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Implementation of the Sigap Children's Home Program in Efforts to Prevent Stunting in Sokawera Village, Cilongok District, Banyumas Regency

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Abstrak. *This study aims to examine the implementation of the SIGAP Children's House Program (Rumah Anak SIGAP/RAS) in Sokawera Village as an effort to prevent stunting, using Edward III's policy implementation model which emphasizes four interrelated aspects: communication, resources, disposition, and bureaucratic structure. The research employed a qualitative descriptive method with a case study approach involving 12 informants from multiple stakeholders, utilizing in-depth interviews, field observations, and documentation analysis with the Miles and Huberman interactive model. The findings indicate that the RAS Program has been effectively implemented through comprehensive strategies that integrate educational activities, early stimulation, and family empowerment. Program communication was managed through multi-channel systems that ensured transparency and responsiveness, while adequate human and material resources supported program execution. The commitment and positive disposition of facilitators and community members strengthened the overall implementation process, and the bureaucratic structure facilitated coordination among stakeholders. This study contributes to the body of knowledge on policy implementation in health and nutrition programs by providing empirical evidence on how community-based stunting prevention initiatives can operate effectively through the synergy of communication, resource optimization, and institutional collaboration.*
Keywords: *Policy Implementation; Edward III Theory; SIGAP Children's House; Stunting Prevention; Sokawera Village.*

INTRODUCTION

Stunting is one of the chronic nutritional problems that remains a global challenge today, especially in poor and developing countries. Based on data from the World Health Organization (WHO) in 2022, the problem of global nutrition has reached a very large and complex scale. Approximately 148 million children under 5 years of age suffer from stunting, 45 million suffer from wasting, but 37 million are also overweight. Among children and adolescents aged 5-19 years, an estimated 190 million are underweight and 160 million are obese. Meanwhile, among

adults aged 20 years and above, approximately 350 million are underweight and 880 million are obese. These figures show that the world is facing a very large and complex public health problem.

Indonesia, as a developing country with a large and diverse population, faces serious challenges related to malnutrition, especially stunting in toddlers, which stems from the problems of Chronic Energy Deficiency (CED) in pregnant women and Low Birth Weight (LBW) (Hatta, 2022).Stunting, a condition in which children experience growth disorders due to chronic malnutrition, has become a major public health problem in Indonesia. Low Birth Weight (LBW) (Hatta, 2022). Stunting, a condition in which children experience growth disorders due to chronic malnutrition, has become a significant public health problem in this country.

Table 1. Trends in the Nutritional Status of Indonesian Children Under Five Years of Age

Description	Riskesdas Results		SSGI Results		
	2013	2018	2019	2021	2022
Stunting	37,6	30,8	27,7	24,4	21,6
Wasting	12,1	10,2	7,4	7,1	7,7
Underweight	19,6	17,7	16,3	17,0	17,1
Oveerweight	11,8	8,0	4,5	3,8	3,5

Source: Indonesian Nutrition Status Survey Pocket Book 2022

Based on data from the National Health Survey, there has been a downward trend in stunting rates in Indonesia in recent years. In 2013, the prevalence of stunting in Indonesia was recorded at 37.6%, then decreased to 30.8% in 2018. This downward trend continued, with stunting rates reaching 27.7% in 2019 and 24.4% in 2021. In 2022, the prevalence of stunting is projected to decline further to 21.6%. In addition to stunting, improvement trends are also evident in other nutritional parameters. The rate of wasting or thinness decreased from 12.1% in 2013 to 7.7% in 2022. Meanwhile, the prevalence of underweight or malnutrition also decreased from 19.6% in 2013 to 17.1% in 2022. Conversely, the prevalence of overweight has decreased significantly from 11.8% in 2013 to only 3.5% in 2022.

This trend of improvement in the nutritional status of children in Indonesia shows progress in national nutrition improvement efforts. The substantial decline in stunting rates, from 37.6% to 21.6% in a period of 9 years, indicates the success of the nutrition intervention programs that have been implemented. However, this achievement still needs to be strengthened, considering that the prevalence of stunting in Indonesia is still above the rate set by the WHO as a serious public health problem, which is 20%. Comprehensive and sustainable efforts from various stakeholders will continue to be needed to achieve the stunting reduction target set by the government.

