



## COMPARATIVE ANALYSIS OF THE IMPLEMENTATION OF STUNTING REDUCTION POLICY (CASE STUDY OF KUANTAN SINGINGI AND ROKAN HULU REGENCIES)

### ANALISIS PERBANDINGAN IMPLEMENTASI KEBIJAKAN PENURUNAN STUNTING (STUDI KASUS KABUPATEN KUANTAN SINGINGI DAN ROKAN HULU)

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#### Abstract

Stunting is a chronic nutritional problem threatening Indonesia's human resource quality. Although the government issued, implementation shows results across regions. This research analyzes and compares stunting reduction policy implementation in Kuantan Singingi and Rokan Hulu Regencies, Riau Province, using George Edward III's policy implementation theory. This qualitative research with comparative case study approach employs in interviews, observation, and documentation. Results show both regencies face different challenges in communication, resources, disposition, and bureaucratic structure. Kuantan Singingi experienced increased stunting prevalence from 17.8% (2022) to 23% (2023), while Rokan Hulu successfully reduced from 58.9% (2013) to 17.9% (2021). Implementation success differences are caused by variations in cross-sectoral coordination, resource adequacy, implementer commitment, and bureaucratic structure effectiveness.

**Keywords :** Policy, Implementation, Stunting Reduction, Regional Comparison, Riau Province.

#### Abstrak

Stunting adalah masalah gizi kronis yang mengancam kualitas sumber daya manusia Indonesia. Meskipun pemerintah mengeluarkan, implementasi menunjukkan hasil di berbagai daerah. Penelitian ini menganalisis dan membandingkan implementasi kebijakan penurunan stunting di Kabupaten Kuantan Singingi dan Kabupaten Rokan Hulu, Provinsi Riau, menggunakan teori implementasi kebijakan George Edward III. Penelitian kualitatif dengan pendekatan studi kasus komparatif ini menggunakan wawancara, observasi, dan dokumentasi. Hasil menunjukkan kedua kabupaten menghadapi tantangan berbeda dalam komunikasi, sumber daya, disposisi, dan struktur birokrasi. Kuantan Singingi mengalami peningkatan prevalensi stunting dari 17,8% (2022) menjadi 23% (2023), sementara Rokan Hulu berhasil menurunkannya dari 58,9% (2013) menjadi 17,9% (2021). Perbedaan keberhasilan implementasi disebabkan oleh variasi dalam koordinasi lintas sektor, kecukupan sumber daya, komitmen pelaksana, dan efektivitas struktur birokrasi.

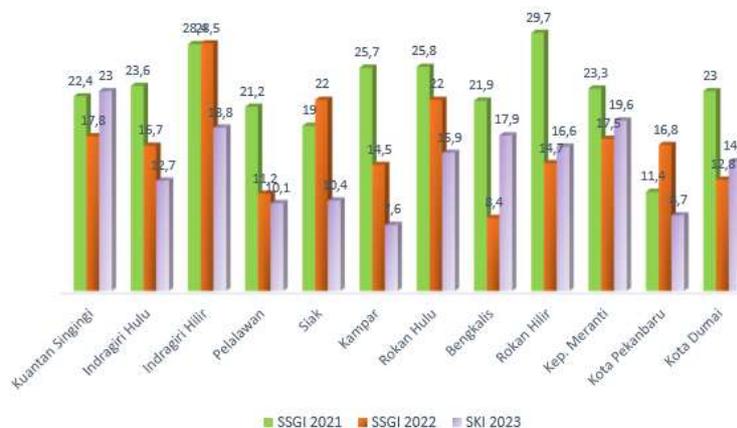
**Kata Kunci :** Kebijakan, Implementasi, Pengurangan Stunting, Perbandingan Regional, Provinsi Riau.



