

STAKEHOLDERS' ROLE IN THE IMPLEMENTATION OF STUNTING MANAGEMENT POLICIES IN GARUT REGENCY

Peran Pemangku Kepentingan dalam Implementasi Kebijakan Penanganan Stunting di Kabupaten Garut

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Abstract

Background: Convergence is a comprehensive integrated and coordinated activity to accelerate stunting reduction.

Aims: This exploratory qualitative study analyzed the roles of stakeholders in stunting management.

Methods: This study was conducted in Garut District from April to July 2021. Key informants including policymakers across programs were selected from the district, sub-district, and village levels. All of them were interviewed, and the interview data were processed with content analysis techniques and presented descriptively.

Results: Stakeholders had roles in the implementation of stunting handling programs as seen in the four quadrants indicated by vertical (interest) and horizontal (influence) lines. The Head of the District and the Deputy of the Head District had the most contribution and influence on the program's success. District-level government institutions (i.e., the DHO, Regional Planning and Development Agency, DPMD, PPKBP3A and PUPR) in Quadrant II are critical. Others can be found in Quadrant III for provincial and district institutions (medium category). The sub-district, community leaders, and cadres (Quadrant IV) all significantly contributed to the program's success.

Conclusion: Policymaker participation is acknowledged as a major concern in developing health policies. It is important to clearly outline the roles of stakeholders to promote their involvement actively, especially of local stakeholders that need to be advocacy-oriented in stunting management.

Keywords: policy, stakeholder, stunting

Abstrak

Latar Belakang: Aksi konvergensi merupakan upaya mempercepat penurunan stunting yaitu kegiatan penyelarasan sumber daya secara menyeluruh yang terintegrasi, terpadu dan terkoordinir pada target prioritas.

Tujuan: Tujuan penelitian ini adalah menganalisa secara kualitatif peran pemangku kepentingan dalam implementasi kebijakan penanganan stunting.

Metode: Penelitian ini dilaksanakan di Kabupaten Garut mulai April hingga Juli 2021. Informan kunci termasuk pemangku kebijakan lintas program dipilih dari berbagai tingkat kabupaten, kecamatan, desa/ kelurahan. Semua informan diwawancarai, dan data hasil wawancara dianalisis dengan teknik analisis konten dan disajikan secara deskriptif.

Hasil: Hasil analisis menunjukkan bahwa terdapat hubungan peran antar pihak yang dideskripsikan pada empat kuadran dengan garis vertikal (kepentingan) dan horisontal (pengaruh). Bupati dan Wakil Bupati memiliki kepentingan tertinggi dan pengaruh terbesar terhadap keberhasilan program. Perangkat daerah meliputi Dinas Kesehatan, BAPPEDA, DPMD, Dinas PPKBP3A dan PUPR (kuadran II), memiliki kepentingan tinggi. Perangkat daerah provinsi dan kabupaten lainnya berada di kuadran III (kategori sedang). Tingkat Kecamatan, Desa/ Kelurahan, tokoh masyarakat dan kader memiliki pengaruh cukup besar terhadap keberhasilan implementasi program.

Kesimpulan: Partisipasi pemangku kebijakan dianggap menjadi isu besar dalam pengembangan kebijakan kesehatan. Penting untuk merinci secara jelas peran pemangku kepentingan untuk mendorong keterlibatan mereka secara aktif, khususnya peran pemangku kepentingan lokal yang perlu mengarah pada advokasi dalam penanganan stunting.

Kata kunci: kebijakan, pemangku kepentingan, stunting



Indonesian Journal of Health Administration (Jurnal Administrasi Kesehatan Indonesia)

p-ISSN 2303-3592, e-ISSN 2540-9301, Volume 11 No.1 2023, DOI: 10.20473/jaki.v11i1.2023.26-35

Received: 2022-06-28, Revised: 2023-02-13, Accepted: 2023-03-17, Published: 2023-06-15.

Published by Universitas Airlangga in collaboration with *Perhimpunan Sarjana dan Profesional Kesehatan Masyarakat Indonesia (Persakmi)*.

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How to cite:

Ipa, M., Yuliasih, Y., Astuti, E. P., Laksono, A. D. and Ridwan, W. (2023) "Stakeholders' Role in The Implementation of Stunting Management Policies in Garut Regency", *Indonesian Journal of Health Administration*, 11(1), pp. 26-35. doi: 10.20473/jaki.v11i1.2023.26-35.