Table 2. Prevalence of Nutritional Status of Children Under Five Years of Age in Banyumas District, Indonesian Health Survey (SKI) 2023

Indicator	Banyumas	Central Java average
Stunting (%)	20,9	20,7
Wasting (%)	4,1	7,1
Underweight (%)	15,3	14,4
Overweight (%)	2,9	4,2
N Scales	1,868	37,972 (total)

Source: https://www.badankebijakan.kemkes.go.id/hasil-ski-2023/ (processed)

The data above shows that the prevalence of stunting in Central Java Province reached 20.7% in 2023. This figure places Central Java in the category of regions that require special attention and more intensive efforts to overcome the problem of stunting. The provincial government, together with various stakeholders, needs to design and implement comprehensive and effective strategies to significantly reduce this figure. This includes improving nutritional quality, improving sanitation, educating the community about the importance of child nutrition, and increasing access to quality health services (Sumartini et al., 2023). Based on the data presented in the table, it can be concluded that the prevalence of stunting in Banyumas reaches 20.9%, which means that more than one-fifth of toddlers in this district suffer from chronic growth problems. In addition, 4.1% of toddlers experience wasting (acute malnutrition), and 15.3% are classified as underweight. On the other hand, 2.9% of toddlers are overweight. This data shows that there is a double burden of malnutrition in Banyumas Regency, where problems of undernutrition and overnutrition occur simultaneously. Compared to the average for Central Java Province, Banyumas has a slightly higher stunting rate (20.9% compared to 20.7% for the province), but lower rates of wasting and underweight. This situation indicates the need for comprehensive and focused nutrition interventions, especially to address the still relatively high stunting rate in Banyumas District.

Table 3. Data on the Nutritional Status of Toddlers in Banyumas Regency Based on the Results of Simultaneous Weighing in February 2023

No	District/City	Age	Number of Toddlers Measured	Number of Very Short Toddlers	TB/U		
					Number of Short Toddlers	Number of Stunted Toddlers	% Stunted Toddlers
1	Banyumas	0 – 23 months	96276	2092	8840	10932	11,35
2	Banyumas	24 – 59 months	58740	1332	6428	7760	13,21
3	Banyumas	0 – 59 months	37536	760	2412	3172	8,45
Total			192552	4184	17680	21864	33,01

Source: https://dppkbp3a.banyumaskab.go.id/ (processed)

Based on data on the nutritional status of toddlers in Banyumas Regency from simultaneous weighing in February 2023, out of a total of 192,552 toddlers measured, there were 21,864 toddlers who were stunted, with a total percentage of 33.01%. The details show that the 24-59 month age group had the highest prevalence of stunting at 13.21% (7,760 children), followed by the 0-23 month age group with 11.35% (10,932 children), while the 0-59 month age group had the the lowest prevalence of 8.45% (3,172 toddlers). These figures indicate that the problem of stunting in Banyumas Regency remains a serious challenge in public health development, especially among toddlers aged 24-59 months.

Table 4. Data on the Nutritional Status of Toddlers at the Cilongok I Community Health Center Based on the Results of Simultaneous Weighing in February 2023

No	Community Health Center	Age	Number of Toddlers Measured	Number of Very Short Toddlers	TB/U		
					Number of Short Toddlers	Number of Stunted Toddlers	% Stunted Toddlers
1	Cilongok I	0 – 23 Months	1533	63	143	206	13,44
2	Cilongok I	24 – 59 Months	2433	80	393	473	19,36
3	Cilongok I	0 – 59 Months	3976	143	536	679	17,08
Total			7942	286	1072	1358	49,88

Source: https://dppkbp3a.banyumaskab.go.id/ (processed)

Based on data on the nutritional status of toddlers at the Cilongok I Community Health Center from simultaneous weigh-ins in February 2023, out of a total of 7,942 toddlers measured, 1,358 toddlers were found to be stunted, with a fairly high total percentage of 49.88%. The 24-59 month age group showed the highest prevalence of stunting at 19.36% (473 children), followed by the 0-59 month age group at 17.08% (679 children), and the 0-23 month age group at 13.44% (206 children). These data show that the prevalence of stunting in the Cilongok I Community Health Center working area is very alarming because it is almost 50% of the total toddlers measured, much higher than the average for Banyumas Regency, thus requiring special attention and intervention from relevant parties.

