RELATIONSHIP BETWEEN BUDGET POLICY, FISCAL CAPACITY AND STUNTING PREVALENCE IN INDONESIA

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ABSTRACT

The prevalence of stunting in Indonesia is still above the world stunting average, although it shows a downward trend (Central Statistics Agency, 2020). The deterioration in the quality of life of children with growth, development and metabolic disorders increases health care costs. In the long run, stunting can affect the quality of human resources and social development in Indonesia. Alderman et al. (2006) found that children with developmental delays tend to have lower cognitive abilities, lower incomes, and less than optimal productivity when they grow up so that it will affect the improvement of the quality of Human Resources and the nation's competitiveness in the future. Strengthening the quality of human resources is still a top priority in the 2020-2024 RPJMN, in connection with efforts to strengthen these human resources, the Government has established a National Strategy for the Acceleration of Stunting Prevention in 2020-2024. In the National Medium-Term Development Plan (RPJMN) 2020-2024, the Indonesian government sets a target of reducing the prevalence of stunting in children under 5 years old by only 14% by 2024. Stunting reduction is a national priority program, so budget policies and fiscal capacity adequacy are needed. The stunting reduction budget from the State Budget is channeled through the Provincial-District/City Governments according to the authority for these activities. The budget allocation is expected...
to be part of orchestration with own regional funds to reduce stunting prevalence in Indonesia. This study will analyze the relationship between budget policies, fiscal capacity conditions, and stunting prevalence in 34 (thirty-four) provinces in Indonesia from 2018 to 2022 using the fixed effect method. 

Keywords: Budget Policy, Fiscal Capacity, Stunting Prevalence.

INTRODUCTION

Stunting is a chronic malnutrition problem caused by insufficient nutritional intake for a long time due to feeding that is not in accordance with nutritional needs. Stunting can occur starting from the fetus is still in the womb and only appears when the child is two years old. The adverse impact of stunting on children will affect the quality of human resources (HR) in the future. As a country that wants to build a fair and equal country, of course, it requires the support of reliable human resources. The need for human resources will certainly be difficult to meet if in the future many children in the country are stunted. Therefore, the Government has developed a national strategy to encourage stunting and malnutrition prevention in the 2018-2024 period.

In 2017, the Government of Indonesia established 5 pillars of stunting prevention in Indonesia, namely:

1. Management commitment and vision.
2. National media campaigns and behavior change.
3. Collect, coordinate and integrate central, regional and village programs.
4. Food security and nutrition.
5. Monitoring and evaluation.

This shows that the stunting prevention acceleration program is a government priority program supported by the central leadership, namely the president and vice president, related ministries/agencies, provincial, district/city governments to village-level governments. A total of 23 (twenty-three) ministries/agencies have coordinated stunting prevention. Each ministry/agency must coordinate and align its respective tasks and functions with the same goal to support stunting prevention. The malnutrition stunting prevention acceleration program aims to:

1. Ensure the focus and allocation of all resources to support and finance priority activities, improving the coverage and quality of nutrition services for 1,000 HPK households (pregnant women) and children under the age of 2 years).
2. So that all parties at all levels can work together to accelerate stunting prevention, and
3. Involvement of ministries/sectors, academic and professional organizations, civil society, the business world and development partners/donors.

The main target of stunting prevention programs is pregnant women and children aged 0-2 years or households with the first 1,000 days of childbirth (1,000 HPK). This is because the need for proper nutrition for the child is from the time of pregnancy. So that from then on during pregnancy, hygienic conditions and nutritional adequacy of mothers and babies in the womb are guaranteed. Monitoring of health and nutritional levels must continue until children are at least two years old, five years old, even up to adolescents. Because it is a growth phase, supplementation with adequate nutrients is needed.
This research is very important because the stunting prevalence rate in Indonesia is still above the world average stunting prevalence, so that in the National Medium-Term Development Plan Document (RPJMN) 2020 – 2024, the Indonesian government has set a stunting prevalence target in toddlers of only 14% by 2024. In addition, the Indonesian government has set priority policies, targets and budgets contained in the National Strategy for the Acceleration of Stunting Prevention (Secretariat of the Vice President & Coordinating Ministry for FMD, 2019). This research is interesting and important because the achievement of reducing stunting prevalence is associated with budget policies and regional fiscal capacity conditions, where this research has never been done by researchers before, so it is expected that stunting reduction budget policies from the State Budget are channeled through local governments to be part of orchestration with their own regional funds (fiscal capacity own region) to reduce the prevalence of stunting in Indonesia. So this study aims to identify and map the achievement of stunting prevalence in the last 5 (five) years in 34 Provinces in Indonesia, analyze the relationship between budget policies and fiscal capacity conditions on stunting prevalence in 34 Provinces in Indonesia, and formulate policies and concepts of strategies to reduce stunting prevalence in 34 Provinces in Indonesia.

