

RESEARCH STUDY

English Version

OPEN ACCESS

The Impact of the Family Quality Village Program on Accelerating Stunting Reduction Efforts in Sleman Regency

Kajian Dampak Program Kampung Keluarga Berkualitas terhadap Percepatan Penurunan Stunting di Kabupaten Sleman

Lily Arsanti Lestari^{1,2*}, Siti Helmyati^{1,2}, Mutiara Tirta Prabandari Lintang Kusuma^{1,2}, Yuliana Novita Rachmawati¹, Ita Suryani³

¹Center for Health and Human Nutrition, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia

²Department of Health Nutrition, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia

³The National Population and Family Planning Board, Yogyakarta, Indonesia

ARTICLE INFO

Received: 20-12-2023

Accepted: 13-05-2024

Published online: 30-09-2024

*Correspondent:

Lily Arsanti Lestari

lily_al@ugm.ac.id



DOI:

10.20473/amnt.v8i3.2024.389-397

Available online at:

<https://e-journal.unair.ac.id/AMNT>

Keywords:

Nutrition, Stunting, Family Quality Village Program, Family Empowerment

ABSTRACT

Background: Stunting is a significant nutrition problem in Indonesia. The current national prevalence is 21.6%, whereas the prevalence in the Yogyakarta Province and Sleman Regency are 16.4% and 15%, respectively. The Family Quality Village Program is initiated to accelerate stunting reduction efforts by empowering families in health, education, and entrepreneurship.

Objectives: This study evaluated the implementation and impact of the Family Quality Village Program in Sleman Regency in conjunction with other stunting reduction programs.

Methods: This study was a qualitative study with a case study approach. Data collection techniques included document analysis, 4 sessions of focus group discussions, in-depth interviews involving 11 key informants, and reflective journals. Data were analyzed using thematic analysis method.

Results: In 2022, there were 34 Family Quality Village in the Sleman Regency. We obtained 3 major themes; program acceptance among stakeholders, synergy with other stunting related programs, and program management. Several local government agencies and community health staff working on stunting reduction efforts were not familiar with the concept of the Family Quality Village Program, thus affecting stakeholder acceptance and synergies with other stunting programs. Additionally, this program experienced significant changes regarding the local governance system which required adjustment in the program management, hence affecting the program effectiveness.

Conclusions: It is crucial to increase awareness of the program and coordination to ensure its optimum impact on stunting reduction efforts. The local governance system should also be considered to ensure program acceptance among stakeholders.

INTRODUCTION

Childhood malnutrition, particularly stunting, remains a significant public health problem in Indonesia. Stunting indicates chronic malnutrition occurring within the first 1000 days of life starting from conception. Studies reported that stunting inhibits brain development and growth in children¹. Studies also showed that the detrimental effects of stunting on health and cognition continue into the following years, leading to more serious economic and societal consequences on the individuals, families, communities, and the country²⁻⁴. Concerning this, the Indonesian government mandated the reduction of stunting up to 14% by 2024 through the

Presidential Decree 72/2021, yet, the prevalence of stunting in Indonesia is currently 21.6%^{5,6}.

The government has appointed the National Population and Family Planning Board (BKKBN) as the leading agency that coordinates all initiatives to accelerate stunting reduction in Indonesia. The initiative involves cross-sectoral collaboration of various line ministries with different roles and functions. Concerning policy implementation, the government formed and appointed a Stunting Reduction Acceleration Team (TPPS) at each provincial, districts, sub-districts, and village levels⁶. In addition, BKKBN formed a Family Assistance Team (TPK) as a strategic effort to outreach

households and leverage attainment of the stunting reduction target by 2024⁶.

The initiation of the Family Quality Village Program by BKKBN, is rooted in the previous long-standing and successful Family Planning Village program, with additional tasks of intensifying efforts to reduce stunting. The Family Quality Village or Kampung KB is a village-level taskforce that integrates and converges all efforts to empower households and contribute to the quality improvement of human resources and communities⁷. To ensure immediate implementation of the policy, the president enacted the Presidential Decree 3/2022, containing specific instructions for the relevant line ministries and regional heads⁸. This decree instructs all efforts to accelerate stunting reduction to be aligned with the focus of the Family Quality Village Program. Currently, there are 188 Family Quality Villages in the Yogyakarta Province, and in 2020 the Sleman Regency has the highest percentage of sustainable Family Quality Villages at 72%⁹.

