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Health Office Strategy for Stunting Prevention and Reduction Among Children Under Five: A Case Study of Lingga Subdistrict, Lingga Regency, 2025

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Abstract

Stunting remains a public health challenge in Indonesia, particularly in archipelagic regions where geographical conditions, limited resources, and unequal access to health services constrain intervention effectiveness. This study aimed to analyze the strategy of the Lingga Regency Health Office in preventing and reducing stunting among children in Lingga Subdistrict in 2025 using Geoff Mulgan's Public Strategy framework. A qualitative case study approach was employed, with informants selected purposively from health officials, Community Health Center personnel, Posyandu cadres, and community members. Data were collected through in-depth interviews and documentation and analyzed using the Miles, Huberman, and Saldaña model, with triangulation to ensure credibility. The findings indicate that the strategy was implemented through five dimensions: purpose, environment, direction, action, and learning. Clear objectives, regulatory support, cross-sectoral coordination, health interventions, monitoring, and evaluation constituted strategic strengths. However, implementation continued to face challenges related to archipelagic geography, resource limitations, delayed reporting, and uneven community participation. Strengthening cross-sectoral collaboration, adaptive planning, community engagement, data management, and continuous evaluation is necessary to improve the effectiveness and sustainability of stunting prevention and reduction efforts in Lingga Subdistrict.

Keywords: *stunting prevention, public strategy, Health Office, archipelagic region, Lingga Subdistrict.*

INTRODUCTION

Stunting remains one of the most complex public health problems because it is not only associated with impaired physical growth in children but also has long-term implications for cognitive development, human resource quality, and productivity. Globally, the problem remains substantial, with approximately 150.2 million children under five experiencing stunting, representing around 23.2% of the global under-five population in 2025 (WHO, UNICEF, & World Bank, 2025). This condition demonstrates that accelerating stunting prevention requires interventions that extend beyond health-related aspects to include nutrition, health services, sanitation, education, and household socioeconomic conditions. Therefore, reducing stunting prevalence has become an important agenda in sustainable health development, as the World Health Organization established a 40% reduction target through the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition (WHO, 2014).

In Indonesia, stunting remains a national health development priority because of its long-term consequences for physical growth, cognitive development, and the quality of human resources. Data from the Indonesian Nutrition Status Survey indicate that the national stunting prevalence declined from 24.4% in 2021 to 21.6% in 2022, then reached 21.5% in 2023 and 19.8% in 2024 (Ministry of Health of the Republic of Indonesia, 2024). Although this trend indicates positive progress, the relatively high prevalence demonstrates that stunting reduction policies require consistent, integrated, and sustainable strategies. The government has therefore strengthened the policy framework through Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction, which emphasizes the importance of convergent interventions and cross-sectoral involvement (Government of the Republic of Indonesia, 2021).

Stunting is fundamentally a multidimensional problem because it is influenced by the interaction of various factors occurring from the preconception period through child development. Nutritional status, quality of health services, sanitation, education, parenting practices, and household socioeconomic conditions may contribute to the occurrence and persistence of stunting (Nurjanah, 2018). These conditions place local governments, particularly Health Offices, in a strategic position to integrate various interventions so that they do not operate sectorally and independently. From a public administration perspective, the success of addressing this problem is determined not only by the existence of programs but also by the government's organizational capacity to formulate objectives, understand the environment, determine direction, implement actions, and learn from policy implementation outcomes (Mulgan, 2009).

The need for adaptive strategies becomes increasingly important in archipelagic regions such as Lingga Regency, which has geographical and social characteristics that differ from mainland areas. Data from the Riau Islands Provincial Health Office show that the stunting prevalence in the Riau Islands Province was 15.0% in 2024, while Lingga Regency remained at 19.8% (Riau Islands Provincial Health Office, 2024). In Lingga Regency, the number of stunting cases decreased from 603 cases in 2021 to 323 cases in 2025; however, Lingga Subdistrict still recorded the highest number of cases, with 84 cases in 2025 (Lingga Regency Health Office, 2025). This situation indicates that although the aggregate number of cases has declined, disparities between areas remain, requiring strategies capable of adapting interventions to local characteristics and needs.

