

**APPENDIX C  
FOCUS GROUP DISCUSSION (FGD) GUIDELINES**

**STUDY OF DRIVING AND INHIBITING FACTORS IMPLEMENTATION OF POLICIES TO ACCELERATE  
REDUCTION OF STUNTING PREVALENCE THROUGH SPECIFIC NUTRITION INTERVENTIONS IN  
BENGKULU PROVINCE**

**A. INFORMANT IDENTITY:**

**No** : .....  
**Place/date of Birth (Age)** : .....(.... year)  
**Last formal education** : .....  
**Work** : .....

Thank you for agreeing to participate in this interview. This research aims to examine the driving and inhibiting factors for implementing policies to accelerate the reduction of stunting prevalence through specific nutritional interventions in Bengkulu Province. All information you provide will be kept confidential and used for research purposes only. Do you agree to continue this interview?

Based on the results of the 2022 Indonesian Nutrition Status Survey (SSGI), the prevalence of stunting in Kepahyang Regency is among the highest in Bengkulu Province. We will ask about the role of cadres and community involvement in 11 specific nutritional intervention indicators.

NO	INDICATOR	Question
1	Anemia screening	Are there anemia screening activities for adolescent girls?
		Are cadres involved in anemia screening activities for adolescent girls?
		What is the role of cadres in anemia screening activities for adolescent girls?
		Is the target actively participating in anemia screening activities for adolescent girls?
		Are anemia screening activities for adolescent girls going well?
		What obstacles are faced in anemia screening activities for adolescent girls?
2	Consumption of blood supplement tablets (TTD) in young women	Are there any activities for consuming blood supplement tablets (TTD) for young women?
		Are cadres involved in the activities of consuming blood supplement tablets (TTD) for young women?
		What is the role of cadres in the activity of consuming blood supplement tablets (TTD) for young women?
		Is the target actively participating in the activity of consuming blood supplement tablets (TTD) for young women?
		Is the activity of consuming blood supplement tablets (TTD) for young women going well?
		What obstacles are faced in the activity of consuming blood supplement tablets (TTD) for young women?
3	Pregnancy examination (ANC) (This pregnancy examination intervention is carried out at least 6 times in health facilities)	Are there any pregnancy check-up activities (ANC) (This pregnancy check-up intervention is carried out at least 6 times in health facilities)
		Are cadres involved in pregnancy examination (ANC) activities?
		What is the role of cadres in pregnancy examination (ANC) activities?
		Does the target actively participate in pregnancy examination (ANC) activities?
		Is the pregnancy examination (ANC) activity going well?
		What obstacles are faced in pregnancy examination (ANC) activities?
4	Consume tablets to increase blood pressure for pregnant women	Are there any activities for consuming blood supplement tablets for pregnant women?
		Are cadres involved in the activity of consuming blood supplement tablets for pregnant women?
		What is the role of cadres in the activity of consuming blood supplement tablets for pregnant women?
		Is the target actively participating in the activity of consuming blood supplement tablets for pregnant women?
		Does the activity of consuming blood-boosting tablets for pregnant women?