Contrastingly, the 2022 Indonesian Nutrition Status Survey (SSGI) reported that Sleman Regency experienced a mere 1% decrease in the prevalence of stunting from 16%¹⁰ to 15%⁵, or above the national target. Moreover, the survey showed that stunting reduction rate in Sleman Regency is lower than that of other regencies in Yogyakarta Province. Hence, to obtain a comprehensive overview of the program management and its effectiveness, we evaluated the impact of the Family Quality Village program on stunting reduction acceleration in Sleman Regency. Assuming that various contextual factors in place causing the lack of achievement, we analyze causes and determine lessons learned to gain insight on what components of the program should be maintained, strengthened, or modified in the future. The dynamicity with other relevant programs was considered to encourage improvement and replication in other places.

METHODS

This was a qualitative study with descriptive exploratory case study approach. The case study was conducted in villages implementing the Family Quality

Village Program in Sleman Regency between May and September 2023. Data were collected by using document analysis, focus group discussions, key informant interviews, and reflective journal methods. We involved staff from local government agencies who are responsible for managing stunting related programs, villages apparatus, and community health workers from Condongcatu, Wedomartani, Tamanmartani, and Pandowoharjo Villages. The four villages were selected purposively to represent the stratification of the Family Quality Village available in Sleman Regency (developing and sustainable strata); whereas, the informants were selected using the maximum variance sampling method. The variability considered during resource persons recruitment is their roles and involvement in stunting reduction programs.

Focus group discussions were conducted online and held in four separate sessions, divided into participants from a) local government agencies and b) villages apparatus and community health workers. In-depth interviews were conducted with key informants and some of the focus group discussion participants to get clarification and additional information. Table 1 shows the characteristics and number of informants involved in each focus group discussions and in-depth interviews. The interview process was conducted using an interview guide, and each informant was asked to spend approximately 45 to 60 minutes. We carried out the face-to-face and online interviews according to the informants' preferences. All interviews were recorded and transcribed at verbatim. We also examined several documents such as government regulations, policies, survey and activity reports, and program technical guidelines. The analysis method followed an iterative approach, which means that the study was conducted through a process of comparing empirical data that developed in a cyclical manner¹¹. Data was analyzed manually using thematic analysis techniques. To maintain trustworthiness, several techniques were implemented including methods and data triangulation as well as member check. Additionally, we kept a reflective journal to reflect upon our experiences and interpretations of the data.

Table 1. Characteristics of Informants in Focus Group Discussions and In-Depth Interviews in Sleman Regency

No	Institution of Informants	Number of Participants (Person)	Activities Participated	
			Focused Group Discussion	In-Depth Interview
1.	Regional Development Planning Agency (Bappeda)	1	✓	-
2.	Women Empowerment, Child Protection, Population Control and Family Planning Agency (DP3AP2KB)	2	-	✓
3.	District Health Office	1	✓	-
4.	District Social Services	1	✓	-
5.	Community and Village Empowerment Agency	1	✓	-
6.	Public Works, Settlements and Spatial Planning Agency (DPUPKP)	2	-	✓
7.	Office of Cooperatives and Small Medium Enterprises	2	-	✓
8.	Office of Agriculture, Food, and Fisheries	1	-	✓
9.	District Education Authorities	1	-	✓
10.	District Culture Office	1	-	✓
11.	Religious Affairs Office (KUA) Kapanewon Depok	1	-	✓
12.	Village Staff and Community Health Workers, Kalurahan Condongcatu	7	✓	-
13.	Village Staff and Community Health Workers, Kalurahan Wedomartani	6	✓	-

No	Institution of Informants	Number of Participants (Person)	Activities Participated	
			Focused Group Discussion	In-Depth Interview
14.	Village Staff and Community Health Workers, Kalurahan Tamanmartani	2	✓	-
15.	Village Staff and Community Health Workers, Kalurahan Pandowoharjo	5	✓	-
16.	Village Staff, Kalurahan Pandowoharjo	1	-	✓

We obtained ethical approval from the Indonesian Medical and Health Research Ethics Committee Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada (reference number: KE/FK/1045/EC/2023) prior to data collection. All informants were provided with information on the study purposes and procedures of data collection before consenting to the study; all participants provided written consent. Participation in the study was voluntary, and the researcher maintained data confidentiality. Audio-recorded data and interview transcripts were stored digitally with access limited to the researchers only. Interview transcripts were coded and kept under pseudonyms, which were also used to report in this publication.

RESULTS AND DISCUSSIONS

Sleman Regency has the largest population in Yogyakarta Province, which was around 1.15 million people, according to the mid-year report of the Interim Population Projection Results 2020-2023¹². In the last two years, the annual population growth has been relatively stable at 1.10% per year with almost equal distributions between gender groups. The percentage of people living in poverty in Sleman Regency in 2022 was 7.74% or 98.92 thousand people¹³. The maternal mortality rate in 2019 increased by 8.98 per 100,000 live births compared to 2018. Meanwhile, the infant mortality rate in 2019 decreased by 0.03 per 1,000 live births compared to 2018¹⁴. In terms of stunting, the 2022 SSGI reported a mere 1% decrease of stunting prevalence from the previous year. Other regencies in Yogyakarta Province reported higher reduction rates such as Bantul Regency and Yogyakarta Municipality, with 4.2% and 3.3%, respectively. Contrastingly, both Gunungkidul and Kulonprogo Regencies experienced increase in the percentage of stunting from last year, with 2.9% and 0.9%, respectively^{5,10}.