As the sector responsible for regional health development, the Lingga Regency Health Office plays an important role in directing and coordinating various efforts to prevent and reduce stunting. The implementation of these strategies includes specific and sensitive nutrition interventions, strengthening Posyandu services, monitoring children's nutritional status, providing supplementary food, and delivering health and nutrition education to target groups (Lingga Regency Health Office, 2026). However, program implementation in archipelagic areas faces challenges related to limited resources, geographical conditions, health worker mobility, and unequal access to health services (Riau Islands Provincial Health Office, 2024). Consequently, the effectiveness of the strategy cannot be assessed solely based on the number of programs implemented but must also consider the government's ability to integrate resources, actors, policies, and environmental conditions into a coherent public strategy.

Previous studies indicate that local government strategies and policy implementation play an important role in accelerating stunting reduction, although their effectiveness is strongly influenced by institutional contexts and regional characteristics. Cahyani (2023) demonstrated that clear local government strategies and a convergence approach are necessary to strengthen cross-sectoral coordination in addressing stunting. Meanwhile, Sianturi et al. (2024) found that the effectiveness of stunting reduction acceleration programs in Bintan Regency was associated with resource support, coordination among actors, and the social characteristics of the region. These findings indicate that further research is needed to understand how local government strategies are formulated and implemented comprehensively, particularly in archipelagic regions characterized by geographical challenges and distinctive community characteristics.

This research gap is increasingly relevant because previous studies on stunting have predominantly emphasized policy implementation, program effectiveness, or the achievement of health indicators, while analyses of government organizational strategies based on public strategy dimensions remain relatively limited. Putri (2023) examined the implementation of the accelerated stunting reduction policy in Karimun Regency, while Rahmadani (2022) examined local government strategies for addressing stunting in archipelagic regions; however, the context of Lingga Regency, particularly Lingga Subdistrict, presents specific problems and implementation dynamics that require further examination. Geoff Mulgan's Public Strategy framework, consisting of purpose, environment, direction, action, and learning, can be employed to examine the relationship between objective formulation, environmental understanding, policy direction, action implementation, and learning processes within stunting reduction strategies (Mulgan, 2009). This perspective enables the study not merely to describe implemented programs but also to analyze how local government strategies are formulated, adapted, implemented, and improved based on empirical conditions in the field.

Based on the foregoing discussion, research on the strategy of the Lingga Regency Health Office in preventing and reducing stunting among children under five in Lingga Subdistrict in 2025

has both academic and practical significance. Academically, this study seeks to expand public strategy research in the health sector by applying Geoff Mulgan's five dimensions—purpose, environment, direction, action, and learning—to understand local government strategies within an archipelagic context. Practically, this study is expected to provide an overview of the strengths, constraints, and areas requiring strategic improvement that can serve as input for local governments in enhancing the effectiveness of stunting prevention and reduction programs. Therefore, this study aims to analyze the strategy of the Lingga Regency Health Office in preventing and reducing stunting among children under five in Lingga Subdistrict in 2025 using the perspective of Geoff Mulgan's Public Strategy framework (Mulgan, 2009).

RESEARCH METHODS

This study employed a qualitative approach using a case study method to analyze the strategy of the Lingga Regency Health Office in preventing and reducing stunting among children under five in Lingga Subdistrict in 2025. The qualitative case study approach was selected because it enables an in-depth examination of strategy implementation within its actual institutional and social context (Creswell & Creswell, 2023). The research informants were selected using purposive sampling based on their knowledge, involvement, and experience related to the implementation of stunting prevention and reduction programs. The informants consisted of a Functional Population and Family Planning Officer, the Head of the Public Health Division, the Head of Daik Community Health Center, two Posyandu cadres, and three community members with children who had experienced stunting. Data were collected through in-depth interviews and documentation, including performance reports, health profiles, stunting data, and other relevant administrative documents.

