UNIBRAH : Journal of Education, Social, and Humanities Studies
Volume 1 Number 1, July (2026) | Hal 20-33
DOI:

IMPLEMENTATION OF THE STUNTING CONTROL ACCELERATION PROGRAM IN TIDORE MUNICIPALITY

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Article History

Submitted: 15 July 2026
Revised: 28 July 2026
Accepted: 29 July 2026
Published: 29 July 2026

Keywords:

Stunting, Public Policy, Healthy Echo, Tidore Municipality

Abstract

This research is motivated by the significant success of Tidore Islands City in reducing its stunting prevalence from 25.15% to 19.1% based on the 2022 Indonesian Nutrition Status Study (SSGI). This study aims to analyze the strategies and policy innovations implemented in accelerating stunting reduction in the region. Employing a qualitative descriptive method, informants were selected purposively to ensure comprehensive data acquisition. Data sources comprised primary and secondary data, gathered through in-depth interviews, direct observation, and documentation. Data validity was verified using source and technical triangulation, while data analysis followed the Miles and Huberman model, encompassing data reduction, data display, and conclusion drawing. The results demonstrate that the acceleration of stunting reduction was achieved through two critical approaches. First, regulatory strengthening via Mayor Regulation Number 45.2 of 2022 concerning the Stunting Reduction Acceleration Team, complemented by the precision mapping of stunting focus locations (*locus*). Second, the institutionalization of policy innovation through the "Healthy Community Care Movement" (Gema Sehat), which actively integrates governmental roles with civil society initiatives. In conclusion, robust regulatory collaboration and community-based policy innovation serve as the primary drivers for successful stunting reduction in Tidore Municipality.

INTRODUCTION

Fulfilling nutrition in children is one of the crucial factors in ensuring optimal growth and development and brain intelligence. Childhood is an important period in the formation of brain structure and the development of all organs of the body, especially during the first 1,000 days of life. Nutrition coverage during this time will have a long-term impact on children's health and future (Aura Queen, 2025) .

Malnutrition during childhood growth and development will hinder physical development, increase pain, hinder children's mental development, and even cause death (Febiola et al., 2021). Toddlers who experience stunted nutrition problems have a risk of decreased intellectual skills, productivity, and a possible risk of developing degenerative diseases in the future (Sunaryo et al., 2022).Stunting is a significant health problem in Indonesia, characterized by the condition of failure to grow in children under five due to chronic malnutrition, recurrent infections, and inadequate psychosocial stimulation (Chaeriah, 2024). This condition not only affects the physical growth of children, but also impacts cognitive development, which in turn can decrease productivity in adulthood. According to data from the 2021 Indonesian Nutrition Status Study (SSGI), the prevalence of stunting in Indonesia reached 21.6% (Fatkhiyah et al., 2022).

In North Maluku Province, the prevalence of stunting shows a higher figure than the national average. In 2019, the prevalence of stunting in this province reached 27.6%. Despite a decrease compared to the previous five years which reached 37%, this figure is still far above the national target of 14% by 2024. The latest data shows that in 2021, the prevalence of stunting in North Maluku decreased slightly to 27.5% (Maria et al., 2020). In particular, Tidore City of the Islands has experienced

a decrease in stunting rates by 2.8%, just like Ternate City and Morotai Regency have experienced fluctuations in prevalence rates in the last three years, had decreased in 2022, then increased again (Hasan & Rahman, 2024).

This achievement shows the successful implementation of stunting prevention policies at the city level. The Indonesian government has set an ambitious target to reduce the prevalence of stunting to 14% by 2024. To achieve this target, various policies and programs have been launched, including supplementary feeding for pregnant women and toddlers, nutritional supplementation, and education on parenting and environmental health. However, the implementation of this policy faces various challenges, especially in areas with limited access and minimal resources.

The implementation of stunting control policies in Tidore Islands City is an interesting example to be researched. The success of this city in reducing the stunting rate even though the drop has not been so drastic, the government has shown an effective strategy and approach. Research on the factors that support this success can provide valuable insights for other regions that are still struggling with high stunting rates. One of the key factors in tackling stunting is coordination between sectors (Ngambut et al., 2025). The collaboration shows that cooperation between the health, education, and other related agencies plays an important role in the implementation of stunting reduction policies in Tidore Islands City (Sunaryo et al., 2022). This kind of coordination ensures that the interventions carried out are comprehensive and mutually supportive.

Success in reducing stunting rates can be caused by several factors, such as the commitment of local governments, the effectiveness of intervention programs, and active community participation. However, more research is needed to identify the specific factors that contribute to such success. This study aims to analyze the implementation of program policies in accelerating stunting control in Tidore Islands City. By understanding the factors that support and hinder policy implementation, it is hoped that it can provide applicable recommendations for local governments and other stakeholders in an effort to reduce the prevalence of stunting.

