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Fragmentation of Nutrition Fulfillment Governance for Pregnant Women: Analysis of Siyasah Tanfidziyah on Presidential Regulation Number 83 of 2024 at the Permata Sukarame Health Center

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Abstract
Meeting the nutritional needs of pregnant women is essential to protecting public health and improving human resource quality. Presidential Regulation Number 83 of 2024 on the National Nutrition Agency establishes an institutional framework for national nutrition programs targeting pregnant women. This study examines the implementation of Article 5 paragraph (1) letter c of the Regulation at Permata Sukarame Community Health Center and analyzes it from the perspective of siyasah tanfidziyah. Using an empirical juridical method, the study applies statutory and conceptual approaches, supported by interviews and document analysis. The findings indicate that nutritional services are delivered through antenatal care, nutritional screening, maternal nutritional status monitoring, counseling, and supplementary food provision for pregnant women at nutritional risk. However, these interventions have not been fully integrated into the institutional framework of the National Nutrition Agency. Coordination remains sectoral, while the division of authority and implementation responsibilities among health institutions, local government, and the national agency remains insufficiently integrated. From the perspective of siyasah tanfidziyah, these findings reflect the exercise of executive authority to promote public welfare (maslahah), although fragmented coordination limits policy effectiveness. The study recommends strengthening interinstitutional coordination and clarifying the distribution of authority to improve the integration of national nutrition policies into primary healthcare services for pregnant women.

Keywords: National Nutrition Agency; maternal nutrition; Community Health Center;Siyasah Tanfidziyah

INTRODUCTION

The development of quality human resources requires ensuring optimal nutritional fulfillment, especially for vulnerable groups such as pregnant women who determine the health status of future generations (Ramlan, 2025). These problems are not only related to the adequacy of food consumption at the individual level, but also related to the state's capacity to design, coordinate, and implement health policies in a sustainable manner. In the Indonesian context, nutrition issues during pregnancy still show a gap between policy design and service conditions. The 2023 Indonesian Health Survey (SKI) recorded the prevalence of anemia in pregnant women at 27.7% and the risk of Chronic Energy Deficiency (SEZ) at 16.9%. At the same time, only 44.2% of pregnant women consumed Blood Supplement Tablets as recommended and 57.8% obtained pregnancy checks according to the 10T standard. The data shows that the nutritional fulfillment of pregnant women is not solely determined by the availability of interventions, but also by the ability of the public service system to interpret national policies into services that can be accessed and implemented at the regional level ("Hasil Utama SKI," 2023).

In response to national nutrition challenges and the fragmentation of programs between institutions, the Government of Indonesia issued Presidential Regulation Number 83 of 2024 concerning the National Nutrition Agency (BGN) as an integrative and centralized step. Normatively, Article 5 Paragraph (1) c in the regulation mandates BGN to execute specific nutrition fulfillment targets for pregnant women. This governance reform step is in line with the principle *siyasah tanfidziyah* in Islamic public law, which emphasizes the effectiveness of executive policy execution (*al-sulthah al-tanfidziyyah*) to realize the benefits (*maslahah*) and

guarantee the protection of life and posterity (*hifz al-nafs* and *Hifz Al-Nasl*). However, the translation of macro regulations at the central level often encounters obstacles in the execution of operations at the primary service level (Tambunan et al., 2026).