LITERATURE REVIEW

The Role of Government in the Economy

In the modern world, the government is expected to play a greater role in regulating the course of the economy. Adam Smith, the drafter of the purely capitalist system, put forward his ideology because he considered that in a capitalist economy, every individual knows best what is best for him, so he will carry out what is best for himself. The principle of economic freedom in practice faces a clash of interests, due to the absence of coordination that creates harmony in the interests of each individual. In this case, the government has a role to regulate, improve or direct private sector activities. In the modern economy, the role of government can be classified into 3 major groups, namely: 1) Allocation role 2) Distribution role, and 3) Stabilization role. Meanwhile, Barton (2000) mentioned the main roles of government in general are: 1) the role of resource allocation, 2) the role of regulators, 3) the role of social welfare, 4) the role of managing macroeconomics.

The explanation of the four roles of government is as follows: 1) In the role of resource allocation includes determining the absolute and relative size of government in the economy (balance of the public sector and private sector) and the provision of public goods and social welfare services to the community. 2) The role of regulators, including laws and regulations needed by society including laws that regulate the business world that are adequate to facilitate business activities and private property rights. 3) The role of social welfare, including policies that encourage social equality in the country concerned such as taxation, social security (transfer payment) and the provision of a number of mixed public goods like society. 4) The role of managing the macroeconomy that facilitates general stability and economic prosperity of the country through policies designed to promote stable economic growth, full employment, low inflation, and balance of payments stability.

Government Failures and Health Policy Interventions

Based on the Grossman model of health demand (Grossman, 1972), health demand is considered as a capital good or investment for the future whose benefits can be felt in the long run. With this positive externality, the amount of health care consumption is less than would
have been the case in pareto efficient conditions. In addition to overcoming market inefficiencies, government policies in the health sector are also needed to ensure equitable access to health (Weimer & Vining, 2016). The most important government intervention in the health sector is the establishment of regulations related to the provision of health services, ranging from the national level to local government regulations tailored to local needs and the characteristics of each region. Meanwhile, intervention in terms of supply is by providing and improving public health facilities and services through non-market mechanisms that can be reached by all levels of society, especially lower-middle class problems. Government intervention in terms of demand is carried out through the mechanism of social protection programs. When a person's income increases, it is expected to encourage people to shift their consumption to the health sector (Pindyck & Rubinfeld, 2013).

2.2 Concept, Impact, Determinants, and Policies of Stunting Intervention

Stunting is a condition of short and very short toddlers where toddlers have height according to age (TB / U) below minus two standard deviations that have been determined 42 Wahyuni & Setyoinstinct by WHO (Ministry of Health of the Republic of Indonesia, 2018). Several studies have proven that stunting not only has a negative impact in the short term, but also has an impact in the long term. "WHO conceptual framework on Childhood Stunting: Context, Causes and Consequences" states that stunting can have an impact on children's growth and development in the short and long term (Stewart et al., 2013). In the short term, stunting causes increased health and death risks, decreased cognitive, motor, and language development, and increased household expenditure due to child health problems. Millward (2017) also explained that in the long term stunting can reduce reproductive health, educational attainment, learning capacity, physical stamina, and work productivity. In their research, Alderman et al. (2006) and Boissiere et al. (1985) revealed that children who experience height development problems in their early growth tend to have low cognitive abilities, lower income, and not optimal productivity as adults. The factors that cause stunting are complex. Based on the WHO conceptual framework on Childhood Stunting: Context, Causes and Consequences, stunting is caused by the interaction between several factors, including household conditions, environmental, socioeconomic, and cultural factors (Stewart et al., 2013). Household factors and family conditions are the main causes of stunting. Starting from preconception, stunting will occur when prospective mothers experience malnutrition and anemia (Ministry of Health of the Republic of Indonesia, 2018). Stunting will become severe when the condition of the mother during pregnancy is bad, the household environment is not supportive, the intake of nutritious food is inadequate, exclusive breastfeeding is not given, and health problems occur when the baby is born. The adequacy of nutritional intake by families and the availability of good health and sanitation facilities by the government can also affect stunting and early childhood development (Hoddinott et al., 2013). Both of these factors can reduce the risk of inadequate nutritional intake, infections, complications during pregnancy and birth, and lack of stimulation of child development. Research on factors affecting stunting in Indonesia has been conducted by Beal et al. (2018).