In addition, this research will also highlight the role of key actors in policy implementation, such as local governments, health workers, and communities. Understanding the roles and interactions between these actors is important to ensure that the policies designed can be implemented effectively and achieve the expected results. In the framework of public administration, policy implementation is a crucial stage that determines the success of a program. Policy implementation theory, such as the George C. Edwards III model (Ferawaty Lamagoa, Febri Dwi P. Badu, Siti Nurfadila Abdul, 2025) Implementing policies is a dynamic process, where there are many factors that interact with each other and affect the implementation of the policy. These factors need to be displayed to know how these factors affect implementation.

To answer this question, Edwards begins by asking the question: what are the conditions necessary for a successful policy implementation. For this reason, Edwards proposed four factors that play an important role in achieving successful implementation. Factors that affect the success or failure of policy implementation are communication, resources, disposition, and bureaucratic structure (Ferawaty Lamagoa, Febri Dwi P. Badu, Siti Nurfadila Abdul, 2025).

According to Edward III in Communication, policy implementation includes several important dimensions, namely: 1). Dimensional information transformation (transition), this transmission requires that public policies be conveyed not only to policy implementers but also to policy target groups and other interested parties both directly and indirectly. 2). The dimension of clarity requires that the policy transmitted to implementers, target groups and other interested parties is clear so that among them they know what the purpose, objectives, objectives, and substance of the public policy are so that each of them will know what must be prepared and implemented to succeed the policy effectively and efficiently. 3) The dimension of consistency is needed so that the policies taken are not confusing so that they confuse policy implementers, target groups and interested parties. Before the official can implement a decision, he must be aware that a decision has been made and an order for implementation has been issued.

Thus, the research will examine the implementation of the stunting eradication policy in Tidore Islands City through the lens of the theory of policy implementation. This analysis is expected to identify the factors that affect the success and obstacles in policy implementation, as well as provide recommendations for future improvements. Based on the above background, the problem formulation

in the form of relevant questions is how to implement the stunting control acceleration program in Tidore Islands City?

METHOD

In this chapter, it will be described in detail about research approaches and methods, the presence of researchers, research locations, data sources, data collection techniques, data analysis techniques, and checking the validity of the data used to analyze strategies and policy innovations to accelerate stunting reduction in Tidore Islands City.

Approaches and Types of Research

This study uses a qualitative approach with a descriptive research type (Firmansyah & Article, 2021). The qualitative approach was chosen because this research aims to understand social phenomena in depth, especially regarding how policies and innovations are implemented by policy actors in the City of Tidore Islands. The nature of qualitative research focuses on the process and meaning from the perspective of key informants directly involved in the stunting reduction acceleration program. The type of descriptive research is used to present a thick description of the real situation in the field, namely related to the formulation of regulatory policies, the determination of the focus location (locus) of stunting villages, and the mechanism of implementing innovations of the "Gema Sehat" movement (Healthy Community Care Movement). Researchers act as key instruments to capture these social realities naturally without the presence of intervention or variable engineering.

Presence of Researchers

In qualitative research, the presence of researchers in the field is absolute. The researcher acts as the main instrument in data collection. The presence of researchers in Tidore Islands City is to interact directly with the informants through in-depth interviews and observe directly (observation) how the Stunting Reduction Acceleration Implementation Team (TPPS) is coordinated and the implementation of Gema Sehat innovation at the grassroots level (village/sub-district).

Research Location

This research was carried out in Tidore Islands City, North Maluku Province. The selection of this location was deliberately given that this area has achieved extraordinary performance in drastically reducing the stunting prevalence rate from 25.15% to 19.1% based on SSGI data in 2022. The focus of observation is directed to the offices of relevant government agencies (Bappeda, Health Office, Community and Village Empowerment Office) as well as several villages/sub-districts that are the focus locations (locus) of stunting handling.

Data Source

The data used in this study consists of two types, namely: Primary data was obtained directly through in-depth interviews with key informants who were deliberately selected (Rijali, 2018). The informants include policy makers within the Tidore Islands City Government (Bappeda, Health Office). The Implementation Team for the Acceleration of Stunting Reduction (TPPS) at the city and village levels. Health cadres and community leaders who drive the innovation of "Gema Sehat". Meanwhile, secondary data was obtained through a study of relevant archival documentation, such as physical documents of Mayor Regulation Number 45.2 of 2022, periodic statistical data on stunting prevalence, health profiles of Tidore Islands City, and other official publication documents.

Data Collection Techniques

In order to obtain comprehensive qualitative data, the data collection techniques applied include three main pillars in the form of in-depth qawan, a semi-structured manner with flexible interview guidelines to explore the in-depth understanding, motives, commitments, and obstacles of key informants (Thalib, 2022). Direct observation, the researcher observed the coordination activities of stunting handling programs, the running of posyandu, and civil society social interaction in the implementation of the

Healthy Community Care Movement (Gema Sehat). Documentation of the collection of legal documents (Perwali), photos of stunting intervention activities in the field, and reports of the annual performance achievements of related agencies.