		What obstacles are faced in the activity of consuming blood supplement tablets for pregnant women?
5	Supplemental food for pregnant women with chronic energy deficiency (KEK)	Are there any activities to provide additional food for pregnant women with chronic energy deficiency (CED)
		Are cadres involved in providing additional food to KEK pregnant women?
		What is the role of cadres in the activity of providing additional food for KEK pregnant women?
		Is the target actively participating in the activity of providing additional food for KEK pregnant women?
		Is the activity of providing additional food for KEK pregnant women going well?
		What obstacles are faced in providing additional food to KEK pregnant women?
6	Monitoring toddler growth	Are there activities to monitor toddler growth?
		Are cadres involved in monitoring toddler growth activities?
		What is the role of cadres in monitoring toddler growth activities?
		Does the target actively participate in monitoring toddler growth activities?
		Is the toddler growth monitoring activity going well?
		What obstacles are faced in monitoring toddler growth activities?
7	Exclusive breastfeeding for 6 months	Is there exclusive breastfeeding for 6 months?
		Are cadres involved in exclusive breastfeeding activities for 6 months?
		What is the role of cadres in 6 month exclusive breastfeeding activities?
		Is the target actively participating in exclusive breastfeeding activities for 6 months?
		Is exclusive breastfeeding for 6 months going well?
		What obstacles are faced in carrying out exclusive breastfeeding for 6 months?
8	Providing MPASI rich in animal protein for children aged 6-23 months	Are there any activities to provide MPASI rich in animal protein for children aged 6-23 months?
		Are cadres involved in providing MPASI rich in animal protein to children aged 6-23 months?
		What is the role of cadres in providing MPASI rich in animal protein to children aged 6-23 months?
		Is the target actively participating in the activity of providing MPASI rich in animal protein for children aged 6-23 months?
		Is the activity of providing MPASI rich in animal protein for children aged 6-23 months going well?
		What obstacles are faced in providing MPASI rich in animal protein to children aged 6-23 months?
9	Management of Toddlers with nutritional problems	Are there any activities for managing toddlers with nutritional problems?
		Are cadres involved in management activities for toddlers with nutritional problems?
		What is the role of cadres in the management of toddlers with nutritional problems?
		Is the target actively participating in Management of Toddlers with nutritional problems?
		Are the activities for managing toddlers with nutritional problems going well?
		What obstacles are faced in the management of toddlers with nutritional problems?
10	Increasing coverage and expanding immunization	Are there activities to increase coverage and expand immunization?
		Are cadres involved in activities to increase coverage and expand immunization?
		What is the role of cadres in activities to increase coverage and expand immunization?
		Does the target actively participate in activities to increase coverage and expand immunization?
		Are activities to increase coverage and expand immunization going well?
		What obstacles are faced in increasing coverage and expanding immunization?

11	Education of teenage pregnant women and their families including triggering free open defecation (BABS)	Are there any educational activities for pregnant women and their families, including triggering defecation?
		Are cadres involved in educational activities for pregnant women and their families, including triggering open defecation?
		Does the role of cadres in educational activities for pregnant teenagers and their families include triggering open defecation?
		Is the goal of actively participating in educational activities for teenagers, pregnant women and their families, including triggering open defecation?
		Do educational activities for pregnant teenagers and their families include defecation triggers?
		What obstacles are faced in educational activities for pregnant women and their families, including triggering open defecation?

- What is your role in implementing the policy to reduce stunting prevalence in Kepahyang Regency?
- Since when were you involved in this program?
- We will ask about the implementation of policies to reduce stunting prevalence in Kepahyang Regency

NO	Variable	Indicator	QUESTION
1	Communication between policy implementers in implementing PPS policies	Transmission	<ol style="list-style-type: none"> <li>1. Is there communication between the puskesmas and cadres/community in implementing the PPS policy?</li> <li>2. Are there activities to transmit information dissemination about the implementation of PPS policies to cadres/community?</li> <li>3. What forms of internal and external communication activities are carried out in transmitting information about the implementation of PPS policies?</li> <li>4. Internal communication activities (form/participants/frequency in a month/things discussed)?</li> <li>5. Internal communication activities (form/participants/frequency in a month/things discussed)?</li> <li>6. Is the transmission of information regarding the implementation of PPS policies carried out routinely?</li> <li>7. Is there a specified schedule for transmitting information about the implementation of the PPS policy?</li> <li>8. Does communication run effectively between implementers and cadres/community?</li> <li>9. Do the cadres/community know what must be done and what are the targets and objectives of implementing the PPS policy?</li> <li>10. Do cadres/community have good knowledge about PPS policies?</li> <li>11. In what form do cadres/community support the implementation of the PPS policy (target of attending toddler classes, pregnant women classes, and Posyandu)?</li> <li>12. Can the communication that exists between policy implementers and cadres/community facilitate and help you achieve the objectives of the PPS policy?</li> </ol>
		Clarity	<ol style="list-style-type: none"> <li>1. Is the information/substance conveyed to cadres/community clear about the aims and objectives of implementing the PPS policy?</li> <li>2. Can cadres/community understand the stunting reduction and control program?</li> <li>3. Is there a miscommunication/difference in information when conveying information about the implementation of the PPS policy?</li> <li>4. What obstacles are encountered when transmitting information regarding the implementation of PPS policies?</li> </ol>