Acceptance of the Family Quality Village Program

Sleman Regency has been designated as a stunting locus since 2021 by the national government^{15,16}. The designation was followed up by the local government by issuing the Sleman Regent Decree 22.1/2021. This decree instructs relevant local government agencies, villages apparatus, and community members to support stunting reduction efforts. In line with the presidential appointment of BKKBN as the leading agency of the initiatives, DP3AP2KB in Sleman Regency formed TPK to provide assistance at household level and initiated the formation of the Family Quality Villages.

"To support stunting reduction efforts, the first thing that we do is to empower the TPK [Family Assistance Team] and provide technical guidance for them. Then, we also assign family planning counselors to each sub-districts who act as an extension of our office and develop Dahsat [the healthy kitchen program to overcome stunting]. We also inaugurated 86 villages to become Family Quality Villages [as an effort] to implement the Presidential Decree 3/2022 and the Regent Decree 40.1/2022 on establishing Family Quality Villages." (Informant 1, DP3AP2KB)

The Family Quality Village, formerly Family Planning Village, is a village-level taskforce that carries out the integrated and converged actions that empower households in any dimensions and thus contributes to the quality improvement of human resources, families, and communities^{7,8,17}. The Family Quality Village runs multisectoral approaches involving regional heads, regional secretaries, the Regional Development Planning Agencies (Bappeda), the Family Planning Agencies, all relevant local government offices as mandated by the Presidential Decree 3/2022, the private sectors, and other stakeholders involved in implementing the Family Quality Village Program^{8,17}.

The Sleman Regent Decree 40.1/2022 further regulates that optimisation of the implementation of the Family Quality Village Program should be carried out through policy development and coordinated efforts between agencies respective to their duties, functions, and responsibilities, which include the provision of family and population data, promotion of behavior changes, increase of service coverage and referral system, as well as improvement of family environment¹⁸. Concerning this, the Family Quality Villages are classified according to their level of attainment of the input, process, and output target indicators. The classifications are 1) Basic Family Quality Village, in which both the inputs and process implementation have not been managed well leading to no contribution to the program objectives, 2) Developed Family Quality Village, in which the process implementation has been managed effectively, although the contribution to the program objectives remain lacking, 3) Independent Family Quality Village, in which the Family Quality Village has contributed to some of the program goals, and 4) Sustainable Family Quality Village, in which the Family Quality Village has been implemented well to the target population and has contributed to the overall program goals⁹.

BKKBN reported that in 2022 there were seven developing Family Quality Villages, four independent Family Quality Villages, and 23 sustainable Family Quality

Villages in Sleman Regency. This achievement was made possible due to the familiarity with the initial concept of the Family Quality Villages program among the community members. This program is rooted in the long-standing Family Planning Village Program that has been implemented since 2016 in Sleman Regency. Since then, several Family Planning Villages in this regency became role models to be replicated in other parts of Indonesia.

"The Family Planning Village program was launched in 2016. The [villages] that repeatedly win first place in the competition, would be a model for other Family Quality Villages, such as the one in Wedomartani Village." (Informant 1, DP3AP2KB)

We found that the primary stakeholders in stunting reduction initiatives in Sleman Regency, such as the local government agencies and community health workers, remain unaware of the changes in the program naming and purpose. Due to the success and popularity of the Family Planning Village program, the current program is widely misinterpreted causing most stakeholders are mistaken of its purposes, scopes, targets, and indicators of achievements. As the program is repurposed with stunting reduction targets, the lack of knowledge and understanding regarding the Family Quality village program hinder further coordination and consolidation with other existing stunting programs.

"Regarding the Family Quality Village, I just heard about the program now [during the interview]. I thought that the terms KB in KB Village stands for Family Planning [Keluarga Berencana – in Indonesian language], but it turns out to be Family Quality [Keluarga Berkualitas – in Indonesian language]." (Informant 2, District Education Authorities)

"I do not really understand the details of the Family Quality Village program, I know about family planning, some birth control methods and how to use them, I know about IUD [intrauterine device], vasectomy and other methods, including those applied to men. I got the information from social campaign [about family planning]." (Informant 3, Office of Cooperatives and Small Medium Enterprises)