Sokawera Village, which is covered by the Cilongok I Community Health Center, has become one of the focus areas for intervention due to the high rate of stunting in the region. Responding to this situation, the Banyumas Regency Government collaborated with the Tanoto Foundation and relevant stakeholders to initiate the SIGAP Children's House (Preparing a Generation of Achieving Children) program in Sokawera Village. This program is designed as an integrated intervention covering health, nutrition, early stimulation, and family empowerment, with the aim of not only reducing stunting rates but also improving the quality of children's growth and development holistically. Given the magnitude of the stunting challenge in the Cilongok I region, including Sokawera Village, and the significant investment of resources in the implementation of the SIGAP Children's House program, this study aims to examine in greater depth how the SIGAP Children's House program is implemented in Sokawera Village and the extent to which this program has been successful in reducing stunting rates. With a stunting prevalence of 17.08% in the Cilongok I region, and even 19.36% for the 24-59 month age group, the success of this program could have a significant impact on improving the nutritional status and health of children in Sokawera Village.

In the Big Indonesian Dictionary, implementation can be defined as execution or application. Usman (2002) in (Rosad, 2019)states that implementation or execution includes activities, actions, measures, or mechanisms in a system. Implementation is not merely an activity, but a planned activity aimed at achieving specific results. From this definition, it can be concluded that implementation is more than just an activity; it is a structured and serious process that refers to certain norms to achieve predetermined objectives. Therefore, implementation is not independent but is influenced by relevant objects or factors. In the context of this study, the implementation of the SIGAP Children's House program will be assessed based on the extent to which the program has succeeded in reducing the prevalence of stunting in Sokawera Village.

Therefore, this study will not only measure the impact of the program, but will also explore the factors that support or hinder its successful implementation. Based on the background described above, the author is interested in taking the title "Implementation of the SIGAP Children's House Program in Efforts to Prevent Stunting in Sokawera Village, Cilongok District, Banyumas Regency".

METHOD

This study uses a qualitative descriptive method with a case study approach aimed at providing an in-depth understanding of the implementation of the SIGAP Children's House Program in stunting prevention efforts. The researcher designed, conducted, analyzed, and reported the research results based on data collection through written and oral questions to relevant sources. The research was conducted in Sokawera Village, Cilongok Subdistrict, Banyumas Regency, which was chosen because it is the location for the implementation of the stunting reduction program through Rumah Anak SIGAP. This village also reflects an important example in overcoming the problem of stunting in areas with a relatively high prevalence.

Data collection was conducted through two main sources, namely primary and secondary data. Primary data was obtained through direct interviews with various parties involved, such as the village head, program coordinator, facilitator, health worker, posyandu cadre, and families benefiting from the program. The researchers also conducted direct observations of activities taking place in the field to gain a deeper understanding of the implementation process, interactions between stakeholders, and the social and cultural context that influenced the program's success. Meanwhile, secondary data was obtained from various official documents, such as program reports, stunting statistics, meeting minutes, books, journals, and articles that support this research.

The informant selection technique was carried out using purposive sampling, which is selecting informants who have knowledge, involvement, or experience relevant to the program implementation. A total of 12 informants were selected to represent various parties, including the village head, program coordinators and facilitators, health workers, posyandu cadres, and program beneficiaries. The researchers ensured that each informant could provide significant information to answer the research questions.

The collected data was analyzed using the Miles and Huberman data analysis model, which consists of three main stages: data reduction, data presentation, and conclusion drawing or verification. Data reduction was carried out by summarizing and grouping relevant data according to the research focus, while data presentation was carried out in the form of descriptive narratives to illustrate the program implementation. Data presentation was carried out in the form of descriptive narratives to illustrate the program implementation. Data reduction was carried out by summarizing and grouping relevant data according to the research focus Data reduction was carried out by summarizing and grouping relevant data according to the research focus, while data presentation was carried out in the form of descriptive narratives to illustrate the implementation of the program. Conclusions were drawn systematically and based on verified evidence.