			<ol style="list-style-type: none"> <li>Can the targets (pregnant women, breastfeeding mothers, teenagers, women of childbearing age) understand the implementation of the PPS policy?</li> <li>Are there any targets (pregnant women, breastfeeding mothers, teenagers, women of childbearing age) who do not implement the 11 PPS policy indicators?</li> </ol>
		Consistency	<ol style="list-style-type: none"> <li>Are the implementers and cadres/community consistent in implementing the PPS policy?</li> <li>Is the implementation of the PPS policy changing?</li> <li>Is there confusion between implementers and cadres/community in implementing PPS policies?</li> <li>Are the relevant agencies consistent as policy implementers by continuing to strive for and implement PPS policies?</li> </ol>
2	Resource	Human Resources (Staff)	<ol style="list-style-type: none"> <li>Are the human resources implementing the PPS policy at the Community Health Center staff in accordance with the capabilities and qualifications?</li> <li>Are there Human Resources departments responsible for PPS policies?</li> <li>Are there standards for human resource capabilities in dealing with stunting?</li> <li>Are human resources available to communicate/disseminate information on PPS policy implementation? Are the numbers sufficient, are they in line with competence?</li> <li>Are Puskesmas officers able to innovate and compete at the national/global level in implementing PPS policies?</li> <li>What are the forms of innovation in implementing PPS policies?</li> </ol>
		Authority Resources	<ol style="list-style-type: none"> <li>Who gives authority to implement PPS policies?</li> <li>Are the Authority's resources in accordance with its competence?</li> <li>Do Authority Resources carry out their duties well?</li> </ol>
		Information Resources	<ol style="list-style-type: none"> <li>Are information resources available for implementing PPS policies?</li> <li>What are the forms of information resources for implementing PPS policies?</li> <li>Are information resources sufficient for implementing PPS policies?</li> </ol>
		Facilities and Infrastructure Resources	<ol style="list-style-type: none"> <li>Are there available equipment resources (physical buildings: buildings for classes for pregnant women, socialization, other activities) for implementing the PPS policy?</li> <li>Are health facilities/facilities available (for example anthropometric kits which are supporting tools for detecting stunting in children for implementing the PPS policy)?</li> </ol>
3	Bureaucratic Structure	Organizational structure	<ol style="list-style-type: none"> <li>Have Community Health Center officers disseminated information to targets?</li> </ol>
		SOP (Standard Operating Procedure)	<ol style="list-style-type: none"> <li>Is there an SOP for implementing the PPS policy?</li> <li>Does implementation await direction from leadership?</li> <li>Is the implementation of the PPS policy in accordance with the SOP?</li> <li>Can the SOP be implemented properly?</li> </ol>
		Fragmentation	<ol style="list-style-type: none"> <li>Is there a division of authority in accordance with the main tasks and functions of each section implementing the PPS policy?</li> <li>Is the division of authority tasks in accordance with the main tasks and functions of each section?</li> </ol>

			<ol style="list-style-type: none"> <li>3. Is there a problem in performing the main tasks and functions of each executor?</li> <li>4. How clear is the distribution of responsibility and authority for each PPS policy implementer?</li> <li>5. How is coordination and cooperation between departments in implementing the PPS policy?</li> </ol>
4	Disposition: (the attitude and commitment of policy implementers towards implementing PPS policies)	Bureaucratic Appointments	<ol style="list-style-type: none"> <li>1. Do the human resources implementing the PPS policy have an educational background in the health sector that is in line with competence in implementing the PPS policy?</li> <li>2. Is the attitude of the implementer in implementing the PPS policy responding well and fully supporting the existence of the PPS policy?</li> <li>3. Is the implementer open to external parties and plays an active role in implementing policies to reduce and overcome stunting (the goal is to welcome and provide support).</li> <li>4. Is there a commitment from policy implementers to the target group in implementing the PPS policy? What is a form of commitment?</li> <li>5. What is the form of supervision and control over the implementation of PPS policies (supervision of the implementation of classes for pregnant women, classes for mothers of toddlers, etc.).</li> <li>6. How many times has supervision and control been carried out on the implementation of PPS policies?</li> <li>7. Is there community support in implementing the PPS policy?</li> </ol>
		Incentives	<ol style="list-style-type: none"> <li>1. Are there incentives provided for PPS policy implementers? How much, in what form?</li> <li>2. Can incentives increase motivation in implementing PPS policies?</li> <li>3. Are there incentives provided for PPS policy implementation targets?</li> <li>4. Can incentives increase target motivation in implementing PPS policies?</li> </ol>

**Driving Factors**

1. What are the main factors that drive the success of stunting reduction policies in Kepahyang Regency?
2. In your opinion, what is the role of the community in supporting stunting reduction policies?