### 1. INTRODUCTION

Stunting is a condition of failure to grow in children under five caused by chronic malnutrition over a long period of time, especially during the first 1,000 days of life, so that the child’s height is below the standard for their age (Ministry of Health of the Republic of Indonesia, 2018). The problem of stunting not only affects physical growth, but also hampers children’s cognitive development, increases vulnerability to disease, and has the potential to reduce economic productivity in the future. According to the World Health Organization (WHO), stunting is measured based on the length-for-age (PB/U) or height-for-age (TB/U) index with a z-score threshold of less than -2 SD, and if the prevalence of stunting in a region is above 20%, then that region is categorized as facing a serious public health problem and requires immediate handling.

Indonesia faces major challenges in overcoming the problem of stunting. Based on UNICEF data (2007), there are 7.8 million Indonesian children experiencing stunting, placing Indonesia among the top five countries with the highest stunting rates in the world. Data from the World Health Organization (WHO) estimates that around 54% of under-five deaths are caused by poor nutritional status, making nutrition and stunting issues a priority in national health development. The Government of Indonesia targets a reduction in stunting prevalence to 14% by 2024 through various integrated interventions involving cross-sectoral actors (Ministry of National Development Planning/Bappenas, 2018). Riau Province shows a fairly significant downward trend in stunting prevalence in the last decade. Based on Riskesdas and SSGI data, stunting prevalence in Riau decreased from 36.8% in 2013 to 27.4% in 2018, then 23.95% in 2019, and reached 22.3% in 2021 (Riau Provincial Health Office, 2021). However, behind this encouraging provincial achievement, there is a very striking disparity between regencies/municipalities. “The percentage of stunting in Riau Province from year to year has decreased” (Bunyamin & Syahrier, 2024), but this reduction is not evenly distributed across all regencies/municipalities, reflecting differences in the quality of policy implementation at the local level. The author presents below a diagram of stunting prevalence in Riau Province:



**Figure 1 Trend of Prevalence in Regencies in Riau Province 2024**

(Source: TPPS Riau Province Report 2024)



Riau Province's trend of decreasing stunting prevalence shows very encouraging results where the trend of stunting prevalence in Riau Province over the last 5 years shows a decline, namely in 2013 it was 36.8%, 2018 it was 27.4%, 2019 it was 23.95%, 2021 it was 22.3%, 2022 it was 17%, and based on the results of the Indonesian Health Survey (SKI) in 2023, the stunting prevalence rate in Riau Province was 13.6%, which is below the national average and is the third lowest prevalence rate nationally.

Based on the above conditions, although at the provincial target level the trend of prevalence is decreasing, several regencies/municipalities based on the results of the 2023 Indonesian Health Survey (SKI) experienced an increase in stunting prevalence, including Kuantan Singingi Regency, Bengkalis Regency, Kepulauan Meranti Regency, Rokan Hilir Regency, and Dumai City, and 7 regencies/cities experienced a decrease in stunting prevalence, including Pelalawan Regency, Siak Regency, Kampar Regency, Indragiri Hulu Regency, Indragiri Hilir Regency, Rokan Hulu Regency, and Pekanbaru City. For more details on the stunting prevalence trend per regency/municipality in Riau Province, see the table below:

**Table 1 Trend of Stunting Prevalence in Regencies/Municipalities of Riau Province**

Kabupaten/ Kota	Hasil Pengukuran SSGI dan SKI (%)			Kenaikan/ Penurunan dari tahun 2022
	SSGI 2021	SSGI 2022	SKI 2023	
Kuantan Singingi	22,40	17,80	23,00	<b>5,20</b>
Indragiri Hulu	23,60	16,70	12,70	-4,00
Indragiri Hilir	28,40	28,50	18,80	-9,70
Pelalawan	21,20	11,20	10,10	-1,10
Siak	19,00	22,00	10,40	-11,60
Kampar	25,70	14,50	7,60	-6,90
Rokan Hulu	25,80	22,00	15,90	-6,10
Bengkalis	21,90	8,40	17,90	<b>9,50</b>
Rokan Hilir	29,70	14,70	16,60	<b>1,90</b>
Kep. Meranti	23,30	17,50	19,60	<b>2,10</b>
Kota Pekanbaru	11,40	16,80	8,70	-8,10
Kota Dumai	23,00	12,80	14,90	<b>2,10</b>
<b>Provinsi Riau</b>	<b>22,30</b>	<b>17,00</b>	<b>13,6</b>	