Data Validity Verification Techniques

To ensure the validity, reliability, and degree of reliability of the qualitative data collected, the researcher uses a triangulation technique (Rahmayati & Prasetiyo, 2022). Triangulation of sources, comparing and rechecking the degree of trust of information obtained from informants in different roles, for example, comparing statements of Health Office officials with statements of Gema Sehat cadres at the village level. Triangulation Technique checks the degree of data reliability using different data collection methods for the same phenomenon, for example verifying the results of interviews regarding regulations by checking physical documents of Mayor Regulation Number 45.2 of 2022 and the results of field observations.

Data Analysis Techniques

The data analysis in this study follows the interactive model of Miles and Huberman, which is carried out in a flowing manner in conjunction with the data collection process (interactive cycle): Data reduction (*Select*, simplify, and transform raw data from interview transcripts and field notes (Solution, 2025). Data that is not relevant to Gema Sehat's regulatory and innovation strategy will be set aside. Data Presentation compiles an organized set of data into the form of narrative text and summary tables to make it easier for researchers to understand policy implementation patterns and plan the next steps of analysis. Conclusion Drawing performs the interpretation of the meaning of the data presented, looks for patterns of relationships between actors, then formulates initial theoretical conclusions that are verified continuously throughout the study until a solid final conclusion is obtained.

RESULTS AND DISCUSSION

Analysis of the implementation of the *stunting* control acceleration program in Tidore Islands City requires an analysis knife that is able to capture the complexity of the policy process from the formulation level to the grassroots level. In public policy studies, the success of a program is not only determined by the quality of the regulations that are born, but also how the policy instruments are transmitted and executed in the field. To dissect these dynamics, this study uses the lens of policy implementation theory formulated by George C. Edwards III.

Communication Dimension

In accordance with Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction, it is necessary to accelerate stunting reduction through specific interventions, sensitive and quality interventions through coordination, synergy and synchronization among Ministries/Institutions, Provincial Regional Governments, Regency/City Regional Governments, Village Governments and other stakeholders. To accelerate the achievement of the national target of stunting prevalence of 14 (fourteen) percent in the National Medium-Term Development Plan for 2020-2024, intervention efforts are implemented for Villages/Urban Villages that have families at risk of stunting, integrated stunting children by 2025.

Based on Presidential Regulation Number 72 of 2021, the Tidore City Government then formalized the program through the Regional Medium-Term Development Plan (RPJMD) document in Tidore Islands City in 2017-2022 with the aim of improving the quality and access to health services and strategies, namely; First, Increasing access to quality basic health services. Second, Improving the availability, distribution, and quality of health human resources in sub-districts that have constraints in affordability. Third, Accelerating the handling of family health, community nutrition, infectious diseases, and environmental health gradually and sustainably by involving the active role of the community. Fourth, Ensuring the certainty of public health through health insurance and cooperation of the parties.

In the context of the stunting reduction program, the Tidore Islands City Government wants to arouse the enthusiasm and concern of the community through the REMBUK Stunting and Prevent Stunting by Picking Up Delivery or (CHATINGAN JELITA). With the hope that the emergence of this innovation can give birth to a solidarity movement from the community to prevent stunting. This movement and public awareness can run collectively in accelerating stunting reduction, so there are several forms of communication that have been carried out by the Stunting Reduction Acceleration Team (TPPS) through socialization activities, both among government agencies (ASN/Employees) and to the people of Tidore Islands City. The following is an excerpt of an interview with Mr. Asma Suleman as a Staff/Health Officer of Tidore Islands City saying:

> "The implementation of the program through communication is as we usually do at the Health Office, there are meetings, there are *monitors*, the standards are there, namely the type of activity is 1000 HPK, Electronic ePPGBM Surveillance Recording of Community-Based Nutrition Reporting), KPM, Stunting Rembuk purchase of PMT but only a few, overcoming nutritional problems. In addition, the stunting programs are socialized or informed at monthly meetings at the Health Office, socialization in the form of WhatshApp *media,* email and off line, as well as during routine activities in stunting prevention such as socializing to prevent stunting with CHATINGAN JELITA and Rembuk Stunting, when forming Community Empowerment Cadres (KPM) are also conveyed to prevent stunting, ". (Interview on Tuesday, March 25, 2026)

Communication in the socialization order regarding stunting has been carried out in various ways, be it through counseling activities, socialization through online media, Media *whatshapp,* email up to *Off line*. The above phrase was also added by Mrs. Rosmini Abd Kadir as a Health Officer/Head of the Galala Health Center of Tidore Islands City said:

> "Stunting is indeed a problem that must be overcome from an early age, that's why we at the village level formed a Community Empowerment Cadre / KPM. Through this KPM, we at the Puskesmas level carry out various socialization to mothers about the importance of nutrition for children and for all of us. Socialization in the form of several activities such as mini workshops, health counseling about stunting to the implementation of posyandu to villages,". (Interview on Tuesday, March 25, 2025)

In relation to the socialization activities of the stunting program in the Tidore Islands City area, the statement of the health officer/head of the health center was justified by Mrs. Norma Ibrahim as a Stunting Toddler Mother in the village of Tidore Islands City said:

> "I have not participated in any kind of training, only officers from the health center came to visit my home, giving directions (socialization) on how to handle children who have indications of stunting. Provide an explanation of the nutritional benefits for children's health and growth. I am also very grateful for the stunting program from the Government, because the benefits are directly obtained, especially if this barrel is a mediocre income. Through the Stunting Snack Team from the Health Center, for basic necessities and providing nutritious additional food,". (Interview on Tuesday, March 25, 2026)

From the results of the interview, it shows that communication between government agencies in Tidore Islands City has been carried out through various activities such as activities during meetings, monitoring and evaluation (monev) and so on and has carried out various socializations of stunting prevention programs in the Tidore Islands City area both at the level of government agencies and the community.

Policy Transmission and Inter-Organizational Communication Flow (Health Office to Health Center)

The successful implementation of Presidential Regulation Number 72 of 2021 which is outlined in the 2017-2022 Tidore Islands City RPJMD is highly dependent on how the instructions are

transmitted consistently at the local bureaucratic level. Based on the findings of the research, this transmission process runs through a dynamic formal and informal communication mechanism within the Tidore Islands City Health Office.

The socialization of the program is carried out in a structured manner through internal monthly meetings, Monitoring and Evaluation (Monev) activities, as well as the use of digital platforms such as WhatsApp and email. The use of multi-channel communication is in line with the theory of Policy Implementation Edward III (1980), which affirms that the clarity and consistency of inter-organizational communication are the main determinants in moving implementing agencies.

The Health Office not only transfers normative information, but also integrates application-based technical data, such as e-PPGBM (Electronic Community-Based Nutrition Recording and Reporting). This data integration proves that there are efforts to strengthen bureaucratic capacity in recognizing intervention targets with precision. However, the digital communication channel (WhatsApp/Email) here acts as a quick (informal) coordination bridge to complement the limitations of formal meeting rooms (monthly Monev), so that the bureaucracy becomes more adaptive and there is less information bottleneck.

Deconcentration of Services and the Role of Street-Level Bureaucrats (Puskesmas to the Community)

When policies shifted from the Health Office to the Health Center, the communication pattern and program approach underwent a transformation from administrative to tactical operational *as Street-Level Bureaucrats* (Madani et al., 2021). Puskesmas play a crucial role because they interact directly with social realities in the field.

The findings of the study show that the Galala Health Center carries out a communication deconcentration strategy through the formation of Community Empowerment Cadres (KPM). This step is a tangible form of social capital activation, especially the bridging type. Posyandu cadres, who are part of the local community, function as agents of change who bridge the medical-academic language of the Puskesmas into a persuasive local language for mothers under five.

Activities such as mini-workshops, integrated counseling, and optimization of Posyandu at the village level show that the communication built is no longer one-way, but has shifted towards participatory communication in development. Through KPM, the community is not positioned as a passive object of policy recipients, but is actively involved as a subject who participates in supervising and educating their own environment.

Interpersonal Communication and Direct Impact on Beneficiaries

The most humane and crucial side of the findings of this study is reflected in the confession of Mrs. Norma Ibrahim, a mother of a toddler indicated to be stunting in Tidore Islands City Village. His admission confirmed the effectiveness of the local government's innovative program, namely "CHATINGAN JELITA" (Prevent Stunting by Picking Up and Serving Delivery) through direct home *visits*.

Theoretically, in Everett Rogers' Innovation Diffusion Theory (Candra, 2022), a person's decision to adopt a new behavior (in this case healthy nutrition parenting) is greatly influenced by interpersonal communication channels, especially for vulnerable economic groups. Home visits by health workers provide a safe, personal, and free dialogue space from institutional intimidation. Approach door-to-door This successfully breaks down physical and psychological distance barriers. For families with limited incomes, transportation barriers often make them reluctant to come to health facilities. This pick-up program succeeded in cutting these structural barriers.

In the concept of Public Policy Analysis, this situation shows the risk of *implementation deficit* if it is not immediately anticipated. Massive education and socialization have succeeded in building awareness among the lower class. However, if this high awareness is not accompanied by the physical

fulfillment of emergency nutritional needs (due to the limitations of PMT), then the effectiveness of the long-term program can be disrupted, and public trust in government programs is at risk of declining.

