

Implementation of Budgetary Policy for Stunting Management in Wangurer Village, South Likupang District, Indonesia

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ABSTRACT

The study focuses on the procurement and distribution of supplementary feeding (PMT) financed through village funds and analyzes the determinant factors shaping implementation quality. Using a qualitative descriptive design, the original thesis gathered data through in-depth interviews, observation, and document analysis involving the village head, village secretary and finance officer, the chair of the village women's movement, posyandu cadres, health workers from the local health center, community figures, and families with children at risk of stunting. The article reorganizes the thesis into a journal manuscript modeled on the structure of the Sammy article supplied by the user while preserving the empirical substance of the original research. The findings show that the policy has been implemented procedurally through budget allocation, budget utilization, food procurement, monthly distribution, and field assistance. Stunting has been recognized as a priority in the village budget and discussed through participatory village deliberation. Nevertheless, implementation remains only partially effective. Budget decisions are still dominated by administrative logic rather than detailed nutritional evidence; the quality of supplementary food is shaped not only by technical health considerations but also by local bargaining in village meetings; distribution is highly dependent on budget disbursement; beneficiary validation and household-level monitoring remain weak; and supervision is still largely administrative rather than performance-based. Four determinant factors stand out: budget governance, technical nutritional capacity, distribution and targeting mechanisms, and collaboration plus supervision across actors. The article argues that village-level stunting policy cannot be judged only by budget absorption or formal compliance. Its effectiveness depends on whether financial planning, nutrition expertise, targeting accuracy, cross-sector coordination, and

community oversight are integrated into one implementation system. Strengthening should therefore focus on evidence-based budgeting, continuous cadre training, flexible and data-based distribution, structured monitoring of food consumption, and participatory accountability mechanisms. The study contributes to public administration literature by showing that village fund policy for stunting reduction is not merely a fiscal question, but a governance issue involving implementation capacity, local politics, intersectoral coordination, and community trust.

Keywords: community empowerment, policy implementation, public administration, stunting, supplementary feeding, village budget.

INTRODUCTION

In many local policy settings, the main challenge is not the absence of regulation but the difficulty of translating legal mandates into sustained and effective action. This is especially true for policies implemented at the village level, where public problems are concrete, resources are limited, and the success of programs depends heavily on day-to-day coordination among local actors. Stunting reduction is one of the clearest examples of such a policy field. It requires administrative commitment, budgetary prioritization, nutritional knowledge, service delivery discipline, and active community involvement. A village may formally comply with national priorities, yet the quality of implementation may still remain uneven if policy execution is dominated by routine administration rather than evidence-based intervention.

Stunting is not simply a health indicator. It reflects a deeper failure in human development, household welfare, nutritional adequacy, and public service delivery during the most critical stages of child growth. Children who experience chronic malnutrition are more vulnerable to delayed physical growth, cognitive limitations, weaker educational achievement, and long-term productivity loss. For that reason, stunting reduction has become a strategic issue in Indonesia's development agenda. It links health policy to poverty reduction, maternal care, sanitation, education, food systems, and local governance. At the village level, this broad agenda is frequently translated into the budgeting and implementation of supplementary feeding, support for posyandu, nutrition education, and related community health activities.

The village fund policy provides a major instrument for converting national priorities into local action. Through the village fund scheme, the state entrusts villages with fiscal authority and development responsibility. This authority is not merely administrative. It is normative and political because it requires village governments to interpret priorities, select interventions, negotiate needs, and allocate resources among competing demands. The use of village funds for stunting reduction is therefore an important test of local governance capacity. It shows whether villages can align national policy mandates, local evidence, technical guidance, and community participation into programs that are not only budgeted but also meaningful in their outcomes.

In the case of Wangurer Village, South Likupang District, the policy environment is both promising and challenging. On the one hand, the village government has recognized stunting as a priority issue and has allocated a substantial annual budget for supplementary feeding and related activities. The thesis notes an annual allocation of approximately IDR 176,700,000 for multiple target

groups including infants aged 0–23 months, pregnant women, breastfeeding mothers, children aged 2–6 years, adolescents, and the operation of a stunting kitchen. This allocation demonstrates visible policy commitment and suggests that the village has not ignored the issue. On the other hand, the continued presence of stunting cases in Wangurer indicates that allocation alone does not guarantee policy effectiveness.

The thesis identifies a range of implementation problems that make Wangurer a significant case for public administration analysis. Planning is formally participatory, yet public participation remains limited and data are not always updated. Stunting programs are legally prioritized, yet in practice health and empowerment activities may still compete with infrastructure and ceremonial spending. Financial administration has improved, yet documentation, reporting discipline, and the use of SISKEUDES remain uneven because of limited human resource capacity. Village officials recognize the policy mandate, yet technical understanding of nutrition standards is not evenly distributed among implementers. Monitoring exists, yet it is still weakly structured and often unable to assess whether supplementary food is consumed appropriately or whether household behavior changes are taking place.