Source: *Pocket Book of the Results of the Indonesian Nutrition Status Survey (SSGI) 2023*

As can be seen from the table above, two regencies that show very contrasting dynamics are Rokan Hulu Regency and Kuantan Singingi Regency. In 2017, "Rokan Hulu Regency was designated as one of the 100 regencies/municipalities in Indonesia, and the only regency in Riau Province as a stunting locus" by the National Team for the Acceleration of Poverty Reduction (TNP2K) with prevalence reaching 58.9% in 2013 (Bunyamin & Syahrier, 2024). This figure placed Rokan Hulu as the regency with the highest stunting prevalence in Riau Province at that time. However, through various structured and comprehensive efforts, "there was a decrease in stunting prevalence, namely in 2018–2019 by 3%, in 2019–2020 by 5.9%, and in 2020–2021 by 0.5%" (Bunyamin & Syahrier, 2024), so that in 2021 the stunting prevalence of Rokan Hulu decreased to 17.9%, below the national target of 14% set for 2024 and even experienced a reduction of 6.10%.



Conversely, Kuantan Singingi Regency, which initially showed quite good performance with a prevalence of 17.8% in 2022, actually experienced a drastic increase to 23% in 2023, an increase of 5.2% in one year (Wensetiawen et al., 2024). This condition placed Kuantan Singingi as the regency with the highest stunting prevalence in Riau Province in 2023, with “Cerenti District being the district with the highest prevalence in Kuantan Singingi Regency in 2022 with a stunting prevalence of 18.53%” (Wensetiawen et al., 2024). The phenomenon of an increase in stunting prevalence amid massive government efforts to reduce stunting is a strong indication of serious problems in policy implementation in Kuantan Singingi Regency.

What is interesting about these two cases is that both Rokan Hulu Regency and Kuantan Singingi Regency are in the same province, namely Riau Province, with relatively similar geographic, socio-economic, and cultural characteristics. Both are located in the mainland region of Riau with the majority of the population working in the plantation and agricultural sectors. Both regencies also implement the same policy, namely the implementation of Presidential Regulation Number 72 of 2021 on the Acceleration of Stunting Reduction, which is translated into regent regulations in each region. In Rokan Hulu Regency, this policy is elaborated through various programs involving cross-sectoral actors and refers to the Convergence Action guidelines issued by the Ministry of National Development Planning/National Development Planning Agency (Bunjamin & Syahrier, 2024), while in Kuantan Singingi Regency it is translated through Regent Regulation Number 72 of 2022 on the Stunting Reduction Acceleration Team (Wensetiawen et al., 2024).

Both regencies also have similar institutional structures in stunting management, involving the Health Office, the Office of Population Control and Family Planning (DPPKB), the Regional Development Planning Agency (Bappeda), the Community and Village Government Empowerment Office (DPMPD), as well as the network of Community Health Centers (Puskesmas) and Integrated Health Posts (Posyandu) at the village level. Both also implement specific and sensitive nutrition interventions in accordance with national guidelines, including iron tablet supplementation for pregnant women and adolescent girls, routine antenatal care, supplementary feeding (PMT), immunization, and promotion of exclusive breastfeeding and good parenting.

However, why, with similar regional context, policy framework, and institutional structure, do the implementation results of stunting reduction policies in the two regencies show very different outcomes? Why did Rokan Hulu, which in 2013 had the highest stunting prevalence (58.9%), succeed in reducing it drastically to become one of the regencies with the lowest stunting prevalence in Riau Province (17.9% in 2021), while Kuantan Singingi, which initially had a lower prevalence (17.8% in 2022), actually experienced an increase to become the regency with the highest stunting prevalence (23% in 2023)? This question is important to answer because it will provide valuable lessons about the key factors that determine the success or failure of public policy implementation at the local level.