Therefore, social innovations such as "Rembuk Stunting" must be optimally utilized as a space for cross-sector collaboration (*Collaborative Governance* according to Ansell & Gash's theory). The limited funds of the Health Office for the purchase of PMT must be resolved through budget collaboration (e.g., the use of Village Funds, private sector CSR contributions, or the active involvement of women's empowerment organizations) to ensure the sustainability of nutrition interventions in Tidore Islands City.

Table 1.1 Objectives Scope of Implementation of Acceleration of Stunting Reduction

Targets of Stunting Reduction Activities	Target of stunting reduction activities	Targets for specific nutrition interventions	Targets for sensitive nutrition interventions
a. Targets for specific nutrition interventions; and b. Targets for sensitive nutrition interventions;	a. Targets for specific nutrition interventions; and b. Targets for sensitive nutrition interventions;	a. Pregnant women; b. Breastfeeding mothers and children under 6 months of age; and c. Breastfeeding mothers and children aged 6-23 months d. Young women	the general public, especially the family

Source: Regulation of the Mayor of Tidore Islands Number 45.2 of 2022.

In general, the Communication dimension in the implementation of the countermeasures acceleration program *stunting* in the city of Tidore Islands has been running structurally. However, its effectiveness is still hampered by geographical barriers that affect the speed of data transmission, as well as the lack of technical understanding (clarity) at the grassroots cadre level. To optimize these communication variables, a more grounded communication strategy is needed, such as periodic interactive training for cadres in the Oba mainland and the preparation of concise guides in local languages to minimize policy misinterpretations.

Resource Dimension

According to George Edward III, the second variable that can affect policy implementation is resources. These resources can be in the form of human resources (HR), namely the competence of the implementer and financial or budgetary resources. Resources are an important factor for the policy implementation process so that it can be implemented effectively. Without the resources owned, policies only stay on paper and only remain as documents. Therefore, resources have a very important influence in the process of implementing a policy.

The main resource in policy implementation is the number of human resources owned. One of the failures that often occur in policy implementation is caused by the number of insufficient, adequate, or incompetent human resources in their fields. In the implementation of programs to accelerate stunting control in the Tidore Islands City area, human resources at the Tidore Islands City Health Office are quite adequate. The following is an excerpt of an interview with Mr. Saiful Salim as Acting Head of the Tidore Islands City Health Office (Kadis) saying:

> "Stunting prevention in Tidore City so far, we from the Health Office have also been assisted by several other Regional Apparatus Organizations (OPD) as well, and there is also cooperation with the TNI/Polri to carry out various programs and activities together to prevent stunting in Tidore City," he said. (Interview March 2026).

For resources or the number of human resources/employees of the Tidore City Health Office is quite adequate, the number is 66 employees, namely; Head of Service, Secretary of the Service, Policy Analysis of young experts amounted to 7 people, Sub-General and Personnel amounted to 4 people, Sub-Division of Personnel amounted to 4 people, Health Services Division amounted to 9 people, Disease prevention and control Division amounted to 17 people, Public health sector amounted to 12 people, and Health resources sector 12 people. With details of the qualifications of Strata Two (S2) Education totaling 4 people, Strata One (S1) totaling 46 people, Diploma Three (D3) totaling 14 people, and (Senior High School (SMA) totaling 2 people. The number of our human resources is sufficient to carry out stunting programs, not to mention being supported by health workers at the sub-district level to the village level in Puskesmas in the Tidore City area.

From the results of the interview, it shows that the number of human resources, especially ASN/Employees of the Tidore Islands City Health Office, is sufficient to carry out the program to accelerate stunting control in the Tidore Islands City area. The support of human resources is not only at the Health Office but also human resources/employees at the health center level who always help in implementing stunting programs. In addition, there is resource support from the TNI/Polri apparatus who always work together to organize stunting programs in the Tidore Islands City area.

Furthermore, to financial resources/budgets in the implementation of the stunting program have been well allocated. The budget allocation for accelerating stunting reduction at the Health Office is listed in the Special Allocation Fund for Non-Physical Health Operational Assistance (DAK BOK). The Special Allocation Fund for Health Operational Assistance (BOK) is always budgeted by the Government every year to be able to minimize the stunting rate in the Tidore Islands City area. The following is an excerpt of the interview with Mother Gemala Thamrin, S. Farm Apt as the Head of Health Services at the Tidore Islands City Health Office (DINKES) said:

> "The budget for accelerating stunting control has been allocated every year, always available. It is allocated to the Non-Physical Special Allocation Fund for Health Operational Assistance or commonly abbreviated as DAK BOK. There is every year for example; In 2020, DAK BOK amounted to RP. 1,420,231,000, in 2021 DAK BOK amounted to Rp. 1,943,728,550, and in 2022 DAK BOK amounted to Rp. 7,554,448,150,". (Interview March 2026).