These empirical conditions make the Wangurer case analytically important. The issue is not whether the village has adopted the stunting agenda, because clearly it has. The question is whether implementation has moved beyond procedural compliance toward substantive effectiveness. In other words, does the budgetary policy for supplementary feeding operate as an integrated system capable of translating money, regulations, and local participation into better nutritional outcomes? Or does implementation remain fragmented across administrative routines, technical gaps, and weak monitoring? These questions matter not only for Wangurer but also for broader debates on village governance, evidence-based budgeting, and the local implementation of national social policy.

The thesis by Fransye David Talumantak begins from precisely this gap between policy commitment and implementation quality. It focuses specifically on the mechanism of budgeting for supplementary feeding for children categorized as stunted and formulates two main research questions: how the process of procuring and distributing supplementary food is carried out in Wangurer Village, and what determinant factors shape that process. This article reorganizes the thesis into a journal manuscript in the style of the Sammy article provided by the user. Like that model article, the present paper does more than summarize the thesis. It transforms the thesis into a coherent journal narrative, using adapted tables and field documentation to make the findings more visible and analytically persuasive.

The article has three interrelated aims. First, it analyzes how the process of budget allocation, utilization, food procurement, distribution, and field assistance has been implemented in Wangurer Village as part of the local stunting management policy. Second, it identifies the determinant factors that influence the quality of implementation, especially budget governance, technical nutritional capacity, distribution and targeting mechanisms, and collaboration plus supervision. Third, it formulates a strengthening strategy capable of shifting the program from procedural compliance toward more evidence-based, targeted, and accountable implementation.

The significance of the article is both practical and theoretical. Practically, it provides an implementation diagnosis that can help village governments, district agencies, health workers, and community actors understand where policy execution is working and where it remains fragile.

Theoretically, it contributes to implementation studies in public administration by demonstrating that village-level stunting policy cannot be understood only through legal mandates or fiscal figures. It must also be examined through the interaction of administrative capacity, local politics, technical expertise, coordination routines, and social participation.

The argument developed here is that the budgetary policy for stunting management in Wangurer Village has been implemented but not yet optimized. The village has allocated funds, created procedures, and mobilized multiple actors; however, the implementation system still shows important weaknesses in evidence-based planning, nutritional quality control, targeting accuracy, continuity of distribution, and performance-oriented supervision. The remainder of the article elaborates this argument through a theoretical framework, a method section, a findings section built around the thesis tables, a discussion that connects the empirical evidence to implementation theory, and a concluding section that outlines implications for strengthening village governance for stunting reduction.

THEORETICAL FRAMEWORK

Policy implementation theory provides the main analytical foundation for this study. Public policy, in a classical sense, refers to what government chooses to do or not to do in response to public problems. Yet the existence of policy decisions alone does not guarantee meaningful public outcomes. Implementation is the stage at which policy intention is translated into administrative action, organizational routines, and social consequences. In village governance, this stage is particularly decisive because local officials must interpret regulations, mobilize limited resources, coordinate with multiple actors, and maintain legitimacy among citizens.

Anderson conceives public policy as a purposive course of action followed by a government actor or set of actors in dealing with a problem. This definition is relevant for the Wangurer case because the village budget for stunting is not a single isolated decision; it is a sequence of linked actions involving deliberation, allocation, procurement, delivery, and accountability. Dunn's policy perspective further deepens the analysis by showing that policy consists not only of action but also of a pattern of interdependent choices, including decisions not to act. This is important because implementation quality in Wangurer depends on how the village government balances multiple priorities and how far it chooses to invest in nutrition-sensitive action rather than in more visible but less directly relevant expenditures.

Within the broader policy process, implementation becomes the key bridge between regulation and real effects. Anderson's policy cycle and Dunn's classic framework both stress that implementation is influenced by preceding stages such as agenda setting, formulation, and adoption, but it also produces feedback for evaluation and revision. In the Wangurer case, the policy process begins from the national and regional recognition of stunting as a major public problem. It is then translated into village deliberation forums, planning documents, and budget decisions. However, what ultimately determines effectiveness is the quality of execution after these formal decisions have been made.

Edward III's framework is particularly useful because it identifies four crucial determinants of implementation success: communication, resources, disposition, and bureaucratic structure. Communication matters in Wangurer because effective stunting reduction requires information to

move clearly between village officials, health workers, cadres, BPD, and beneficiary families. Resources matter because even formally prioritized programs can fail when budgets are delayed, staff capacity is limited, or digital systems are weak. Disposition matters because implementers' commitment, understanding, and willingness to prioritize nutritional outcomes shape how regulations are carried out. Bureaucratic structure matters because unclear procedures, fragmented tasks, and weak standard operating mechanisms create inconsistency between planning and delivery.