The collected data were analyzed using the Miles, Huberman, and Saldaña interactive model, which consists of data condensation, data display, and conclusion drawing. Data condensation was conducted by selecting, focusing, simplifying, and organizing information obtained from interviews and documents according to the research objectives. The data were then presented systematically to identify patterns and relationships concerning the five dimensions of Geoff Mulgan's Public Strategy framework, namely purpose, environment, direction, action, and learning (Mulgan, 2009). Conclusions were subsequently formulated by interpreting the empirical findings and relating them to the theoretical framework and research focus. To ensure the credibility of the findings, the study employed source triangulation and technique triangulation by comparing information obtained from different informants and through different data collection techniques (Sugiyono, 2024).

RESULTS AND DISCUSSION

Purpose: Strategic Objectives of the Lingga Regency Health Office

The purpose dimension in Geoff Mulgan’s public strategy framework emphasizes the importance of clearly defined objectives as the foundation for determining policy priorities, allocating resources, coordinating actors, and directing organizational action toward desired public outcomes (Mulgan, 2009). In the context of stunting prevention and reduction, the purpose of the Lingga Regency Health Office is directed toward accelerating the reduction of stunting prevalence while simultaneously preventing the emergence of new cases among children under five. The findings indicate that this objective is not formulated solely as a numerical target but is translated into a broader commitment to improving nutritional conditions and strengthening preventive health interventions. Such an orientation is important because stunting is a multidimensional problem influenced by nutritional, health-service, sanitation, educational, and socioeconomic factors (Nurjanah, 2018).

The strategic objectives implemented by the Lingga Regency Health Office are reflected in the implementation of the Stunting Convergence Action and the Stunting Reduction Acceleration Team (TPPS). These mechanisms demonstrate that the purpose of the strategy is designed through a cross-sectoral framework rather than being treated exclusively as the responsibility of the health sector. The implementation involves the Health Office, Community Health Centers, Posyandu, village governments, and other relevant stakeholders whose roles are connected to nutrition and child health interventions. This approach is consistent with the national policy framework established through Presidential Regulation Number 72 of 2021, which emphasizes convergence in accelerating stunting reduction (Government of the Republic of Indonesia, 2021). Therefore, the purpose dimension

demonstrates an attempt to transform stunting from an individual health problem into a shared public policy responsibility.

An important characteristic of the purpose dimension is the existence of measurable targets that provide an operational benchmark for evaluating the implementation of the strategy. The Lingga Regency Government established annual targets for reducing the percentage of children experiencing stunting during the 2021–2025 period. These targets provide a concrete reference for determining whether interventions have moved toward the desired strategic outcome. The existence of measurable targets also reflects the principle that public strategies require an identifiable direction so that organizational activities can be assessed against predetermined objectives (Mulgan, 2009).

Table 1. Stunting Reduction Performance Targets in Lingga Regency, 2021–2025

Year	Target Stunting Prevalence
2021	10.50%
2022	10.00%
2023	10.00%
2024	9.90%
2025	9.80%

Source: DKP2KB Lingga Regency (2026)

Table 1 demonstrates that the regional government established a gradual reduction target, with the target declining from 10.50% in 2021 to 9.80% in 2025. This pattern indicates the existence of a progressive performance orientation in which the desired outcome becomes increasingly stringent over time. From the perspective of public strategy, measurable targets are important because they provide an organizational reference for translating broad policy commitments into specific performance expectations (Mulgan, 2009). Nevertheless, the existence of targets alone does not guarantee their achievement because implementation remains dependent on environmental conditions, institutional capacity, resource availability, and community participation.

The purpose of the strategy is also evident in the distinction between preventive and corrective objectives. The strategy does not merely concentrate on children who have already been identified as experiencing stunting but also seeks to prevent new cases through interventions targeting different stages of the life cycle. Programs involving adolescent girls, pregnant women, children under five, and families at risk of stunting indicate that the strategic objective extends beyond short-term case reduction. This orientation is consistent with the multidimensional nature of stunting, in which prevention requires attention to nutritional and health conditions before and during pregnancy as well as during early childhood (Nurjanah, 2018).

The findings further show that the strategic purpose is supported by regulatory instruments that provide legitimacy and institutional direction for program implementation. Presidential Regulation Number 72 of 2021 serves as a national policy foundation, while Regional Regulation Number 123 of 2022 provides a local reference for implementing stunting reduction efforts in Lingga Regency. Regulatory support is significant because it establishes an institutional basis for coordinating programs and assigning responsibilities among government actors. In this respect, the purpose dimension is not merely an internal organizational aspiration but is embedded within a broader policy structure that connects national objectives with local implementation (Government of the Republic of Indonesia, 2021).

