intervention assessments, aiming to align with the nutritional needs of toddlers. Moreover, strict hygiene protocols during food preparation were enforced by cadres, as emphasised by NT and OM, ensuring the safety and freshness of the meals distributed. This commitment to quality significantly contributed to observed health improvements among beneficiaries, particularly weight gain and increased energy levels.

The consistent application of standards in the SFP program aligns with the Theory of Standards and Accountability in Public Policy. According to this theory, adherence to set standards—such as ensuring appropriate portion sizes and maintaining hygiene—ensures program quality and accountability (Negash & Hassan, 2024). In the case of the SFP, these standards were crucial in maintaining the program's integrity and achieving its nutritional objectives. Theoretically, this highlights the role of clearly articulated standards in program implementation. Van Meter and Van Horn's model emphasises policy standards and objectives. In the case of the SFP, adherence to nutritional guidelines issued by the Ministry of

Health reflects a top-down standard-setting mechanism. However, according to Hood and Gunn (1985), setting standards is only one aspect of effective implementation; achieving those standards requires precisely aligning operational mechanisms, resource availability, and accountability structures.

This becomes evident when considering that, despite standardised portioning protocols, implementation discrepancies occurred in certain hamlets due to differences in cadre interpretation and available infrastructure. Such gaps reveal what Hood and Gunn term "distance between decision and delivery," wherein central policy intentions become distorted or diluted through layers of operational reality. Although emphasised, food hygiene was sometimes compromised due to a lack of clean water or inadequate utensils, structural constraints that are not addressed by standards alone (Hidayat & Erlyn, 2021).

Sabatier and Mazmanian's model provides further nuance by stressing the importance of "clear and consistent objectives," "adequate causal theory," and "commitment of implementing officials." The SFP's nutritional framework fits well within these criteria; however, the success of these standards is conditional upon the capacity of local agents to interpret and apply them faithfully. When cadres lack technical guidance or context-specific adaptation is not supported by the policy design, implementation fidelity is inevitably compromised. Moreover, the program's adaptability in food distribution emerged as both a strength and a challenge. Initially reliant on centralised distribution points, the SFP adopted a decentralised model, including home deliveries, to serve dispersed households better. This shift improved accessibility for parents, particularly those unable to travel long distances. From Grindle's perspective, this reflects a responsive adjustment to "political and administrative context," where local adaptations to logistical constraints enable policy survival and relevance.

However, this decentralisation also introduced inconsistencies in delivery schedules and monitoring. Hood and Gunn would characterise this as a coordination risk, where the absence of robust communication protocols between central and peripheral implementers increases the likelihood of implementation slippage. This condition is aggravated by limited real-time oversight mechanisms, leading to uneven service provision across neighbourhood clusters. In sum, while the SFP demonstrates a strong commitment to nutritional and operational standards, its practical effectiveness is shaped by how well they are internalised, localised, and enforced. Integrating food hygiene, nutritional portioning, and decentralised delivery mechanisms shows responsiveness. However, fragmentation, resource gaps, and inadequate procedural uniformity indicate that adaptive, context-sensitive governance frameworks must complement formal policy designs. Theoretical contributions from Hood and Gunn, Sabatier, and Mazmanian allow for a deeper diagnosis of these multi-layered gaps between policy design and street-level delivery, reinforcing the argument that implementation is not merely technical, but deeply institutional and behavioural.

Evaluating the characteristics and disposition of the implementing actors is critical to understanding the implementation of the Supplemental Feeding Program (SFP) in Lalukoen Village. As NT emphasised, the commitment, competence, and experience of the program's cadres and nutrition officers played a vital role in the SFP's operational success. Their practical knowledge in food preparation, ability to interact with the community, and responsiveness to on-ground challenges created a foundation of trust between the implementers and beneficiaries. Van Meter and Van Horn identify the characteristics and disposition of implementers as pivotal variables in policy implementation. In this study, these elements manifested through cadres' motivation to sustain the program despite budget limitations and facility constraints. However, Sabatier and Mazmanian argue that implementer commitment

alone is insufficient unless it is backed by continuous institutional support, technical guidance, and clear procedural frameworks. Indeed, while many cadres demonstrated strong personal commitment, the absence of structured supervision mechanisms limited the sustainability of these efforts over time.

Hood and Gunn (1986) offer a complementary perspective by cautioning against over-reliance on individual goodwill in policy execution. They assert that successful implementation cannot rely solely on personnel quality but requires well-designed institutional systems that reduce ambiguity and enhance accountability. In Lalukoen, the performance of implementers was frequently shaped by informal norms and discretionary decision-making, which, while useful in solving immediate problems, exposed the program to inconsistencies and undermined replicability. Resource availability, particularly financial resources, further influenced implementation outcomes. With a reported budget of IDR 102,950,000, the SFP was intended to meet the needs of both stunted and non-stunted children. However, as noted by NT, the increasing cost of food, exacerbated by inflation and market volatility, created frequent budget shortfalls. It challenged the program's ability to maintain food quality and quantity, requiring cadres to improvise and reallocate items to ensure minimum service delivery. This challenge is consistent with Resource Allocation Theory, which emphasizes the importance of adequate funding in ensuring the sustainability of public programs (Harrison & Wagner, 2016). Despite financial limitations, the SFP managed to continue its operations through efficient resource management and the commitment of the implementers.

Grindle (2017) would categorise this as a classic tension between "policy intentions" and "implementation capacities." Even where political support and administration will exist, the realisation of policy goals is contingent on resource alignment and institutional flexibility. The SFP's experience shows that fixed budgets without adaptive financing mechanisms can fatigue implementation and compromise outcome integrity. Coordination among stakeholders—particularly between the village government, health centre officials, and field-level cadres—was another vital element. As Ronald Haning reported, such coordination ensured clarity of roles, reduced duplication, and promoted smoother operations. However, the absence of a formalised coordination platform (e.g., regular inter-sectoral meetings or joint monitoring) limited the institutionalisation of collaboration (Emerson et al., 2012).

