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IMPLEMENTATION OF POLICIES TO ACCELERATE THE REDUCTION OF STUNTING BY THE HEALTH DEPARTMENT OF DAIRI REGENCY, NORTH SUMATRA PROVINCE

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Abstract

The purpose of this study is to analyze the implementation of the stunting reduction policy by the Dairi Regency Health Office and its challenges, using Edward III's theory, which includes communication, resources, the disposition of implementers, and bureaucratic structure. This research employs a qualitative method with data collection techniques consisting of observation, interviews, and documentation. The findings indicate that the policy implementation has not been optimal. This is evidenced by ineffective communication, such as information not being delivered to all communities, unclear information received by the public, and inconsistency among implementers in carrying out their responsibilities. Human resources remain insufficient, financial resources are very limited, and facilities and infrastructure are inadequate. Furthermore, the implementers showed a lack of responsibility and received no special incentives for policy implementation. The bureaucratic structure is also constrained by the absence of specific Standard Operating Procedures (SOPs), as the regulation's scope is too broad. The study suggests that the Health Office should strengthen communication between Public Health Centers (Puskesmas) and Auxiliary Health Centers, and that special teams should be formed to conduct community outreach. The community is encouraged to adopt a balanced diet to ensure adequate nutritional intake for both mothers and children. In addition, the government is advised to provide free nutritious meals to support the nutritional needs of children under five, as well as to improve local road infrastructure to enhance the success of stunting reduction policy implementation.

Keywords: Stunting, policy implementation, Dairi

Abstrak

Tujuan penelitian ini untuk menganalisis implementasi kebijakan penurunan stunting oleh Dinas Kesehatan Kabupaten Dairi serta kendalanya dengan menggunakan teori Edward III komunikasi, sumber daya, sikap pelaksana dan struktur birokrasi. Penelitian ini menggunakan metode kualitatif dan teknik pengumpulan datanya yaitu observasi, wawancara dan dokumentasi. Hasil penelitian menunjukkan bahwa implementasi kebijakan percepatan belum berjalan optimal, hal ini dibuktikan dengan komunikasi masih belum berjalan lancar diantaranya informasi belum tersampaikan kepada seluruh masyarakat, ketidakjelasan informasi yang diterima masyarakat serta tidak konsistennya para pelaksana dalam menjalankan tanggungjawabnya. Sumber daya

manusia yang masih kurang, sumber daya dana yang sangat terbatas begitu juga sumber daya sarana dan prasarana belum memadai. Sikap pelaksana yang kurang bertanggungjawab dan tidak adanya insentif khusus bagi para pelaksana kebijakan. Struktur birokrasi, belum ada SOP khusus karena cakupan peraturan terlalu luas. Adapun saran dalam penelitian ini adalah melakukan peninjauan komunikasi oleh Dinas Kesehatan ke puskesmas serta puskesmas pembantu, puskesmas dengan puskesmas pembantu membentuk tim khusus dalam melakukan sosialisasi kepada masyarakat, diharapkan masyarakat menerapkan pola makan gizi seimbang untuk memenuhi asupan gizi yang memadai bagi ibu maupun anak. Dan juga pemerintah untuk menerapkan pelaksanaan makanan bergizi gratis untuk membantu memenuhi asupan gizi anak balita. Serta perbaikan infrastruktur jalan oleh pemerintah setempat menjadi untuk mendukung keberhasilan implementasi kebijakan penurunan stunting.

Kata kunci: *Stunting, Implementasi Kebijakan, Dairi*

INTRODUCTION

Stunting is a condition in which a child experiences prolonged malnutrition, resulting in suboptimal growth and affecting their physical condition, namely, toddlers becoming shorter than other children of the same age. Stunting can occur from the time the baby is in the womb until the early stages of growth after birth. The period from birth to 2 years of age is crucial in determining a child's health and is a very sensitive time that can cause permanent or irreversible problems in the growth and development of infants, requiring that their nutritional needs be met at this age. The short-term effects of malnutrition include impaired intelligence, physical growth, brain development, and metabolism. The long-term effects of malnutrition include decreased immunity, lower academic achievement, and very low thinking abilities. (Rahayu, 2018).