The findings of the thesis align equally well with the Van Meter and Van Horn model. Their framework emphasizes policy standards and objectives, resources, characteristics of implementing agencies, interorganizational communication, dispositions of implementers, and the broader social, economic, and political environment. In Wangurer, the standards and objectives of stunting policy are formally clear because they are supported by village fund regulations, nutrition policy, and regional direction. Yet the translation of these standards into operational routines remains incomplete. Resources are present but constrained; communication exists but is not always integrated; the village apparatus and partner organizations have differing capacities; and the local environment includes social bargaining, participation gaps, and sectoral interests that influence policy outcomes.

Grindle's distinction between policy content and implementation context is also instructive. The content of the stunting policy is clear in its orientation toward nutritional improvement, maternal and child health, and supplementary feeding. But the context of implementation includes local political bargaining, administrative routines, changing personnel, varying technical expertise, and social perceptions of who is responsible for village funds. These contextual elements explain why a policy can be formally sound yet uneven in its effects. Wangurer illustrates that implementation does not occur in a neutral setting; it occurs in a social arena shaped by power, interests, norms, and institutional history.

From the standpoint of public administration, the study also belongs to contemporary governance debates. Rosenbloom highlights the managerial, political, and legal dimensions of public administration. All three are visible in the Wangurer case. The managerial dimension appears in planning, budgeting, procurement, and reporting. The political dimension appears in village deliberation, priority setting, and the possibility of compromise among competing interests. The legal dimension appears in compliance with village fund regulations, ministerial rules, and district guidance on stunting reduction. These dimensions do not operate separately. They interact continuously, and implementation quality depends on how well they are balanced.

More recent public administration thought has moved beyond a purely hierarchical view of the state. Denhardt and Denhardt emphasize public service values, while Ansell and Gash show that collaborative governance is necessary when public problems are complex and cross-sectoral. Stunting is exactly such a problem. No single actor can solve it alone. Village governments can allocate resources, but they depend on health workers for technical guidance, on cadres for outreach, on families for household compliance, and on community actors for legitimacy and social support. The Wangurer thesis repeatedly shows that implementation is multi-actor in practice, even when the budget is formally under village control. This makes collaboration not merely supportive but constitutive of policy success.

The concept of technical nutritional capacity adds another theoretical layer. Village budgets can fund supplementary feeding, but the nutritional quality of that feeding depends on knowledge of

Recommended Dietary Allowances, age-specific needs, food composition, and household behavior. The thesis reveals that health workers possess stronger technical understanding than some village actors and cadres. This capacity gap is important because it helps explain why budget absorption can still coexist with uncertain nutritional effectiveness. Administrative delivery without technical adequacy may satisfy reporting requirements while failing to maximize program impact.

Digital governance theory is relevant as well, especially in relation to documentation, accountability, and evidence-based management. Janssen and van der Voort note that digital tools are increasingly central to modern public administration because they support data integration, monitoring, and timely coordination. In Wangurer, administrative delays and the suboptimal use of SISKEUDES show that information systems remain a structural weakness. When financial administration is partially manual and data are updated only near reporting deadlines, policy implementation becomes reactive rather than anticipatory. In a program that depends on timely procurement and regular distribution, such digital and administrative weaknesses have direct substantive consequences.

Finally, the study is informed by social participation and public value perspectives. Moore's notion of public value reminds us that government action should be assessed by the extent to which it creates meaningful benefits for citizens, not only by whether rules are followed. In Wangurer, the real public value of the stunting budget lies not in the existence of expenditure items but in whether mothers, children, and vulnerable families receive appropriate nutrition support that contributes to healthier growth and stronger future human development. Public participation matters because village forums, social oversight, and feedback from beneficiary families can improve the relevance, fairness, and accountability of the program.

Taken together, these theories support an integrated interpretation of the thesis. The implementation of stunting policy in Wangurer is shaped by formal standards, available resources, administrative structure, technical competence, social context, and collaborative relationships. It cannot be reduced to one variable alone. A village may have legal clarity but weak monitoring; it may have committed actors but insufficient nutritional expertise; it may have budget availability but delayed disbursement; or it may have community structures but low participatory oversight. The Wangurer case demonstrates that effective stunting policy depends on the alignment of these variables. When alignment is incomplete, implementation remains procedural and only partially effective.

METHOD

This article is based on a qualitative descriptive study originally conducted in Wangurer Village, South Likupang District, North Minahasa Regency. The qualitative approach was selected because the study sought to understand how a village budgetary policy was implemented in practice, how local actors interpreted their roles, and what obstacles affected the procurement and distribution of supplementary feeding for stunting management.

The primary research site was Wangurer Village, a village that continued to face stunting risk despite the availability of policy support and annual village fund allocation. The study focused on two main issues: the process of procuring and distributing supplementary feeding, and the determinant

factors influencing that process. In the thesis, the process dimension included budget allocation, budget utilization, food procurement, distribution, field assistance, and supervision. The determinant dimension emerged from analysis and was eventually organized into budget governance, technical nutritional capacity, distribution and targeting, and collaboration plus supervision.