Previous studies including those on regulations and policies regarding nutritional adequacy in Indonesia have thus far covered various normative and empirical aspects. Studies on the nutritional adequacy of pregnant women tend to highlight the aspect of social justice in health regulations from a legal-normative perspective (Nirmala et al., 2023). On the other hand, a series of studies on the implementation of Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction highlight the pattern of coordination between agencies at the level of health offices or regional administrative areas (Mbengu et al., 2024). Meanwhile, other public policy studies confirm that the transmission of nutrition policies from the central government is often hampered by gaps in understanding bureaucracy, budget allocation, and local institutional capacity (Rohmah et al., 2026). In addition, the *siyasah tanfidziyah* In public policy governance, so far it has been predominantly applied to the realm of general government bureaucracy or long-term stunting regulations (Septianto, 2024). Another study conducted by (Sugiarti et al., 2026) examined the governance of nutritional adequacy in free nutritious meal programs, with a focus on hygiene and sanitation. The study found that Indonesia already has relatively comprehensive food safety regulations, but their effectiveness remains hampered by fragmentation among institutions a finding consistent with the study by (Mubangizi, 2027). Furthermore, a study by (Hamiah et al., 2026) revealed the need to strengthen the distribution of and education on nutrition for pregnant women, as maternal nutrition has a significant impact on fetal development (Ayomide et al., 2026).

Nutritional fulfillment of pregnant women at the praxis level in the leading health unit (*front-line agency*), requires strengthening cognitive aspects, integrated monitoring, and interactive educational means to encourage self-awareness (*self-awareness*). Sambas et al. emphasized the importance of integrated monitoring (such as LILA measurement and health status) and continuous education at basic service facilities as a real instrument for handling nutritional risks. However, the effectiveness of nutrition interventions in the field is often constrained by limited resources, differences in the level of knowledge of pregnant women, and suboptimal assistance mechanisms (Sambas et al., 2025).

Although these studies have provided a conceptual foundation on nutrition governance, there is an academic gap (*literature gap*) on how the implications of a very recent institutional change, namely the establishment of the National Nutrition Agency through Presidential Regulation No. 83 of 2024, are translated and executed at the level of primary health facilities (*front line agencies*).

The urgency and novelty of this study lies in a critical analysis of the latest national nutrition policy transition reviewed from the perspective of *siyasah tanfidziyah* in the leading implementing unit. In contrast to the previous research which focused on old stunting regulations or limited to the study of legal documents, this study in-depth examines *the empirical gap* in the operational aspects of nutrition services for pregnant women at the Permata Sukarame Health Center UPT, Bandar Lampung City. This locus has strategic characteristics as an urban and sub-urban area with a high level of socio-economic heterogeneity, so that the health center is in a dilemmatic bureaucratic transition position. must adjust to the new governance of the National Nutrition Agency while still implementing the technical guidelines for specific nutrition services that have been running. The *siyasah tanfidziyah approach* in this study provides a unique analytical framework to assess the extent to which the authority and executive mechanisms regulated in Presidential Regulation No. 83 of 2024 actually create governance effectiveness and real benefits for pregnant women groups at the local level.

Based on this academic background and urgency, this study aims to analyze the form and mechanism of implementation of Article 5 Paragraph (1) Letter c of Presidential Regulation

Number 83 of 2024 in the nutrition services of pregnant women at the UPT Level of the Permata Sukarame Health Center. In addition, this study aims to criticize the suitability of the implementation of the policy from the perspective of the principles *of siyasah tanfidziyah*, as well as identify bureaucratic obstacles and their impact on the nutritional welfare of pregnant women as the basis for the formulation of more effective nutrition governance policy recommendations.

RESEARCH METHODS

This study uses empirical juridical methods and qualitative approaches with the type of field studies (*field research*) which is descriptive-analytical in order to examine how Article 5 Paragraph (1) Letter c of Presidential Regulation Number 83 of 2024 is translated at the Puskesmas level using the perspective *siyasah tanfidziyah*. The research locus was focused on the UPT Permata Sukarame Health Center, Bandar Lampung City, which was deliberately selected (*purposive*) considering its strategic position in urban and sub-urban areas across the Trans-Sumatra Toll Road with heterogeneous socio-economic dynamics of the community (Suyanto, 2023).

The study utilized both primary and secondary data. Primary data were collected through in-depth, semi-structured interviews with five informants selected using purposive sampling. The informants consisted of two key informants the head of the Permata Sukarame Community Health Center (UPT Puskesmas) and a nutritionist as well as three primary informants, namely pregnant women registered as participants in the nutrition intervention program. The selection of pregnant women took into account the relevance of their experiences with nutrition services, particularly for those suffering from chronic energy deficiency (CED) or anemia.