The budget is used for the implementation of programs and activities to accelerate stunting control in the Tidore City area starting from the mainland of Oba, Sofifi, Maitara Island to Tidore Island. From the results of the interview, it shows that in terms of the budget for the implementation of the stunting control acceleration program is quite adequate, the budget for the stunting program is sourced from the Special Allocation Fund for Health Operational Assistance (BOK) which is always allocated by the local government every year with a significant amount, namely the Special Allocation Fund for Health Operational Assistance (BOK) in 2020 amounting to Rp.1,420,231,000. In 2021 it amounted to Rp. 1,943,728,550 and in 2022 it amounted to Rp. 7,554,448,150.

At the village level level, to increase the role of villages, the Tidore Islands City government formulated the Mayor of Tidore Islands policy No. 113.1 of 2024 concerning the Role of Villages/Urban Villages in Integrated Stunting Reduction. The purpose of this policy formulation is a guideline for Villages/Urban Villages in preparing and generating expenditure revenue that is used for the purposes of the stunting reduction acceleration program. In addition, it is also used as a source or reference for the Tidore Islands City Regional Government in fostering and facilitating Villages/Villages. So that the implementation of the stunting reduction acceleration program between the Village/Village government

and the Regional Government runs harmoniously. In the context of the comprehensive stunting reduction acceleration program, the Village Government allocates a budget into the Village Revenue and Expenditure Budget (APBDes) for cross-sectoral interventions. Stunting reduction interventions are integrated through specific nutrition interventions and sensitive nutrition.

Facilities and infrastructure are also very adequate in supporting the implementation of the stunting control acceleration program in the Tidore Islands City area. The facilities and infrastructure owned by the Tidore Islands City Health Office are as follows:

Table 1.2
Facilities and Infrastructure to Support the Implementation of the Stunting Program at the Tidore Islands City Health Office

Number	Types of Facilities and Infrastructure Support	Remarks
1	Ambulance Cars	10 Units
2	Health Promotion Car (Promkes)	1 Unit
3	U S G	10 Units
4	S2IDTK	10 Units
5	Anthropometry kit	152 Units
6	Village Health Post (POSKESDES)	35 Units
7	Auxiliary Health Center (PUSTU)	30 Units
8	Village Health Post (POSKESKEL)	20 Units

Source : Tidore Islands City Health Office, 2025

This shows that the City of Tidore Islands implements a Multi-Actor Resource Empowerment model. The involvement of the TNI/Polri and Puskesmas not only expands the geographical reach of stunting surveillance (especially in sub-districts that have accessibility constraints), but also strengthens the legitimacy and social compliance of the community to stunting prevention programs at the local level. In addition to human factors, financial resources are the main energy that drives the wheels of policy implementation.

Table 1.3. Special Allocation Fund (DAK) for Non-Physical Health Operational Assistance (BOK).

Number	Budget Year	Total DAK BOK Allocation	Percentage Increase (YoY)	Description/Coverage Area
1	**2023**	IDR 1,420,231,000	—	Oba Land, Sofifi, Maitara Island, & Tidore Island
2	**2024**	IDR 1,943,728,550	▲ ~36.8%	Oba Land, Sofifi, Maitara Island, & Tidore Island
3	**2025**	IDR 7,554,448,150	▲ ~288.6%	Oba Land, Sofifi,

	Maitara Island, & Tidore Island

Source: Processed by researchers in 2026

The sharp increase in the budget in 2022 (almost reaching 300% compared to the previous year) indicates a very strong budget political commitment from the central and regional governments after the issuance of Presidential Regulation No. 72 of 2021. Human and Budget Convergence in Responding to Geographical Barriers. The uniqueness of the characteristics of the Tidore Islands City area, which is divided into land (Oba/Sofifi) and islands (Tidore Island and Maitara Island), requires a mature convergence of resources.

A large DAK BOK budget will not have an optimal impact without the distribution of competent human resources to reach these islands. In the perspective of Edwards III's theory, good coordination between the availability of adequate staff (66 civil servants of the Health Office + network of health centers) and financial support that continues to grow (reaching Rp 7.5 billion in 2022) is the main foundation that makes innovative programs such as "CHATINGAN JELITA" and "Rembuk Stunting" concrete. Thus, the geographical barriers of the archipelago in Tidore City can be minimized due to the adequacy of the internal capacity of competent human resources organizations and the support of adequate financial instruments to finance the operation of stunting case outreach directly to residents' homes.

Dimensions of Disposition

Disposition is the disposition and characteristics that implementers have, such as commitment, honesty, and democratic nature. If the implementer has a good disposition, then the implementer will carry out his duties well as desired by the policymaker. When implementers have a different attitude from policy makers, the policy implementation process also becomes ineffective.

The attitude and commitment of ASN/Employees of the Tidore Islands City Health Office in implementing the Stunting program policy is in accordance with their duties and responsibilities in providing various counseling and socialization activities to the community in the Tidore Islands City area. A policy cannot run well and achieve the desired results, if the ASN/implementing employees do not have the attitude and commitment to carry out their duties and responsibilities as policy implementers.

