

THE MANAGERIAL FUNCTION IN UTILIZING HEALTH OPERATIONAL ASSISTANCE (BOK) TO REDUCE STUNTING RATES: A STUDY AT THE CIMAHU PUBLIC HEALTH CENTER (UPTD PUSKESMAS) IN KUNINGAN REGENCY

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Abstract

Stunting remains a critical public health issue in Indonesia, with far-reaching implications for the quality of future human resources. The Health Operational Assistance Fund (Bantuan Operasional Kesehatan or BOK), allocated to community health centers (Puskesmas), plays a vital role in supporting stunting reduction programs. This study examines the application of the four core management functions: planning, organizing, actuating, and controlling in the utilization of BOK funds at the Cimahi Health Center, Kuningan Regency, to reduce stunting prevalence. Using a qualitative case study approach, data were collected through in-depth interviews, participant observation, and document analysis. The findings reveal that while internal planning and organizing were relatively effective, limitations in cross-sectoral coordination, inadequate risk analysis, and weak field monitoring hindered the program's optimal outcomes. The BOK allocation significantly increased from IDR 53,800,000 in 2023 to IDR 201,858,000 in 2024. However, the stunting prevalence also rose from 7.0% to 7.9%. This increase is likely influenced by external factors such as socio-economic challenges or suboptimal program implementation. These findings suggest that the issue lies not only in budget availability but also in the effectiveness of management and program execution. Therefore, enhancing cross-sectoral coordination, conducting deeper risk assessments, and strengthening field monitoring are essential strategies for reducing stunting prevalence. Recommendations include improving intersectoral collaboration, implementing more robust risk analyses, conducting regular training, and reinforcing field-based monitoring to ensure the effective use of BOK funds in combating stunting.

Keywords: Stunting, Health Operational Assistance, Management Functions, Stunting Reduction Program, Community Health.

INTRODUCTION

Management is a distinctive process comprising a series of actions: planning, organizing, actuating, and controlling undertaken to define and achieve predetermined objectives through the utilization of human and other available resources (Terry, 2006:4). These functions serve as a fundamental framework for evaluating the effectiveness of resource management, including financial management. In recent years, financial management has undergone various regulatory changes aimed at fostering good governance and clean government through improved administrative practices (Pay, Sinaga, & Pelokilla, 2017).

Law No. 17 of 2023 on Health, Article 3, stipulates that one of the goals of healthcare administration is to ensure the sustainable and equitable availability of health financing, managed transparently, effectively, and efficiently (Republic of Indonesia, 2023). In this context, the Indonesian government allocates funding through the Health Operational Assistance (BOK) scheme to support public health programs at community health centers (Puskesmas), including stunting prevention and reduction initiatives (Undana Journal, 2018). The BOK funds are intended to support promotive, preventive, and curative activities such as nutritional counseling, supplementary feeding, and maternal and child health check-ups (East Asia Forum, 2023).

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Effective management is essential to ensure the optimal utilization of BOK funds in achieving public health objectives. According to the National Medium-Term Development Plan (RPJMN) 2020–2024, the Government of Indonesia aims to reduce the stunting rate from 27.7% in 2019 to 14% by 2024, requiring a considerable 10.4 percentage point decline within five years (Global Nutrition Report, 2023; World Bank, 2022). Achieving this target requires coordinated efforts across national, regional, and village-level governments through the implementation of integrated and convergent programs (ANTARA, 2023). To accelerate stunting reduction, the Indonesian government, through Presidential Regulation No. 72 of 2021, adopted a holistic and integrative multi-sectoral approach targeting vulnerable populations, including adolescents, pregnant and breastfeeding mothers, and children under five (Yuliani & Sadad, 2024; Global Nutrition Report, 2023).

Stunting is defined as impaired growth in children due to chronic malnutrition during the first 1,000 days of life, negatively affecting physical, cognitive, and socio-economic outcomes (PMC, 2023; Wikipedia, 2025). National surveys indicate a declining prevalence: from 27.7% in 2019, to 24.4% in 2021, and 19.8% in 2024 below the Bappenas target of 20.1% (Global Nutrition Report, 2023; ANTARA, 2025). Meanwhile, West Java Province reported a lower rate of 15.9% in 2024 (ANTARA, 2025).

Cimahi Health Center (Puskesmas Cimahi), located in Cimahi Subdistrict, Kuningan Regency, is a strategically positioned facility that plays a pivotal role in implementing stunting reduction programs in the region. Notably, despite a significant increase in BOK allocation from IDR 53,800,000 in 2023 to IDR 201,858,000 in 2024, the stunting prevalence paradoxically rose from 7.0% to 7.9%, raising critical concerns regarding the effectiveness of fund management in achieving intended health outcomes.

The selection of Cimahi Health Center as the research site was based on several considerations: (1) the substantial budget increase that was not accompanied by a reduction in stunting rates, making it a significant case for evaluating managerial effectiveness; (2) the availability of comprehensive data related to program planning and implementation; (3) its geographically representative position as a semi-rural area, which reflects typical managerial challenges in resource-constrained settings; and (4) the existence of strong local commitment from the health center leadership and village authorities, which has yet to translate into national-level targets, indicating the need for a deeper evaluation.

Based on the aforementioned background, the research questions formulated in this study are as follows: (1) How are the management functions planning, organizing, actuating, and controlling applied in the utilization of BOK funds at Cimahi Health Center? (2) What challenges are encountered in the implementation of stunting reduction programs? (3) What recommendations can be proposed to optimize the use of BOK funds in reducing stunting prevalence?

Accordingly, the objectives of this study are: (1) To analyze the application of management functions in the utilization of BOK funds for stunting reduction programs at Cimahi Health Center; (2) To examine the efforts undertaken to address the challenges associated with stunting reduction; and (3) To provide recommendations for overcoming these challenges and improving the effectiveness of BOK fund utilization.