**Inhibiting Factors**

3. What are the obstacles faced in implementing this policy at the field level?
4. What can be done to overcome these challenges?

**Stakeholder Involvement**

5. How do you assess the role of local governments, non-governmental organizations and the community in stunting reduction programs?
6. What forms of cooperation can increase the effectiveness of this policy?

## FGD GUIDELINES FOR PUBLIC HEALTH PERSONNEL GROUP

### A. INFORMANT IDENTITY:

No : .....

Place/date of Birth (Age) : ..... (..... year)

Last formal education : .....

Job/department : .....

Thank you for agreeing to participate in this interview. This research aims to examine the driving and inhibiting factors for implementing policies to accelerate the reduction of stunting prevalence through specific nutritional interventions in Bengkulu Province. All information you provide will be kept confidential and used for research purposes only. Do you agree to continue this interview?

### B. QUESTION

As a result of the 2022 SSGI, the prevalence of stunting in Kepahyang Regency is among the highest in Bengkulu Province. We will ask about forms of policies to accelerate the reduction of stunting prevalence (PPS) through specific nutritional interventions in achieving 11 specific nutritional intervention indicators.

NO	SPECIFIC NUTRITIONAL INTERVENTION INDICATORS
1	Anemia screening
2	Consumption of blood supplement tablets (TTD) in young women
3	Pregnancy examination (ANC) (This pregnancy examination intervention is carried out at least 6 times in health facilities)
4	Consume tablets to increase blood pressure for pregnant women
5	Providing additional food for pregnant women with chronic energy deficiency (CED)
6	Monitoring toddler growth
7	Exclusive breastfeeding for 6 months
8	Providing MPASI rich in animal protein for children aged 6-23 months
9	Management of toddlers with nutritional problems
10	Increasing coverage and expanding immunization
11	education for teenagers, pregnant women and their families, including triggering free open defecation (BABS)

### POLICY FORMS TO ACCELERATE REDUCTION OF STUNTING PREVALENCE (PPS) THROUGH SPECIFIC NUTRITIONAL INTERVENTIONS IN ACHIEVING 11 SPECIFIC NUTRITIONAL INTERVENTION INDICATORS

NO	Form a Policy to Accelerate Reducing the Prevalence of Stunting Through Specific Nutritional Interventions	Policy Substance	Programs/Activities implemented
1	To calculate the magnitude of the problem/prevalence of anemia, especially in pregnant women, it is necessary to determine the anemia status. Has this activity ever been carried out, what is the activity like, who is responsible for it and how is it recorded and reported, please explain	There is a policy commitment from related policy makers/stakeholders	What kind of program/activity does it take?
2	Apart from pregnant women, anemia is also found in teenagers. Explain what activities are carried out to screen and control it	What is the commitment that policy makers and relevant stakeholders want to achieve in tackling adolescent nutritional anemia, bearing in mind that this problem will continue to pregnant women such as: Teenage Girls in Kepahyang free of anemia by 2025	Explain what forms of programs support this commitment, such as providing Fe tablets, health promotion through posters, leaflets, etc
3	The Ministry of Health's policy towards pregnant women is to do ANC 6 times during pregnancy, no longer 4 times.	What have been done by local policy makers and related stakeholders in	Explain what form the activity takes