In fact, all ASN/Employees at the Tidore Islands City Health Office have a very good attitude and commitment to implement the policy of the Mayor of Tidore Islands regarding the program to accelerate stunting control in Tidore Islands City. The attitude of ASN/Employees at the Tidore Islands City Health Office is shown in the process of implementing the stunting program to always be serious and enthusiastic in carrying out various activities to reduce the stunting rate in the Tidore City area.

The following is an excerpt of an interview with Mr. Saiful Salim as Acting Head of the Tidore Islands City Health Office (Kadis) saying:

> "Stunting is a social problem in the health aspect, so everyone and the Tidore City government are very serious about accelerating the response. We from the Health Office as the implementer of the program always have good intentions and attitudes and have a commitment to carry out the stunting program in accordance with our duties and responsibilities as the agency responsible for the program. Every implementation of the stunting program in the Tidore City area, we ASN/Health Office employees always have an attitude and commitment to seriously implement the stunting program so that in the future the stunting problem in Tidore City can decrease in number,". (Interview on Tuesday, March 25, 2026)

The same interview excerpt was also conveyed by Mr. Abdurrahman Arsyad as the Chairman of Commission 2 of the Tidore Islands City DPRD from the PDI Perjuangan Faction said:

> "So far, stunting has been tackled by the Health Office, indeed the Health Office employees are very serious and have an attitude and commitment to overcome the stunting problem in Tidore City, the Health Office employees are also serious and serious about implementing the stunting program initiated by the Mayor of Tidore. The stunting program is outlined in the Decree of the Mayor of Tidore Islands Number 45.2 of 2022 concerning the Formation of the Tidore Islands City TPPS Team. Where the team has the task of implementing the stunting program in accordance with Presidential Regulation No.72/2021 concerning the Acceleration of Stunting Reduction,". (Interview on Wednesday, April 09, 2026)

From the results of the interview, it shows that the attitude and commitment of ASN/Employees of the Tidore Islands City Health Office have been very good in implementing the program to accelerate stunting control in the Tidore Islands City area. The Health Office also has the task of managing and being in charge of stunting programs and activities, so that every ASN/Health Office Employee has an attitude as a program implementer to be serious in implementing the stunting prevention acceleration program in Tidore City. In addition to the attitude and commitment that has been made, the Health Office is also part of the Stunting Control Acceleration Team (TPPS) so that it has duties in accordance with the Mayor's Decree No. 45.2 of 2022 concerning the Establishment of the Stunting Reduction Acceleration Implementation Team of Tidore City. The team was formed with the aim of improving coordination including coordination, synchronization and harmonization of program policies and accelerating stunting reduction in Tidore Islands City.

Analysis of the Dimensions of Implementing Disposition in the Implementation of Stunting Reduction Policies in Tidore Islands City

In addition to communication and resource factors, the third dimension that greatly determines the success of policy implementation according to George C. Edwards III (1980) is disposition (*Layout*) or the tendency of the behavior and attitude of the policy implementers. Edwards III emphasized that if the implementers have a positive attitude, a strong commitment, and a seriousness to the policy objectives, it is likely that the policy will be successfully implemented according to the plan, despite the various operational limitations. Based on the findings of research in Tidore Islands City, this dimension of disposition shows very strong and positive indicators at two levels of main actors, namely the executive bureaucracy (Health Office) and the legislative institution (DPRD).

Dimensions of Bureaucratic Structure

According to Edward III, the fourth variable that can affect the success rate of public policy implementation is the bureaucratic structure or in this case the organizational structure of the Tidore Islands City Health Office. Even if the resources to implement a policy are available or the policy implementers know what should be done, and have the desire to implement the policy, it is likely that the policy cannot be implemented or realized because of weaknesses in the organizational structure.

Such complex policies require the cooperation of many people, when the organizational structure is not conducive to the available policies, this will result in ineffective resources and hinder the implementation of policies. ASN/Employees of the Tidore Islands City Health Office as implementers must be able to support the policies that have been decided by coordinating well.

The structure of government organizations has an important influence on the policy implementation process. In this study, the author refers to the organizational structure of the Tidore Islands City Health Office. From the results of the author's observations during the research process, the organizational structure of the Tidore City Health Office is very simple, there is a direct coordination and communication relationship between the Head of the Service and the Secretary of the Service, the Heads of Sub-Sections, the Heads of Fields to the highest level of the UPT (Technical Implementation

Unit. The following is an excerpt of an interview with Mr. Saiful Salim as Acting Head of the Tidore Islands City Health Office (Kadis) saying:

> "For the bureaucratic or organizational structure at the Health Office, it has followed the rules that apply in the Work Procedures for Regional Apparatus Organizations (OPD) of the Tidore Islands City Government. Yes, if you look at it, it must be very simple, there is a line of coordination and communication between the Head of Service and his subordinates. So if for the implementation of the stunting program, immediately the leadership (Mayor) or Head of Departments orders to carry out the stunting program, then structurally all ASN/Health Office Employees are ready to carry out these programs and activities,". (Interview on Tuesday, March 25, 2026).