"I just realized that the program has been modified, it used to be Kampung KB where it stands for Keluarga Berencana [family planning], but apparently now it has changed to Keluarga Berkualitas [family quality], right? All I know when people talk about KB, it means Keluarga Berencana [family planning]. I just realized the changes in the naming yesterday after reading the invitation [invitation to the FGD]." (Informant 4, District Health Office)

The Family Quality Village program has been initiated in Sleman Regency as a response to stunting reduction efforts. Several steps have been taken, which

include designating Sleman Regency as a locus, appointing TPK, providing technical guidelines for TPK, debriefing the family planning counselors at each sub-districts with stunting related responsibilities, and instating 86 villages as Family Quality Villages. Although this program has the potential to reduce stunting, stakeholders' awareness and knowledge are limited. Thus, actions should be taken to rectify the problems and increase acceptance of the program to ensure stakeholders' commitment and support.

Synergy with Other Stunting-Related Programs

The Indonesian government currently designates stunting as a national priority program. The commitment of the central government in reducing stunting is confirmed through the implementation of various key national projects related to stunting as documented in the 2020-2024 National Medium-Term Development Plan (RPJMN). To operationalize the development plan, the government developed and enacted the National Action Plan for the Acceleration of Stunting Reduction in Indonesia (RAN-PASTI) align with the Presidential Decree 72/2021^{6,19,20}. This regulation stipulates strategic actions that should be taken at the national level, including the five pillars of stunting reduction efforts and the line ministries that should be involved in the policy implementation²⁰. The Government of Sleman Regency then enacted Regent Decree 22.1/2021, specifying that stunting reduction programs should include both nutrition specific and nutrition sensitive interventions²¹. Nutrition specific interventions target the direct causes of stunting such as inadequacy in nutrition intake, poor feeding practices and child care, as well as poor management of infectious diseases. Whereas, nutrition sensitive interventions address the indirect causes of stunting such as limited access to nutritious food; lack of awareness, commitment and proper feeding and childcare practices, as well as lack of access to clean water and sanitation²⁰⁻²².

Following the regulation, several programs have been implemented by the local government agencies in Sleman Regency, including: 1) The District Health Office conducts regular data collection and publication related to stunting to enable the convergence of stunting prevention actions among stakeholders²². The District Health Office also initiates discussions between nutritionists and pediatricians to develop guidelines for stunting case management in Sleman Regency. Additionally, the District Health Office advocates the National Insurance Agency (BPJS) to cover the cost of stunting treatment. 2) The Office of Agriculture, Food, and Fisheries seeks to improve food security at household and community levels by providing vegetable seeds, planting media, fertilizers, and livestock to community groups living in villages appointed as stunting locus. 3) The Public Works, Settlements and Spatial Planning Agency (DPUPKP) provides villages with access to clean water and sanitation. 4) The District Education Authorities addresses stunting by developing and implementing curriculum on healthy lifestyle for children and parents. 5) The Office of Cooperatives and Small Medium Enterprises conducts community-based economic empowerment activities such as training and

marketing of local products that potential for stunting reduction efforts.

"We focus our programs on community groups [civil society organizations] in stunting locus villages such as women farmer groups, food barns or farmers group associations [Gapoktan]. As for now, we have worked in approximately 30 stunting locus villages in Sleman Regency between 2021 and 2022 through our home gardening programs. We also run a "Lumbung Mataraman" program, in which we provide livestock, vegetables, catfish [bred in buckets], as well as grants for women farmer groups." (Informant 5, Office of Agriculture, Food, and Fisheries)

"So far, we have built infrastructure needed to provide safe and clean drinking water, then we have constructed similar facilities for rural regions. We mainly work on building the system or rehabilitating [repairing] the community-owned system in the village." (Informant 6, The Public Works, Settlements and Spatial Planning Agency)

"We have distributed packages containing complementary food for children. We target the underprivileged population. We involve the District Health Office of Sleman Regency to determine the appropriate content of the packages for preschool children. In addition to the complementary food packages, we counsel the recipients on how to provide learning stimulus and promote healthy lifestyle." (Informant 2, District Education Authorities)

"We provide training programs for the young population to improve their skills in digital marketing, which help them working as reliable resellers. We train them that to be young entrepreneurs, it is not necessary to go through the self-production pathway; instead, we teach them to optimize the use of their gadgets [communication devices] to find business opportunities around them. (Informant 3, Office of Cooperatives and Small Medium Enterprises)

Likewise, the Religious Affairs Offices (KUA) in Sleman Regency is also involved in stunting prevention efforts. This agency delivers health information to brides-to-be with the aim of preventing stunting. Together with DP3AP2KB, this agency facilitates detection of brides-to-be at risk of stunting by using the ELSIMIL (health and nutrition application to screen at risk women). Those who are considered at risk will get assistance and counseling from TPK.