In Indonesia, people often think that *stunting* is a genetic factor. Wrong perceptions in society cause the problem of stunting to be easily reduced and require great efforts from the government and various related sectors. In Presidential Regulation No. 72 of 2021, Article 2, paragraph 2 states that the national strategy to accelerate *stunting* reduction aims to reduce the prevalence of *stunting*, improve the quality of family life preparation, ensure the fulfillment of nutritional intake, improve parenting, improve access and quality of health services, and improve access to drinking water and sanitation. And the target group for stunting reduction is adolescents, brides-to-be, pregnant women, breastfeeding mothers, and children aged 0 (zero) – 59 (fifty-nine) months.

The latest condition of stunting based on the Indonesian Nutrition Status (SSGI) survey shows that the prevalence of *stunting* has decreased by 2.8% from 24.4% in 2021 to 21.6% in 2022. Meanwhile, the prevalence of *Sedit* in North Sumatra province, which ranked 19th in 2022, where it was previously ranked 17th in Indonesia, also decreased by 4.7% from 25.8% in 2021 to 21.1% in 2022. Based on the 2023 North Sumatra TPPS report, *stunting* toddlers in North Sumatra Province amounted to 19,134 (3.59%), of the number of toddlers measured as many as 532,216 *stunted toddlers where the number with the highest number of stunted toddlers* was found in Dairi Regency (2951 toddlers) out of the number of toddlers who were successfully studied as many as 20990, where this data is data collected in the month of weighing toddlers for the October period

which was carried out in Posyandu to monitor the growth and development of the health of infants and toddlers.

The Dairi Regency Government issued a policy through Dairi Regent Regulation Number 1 of 2023 concerning the Acceleration of *Stunting* Reduction implemented by local governments in protecting the community from growth and developmental disorders in children under five years old, which is carried out collaboratively, integrated, on target, and sustainable. This regulation was made to support efforts to accelerate *stunting reduction* through efforts that include specific interventions and sensitive interventions that are carried out comprehensively, integratively, convergently and qualitatively through multi-sector cooperation at the center, regions, and villages that accelerate *stunting* reduction requires specific interventions, sensitive interventions and technical support that are implemented in a holistic, integrative and quality manner through coordination, synergy and synchronization between local governments and stakeholders.

Specific interventions are stages of activities to address the direct causes of *stunting*, which include: health checks and nutritional status, giving Blood Supplement Tablets (TTD) to adolescent girls and brides-to-be, providing additional food to pregnant women, encouraging exclusive breastfeeding, protection for breastfeeding mothers who experience illnesses, complete basic immunization for toddlers, and *stunting* case audits. Sensitive interventions are the stages of activities to overcome the indirect causes of *stunting*, which include: providing access to clean water, access to sanitation, access to family planning services (KB), national health insurance (JKN), providing community nutrition education, childbirth insurance, and the implementation of food fortification.

The Dairi Regency government's efforts in efforts to reduce *stunting* have started since 2021 with the issuance of Regent Regulation Number 1 of 2021 concerning the Role of Villages in the Convergence of *Stunting Prevention and Reduction*, but the regulation was revised into a newer regulation following the policy from the center, namely the Regulation of the National Population and Family Planning Agency Number 12 of 2021 concerning the National Action Plan Accelerating the Reduction of Indonesia's *Stunting* Rate in 2021-2024. Based on the results of an interview with the head of public health of the Dairi Regency Health Office, the factor causing *Editing* in Dairi Regency is the location of health services that are difficult for mothers to reach, which affects the percentage of pregnant women who check their pregnancy (ANC service) at least 4 times during pregnancy has not reached 100%. Also, public knowledge that *stunting* is not a crucial problem that must be handled, but *stunting* occurs due to hereditary or genetic factors. This assumption is supported by direct factors of lack of public concern and community behavior that still apply little exclusive breastfeeding with feeding at the beginning of birth and uneven supplemental feeding, which is not in accordance with health guidelines. Exclusive breastfeeding should be done during the first 6 months of the baby's life. Exclusive breastfeeding means giving the baby only breast milk without additional food or other drinks.