Data validity was tested through credibility, transferability, dependability, and confirmability tests to ensure that the research results were valid, reliable, and scientifically accountable. Credibility tests were conducted through extended observation, increased persistence, and data triangulation, while transferability was assessed based on the extent to which the research results could be applied in other contexts. Dependability measured the consistency of the research process, and confirmability ensured that the research results were objective and

free from personal bias. With this approach, the study is expected to provide in-depth insights into the effectiveness of the SIGAP Children's House Program in reducing stunting rates in Sokawera Village, as well as provide recommendations for the development of similar policies in other regions.

RESULTS AND DISCUSSION

According to George C. Edward III (1980), policy implementation is determined by four essential variables: communication, resources, disposition, and bureaucratic structure. These elements are interdependent and collectively influence how effectively a policy achieves its intended outcomes. Edward emphasizes that successful implementation does not depend solely on the policy content, but on how it is communicated, supported by adequate resources, implemented by actors with commitment, and guided by a well-structured bureaucracy. This theory has become one of the most widely applied frameworks in public policy research, especially for analyzing the effectiveness of social and health programs in developing regions.

In the context of stunting prevention, Edward's model has been frequently used as an analytical tool to identify the barriers and drivers of program success. For example, Kogoya et al. (2024) applied Edward's model to evaluate the implementation of a stunting prevention policy in Papua, revealing that communication clarity and implementer disposition were the dominant factors determining program success. Similarly, Mokoginta et al. (2025) found that in Bolaang Mongondow, resource constraints and bureaucratic rigidity were the main challenges hindering policy outcomes. Meanwhile, Rahmadani (2024) examined the implementation of a stunting prevention program at the Lapadde Health Center in Parepare, emphasizing that limited communication between health officers and cadres led to inconsistencies in field implementation. Furthermore, Sutarto (2024) in Bandung and Yulianti (2024) in Purbalingga discovered that weak inter-agency coordination within the bureaucratic structure often delayed program outputs, even when funding and planning were adequate.

These previous studies consistently indicate that Edward's four variables are deeply interconnected. Communication failures can affect resource allocation; inadequate resources can weaken implementer commitment (disposition); and poor bureaucratic coordination can slow decision-making and service delivery. Based on this theoretical and empirical foundation, this study adopts Edward III's model to analyze the implementation of the SIGAP Children's House Program (Rumah Anak SIGAP) in Sokawera Village as a community-based intervention to prevent stunting.

By comparing findings from previous studies with the present case, this research aims to show how Edward's framework operates at the village level and to identify which aspects have been successfully optimized and which remain as challenges. The use of this model provides a systematic structure to interpret the interactions among stakeholders, the allocation of resources, the motivation of implementers, and the coordination of local institutions in achieving program objectives.

Rumah Anak SIGAP (RAS) is an initiative that aims to support early childhood development in Indonesia. This program is a collaboration between the Tanoto Foundation and local governments, with a primary focus on children aged 0–3 years. The goal is to provide comprehensive education and health services to ensure that children have a strong foundation from an early age. Activities include thematic classes, playgroups, individual stimulation services, home visits, and public lectures. The program not only prioritizes children but also parents, to raise awareness about the importance of early stimulation. In its implementation, the SIGAP

Children's House involves various parties, from village midwives and health cadres to coordinators and facilitators appointed directly. Located in the village, this program is expected to reach communities that have previously struggled to access education and child health services. Photos of activities in parenting classes or a program location map can be used to provide a more concrete picture.

Figure 1. SIGAP Children's House Thematic Class
Source: Personal Documentation

Early childhood education is an important foundation in a child's life. Between the ages of 0 and 3, a child's brain develops very quickly and therefore needs the right stimulation. Many parents in rural areas do not understand the importance of early childhood parenting, so early education is often neglected. Through the SIGAP Children's House, the community is educated about the benefits of proper parenting, such as improving children's cognitive, emotional, and social abilities. This program also seeks to dispel myths that often become barriers, such as the assumption that early childhood does not need educational play. In addition, RAS teaches the importance of the family's role in creating a positive learning environment.