Secondary data were obtained through a literature review of Presidential Regulation No. 83 of 2024, the decision of the Head of the Permata Sukarame Community Health Center (UPT Puskesmas) regarding service standards for 2025, the 2025 profile of the Permata Sukarame Community Health Center (UPT Puskesmas), the community health center's official website, as well as relevant regulations and scientific literature. The identification of data sources, informant codes, collection dates, and the information obtained are presented in Table 1.

Table 1 Identification of research data sources

Code	Type	Sources	Methods	Date	Data collected
P1	Primary	Head of the Permata Sukarame Community Health Center (key informant, KI-1)	Semi-structured in-depth interviews	September 14, 2026	Coordination with the National Nutrition Board (BGN), program allocation, the role of the Health Department, reporting
P2	Primary	Nutrition Officer/Nutritionist (key informant, KI-2)	Semi-structured in-depth interviews	September 14, 2026	Legal basis for nutrition services, types of nutrition interventions for pregnant women
P3	Primary	Three pregnant women participating in the program, prioritized for KEK/anemia (primary informants, PI-1 through PI-3)	Semi-structured in-depth interviews	September 15, 2026	Services received, satisfaction, changes in services following the Presidential Regulation
S1	Secondary	Presidential Regulation No. 83 of 2024 on the National Nutrition Agency	Documentation review	-	Mandate under Article 5(1)(c); duties and functions of the National Nutrition Board (BGN)

Code	Type	Sources	Methods	Date	Data collected
S2	Secondary	Decision of the Head of the Permata Sukarame Community Health Center (UPT Puskesmas) No. 440.7.2.3/07/III.02/16/1/2025 (2025 Service Standards)	Documentation review	2025	Services for pregnant women, nutrition counseling, personnel, legal basis
S3	Secondary	2025 Profile of the Permata Sukarame Community Health Center (UPT Puskesmas)	Documentation review	2025	Geographic area, population, JKN participants, service coverage
S4	Secondary	Official website of the Permata Sukarame Inpatient Community Health Center (PKM Rawat Inap)	Documentation review	Accessed September 28, 2026	Organizational structure

Source: research data (2026). KI = key informant; PI = primary informant; informant codes were assigned by the researcher for presentation purposes.

The primary data collection technique was carried out through *a semi-structured* in-depth interview using interview *guides*. Secondary data was obtained through a documentation study of the official copy of Presidential Regulation No. 83 of 2024, the Decree document of the Head of the Permata Sukarame Health Center UPT, and the profile document of the Permata Sukarame Health Center UPT, as well as relevant regulatory documents and scientific literature. The validity and credibility of the data were tested using source triangulation techniques and triangulation data collection techniques to ensure the validity of qualitative research.

The data analysis tool applies the Miles, Huberman, and Saldana interactive analysis model, which includes four main stages: data collection (*data collection*), data reduction (*data reduction*), data presentation (*data display*), and conclusion or verification (*conclusion drawing/verification*) (Miles dkk., 2013). The analytical model used combines two analytical knives of empirical juridical analysis to photograph *Gap* between the norms of Article 5 Paragraph (1) Letter c of Presidential Regulation No. 83/2024 and operational practices in the field, which are then filtered using a conceptual framework *siyasah tanfidziyah* to assess the alignment of local executive actions with the principles of the public interest (*maslahah*), life protection (*hifz al-nafs*), and protection of offspring (*Hifz Al-Nasl*).