Introduction

One of the nutritional problems in Indonesia is stunting, a developmental disorder in children caused by poor nutrition, repeated infections, and inadequate psychosocial stimulation (World Health Organization, 2020). In 2020, Indonesia had the highest stunting rate in Southeast Asia after Timor Leste, with 31.8% (ADB, 2021). Based on data released by Indonesian Nutritional Status Survey (SSGI) in 2021, Indonesia experienced a decline in stunting rates from 27.7% in 2019 to 24.4% in 2021. The condition also happened in several provinces, one of which was West Java although they still had a relatively high stunting rate above 20%. The highest prevalence of stunting in Garut Regency, West Java reached 35.2%, and reducing stunting is still relatively challenging (RI, 2021).

However, stunting prevention is a priority for the government and society at all levels. One of the government's efforts to speed up stunting handling in Indonesia is through convergence (Indonesia, 2021). It is a program that integrates and aligns various resources and is performed using a comprehensive approach that includes specific nutrition interventions on priority groups and locations. Convergence is carried out through planning, budgeting, implementation, and monitoring and evaluation stages. Through convergence, it is expected that the implementation of programs at all levels can be integrated. For example, some nationally initiated services such as 1000 First Day of Life can be accessed by all groups, including the priority ones (Kementrian Bidang Pembangunan Manusia dan Budaya, 2018). Research conducted in Banggai Regency, Central Sulawesi shows convergence interventions successfully reduce stunting rates in children aged 0-11 months (Gani *et al.*, 2021).

Policymakers have a big responsibility for mobilizing their organizational roles across programs and sectors. Coordination, commitment, a multi-sectoral approach, division of tasks at all organizational levels, and the development

of access to health services need to be carried out as a whole for a program to succeed (Kathuria, Digwaleu-Kariko and Arur, 2019). Similar to research conducted in Padang, the convergence of policies in reducing stunting rates is still not optimal because the government still does not have specific regulations related to stunting, and sensitive nutrition interventions are still run independently (Iqbal and Yusran, 2021). In addition, research conducted in Semarang recommends that coordination mechanisms and roles should be precisely formulated and referred to the program targets (Lailia, Kismartini and Rahman, 2021).

The government has issued many policies and regulations to reduce stunting faster. However, stunting prevention programs at national or regional levels will be successful if they are carried out comprehensively and synergized (Titaley *et al.*, 2019). Garut Regency, with a reasonably high stunting rate, offers a health problem landscape that is interesting to investigate.

A stunting intervention can be successful if a variety of stakeholders get involved in figuring out the social or health issues through policy-making processes. It is important to identify stakeholders who want to get involved further and to outline their roles in any intervention programs. Therefore, this study aims to analyze the roles of policymakers in accelerating actions to reduce stunting cases in Garut Regency.

Method

This study is a type of qualitative research conducted through in-depth interviews with guidelines. These guidelines were compiled based on themes about the roles of policymakers from the provincial to sub-district/ village levels in implementing stunting prevention policies. The research was carried out at four levels including province, district, sub-district and community. The data collection took place from April to July 2021 in Garut Regency.

In-depth interviews were conducted with key informants who are policymakers across programs in related sectors at the

district, sub-district, and community levels. They were selected through purposive sampling with the criteria as regional officials who are members of the stunting convergence team at the district, sub-district and village levels. They include those in charge of health programs at the district level (holders of stunting programs, intestinal worms, environmental health, health promotions at healthcare facilities), primary healthcare center level (heads and officers holding stunting programs, infectious diseases, intestinal worms, environmental health, health promotions, and maternal child health). They also need to work in related sectors (Regional Planning and Development Agency, Population Control Agency, Family Planning, Women's Empowerment and Child Protection, Social Service, Fisheries and Food Service, Education Office, Public Works and Human Settlements Office).

Some themes used in the analysis include resources, evaluation monitoring, cross-sectoral collaboration, and barriers to program implementation. Data were analyzed using a stakeholder's theory (Elwy *et al.*, 2022), to map the relationships between stakeholder interests and influence. According to this theory, the research was conducted by (1) identifying the parties and their interests; (2) categorizing and classifying them; and (3) exploring the relationship between the parties. The relationships between one stakeholder and the others are described in four quadrants. The vertical line of the quadrant shows the size of the stakeholders' interests in the stunting programs, and the horizontal line of the quadrant demonstrates the size of their influence.