Environmental health factors are also one of the indirect causes of *stunting*. Poor sanitation, polluted water, and poor hygiene practices, inadequate density of housing conditions (including

high density and lack of ventilation), can lead to the onset of various kinds of infectious diseases, such as diarrhea, that can interfere with the baby's diet and nutrient absorption, which leads to malnutrition. Social and cultural factors have a significant influence on diet and health practices in the community. The existence of certain beliefs and traditions that may not support a healthy diet and adequate nutrition for children can be an obstacle to stunting prevention *efforts*. The workload of human resources in the health sector can also be a factor causing *Ssunting*. Every health worker in rural areas must work on all health programs, including recording and reporting. So that it affects the quality of health services. Based on the description of the problems that have been explained, the researcher has the goal of describing and analyzing the Implementation of the Stunting Reduction Acceleration Policy by the North Sumatra Dairi Regency Health Office and to describe what obstacles are faced in the Implementation of the Stunting Reduction Acceleration Policy by the Dairi Regency Health Office, North Sumatra Province.

METHOD

This study uses qualitative research. Qualitative Research is a descriptive scientific observation intended to provide as accurate data as possible about humans, conditions, or other symptoms. This research also conducts field research that intends to study intensively the background of the current situation and the social reactions of individuals, groups, and communities. The location of this research was carried out at the Dairi Regency Health Office, North Sumatra Province. The determination of the location of the study was based on the high number of cases of toddlers experiencing *stunting* in Dairi Regency. In an effort to accelerate stunting reduction, there are two efforts that include sensitive interventions and specific interventions, both of which are carried out by the Dairi Regency Health Office. In this study, primary data were obtained through interviews with informants, including the head of public health, heads of health centers, village midwives, pregnant women, stunted mothers of toddlers, mothers of toddlers, adolescent girls, and brides-to-be. The technique in data collection is that the researcher uses interviews, observation, documentation, and data analysis techniques.

RESULTS AND DISCUSSION

Implementation of the Stunting Reduction Acceleration Policy by the Health Office

The Government issued Presidential Regulation Number 72 of 2021 concerning the Acceleration of *Stunting* Reduction as mentioned in article 10 paragraph 2 in the context of implementing the acceleration of *stunting reduction*, Provincial Regional Governments, Regency/City Regional Governments and Village Governments participate in carrying out activities to accelerate *stunting* reduction so that the Regent of Dairi Regency issued the regulation in the Dairi Regent Regulation Number 1 of 2023 concerning the Acceleration of *Stunting Reduction*. Therefore, to follow up on the provisions that have been regulated in the presidential regulation and the regent's regulation, especially in providing health services, one of which is in accelerating the reduction of *stunting* to the people of Dairi Regency to protect from the problem of growth and developmental disorders in children under five years old which is carried out collaboratively, integrated, on target and sustainable.

This regulation was made to support efforts to accelerate *stunting reduction* through efforts that include Specific Interventions and Sensitive Interventions that are carried out comprehensively, integratively, convergently and qualitatively through multi-sector cooperation at the center, regions, and villages that accelerate *stunting* reduction requires specific interventions, sensitive interventions and technical support that are implemented in a holistic, integrative and quality manner through coordination, synergy and synchronization between local governments and stakeholders. The Dairi Regency Government involves several organizations or agencies of regional apparatus units, but the Health Office has a greater responsibility in carrying out sensitive interventions and specific interventions in collaboration with health centers and auxiliary health centers (Pustu), which are in charge of carrying out the service process.

Communication

According to Edward, communication in policy implementation includes three important dimensions, namely, transmission, clarity, and consistency. In the implementation of the policy to accelerate *stunting* reduction, the Dairi Regency Health Office has communicated the implementation of this policy. The form of communication carried out is direct and indirect communication in an effort to accelerate *stunting reduction*. The Dairi Regency Health Office has actively used direct and indirect communication with internal and external stakeholders in an effort to implement the Stunting Reduction Acceleration Policy through meetings, socialization, informal discussions, *WhatsApp*, and *Zoom meetings*.

The health office has carried out communication with the Health Center as the implementer at the sub-district level of the Stunting Reduction Acceleration Policy in Dairi Regency. *There are two significant forms of communication between the Health Center as an implementing unit at the sub-district level and the Dairi Regency Health Office*, namely, the first is direct communication in the form of meetings and socialization organized by the Health Office. This form of communication allows for face-to-face interaction, comprehensive information delivery, and direct discussions about policies and their implementation. The second is indirect communication through *WhatsApp*, *Zoom Meeting*, and the EPPGM (Electronic Community Nutrition Recording and Reporting) application. This application functions as a digital platform for periodic *reporting of stunting* data from the village level (through posyandu), which can then be accessed by Puskesmas and the Health Office. EPPGM facilitates real-time data monitoring and serves as a basis for Puskesmas to report stunting conditions and for the Health Office to monitor developments and provide directions.