RESULTS AND DISCUSSION

Results

Results of the Secondary Data Analysis

An analysis of the document shows that Article 5(1) (c) of Presidential Regulation No. 83 of 2024 explicitly identifies pregnant women as one of the target groups for national nutrition fulfillment, while the National Nutrition Agency (BGN) is tasked with implementing national nutrition fulfillment through coordination, the formulation and implementation of technical policies, provision and distribution, promotion and cooperation, as well as monitoring and supervision (*Perpres No. 83 Tahun 2024 tentang Badan Gizi Nasional*). The 2025 Service Standards Document classifies pregnant women as a target group for specialized services in Cluster Area 2 and lists nutritional counseling as a service offering in Cluster Area 3, with the following workflow: the staff member calls the patient, verifies her identity based on her medical records, conducts an examination, provides nutritional counseling or other services as needed, and then follows up with a doctor (Keputusan Kepala UPT Puskesmas Permata Sukarame Nomor 440.7.2.3/07/III.02/16/1/2025 Tentang Standar Pelayanan Di Lingkungan UPT Puskesmas Permata Sukarame Kota Bandar Lampung, 2025). This circuit is shown in Figure 1.

Figure 1: *Nutrition service chain at the Permata Sukarame Community Health Center (UPT Puskesmas)*

Table 4 Findings from documents (secondary data)

Code	Document	Finding
S1	Presidential Regulation No. 83/2024	Article 5, paragraph (1), subparagraph (c) designates pregnant women as one of the target groups for national nutrition programs. The National Nutrition Agency (BGN) is tasked with implementing national nutrition programs, with responsibilities including coordination; the formulation and implementation of technical policies; provision and distribution; promotion and cooperation; and monitoring and oversight.
S2	2025 Service Standards	Cluster 2 (pregnant women, labor, and postpartum) provides ANC, prenatal, labor, and postpartum ultrasounds, referrals, consultations with midwives/doctors, and medication prescriptions
S2	2025 Service Standards	Cluster 3 lists nutrition counseling as a service offering with a session duration of approximately 15–30 minutes
S2	2025 Service Standards	Nutrition services are provided by midwifery staff and registered nutritionists with a bachelor's degree (S1); there are two midwives and one nutritionist available
S2	2025 Service Standards	Legal basis cited: Law No. 17 of 2023, Ministry of Health Regulation No. 43 of 2019, the Minister of Health's Decree on the integration of primary health care services, and the Community Health Center (Puskesmas) Health Cluster Decision. Presidential Regulation No. 83/2024 is not cited
S3	2025 Community Health Center Profile	100% achievement for ANC Visit 1, ANC Visit 6, provision of supplemental nutrition for pregnant women with KEK, and provision of TTD for pregnant women

Based on these three layers, the implementation framework at the community health center (puskesmas) level is illustrated in Figure 2. *First*, the normative layer consists of a national mandate that designates pregnant women as the target population. *Second*, the institutional layer comprises units for pregnant women, ANC services, ultrasounds, consultations with midwives or doctors, nutrition counseling, nutrition staff, and internal supervision. Third, the service outcome layer consists of 100% achievement rates for ANC Visit 1, ANC Visit 6, supplementary feeding (PMT) for pregnant women with energy and protein malnutrition (KEK), and the provision of iron-folic acid supplements (TTD). This framework demonstrates substantive alignment between national policy objectives and available services; however, it cannot be considered a direct implementation of Presidential Regulation No. 83 of 2024 because the Service Standards document does not cite it as a legal basis.

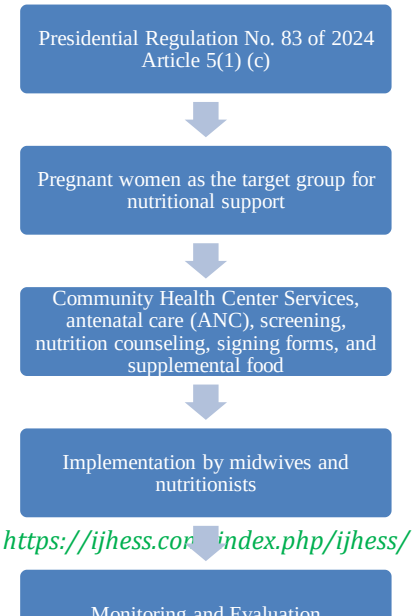

Figure 2: Framework for the implementation of policies on nutritional needs for pregnant women at the community health center level

