

Governance Capacity in Efforts to Reduce Stunting in West Java

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Abstract

The problem of stunting is still a serious challenge in Indonesia, which is ranked fifth globally in stunting prevalence according to UNICEF. Stunting, which is determined based on a child's height according to age, has a significant impact on children's health and development, including decreased cognitive function. This study attempts to analyze governance capacity in overcoming stunting in West Java. This study uses a descriptive qualitative approach to explore the role of the government in managing stunting in West Java. This qualitative method aims to understand social meaning through interviews with informants from the Health Office, Duta Genre, and the Regional Planning Agency. Interactive analysis is used in data analysis, as well as for data validity using triangulation of sources and techniques. The results of the study show that the Acceleration of Stunting Reduction (TPPS) of the West Java Province is tasked with coordinating, synergizing, and evaluating efforts to reduce stunting through cross-sector collaboration. At the Regency/City level, TPPS integrates regional apparatus and stakeholders, including TP-PKK. To support the program, the organizational structure involves various agencies, including BAPPEDA and the Health Office, as well as NGO. The regulations underlying this program include the Presidential Regulation on the Acceleration of Stunting Reduction, with a focus on preventing stunting before and after birth. Counseling the community about stunting is very important to increase awareness. Finally, Implementation is carried out with a holistic approach, including specific and sensitive interventions, as well as periodic monitoring to achieve the target of reducing the prevalence of stunting that has been set.

Keywords:

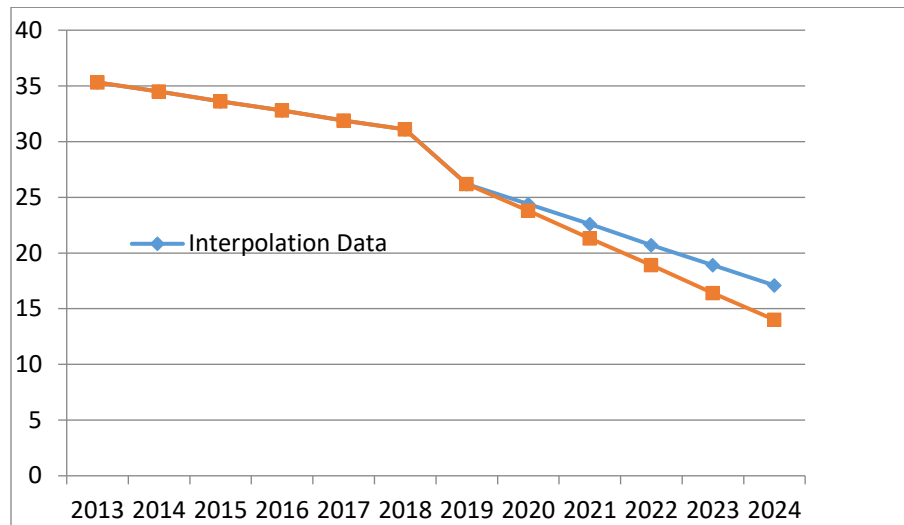
governance capacity; nutrition; stunting

Introduction

Nutritional problems are still frequently encountered, especially in Indonesia, which ranks fifth highest in the global prevalence of stunting according to UNICEF in 2018. The WHO Child Growth Standards define stunting as a condition where a child's growth is hindered, determined based on the child's height-for-age index. Stunting can occur due to malnutrition, frequent infections, or insufficient psychosocial stimulation. A child is considered stunted if their height does not meet the global growth chart standards (Mediani et al., 2020). Stunting is an important global issue that needs to be addressed and is a key focus of nutritional improvement efforts until 2025 (Asri, 2022). WHO reported in 2021 that the global prevalence of stunting reached 22%, with 149.2 million children affected in 2020. Indonesia ranks second in Southeast Asia after Timor-Leste, although stunting cases