	What is being done, especially by health workers and related sectors, to increase ANC coverage, and are there any updates to ANC activities that have been carried out so far?	responding to this policy, what additions and changes do they think need to be made to ANC activities so far?	
4	The slogan for consuming blood-enhancing tablets for pregnant women is widely known. But does every pregnant woman know the consequences of anemia in pregnant women, what the risks are and the impact on the child they are carrying. This has carried out mass outreach regarding prevention of pregnancy among the community, what it looks like, and whether the activities that have been carried out have benefited the community.	Explain the form of activity to recommend the consumption of blood supplement tablets, is there a monitoring program, and is there recording and reporting	Explain what activities are carried out to monitor the consumption of blood supplement tablets, not only from the distribution side
5	Lack of Coronary Energy in pregnant women is closely related to babies born under 2.5 kg which has a major contribution to the occurrence of Stunting children. As a prevention and recovery measure, pregnant women with CED are given additional nutrient-dense food regularly and continuously	What kinds of policies have been implemented by policy holders/relevant sectors in providing this additional food?	What forms of activities and programs have been planned so far?
6	It is very important to monitor the growth and development of toddlers to see the state of nutritional status, so that it can be detected from the start, what nutritional problems exist in individual toddlers, and action can be taken as early as possible. To what extent have activities at Posyandu been running, has community participation (D/S) increased, or even decreased?	What efforts have been made by relevant stakeholders so that many toddlers visit this Posyandu activity?	Explain what form the activity takes
7	Exclusive breastfeeding is highly recommended for newborns up to 6 months of age. Are there still babies who do not give their babies exclusive breast milk, if so, what efforts have been made so far?	What policies have been implemented to promote breastfeeding only for babies, especially up to 6 months of age?	What programs have been implemented so far, what are the obstacles and barriers?
8	Giving MP-ASI to children aged 6-23 months correctly, including nutrition, texture, portion/quantity as well as hygiene and sanitation is very important for children, so far is anyone monitoring the provision of MP-ASI, please explain	What are the contributions of commitment holders to MP-ASI for children 6-24 months, considering that this has a big influence on children's growth and development and the occurrence of stunting?	What form of program has been implemented
9	For toddlers who have nutritional problems such as: wasting, stunting, malnutrition, obesity. Are there any management procedures for toddlers suffering from nutritional problems?	What policies have been implemented or have been planned for prevention programs by the Regency Stunting Reduction Acceleration Team?	Explain what form the activity takes
10	The immunization program has been implemented for a long time, what is	What activities are being undertaken to achieve	Explain what form the activity takes

	its coverage, has UCI (Universal Child Immunization) been achieved, if not, what are the obstacles?	increased immunization coverage	
11	The habit of defecating in the open will result in an unhealthy and hygienic environment which will have a direct impact on the occupants. So far, are there still problems like this, and if so, what activities have been carried out to overcome them? Does education feel like it's enough, if not what should you do?	What kind of policy is being implemented to overcome open defecation, is there education or even regulations to overcome this problem?	Explain what the activity looks like

**IMPLEMENTATION OF POLICIES ACCELERATE REDUCTION OF STUNTING PREVALENCE (PPS) THROUGH SPECIFIC NUTRITION INTERVENTIONS IN ACHIEVE SPECIFIC NUTRITION INTERVENTION INDICATORS (IMPLEMENTATION THEORY FROM GEORGE EDWARD III)**

NO	Variable	Indicator	QUESTION
1	Communication between policy implementers in implementing PPS policies	Transmission	<ol style="list-style-type: none"> <li>1. Is there communication between agencies in implementing the PPS policy?</li> <li>2. Are there activities to transmit information dissemination about the implementation of PPS policies to policy implementers and target groups?</li> <li>3. What forms of internal and external communication activities are carried out in transmitting information about the implementation of PPS policies?</li> <li>4. Internal communication activities (form/participants/frequency in a month/things discussed)?</li> <li>5. Internal communication activities (form/participants/frequency in a month/things discussed)?</li> <li>6. Is the transmission of information regarding the implementation of PPS policies carried out routinely?</li> <li>7. Is there a specified schedule for transmitting information about the implementation of the PPS policy?</li> <li>8. Does communication run effectively between the implementer and the target group?</li> <li>9. Does the Implementer know what must be done and what are the goals and objectives of implementing the PPS policy?</li> <li>10. Does the public have good knowledge of PPS policies?</li> <li>11. In what form does the community support the implementation of the PPS policy (target of attending toddler classes, pregnant women classes, and Posyandu)?</li> <li>12. Can the communication between policy implementers and target groups make it easier and help you to achieve the goals of the PPS policy?</li> </ol>
		Clarity	<ol style="list-style-type: none"> <li>1. Is the information/substance conveyed to policy implementers and target groups clear about the aims and objectives of implementing the PPS policy?</li> <li>2. Can policy implementers and target groups understand stunting reduction and prevention programs?</li> <li>3. Is there a miscommunication/difference in information when conveying information about the implementation of the PPS policy?</li> <li>4. What obstacles are encountered when transmitting information regarding the implementation of PPS policies?</li> <li>5. Can the targets (pregnant women, breastfeeding mothers, teenagers, women of childbearing age) understand the implementation of the PPS policy?</li> </ol>