Various previous studies show that the implementation of stunting reduction policies faces multiple challenges. “The persistence of sectoral ego in each regional apparatus



organization (OPD) and suboptimal dissemination so that many do not fully understand the stunting prevention program” are the main obstacles in implementing convergence of stunting prevention (Permanasari et al., 2020). In addition, “late information, disrupted information flow from dissemination, and difficult demographic conditions of the area are among the causes in certain regions of hampered dissemination” (Permanasari et al., 2020). Tampubolon’s (2020) study found that “local governments have not included stunting as an indicator of health performance achievements” and “no cross-sectoral coordination has been found, so that existing programs and activities run separately with different targets.”

In Padang City, Iqbal and Yusran (2021) found that “the convergence actions of stunting prevention policies do not run according to the stages of convergence” because “the Padang City Government does not yet have specific regulations for stunting prevention” and “the implementation stage so far has focused on specific nutrition interventions only, while sensitive nutrition interventions run independently.” Meanwhile, in Bandung Regency, Sunaryo and Arifianti (2022) found that “efforts to accelerate stunting prevention and control have not succeeded in reducing stunting cases in Bandung Regency, even though stunting prevention and control activities have been carried out, both sensitive and specific nutrition interventions, due to the Covid-19 pandemic.”

In 2022, Rokan Hulu Regency succeeded in significantly increasing budget support for stunting programs, where “the Community Nutritional Health Service Management activities at the Rokan Hulu Regency Health Office were budgeted at Rp. 112,236,400, which increased threefold from the previous year’s budget for the same activity, which was only Rp. 31,500,000” (Syamsuadi et al., 2023). This budget commitment is also supported by the central government through “Special Allocation Funds (DAK) in the Rokan Hulu Regency APBD in 2022 with a funding amount of Rp. 279,960,000” (Syamsuadi et al., 2023).

Furthermore, Rokan Hulu Regency showed a strong commitment to providing legal certainty for the role of villages through “Rokan Hulu Regent Regulation Number 2 of 2021 on the Role of Villages in Integrated Stunting Prevention Convergence,” which provides a basis for villages to “stipulate village authority in supporting integrated nutrition interventions in stunting prevention and reduction, increase the allocation of village budgets (APBDes), especially the use of Village Funds, for activities that can support stunting prevention and reduction” and “provide, mobilize, train, and fund Human Development Cadre (KPM) activities to facilitate the implementation of integrated nutrition interventions in stunting prevention and reduction at the village level” (Syamsuadi et al., 2023).

Comparative studies of policy implementation across regions are important because they can identify best practices and lessons that can be adopted by other regions. However, comparative research on stunting reduction policy implementation across regions, especially in Riau Province, is still very limited. Most studies only focus on evaluating implementation in one area without comparing it to other areas that have similar contexts but different outcomes. In fact, learning from successful regions can become a model for those still facing challenges in reducing stunting prevalence.



Based on these phenomena and research gaps, this study aims to analyze and compare the implementation of stunting reduction policies in Kuantan Singingi Regency and Rokan Hulu Regency using George Edward III's policy implementation theory, which includes four main variables: communication, resources, disposition, and bureaucratic structure. The choice of Edward III's theory is based on its relevance in analyzing factors that influence the success of public policy implementation, especially policies that involve cross-sectoral coordination and community participation such as stunting reduction programs. Through this comparative study, the research will identify the key factors that differentiate policy implementation success in the two regencies, so that it can provide more effective policy recommendations for accelerating stunting reduction in Riau Province in particular and Indonesia in general.

## 2. RESEARCH METHOD

This study uses a qualitative method with a literature study (literature review) approach to analyze the implementation of stunting reduction policies in Kuantan Singingi Regency and Rokan Hulu Regency. The qualitative method was chosen because this research aims to understand in depth the phenomenon of policy implementation, explore the factors that influence success and failure, and identify patterns that occur in the process of implementing stunting reduction policies in both regencies.