Source: *Document analysis and research interviews (2026).*

Results of the Primary Data Analysis

An interview with a nutrition officer revealed that the framework for providing nutrition services to pregnant women still follows the Ministry of Health's regulations; thus, operationally, there have been no fundamental changes reflecting the implementation of Presidential Regulation No. 83 of 2024 into the community health center's internal technical regulations (*Petugas Gizi UPT Puskesmas Permata Sukarame*, komunikasi pribadi, 14 September 2026). The Community Health Center Director stated that, as of the time of the study, there had been no direct coordination with the National Nutrition Agency (BGN); the Community Health Center's programs and BGN-related programs were still operating separately; and the Community Health Center had never received a report on the implementation of nutrition programs from the BGN; coordination likely took place through the Health Office, while direct involvement was limited to monitoring the suitability of nutritious foods approximately every four months (*Kepala UPT Puskesmas Permata Sukarame*, komunikasi pribadi, 14 September 2026).

The nutrition officer explained the interventions being implemented: Supplementary Feeding (PMT) for pregnant women with stunted growth or underweight; iron tablets, with a recommendation of at least 90 tablets during pregnancy; prenatal classes on balanced nutrition, pregnancy-related complaints, and warning signs of KEK and anemia; measurement of upper arm circumference (LILA) and body weight, and monitoring of adherence to iron tablet and supplement intake; nutrition counseling; and hemoglobin (Hb) testing (*Petugas Gizi UPT Puskesmas Permata Sukarame*, komunikasi pribadi, 14 September 2026). All three pregnant women reported receiving prenatal care, monitoring of their health and nutritional status, supplementary food, nutritional counseling or education, and prenatal checkups; however, they were unaware of or had not experienced any new programs or service adjustments following the issuance of Presidential Regulation No. 83 of 2024, and they expressed satisfaction and enthusiasm regarding the services provided by the community health center (*Ibu Hamil*, komunikasi pribadi, 15 September 2026).

Table 5: Interview Findings by Theme (Primary Data)

Topic	IK-1 (Head of the Community Health Center)	IK-2 (Nutritionist)	IU-1 through IU-3 (Pregnant women)
Fundamentals of Nutrition Service Management	-	Still in accordance with the regulations of the Ministry of Health	-
Coordination with the National Nutrition Agency (BGN)	There has been no direct coordination from BGN; coordination may be through the Health Department	-	-
Involvement in BGN Programs	Limited to monitoring the availability of nutritious food approximately every four months; have never received a report on the results of BGN's nutrition program	-	-

Topic	IK-1 (Head of the Community Health Center)	IK-2 (Nutritionist)	IU-1 through IU-3 (Pregnant women)
Program Overview	The Puskesmas program operates separately from the BGN program; Puskesmas focuses on pregnant women with nutritional problems (acute malnutrition, at risk of acute malnutrition, anemia), while the BGN program is understood to have a broader scope	The program focuses on pregnant women with nutritional problems	-
Interventions Implemented	-	PMT; iron supplements (recommended minimum of 90 tablets); prenatal classes; measurement of mid-upper arm circumference (MUAC) and body weight; monitoring of iron supplement adherence; nutrition counseling; Hb testing	Receiving signatures, monitoring health and nutritional status, supplementary feeding, nutrition counseling/education, and prenatal checkups
Changes in Services Following the Presidential Regulation	-	There have been no fundamental changes to the basis for implementation	Not being aware of or noticing any new programs or adjustments following the issuance of the Presidential Regulation
Satisfaction	-	-	Satisfied and enthusiastic about the programs offered by the Community Health Center

Source: research interview, 14-15 September 2026. The "-" sign means the theme was not conveyed by the informant.

Source Triangulation

Source triangulation was conducted by comparing secondary data, statements from key informants, and statements from primary informants (Table 6). The similarity in information between primary and key informants indicates consistency regarding the types of nutrition interventions that have been implemented, suggesting that the program is not merely documented or communicated by staff, but is actually received by the target population.