"We contribute to the stunting reduction initiatives by collaborating with partners to approach prospective parents, the newlyweds, and the brides-to-be. We also provide health information to the brides-to-be and ask them to

undergo the health screening process using our application called Elsimil". (Informant 7, Religious Affairs Offices)

Constructive collaboration between the Family Quality Village Program and other stunting related programs is considered as a strategic approach to achieve the goal of reducing stunting. The Family Quality Village program should be aligned with other stunting reduction programs implemented by the relevant line ministries and agencies such as the District Health Office; Office of Agriculture, Food, and Fisheries; The Public Works, Settlements and Spatial Planning Agency; District Education Authorities; Office of Cooperatives and Small Medium Enterprises, and the Religious Affairs Offices. However, lack of awareness and acceptance of the program among local government agencies and community health workers undermine the synergies with other stunting related programs.

Governance of the Family Quality Village Program

To consolidate stunting reduction efforts, the national government created Stunting Reduction Acceleration Team (TPPS) at the national and sub-national levels. The government of Sleman Regency followed up this regulation by enacting the Regent Decree 12.3/Kep.KDH/A/2022 to establish TPPS in all subdistricts and villages. The TPPS at the regency level consists of multisectoral team members that responsible for coordinating, implementing, and evaluating the integration and convergence of stunting reduction efforts. This team include representatives from community members, academies, government agencies and other partners, led by the vice regent ²³.

"The Stunting Reduction Acceleration Team [TPPS] is formed to coordinate programs at regency level. It [the Regent Decree 12.3/Kep.KDH/A/2022] explains clear division of authority and responsibility of all agencies involved in the TPPS and thus ensuring smooth collaboration between team members. For example, the Office of Fisheries, Food and Agriculture is responsible for promoting fish consumption." (Informant 1, DP3AP2KB)

The Family Quality Village program currently operates by using the objectives and targets from the previous program. According to the program technical guideline, the performance indicators used to evaluate attainment to program purpose are the development of community workplans and publication of community reports ¹⁷. These indicators are normative and considered inadequate since they only measure community participation. Likewise, these indicators are not aligned with the key performance indicators of other programs relevant to stunting leading to difficulties in programs alignment and synchronization. In contrast to the Family Quality Village program for example, the provincial government of Yogyakarta enacted Governor Decree 206/KEP/2022 containing two more encompassing measures as key performance indicators; the management of nutrition intervention for the first 1000

days of life and program coverage²⁴. Therefore, it is necessary for the Family Quality Village program manager to select indicators with similar senses that measure appropriate outputs and impacts to ensure better link and match with other stunting related programs.

Another factor that needs to be considered in the governance of the Family Quality Village program is the fact that the program currently undergoes system migration that affects its governance and financial systems. The program implementation unit that previously run at the hamlet level is now being moved up to village level. This issue is exacerbated in Sleman Regency wherein the program unit naming does not align with the regional structural nomenclature, causing misunderstanding among stakeholders. This problem is particularly unique for the Yogyakarta province due to its special autonomous privilege to develop their own government structure and system, which was the enacted in the Governor Decree 25/2019²⁵.

"The Family Quality Village program is indeed new. It was previously run at the hamlet level and now they move up to the village level. We are still adjusting the program by working closely with the community health workers and the women support groups to manage activities in the hamlet, whenever needed." (Informant 11, Community Health Worker)

"I disagree with the program naming Kampung KB. Why are they called Kampung? I also know that they change the name from Family Planning Village to Family Quality Village. However, when people talk about the Family Quality Village program, they recall the previous one. They misunderstood the program due to lack of better terms." (Informant 4, District Health Office)

"Currently, the Family Quality Village program is implemented at the village level, as opposed to the previous one in hamlet level. The naming of Kampung KB is not appropriate because in the Sleman Regency database, it is reported as being implemented in the village level. Yet, the structure is different in our regency wherein Kampung is a small part of a hamlet and village consists of several hamlets." (Informant 8, Community and Village Empowerment Agency)

The degree of awareness and participation of local government agencies and community health workers in the Family Quality Village program in Sleman Regency is suboptimal. Further, some local government agencies reported lower degree of participation in the program compared to the previous one. This situation should be rectified to ensure the attainment of program goals of accelerating stunting reduction in Sleman Regency.