Research data were collected from various relevant and credible secondary sources, including: (1) Regional policy documents related to stunting reduction, including Presidential Regulation Number 72 of 2021, Kuantan Singingi Regent Regulation Number 72 of 2022, Rokan Hulu Regent Regulation Number 2 of 2021, and other related regulations; (2) National legislation related to the acceleration of stunting reduction; (3) Official reports and statistical data from the Health Offices of Kuantan Singingi Regency and Rokan Hulu Regency; (4) Data from the Basic Health Research (Riskesmas), the Indonesian Nutrition Status Survey (SSGI), and reports from the Riau Provincial Health Office; (5) Scientific journal articles published in national and international journals; (6) Previous relevant research results; (7) Reports and publications from the Ministry of Health of the Republic of Indonesia, the Ministry of National Development Planning/Bappenas, and the National Team for the Acceleration of Poverty Reduction (TNP2K); and (8) News and publications from credible mass media.

Data analysis was carried out comparatively using the theoretical framework of George C. Edward III's policy implementation, which consists of four main variables: communication, resources, disposition, and bureaucratic structure. Data collected from various literature sources were then analyzed through the following steps: (1) Data reduction, namely sorting and selecting data relevant to the research focus on stunting reduction policy implementation in the two regencies; (2) Data presentation, namely organizing data based on the four Edward III variables for each regency; (3) Comparative analysis, namely comparing policy implementation in the two regencies based on each variable, identifying similarities and differences, and explaining the factors causing these differences; and (4) Drawing conclusions,



namely concluding best practices that can be used as lessons in accelerating stunting reduction at the regional level.

The validity of the data in this study was maintained through source triangulation, namely by using various different secondary data sources to validate the research findings. Data from policy documents, official government reports, health statistical data, previous research results, and media publications were compared and critically analyzed to ensure the accuracy and credibility of the research findings. This study also conducted cross-checking between quantitative data on stunting prevalence and qualitative data on program implementation to obtain a comprehensive understanding of the effectiveness of stunting reduction policies in the two regencies.

### 3. RESULT AND DISCUSSION

#### a. Implementation of Stunting Reduction Policy in Kuantan Singingi Regency

The implementation of stunting reduction policies in Kuantan Singingi Regency shows that internal communication between implementing bodies has been running fairly well through regular coordination meetings involving the Health Office, Community Health Centers (Puskesmas), and Integrated Health Posts (Posyandu). However, in terms of communication indicators with the target community, significant challenges remain. Socialization of the program to pregnant women, breastfeeding mothers, and families of stunted children has not been optimal, as indicated by low community participation in counseling activities. Information on the importance of nutrition and the dangers of stunting has not been delivered clearly and consistently, so many people still consider short stature in children to be purely a genetic factor rather than a nutritional problem. The transmission of information through Posyandu cadres is also hampered by cadres' limited understanding of the material they must convey, causing the content of messages to become unclear when reaching the community.

In terms of human resources, Kuantan Singingi Regency faces a significant shortage of nutritionists. On average, each community health center has only 1–2 nutritionists, which is not proportional to the number of stunted children, which reaches 3,040 children across 15 districts. This limitation is exacerbated by the absence of specific training and capacity-building programs related to stunting management, both for health workers and Posyandu cadres. From a financial resource perspective, there is no special budget allocation for stunting programs, and since the closure of Non-Physical Special Allocation Funds (DAK), the budget for stunting reduction programs has become very limited. This condition impacts the lack of supporting facilities and infrastructure, such as anthropometric equipment, educational media, and materials for supplementary feeding (PMT), which are insufficient to serve all targets.

In terms of disposition indicators, the attitudes and commitment of implementing officers in Kuantan Singingi Regency show varying patterns. On the one hand, health workers and cadres demonstrate dedication and discipline in carrying out routine tasks such as monitoring child growth and administering immunizations. However, the absence of specific incentives for officers handling stunting programs leads to low motivation and responsiveness in



providing optimal services. Officers' attitudes in communicating with the community are also considered less friendly and tend to be instructive, creating a psychological distance with the target community. This is reflected in community complaints that they feel "lectured" when receiving counseling, causing them to be reluctant to participate in organized programs.