Data were analyzed through content analysis, and the analysis results were described. Data were collected using recorders and field notes. The data obtained were validated by triangulating the information from several informants (provincial, district, primary healthcare center, village, and community levels). Thematic analysis was applied with a deduction approach. Interview data were then coded to maintain the consistency of the results (IS, 2012). The recordings were

transcribed and then thematically arranged in a matrix. Content in the matrix was grouped based on similarities and differences associated with the relevant theory on each theme.

Result and Discussion

This current study revealed some significant findings on the influence of stakeholders in stunting interventions. Some regional strategic policies had been effectively implemented, particularly in the health sector. However, some policymakers in some areas still did not synergize their activities. Research in Ethiopia and Nepal shows that the main obstacles are the lack of stakeholder participation in program implementation, the absence of integration between national and local officials, lack of awareness of programs, and lack of allocated budget. Therefore, it is imperative to identify top-down strategies in addressing the health issues through possible policies (Kennedy *et al.*, 2016).

According to the World Health Organization (WHO), inviting all stakeholders, both inside and outside the health sector, may successfully promote the development and negotiation of national health policies, strategies, and plans. Stakeholders from various expertise can formulate together meaningful policies that can inform values, objectives, and general directions of good health practices (WHO, 2021).

Identification and Role of Policymaker

The roles of policymakers in handling stunting in Garut Regency are regulated in Garut Regent Decree Number 44 of 2018 concerning the Establishment of the National Movement Task Force for the Acceleration of Nutrition Improvement in Stunting Prevention (Barat, 2018).

The Head of the District and Deputy district are key policymakers who determine policies needed to prevent stunting. The roles and commitment of the Regional Head of Garut Regency can be seen from the policies that have been issued in addition to Garut Regent Decree, Number 44 of 2018. Although the head of

the task force team is the Deputy Regent, planning and coordinating roles at the district level are performed by the regional planning and development agency. These findings are supported by the information from several informants:

"...in the teamwork, yes, so far, the regional planning and development agency has also done this, Mam, yes, the motorbike..."

(AS, Head of Early Childhood Education of the Department of Education and Culture)

"Yes, it is usually coordinated by regional planning and development agency, and it is called a stunting discussion. The stunting meeting is usually opened by the head of the stunting task force or the regent...all SKPD are present. The analysis of the data from various SKPDs was intervened, and the location of the evaluation unit has been determined concerning what must be intervened. For example, twenty villages must be intervened in 2021." (IM, Head of Socio-cultural Regional Planning and Development Agency)

Various activities carried out such as task force planning meetings, intervention design, evaluation, and situation analysis are coordinated by the Regional Planning And Development Agency of Garut Regency. Similarly, the Regional Planning And Development Agency of West Java Province also directs the planning of the Regional Medium Term Development Plan (RPJMD) of each region to focus on stunting prevention activities. Besides, the Bureau of People's Welfare at the Regional Secretariat of West Java Province also supports stunting management. Along with the Healthy City District development program, stunting handling is encouraged through stunting consultations in each region.

"...so when we conduct training to districts and cities, we always remember and address stunting handling properly. Our budget is more than expected for monitoring and monitoring assistance. The budget must be paid out when we are invited, for example, to stunting

coordination meetings and so on."
(MT, Provincial Welfare Bureau Staff)

Public health is the leading sector in handling stunting at the Garut Regency Health Office. One of the integrated public health measures is the Family Health and Nutrition Section providing MMR, IMR and stunting. Besides this, others are the Environmental Health Section with the Community-Based Total Sanitation (STBM) program and the Clean and Healthy Behavior (PHBS) program, as well as a newly launched integration program, the Gagah ti Garut program. The following informants' responses support these findings.

"... the health office is responsible for stunting, right... I mean, our general policies are expected to target here... MMR, IMR, stunting, STBM, and PHBS that I want to remove from public health. MMR, IMR, stunting, family health-nutrition, 5 pillars of STBM, clean and healthy behavior (PHBS), especially for household arrangements go directly to the community. We have conveyed that here... and we have an additional big movement for stunting..."