Another important finding is that the formulation of strategic objectives is supported by stunting data collected through a hierarchical service system, beginning at Posyandu and Community Health Centers and extending to the Health Office. The use of these data allows the government to identify areas and population groups requiring greater attention and to align program priorities with observed conditions. In Lingga Subdistrict, which recorded 84 stunting cases in 2025 and represented the highest number among the subdistricts in Lingga Regency, this data-oriented approach becomes particularly important for determining intervention priorities (Lingga Regency Health Office, 2025). Consequently, the purpose dimension is strengthened when strategic objectives are connected to empirical evidence rather than formulated solely on the basis of general policy assumptions.

The findings are consistent with Cahyani (2023), who emphasized that clarity of objectives is an important component in local government strategies for accelerating stunting reduction because clear objectives can strengthen cross-sectoral coordination and align program implementation. In the case of Lingga Regency, the existence of explicit objectives, regulatory support, performance targets, and convergence mechanisms provides a basis for coordinating interventions among government institutions and community-level actors. However, the effectiveness of such coordination depends on whether the strategic objectives are consistently translated into operational actions at the subdistrict, village, and community levels. Thus, the findings support the argument that purpose functions not only as a statement of organizational intention but also as an instrument for synchronizing the activities of multiple actors (Cahyani, 2023; Mulgan, 2009).

The decline in the number of recorded stunting cases in Lingga Regency from 603 cases in 2021 to 323 cases in 2025 provides an empirical indication of progress in relation to the broader objective of stunting reduction (Lingga Regency Health Office, 2025). However, the persistence of 84 cases in Lingga Subdistrict demonstrates that aggregate improvements at the regency level do not necessarily mean that the strategic objective has been achieved uniformly across all areas. This finding is particularly relevant when considered alongside Sianturi et al. (2024), who identified resources, cross-sectoral coordination, and regional characteristics as factors influencing the effectiveness of stunting reduction programs. The purpose dimension, therefore, needs to remain sufficiently clear to provide consistency while also allowing the implementation strategy to respond to differences between local contexts.

The findings indicate that the purpose dimension of the Lingga Regency Health Office's strategy has been implemented through clear objectives, measurable targets, regulatory support, data-based prioritization, and cross-sectoral coordination. The strategic purpose encompasses both the reduction of existing stunting cases and the prevention of new cases through specific and sensitive nutrition interventions targeting different population groups. Nevertheless, the continuing concentration of cases in Lingga Subdistrict indicates that the achievement of strategic objectives requires sustained implementation and adaptation to local conditions rather than relying solely on aggregate regional performance. In accordance with Mulgan's (2009) framework, the purpose dimension can therefore be considered a fundamental strength of the strategy, while its ultimate effectiveness remains dependent on how consistently the established objectives are translated into environmental adaptation, operational direction, concrete action, and continuous organizational learning.

Environment: Internal and External Conditions in Stunting Reduction Strategy

The environment dimension in Geoff Mulgan's public strategy framework emphasizes the ability of public organizations to understand the internal and external conditions that influence the achievement of strategic objectives (Mulgan, 2009). In the context of stunting prevention and reduction in Lingga Regency, the environmental dimension encompasses organizational resources, budget availability, health facilities, intersectoral coordination, geographical characteristics, socioeconomic conditions, and community participation. The findings indicate that these environmental factors do not operate independently but interact with one another in determining the capacity of the Health Office to implement stunting reduction interventions. Therefore, understanding the environment becomes essential for ensuring that the strategy remains responsive to the actual conditions encountered at the local level.

From the internal environmental perspective, the Lingga Regency Health Office possesses an institutional structure supported by health facilities distributed across the regency. The availability of Community Health Centers, auxiliary health centers, and Posyandu provides an important organizational foundation for implementing nutritional and maternal-child health interventions. These facilities enable the government to conduct growth monitoring, nutrition services, immunization, health education, and early detection of growth problems. The availability of service infrastructure therefore represents an important strategic resource because the implementation of stunting interventions requires continuous contact between health institutions and target communities.