Communication between the Health Center and the auxiliary health center with the community in an effort to accelerate *stunting reduction* has not been effective. This can be seen from the low participation of the community when socialization related to stunting, as well as posyandu activities, especially from pregnant women and mothers who have babies or toddlers, as well as the perception or rejection of some people regarding the stunting status of their children. Posyandu activities that are routinely carried out every month are a forum for health workers to provide maternal and child health services, such as health checks for pregnant women, immunizations,

baby health checks, health checks, and nutritional status of toddlers, additional food for pregnant women, provision of Blood Supplement Tablets (TTD), education about nutrition, and so on.

Communication, transmission, and clarity have been built at various levels of policy implementers, but communication with the community, especially at the village level, still faces challenges that hinder the implementation of this policy. The Dairi Regency Health Office, as the actor implementing this policy, has tried to build direct communication channels (meetings, socialization, *Zoom meetings*) and indirect communication channels (EPPGM application) with the Health Center as officers at the sub-district level. The Puskesmas also showed communication with the Auxiliary Health Center (Pustu) through meetings, socialization, and the use of digital media such as *WhatsApp*.

However, the communication carried out by the Puskesmas and Auxiliary Health Centers (Pustu) with the community is still not effective. The low participation of the community in socialization and posyandu activities shows that there are obstacles in the transmission and receipt of information related to stunting prevention and handling. As well as people who think that *stunting* is a genetic factor, it is difficult for implementers to communicate this policy. External factors, such as the difficulty of accessing health services, are the main causes of low community participation.

The lack of clarity of information conveyed to the public, especially the bride-to-be, is also related to the obligation of health checks, nutritional status, and the provision of blood-boosting tablets to the bride-to-be. This causes the bride-to-be to not know the importance of the examination as part of *stunting* prevention efforts. As well as the inconsistency of policy implementers in carrying out their duties and responsibilities in accelerating *stunting reduction* through the provision of Blood Supplement Tablets (TTD) to adolescent girls.

Although the communication structure has been formed at the policy implementation level, communication with the community in the implementation of policies to accelerate *stunting reduction* is still not optimal.

Resources

Resources affect the successful implementation of a policy. There are several elements of resources in implementing policies, including staff, information, facilities, and authority. In the implementation of policies to accelerate *stunting reduction*, the human resources available for the Health Office are sufficient, but at the implementation level, such as the Health Center, the availability of human resources is still lacking. The Health Office has been trying to increase the capacity of human resources through training, but due to budget constraints has led to a limitation on the number of trainees. As a result, the transfer of knowledge and skills to all Puskesmas staff is less than optimal. The limitation of competent human resources at the Puskesmas level has the potential to hinder the implementation of policies to accelerate *stunting reduction*.

The submission of information on the implementation of the stunting reduction acceleration policy in Dairi Regency has gone well in terms of understanding and delivering information to policy

implementers. The Health Office, as the main implementer, has understood the content and objectives of the policy and actively provides direction, instructions, and training to the health center regarding the steps that must be taken. The health center has understood the policy, received directions from the Health Office, and forwarded the information and directions to health workers under it, such as village midwives, through meetings and training. Thus, it can be concluded that the information aspect of the implementation of the stunting reduction acceleration policy has been effective, so that all implementers in the field understand their respective roles and duties.

Facilities and infrastructure in the implementation of policies to accelerate *stunting reduction* have been held and provided, but the existing facilities and infrastructure are still insufficient, or there are still shortages. The Health Office has provided several facilities and infrastructure, such as health examination tools at health centers, there are significant shortcomings in terms of supporting the implementation of activities at the community level. The limitation of buildings or suitable places for socialization and implementation of posyandu is the main obstacle, as well as the long-standing health examination equipment.

The practice of implementing posyandu, which is still often carried out on the terraces of residents' houses, indicates the inadequacy of representative and conducive facilities to provide optimal health services and counseling. Limited facilities and infrastructure, especially places to carry out activities at the community level, are a real challenge in the implementation of the Stunting Reduction Acceleration Policy in Dairi Regency. This condition has the potential to hinder the comfort, success, and reach of the program, and can affect community participation and the quality of services provided.