In running the SIGAP Children's House, there is an implementation structure that is designed to be efficient and effective. The program is led by a coordinator who serves as the main liaison with the Tanoto Foundation. Furthermore, there are facilitators who play a role in carrying out activities in the field, such as parenting classes and thematic classes. The village head, village midwife, and health cadres are tasked with educating the community to socialize the RAS program at the beginning, especially regarding child health and parenting. To ensure the sustainability of the program, local health cadres are selected directly by the village midwife to participate in an 8-day training program with the Tanoto Foundation. This cadre training process is a crucial element in ensuring the long-term sustainability of the program. The hierarchical structure of the program implementation scheme clarifies the flow of responsibilities and roles of each party.

1. Communication Aspects

According to Edward III (1980), “for implementation to be effective, those whose responsibility it is to implement a decision must know what they are supposed to do. Orders to implement policies must be transmitted to the appropriate personnel, and they must be clear, accurate, and consistent.” This emphasizes that effective policy implementation requires clarity, accuracy, and consistency in communication. When information about a program’s goals and procedures is vague or inconsistent, implementers may misinterpret directions and deviate from the intended outcomes. Thus, communication is the backbone of implementation, shaping how decisions are translated into actions at every administrative level. Empirical findings from previous research confirm this argument. Similarly, (Hernawati, 2019), in her study on the

implementation of the Infant and Toddler Nutrition Improvement Program at the Village Health Post (Poskesdes) in Kiarapayung Village, Ciamis Regency, revealed that ineffective communication between midwives, cadres, and the community hindered program implementation. Her findings indicated that the lack of clarity in delivering information and weak coordination among health actors contributed to suboptimal outcomes in improving infant and toddler nutrition. This aligns with Edward's (1980) argument that distorted or incomplete communication impairs implementation quality by allowing misinterpretation and inconsistency among implementers.

In the case of the SIGAP Children's House (RAS) Program in Sokawera Village, the communication flow demonstrates a structured and systematic pattern. The Tanoto Foundation acts as the main communicator, transmitting directives to program coordinators, facilitators, and cadres through clear and consistent channels. Daily coordination is conducted through WhatsApp groups, while periodic meetings allow for direct evaluation and adjustment. This communication model exemplifies Edward's (1980) concept of "accurate and consistent transmission," where information flows clearly across organizational levels. Moreover, the RAS Program employs various media—face-to-face discussions, digital platforms, and formal reporting systems—to ensure the accessibility and accountability of information. The program's multi-channel communication strategy mirrors Edward's emphasis on adaptability in message delivery. Socialization is conducted through PKK meetings, health posts, and digital outreach, fostering inclusivity among diverse community groups. Transparency also emerges as a strength; because the program is fully funded by the Tanoto Foundation, information about activities and schedules is disseminated openly, increasing community trust. Documentation systems support accountability, as every activity is recorded and reported in real time.

Nevertheless, cultural barriers remain a challenge in Sokawera Village. Local beliefs, such as the notion that infants should not leave the house before forty days, limit participation among certain families. This situation illustrates Edward's argument that unclear or inconsistent communication can foster discretion and misinterpretation among implementers and target groups. The RAS team responded through culturally sensitive communication, collaborating with religious and community leaders to realign understanding. By adapting messages to local contexts, the program ensured not only message delivery but also comprehension and acceptance—affirming Edward's (1980) view that effective communication must be contextually grounded.

In summary, the RAS Program's communication system reflects a strong alignment with Edward's communication dimension. Clear directives, consistent feedback, and adaptive strategies contribute to smooth coordination. This effective communication flow sets a foundation for the next stage of implementation: ensuring that adequate resources support the achievement of these well-communicated goals.