Table 2. Health Facilities Supporting Stunting Prevention and Reduction in Lingga Regency, 2025

Health Facility	Number
Community Health Centers (Puskesmas)	13
Auxiliary Health Centers (Pustu)	35
Posyandu	186

Source: DKP2KB Lingga Regency (2026)

The data in Table 2 demonstrate that Lingga Regency has a relatively extensive network of community-based health facilities, consisting of 13 Community Health Centers, 35 auxiliary health centers, and 186 Posyandu. The distribution of these facilities provides an institutional basis for extending health services and nutritional interventions to communities across different areas. Posyandu, in particular, has a strategic role because it functions as a community-level mechanism for monitoring child growth, providing nutrition services, supporting immunization, and delivering health education. However, the existence of facilities does not automatically eliminate service disparities because the geographical characteristics of an archipelagic region can influence accessibility, mobility, and continuity of service delivery.

Another internal environmental factor identified in the research is the availability and management of financial resources. The findings indicate that a reduction in budget allocation affected the implementation of coordination activities within the Stunting Convergence Action. Budget limitations may reduce the frequency or scope of coordination, monitoring, and supporting activities even when the strategic objectives remain unchanged. This finding demonstrates that public strategy is strongly connected to resource allocation because strategic priorities must be supported by adequate organizational capacity to be implemented effectively (Mulgan, 2009). Consequently, financial constraints constitute an environmental condition that requires strategic adaptation rather than being treated merely as an administrative limitation.

Data management also represents an important component of the internal environment. The research identified delays in reporting stunting data from Posyandu to Community Health Centers as one of the challenges affecting implementation. Timely and accurate data are essential because they enable the Health Office to identify cases, monitor changes in children's nutritional conditions, and determine intervention priorities. Delays in reporting can consequently weaken the responsiveness of strategic decision-making, particularly when interventions need to be directed toward high-risk groups or locations. This finding reinforces the importance of organizational information systems in supporting evidence-based public strategies and ensuring that strategic decisions correspond with current field conditions.

The external environment presents a more complex set of challenges because Lingga Regency is characterized by an archipelagic geographical structure. Geographic conditions can affect the mobility of health personnel, transportation between service locations, data collection, communication, and coordination across islands. These conditions create implementation costs and logistical challenges that may not be encountered to the same extent in geographically concentrated mainland regions. The Riau Islands Provincial Health Office (2024) similarly identifies geographical conditions, health workforce limitations, and unequal access to health services as important challenges in implementing health programs in the province.

Beyond geographical factors, socioeconomic conditions and community participation also influence the implementation of stunting reduction strategies. The findings show that some families have limitations in fulfilling children's nutritional needs, while some community members do not routinely utilize Posyandu services. Such conditions demonstrate that the effectiveness of government

interventions depends partly on the willingness and capacity of families to participate in available health services. Stunting prevention therefore requires more than the provision of services because households must also be able to access, understand, and apply the information and interventions provided by health institutions (Nurjanah, 2018).

The environmental dimension also highlights the importance of cross-sectoral coordination as a mechanism for responding to complex local conditions. The Lingga Regency Health Office has utilized the Stunting Reduction Acceleration Team (TPPS) to coordinate relevant regional government organizations and maintain program implementation despite resource and geographical constraints. Such coordination is particularly important because the determinants of stunting extend beyond the authority of the health sector and involve family welfare, sanitation, education, food security, and community conditions. Cahyani (2023) similarly emphasizes that convergence and cross-sectoral coordination are important elements in strengthening local government strategies for accelerating stunting reduction.

The findings are also consistent with Sianturi et al. (2024), who found that program effectiveness is influenced by resource support, cross-sectoral coordination, and the social and geographical characteristics of the region. In Lingga Regency, these factors interact to create both supporting and constraining conditions for the implementation of the stunting reduction strategy. The availability of health facilities and institutional coordination constitutes an important supporting environment, whereas limited budgets, delayed data reporting, geographical barriers, and uneven community participation remain significant constraints. This indicates that the environmental dimension should be understood dynamically because the same strategic intervention may produce different results depending on the local conditions in which it is implemented.