Therefore, the author is motivated to conduct an in-depth study on the Management Functions in the Utilization of Health Operational Assistance Funds for Reducing Stunting Rates at Cimahi Health Center, Kuningan Regency. This research focuses on the core management functions planning, organizing, actuating, and controlling in the management of BOK funds at Cimahi Health Center. The aim is to analyze the implementation of these functions, identify the challenges faced, and propose actionable recommendations to enhance the effectiveness of BOK fund utilization in stunting reduction efforts.

LITERATURE REVIEW

Management is a process or framework that involves guiding or directing a group of individuals toward specific organizational goals or objectives (Terry et al., 2012, p. 1). George R. Terry further defines management as a distinctive process consisting of a series of activities planning, organizing, actuating, and controlling conducted to determine and achieve predetermined objectives through the utilization of human and other available resources (Terry, 2006, p. 4; Terry & Franklin, 1971).

Planning refers to determining the tasks that must be performed by a group in order to achieve established objectives. It inherently involves decision-making, as it includes the selection of alternatives (Terry, 2009, p. 17). According to Terry, as cited in Yusuf et al. (2023, p. 93), planning involves choosing and linking facts, making and utilizing assumptions about the future, and outlining specific actions believed to be necessary to achieve a desired outcome.

Furthermore, Terry (2009, p. 17) defines organizing as the process of dividing the necessary activities to achieve objectives into manageable components, assigning these tasks to managers, and establishing authority relationships among organizational units. Stoner and Walker, as cited in Yusuf et al. (2023, p. 110), describe organizing as a process by which work activities are structured and delegated to human resources to achieve the goals of an organization.

According to George R. Terry (2009, p. 17), actuating also referred to as "action movement" encompasses the activities undertaken by a manager to initiate and sustain the actions defined during the planning and organizing stages, ensuring that organizational objectives are achieved. In this context, actuating plays a critical role in management as it enables an organization or institution to translate plans and goals into concrete actions and outcomes (Terry & Franklin, 1971; Terry, 2009). Controlling is the final function within the management process. It involves the assessment of performance based on predetermined standards, followed by necessary adjustments or corrective actions. Terry (2009, p. 18) explains that controlling includes the continuous task of monitoring whether activities are being carried out in accordance with the plan. Furthermore, Hasibuan, as cited in Yusuf et al. (2023, p. 132), describes controlling as a process of assurance through which an organization

and its members are guided to achieve established goals effectively. Stunting is a condition of impaired growth in children under five caused by chronic malnutrition, recurrent infections, and inadequate psychosocial stimulation (World Health Organization, 2014). Addressing stunting requires a multisectoral approach that combines specific interventions such as the provision of supplementary food and immunizations with sensitive interventions, including access to clean water and nutritional education (WHO, 2014; UNICEF, 2019). Law No. 17 of 2023 on Health, Article 3, states that one of the primary objectives of health administration is to ensure the availability of sustainable and equitable health financing, managed transparently, effectively, and efficiently (Republic of Indonesia, 2023). The Health Operational Assistance (BOK) is a fund allocated by the Ministry of Health to support the operational activities of community health centers (Puskesmas), including health promotion and disease prevention programs (Minister of Health Regulation No. 43/2019) (Ministry of Health RI, 2019). The use of BOK covers various activities such as nutrition counseling, monitoring of child growth and development, and the provision of supplementary feeding programs (PMT) (Ministry of Health RI, 2019). According to Aridewi et al. (2016), community health centers (Puskesmas) with high BOK fund absorption were successful in reducing maternal and infant mortality rates due to effective planning and evaluation mechanisms (Aridewi, S., Rohmah, & Nurhasanah, 2016).

This finding is particularly relevant to stunting prevention efforts, which similarly require sound management practices. Yunus Kasim (2018), in *BOK Management in Community Health Centers in Sigi Regency* published in the *Journal of Administration*, revealed that effective BOK management contributes to improved quality of healthcare services; however, limitations such as insufficient human resources and a lack of technical guidelines remain significant challenges (Kasim, 2018). Nuryana et al. (2022), in their study *Implementation of Health Operational Assistance (BOK) Funds in Health Center X, Bogor City* (2022) published in the *Public Health Student Journal*, found that the Puskesmas made notable progress in implementing the BOK fund policy across the planning, implementation, and reporting stages; nevertheless, delays in disbursement and substantial budget reductions adversely affected program effectiveness (Nuryana, Darmawan, & Siregar, 2022). Salwa et al. (2024), in *Analysis of BOK Fund Management in Stunting Prevention at Sentosa Baru Health Center, Medan*, reported that BOK fund management was optimally implemented and significantly contributed to stunting prevention efforts (Salwa, Pratama, & Hidayat, 2024).

Similarly, a study by Herawati et al. (2024) titled *Analysis of BOK Fund Utilization in Improving Essential Public Health Services (UKM) at Medan Johor Health Center* found that BOK-funded UKM programs showed annual improvements. Although fund disbursement was realized, implementation remained suboptimal. At the input level, human resource availability was generally sufficient. In terms of process, activities from the initial health plan (RUK) to the detailed work plan (RUKK) were well executed, but performance at the activity implementation level (PKP) showed some shortfalls. At the output level, performance indicators for UKM programs improved. However, challenges persisted in areas such as community nutrition, child immunization, supplementary feeding, and health checks. These barriers were largely attributed to public mindset, lack of awareness, and limited health knowledge within the community (Herawati et al., 2024).

Based on the aforementioned studies, it can be concluded that the core management functions serve as the primary framework for effectively managing BOK funds to achieve targeted stunting reduction outcomes. Community health centers (Puskesmas) that implement data-driven planning, organize resources efficiently, execute programs effectively, and maintain rigorous oversight tend to achieve better results in reducing stunting prevalence. However, to optimize these efforts, regulatory support, adequate human resources, and strong

cross-sectoral collaboration are essential to ensure comprehensive and sustainable management implementation

METHOD

This study employed a qualitative approach using a case study design. Qualitative research emphasizes gaining an in-depth understanding of a specific issue rather than seeking generalizability. In qualitative studies, researchers apply in-depth analysis techniques to examine problems on a case-by-case basis, based on the assumption that each issue has unique characteristics (Sulistyawati, 2024, p. 38). Therefore, the outcome of qualitative research is not aimed at producing generalizations, but rather at developing a deeper comprehension of the subject under investigation.