"We felt that our office has less engagement with the current program [the Family Quality Village program] and their coordination with us is relatively poor. In the past, they [the program

manager of the Family Planning Village Program] were very enthusiastic to involve all relevant local government agencies. The root cause of this current problem is that each local government agencies now has [different] priorities." (Informant 8, Community and Village Empowerment Agency)

"We, at the District Health office, have duties and tasks that need to be done. We also need to cooperate with other agencies in doing so, therefore, role mapping and coordination among agencies are necessary to ensure smooth program implementation. With stunting, we do not want the success of reducing stunting to be claimed by one office or a single program. We believe that stunting reduction requires more than a one- or two-months program; it needs to be done through multi sector collaboration." (Informant 4, District Health Office)

In addition to its household empowerment duties, the Family Quality Village program is also mandated to collect and manage data on the risk of stunting in the community. This data, however, is often overlapped with other database built by other agencies such as the District Health Office and the District Social Affairs. The repetitive actions of data collection by different agencies indicate poor and fragmented data management as well as problems with data sharing and access. This failing of data utilization might undermine the process of creating needs-based and evidence-based village development planning. Likewise, repeated data collection could cause additional burden for cadres and community members.

"As part of the Family Quality Village program, we were tasked to collect data and synchronize the activity with the village staffs. We also need to synchronize some data with the integrated health posts [outreach clinics] including data related to fertility, women of reproductive age, pregnancy, births, and marital information. We need to coordinate the activity with the village staffs." (Informant 12, Community Health Worker)

"Actually, the tasks of TPK [Family Assistance Team] and KPM [Human Development Cadre] are similar. It would be better if we could do the task once. The cadres are pitiful; they are bored and fed up [of collecting identical data for different programs]. In my opinion, online reporting could even cause significant financial loss for the cadres since there is no guarantee that the cost of communication will be reimbursed." (Informant 11, Community Health Worker).

Our finding is in line with the 2013 Lancet review of effective and evidence-based interventions to address maternal and child nutrition problems. The review, which was pivotal in the development of the National Strategy for Stunting Prevention Acceleration 2018-2024, highlighted the importance of cross-sectoral

collaboration to deliver both nutrition specific and sensitive interventions needed to address stunting^{22,26}. The Quality Family Village program, currently the BKKBN's flagship program to reduce stunting, is classified as nutrition sensitive intervention, as it involves approaches beyond the health sectors' purview such as behavior change communication, household economic empowerment, and population control.

The Quality Family Village program has been implemented for less than a year in Sleman Regency, thus, it is difficult to measure its impact on stunting reduction. Contrary to the nutrition-specific interventions, sensitive approaches take longer to bring tangible results²⁶. Studies conducted on conditional cash transfer programs show that its impact on maternal and child health can be measured after approximately five years of program implementation²⁷. Our study found that the Quality Family Village program in Sleman Regency is potentially hindered in achieving its primary goal of reducing stunting due to three major problems.

Firstly, we found that the problems with acceptance towards the program by the relevant local government agencies and community health workers was related to lack of awareness and knowledge about the program scope, targets, objectives, and indicators of achievement. The root cause of this problem is limited social marketing of the program to stakeholders and beneficiaries. This situation is exacerbated by the fact the current program shares almost similar names and features to programs that have been implemented in the past, which confuses stakeholders. Previous studies reported that lack of information about a particular program correlates with poor community support and low participation rates. This study concluded that lack of knowledge of a program is an essential external inhibiting factor to program success²⁸. A study evaluating the Quality Family Village program in Riau Province also found challenges stemming from lack of program-related knowledge among community health workers as well as limited community participation and cross-sectoral cooperation²⁹.

Secondly, we found that program synergy and coordination with other stunting interventions in Sleman Regency were suboptimal. Our study participants highlighted the need to improve program coordination through the Stunting Reduction Acceleration Team [TPPS] to ensure synchronization and harmonization of various priority programs, as also reported in the previous study conducted in Merangin Regency³⁰. Program coordination needs to be strengthened at all administrative levels, from the national to the village level, respective of each partner's different roles and duties. This is necessary to ensure all the required resources for convergent actions are planned during the budgeting process, which includes the medical or nutrition products, infrastructures, human resources, finance, and partnerships. Further, the government at the regency level are tasked to provide guidelines and assistance of program implementation at the sub-district and village levels²⁰. A systematic review of 18 studies from low and middle-income countries reported that the original design of the Quality Family Village program, aiming at household empowerment through an

awareness campaign, commitment affirmation, and parenting skills improvement, should be combined with other nutrition specific interventions to maximize its impact on reducing stunting. The combination of these programs was found to contribute to an annual reduction rate in stunting prevalence of $\geq 3\%$ ²⁶.

Lastly, we found that the governance of the Quality Family Village program needs to be improved by consolidating activities with the Stunting Reduction Acceleration Team [TPPS]. This could be achieved by conducting regular coordination meeting, aligning with other programs relevant to stunting, and improving data sharing practices. Data management and accessibility must be enhanced to ensure optimum utilization in program planning. Our findings related to the program governance might be different from studies conducted in other regions in Indonesia. It is related to the uniqueness of government structure and policy due to the special autonomous status of Yogyakarta Province, which is apparent in the difference in the nomenclature used and governmental structure applied in province²⁴. Therefore, the design and implementation process of the current Quality Family Village programs in Sleman Regency should be re-aligned to fit with the local uniqueness to ensure smooth adoption and program administration.