This reflects Stakeholder Theory, which suggests that the involvement and cooperation of multiple stakeholders are necessary for achieving program goals (Bridoux & Stoelhorst, 2022). The successful implementation of the SFP was partly due to the collaboration between these stakeholders, each contributing to the program's success through clear communication and shared responsibilities. Hood and Gunn's view of implementation as an interdependence problem is relevant here. They argue that policy success depends not only on internal capacity but also on the strength of horizontal and vertical linkages across institutions. In Lalukoen, the lack of synchronised planning and information-sharing across stakeholders' points to a weak governance infrastructure, even where personal relationships between actors remain strong. Sabatier and Mazmanian emphasise that policy implementation is a function of actor consensus and inter-organisational alignment. In cases where actors share the same normative commitments but operate under different administrative logics or timelines, the fragmentation of effort is almost inevitable. For the SFP in Lalukoen, while all parties shared the intent to combat stunting, the mechanisms for achieving this goal were not consistently coordinated, leading to gaps in delivery and evaluation.

In short, the success of the SFP in Lalukoen cannot be fully understood without acknowledging the dual importance of implementer agency and systemic institutional design. While dedicated cadres and local leaders were instrumental, structural limitations in

budgeting, coordination, and oversight often undermined their efforts. Applying complementary theoretical lenses from Van Meter and Van Horn, Grindle, Hood and Gunn, and Sabatier and Mazmanian provides a layered understanding of how micro-level commitment interacts with macro-level policy frameworks to shape implementation realities. The comprehensive analysis of the implementation of the Supplemental Feeding Program (SFP) in Lalukoen Village reveals that policy success is a product of multiple interacting factors, ranging from clarity of objectives and resource adequacy to the alignment of stakeholders and the commitment of implementing actors. While the surface-level indicators may suggest that the program was functional, a deeper interrogation using multiple policy implementation theories exposes the strengths and systemic vulnerabilities embedded within the program.

The analytical lens of Van Meter and Van Horn helped structure the examination around six core variables, standards and objectives, resources, communication, implementing agent characteristics, dispositions, and environmental conditions. This framework identified several operational gaps, such as unclear role divisions, partial engagement of beneficiaries, and inadequate budget responsiveness. These gaps show how variations in even one of the six variables can cascade into diminished policy effectiveness. Grindle's (2017) contribution sharpened this view by distinguishing between content and context in implementation. While the SFP's content—providing nutrition to vulnerable groups—was broadly aligned with national priorities, the contextual factors of Lalukoen (geographic remoteness, fluctuating food prices, varying levels of cadre capacity) often constrained the realisation of this content. Grindle also highlighted how discretion exercised by street-level implementers, though valuable, becomes problematic without clear support systems.

Hood and Gunn's perspectives (1986) further enriched the analysis by bringing attention to the feasibility of “perfect implementation.” In the case of Lalukoen, the policy was not flawed in design but suffered from distance between decision-making and delivery, limited control over external variables, and overly optimistic assumptions about administrative coordination. Their view that implementation must be designed with imperfection validates the findings, where logistical improvisation and informal mechanisms compensated for structural gaps. Meanwhile, Sabatier and Mazmanian's (1980) theoretical propositions emphasised tractability, clarity of causal mechanisms, and implementer commitment. The SFP partially met these, particularly regarding implementer motivation and policy clarity. However, the tractability of stunting as a complex, multifactorial issue was underestimated. Behavioural change in nutrition is not a simple administrative task; it requires community belief systems, parental knowledge, and long-term engagement.

These four perspectives converge on one central insight: effective policy implementation in contexts like Lalukoen requires a dynamic, adaptive system beyond procedural compliance. The SFP's challenges cannot be resolved through standard operating procedures alone. They demand a more embedded governance approach that prioritises local participation, fosters horizontal collaboration, adapts budgeting to real-time needs, and institutionalises feedback mechanisms from the ground up. This research, therefore, not only diagnoses the current state of the SFP in Lalukoen but also contributes conceptually by demonstrating how a layered theoretical approach reveals the underlying complexities of policy execution in peripheral regions. It advocates for policy frameworks that are less technocratic and more relational, recognising the interplay between structure, agency, and context in shaping implementation outcomes. The implication for policymakers is clear: addressing stunting through feeding programs requires more than nutrition science—it requires robust implementation science. Future policy iterations should build capacity among

implementers and local governments, community leaders, and families. Moreover, integrating adaptive planning cycles, flexible budgeting mechanisms, and participatory monitoring systems can transform a static nutrition intervention into a dynamic, sustainable development instrument.

Conclusion

This study directly addresses the effectiveness of the Supplementary Feeding Program (SFP) in Lalukoen Village and finds that, while generally effective, several critical areas require improvement to maximize its impact. Key issues include limited parental involvement due to inadequate socialization, suboptimal portion control in food distribution, insufficient budget planning in response to food price fluctuations, and the absence of dedicated supporting infrastructure. These challenges hinder both the sustainability and nutritional effectiveness of the program. To address them, active engagement of parents in program socialization by health centers, particularly nutrition officers, is essential, alongside more responsive budget allocations by village governments that account for inflation and strategic investment in program infrastructure such as communal kitchens and standardized cooking equipment. Future research should adopt a comparative approach by evaluating similar feeding programs in rural contexts to identify best practices, assess long-term nutritional outcomes, and explore the role of community engagement in sustaining child-focused public health interventions.

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