The bureaucratic structure for stunting management in Kuantan Singingi Regency has been established through Regent Regulation Number 72 of 2022 on the Stunting Reduction Acceleration Team, involving various regional apparatus organizations (OPD). However, in its implementation, there is no specific Standard Operating Procedure (SOP) for stunting management due to the broad coverage of the program and the involvement of many sectors. Cross-sectoral coordination is still weak, indicated by programs that operate independently without proper synchronization. The role of local government in program supervision and evaluation is also not optimal, so problems in the field are not quickly identified and followed up. Fragmentation or the division of responsibilities among OPD has not been clearly detailed, resulting in overlapping functions or even a vacuum of roles in certain aspects. The reporting and monitoring mechanism from the village to the regency level has not run systematically, so data on stunting prevalence and intervention coverage are not updated in real time.

#### **b. Implementation of Stunting Reduction Policy in Rokan Hulu Regency**

The implementation of stunting reduction policies in Rokan Hulu Regency shows a more structured and systematic communication pattern. Internal communication between implementing bodies runs well through the "stunting summit" mechanism that involves all stakeholders, including the regional head, the Regional House of Representatives (DPRD), vertical agencies, OPD, non-governmental organizations, companies, academics, and professional organizations. Communication with the community is carried out intensively through various media, including the establishment of special WhatsApp groups on stunting in each village to facilitate coordination and information dissemination. The Government of Rokan Hulu Regency also involves religious leaders through the signing of information dissemination commitments involving the Chair of the Indonesian Ulema Council (MUI) and the Chair of the Indonesian Da'wah Council (MDI), allowing program socialization through religious forums that are closer to the community. The e-HDW (e-Human Development Worker) application is used as a means of data communication and monitoring that allows KPM to report the development of stunting cases in real time, so that information transmission is faster and more accurate.

In terms of resource indicators, Rokan Hulu Regency shows a strong commitment to providing resources for stunting reduction programs. In terms of human resources, the regency not only relies on health workers but also empowers Human Development Cadres (KPM) in each village, appointed through Village Head Decrees with specific tasks to facilitate convergence of stunting prevention. KPM receive special training to conduct data collection, monitoring, and advocacy to the community, thereby addressing the shortage of nutritionists in community health centers. In financial terms, there has been a very significant increase in the budget for nutrition programs from Rp. 31,500,000 (2021) to Rp. 112,236,400 (2022), a



threefold increase. Funding support also comes from the central government through DAK of Rp. 279,960,000 and from the private sector through corporate social responsibility (CSR) funds of Rp. 1,652,105,000 in 2021. Village Funds are also allocated for stunting programs with a total of Rp. 22,137,866,654 in 2021, used for cadre honoraria, construction of sanitation and clean water facilities, construction/rehabilitation of Posyandu and early childhood education centers (PAUD), as well as various other convergence activities for stunting.

In terms of disposition indicators, the attitudes and commitment of policy implementers in Rokan Hulu Regency show a very positive pattern. The strong leadership of the Regent in driving stunting programs is reflected in active involvement in signing various stunting reduction acceleration commitments, including Information Dissemination Commitments, Village Commitments, and Holistic Integrative Early Childhood Education (PAUD HI) Commitments. These commitments are not merely ceremonial but are followed by concrete instructions to all OPD to allocate budgets and programs that support stunting reduction. Health workers and KPM show high responsiveness in providing services to pregnant women and stunted children, by conducting regular home visits for monitoring and counseling. Posyandu cadres also receive recognition through consistent honor payments, which increases their motivation and dedication in carrying out their duties. Implementers' attitudes in communicating with the community are more persuasive and empathetic, creating closer relationships and facilitating community acceptance of the program.