From the results of the interview, it shows that the bureaucratic structure of the Tidore Islands City Health Office is very simple and in accordance with the provisions that apply to the Regional Apparatus Organization (OPD) in the Tidore Islands City Government as contained in the Regulation of the Mayor of Tidore Islands Number 35 of 2016 concerning the position, organizational structure, duties and functions as well as work procedures of the Tidore Islands City Health Office.

Through a simple bureaucratic structure, of course, the implementation of the stunting program can be carried out well due to the existence of coordination and communication channels between leaders and subordinates. The Regulation of the Mayor of Tidore Islands Number 35 of 2016 explains that the Organizational Structure of the Health Office consists of Head of Service, Secretariat, in charge, General Subdivision and Equipment; Personnel Subdivision; Planning and Finance Subdivision. The Public Health Sector, overseeing; Family Health and Nutrition Section; Health Promotion and Community Empowerment Section; Environmental Health, Occupational Health and Sports Section. Disease Prevention and Control, overseeing; Surveillance and Immunization Section; Infectious Disease Prevention and Control Section; Section for the Prevention and Eradication of Non-Communicable Diseases. The Health Services Sector, overseeing; Primary and Traditional Health Services Section; Referral and Quality Improvement Health Services Section. Health Resources Division, overseeing; Pharmaceutical and Medical Devices Section; Human Resources and Information Section.

The fourth and final dimension in George C. Edwards III's (1980) policy implementation model is the bureaucratic structure. Edwards III stated that even if communication runs smoothly, resources are adequate, and the disposition of implementers is very positive, policy implementation can still be hampered if the bureaucratic structure that oversees it is too complicated, rigid, or *overlapping*. The two main pillars highlighted in this dimension are SOPs (Standard Operating Procedures) and fragmentation/division of organizational structures.

The simple structure in the Tidore Islands City Health Office is not just a practical coincidence, but has a strong formal legal basis, namely the Regulation of the Mayor of Tidore Islands Number 35 of 2016 concerning the Position, Organizational Structure, Duties and Functions and Work Procedures of the Health Office.

In the case of the City of Tidore Islands, the fragmentation was successfully suppressed. Although the handling of stunting involves many aspects (nutrition, sanitation, education, and immunization), Mayor Regulation Number 35 of 2016 integrates all clinical and preventive functions under one umbrella, namely the Health Office, with a clear division of sections.

With this firm division of nomenclature, the potential for overlapping authority between fields within the Health Office can be minimized. Each field has understood its own portion of responsibility, while the Head of Service functions as a structural integrator who maintains synergy between fields in harmony in supporting the stunting reduction acceleration program.

CONCLUSION

Communication Dimension

The process of transmitting stunting policy information in Tidore Islands City runs very effectively through a multi-channel communication approach. At the bureaucratic level (Health Office to Puskesmas), communication runs dynamically in a hybrid manner using formal channels (monthly meetings) and informal channels (WhatsApp groups/email) and is supported by digital data integration through the e-PPGBM application. At the grassroots level, the "CHATINGAN JELITA" innovation has succeeded in cutting geographical and economic barriers through direct face-to-face interpersonal communication (*home visit/door-to-door*) by Puskesmas officers to stunting mothers under five.

Resource Dimensions

Resource support in the implementation of stunting handling programs is considered very adequate and progressive. Human Resources (HR): The Health Office is strengthened by 66 civil servant personnel with a high level of academic competence (75.7% are S1/S2 educated). The limited reach of the archipelago is overcome collaboratively through cross-sector involvement (TNI/Polri), Community Empowerment Cadres (KPM), and the network of Puskesmas at the sub-district/village level. Financial Resources There has been a very massive trend of increasing the budget through the Non-Physical Special Allocation Fund (DAK) scheme for Health Operational Assistance (BOK), where in 2022 the budget jumped sharply to reach IDR 7,554,448,150 (an increase of almost 300% compared to the previous year).

Dimensions of Disposition

Policy implementers show a very positive and earnest attitude, commitment, and public *service motivation*. This personal commitment is strengthened legally-formally through Mayor's Decree Number 45.2 of 2022 concerning the Establishment of TPPS for Tidore Islands City. This local regulation has succeeded in uniting cross-sector commitments, reducing sectoral egos, and creating program harmonization from the central to regional levels.

Dimensions of Bureaucratic Structure

The bureaucratic structure of the Tidore Islands City Health Office is characterized by a sleek and functional structure based on Mayor Regulation Number 35 of 2016. This simple structure cuts red *tape*, speeds up the chain *of command*, and divides the tasks of handling stunting precisely into three main areas (Public Health, P2P, and Health Services) without any *overlapping* functions.

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