Health Care: Reducing Stunting

Health development requires adequate financial support. Adequate, integrated, stable, and sustainable budget allocation plays a vital role in the implementation of health services (Ministry of National Development Planning / Bappenas, 2020). Since 2016, the central
government and most regional governments have allocated the amount of the health budget in accordance with the mandate of "mandatory spending" Law No. 36 of 2009 concerning Health, which is at least 5% of the state budget and 10% of the regional budget (Ministry of National Development Planning / Bappenas, 2020). Law No. 36 of 2009 on Health also states that 2/3 of the health budget is allocated for public services, and the rest is to finance other services. The use of health expenditure in Indonesia can be seen from figure 1 below:

**Figure 1. Health Financing Schemes in Indonesia**

In figure 1 the use of health spending is separated into two, namely for public and non-public. Public services in the health sector include (i) Curative services, (ii) Rehabilitative services, (iii) Promotive and preventive services, and (iv) National Social Security in the health sector. Meanwhile, the health budget for non-public services includes administrative governance and health systems.

Based on the schemes listed in the National Health Account 2019 (Ministry of Health of the Republic of Indonesia, 2021), it can be seen that the health financing system can be differentiated based on funding sources, financing sources, managing institutions and service providers. The following chart shows the health financing system in Indonesia.

**Figure 2. Health Financing System in Indonesia**

Health financing comes from (i) APBN, (ii) Donors, (iii) Provincial PAD, (iv) District/City PAD, and (v) JKN funds. Meanwhile, the financing schemes are in the form of (i) Ministry of Health and other K / L schemes, (ii) provincial schemes, (iii) Regency / city schemes, and (iv)
JKN schemes. For health financing institutions, there are four financing agents, namely (i) the Ministry of Health and other ministries / ls, (ii) provinces, (iii) districts / cities, and (iv) BPJS. With regard to the budget for stunting reduction, the main agenda of the 2023 State Budget will focus on:

1. Strengthening the quality of superior human resources that are productive, innovative, and competitive through improving the quality of education and systems as well as accelerating social protection system reforms.
2. Acceleration of infrastructure development to support economic transformation, especially infrastructure development in the fields of energy, food, connectivity, and Information and Communication Technology.
3. Strengthening the effectiveness of bureaucratic reform implementation and simplifying regulations.
4. Implementation of industrial revitalization, by encouraging downstream to increase high value-added and export-based economic activities; and
5. Encourage the development and development of the green economy.

Strengthening the quality of human resources is still a top priority in the development plan in 2023, one of the top priorities in supporting the achievement of strengthening the quality of human resources is the acceleration of stunting reduction and will also be expanded in scope to all districts / cities in Indonesia, by strengthening the synergy of various institutions. The budget for stunting reduction is channeled through Ministries/Agencies directed at reducing stunting to create a better work, household, and health environment. Because the cause of stunting is not only due to lack of nutrition in children under five. More than that, the problem can be more complex, such as insufficient family income, health and readiness of parents in marriage (due to early marriage), unhygienic living environment, or sanitation and unhealthy bathing, washing, latrine, including limited access to clean water. Stunting can also be caused by repeated infections in toddlers, or due to heredity. Therefore, solving the problem of stunting must also be done in various ways in an integrated and collaborative manner, by various parties or agencies as stakeholders.

Stunting reduction is a national priority program, so it is necessary to provide a special budget through DAK which is provided in various allocations, namely through stunting health operational assistance, family planning operational assistance, and food security and agriculture funds. The stunting reduction budget from the State Budget is channeled through the Provincial-District/City Governments according to the authority for these activities. The budget allocation is expected to be part of orchestration with local funds to reduce stunting. Funding support for stunting reduction has been provided in such a large amount, through various distribution channels in accordance with their respective duties and authorities and has involved all stakeholders directly involved so that the implementation of stunting reduction programs can run in an integrated and collaborative manner.