Data were collected through in-depth interviews, direct observation, and documentation review. Informants included the village head, the village secretary and finance officer, the chair of the village women's movement, posyandu cadres, health workers from Puskesmas Likupang Selatan, community leaders, and families with children at risk of stunting. These actors were selected purposively because they represented both implementers and affected beneficiaries. Documentary materials included the village budget, village development planning documents, budget realization reports, village stunting data, and records of posyandu or feeding-related activities.

The analysis followed the interactive model of Miles, Huberman, and Saldaña. Data were collected, reduced, categorized, displayed in narrative and table form, and then interpreted through iterative conclusion drawing and verification. Trustworthiness was strengthened through source triangulation, technique triangulation, member checking, the use of documentary evidence, and detailed description. In this journal adaptation, the thesis findings are reorganized into a more compact article structure, while tables and field images from the original dissertation are retained in adapted form to preserve the empirical grounding of the study. See table 1.

Table 1. Research informants involved in the thesis study

No.	Informant category	Number
1	Village Head (Hukum Tua) of Wangurer	1 person
2	Village Secretary and Finance Officer	2 persons
3	Chair of TP-PKK/Village women's movement	1 person
4	Posyandu cadres	1-2 persons
5	Health worker from Puskesmas Likupang Selatan	1 person
6	Community leader and beneficiary family representative	2 persons

RESULTS AND DISCUSSION

The findings indicate that the implementation of the budgetary policy for stunting management in Wangurer Village is active but not yet fully effective. The program is not absent. The village government has allocated funds, conducted village deliberation, procured supplementary food, distributed assistance, and involved local actors such as cadres, health workers, and community organizations. In that sense, implementation has moved beyond symbolic recognition of stunting as a public problem. Yet the study also shows that the policy has not matured into an integrated, evidence-

driven system of village nutrition governance. It functions procedurally, but the quality of execution remains uneven across stages.

The first major finding concerns the process of supplementary feeding itself. Budget allocation has already positioned stunting as a priority in the village budget. This is a significant institutional signal because it means the issue is formally recognized in APBDes and linked to village planning documents as well as national policy direction. The thesis also indicates that planning is carried out through village deliberation mechanisms, which gives the process a participatory and legitimate administrative basis. However, the same process also creates vulnerability. When budget priorities are discussed in broad village forums, nutritional planning can be shaped by local compromise rather than by detailed evidence of dietary need. As a result, allocation may be legitimate administratively but not always optimal technically.

The second stage, budget utilization, reveals a similar duality. On paper, funds are used through recognized village financial mechanisms, and the realization of spending follows planned categories. There is evidence of budgeting discipline and attempts at financial efficiency. However, the evaluation of expenditure remains heavily administrative, centered on financial reporting rather than on outcomes. This means that success is often judged by whether spending has been realized and reported correctly, not by whether children's nutritional conditions improve or whether household feeding practices change. In implementation terms, the program risks becoming budget-compliant without becoming impact-oriented.

The procurement of supplementary food is one of the most important substantive findings of the study. Conceptually, procurement is expected to follow nutritional standards and to involve technical input from health personnel. The thesis suggests that local food sources are used and that health workers have a good understanding of dietary requirements. This is an important strength because local-food-based intervention can be more sustainable, culturally acceptable, and economically supportive of village livelihoods. Yet the procurement process is not governed exclusively by technical criteria. Village deliberation outcomes and administrative considerations also shape the final choices. Combined with the limited technical capacity of some cadres and the absence of strong quality verification procedures, this creates the risk that food composition may not fully match the specific nutritional needs of target groups.

Distribution is implemented on a routine monthly basis and involves posyandu cadres, which gives the program regularity and community reach. The main beneficiaries are children and pregnant women, which is consistent with the logic of stunting prevention and reduction. Nevertheless, the thesis shows that distribution continuity is highly dependent on the timing of village fund disbursement. When disbursement is delayed, the feeding schedule may also be disrupted. Moreover, beneficiary validation remains weak because targeting is not always based on dynamic, individual-level nutritional data. This reduces the precision of intervention. A routine schedule alone is not enough if the right food does not consistently reach the right households at the right time.

Field assistance is present, but its structure is still underdeveloped. Cadres, health workers, and members of the village women's movement do provide education and accompaniment in the field. However, the thesis makes clear that this accompaniment is not yet standardized. There is no clear operational guideline for household follow-up, no systematic monitoring of whether the food is

actually consumed as intended, and limited evidence that nutrition education is measured in terms of behavioral change. Without this assistance component being strengthened, the supplementary feeding program risks remaining a delivery exercise rather than becoming a broader intervention in caregiving practice, feeding behavior, and nutrition awareness.

Supervision is another area where procedural implementation exceeds substantive control. The study found that monitoring takes place during the distribution of food and that several actors, including the village government, BPD, village facilitators, and community members, are formally connected to oversight. Yet the actual mode of supervision is still largely administrative. It focuses on presence, activity occurrence, and basic reporting rather than on indicators of quality, targeting, continuity, or effectiveness. Documentation of monitoring and evaluation is weak, and community participation in oversight remains passive. This means the program lacks a strong feedback mechanism through which implementation problems can be systematically identified and corrected.