Table 2 Triangulation Matrix of Key Findings

Findings	Secondary Data	IK-1	IK-2	IU	Status
Nutrition services for pregnant women are already in place	S2, S3	-	√	√	Consistent
The types of interventions received are as reported by health workers	S2, S3	-	√	√	Consistent
Services are still based on Ministry of Health regulations, not Presidential Regulation 83/2024	S2 (Presidential Regulation No. 83 is not listed)	-	√	-	Consistent
There is no direct coordination with the National Nutrition Board (BGN)	-	√	-	-	Confirmed by one key informant
No changes in services have been noticed following the issuance of the Presidential Regulation	S2	-	√	√	Consistent
Pregnant women are satisfied with the services	-	-	-	√	From beneficiaries only

Source: research data analysis (2026). √ = the finding is supported by this source; - = no data available from this source.

Summary of Research Findings

Table 3 Summary of Key Findings by Research Objective

No.	Temuan	Dukungan data	Tujuan penelitian
1	Normative mandate: Presidential Regulation No. 83/2024 designates pregnant women as a target group for national nutrition programs	S1	1 (forms and mechanisms)
2	Institutional capacity at Community Health Centers (Puskesmas) is in place (pregnancy care cluster, ANC, ultrasound, nutrition counseling, nutrition staff)	S2, S4	1 (forms and mechanisms)

No.	Temuan	Dukungan data	Tujuan penelitian
3	100% service coverage for ANC Visit 1, ANC Visit 6, PMT for children with stunted growth, and TTD	S3	1 (forms and mechanisms)
4	Operational nutrition interventions are underway: PMT, TTD, prenatal classes, mid-upper arm circumference (MUAC) and weight measurements, counseling, and Hb	P2, P3	1 (forms and mechanisms)
5	The legal basis for services remains the Ministry of Health; Presidential Regulation 83/2024 is not cited, and there are no fundamental changes	S2, P2	1 (forms and mechanisms)
6	There is no direct coordination between the National Nutrition Agency (BGN) and Community Health Centers (Puskesmas); there are no reports on BGN program outcomes, and involvement is limited to monitoring food adequacy	P1	3 (bureaucratic barriers)
7	Beneficiaries are satisfied but do not perceive any changes in services resulting from the Presidential Regulation	P3	3 (impact on pregnant women)

Source: research data analysis (2026).

Discussion

Forms and Mechanisms of Implementation: The Gap Between Substantive Services and Institutional Transmission

The research findings reveal two aspects that should not be conflated. First, substantive alignment: Community Health Center (Puskesmas) services (PMT, TTD, prenatal classes, LILA, counseling, and Hb testing) are in line with the objective of meeting the nutritional needs of pregnant women as outlined in Article 5, paragraph (1), letter c. Second, institutional integration: the legal basis for these services remains Ministry of Health regulations; there is no direct coordination with the National Nutrition Board (BGN); and there is no reporting flow from the BGN. Services that were already in place before the Presidential Regulation was issued cannot be considered a direct implementation of that Presidential Regulation. The implementation is more accurately understood as an indirect implementation during a period of institutional transition, rather than a direct execution of the entire BGN program by Puskesmas.

Differences in orientation (Puskesmas handle pregnant women with nutritional problems, whereas the BGN program is understood to have a broader target audience) cannot yet be categorized as a conflict of authority, as the information from the interviews is insufficient to conclude that there is an overlap in regulations. This finding is better interpreted as a need for clarification regarding coordination mechanisms and the division of authority. The pattern of institutional relationships depicted by the findings is illustrated in Figure 3.