have shown a decline. Data from the 2022 Indonesian Nutrition Status Study (SSGI) recorded a decrease in stunting prevalence from 24.4% in 2021 to 21.6%, although this figure still exceeds the WHO target of 20%. On the other hand, the prevalence of underweight decreased from 17% to 17.1%. According to the results of the Indonesian Health Survey conducted in 2024, the prevalence of stunting among children aged 0 to 59 months in West Java Province has reached 23.2 percent. This figure is still higher than the national average prevalence of stunting, which is recorded at 21.5 percent. The data also indicates that the prevalence of stunting in West Java has increased by 1.5 percent compared to the previous year, 2023, which stood at 21.7 percent. This increase signifies challenges that need to be addressed seriously to reduce the stunting rate in West Java, which has become a significant concern for stakeholders. The data related to the Target Acceleration of Stunting Reduction in West Java can be seen in the following chart (Chart 1).

The impact of stunting on children is very significant, both in the short and long term. Stunted children are usually shorter than their peers and more vulnerable to diseases. Additionally, stunting can lead to a decline in cognitive function, affecting intelligence and thought processes. Childhood, especially during the first 1,000 Days of Life (HPK), is a critical period for meeting nutritional needs to ensure optimal growth and development, as well as to prevent stunting (Yuwanti et al., 2021). The causes of stunting are related to inadequate nutritional intake, both at birth and during pregnancy. Factors influencing this include family economic status, parental height, family size, and exclusive breastfeeding, which plays a crucial role in a child's growth during the first 1,000 HPK (Yuwanti et al., 2022). Efforts to prevent stunting are ongoing to reduce its prevalence in Indonesia, generally using a preventive approach, but also encompassing other methods. Strong governance capacity is essential in designing and implementing effective policies to address stunting. Governance capacity includes the ability of institutions to coordinate programs, allocate resources, and facilitate community participation in addressing health issues. With strong capacity, local governments can create responsive and sustainable policies (Suaedi & Rahardian, 2023).

Figure 1.**Acceleration of Stunting Reduction in West Java**

Source: Secretary of the UI Webinar, 2021

Issues related to governance aspects are reviewed from the existing capacity. For instance, the issue of capacity within governance is crucial and should be highlighted as a significant concern in governance and public policy. This is based on existing data showing that the assessment from the Worldwide Governance Indicators (WGI) still yields unsatisfactory scores in 2022, despite some improvements, particularly in government effectiveness. According to WGI, Indonesia's data from 1996 to 2022 shows an average score of -0.23 points, with a minimum of -0.71 points in 1996 and a maximum of 0.44 points in 2022. The latest score for 2022 is 0.44 points. In comparison, the global average for 2022, based on 193 countries, is -0.05 points. The Worldwide Governance Indicators encompass six important dimensions in their analysis for each country, including: (1) Accountability; (2) Political Stability; (3) Government Effectiveness; (4) Quality of Regulation; (5) Rule of Law; and (6) Control of Corruption. Reflecting on these descriptions, it is essential to consider the capacity aspects within governance. This is vital for efforts to accelerate development within the country. The term governance capacity is distinct from policy capacity, as discussed previously.

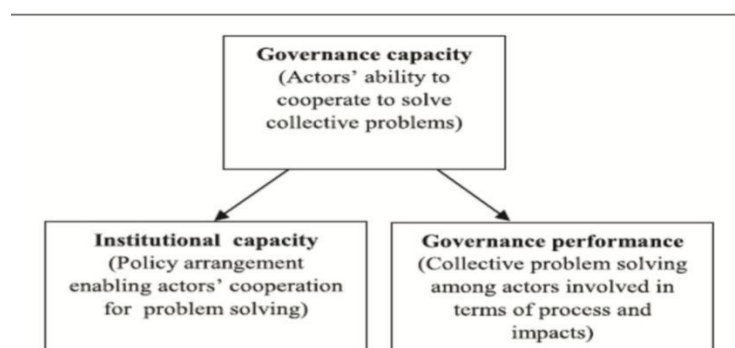
Referring to the existing definitions, Van Popering-Verkerk et al. (2022) explain that governance capacity is the potential of actors to coordinate their actions and deploy resources in pursuit of collective issues. Arts and Goverde (2006) further define governance capacity as encompassing the potential for cooperation and performance among actors in solving collective problems. Lodge and Wegrich (2014) distinguish four types of governance capacity. First is analytical