Several challenges related to program governance are likely to affect the implementation of the Quality Family Village program in Sleman Regency stemming from the unique government system applied in Sleman Regency and Yogyakarta Province, poor cross sectoral coordination, and data sharing and ownership. This suggests the need to improve coordination between relevant institutions through the Stunting Reduction Acceleration Team [TPPS], adopt program indicators that align with other stunting interventions, and improve the data management system. In addition, more effective social marketing programs for stakeholders and beneficiaries should be performed to increase program awareness and acceptance. By doing so, the Quality Family Village program could achieve its intended purpose of accelerating stunting reduction in Sleman Regency.

CONCLUSIONS

The Quality Family Village program has been implemented in the Sleman Regency per the national and provincial government guidelines. Proper evaluation on its impact and sustainability features could not be entirely performed due to inadequate implementation period to observe tangible results. We conducted the short-term evaluation focusing on identifying potential barriers to the achievement of program objectives of accelerating stunting reduction efforts. The obstacles are lack of program acceptance among local government agencies and community health workers; lack of synergies with other programs relevant to stunting reduction; and poor program governance. To optimize the implementation of the Quality Family Village program, these strategies should be taken: (1) conduct frequent and effective program social marketing, (2) strengthen program collaboration with Stunting Reduction Acceleration Team [TPPS] and other relevant agencies, 3) align program governance with the local

structure and system, and 4) improve program compatibility by using indicators with better link and match with other stunting relevant interventions.

ACKNOWLEDGEMENT

We would like to acknowledge the support of all study participants and agencies in the Sleman Regency, where the study was conducted.

CONFLICT OF INTEREST AND FUNDING DISCLOSURE

The authors have no conflicts of interest to declare. This study was funded by the National Population and Family Planning Board (BKKBN), Yogyakarta Representative Office.

AUTHOR CONTRIBUTIONS

LAL: conceptualization, investigation, writing-review and editing; SH: methodology, writing-review; MTPLK: conceptualization, methodology, writing-review; YNR: investigation, writing and editing; IS: conceptualization, methodology, review.