The adapted thesis table below clarifies the implementation profile across the five process stages. What becomes visible is that the program's weaknesses are not random. They cluster in predictable ways. Administrative compliance is stronger than outcome measurement. Formal prioritization is stronger than technical specificity. Distribution routines are stronger than targeting precision. Assistance exists, but it is weaker as an instrument of behavior change than as a symbol of field presence. These patterns suggest that the Wangurer program has achieved procedural consolidation but has not yet reached substantive optimization. See table 2, and figure 1.

Table 2. Process findings on supplementary feeding for stunting management in Wangurer Village

Process stage	Main findings	Problems / weaknesses	Program implication
1. Budget allocation	Stunting is prioritized in APBDes; planning is conducted through village deliberation; broadly aligned with RKPDes and national regulation.	Budget remains limited; planning is not yet based on detailed nutritional need data; village bargaining may shape priorities.	Allocation is not yet fully optimal and may remain insufficiently targeted.
2. Budget utilization	Funds are used through the village fund mechanism; there is planning, supervision, and spending efficiency; realization generally follows the plan.	Evaluation remains administrative and finance-based; outcome and impact measurement is weak; transparency to the wider public is still limited.	Program effectiveness is difficult to assess from the perspective of nutritional results.
3. Food procurement	Conceptually refers to nutrition standards; involves health personnel; uses local food resources.	Procurement is influenced by village meeting outcomes rather than purely technical criteria; cadre capacity is uneven; quality verification is unclear.	Supplementary food may not fully match the specific nutritional requirements of beneficiaries.

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4. Food distribution	Distribution is routine and monthly; cadres are involved; the main target groups are reached.	Distribution depends on budget disbursement; schedules are not flexible; beneficiary validation is weak; needs are not sufficiently individualized.	Intervention continuity is vulnerable and targeting precision remains limited.
5. Field assistance	Cadres, health workers, and TP-PKK participate; nutrition education is provided.	Assistance is not structured; there is no operational standard; household consumption monitoring is absent; behavioral impact is not measured.	The program risks remaining food delivery rather than becoming behavior-changing nutrition intervention.



Panel 1



Panel 2



Panel 3



Panel 4

Figure 1. Field documentation of interviews and institutional observation

A second major set of findings concerns the determinant factors shaping implementation quality. The thesis identifies four factors that are especially important: budget governance, technical nutritional capacity, distribution and targeting mechanisms, and collaboration plus supervision. These factors are analytically useful because they do not merely describe isolated problems; they reveal how village-level policy effectiveness depends on the interaction of administrative, technical, and social variables.

Budget governance is both an enabling factor and a limiting factor. It enables the program because stunting has indeed been prioritized in the village budget, discussed in participatory forums, and linked to broader regulations. However, governance remains dominated by administrative and financial logic. The budgeting process is stronger in documenting expenditure than in using evidence on nutritional need, household vulnerability, or differentiated target groups. Budget absorption therefore does not automatically translate into better program design. This is a familiar pattern in implementation studies: financial compliance may coexist with weak substantive precision.

Technical nutritional capacity is another crucial determinant. Health workers possess relatively strong knowledge of nutrition standards and can provide guidance on appropriate supplementary food. Yet there is a visible capacity gap between trained health personnel and some community-level implementers, especially cadres. The thesis notes that cadres often follow directions without fully mastering the underlying nutritional rationale. The absence of continuous training, unclear SOPs, and limited quality control further widen this gap. As a result, even when the program is well intentioned, the nutritional adequacy of procurement and education cannot always be guaranteed consistently.

Distribution and targeting mechanisms represent the point where administrative systems meet household reality. Distribution is regular and organized, but its effectiveness is weakened by delayed fund disbursement, weak beneficiary data validation, and the lack of individual tailoring. A feeding program may appear orderly in public events while still missing differences in nutritional need across households. The Wangurer findings therefore highlight a central implementation tension: routine delivery is easier to administer than precision targeting, but public value depends on the latter as much as the former.

The final determinant factor is collaboration and supervision. Multiple actors are involved in the stunting program, including the village government, BPD, health workers, cadres, facilitators, TP-PKK, and beneficiary communities. This multi-actor structure has strong potential. Yet the thesis shows that collaboration is not yet fully integrated and often remains sectoral. Oversight exists but is focused more on activity occurrence than on program quality. Public participation is still passive, and documentation of monitoring results is weak. Without stronger collaboration and structured supervision, the program may continue running as a formal routine without building a strong cycle of learning and correction. See table 3 and figure 2.