Literally, a case study refers to the examination of an individual, a group, or a specific situation. This method explores particular phenomena in detail without attempting to generalize findings, but instead strives to uncover the complexity of a phenomenon within its real-life context. Since each case carries its own unique conditions, the case study approach aims to explain these complexities through logical interpretation often referred to as the “logic of action.” Accordingly, researchers must be meticulous in selecting cases, which should be based on specific criteria that are aligned with the research background and theoretical framework (Sulistyawati, 2024, pp. 127–128).

To determine the sample, this study employed purposeful sampling (also known as purposive sampling), whereby the researcher deliberately selected certain members of the population who were considered representative or possessed substantial information related to the research problem or topic. Based on the researcher’s prior knowledge, subjects were chosen directly to provide relevant information in accordance with the study’s objectives (Fathor Rasyid, 2022, p. 140).

The informants in this study were individuals directly involved in the utilization of Health Operational Assistance (BOK) funds at Cimahi Health Center, Kuningan Regency. These included the Head of the Health Center as the key informant, and supporting informants such as doctors, midwives, nutritionists, health promotion officers, and Posyandu (integrated service post) cadres responsible for program implementation.

Data collection techniques included interviews, observations, and documentation. To ensure data validity, the study employed prolonged engagement and triangulation techniques. Data analysis was conducted using a qualitative approach comprising the following stages: data reduction, data display, and conclusion drawing/verification. Qualitative data were obtained through multiple techniques, such as interviews, document analysis, focus group discussions, and observations. Other forms of qualitative data included visual data such as photographs or video recordings. These types of data are inherently abstract, and thus require the researcher to thoroughly understand the qualities of the observed subjects (Fathor Rasyid, 2022, p. 209).

RESULT AND DISCUSSION

RESULT

a). Planning

The findings reveal that the stunting program planning at Cimahi Health Center has followed the guidelines of the Health Operational Assistance (BOK) and the National Medium-Term Development Plan (RPJMN) 2020–2024. However, the planning process is not yet based on real-time data, lacks active cross-sectoral involvement, and tends to be routine without adequate evaluation of previous programs. These conclusions were drawn from interview data as follows:

(1) All respondents indicated that the planning process was formulated by an internal team (including the Head of the Health Center, sub-section heads, nutrition officers, BOK fund managers, and finance staff) in coordination with cross-sector stakeholders, supporting the view that the process is structurally implemented.(2) All respondents cited budget constraints and delays between fund disbursement and program execution as ongoing challenges.(3) All respondents acknowledged that planning remains suboptimal, particularly due to the absence of real-time data and a lack of prior program evaluation.(4) Fifty percent of respondents highlighted the difficulty in stakeholder identification, pointing to the limited involvement of cross-sector actors and insufficient knowledge among village midwives. This reflects a broader issue of weak cross-sectoral participation in the planning process.

b). Organizing

The organizational structure for the implementation of the stunting program at Cimahi Health Center, based on interview results, has been formulated by the internal team (Head of Health Center, Subsection Head of Administration, Nutrition Officer, BOK Fund Manager, and Finance Officer) together with cross-sectoral stakeholders. This indicates a division of roles in the planning process, where each party has a specific responsibility. Nutrition education at posyandu (integrated service posts), the distribution of supplementary feeding (PMT), and supplements by midwives and school health units (UKS) reflect task allocation to cadres, midwives, and UKS officers. However, 50% of respondents stated that there is role overlap and weak coordination between sectors (e.g., between the health office, village authorities, and field cadres). The lack of training for field cadres also contributes to inefficiencies in program implementation. According to the interview results, cadre training was only conducted in 2 out of the 10 villages under the jurisdiction of Cimahi Health Center.

c). Actuating

Programs such as nutrition counseling, supplementary feeding (PMT), and child growth monitoring at posyandu have been running well but are hindered by low community participation, logistical delays, limited training, and urbanization.

This was obtained from the interview results:(1) All respondents confirmed the research finding that the programs have been implemented properly.(2) Challenges such as urbanization, cadres not fully understanding the training content, and some activities not being budgeted (as mentioned by all respondents) align with the findings on low community participation and logistical delays.(3) Limited cadre training (respondents 4 and 5) explains the obstacles in program implementation.

d). Controlling

The supervision of BOK fund utilization remains predominantly administrative in nature and tends to focus on financial reporting rather than the outcomes and impacts of the activities. Field monitoring and evaluation are still weak, with limited measurable success indicators. Supervision efforts have not been directed toward assessing the actual effectiveness of activities in reducing stunting prevalence. Based on interview results:(1) All respondents stated that the budget ceiling is limited, BOK fund disbursement is often delayed, and BOK accountability reports (SPJ) lack attention to the correlation between budget realization and program outcomes supporting the finding that supervision still focuses primarily on administrative aspects.(2) Monthly or quarterly monitoring and evaluation (as reported by all respondents) indicate the presence of oversight, yet weak coordination and limited human resources reinforce the finding of insufficient performance indicators and inadequate field evaluation.(3) Delayed fund disbursement and limited budget ceilings (as mentioned by all respondents) help explain why current supervision practices have not had a tangible impact on reducing stunting prevalence.

DISCUSSION

1). Management Function Analysis

a). Planning

According to Terry (2009), planning is the process of defining objectives and formulating steps to achieve them by utilizing resources effectively and efficiently. Effective planning should be data-driven, involve all relevant stakeholders, and take into account the evaluation of previous programs.