2. Resource Aspects

Edward III (1980) stated, "No matter how clear and consistent implementation orders are and no matter how accurately they are transmitted, if the personnel responsible for carrying out policies lack the resources to do an effective job, implementation will not be effective." This highlights that resources—both human and material—are essential for transforming plans into outcomes. Implementation quality depends not only on how well directives are communicated but also on whether sufficient resources exist to support those directives. Previous studies further reinforce this theoretical view. Mokoginta et al. (2025) found that in Bolaang Mongondow, limited human resources and delayed logistics hindered the implementation of stunting prevention

programs. Basnawiyati et al. (2024)in their research "Implementation of Stunting Prevention Movement Program" conducted at SDN 005 Kaliorang, East Kutai Regency, revealed that the success of the program strongly depended on the availability of resources such as human capacity, funding, and adequate facilities. Their study emphasized that cross-sector collaboration and sufficient resources were critical factors supporting stunting prevention efforts. Conversely, the lack of coordination among stakeholders, limited monitoring and evaluation systems, and inadequate infrastructure in underprivileged schools were identified as major obstacles that hindered program implementation. These findings align with Edward's (1980) argument that without proper allocation of staff, expertise, and facilities, policies are unlikely to reach their intended impact, regardless of how clear or consistent the communication may be.

In the RAS Program, resources are adequately supported by the Tanoto Foundation and the local village government. Financial support, facilities, and learning materials are provided to ensure optimal program delivery. Educational modules and child development tools are tailored to different age groups and designed by early childhood experts, ensuring content quality. The development of learning modules and educational kits exemplifies resource optimization in accordance with Edward's view of "staff with the necessary expertise." Furthermore, inventory management systems are developed to ensure efficient utilization of these materials. Human resources remain a crucial factor. Out of eighteen candidates who applied as facilitators, only five were selected after rigorous training and certification by the Tanoto Foundation. These facilitators receive continuous online training and performance evaluations to strengthen competence and accountability. This condition resonates with Yulianti's (2024) findings in Purbalingga, where continuous cadre training significantly enhanced service delivery quality. In the RAS Program, facilitators' professional development is ongoing, ensuring sustainability and consistency of program quality.

However, dependency on external donors presents a long-term risk. As Kogoya et al. (2024) highlighted, reliance on donor funding can threaten sustainability once support phases out. Similarly, in Sokawera Village, the RAS Program faces the challenge of maintaining operations post-Tanoto support. To mitigate this, the local government plans to integrate RAS activities into the village budget (APBDes), creating a sustainable funding model. This local adaptation aligns with Edward's (1980) recommendation that effective implementation requires institutional capacity and local ownership. The RAS Program's resource management reflects both strengths and foresight. Adequate funding, expertise, and infrastructure sustain daily operations, while adaptive resource planning ensures continuity. As Edward (1980) noted, resource sufficiency alone is not enough—it must be effectively mobilized and equitably distributed. The RAS Program's balance between donor support and local empowerment demonstrates this equilibrium.

Figure 2. SIGAP Children's Home Learning Module
Source: Personal Documentation

Ultimately, with clear communication already established, sufficient resources serve as the next pillar ensuring that implementation proceeds efficiently. These resources empower facilitators to act effectively, setting the stage for the third determinant—disposition, or the implementers' motivation and commitment to the program's goals.

3. Disposition Aspect

In Edward's (1980) theoretical framework, disposition refers to the attitudes and motivations of policy implementers. He explained, "If implementation is to proceed effectively, not only must implementors know what to do and have the capability to do it, but they must also desire to carry out a policy." This highlights that even when communication and resources are sufficient, programs may still fail if implementers lack the commitment or willingness to perform. Thus, the disposition of actors becomes the moral and emotional engine that determines whether implementation translates into real outcomes. Empirical evidence supports this argument. Empirical evidence supports this argument. Rizki Amelia et al. (2023) in their study on the Implementation of the Stunting Prevention Program at the Lapadde Health Center, Parepare City, found that strong motivation among health workers and cadres played a crucial role in sustaining program activities despite limited facilities and resources. The implementers' commitment to continuously providing education and utilizing available health center facilities effectively contributed to maintaining community participation and achieving program goals. Likewise, Kogoya et al. (2024) observed that despite limited facilities in Jayapura, strong motivation among program implementers ensured program continuity. These findings emphasize Edward's point that implementers' positive attitudes can compensate for resource constraints and enhance program success.