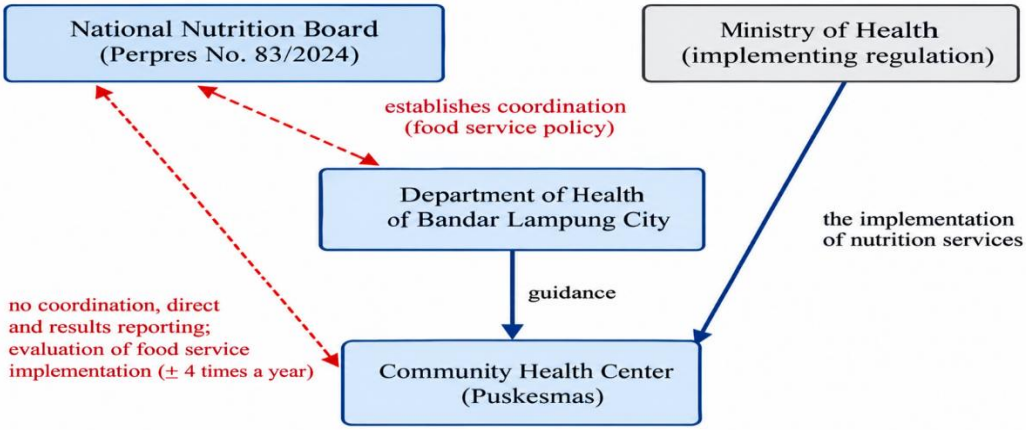

Figure 3: Diagram of the institutional relationships between BGN, the Health Office, and the Community Health Center (Puskesmas) based on the findings

Source: Compiled by the researcher based on interviews and document analysis (2026). Dashed and dotted lines indicate relationships that have not yet been established or are still based on informants' assumptions.

The satisfaction of pregnant women indicates that the absence of new programs does not automatically mean that services are ineffective. Programs that were already in place before the policy was implemented continue to benefit the target population. What differs is the success of substantive service delivery and the success of translating institutional policies into practice. This situation also underscores the role of community health centers (Puskesmas) as front-line agencies that interact directly with the target population but do not determine the design of national policies; the success of implementation is heavily influenced by the government system's ability to translate central policies to the primary care level through communication, coordination, clarity of authority, availability of guidelines, and monitoring and reporting mechanisms.

The Appropriateness of Implementation from the Perspective of *Siyasah Tanfidziyah*

Policy implementation from the perspective of siyasah tanfidziyah is part of the exercise of executive authority in translating established norms into concrete actions to realize the public good (Muhammad Iqbal, 2014). This framework is relevant because Presidential Regulation No. 83 of 2024 is an executive policy that establishes the National Nutrition Agency and identifies target groups for nutritional needs, including pregnant women. The assessment must also consider trust, effectiveness, fairness, oversight, and the tangible benefits of the policy (Sahibani & Fauzan, 2025). The review of implementation at the community health center (puskesmas) level is analyzed through three dimensions (Table 9), and its principles are evaluated in Table 10.

Table 4 Analysis of Findings in the Three Dimensions of Executive Policy (*Siyasah Tanfidziyah)*

Dimensions	Empirical evidence	Assessment
Normative	Presidential Regulation No. 83/2024 designates pregnant women as a national nutrition target group (S1)	Mandate in place
Institutional	Pregnant women cluster, ANC, ultrasound, nutrition counseling, nutrition personnel, internal supervision (S2, S4)	Capacity in place
Operational	PMT, TTD, LILA, prenatal classes, counseling, Hb; 100% achievement (S3, P2, P3)	Operational and delivering benefits
Integration across dimensions	Regulatory basis from the Ministry of Health, without coordination with the National Nutrition Board (BGN) and without feedback reporting (P1, P2, S2)	Not yet integrated; institutional transition

Source: researcher's analysis (2026).

Table 5 An Assessment of the Principles of Executive Policy *(Siyasah Tanfidziyah)*

Principle	Findings	Assessment
Maslahah	The program targets vulnerable groups and has received a positive response	Met at the service level
Hifz al-nafs	Supplementary feeding, targeted interventions, and monitoring reduce health risks to mothers and fetuses	Met at the service level
Hifz al-nasl	Ensuring adequate maternal nutrition safeguards the quality of future generations	Met at the service level
Policy dissemination and implementation	No program adjustments were made following the Presidential Regulation	Needs improvement
Coordination and accountability	There is no direct coordination with or reporting to the National Nutrition Board (BGN)	Needs improvement
Clarity of authority	The division of responsibilities among the National Nutrition Board (BGN), the Health Department, and community health centers (Puskesmas) remains unclear	Needs improvement

Source: researcher's analysis (2026).