METHODS AND PROCEDURES

Data
To achieve the objectives of this study using secondary data Secondary data, secondary data used are stunting prevalence data and APBD 34 (thirty-four) provinces in Indonesia. Secondary data is taken from the Ministry of Health, Central Statistics Agency (BPS) and

**Model Development**

The stages in this research activity are described using the fishbone model as follows:

- Identify stunting prevalence achievements
- Identify Health budget
- Analyze fiscal capacity
- The relationship between health budget, and fiscal poverty with the prevalence of stunting
- recommendations and policies to reduce stunting prevalence

Identification was carried out on 34 provinces in Indonesia

Literature survey and previous research

Use. Descriptive analysis of secondary data

Through panel data regression analysis and correlation analysis

Compilation of recommendations and policies to reduce stunting prevalence

**Figure: Research Flow Chart**

Based on the fishbone model above and based on the concept that to reduce the prevalence of stunting in Indonesia, it is necessary to conduct an analysis related to mapping the achievements of local governments in reducing stunting prevalence. This achievement is inseparable from budget policies and regional fiscal capacity conditions. Budget policies and regional fiscal capacity conditions are expected to improve regional capabilities in supporting efforts to reduce the national stunting prevalence as stated in the 2020-2024 RPJMN document. That is 14 percent.

**Method**

To achieve the objectives of the study as described in chapter I, the data collected, then analysis will be carried out using quantitative and qualitative descriptive statistics. Qualitative and quantitative descriptive analysis can be achieved by the following stage processes:

1. Collecting data compilation of health budget, regional budget and stunting prevalence of 34 (thirty-four) provinces in Indonesia
2. Identify and map stunting prevalence achievements in 34 (thirty-four) Provinces in Indonesia (last 5 years series)
3. Analyzing fiscal capacity, the calculation of fiscal capacity uses the formula determined by the Ministry of Finance as follows:

\[
\text{Provincial } \text{KFD} \_i = \text{revenue} - [\text{income for which usage has been determined + specified expenditure}]
\]

Revenues whose use has been determined include:

- b. Tobacco Excise Revenue Sharing Fund.
- c. Profit Sharing Fund Reforestation Fund.
- d. Physical Special Allocation Fund.
- e. Non-physical Special Allocation Fund.
- f. Special Autonomy Fund; and
- g. Village Fund.
4. Analyze the relationship between budget policies, fiscal capacity conditions and stunting prevalence using the fixed effect method as follows:

\[ Stunting_{ij} = \beta_0 + \beta_1 \text{Budget}_{ijt} + \beta_2 \text{Kap}_{ijt} + \sum \beta_3 X_{ijt} + \epsilon_{ijt} \]

Where:

a. \( Stunting_{ij} \) is the prevalence of stunting in province \( j \).

b. \( \beta_1 \text{Budget}_{ijt} \) is a budget policy proxied using the provincial health budget \( j \).

c. \( \beta_2 \text{Kap}_{ijt} \) is a dummy of regional fiscal capacity, fiscal capacity is divided into 2 categories, namely regional fiscal capacity which is in the low category and regional fiscal capacity which is in the high category.

d. The coefficients \( \beta_1 \) and \( \beta_2 \) are estimates of the relationship between health budget and fiscal capacity conditions on stunting prevalence.

RESULT AND INTERPRETATION

Description of the Prevalence of Stunting Toddlers in Indonesia

The nutritional status of toddlers can be measured based on three indices, namely weight according to age (BB / U), height according to age (TB / U), and weight according to height (BB / TB). Nutritional status measurement standards are based on World Health Organization (WHO) standards that have been established in the Decree of the Minister of Health Number 1995 / Menkes / SK / XII / 2010 concerning Anthropometric Standards for Child Nutritional Status Assessment.

Source: Nutritional Status Monitoring (PSG), 2017; Basic Health Research Data (Riskesdas), 2018; and Indonesian Toddler Nutrition Status Survey (SSGBI), 2019.