			6. Are there any targets (pregnant women, breastfeeding mothers, teenagers, women of childbearing age) who do not implement the 11 PPS policy indicators?
		Consistency	<ol style="list-style-type: none"> <li>1. Do implementers and target groups consistently implement PPS policies?</li> <li>2. Is the implementation of the PPS policy changing?</li> <li>3. Is there confusion between implementers and target groups in implementing PPS policies?</li> <li>4. Are the relevant agencies consistent as policy implementers by continuing to strive for and implement PPS policies?</li> </ol>
2	Resource	Human Resources (Staff)	<ol style="list-style-type: none"> <li>1. Are the human resources implementing the PPS policy at the Health Service and Puskesmas officers in accordance with the capabilities and qualifications?</li> <li>2. Are there Human Resources departments responsible for PPS policies?</li> <li>3. Are there standards for human resource capabilities in dealing with stunting?</li> <li>4. Are human resources available to communicate/disseminate information on PPS policy implementation? Are the numbers sufficient, are they in line with competence?</li> <li>5. Are implementers able to innovate and compete at the national/global level in implementing PPS policies?</li> <li>6. What are the forms of innovation in implementing PPS policies?</li> <li>7. What efforts are being made to increase innovation and competition among implementers at the national/global level in implementing PPS policies?</li> <li>8. How many responsible human resources specifically manage the stunting program in implementing the PPS policy, what types of personnel are there?</li> <li>9. Are the number and types of health workers sufficient and appropriate to carry out their duties?</li> </ol>
		Authority Resources	<ol style="list-style-type: none"> <li>1. Who gives authority to implement PPS policies?</li> <li>2. Are the Authority's resources in accordance with its competence?</li> <li>3. Do Authority Resources carry out their duties well?</li> </ol>
		Information Resources	<ol style="list-style-type: none"> <li>1. Are information resources available for implementing PPS policies?</li> <li>2. What are the forms of information resources for implementing PPS policies?</li> <li>3. Are information resources sufficient for implementing PPS policies?</li> </ol>
		Facilities and Infrastructure Resources	<ol style="list-style-type: none"> <li>1. Are there available equipment resources (physical buildings: buildings for classes for pregnant women, socialization, other activities) for implementing the PPS policy?</li> <li>2. Are health facilities/facilities available (for example anthropometric kits which are supporting tools for detecting stunting in children for implementing the PPS policy)?</li> <li>3. Is there a budget for implementing the PPS policy?</li> <li>4. Are funds always available every year, is the amount of funds the same every year (increases/decreases)? Are there sufficient funds to implement the PPS policy?</li> <li>5. Where do the budget sources for implementing PPS policies come from? Community Health Center (BOK funds)</li> </ol>
3	Bureaucratic Structure	Organizational structure	<ol style="list-style-type: none"> <li>1. Has the implementer disseminated information to the target?</li> <li>2. What is the bureaucratic structure in implementing PPS policies?</li> <li>3. Who is responsible for implementing the PPS policy?</li> </ol>