In addition to human resources, financial resources are also important in implementing a policy because the policy will not run effectively and efficiently, and will not achieve the goals that have been set and planned if the support of the source of funds or budget is insufficient. In implementing the policy to accelerate *stunting reduction*, the government provides a budget to actors implementing policies to accelerate *stunting reduction*. The funding resources or budgets obtained by the implementers of the stunting reduction acceleration policy come from the Regional Revenue and Expenditure Budget (APBD) and the State Revenue and Expenditure Budget (APBN). Therefore, the Government, through the Health Office, Puskesmas, and Posyandu, has budgeted funds for the implementation of policies to accelerate *stunting reduction*.

In the implementation of the acceleration of *stunting reduction* in Dairi Regency, there are constraints on funds that hinder the implementation of the policy to accelerate *stunting reduction* in Dairi Regency. This limited fund has an impact on the implementation of programs to accelerate *stunting reduction*. "Mediocre" funds make the implementers to carry out activities with minimal funding, even before the disbursement of funds is carried out. This also affects the quality of the interventions provided, such as the provision of additional food (PMT) to pregnant women and toddlers, which becomes monotonous due to limited funds for menu variations, which makes complaints from posyandu cadres who have to provide PMT to infants and toddlers as well as pregnant women in SEZs.

Attitude of the Implementer

The attitude of policy implementers is very influential in the policy implementation process. If the attitude of the implementers or implementing actors in a policy implementation has a good attitude in carrying out their duties and obeying the directions and content of the policy, then the policy implementation will run well, and vice versa if the attitude of the implementers in carrying out their duties is not good, the implementation of the policy will be disrupted and hampered and will experience delays in success.

The attitude of the implementers is still not compliant in carrying out responsibilities that should be routinely carried out every month at the Posyandu. The repeated absence of midwives in charge of checking for pregnancy shows a lack of responsibility and commitment. The attitude of the implementers can potentially hinder public access to essential health services, especially for pregnant women, who are one of the main targets in efforts to accelerate *stunting reduction*.

In the implementation of this policy to accelerate *stunting* reduction, there is no incentive allocation. In fact, if additional incentives are given, it can certainly be a supporting factor and provide more motivation and enthusiasm to officers in carrying out and implementing policies to accelerate *stunting* reduction. The provision of special incentives accompanied by responsibilities in carrying out duties can influence the attitude and response of employees. However, even though there are no incentives, employees and officers in accelerating *stunting* reduction must continue to carry out their commitments in implementing the policy.

Bureaucratic Structure

In a policy implementation process, of course, the structure or characteristics of the implementing agency are the most important part and are a supporting factor for the success of a policy. The implementing agency for the Implementation of the Stunting Reduction Acceleration Policy is the Health Office, together with the District Health Center and the Posyandu. The Health Office and Puskesmas in handling *stunting* do not yet have a special SOP. This is because the scope of regulations is too broad, and there are several other regional devices related to handling the acceleration of *stunting reduction*.

As from the implementing unit of the implementation of the *stunting* reduction acceleration policy in accordance with the regulations that have been set by the Government in the Dairi Regent Regulation Number 1 of 2023 concerning the Acceleration of *Stunting* Reduction as described in article 29 in carrying out its duties, the *stunting* reduction acceleration team In charge of coordinating, synergizing, and evaluating the implementation of the acceleration of *stunting reduction* at the district and sub-district levels. The Regent conducts guidance and supervision by means of direct monitoring and evaluation or carrying out indirect assessments, as well as performance and accountability reports from the relevant Regional Apparatus, as well as the ranks of the sub-district, village/sub-district governments, periodically in the process of implementing the Stunting Reduction Acceleration Policy.

Patterns of bureaucratic relations between policy implementing agencies in the implementation of policies to accelerate stunting reduction in Dairi Regency, which aims to provide health services to related communities. The Dairi Regency Health Office is tasked with planning, monitoring, and coaching the Technical Implementation Unit (UPT) of the Health Center in accelerating stunting reduction. In the implementation of the policy to accelerate *stunting* reduction in Dairi Regency, together with the Health Office, it aims to provide health services to the related communities. The characteristics of this implementing agency influence the success or failure in the process of implementing policies to accelerate *stunting* reduction as the implementing agency of accelerating *stunting* reduction. The Health Office plays the role of coordinator, technical coach, and person in charge of health policies, including *stunting* programs and Puskesmas is a primary health service at the sub-district level and is tasked with implementing programs directly in the field.