(TNC, Head of Public Health of the District Health Office)

"...the health department is the one that plays the most role. We follow the steps suggested by the health department. The second is Regional Planning and Development Agency, to plan the activities. I followed the directions based on the leader's deliberation and instructions ..."

(CH, Head of Institutional Human Resources Department of Agriculture)

The District Health Office handles stunting cases directly. However, it is not effective without empowerment and institutional development to prevent stunting in the community. The prevention of stunting in the community is closely related to the roles of integrated health posts. In addition, the Village Community Empowerment Service (DPMD) fosters its capacity to function, and the Health Office plays in its technical development. Other institutions that are also significant in

providing data include the Office of Population Control, Family Planning, Women's Empowerment, and Child Protection (DPPKBPPPA). Specifically, DPPKBPPPA primarily provides data on children under five, pregnant women, and women of childbearing age. The informants' answers below support the findings.

"However, for DPMD itself, we are not very technical about health, so we are also collaborating with the Health Office ..."
(FD, Staff at West Java Provincial DPMD)

"... the role of our agency, especially the family planning service, is the first in providing data, Baduta data like toddler data, mothers who have toddlers and babies under two years old, hmm... mothers or families who have babies under 2 years, including pregnant ones. From 2019 to 2020, we will first continue to update data on children under two years old and pregnant women."
(AS, Secretary of the DPPKBPPPA Service)

In addition to supporting data, DPPKBPPPA also performs intervention efforts in handling stunting. They launched Communication, Information, and Education (CIE) regarding the First 1000 Days of Life to target families through the Toddler Family Development Program (BKKBN). They used educational media such as an anti-stunting ready-to-marriage kit for the program. These findings were confirmed by the informants in the interview.

"After we had data in 2019, CIE was carried out in 2020 on a large scale to the targeted families. It conveys information, especially on 1000 Days of Life. Procurement of anti-stunting ready-to-marriage kits is provided by the center."
(AS, Secretary at the Service Department of DPPKBPPPA)

Although all policymakers had carried out their respective roles, some of their areas were not directly related to the stunting program but supporting the stunting program. One of the informants mentioned organizations that are closely

related to the stunting program.

Intervention programs supporting stunting management include the clean water program by the Public Works and Housing Service, the Pamsimas program by the Office of Perkim, the Toddler Family Empowerment program by DPPKBPPPA, the Family Hope Program (PKH) by the Social Service, health promotion support by the department of information and communication, food and community nutrition assistance by the Agriculture Service, Fisheries and Livestock Service and Food Security Service, and human development cadre program and integrated health post-development by the DPMD. At the sub-district and health centre levels, the organizations play different roles in stunting management, and primary healthcare centers implement policies and programs that are rolled out from the district level. The primary healthcare centers mostly handle programs related to stunting prevention as confirmed by the informants' answers.

"Finally, as time went on, the activities at the health center did, hmm... almost all start with mother-child health activities, health promotions, surveillance. In Sundanese, stunting is "poke." Come along and pay attention to the causes. Hmmm, stunting has three factors, right? Parenting patterns, then... nutrition and health are..."
(IH, Head of Health Center)

In contrast to the role of primary healthcare centers, the sub-district government said they did not contribute to stunting handling since they thought it was the responsibility of the healthcare facilities or primary healthcare centers. However, the village government took a part to support the stunting program at a village level through various interventions.

"Indeed in Garut, the Regional Work Units (SKPD) poorly perform their job, so the sub-districts government are not maximized. We sometimes have related programs, but that is the health department's task."
(TS, Head of Garut Sub-district Capital)

"Socialization to the community. There are usually meetings from the primary healthcare centers to facilitate rooms for activities with Family Health Education (PKK) cadres, and health cadres at integrated health posts. Our main agenda, hopefully in the future, is to hold programs both from preventive to evaluative measures or activities related to stunting prevention in our area. For wider distribution, we will provide socialization, education, and more information, such as billboards and pamphlets." (Head of Sukanegla Village)