Table 3. Determinant factors affecting supplementary feeding implementation in Wangurer Village

Determinant factor	Main findings	Problems / weaknesses	Program implication
1. Budget governance	Stunting is prioritized in APBDes; planning uses village deliberation; national regulation is	Administrative logic dominates; detailed nutritional evidence is weak; the budget is	Budget allocation and utilization are not yet fully aligned with real nutritional needs and

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	followed; there is an effort to use funds efficiently.	limited; disbursement delay remains possible; evaluation focuses on financial realization.	may produce limited impact.
2. Technical nutritional capacity	Health workers understand nutrition standards and local-food use; planning attempts to address dietary needs.	Capacity gaps exist between health personnel and cadres; sustained training is absent; quality control is weak; SOPs are unclear. Dependence on village fund disbursement causes delay; beneficiary validation is weak; intervention is not individualized; household consumption is not monitored.	Food quality and education consistency may decline, reducing program effectiveness.
3. Distribution and targeting	Monthly distribution is routine and reaches the main target groups through cadre involvement.	Collaboration is not fully integrated; roles remain sectoral; supervision is largely administrative; performance indicators and monev documentation are weak; public participation is passive.	Intervention continuity is fragile, the risk of mistargeting remains, and nutritional impact may be suboptimal.
4. Collaboration and supervision	The program involves village government, BPD, health staff, cadres, facilitators, and community actors; supervision occurs during distribution.		The program can drift toward formal routine without strong quality control, accountability, or continuous improvement.

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Panel1



Panel2



Panel3



Panel4



Panel5

Figure 2. Additional field documentation showing community and beneficiary engagement

The findings can be interpreted as evidence of partial implementation capacity at the village level. The Wangurer program has clearly moved beyond symbolic policy adoption: money has been allocated, actors have been mobilized, and supplementary feeding activities have been carried out.

However, from the perspective of policy implementation theory, the case demonstrates that the presence of activity is not the same as the presence of optimized implementation. The village has achieved procedural functioning, but the links between planning, technical adequacy, delivery continuity, and evaluative learning remain weak.

Edward III's framework helps explain this condition. Communication in Wangurer exists through village meetings, coordination among actors, and interactions during distribution. Yet communication is not always deeply analytical. Nutritional standards, beneficiary validation, and household follow-up are not consistently translated into a shared operational language among all implementers. Resources are present, especially in the form of village fund allocation, but their effectiveness is constrained by limited human capacity, weak data systems, and dependence on the disbursement cycle. Disposition appears generally supportive, as local actors recognize the importance of stunting reduction; however, supportive attitudes alone do not compensate for technical and procedural weakness. Bureaucratic structure is present in the form of village governance mechanisms, but it is not yet strong enough to guarantee standardized field assistance, quality verification, or performance-based supervision.

Van Meter and Van Horn provide a similarly revealing interpretation. Policy standards and objectives in Wangurer are relatively clear because the village operates within a broader regulatory environment that prioritizes stunting reduction. Yet the resources needed to implement those standards effectively remain uneven. Interorganizational relationships exist among the village government, health workers, cadres, BPD, and facilitators, but coordination is not yet fully integrated into a coherent implementation chain. The characteristics of implementing agencies are shaped by varying educational backgrounds, role ambiguity, and the continuing importance of informal practice. The socio-political environment also matters. Village deliberation is participatory in principle, but local bargaining can still shape what is finally budgeted or prioritized. This means the implementation environment is both enabling and constraining at the same time.

The case also illustrates Grindle's point that policy content and policy context must be analyzed together. The content of the stunting policy is developmentally sound: it aims to direct village resources toward nutritional intervention and protect vulnerable mothers and children. But the context of implementation includes limited participation, documentation weaknesses, administrative burdens, personnel changes, and unequal technical capacity. In Wangurer, the policy has not failed because its goals are misguided. Rather, it underperforms because the execution context reduces the precision and continuity needed for a nutrition program to have maximum effect.

One of the strongest insights from the thesis concerns the distinction between administrative success and substantive success. Administratively, the Wangurer program performs reasonably well. There is village planning, budget allocation, food procurement, routine distribution, and some degree of reporting and monitoring. These are not trivial accomplishments. Many local programs struggle even to establish these procedural foundations. Yet substantive success requires more. It requires that the composition of food be matched to beneficiary need, that delays be minimized, that beneficiaries be accurately identified, that households be monitored for actual consumption, and that the entire system learn from feedback. The thesis shows that these latter elements are still insufficiently developed.

This distinction is critical for village governance. When programs are judged primarily by budget absorption or the completion of scheduled activities, administrative routines become the main measure

of performance. Such an orientation is understandable because village officials are heavily accountable for documentation and reporting. However, a stunting program is ultimately a human development intervention, not merely a fiscal one. If accountability is narrowed to financial realization, village administrations may unintentionally prioritize what is easiest to prove on paper rather than what is hardest but most meaningful to achieve in practice.