capacity, which involves fundamental thinking about what needs to be done and how to do it. Second is coordination capacity, which addresses how to manage public organizations that may be moving in different directions. Third is regulatory capacity, which involves control, oversight, monitoring, and auditing, and is closely related to coordination capacity, as regulatory actions imply coordination both within public institutions and with community stakeholders and regulators. Lastly, delivery capacity pertains to the provision of public services during crises, which is particularly connected to coordination capacity. Throughout various discussions, Lodge and Wegrich (2014) consistently highlight the importance of capacity aspects in assessing both the success of governance and the failures within existing governmental frameworks.

In the realm of governance and public policy, governance capacity is gaining serious attention from researchers, academics, and practitioners amidst various intriguing issues such as collaborative governance, networking governance, dynamic governance, and robust governance within the field of administration and public policy. Dang et al. (2015) explain that those interested in governance capacity should consider several aspects, including: First, governance actors. This refers to a governance framework that is organized and structured in such a way as to enable community actors to collaborate in addressing collective issues. Second, governance performance. This aspect pertains to the actual performance of policy arrangements in achieving collective goals. If the capacity is present, the governance arrangement will facilitate cooperation and problem-solving among the existing community actors. Third, institutional capacity. Institutional capacity refers to the potential and performance of governance structures to realize the existing capacities. Furthermore, Dang et al. developed a framework for analyzing governance capacity, encompassing these three aspects as depicted in (Figure 2).

Figure 2.

Governance Capacity Framework



Source: Dang, et al. (2015)

Therefore, governance capacity is crucial in addressing the reduction of stunting rates in West Java, as its aspects encompass many elements in tackling stunting in the region. Considering that the stunting rate in West Java has increased from 2023 to 2024, this study aims to analyze governance capacity in reducing stunting in West Java using the analytical framework based on the theories of Lodge and Wegrch.

Methods

This study employs a qualitative approach with a descriptive design. The focus is on the role of the government in the governance of stunting in West Java. The qualitative research method is a type of method used to describe, explore, and understand the meanings attributed to social or humanitarian issues by individuals or groups. The qualitative research process involves several important efforts, such as formulating questions and procedures, gathering specific data from participants, analyzing the data inductively from specific themes to general themes, and interpreting the meaning of the data. The final report for this research will have a flexible structure or framework. Anyone involved in this form of research must apply an inductive perspective, focusing on individual meanings and translating the complexities of a given issue (Creswell, 2013). The author employs this method to analyze governance capacity in addressing stunting in West Java. Data collection techniques include interviews with research informants from: (1) the Health Office; (2) the Duta Genre of West Java; and (3) the Regional Planning Agency of West Java. Additionally, several articles and documentation studies are utilized to analyze the issues related to stunting in West Java. The data analysis used in this study involves interactive analysis. Finally, to ensure the validity of the research data, we apply source triangulation and method triangulation.

Result and Discussion

Governance Capacity in Efforts to Reduce Stunting in West Java

The discussion in this section addresses four dimensions within the governance capacity to reduce stunting rates in West Java, which is essential for accelerating and effectively lowering stunting rates more efficiently. The discussion includes the following points:

Analitycal Capacity

Villages/Sub-districts, led by the Village Head/Head of Sub-district, establish a Stunting Acceleration Team at the village/sub-district level tasked with coordinating efforts to accelerate stunting reduction. In implementing stunting reduction efforts in Indonesia, Presidential Regulation

Number 72 of 2021 on Accelerating Stunting Reduction has been issued, revoking Presidential Regulation Number 42 of 2013 on the National Movement for Accelerating Nutritional Improvement. Following this Presidential Regulation, Article 20 states that in order to organize the acceleration of stunting reduction at the provincial level, the Governor shall establish a Stunting Acceleration Team at the provincial level. West Java Province has established this through the West Java Governor's Decree Number 441.05/Kep.829 Bapp/2021 on the Regional Stunting Acceleration Team (TPPS) of West Java Province.