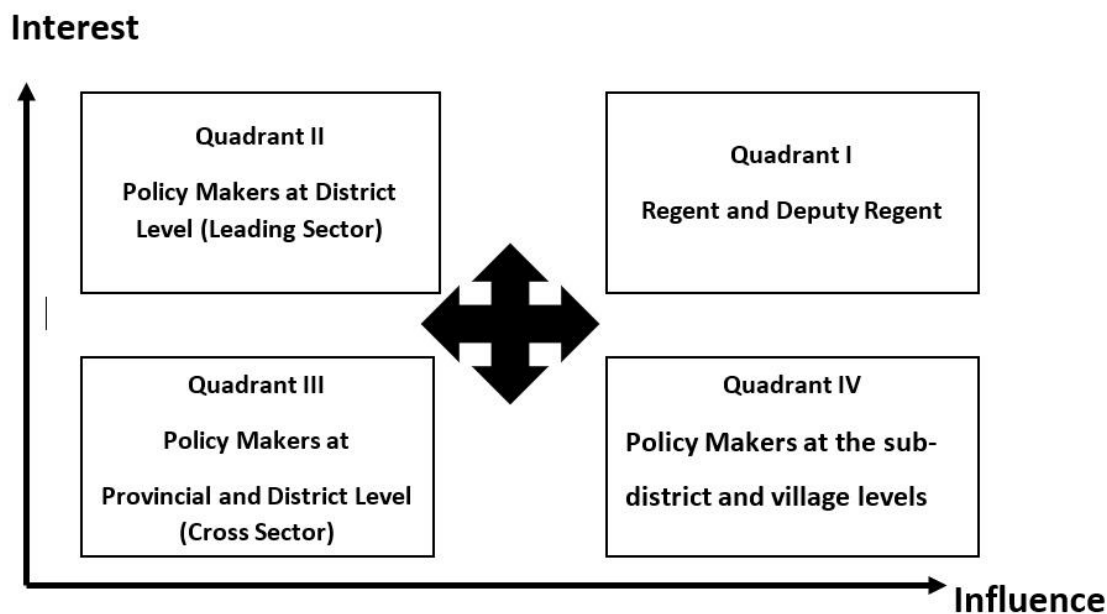
roles of policymakers are quite diverse. Some mentioned Regional Planning And Development Agency, Health Office, and Family Planning Office, and all units at regional levels had the same portion of contribution to the task force team. However, only units at regional levels played more roles in the program.

Categorization of Stunting Handling Program in Garut Regency

The relationships between parties are described in four quadrants, with the vertical line showing the size of their interests in the stunting program and the horizontal line showing the size of their influence. Results showed the perceived

"We have formed a teamwork, none of which has... hmmm... the most dominant role, but we contribute to each other, right, back up each other... meet the needs of the program..." (AJ, Head of Division, Garut Regency PMD)

"The driving force... for data collection and so on, is in the Health Office, so regional planning and development agency plans to do the distribution... Data from the Health Office are sent to Bapeda, who will then direct us." (DK, Head of PUPR, Male)



Source: Petkovic et al. (2020)

Figure 1. Position of Stakeholders in Handling Stunting Program

Stunting prevention measures in Garut Regency were performed according to the functions and authorities of each institution. The Head of the District is the key policyholder showing his commitment by issuing Garut Regent Decree Number 44 of 2018 concerning the Establishment of the National Movement Task Force for the Acceleration of Nutrition Improvement in Stunting Prevention and Regent Circular Letter Number 555 of 2018 2018 regarding Strategy for Implementation of Community Behavior Change Communication to Prevent Stunting (Garut, 2018). However, support, cooperation, and collaboration among all existing policymakers are required to put the policies in place. Saufi (2021) revealed that stunting prevention policies made by local governments will only be limited to a shared commitment if the roles and alignments of each stakeholder are not elaborated in-depth. Many collaborative governance gaps happened in stunting prevention programs due to uneven roles among stakeholders (Ansell and Gash, 2008; Saufi, 2021).

The main policy stakeholder that acts as the spearhead in stunting prevention is the Health Office. Although the Stunting Task Force needs the contributions of institutions in various sectors, the Health Office still has the bigger portion. Studies by Syafrina (2019) and Febrian (2021) show that the dominant role of the Health Office in stunting prevention was also found in Padang Pariaman. The Regional Government should maximize coordination across all sectors to balance, synergize, and support preventive measures (Syafrina, Masrul and Firdawati, 2019; Febrian and Yusran, 2021).