Research Findings:

Alignment with Guidelines: The planning of the stunting reduction program at Cimahi Health Center has followed the guidelines set forth in the Health Operational Assistance (BOK) framework and the National Medium-Term Development Plan (RPJMN) 2020–2024, indicating alignment with national health policy. The internal team comprising the Head of the Health Center, Administrative Subsection Head, Nutrition Officer, BOK Fund Manager, and Finance Officer along with cross-sectoral stakeholders, was involved in the formulation of the planning, reflecting a formally structured process. However, several weaknesses were identified, including:

- (1) Lack of real-time data: The planning process does not utilize up-to-date information, making it less responsive to current conditions in the field. According to Terry, effective planning must be based on accurate and current data to ensure the relevance and appropriateness of the program.
- (2) Limited active cross-sectoral involvement: Although cross-sectoral stakeholders are formally included in the process, their participation tends to be passive, indicating weak coordination. This contradicts Terry's principle that effective planning should involve the active collaboration of all relevant parties to achieve shared goals.
- (3) Routine planning without evaluation: The planning process tends to be repetitive and does not sufficiently incorporate the evaluation of previous programs, resulting in minimal improvements. Terry emphasizes that evaluation is essential as a foundation for more effective future planning.
- (4) Budget constraints and delays in fund disbursement: Delays in BOK fund disbursement and limited budget allocations hinder program implementation. This reflects a lack of sound financial planning, which, according to Terry, should be a central focus in the planning function.

Based on the above discussion, the planning analysis at Cimahi Health Center shows a strong foundational basis due to its alignment with national guidelines. However, it remains less effective because it is not based on real-time data, lacks program evaluation, and exhibits weak cross-sectoral collaboration. As a result, the planning process does not fully support the objective of reducing stunting prevalence.

Planning at Cimahi Health Center has been carried out through the development of annual Activity Proposal Plans (Rencana Usulan Kegiatan, RUK), which are based on local data, including stunting prevalence rates in priority villages such as Cimahi (11.1%) and Sukajaya (11.5%) in 2024. This practice reflects a rational approach as defined by George R. Terry (2009), who states that planning is the process of setting goals and determining strategic steps based on empirical data and actual field needs.

However, despite the use of data in the planning process, substantive weaknesses remain in areas such as risk analysis and mitigation strategies. These include limited budget allocations, delays in the disbursement of operational funds (BOK), and low participation from the target communities.

These limitations reflect a planning process that has not yet fully adapted to the complex dynamics of field conditions, particularly in the context of the social determinants of

stunting. In addition, the minimal involvement of non-health sectors such as village governments, community leaders, and educational institutions indicates a lack of a holistic intersectoral approach. Yet, stunting is a multidimensional issue that requires integrated cross-sector collaboration, as emphasized in the Health in All Policies framework (WHO, 2014).

The limited public knowledge regarding stunting also suggests that promotive and preventive aspects have not been optimally accommodated within the planning process. These findings are consistent with the study by Aridewi et al. (2016), which highlighted that non-comprehensive and non-participatory planning can hinder the achievement of public health programs, including efforts to accelerate stunting reduction.

Therefore, enhancing the effectiveness of planning at Cimahi Health Center requires a reformulation of strategies through active engagement of external stakeholders, strengthened community-based health education, and the integration of risk mitigation mechanisms into planning documents as part of improved program governance.

To enhance the effectiveness of planning at Cimahi Health Center in addressing stunting, several strategic measures focusing on the local context and previously identified weaknesses must be formulated. The following are more targeted strategy refinements for Cimahi Health Center based on the situational analysis: 1) Strengthening Risk Analysis and Mitigation in the Activity Proposal Plan (RUK) Weaknesses in risk analysis, such as budget constraints and delays in operational fund (BOK) disbursement, can be addressed through the following actions: (a) Financial Risk Mapping: Develop a risk matrix within the RUK that outlines scenarios related to funding delays, for instance by allocating emergency budget reserves or advocating for expedited disbursement processes with the Cimahi City Health Office. (b) Funding Diversification: Involve the private sector or local corporate social responsibility (CSR) programs (e.g., companies operating in the Cimahi area) to support stunting-related initiatives such as providing supplementary food or conducting nutrition education. (c) Real-Time Monitoring: Implement a digital reporting system to track fund allocation and utilization transparently, thereby minimizing the impact of BOK disbursement delays.

The limited involvement of non-health sectors such as village governments, community leaders, and educational institutions in Cimahi and Sukajaya indicates the need for a more coordinated cross-sectoral approach. Concrete steps may include:

1. Establishment of the Stunting Reduction Acceleration Team (TPPS): Activate TPPS at both the sub-district and village levels, involving sub-district heads, village heads, Family Welfare Empowerment (PKK) teams, and community organizations such as Karang Taruna to support stunting reduction programs in Cimahi (11.1%) and Sukajaya (11.5%).
2. MoU with the Education Sector: Collaborate with schools in Cimahi to integrate nutrition education into the school curriculum or extracurricular activities, targeting parents and adolescents as agents of behavioral change.
3. Engagement of Community Leaders: Involve religious and traditional leaders in anti-stunting campaigns, for example through religious sermons or community events held in priority villages

Enhancing Community Participation through Community-Based Education, The low level of public awareness regarding stunting indicates the need to strengthen promotive and preventive aspects. Strategies for Cimahi Health Center include:

1. Posyandu cadre-based campaigns: Train posyandu cadres in Cimahi and Sukajaya to serve as facilitators of stunting education using locally adapted approaches, such as utilizing the Sundanese language and relevant real-life examples.

2. Local communication media: Utilize village WhatsApp groups, bulletin boards, or community radio to disseminate information on nutrition, sanitation, and parenting practices.
3. Community nutrition ambassador program: Recruit mothers or adolescents from priority villages as nutrition ambassadors to promote balanced nutrition practices, with incentives such as training opportunities or community-based recognition.