REFERENCES

1. Muhoozi, G. K. M., Atukunda, P., Mwadime, R., Iversen, P. O. & Westerberg, A. C. Nutritional and developmental status among 6- to 8-month-old children in southwestern Uganda: a cross-sectional study. *Food Nutr Res* **60**, (2016).
2. Helmyati, S., Atmaka, D. R., Wisnusanti, S. U. & Wigati, M. *Stunting: Permasalahan Dan Penanganannya*. (Gadjah Mada University Press, Yogyakarta, 2019).
3. Osendarp, S. et al. The COVID-19 crisis will exacerbate maternal and child undernutrition and child mortality in low- and middle-income countries. *Nat Food* **2**, 476–484 (2021).
4. Rahmawaty, S. & Meyer, B. J. Stunting is a recognized problem: Evidence for the potential benefits of ω -3 long-chain polyunsaturated fatty acids. *Nutrition* **73**, 110564 (2020).
5. Badan Kebijakan Pembangunan Kesehatan Kementerian Kesehatan RI. *Status Gizi SSGI 2022*. (2022).
6. Presiden Republik Indonesia. *Peraturan Presiden Republik Indonesia Nomor 72 Tahun 2021 Tentang Percepatan Penurunan Stunting*. (Indonesia, 2021).
7. Badan Kependudukan dan Keluarga Berencana Nasional. *Tentang Kampung KB Kampung Keluarga Berkualitas (KB)*. <https://kampungkb.bkkbn.go.id/tentang> (2021).
8. Presiden Republik Indonesia. *Instruksi Presiden Republik Indonesia Nomor 3 Tahun 2022 Tentang Optimalisasi Penyelenggaraan Kampung Keluarga Berkualitas*. (Indonesia, 2022).
9. Direktorat Analisis Dampak Kependudukan Badan Kependudukan Dan Keluarga Berencana Nasional. *Klasifikasi Kampung KB Menuju Kampung Berkualitas*. (BKKBN, Jakarta, 2020).
10. Kementerian Kesehatan Republik Indonesia. *Buku Saku Hasil Studi Status Gizi Indonesia (SSGI) Tingkat Nasional, Provinsi, Dan Kabupaten/Kota Tahun 2021*. (2021).
11. Utarini, A. *Tak Kenal Maka Tak Sayang: Penelitian Kualitatif Dalam Pelayanan Kesehatan*. (Gadjah Mada University Press, Yogyakarta, 2021).
12. Badan Pusat Statistik Provinsi Daerah Istimewa Yogyakarta. *Provinsi Daerah Istimewa Yogyakarta Dalam Angka 2023*. (2023).
13. Badan Pusat Statistik Kabupaten Sleman. *Kabupaten Sleman Dalam Angka 2023*. (2023).
14. Dinas Kesehatan Kabupaten Sleman. *Profil Kesehatan Kabupaten Sleman Tahun 2020*. (2020).
15. Bupati Sleman. *Keputusan Bupati Sleman Nomor 14.1/Kep.KDH/A/2021 Tentang Kalurahan Lokasi Fokus Prioritas Penanggulangan Stunting Tahun 2021 Dan Tahun 2022*. (Indonesia, 2021).
16. Bappeda Sleman. *Rembuk Stunting tingkat Kabupaten Sleman tahun 2021*. <https://bappeda.slemankab.go.id/rembuk-stunting-tingkat-kabupaten-sleman-tahun-2021.slm> (2021).
17. Badan Kependudukan dan Keluarga Berencana Nasional. *Peraturan Badan Kependudukan Dan Keluarga Berencana Nasional Republik Indonesia Nomor 13 Tahun 2022 Tentang Petunjuk Teknis Penggunaan Dana Bantuan Operasional Keluarga Berencana Tahun Anggaran 2023*. (Indonesia, 2022).
18. Bupati Sleman. *Peraturan Bupati Sleman Nomor 40.1 Tahun 2022 Tentang Penyelenggaraan Kampung Keluarga Berkualitas*. (Indonesia, 2022).
19. Presiden Republik Indonesia. *Peraturan Presiden Republik Indonesia Nomor 18 Tahun 2020 Tentang Rencana Pembangunan Jangka Menengah Nasional Tahun 2020-2024*. (Indonesia, 2020).
20. Badan Kependudukan dan Keluarga Berencana Nasional. *Peraturan Badan Kependudukan Dan Keluarga Berencana Nasional Republik Indonesia Nomor 12 Tahun 2021*. (Indonesia, 2021).
21. Bupati Sleman. *Peraturan Bupati Sleman Nomor 22.1 Tahun 2021 Tentang Percepatan Penanggulangan Stunting Terintegrasi*. (Indonesia, 2021).
22. Sekretariat Wakil Presiden Republik Indonesia. *Strategi Nasional Percepatan Pencegahan Anak Kerdil (Stunting) Periode 2018-2024*. (Sekretariat Wakil Presiden Republik Indonesia, Jakarta, 2018).
23. Bupati Sleman. *Keputusan Bupati Sleman Nomor 12.3/Kep.KDH/A/2022*. (Indonesia, 2022).
24. Keputusan Gubernur. *Keputusan Gubernur Daerah Istimewa Yogyakarta Nomor 206/KEP/2022 Tentang Penetapan Hasil Penilaian Kinerja Kabupaten/Kota Dalam Pelaksanaan Konvergensi Intervensi Penurunan Stunting Terintegrasi Di Daerah Istimewa Yogyakarta Tahun 2021*. (Indonesia, 2022).
25. Gubernur Daerah Istimewa Yogyakarta. *Peraturan Gubernur Daerah Istimewa Yogyakarta Nomor 25 Tahun 2019 Tentang Pedoman Kelembagaan Urusan Keistimewaan Pada*

- Pemerintah Kabupaten/Kota Dan Kelurahan. (2019).
26. Bhutta, Z. A. et al. Evidence-based interventions for improvement of maternal and child nutrition: What can be done and at what cost? *The Lancet* vol. 382 452–477 Preprint at [https://doi.org/10.1016/S0140-6736\(13\)60996-4](https://doi.org/10.1016/S0140-6736(13)60996-4) (2013).
27. Rukiko, M. D., Mwakalobo, A. B. S. & Mmasa, J. J. The impact of Conditional Cash Transfer program on stunting in under five year's poor children. *Public Health in Practice* **6**, (2023).
28. Riyadh, M. A. Implementasi Program Kampung Keluarga Berkualitas di Dinas Pemberdayaan Perempuan Perlindungan Anak dan Keluarga Berencana Kota Balikpapan. (Institut Pemerintahan Dalam Negeri, Balikpapan, 2023).
29. Saputra, M. A. & Mayarni. Pelaksanaan Program Kampung Keluarga Berkualitas (KB) Mekar Wangi Di Kelurahan Tangkerang Barat. *JIANA: Jurnal Ilmu Administrasi Negara* **20**, 149–162 (2022).
30. Phitra, F. A., Lipoeto, N. I. & Yetti, H. Evaluasi Pelaksanaan Program Pencegahan dan Penurunan Stunting di Desa Lokus Stunting Kabupaten Merangin Tahun 2022. *Jurnal Kebijakan Kesehatan Indonesia* **12**, 127–141 (2023).