Regional Planning and Development Agency organize various activities such as task force planning meetings, intervention design, evaluation, and situation analysis. Like the Regional Planning and Development Agency of Garut Regency, the Regional Planning and Development Agency of West Java Province also directs the RPJMD plan of each region on stunting prevention. In other words, the Regional Planning and Development Agency is a driving force for other sectors in the stunting handling task force. Due to in-optimal

socialization, tasks are not evenly distributed to all institutions. As a result, they do not fully understand their roles in stunting prevention programs. Sectoral ego is also one of the challenges in program convergence (Permanasari *et al.*, 2020).

Each policyholder in Garut Regency seems to perform their role in the program. Deficiencies in the initial planning often occur as various activities are not carried out synergistically (Iqbal and Yusran, 2021). Research in Kepahiang Regency similarly shows that the implementation of the intervention is ineffective due to unintegrated work from all stakeholders (Iswarno *et al.*, 2013). Such individual performance gives disadvantages to the distribution of specific and sensitive nutrition programs (Iqbal and Yusran, 2021).

Overall, as a key policyholder with BAPPEDA, the regent needs to monitor the performance of each regional apparatus. Intervention programs carried out by related sectors and supporting stunting management in Garut Regency include interventions for providing clean water by the PUPR Service; Pamsimas program by the Office of Perkim; the Toddler Family Development program by DPPKBPPPA; Family Hope Program (PKH) by the Social Service; health promotion support by Diskominfo; support for the fulfilment of food and community nutrition by the Agriculture Service, Fisheries and Livestock Service and Food Security Service, and one which is no less important and directly related to stunting prevention convergence action is the human development cadre program and Posyandu development by the DPMD. Saputri (2019) revealed that monitoring every program carried out by policymakers to support stunting prevention is necessary to ensure that the programs that have been implemented achieve the program objectives as expected.

Community empowerment was chosen to be one of the strategies for stunting prevention. The Village Community Empowerment Service (DPMD) supported community empowerment by collaborating with cadres and integrated health posts, which

encourage community reliance. Capacity building for cadres and revitalization of integrated health posts become continuous actions with substantial budget support in partnership with other institutions such as healthcare facilities, Social Services, PKK Mobilization Team, and others. In line with the results of Astuti's (2018) research, sustainable community empowerment and independence are keys to the success of stunting prevention. Development training for cadres of integrated health posts, massive health promotion, atmosphere building, advocacy and partnership ultimately suppress stunting rates (Astuti, Megawati and Samson, 2018).

Moreover, the village government acts as the implementer and facilitator of every policy and program launched by the Regional Government. With sufficient socialization, adequate capacity building, and an allocated budget, challenges might still be found in program implementation. Research also confirms that these three factors are important to get them well-informed (Widianingsih, Gunawan and Rusyidi, 2018; Khoisah and Muhandini, 2019). The Village Fund that can be allocated for stunting programs can reach up to 20%. Given training on program planning, implementation, and monitoring, the village government could be more focused on program targets.

An independent and empowered community is more able to monitor the growth and development of its children. Therefore, they could overcome child growth and development issues (Laili and Andriani, 2019).

Conclusion

There were 16 stakeholders who have implemented stunting management policies in Garut Regency. Their roles are grouped into main, key, and supporting stakeholders. Policymakers had carried out their responsibilities although some of their areas were unrelated to stunting. Due to ego barriers across sectors, the convergence strategy in this area was not operated optimally. Future studies should examine ways to maximize stakeholder participation in the convergence team and whether stakeholder participation is

positively associated with successful stunting prevention strategies.

Abbreviations

DHO: District Health Office, DPMD: Village Community Empowerment Service, BAPPEDA: Regional Planning and Development Agency, DPPKBPPA: Office of Population Control, Family Planning, Women's Empowerment, and Child Protection.

Declaration

Ethics Approval and Consent Participant

This study has passed the ethics review from the Ethics Committee of the National Institute of Health Research and Development, Indonesian Ministry of Health.

Conflict of Interest

The authors declare that they have no competing interests.

Availability of Data and Materials

Data and materials are available based on demand from journals and readers.

Authors' Contribution

Study conceptualization: MI, EP, YY. Methodology: MI, EP. Formal analysis: MI, YY. Validation: ADL, MI, WR. Data Visualization: ADL, EP, WR. Writing (original draft): MI. Writing (review and editing): all authors

Funding source

Indonesian Ministry of Health

Acknowledgments

The authors acknowledge the technical support provided by the District Health Office and Primary Health Centers in Garut Regency.

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