The fragmentation of responsibilities by the implementing party has been carried out optimally. The officers from the implementation of this stunting reduction acceleration policy always provide counseling and education to pregnant women, breastfeeding mothers, and stunted mothers under five regarding the importance of good nutrition. In addition, the employees also monitor children's growth and development routinely every month, including in the assessment of child nutrition. Immunization for children is also carried out according to the schedule to prevent diseases that can inhibit and affect the growth and development of children. The Health Office also coordinates with other health centers and auxiliary health centers to provide coordination related to the acceleration of *stunting* reduction, and also other steps needed to handle *stunting*.

Obstacles faced in the implementation of the Stunting Reduction Acceleration Policy by the Dairi Regency Health Office:

Economic Limitations of the Community

Economic limitations are the main obstacles that hinder the implementation of policies to accelerate *stunting* reduction in Dairi Regency. Families with low economic conditions are often unable to meet the nutritional needs of children optimally due to limited purchasing power to buy nutritious and diverse foods. Families with low economic conditions tend to focus on meeting basic daily needs, making it difficult to provide enough nutritious food for pregnant women and toddlers, despite assistance programs from the government.

This condition causes children to be vulnerable to chronic malnutrition, which leads to *stunting*. On the other hand, people who face economic limitations really expect assistance from the government, both in the form of nutritious food assistance that can ease the burden on families in meeting children's nutritional needs. However, due to limited funds, the government could not assist as expected by the community due to a limited budget. Thus, there is a need for more comprehensive intervention from local governments to overcome the problem of poverty and increase family access to adequate nutritional resources so that stunting reduction policies can run effectively. In addition, economic limitations also limit access to health services and nutrition education, which are important for *stunting* prevention. Family economic limitations often have

implications for barriers to access to health facilities such as posyandu and puskesmas due to transportation costs, so stunting prevention interventions are not effective.

Accessibility to Health Facilities

Damaged and inadequate road conditions are obstacles to the implementation of *stunting* reduction policies. Poor road conditions extend travel time and increase transportation costs, resulting in reduced health services for the community. This has a direct impact on delays in handling malnutrition and stunting prevention in children under five. In addition, damaged roads also limit people's mobility to access health facilities, such as posyandu and puskesmas, which are very important in *stunting reduction programs*. This is supported when researchers are directly involved in researching the condition of the road is indeed very destroyed. The social impact of poor road infrastructure is also significant, such as increased health risks due to difficulty in accessing health services, low levels of education because children have difficulty reaching school, and limited economic opportunities for the community, which leads to prolonged poverty. This condition exacerbates *the stunting* problem because poverty and low access to health services are the main risk factors. Therefore, improving road infrastructure is crucial in supporting the successful implementation of *stunting* reduction policies. Good infrastructure not only facilitates the distribution of aid and access to health services but also improves the overall quality of life of the community, opens up economic opportunities, and accelerates the reduction of *stunting* rates in areas that have been difficult to reach.

CONCLUSION.

Based on the results of the research and discussion, the researcher can conclude that the implementation of the policy to accelerate *stunting reduction* by the Dairi Regency Office of North Sumatra Province has not been running optimally. Judging from the analysis knife used by the researcher, namely communication, communication in this policy is still not running smoothly. Transmission in this policy is not optimal, so information has not been conveyed to the entire community. The lack of clarity of information conveyed by policy implementers to the public. As well as the inconsistency of the implementers in carrying out their responsibilities. Then, the aspect of human resources that is still lacking, very limited funding resources that disrupt implementation, as well as inadequate facilities and infrastructure resources, and the unavailability of buildings to carry out posyandu. Furthermore, the third is the attitude of implementers who are lacking in carrying out their responsibilities, and the absence of *rewards*, such as intensive provision to implementers of *stunting reduction policies*. Then, the four bureaucratic structures have no special SOP because the scope regulations are too broad, and there are several other regional apparatuses related to handling the acceleration of *stunting reduction*. From the non-optimality of some of these aspects, the implementation of the Stunting Reduction Acceleration Policy by the Dairi Regency Health Office has not run optimally. The obstacle in the implementation of the policy to accelerate *stunting* reduction by the Dairi Regency Health Office is the economic limitations of the community to meet nutritional intake and **accessibility to health facilities** in the form of damaged and inadequate roads.

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