The bureaucratic structure for stunting management in Rokan Hulu Regency is regulated clearly and comprehensively. The regency government has issued Rokan Hulu Regent Regulation Number 2 of 2021 on the Role of Villages in Integrated Stunting Prevention Convergence, which provides a strong legal basis for villages to carry out their roles and authorities. This regulation explicitly stipulates village authority to support integrated nutrition interventions, increase APBDes allocations, provide and train KPM, and improve the quantity and quality of stunting prevention services. Cross-sectoral coordination runs effectively through regular stunting summits that involve not only government agencies but also the private sector, universities, and the media. Bappeda acts as the leading sector that coordinates, supervises, and monitors, ensuring synchronization of programs and activities from various OPD. The establishment of a Stunting Audit Team through a Decree of the Chair of the TPPS ensures a systematic evaluation and follow-up mechanism for each stunting case. Fragmentation of responsibilities is clearly explained, where the Health Office focuses on specific interventions, while other OPD such as the Agriculture Office, Public Works Office, and Social Affairs Office focus on sensitive interventions according to their respective main duties and functions, yet coordinated in one convergence system.

### **c. Comparative Analysis of the Implementation of Stunting Reduction Policies**

The comparison of stunting reduction policy implementation in Kuantan Singingi and Rokan Hulu Regencies reveals fundamental differences that explain why the two regencies, with similar geographic and socio-economic contexts, produce very different outcomes in stunting prevalence. In terms of communication, the most striking difference lies in the



intensity and quality of communication with the target community. In Kuantan Singingi, communication tends to be top-down and instructive, where information is delivered one-way without considering the socio-cultural context of the community. Socialization is carried out sporadically without a clear communication strategy, resulting in low community participation and limited understanding of stunting. On the other hand, Rokan Hulu uses a more participatory communication approach by involving community leaders and religious leaders as agents of behavioral change. The use of information technology through the e-HDW application and WhatsApp groups facilitates two-way communication between officers and the community. Stunting summits that involve multiple stakeholders create dialogue forums that enable collaborative problem identification and solution formulation. Message consistency through various communication channels in Rokan Hulu is also better maintained compared to Kuantan Singingi, which experiences information discontinuity due to weak capacity of cadres as message conveyors.

In terms of resources, differences in allocation and resource management are crucial factors distinguishing the success of the two regencies. Although both face shortages of nutritionists, Rokan Hulu has managed to overcome this problem by empowering KPM, who receive special training and are funded by Village Funds. The formation of 139 KPM across all villages creates a wider and more intensive network of monitoring and assistance. Meanwhile, Kuantan Singingi still relies on a limited number of health workers without strong cadre systems. From a financial perspective, Rokan Hulu's budget commitment is much larger and comes from various sources, including APBD, DAK, Village Funds, and CSR from companies. The total stunting budget tagging in Rokan Hulu reached Rp. 32,948,479,030 in the 2023 RKPD, while Kuantan Singingi does not have a specific stunting budget and depends on limited routine health budgets. This difference directly impacts the availability of facilities and infrastructure, where Rokan Hulu can build and rehabilitate Posyandu, provide adequate anthropometric tools, and consistently provide PMT, while Kuantan Singingi faces limitations in all these aspects.

In terms of disposition, differences in the attitudes and commitment of regional leaders have a significant influence on implementers' disposition in the field. In Rokan Hulu, strong leadership by the Regent in driving stunting programs creates an organizational climate that supports the program, as indicated by the signing of various commitments and direct instructions to OPD to prioritize stunting programs. This creates a sense of urgency among implementers and increases their accountability. Adequate incentives for cadres and officers also increase motivation and responsiveness in providing services. In contrast, in Kuantan Singingi, the absence of strong leadership in driving stunting programs causes the program to become just one of many routine health programs without special priority. The absence of additional incentives leads officers to carry out tasks mechanically, without innovation and initiative. Officers' attitudes that tend to be instructive and less empathetic also create resistance among the community, so that programs cannot run effectively even though they have been formally implemented.