		SOP (Standard Operating Procedure)	<ol style="list-style-type: none"> <li>1. Is there an SOP for implementing the PPS policy?</li> <li>2. Does implementation await direction from leadership?</li> <li>3. Is the implementation of the PPS policy in accordance with the SOP?</li> <li>4. Can the SOP be implemented properly?</li> </ol>
		Fragmentation	<ol style="list-style-type: none"> <li>1. Is there a division of authority in accordance with the main tasks and functions of each section implementing the PPS policy?</li> <li>2. Is the division of authority tasks in accordance with the main tasks and functions of each section?</li> <li>3. Is there a problem in performing the main tasks and functions of each executor?</li> <li>4. How clear is the distribution of responsibility and authority for each PPS policy implementer?</li> <li>5. How is coordination and cooperation between departments in implementing the PPS policy?</li> </ol>
4	Disposition: (the attitude and commitment of policy implementers towards implementing PPS policies)	Bureaucratic Appointments	<ol style="list-style-type: none"> <li>1. Do the human resources implementing the PPS policy have an educational background in the health sector that is in line with competence in implementing the PPS policy?</li> <li>2. Is the attitude of the implementer in implementing the PPS policy responding well and fully supporting the existence of the PPS policy?</li> <li>3. Is the implementer open to external parties and plays an active role in implementing policies to reduce and overcome stunting (the goal is to welcome and provide support)?</li> <li>4. Is there a commitment from policy implementers to the target group in implementing the PPS policy? What is a form of commitment?</li> <li>5. What is the form of supervision and control over the implementation of PPS policies (supervision of the implementation of classes for pregnant women, classes for mothers of toddlers, etc.)?</li> <li>6. How many times has supervision and control been carried out on the implementation of PPS policies?</li> <li>7. Is there community support in implementing the PPS policy?</li> </ol>
		Incentives	<ol style="list-style-type: none"> <li>1. Are there incentives for implementing PPS policies? How much, in what form?</li> <li>2. Can incentives increase motivation in implementing PPS policies?</li> <li>3. Are there incentives provided for PPS policy implementation targets?</li> <li>4. Can incentives increase target motivation in implementing PPS policies?</li> </ol>

**EVALUATION OF THE EFFECTIVENESS OF IMPLEMENTATION OF THE ACCELERATED POLICY TO REDUCE THE PREVALENCE OF STUNTING (PPS) IN ACHIEVE SPECIFIC NUTRITION INTERVENTION INDICATORS IN KEPAHYANG DISTRICT**

Variable	Question
Policy standards and targets	<p>What are the standards for success in implementing policies to accelerate stunting prevalence reduction (PPS) in achieving specific nutritional intervention indicators?</p> <p>Who is the target of this policy?</p>
Resource	<p>Are human resources at the District Health Service? Are Kepahyang and UPTD by government policies/regulations?</p> <p>What is the employee's readiness and competence in implementing these government regulations?</p> <p>What is the condition of human and physical resources at the District Health Service? Kepahyang and UPTD?</p>
Inter-organizational relationships	Who are the stakeholders in implementing policies to accelerate the reduction of stunting prevalence (PPS) in achieving specific nutritional intervention indicators?

	Is coordination working as intended?
Characteristics of implementing agents	Are the policy implementers (UPTD) suitable for implementing these government regulations?
	How is the supervision of implementing policies to accelerate the reduction of stunting prevalence (PPS) in achieving specific nutritional intervention indicators at the District Health Service? Kepahyang and UPTD?
Social, political and economic conditions	Do social, political, and economic conditions influence the implementation of policies to accelerate the reduction of stunting prevalence (PPS) in achieving specific nutritional intervention indicators?
	What is the public's response to the implementation of policies to accelerate the reduction of stunting prevalence (PPS) in achieving specific nutritional intervention indicators?
The tendencies/ dispositions of the implementers	How do implementers respond to this policy?
	Does the Implementor have good knowledge and understanding of the content and objectives of the policy?
	How consistent is the implementor's attitude in implementing the policy?

### **Driving Factors**

7. What are the main factors that drive the success of stunting reduction policies in Kepahyang Regency?
8. In your opinion, what is the role of the community in supporting stunting reduction policies?

### **Inhibiting Factors**

9. What are the obstacles faced in implementing this policy at the field level?
10. What can be done to overcome these challenges?

### **Stakeholder Involvement**

11. How do you assess the role of local governments, non-governmental organizations and the community in stunting reduction programs?
12. What forms of cooperation can increase the effectiveness of this policy?

**Thank you very much for your contribution to this discussion. If there is any additional information or suggestions you would like to share after this session, please do not hesitate to contact us. We appreciate the time and thought you put into it."**