From the perspective of public strategy, the findings demonstrate that the Lingga Regency Health Office has recognized and responded to several internal and external environmental conditions affecting stunting reduction. The organization has utilized available health infrastructure, maintained cross-sectoral coordination, and continued program implementation despite geographical and resource limitations. Nevertheless, environmental constraints require stronger adaptive capacity, particularly in improving data reporting, strengthening community participation, maintaining adequate resources, and ensuring equitable access to services across archipelagic areas. Therefore, in accordance with Mulgan's (2009) framework, the environment dimension of the strategy can be characterized as relatively well recognized and incorporated into implementation, although its effectiveness remains dependent on the organization's capacity to continuously adapt its strategy to changing geographical, institutional, economic, and social conditions.

Policy Direction and Strategic Guidance

The direction dimension in Geoff Mulgan's public strategy framework refers to the ability of public organizations to establish a clear pathway for translating strategic objectives into coordinated policies and operational priorities (Mulgan, 2009). In the context of stunting prevention and reduction in Lingga Subdistrict, the direction of the strategy is reflected in the existence of planning documents, technical guidelines, regulations, and coordination mechanisms that guide program implementation. The findings demonstrate that the Lingga Regency Health Office does not implement stunting reduction programs as isolated activities but places them within a broader policy and planning framework. This condition is important because clear strategic direction enables different actors to understand their respective responsibilities and ensures that interventions remain oriented toward the same policy objectives.

The direction of the strategy is supported by national and local regulatory frameworks that provide formal guidance for stunting prevention and reduction. Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction provides a national foundation for coordinating interventions, while local regulations and planning instruments translate these national priorities into the regional context. The existence of such regulatory instruments provides legitimacy and institutional consistency for the implementation of programs at the local level. In accordance with Mulgan's (2009) perspective, strategic direction becomes effective when broad public objectives are transformed into concrete institutional guidance that can influence decision-making and organizational behavior.

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At the operational level, the strategic direction is translated through strategic planning documents, technical guidelines, and implementation procedures used by the Health Office, Community Health Centers, Posyandu, and village governments. These instruments provide guidance for identifying target groups, determining priority activities, allocating resources, and implementing health interventions. The alignment between these levels indicates that the strategy is structured vertically, from national policy to regional planning and finally to community-level implementation. Such alignment reduces the possibility of fragmented implementation because actors operating at different administrative levels have a common reference for carrying out stunting reduction activities.

One important mechanism supporting the direction of the strategy is the use of routine coordination forums. The findings indicate that coordination is conducted through monthly mini-workshops at Community Health Centers, cross-sectoral meetings, and guidance activities for field implementers. These mechanisms function as communication and coordination channels through which policy directions, implementation problems, and evaluation results can be discussed among relevant actors. Regular coordination also enables organizations to clarify responsibilities and maintain consistency between policy decisions and field-level implementation.

Table 3. Strategic Direction Mechanisms for Stunting Reduction in Lingga Subdistrict

Strategic Direction Mechanism	Main Function	Main Implementing Actors
Strategic planning documents	Establish program priorities and objectives	Health Office Technical guidelines
Technical guidelines	Provide operational implementation standards	Health Office and Community Health Centers
Monthly mini-workshops	Evaluate and coordinate health programs	Community Health Centers
Cross-sectoral meetings	Synchronize responsibilities across sectors	Regional agencies and TPPS
Posyandu guidance	ranslate policy into community services	Community Health Centers and Posyandu cadres

Source: Research findings; Lingga Regency Health Office (2026)

Table 3 demonstrates that strategic direction is supported by a combination of formal planning instruments and coordination mechanisms. Strategic planning documents provide the broad direction, while technical guidelines translate this direction into operational standards for implementing organizations. At the community level, Posyandu guidance allows strategic objectives to be translated into concrete services such as child growth monitoring, supplementary feeding, and health education. This layered mechanism indicates that strategic direction is not limited to formal policy documents but is continuously communicated and translated throughout the implementation structure.