Reformulating Data-Driven and Participatory Planning, To address the current limitations in adaptive planning, Cimahi Health Center needs to:

1. Analyze the social determinants of stunting: Conduct an in-depth mapping of socio-economic factors such as access to clean water, sanitation, and poverty in Cimahi and Sukajaya, in order to design more targeted interventions.
2. Health-focused community planning meetings (Musrenbang): Organize village-level planning discussions involving community members, health cadres, and local leaders to ensure that the Activity Proposal Plan (RUK) reflects actual needs.
3. Integrate the Health in All Policies approach: Ensure that each program within the RUK includes cross-sectoral components, such as coordination with the Environmental Agency for sanitation improvements or the Social Affairs Office for food assistance to families at risk of stunting.

Monitoring and Evaluation Based on Local Indicators, To ensure effectiveness, Cimahi Health Center must develop specific performance indicators, such as:

1. The percentage increase in community knowledge about stunting in Cimahi and Sukajaya within six months.
2. The number of cross-sectoral activities involving at least three non-health stakeholders per year.
3. A reduction in stunting prevalence in Cimahi (from 11.1%) and Sukajaya (from 11.5%) over a two-year period, with a minimum annual target of a 1% decrease.

b). Organizing

According to George R. Terry (2009, p. 17), organizing involves the clear division of tasks, authority, and responsibilities to ensure that all resources human, financial, and temporal are utilized optimally. Coordination and training are key components of effective organizing. Research Finding:

- 1). The implementation structure of the stunting program has been formulated by the internal team in collaboration with cross-sectoral stakeholders, with clearly defined task divisions nutrition counseling by posyandu cadres, supplementary feeding (PMT) distribution by midwives, and supplement provision by school health units (UKS). This indicates an organizational effort that aligns with Terry's theory of management.
- 2). Weaknesses:
 - a) Role overlap: 50% of respondents reported task duplication, particularly between the health office, village authorities, and community health cadres. This reflects a lack of clarity in the delegation of authority, which contradicts Terry's principle of a well-defined organizational structure.

- b) Weak intersectoral coordination: The lack of synergy among stakeholders (health office, village government, and cadres) has led to inefficiencies. Terry emphasized the importance of coordination to ensure that all parties work toward shared objectives.
- c) Limited cadre training: Training was conducted in only 2 out of 10 villages, resulting in underqualified cadres. This indicates weak human resource development, which is a critical element of organizing according to Terry.

The organizational structure at Cimahi Health Center follows a formal system; however, weak coordination, overlapping roles, and limited cadre training hinder the efficiency of program implementation. These issues result in suboptimal utilization of available resources. Organizing practices at Cimahi Health Center, Kuningan Regency, as described, reflect the application of Terry's (2009, p. 17) principles of organizing namely the systematic division of responsibilities among doctors, midwives, nutritionists, and posyandu cadres. The Head of the Health Center serves as the primary decision-maker, while financial staff manage the reporting and accountability for the Health Operational Assistance (BOK) funds. This structure enables the functional operation of health programs, particularly the stunting reduction program, at the internal level. However, significant weaknesses remain in terms of external coordination and human resource limitations, both of which constrain the overall effectiveness of the program.

Internal Organizational Analysis at Cimahi Health Center, The organizational structure at Cimahi Health Center has been designed with a clear division of tasks. Doctors are responsible for health examinations and clinical decision-making; midwives provide maternal and child health services; nutritionists focus on education and nutritional interventions; and posyandu cadres are in charge of monitoring child growth and development at the community level. The Head of the Health Center, as the main coordinator, ensures an integrated workflow, while the finance staff ensures transparency in the management of BOK funds.

This approach supports the implementation of programs such as immunizations, nutrition counseling, and stunting monitoring, which form part of the stunting prevention efforts within the working area of Cimahi Health Center. However, although the internal structure is relatively well-organized, its effectiveness is limited by several factors.

First, the heavy workload placed on health workers particularly doctors and midwives often leads to delays in reporting or in conducting field activities. Second, the uneven distribution of posyandu cadres across the villages within Cimahi Health Center's service area, such as Cikaso and Sukamaju Villages, has resulted in suboptimal coverage of child growth monitoring. Data from the Cimahi Health Center's 2024 annual report show that only 60% of children under five in the service area are regularly monitored at posyandu, primarily due to the limited number of active cadres. Weaknesses in External Coordination, The primary weakness of Cimahi Health Center lies in its external coordination, particularly with village governments and the private sector. Presidential Regulation No. 72 of 2021 emphasizes the importance of a cross-sectoral convergence approach in reducing stunting, involving synergy among the health, education, social, and private sectors. However, in Kuningan Regency specifically in the Cimahi Health Center's service area this coordination remains weak. For example, supplementary feeding (PMT) programs at posyandu are often not supported by village budgets, even though Village Funds (Dana Desa) can be allocated to support nutritional interventions. Moreover, the private sector including local companies and community organizations is rarely engaged in supporting health programs, such as providing nutritional supplements or sanitation facilities.

The absence of cross-sector partnership forums at the sub-district or village level has further exacerbated this situation. Coordination meetings organized by Cimahi Health Center

with village governments are often ceremonial in nature and fail to produce concrete commitments for collaborative action. As a result, stunting interventions at Cimahi Health Center tend to be fragmented, focusing solely on health-related aspects without integration into community empowerment or family economic improvement programs both of which are essential factors in addressing stunting.

Human Resource Constraints, Limited human resources pose a serious challenge at Cimahi Health Center. In some villages, such as Cimulya and Cipasung, the number of active posyandu cadres is only about two to three per village far below the ideal ratio of one cadre per 50 children under five. This has led to low coverage in child growth monitoring and nutrition education efforts. A study by Yunus Kasim (2018) supports this finding, stating that the inadequate capacity and number of human resources are key factors behind the suboptimal management of BOK funds. At Cimahi Health Center, the lack of continuous training for posyandu cadres further worsens the situation, as many cadres do not possess sufficient skills in anthropometric measurements or delivering effective health counseling. **Reorganization Strategy,** To address these challenges, Cimahi Health Center must implement a more adaptive reorganization strategy, focusing on strengthening cross-sectoral coordination and improving human resource capacity.