In the context of the RAS Program in Sokawera Village, the disposition of facilitators, coordinators, and community members demonstrates strong commitment and motivation. The facilitators exhibit high attendance rates and consistently provide quality services despite limited honoraria. Their dedication extends beyond regular working hours, reflecting intrinsic motivation aligned with program goals. The village government also provides continuous support by offering meeting spaces and logistical assistance, showing institutional commitment to sustaining the program.

Furthermore, in terms of disposition or attitude, the implementers showed strong commitment from various stakeholders in supporting the success of the program. The village government provided full support for the implementation of the program, including the provision of supporting infrastructure such as meeting rooms and other supporting facilities. The facilitators demonstrate high motivation in running the program, despite limited honoraria, which is reflected in their consistent attendance and quality of service. They have a clear focus on efforts to change community parenting patterns and are committed to the predetermined schedule of activities. The facilitators' dedication is evident in their willingness to work outside of office hours when necessary. The community also showed a positive response to the program, as seen in the enthusiasm and high level of participation. Periodic evaluations showed a high level of satisfaction among program participants with the facilitators' performance. A career development and incentive system was developed to maintain the motivation of program implementers, in this case the coordinators and facilitators.

The level of community participation in the program shows interesting variations and dynamic patterns of participation. Some communities are very active and enthusiastic in participating in the program, as demonstrated by their regular attendance and active involvement in every activity. The data shows that this group is dominated by young mothers with a secondary education or higher. Meanwhile, others are still constrained by various factors such as work commitments, especially for mothers who work in the formal sector. Distance and accessibility are particular challenges, especially for residents living in remote villages. The level of understanding of the benefits of the program also varies among different community groups. Education and family support have proven to play an important role in determining the level of community participation in the program. Analysis shows a positive correlation between parents' education levels and consistent participation in the program. The program has developed specific strategies to increase the participation of less active groups.

Previous research has similarly emphasized that disposition and community involvement are interconnected. Sutarto (2024) found that participants' motivation and belief in program benefits determine their consistency in attendance. In line with this, the RAS Program in Sokawera integrates motivational approaches—such as parenting discussions and flexible activity schedules—to maintain enthusiasm among participants. These adaptive strategies show how positive implementer disposition can also influence community engagement, strengthening overall policy effectiveness. As Edward (1980) stated, "Decision-makers are often faced with the task of trying to manipulate or work around implementors' dispositions to ensure effective policy execution." The RAS Program's incentive and recognition systems represent practical applications of this idea, where facilitators receive appreciation and ongoing training to maintain enthusiasm. This reflects that commitment and emotional investment are essential for sustaining program performance.

In conclusion, the disposition aspect in the RAS Program strongly aligns with Edward's theory. High motivation among facilitators, supportive leadership from the village government, and active community participation all reinforce policy success. Yet, as Edward (1980) noted, disposition alone is not enough—it must operate within a supportive bureaucratic structure, which determines how effectively coordination and supervision occur.

4. Bureaucratic Structure

Edward III (1980) stated that even if sufficient resources exist and implementers are motivated, implementation may still fail due to deficiencies in bureaucratic structure. He argued, "Organizational fragmentation may hinder the coordination necessary to implement successfully

a complex policy requiring the cooperation of many people." Furthermore, he noted that standard operating procedures (SOPs) that are too rigid may stifle innovation and responsiveness. Hence, a well-structured bureaucracy with clear lines of authority and coordination is crucial for implementation success. Supporting this perspective, previous studies have shown how bureaucratic arrangements influence program performance. Mokoginta et al. (2025) observed that overlapping institutional roles and unclear coordination between health departments and village officials in Bolaang Mongondow delayed stunting intervention delivery. Conversely, Yulianti (2024) found that a clearly defined bureaucratic flow and functional coordination in Purbalingga significantly enhanced inter-agency cooperation. These findings confirm Edward's argument that organizational clarity fosters consistency and accountability in policy execution.