Figure 4. Prevalence of Stunting Toddlers in 2017-2019
According to Basic Health Research (Riskesdas) data, the Indonesian Toddler Nutrition Status Survey (SSGBI) and Nutritional Status Monitoring (PSG) show quite encouraging numbers related to *stunting problems*. In Figure 4, the number of *stunting* or children growing short nationally has decreased from 2019. The *national stunting* rate has decreased by around 3 percent from 30.8% in 2018 to 27.67% in 2019. Almost most of the 34 provinces showed a decrease compared to 2018 and only 5 provinces showed an increase. This shows that the implementation of government policies to accelerate *stunting* reduction in Indonesia has given quite good results. However, the decreasing stunting trend is still below the World Health Organization (WHO) recommendation of less than 20 percent. The percentage of *stunting* in Indonesia is still relatively high.

### Regional Fiscal Capacity

Regulation of the Minister of Finance of the Republic of Indonesia Number 193/PMK.07/2022 concerning Regional Fiscal Capacity Map, Regional Fiscal Capacity is the financial capacity of each region which is reflected through regional revenues and certain regional financing receipts reduced by revenues whose use has been determined, certain expenditures, and certain regional financing expenditures. The average regional fiscal capacity received by each province in the period from 2017-2019 can be seen in Figure 5.

![Regional Fiscal Capacity](image)

Figure 5. Average Regional Fiscal Capacity 2017-2019

Figure 5 shows the average fiscal capacity of all provinces in Indonesia from 2017 to 2019. Based on Figure 5, the province with the highest average fiscal capacity is DKI Jakarta Province, while East Nusa Tenggara Province occupies the position with the lowest average fiscal capacity. There are several provinces that have an average amount of fiscal capacity above the Indonesian average. The provinces are Bangka Belitung, Riau Islands, DKI Jakarta, Bali, Central Kalimantan, South Kalimantan, East Kalimantan, North Kalimantan, North Maluku, and West Papua.
Health Budget

The amount of commitment of local governments to health development can be seen from the percentage of their health budget. If the percentage of the health budget is high or large, then the commitment of local governments to health development is also high. Law No. 36 of 2009 concerning Health explains that the allocation of the health budget is at least five percent of the state budget and ten percent of the regional budget starting in 2016.

Figure 7 shows the average health budget of all provinces in Indonesia from 2017 to 2019. Based on Figure 7, the province that has the highest average amount of health budget is DKI Jakarta Province, while Gorontalo Province occupies the position with the lowest average amount of health budget. There are several provinces that have health budgets above the Indonesian average including Aceh, DKI Jakarta, West Java, Central Java, East Java and East Kalimantan.

Data Estimation Results

The results of the fixed effect model estimation of the effect of fiscal capacity and health budget on stunting prevalence in Indonesia are shown in table 1 below:

Table 1. Fixed Effect Estimation Results

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<th>Variable</th>
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Source: Directorate General of Financial Balance (DGT), 2022

Figure 7. Average Health Budget 2017-2019
From the estimation results of table 1 shows that the health budget variable (X_1) negatively affects the prevalence of stunting in 24 provinces in Indonesia, this condition shows that the greater the budget health, then the prevalence of stunting will decrease. The same thing is shown by the variable fiscal capacity (X_2) also negatively affects the prevalence of stunting in 24 provinces in Indonesia, meaning that the greater the fiscal capacity, the prevalence Stunting will be reduced.

CONCLUSION AND RECOMMENDATIONS

Conclusion
Based on the analysis conducted, the conclusions of this study are as follows:
1. The prevalence of stunting in Indonesia in the last 5 (five) years has decreased, although the percentage of stunting prevalence in Indonesia as a whole is still relatively high.
2. Health budgets and fiscal capacity have a significant negative effect on the prevalence of stunting in Indonesia. This shows that the greater health budget and fiscal capacity in 34 provinces in Indonesia will reduce the prevalence of stunting.

Recommendations
The recommendations of this study are as follows:
1. Based on the results of the study, the formulation of policies and strategy concepts to reduce stunting prevalence needs to be carried out. Policy focus should be given to adequate budget allocation, provincial fiscal capacity building, and holistic and coordinated implementation of nutrition, health, and education programs. A cross-sectoral approach and active participation from various stakeholders are also required in formulating effective policies and strategies.
2. To gain greater insight, it is recommended to benchmark policies and best practices that have been implemented in other countries in addressing stunting prevalence. This can provide valuable lessons and inspiration in formulating effective policies and strategies to reduce the prevalence of stunting in Indonesia.

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