Specific Recommendations:

1. **Establishment of a Cross-Sector Partnership Forum:**

Cimahi Health Center can take the initiative to establish a sub-district-level partnership forum involving village governments, the private sector, and community organizations such as the Family Welfare Movement (PKK). This forum should have a regular agenda such as monthly meetings to formulate integrated action plans, including the allocation of Village Funds (Dana Desa) for supplementary feeding (PMT) or environmental sanitation campaigns. A successful example of this approach was observed in Banyuwangi Regency, where a cross-sector convergence forum increased stunting intervention coverage to 80% within two years.

2. **Capacity Building and Recruitment of Posyandu Cadres:**

Cimahi Health Center should collaborate with the Kuningan District Health Office to conduct continuous training programs for posyandu cadres, focusing on anthropometric measurement skills, nutrition counseling, and data management.

Additionally, the recruitment of additional posyandu cadres in low-coverage villages, such as Cikaso Village, should be prioritized. Financial incentives sourced from BOK funds or Village Funds (Dana Desa) can be utilized to attract more cadres, as successfully implemented at Sukaraja Health Center in Sukabumi Regency. **Optimizing BOK Fund Management**

3. **The finance staff at Cimahi Health Center must adopt a more proactive role in designing BOK fund allocations to support cross-sectoral activities, such as cadre training or joint nutrition campaigns with village governments. Transparency in reporting must also be enhanced by involving village authorities in the monitoring process to ensure that BOK funds are used effectively and accountably.**

4. **Utilizing Technology**

To address human resource constraints, Cimahi Health Center can adopt simple technological solutions, such as mobile-based applications for child data monitoring by posyandu cadres. Applications like “e-Posyandu,” which have been developed in several regions, can help record child growth and development data in real time, reduce administrative burdens, and improve data accuracy.

Potential Impact, These measures are expected to enhance the effectiveness of stunting reduction programs within the service area of Cimahi Health Center. With stronger cross-sectoral coordination, interventions will no longer be fragmented but instead integrated with community empowerment initiatives and household economic improvement programs. Increasing both the number and capacity of posyandu cadres is projected to expand child monitoring coverage to 80–90% within one year. Furthermore, optimizing the use of BOK funds will ensure that resources are allocated efficiently, thereby supporting the sustainability of stunting prevention efforts at the community level.

c).Actuating

According to George R. Terry (2009, p.17), actuating also referred to as “action movement” includes activities undertaken by a manager to initiate and sustain the implementation of tasks defined through planning and organizing, in order to achieve organizational objectives. This function involves program execution, staff training, and ensuring the availability of necessary resources. Research Findings:

- 1). Program Implementation: Programs such as nutrition counseling, supplementary feeding (PMT), and child growth monitoring at posyandu have been running well, indicating that actuating efforts are in line with the established plans.
- 2). Weaknesses:
 - a). Low community participation: Urbanization and lack of public awareness have hindered the success of the programs. According to Terry, actuating must include strategies to motivate external parties, such as the community.
 - b) Logistical delays: The distribution of supplementary feeding (PMT) and supplements is often delayed, reducing the effectiveness of interventions. This indicates weaknesses in supply chain management, which should be a key consideration in the actuating function.
 - c) Limited cadre training: Inadequately trained cadres are unable to carry out their tasks optimally, reflecting a lack of investment in capacity building.
 - d) Unbudgeted activities: Some program activities are not supported by sufficient funding, which hampers consistent implementation.

Actuating at Cimahi Health Center reflects a reasonably good level of program implementation, but it is hindered by both external factors (community participation, urbanization) and internal challenges (logistics, training). This indicates that the actuating function has not yet been fully effective in achieving the objectives of the stunting reduction program. Community participation in villages such as Margamukti and Sukajaya has been identified as very low. This reveals a gap in the communication strategies and social approaches employed by health center staff, which should ideally foster trust and active engagement among local residents. Logistical delays such as the slow delivery of supplementary food and child growth monitoring equipment have further reduced the quality of services provided at posyandu. Additionally, the lack of ongoing training for health workers and posyandu cadres suggests weak investment in human resource capacity building.

This condition reinforces the findings of Kasim (2018), which identified limited human resources as a major obstacle to optimizing the use of Health Operational Assistance (BOK) funds. Therefore, improvement efforts must include three key strategies:

- (1) Intensive community education and empowerment to raise awareness and promote active participation in child nutrition and health programs;
- (2) Optimization of a responsive and timely logistics distribution system to ensure continuity of field-level interventions; and
- (3) Regular and structured training programs for both posyandu cadres and health workers, to equip them with the necessary competencies and motivation to perform their duties effectively.

By strengthening these implementation aspects, the stunting intervention program supported by BOK funds at Cimahi Health Center, Kuningan Regency, is expected to operate more effectively and produce tangible impacts in the community ultimately contributing to a reduction in stunting rates.

d). Controlling

According to Terry (2009, p. 18), controlling is the process of ensuring that activities are carried out according to plan, using clear success indicators and implementing corrective actions when necessary. Research Findings:

- 1). Supervision Implementation: The supervision of BOK funds is carried out through financial reporting and monthly or quarterly monitoring, indicating the existence of a monitoring system.
- 2). Weaknesses:
 - a). Administrative focus: Supervision is more oriented toward financial reporting rather than evaluating the program's impact on reducing stunting. According to Terry, controlling should focus on goal achievement, not merely administrative aspects.
 - b) Weak field monitoring: The lack of measurable success indicators renders the supervision process ineffective. Terry emphasizes the importance of having clear indicators to evaluate progress.
 - c) Delays in funding and limited budget: These constraints hinder effective supervision and ultimately affect the program's improvement.
 - d) Poor coordination and limited human resources: A shortage of trained personnel and weak coordination among stakeholders undermine the quality of supervision.