In the RAS Program, the bureaucratic structure was designed to ensure efficiency and transparency. The Tanoto Foundation serves as the central coordinator, followed by local coordinators, facilitators, and community cadres who work directly with beneficiaries. This hierarchical system facilitates decision-making and ensures smooth communication across levels. The division of roles and responsibilities prevents task overlap, while regular monitoring and evaluation mechanisms help identify obstacles early. The organizational structure of the RAS program is designed with consideration for implementation effectiveness, with a clear coordination flow from the Tanoto Foundation down to the community level. This structure facilitates efficient decision-making and smooth communication between organizational levels. The division of roles and responsibilities is clearly defined to avoid overlapping tasks. This clear structure supports various aspects of program implementation, including effective coordination between various stakeholders. A clear division of tasks enables specialization and focus in program implementation. A regular program monitoring and evaluation system enables early detection of various implementation obstacles. Program operational procedures have been well standardized, covering detailed planning stages. Program implementation follows a predetermined schedule with measured flexibility. Program evaluation is conducted systematically with the involvement of various stakeholders.

In its implementation, the program adopts various innovative activities designed based on the specific needs of the target community. Play Together Activities (KBB) are carried out with a fun learning approach that is appropriate for the child's stage of development. Monthly lectures are designed to provide parents with a comprehensive understanding of various aspects of child growth and development. Home visits to monitor child development are conducted in a structured manner using standardized assessment instruments. Program evaluation is carried out periodically through an integrated reporting system. Daily activity reports provide a detailed overview of program implementation in the field. Monthly evaluations enable the identification of trends and patterns in program implementation. Facilitator performance is assessed using measurable and objective indicators. Feedback from program participants is an important input for program improvement.

This structured system reflects Edward's (1980) concept that bureaucratic order and coordination minimize confusion and inefficiency. The RAS Program's standardized procedures (SOPs) enhance reliability and enable innovation within a controlled framework. Moreover, involving multiple stakeholders—from the Tanoto Foundation to village cadres—illustrates the integration of vertical and horizontal coordination, ensuring that no function is overlooked. As Edward (1980) emphasized, fragmentation and rigid SOPs can become barriers, but adaptive governance can overcome them. The RAS Program's approach of maintaining flexibility in

activity schedules and responsiveness to community feedback represents an evolution of bureaucratic structure—balancing order with adaptability.

Therefore, the bureaucratic structure aspect in the RAS Program aligns strongly with Edward's theoretical proposition. A clear organizational hierarchy, coordinated communication, and participatory monitoring foster consistency and sustainability. This final aspect interconnects with the previous three—communication, resources, and disposition—forming a holistic system that drives successful program implementation in stunting prevention efforts.

CONCLUSIONS

The implementation of the SIGAP Children's House (RAS) Program in Sokawera Village, Cilongok District, Banyumas Regency has demonstrated notable achievements in stunting prevention. This study reveals that the program successfully developed effective and innovative communication strategies through a multi-channel approach that integrates various platforms and respects the local cultural context. The structured communication flow from the Tanoto Foundation to the community level enabled comprehensive and targeted dissemination of information, ensuring message clarity and engagement at every level.

In terms of resources, the program received substantial support, both financially and materially. The Tanoto Foundation provided high-quality learning modules developed by expert teams, alongside an intensive selection and training process for facilitators. Of the 18 candidates, only 5 were selected after rigorous preparation, ensuring competence and accountability in program execution. The commitment of all stakeholders has been a decisive success factor—the village government offered full institutional backing, facilitators demonstrated strong motivation, and community members showed enthusiastic participation. The program's organizational structure, designed with clear coordination flows and standardized role distribution, facilitated systematic and goal-oriented implementation.

The implementation of the SIGAP Children's House Program thus highlights a holistic and strategic approach to stunting prevention, combining education, early stimulation, and family empowerment. The program's success is reflected in the improvement of parental knowledge, positive changes in childcare practices, and the emerging potential for reduced stunting prevalence in the region.

In conclusion, the implementation model of the SIGAP Children's House Program in Sokawera Village can serve as a reference for similar initiatives in other regions. The success of this program underscores the importance of comprehensive, participatory, and locality-based strategies in addressing stunting. These findings reaffirm Edward III's theoretical framework that effective policy implementation relies on the synergy between communication, resources, disposition, and bureaucratic structure. Strengthening these dimensions, along with sustainable local commitment, is essential for advancing future stunting prevention efforts.

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