The findings also reveal the importance of technical authority in local policy implementation. Health workers hold stronger knowledge regarding dietary adequacy, age-specific nutrition, and the use of local food. Yet their influence can be diluted when procurement decisions are shaped by broader village negotiation or when cadres and village officials lack sustained technical training. This creates a structural gap between administrative authority and technical authority. In practice, stunting programs work best when these two forms of authority are integrated. Administrative actors ensure legality, budget discipline, and coordination, while technical actors ensure that interventions are nutritionally valid and tailored to real needs.

A similar lesson emerges in relation to data. Beneficiary targeting in Wangurer is not entirely absent; the village and health actors do identify vulnerable groups. Yet the process is not consistently based on updated, individualized nutritional information. In village programs, data weakness is often treated as a technical inconvenience, but in fact it is a governance issue. Inaccurate or static data distort planning, procurement quantities, distribution priorities, and evaluation. Evidence-based budgeting cannot develop where the evidence base itself remains weak or inconsistently updated.

Collaboration is one of the study's most promising but underdeveloped dimensions. The Wangurer case benefits from the participation of multiple actors, which means the program already possesses a social infrastructure for collective action. The challenge is that collaboration remains partly fragmented and insufficiently routinized. Each actor contributes, but not always through a shared system of objectives, indicators, and responsibilities. As Ansell and Gash suggest, collaborative governance is not simply the coexistence of many actors. It requires structured interaction, mutual understanding, and joint ownership of public outcomes. In Wangurer, collaboration needs to be deepened so that cadres, health workers, village officials, TP-PKK, BPD, and beneficiary communities become part of a learning system rather than merely participants in separate tasks.

The role of public participation is equally important. The thesis notes that community involvement in supervision remains passive and that some citizens still regard village funds as the domain of government rather than a shared public concern. This matters because participation is not only a democratic principle; it is also a functional requirement for accountability. Families and communities are often the first to know whether supplementary food is useful, whether targeting feels fair, and whether support is actually reaching vulnerable children. When participation is weak, the program loses an important source of corrective feedback.

The thesis therefore supports a broader interpretation of stunting policy as village governance in action. The case is about nutrition, but it is also about budgeting logic, administrative learning, social legitimacy, cross-sector coordination, and the balance between formal rules and local practice. It shows that village fund policy for stunting reduction is not simply a technical extension of central government programs. It is a local governance process through which national policy is filtered, adapted, negotiated, and delivered.

Based on the findings and discussion, a strengthening strategy can be proposed. The first pillar is evidence-based budget governance. Village planning should continue to be participatory, but participatory processes must be informed by updated nutritional data and clearer differentiation among target groups. Stunting budgeting should not rely solely on broad discussion or previous-year patterns. It should be supported by village-level nutritional mapping, household vulnerability data, and stronger integration with health records.

The second pillar is continuous technical capacity building. Health workers should remain central to determining the nutritional content of supplementary feeding, but cadres and village implementers also need regular training. This training should cover not only menu composition but also age-specific nutrition, safe food handling, household counseling, and basic documentation of consumption and response. Without institutionalized training, capacity will remain person-dependent and fragile.

The third pillar is stronger distribution and monitoring systems. Distribution should remain regular, but it also needs greater flexibility to reduce vulnerability to disbursement delay. The village and its partners should strengthen beneficiary validation and create simple household monitoring tools to check whether food is received and consumed as intended. This would allow the program to move from routine delivery toward accountable intervention.

The fourth pillar is collaborative and participatory supervision. Monitoring should not stop at attendance or activity completion. It should use simple performance indicators related to targeting, timeliness, food quality, household follow-up, and documentation. BPD, cadres, TP-PKK, facilitators, and beneficiary families should be drawn into a more organized feedback system. Participatory oversight would not only improve transparency but also help build local ownership of the program's results.

The integrated strengthening matrix below summarizes these implications. Like the Sammy journal model, the matrix translates the diagnosis into action-oriented governance direction. Its purpose is not to replace the village's current system but to help move implementation from procedural functionality toward substantive effectiveness. See table 4.

Table 4. Integrated strengthening strategy for village-based stunting budget implementation

Strategic pillar	Main action	Expected institutional effect	Expected policy effect
Evidence-based budget governance	Integrate village deliberation with updated nutritional mapping, household risk data, and clearer differentiation of beneficiary groups.	Budget planning becomes more analytical, transparent, and less dependent on routine or compromise alone.	Supplementary feeding is more aligned with real nutritional need and has a greater chance of being well targeted.
Technical capacity strengthening	Provide regular training for cadres and village implementers in menu planning, age-specific nutrition, safe food	Technical competence becomes less person-dependent and coordination with health staff becomes stronger.	Food quality and education consistency improve, supporting more meaningful nutritional outcomes.

Distribution and household monitoring	handling, and behavior-focused counseling. Strengthen beneficiary validation, create simple home follow-up tools, and reduce dependence on disbursement timing through better planning.	Delivery becomes more reliable, documented, and responsive to household realities.	Interventions become more continuous, precise, and accountable.
Collaborative and participatory supervision	Use basic performance indicators, strengthen BPD and community feedback, and institutionalize cross-actor monitoring meetings.	Accountability moves beyond administrative presence toward shared quality control and learning.	The program gains transparency, corrective feedback, and stronger public trust.