Based on the findings above, it can be concluded that the supervision process at Cimahi Health Center remains largely formal and administrative in nature, lacking a clear focus on tangible outcomes such as the reduction of stunting prevalence. This indicates that the controlling function has not fully supported the program's overarching goals. At Cimahi Health Center, financial management demonstrates good administrative compliance, as reflected in the following: (1) Monthly monitoring and reporting to the Kuningan District Health Office, indicating the presence of a structured reporting system; (2) Fund disbursement in accordance with technical guidelines, reflecting compliance with regulations; (3) Financial reports compiled based on information gathered from informants, indicating the existence of an organized data collection mechanism; (4) Utilization of funds in line with technical and operational guidelines, showing adherence to formal protocols.

However, despite sound administrative practices, the implementation of programs in the field reveals significant weaknesses that undermine the effectiveness and accountability of the intervention. 2. Weaknesses in Program Implementation Three major weaknesses identified at Cimahi Health Center include: ((1) Weak field supervision and impact evaluation: (a) The absence of strong efforts to assess the effectiveness or positive outcomes of activities indicates a lack of focus on program results.

Supervision that focuses solely on administrative compliance without assessing actual community impact fails to meet the essence of controlling as defined by Terry (2009), which is to ensure that activities achieve their intended goals. (b) Implications: Without proper impact evaluation, it becomes difficult to determine whether the allocated funds have truly yielded benefits such as disease prevention or improvements in public health. This can lead to inefficient resource utilization and hinder future program improvements. (2) Incomplete Activity Documentation: (a) Health education activities are often poorly documented, indicating a weak record-keeping system. Poor documentation limits the ability to track activities, evaluate progress, report outcomes, and verify implementation through external audits. (b) Implications: Lack of documentation undermines transparency and makes it

difficult to demonstrate that activities have been carried out as planned. This may also reduce stakeholder trust in the performance of the health center.(3) Absence of Clear Sanctions for Financial Mismanagement:(a) The lack of clear sanctions for violations in financial management weakens accountability. Without strict enforcement mechanisms, there is an increased risk of fund misappropriation or procedural errors.(b) Implications:Weak accountability may erode trust in the health center's financial governance among both the community and the District Health Office, while also diminishing the motivation to improve performance.

Comparison with Sentosa Baru Health Center

The study by Salwa et al. (2024) at Sentosa Baru Health Center in Medan City indicates that the management of Health Operational Assistance (BOK) funds has been optimally implemented, yielding significant results in stunting prevention. The key differences between Sentosa Baru and Cimahi Health Center are as follows:

Stronger Supervision and Evaluation:At Sentosa Baru, program supervision appears to go beyond administrative compliance, encompassing impact evaluationsuch as reductions in stunting rates. This reflects a more comprehensive monitoring mechanism that includes both process and outcome assessments.**Program Effectiveness:**The implementation of programs at Sentosa Baru has demonstrated tangible contributions, suggesting a more integrated approach to planning, execution, and evaluation.**Likely Better Documentation and Accountability:**Although not explicitly stated, the success of the stunting prevention program at Sentosa Baru implies the presence of adequate documentation and strong accountability to support both reporting and evaluation processes.

Implications and Recommendations for Cimahi Health Center

Although Cimahi Health Center has demonstrated strong administrative compliance, weaknesses in field supervision, documentation, and accountability indicate that the existing monitoring system has not yet achieved full effectiveness as defined by Terry (2009). To enhance the effectiveness of both program implementation and oversight, the following recommendations are proposed:**Strengthen Program Impact Evaluation:**(a) Implement clear performance indicators to evaluate the impact of activitiesfor example, the percentage reduction in specific diseases or increased community awareness through health education.(b) Conduct regular field monitoring involving independent teams or the District Health Office to ensure that activities are aligned with program objectives.**Improve Documentation Systems:**(a) Develop standardized guidelines for documenting activities, including report formats, photos, and participant records for sessions such as health counseling.(b) Utilize simple technologies, such as cloud-based applications, to record and store documentation in real time.**Enforce Sanctions and Enhance Accountability:**(a) Establish a clear sanction mechanism for violations in fund management, such as written warnings or reductions in financial incentives.(b) Conduct training for health center staff on the importance of transparency and accountability in managing public funds.**Learn from Best Practices:**(a) Conduct benchmarking visits to other health centerssuch as Sentosa Baruto study effective strategies for program monitoring and evaluation.(b) Adopt best practices in BOK fund management, as implemented at Sentosa Baru, to improve the impact of health programs.

Financial management at Cimahi Health Center demonstrates good administrative compliance; however, weaknesses in field supervision, documentation, and accountability hinder overall program effectiveness. Compared to Sentosa Baru Health Centerwhich exhibits stronger supervision and program implementationCimahi Health Center must address these shortcomings to achieve more optimal outcomes. By implementing the recommendations

outlined above, Cimahi Health Center can improve the effectiveness of its health programs, ensure greater accountability, and support continuous improvement moving forward.

2). Efforts to Address Challenges in Stunting Program Implementation

To overcome the identified challenges, several strategic efforts can be implemented:

- a). Planning: Develop an integrated real-time data system, actively involve cross-sectoral stakeholders through coordination forums, and conduct regular evaluations to support program innovation.
- b) Organizing: Establish clear task divisions, enhance cadre training programs, and strengthen intersectoral coordination through Memoranda of Understanding (MoUs) or joint agreements.
- c) Actuating: Increase public awareness through education campaigns tailored to urban contexts, ensure timely logistics distribution, and allocate sufficient funding for key activities.
- d) Controlling: Develop measurable success indicators, reinforce field monitoring with trained personnel, and ensure that financial reports reflect actual program achievements.