From this perspective, siyasah tanfidziyah assesses not only the existence of services but also how executive policies are implemented in a targeted, coordinated, and accountable manner (Priyanto dkk., 2025). Community health centers (Puskesmas) do not start from scratch:

existing service systems, personnel, procedures, and interventions serve as the foundation to be aligned with new policies and institutions to prevent program fragmentation or ambiguity in authority (Nugraheni dkk., 2025). If the National Nutrition Agency (BGN), the Department of Health, and community health centers have clear communication mechanisms and a clear division of authority, ongoing programs can become part of a more integrated national nutrition ecosystem. Conversely, without clarification of inter-institutional relationships, there is a risk of parallel program implementation, information gaps, and difficulty in measuring each institution's contribution (Syafriyanti & Achadi, 2024).

Bureaucratic Barriers and Their Impact on the Nutritional Well-Being of Pregnant Women

The identified bureaucratic barriers are: (a) the basis for service delivery remains the Ministry of Health's regulations, so Presidential Regulation No. 83 of 2024 has not yet been translated into internal technical regulations at community health centers; (b) the lack of direct coordination and program outcome reports from the BGN to community health centers; (c) community health centers' involvement in the BGN program is limited to monitoring the adequacy of nutritious food approximately every four months; and (d) the division of authority among the BGN, the Health Office, and community health centers remains unclear. These obstacles align with the findings (Rohmah dkk., 2026) regarding gaps in bureaucratic understanding and local institutional capacity in the implementation of central nutrition policies.

Based on the data from this study, the impact on the nutritional well-being of pregnant women has not yet manifested as a decline in service quality: pregnant women continue to receive TTD, PMT, counseling, and monitoring, and report being satisfied. The identified impacts are institutional in nature: pregnant women do not perceive any changes or additional benefits from the new policy, and there are risks associated with the implementation of parallel programs, information gaps, and the difficulty of measuring each institution's contribution if inter-institutional relationships are not clarified. Long-term impacts on nutritional status cannot yet be concluded because the study did not measure nutritional status indicators.

CONCLUSION

This study found that the translation of the policy of fulfilling the nutrition of pregnant women based on Article 5 Paragraph (1) Letter c of Presidential Regulation Number 83 of 2024 at the UPT level of the Permata Sukarame Health Center is still in an indirect institutional transition phase. Empirically, specific nutrition services such as ANC, counseling, TTD supplementation, PMT recovery, and pregnant women's classes, have been implemented substantively and have a direct impact on the health protection and satisfaction of pregnant women. However, bureaucratically, these interventions are still fully based on the technical regulations of the Ministry of Health. Judging from the framework of *siyasah tanfidziyah*, the implementation of executive authority at *the front-line agency* level has been proven to have oriented its activities to *maslahah* in order to realize the protection of life (*hifz al-nafs*) and posterity (*hifz al-nasl*), but it still has fundamental weaknesses in the aspects of policy transmission, cross-institutional coordination, and certainty of authority between agencies.

The impact of this study emphasizes the importance of strengthening derivative regulations and synchronization mechanisms so that national nutrition governance reform through BGN is not fragmented from the existing primary health service system. Practically, the results of this study are a reference for policymakers to immediately develop joint technical guidelines between BGN, the Ministry of Health, and the Health Office to clarify the chain of command and reporting at the local level. However, this study has limited focus on the scope of one health facility (a study at the Permata Sukarame Health Center UPT) and was carried out in

the early phase of the transition to the formation of BGN, so it has not recorded policy dynamics in the long term. Therefore, further research is recommended to expand the coverage of loci comparatively in various regions and.

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