In terms of bureaucratic structure, differences in institutional design and coordination mechanisms are determinant factors for successful implementation. Rokan Hulu has created a comprehensive institutional architecture through Regent Regulation Number 2 of 2021, which explicitly regulates the roles and authorities of villages in stunting convergence. This regulation grants mandates and legitimacy to village governments to allocate Village Funds for stunting programs, something that Kuantan Singingi lacks, as it only relies on a Regent Regulation on the Acceleration Team without detailing roles and operational mechanisms. Cross-sectoral coordination in Rokan Hulu is more effective due to stunting summits that involve multiple stakeholders and function as mechanisms for program synchronization and problem solving. Bappeda as the leading sector has sufficient capacity and authority to coordinate various OPD, while in Kuantan Singingi, coordination is still ad hoc and not well structured. Monitoring and evaluation mechanisms in Rokan Hulu are also more systematic through the establishment of a Stunting Audit Team that periodically reviews performance and provides recommendations for improvement, while Kuantan Singingi has no similar mechanism, so problems in the field are not detected and addressed quickly.

Overall, Rokan Hulu's success in drastically reducing stunting prevalence from 58.9% (2013) to 17.9% (2021) can be attributed to a holistic, integrated, and well-coordinated implementation approach supported by strong leadership, adequate budget commitment, community empowerment through KPM, and clear institutional structures. Conversely, Kuantan Singingi's failure, shown by an increase in stunting prevalence from 17.8% (2022) to 23% (2023), reflects partial implementation, ineffective communication, resource constraints that are not addressed with alternative strategies, weak leadership commitment, and suboptimal cross-sectoral coordination. These differences confirm that the success of public policy implementation is not only determined by the existence of formal policies but also heavily depends on how the four factors in Edward III's theory (communication, resources, disposition, and bureaucratic structure) are managed and synergized in implementation practice in the field.

#### 4. CONCLUSION

This study reveals that although Kuantan Singingi Regency and Rokan Hulu Regency are both located in Riau Province with similar geographic and socio-economic contexts and implement the same policy (Presidential Regulation 72/2021), the results of stunting reduction policy implementation show very significant differences. Rokan Hulu succeeded in reducing stunting prevalence from 58.9% (2013) to 17.9% (2021), while Kuantan Singingi experienced an increase from 17.8% (2022) to 23% (2023).

Based on the analysis using George Edward III's policy implementation theory, these differences in success are caused by variations in four key factors. First, in terms of communication, Rokan Hulu applies a participatory approach by involving community leaders and utilizing information technology (e-HDW), while Kuantan Singingi still uses a less effective top-down approach. Second, in terms of resources, Rokan Hulu addresses the shortage of nutritionists by empowering KPM and allocating much larger budgets from various sources



(APBD, DAK, Village Funds, CSR), while Kuantan Singingi faces limitations without adequate alternative strategies. Third, in terms of disposition, strong leadership by the Regent of Rokan Hulu in driving stunting programs creates high commitment among implementers, in contrast to Kuantan Singingi, which does not show special priority for this program. Fourth, in terms of bureaucratic structure, Rokan Hulu has a comprehensive legal basis (Regent Regulation 2/2021) and effective coordination mechanisms through stunting summits and Audit Teams, while Kuantan Singingi does not yet have specific SOPs and its cross-sectoral coordination remains weak.

The findings of this study make an important contribution to the development of public policy implementation theory, especially in the context of policies that require cross-sectoral convergence and community participation. This study shows that the four factors of Edward III are mutually reinforcing, where weaknesses in one factor can be compensated by strengths in other factors, but weaknesses across all factors simultaneously will lead to implementation failure. Practically, this study provides valuable lessons that successful stunting reduction requires a systemic approach that integrates political commitment of regional leaders, adequate budget allocation, community empowerment through trained cadres, effective communication, and structured cross-sectoral coordination. The Government of Kuantan Singingi Regency can adopt best practices from Rokan Hulu, particularly regarding KPM formation, increased Village Fund allocations for stunting, issuance of regulations that explicitly govern village roles, and establishment of systematic monitoring and evaluation mechanisms.

## 5. REFERENCES

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