By addressing the weaknesses within each management function, the stunting program at Cimahi Health Center can become more effective in reducing stunting prevalence

3). Recommendation

The recommendations derived from this study emphasize the need for comprehensive strengthening of management practices. Key strategies include:

- a) Data-driven and participatory planning: Utilize real-time, accurate data and involve stakeholders in all stages of the planning process.
- b) Capacity building for implementers: Provide regular training and establish incentive systems for posyandu cadres to enhance motivation and service quality.
- c) Cross-sector collaboration: Engage non-health sectors to support community education and empowerment initiatives.
- d) Impact-based evaluation: Monitoring efforts should focus on achieving tangible results and supporting continuous improvement.
- e) Targeting high-risk groups: Programs should prioritize populations most vulnerable to stunting.

Overall, the implementation of management functions in the utilization of BOK funds at Cimahi Health Center has not yet been fully optimized to support the reduction of stunting prevalence. Although activities are conducted according to schedules and guidelines, weaknesses in data-driven planning, coordination, impact monitoring, and community engagement have limited the program's overall effectiveness. Therefore, a comprehensive improvement through a more structured, participatory, and evidence-based managerial approach is urgently needed to ensure that substantial funding leads to meaningful reductions in stunting rates.

CONCLUSION

Based on the findings of the study on the Management Functions in the Utilization of Health Operational Assistance (BOK) to Reduce Stunting Rates at Cimahi Health Center, Kuningan Regency, using a qualitative research approach, the conclusions are as follows:

1). Management Functions in the Utilization of BOK Funds

a). Planning

The planning process was aligned with the BOK guidelines and the National Medium-Term Development Plan (RPJMN) 2020–2024, involving internal teams and cross-sector

stakeholders. However, it was weak in several areas, including the use of real-time data, evaluation of previous programs, budget sufficiency, timeliness of fund disbursement, and active cross-sector participation. According to Terry (2009), effective planning should be based on accurate, up-to-date data and should be collaborative in nature. These weaknesses reflect a lack of adaptation to local dynamics and an insufficient application of cross-sectoral approaches, such as the Health in All Policies framework (WHO, 2014), thereby limiting responsiveness to the social determinants of stunting.

b). Organizing

The organizational structure is clearly defined, but overlapping roles, weak cross-sector coordination, and limited cadre training (only 2 out of 10 villages) remain significant issues. Terry (2009) emphasizes the importance of clear task distribution and strong coordination. The overlap of roles and lack of cadre training reflect inefficiencies and low human resource capacity, consistent with findings from Kasim (2018).

c). Actuating

Programs such as nutrition counseling and supplementary feeding (PMT) are being implemented; however, they are hindered by low community participation, logistical delays, limited cadre training, and urbanization. Terry (2009) highlights the importance of resource availability and effective execution. These challenges both external (urbanization, community awareness) and internal (logistics, training) indicate weaknesses in communication strategies and supply chain management.

d). Controlling

Supervision remains largely administrative, focusing on financial reporting without impact evaluation. Field monitoring is weak, and performance indicators are poorly defined. Terry (2009) stresses goal-oriented supervision. An administrative focus without outcome-based evaluation hinders progress toward stunting reduction targets unlike the more effective approach observed at Sentosa Baru Health Center (Salwa et al., 2024).

2). Implementation Challenges

a). Planning: The absence of real-time data, limited cross-sector involvement, routine planning without proper evaluation, budget constraints, and insufficient knowledge among village midwives hinder the planning process.

b) Organizing: Role overlap, weak cross-sector coordination, inadequate cadre training, and suboptimal task allocation negatively impact organizational effectiveness.

c) Actuating: Low community participation, logistical delays, insufficient cadre training, unfunded key activities, and the effects of urbanization undermine program execution.

d) Controlling: A focus on administrative compliance, weak field monitoring, delayed funding disbursement, limited coordination and human resources, and a lack of alignment between budgeting and program outcomes further weaken oversight.

These challenges reflect systemic issues in management, including incomplete activity data/documentation, weak cross-sector coordination, and insufficient human resource capacity development, consistent with findings by Aridewi et al. (2016).

3). Recommendation

a). Management Functions

(1). Planning:

(a) Utilize real-time health information systems. (b) Involve cross-sector stakeholders through regular coordination forums. (c) Evaluate previous programs to ensure targeted and effective planning. (d) Implement risk analysis and diversify funding sources (e.g., Corporate

Social Responsibility initiatives). (e) Conduct community health development planning forums (Musrenbang Kesehatan) to promote public participation.

(2). Organizing

(a) Clarify task distribution to prevent overlapping responsibilities. (b) Enhance cadre training across all villages. (c) Establish cross-sector partnership forums supported by Memoranda of Understanding (MoUs). (d) Leverage technology, such as the e-Posyandu application.

(3). Actuating:

(a) Enhance community participation through community-based educational campaigns (e.g., nutrition ambassadors). (b) Optimize supply chain management to ensure timely logistics. (c) Ensure all activities are adequately budgeted.

(4). Controlling:

(a) Develop measurable success indicators. (b) Strengthen field monitoring through independent teams. (c) Improve documentation and implement sanctions for fund mismanagement.

These recommendations align with the principles of Terry (2009) and the Health in All Policies approach (WHO, 2014), emphasizing data-driven planning, cross-sector collaboration, human resource capacity building, and impact-based supervision to enhance program effectiveness. Implementation of Management Functions: The stunting reduction program at Cimahi Health Center has a solid foundation; however, it is hindered by weaknesses in data utilization, cross-sector coordination, community participation, and overly administrative supervision.

b). Challenges

The primary challenges include issues related to data availability, coordination, human resource capacity, logistical delays, and supervision that lacks an impact-oriented approach. These challenges underscore the need for a more integrated and participatory strategic reformulation

c). Recommendations

Strengthening data-driven planning, coordinated organizational structures, education-based mobilization, and impact-oriented supervision can enhance the use of Health Operational Assistance Funds (BOK) in reducing stunting, particularly in priority areas such as Cimahi (11.1%) and Sukajaya (11.5%). Through the implementation of these recommendations, the stunting program at Cimahi Health Center can operate more effectively and support the national targets outlined in the 2020–2024 National Medium-Term Development Plan (RPJMN).

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