The findings further show that data are used to strengthen the direction of strategic interventions. Stunting data collected from Posyandu and Community Health Centers provide a basis for identifying areas with relatively high numbers of cases and determining intervention priorities. In Lingga Subdistrict, which recorded 84 stunting cases in 2025, data-based prioritization is particularly relevant for ensuring that available resources are directed toward areas with greater needs (Lingga Regency Health Office, 2025). The use of empirical data in determining priorities demonstrates that strategic direction is increasingly connected to evidence rather than relying solely on predetermined program routines.

At the Community Health Center level, strategic direction is translated into annual and periodic activities based on technical guidelines and local needs. These activities include the utilization of Health Operational Assistance (BOK), supplementary feeding, immunization, maternal health classes, and child growth monitoring. Such implementation demonstrates the conversion of policy direction into operational programs that can be directly delivered to target communities. The relationship between policy guidance and operational activities is essential because a strategy can only

generate public value when its objectives are translated into actions that address actual community needs (Mulgan, 2009).

The direction of the strategy is also reflected in the consistency of Posyandu activities. Posyandu cadres receive guidance concerning child growth monitoring, anthropometric measurement, supplementary feeding, and health education, which are then implemented through routine monthly activities. This consistency indicates that strategic direction has reached the lowest level of service delivery and is not confined to decision-making structures within the Health Office. The role of cadres is particularly significant because they function as an intermediary between formal health institutions and households, enabling government strategies to reach communities directly.

From the community perspective, strategic direction is communicated through health education, socialization activities, and routine health services. These activities provide families with information concerning child nutrition, growth monitoring, maternal and child health, and the importance of utilizing health facilities. Consequently, strategic direction operates not only as an internal administrative mechanism but also as a means of shaping community understanding and participation. This finding supports the broader argument that public strategies require communication and coordination mechanisms capable of connecting government objectives with the behavior and expectations of citizens (Mulgan, 2009).

The findings indicate that the direction dimension of the Lingga Regency Health Office's stunting reduction strategy has been implemented through regulatory frameworks, planning documents, technical guidelines, hierarchical coordination, data-based prioritization, and consistent operational activities. The existence of these mechanisms provides a relatively clear pathway through which national and regional objectives are translated into programs at the Community Health Center, Posyandu, and community levels. Nevertheless, the effectiveness of strategic direction remains dependent on the consistency of coordination, the quality and timeliness of data, and the ability of implementing actors to adapt general guidelines to local conditions. Thus, the direction dimension demonstrates that the Lingga Regency strategy has established a coherent policy pathway, while continued strengthening of coordination and evidence-based planning is necessary to ensure that this direction produces more equitable and sustainable stunting reduction outcomes.

CONCLUSION

The findings indicate that the strategy of the Lingga Regency Health Office in preventing and reducing stunting in Lingga Subdistrict in 2025 has been implemented through the five dimensions of Geoff Mulgan's Public Strategy framework, namely purpose, environment, direction, action, and learning. The purpose dimension was reflected in clear objectives, measurable targets, regulatory support, and cross-sectoral coordination, while the environment dimension demonstrated the government's efforts to respond to geographical, institutional, socioeconomic, and community conditions. The direction dimension was implemented through planning documents, technical guidelines, coordination mechanisms, and data-based prioritization, while the action dimension was realized through nutrition interventions, Posyandu services, growth monitoring, supplementary feeding, health education, and other preventive programs. The learning dimension was reflected in routine monitoring and evaluation used to identify implementation problems and formulate improvements.

Despite these strategic efforts, the implementation of stunting prevention and reduction programs continues to face several challenges, particularly the characteristics of the archipelagic region, limited resources, delays in data reporting, and uneven community participation. These conditions indicate that the existence of programs and regulatory frameworks alone is insufficient to guarantee optimal outcomes unless they are supported by adaptive organizational capacity and sustained collaboration among relevant stakeholders. Therefore, the Lingga Regency Health Office needs to strengthen cross-sectoral collaboration, improve the quality and timeliness of stunting data, expand community participation, and develop adaptive interventions based on local conditions. Continuous monitoring, evaluation, and organizational learning should also be maintained to ensure that the strategy remains responsive and contributes to more effective and sustainable stunting reduction in Lingga Subdistrict.

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