At the same time, the article should be read with appropriate caution. Because the study is qualitative and localized, it does not claim statistical generalization across all villages. Its strength lies instead in analytical generalization: it shows how village fund policy for stunting can be undermined by familiar implementation problems even where commitment and budget allocation are already present. Other villages may differ in scale, resources, or social structure, but many are likely to face similar tensions between administrative compliance and substantive effectiveness. The Wangurer case is therefore best read as an instructive local case with broader relevance for village governance and public administration.

The article also has methodological value. By reorganizing the thesis into a journal format while retaining thesis-based tables and field documentation, the study shows that qualitative research can communicate implementation complexity more convincingly when narrative findings are supported by structured matrices and visual evidence. The tables make visible the systematic relationship between process stages, weaknesses, and policy implications. The field images do not function as decoration; they remind readers that implementation occurs through real interactions among officials, cadres, and community members. This combination helps bridge academic analysis and practical relevance.

A final analytical implication concerns how implementation success is measured. In many decentralized public programs, what is most visible to supervisors is spending realization, meeting attendance, or the completion of activities. Those indicators are necessary, but they are not sufficient. Wangurer demonstrates the need for a layered understanding of performance. The first layer is procedural compliance, the second is technical adequacy, the third is household reach, and the fourth is contribution to behavioral and nutritional improvement. Village governance becomes more effective when these layers are recognized together rather than collapsed into one administrative score.

Fourth, the study suggests that village health-related budgeting would benefit from a stronger convergence model. Supplementary feeding is important, but stunting reduction is also influenced by sanitation, maternal education, household food practice, and basic health service utilization. A budget line for feeding should therefore be connected to the work of posyandu, puskesmas, village facilitators, women's organizations, and family-level counseling. Convergence does not necessarily mean larger

budgets. It means that village spending decisions and local service delivery should reinforce one another rather than operate in parallel.

Third, the Wangurer findings show that local participation must be improved in a way that is both socially realistic and administratively useful. Participation in village meetings often exists formally, but low attendance, limited confidence, and assumptions that village funds are solely a government affair reduce the quality of public oversight. Stronger participation does not necessarily require complex new institutions. It can begin with clearer public information on budget use, target groups, feeding schedules, and complaint channels. When citizens can see how the program works and where they can provide feedback, participation becomes more concrete and less symbolic.

Second, the case highlights the importance of institutional memory. The thesis notes that personnel changes and varying educational backgrounds among village officials affect the continuity of implementation. This means that policy capacity cannot depend only on individual commitment or informal know-how. Villages need practical manuals, standard operating procedures, simple databases, and recurring coordination routines that survive staff turnover. Where institutional memory is weak, programs must be relearned repeatedly, and each change of personnel risks reducing consistency. For a problem such as stunting, which requires sustained intervention over time, this vulnerability is especially costly.

Several broader policy implications emerge from this case. First, village-level stunting policy should be treated as a public management issue, not only as a health program. Once this shift is made, it becomes easier to see why budgeting procedures, role clarity, training systems, and documentation practices are central to nutritional outcomes. Health workers may know what should be done nutritionally, but unless village management systems can support timely procurement, precise targeting, and credible supervision, technical recommendations will not be translated into consistent results. In this sense, the Wangurer case invites local governments to rethink stunting reduction as a matter of implementation architecture.

CONCLUSION

This article has shown that the implementation of budgetary policy for stunting management in Wangurer Village is real, structured, and institutionally supported, but not yet optimal in substantive terms. The village government has prioritized stunting in its budget, organized supplementary feeding activities, and involved multiple actors in implementation. These achievements indicate that the program has moved beyond symbolic policy recognition and has acquired procedural form. At the same time, the thesis-based evidence makes clear that procedural form is not enough. Important weaknesses remain in evidence-based planning, technical verification of supplementary food, the continuity and precision of distribution, the standardization of field assistance, and the quality of monitoring and evaluation. The main determinant factors, budget governance, technical nutritional capacity, distribution and targeting, and collaboration plus supervision, interact to shape implementation quality. When one of these factors is weak, the others are also affected. The Wangurer case therefore contributes an important lesson to public administration scholarship and village governance practice: stunting policy effectiveness cannot be assessed only through budget allocation or administrative

completion. It must be judged by how far a village can align financial planning, technical expertise, delivery systems, and social accountability around the nutritional needs of vulnerable families. Strengthening these linkages is the central task for improving policy impact. In practical terms, the way forward lies in evidence-based budgeting, continuous cadre and implementer training, more precise and monitored distribution systems, and participatory supervision that goes beyond formal attendance. If these improvements are pursued consistently, Wangurer Village will be better positioned to transform a procedurally functioning program into a more effective and accountable intervention for reducing stunting and strengthening local human development.

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