

ABSTRAK

IMPLEMENTASI KEBIJAKAN PRIORITAS DANA DESA MELALUI PEMBERDAYAAN MASYARAKAT UNTUK PROGRAM PENURUNAN *STUNTING* DI KAMPUNG SAWAR DAN BAGAISERWAR I DISTRIK SARMI KABUPATEN SARMI PROVINSI PAPUA

Latar Belakang: Penelitian ini menyoroti bagaimana implementasi kebijakan prioritas dana desa melalui pemberdayaan masyarakat belum optimal untuk program *stunting* di Kampung Sawar dan Bagaiserwar I. Meskipun Permendesa Nomor 8 Tahun 2022 mendukung kegiatan penurunan *stunting* melalui pemberdayaan, prevalensi *stunting* di Sarmi masih tinggi 25,6% (SSGI, 2022), kasus terbanyak di Kampung Sawar (15 balita), Bagaiserwar I (8 balita), dan minimnya partisipasi masyarakat saat Musrenbang kampung.

Metode: Penelitian ini menggunakan pendekatan kualitatif studi kasus melalui wawancara mendalam, observasi, dan studi dokumentasi, dengan analisis berkesinambungan berdasarkan kerangka pemberdayaan Laverack dan Labonte (2000) sejak pengumpulan data hingga pelaporan.

Hasil: Tantangan implementasi kebijakan belum optimal yaitu adanya sentralisasi kebijakan pusat, keputusan program diambil alih oleh pemerintah kampung dan mitra. Dana *stunting* hanya dialokasikan untuk PMT dan honor kader Posyandu. Tantangan pemberdayaan masyarakat belum optimal yaitu rendahnya kepercayaan masyarakat pada pemerintah kampung yang dipicu kebijakan tidak disosialisasikan baik, sehingga timbul sikap apatis pada program pemerintah. Musrenbang cenderung dianggap formalitas karena aspirasi masyarakat tidak ditindaklanjuti, sementara akses pemerintah kampung untuk menyampaikan langsung usulan masyarakat ke pemerintah pusat terbatas. Ada penolakan label *stunting*, karena menganggap *stunting* disebabkan gen bukan pengakit. Di sisi lain, kader Posyandu belum menerima pelatihan memadai. Namun, masih ada upaya kolaborasi antara pemerintah kampung dan mitra pemerintah dalam menyusun dokumen program sebagai salah satu bentuk luaran dari implementasi kebijakan.

Kesimpulan: Implementasi kebijakan melalui pemberdayaan untuk program *stunting* belum optimal karena ketergantungan kebijakan pusat, rendahnya kepercayaan masyarakat, penolakan label *stunting*, serta kader tidak diberdayakan optimal. Namun, ada upaya kolaborasi pemerintah kampung dengan mitra menghasilkan luaran dokumen program.

Kata Kunci: Pemberdayaan Masyarakat, Pertumbuhan Terhambat, Kebijakan Kesehatan, Implementasi Program, Penduduk Pedesaan, Papua.

ABSTRACT

IMPLEMENTATION OF THE VILLAGE FUND PRIORITY POLICY THROUGH COMMUNITY EMPOWERMENT FOR THE STUNTING REDUCTION PROGRAM IN KAMPUNG SAWAR AND BAGAISEWAR I SARMI DISTRICT SARMI REGENCY PAPUA PROVINCE

Background: This study highlights how the implementation of the village fund priority policy through community empowerment has not been optimal for the stunting reduction program in Kampung Sawar and Bagaiserwar I. Although Ministerial Regulation No. 8 of 2022 supports stunting reduction activities through empowerment, the stunting prevalence in Sarmi remains high at 25.6% (SSGI, 2022), with the highest number of cases found in Kampung Sawar (15 under-five children) and Bagaiserwar I (8 under-five children), and low community participation during village development planning meetings (Musrenbang).

Method: This is a qualitative case study using in-depth interviews, observations, and document analysis. The data were analyzed continuously throughout the data collection and report writing process, based on the empowerment framework of Laverack and Labonte (2000).

Results: Challenges to policy implementation include centralization of decision-making by the central government, with village governments and their partners taking over program decisions. Stunting funds were only allocated for supplementary feeding (PMT) and Posyandu cadre honorariums. Community empowerment was also suboptimal due to low trust in the village government, triggered by poor policy dissemination, which led to apathy toward government programs. The Musrenbang process was often seen as a formality, as community aspirations were not followed up, while village governments had limited access to directly convey proposals to the central government. There was also rejection of the "stunting" label, as it was perceived to be caused by genetics rather than disease. Furthermore, Posyandu cadres had not received adequate training. Nonetheless, there were collaborative efforts between village governments and government partners in drafting program documents as an output of policy implementation.

Conclusion: The implementation of the policy through empowerment for the stunting program remains suboptimal due to dependence on central policies, low community trust, rejection of the stunting label, and insufficient empowerment of cadres. However, there have been collaborative efforts between village governments and partners that resulted in program documents as outputs.

Keywords: Community Empowerment, Stunted Growth, Health Policy, Program Implementation, Rural Population, Papua.