The Regional Stunting Acceleration Team (TPPS) of West Java Province has the task of coordinating, synergizing, and evaluating the implementation of effective, convergent, and integrated stunting reduction efforts involving cross-sector collaboration at both central and regional levels. The functions of the Regional Stunting Acceleration Team (TPPS) of West Java Province are as follows:

1. Formulating policies, planning, implementing, guiding prevention, and handling of stunting in accordance with the main tasks and functions of each Regional Device, Agency, and related Institutions.
2. Coordinating, synchronizing, integrating, and facilitating activities according to the main tasks and functions of each Regional Device, Agency, and related Institutions in supporting stunting reduction acceleration activities.
3. Supervising, monitoring, and evaluating the implementation of activities and reporting the results of stunting reduction activities to the Governor.

At the district/city level, the Regent/Mayor establishes a Stunting Acceleration Team at the district/city level. The Stunting Acceleration Team at the district/city level is tasked with coordinating, synergizing, and evaluating the implementation of stunting reduction acceleration at the district/city level and consists of relevant personnel. At the regional level, stakeholders, including the Family Welfare Empowerment and Family Welfare Movement Team (TP-PKK), work together to synergize and evaluate the implementation of stunting reduction acceleration at the village/sub-district level. In its implementation, to strengthen the stunting reduction acceleration efforts at the sub-district level, districts/cities also establish a Stunting Acceleration Team (TPPS). The TPPS at the district/city, sub-district, and district/city levels is outlined in the table below: (Table 1)

Table 1.
Stunting Reduction Acceleration Team (TPPS)

No	Regency/City	Regency/City TPPS	Number of TPPS at the Sub-district	Number of TPPS at the Number of TPPS at the Village
1.	Bogor Regency	444/127/Kpts/Per-UU/2022	40	435
2.	Sukabumi Regency	440/Kep.331-Dinkes/2022	47	386
3.	Cianjur Regency	441.05/KEP.47-DPPKBP3A/2022	32	360
4.	Bandung Regency	463/Kep.159-DP2KBP3A/2022	31	280
5.	Garut Regency	440/Kep.1119-Bappeda/2022	42	442
6.	Tasikmalaya Regency	445/Kep.28.Disos,PPKB,PPA/2022	39	351
7.	Ciamis Regency	045.4/Kpts. 168-Huk/2022	27	265
8.	Kuningan Regency	050/KPTS.249-BAPPEDA/2022	32	376
9.	Cirebon Regency	443.11/Kep.120-DPPKBP3A/2022	40	424
10.	Majalengka Regency	KS.02.00.00/KEP-294-DP3AKB/2022	26	343
11.	Sumedang Regency	127/2022	26	277
12.	Indramayu Regency	444.05/Kep.177-Bappeda-Litbang/2022	31	317
13.	Subang Regency	KS.02.01/Kep.187-BP4D/2022	30	253
14.	Purwakarta Regency	050.05/Kep.225-Bappelitbangda/2022	17	192
15.	Karawang Regency	147/Kep.184-Huk/2022	30	309
16.	Bekasi Regency	HK.02.02/Kep.210/DPPKB/2022	23	187
17.	Bandung Barat Regency	188.45/Kep.252-Bapelitbangda/2022	16	165
18.	Pangandaran Regency	440/Kpts.325-Huk/2021	10	93
19.	Bogor Regency	463/Kep.74-DPPKB/2022	6	68
20.	Sukabumi Regency	188.45/84-BAPPEDA/2022	7	33
21.	Bandung Regency	050/Kep.381-Bappelitbang/2022	30	151
22.	Cirebon City	440.05/KEP.164-DP3APPKB/2022	5	22
23.	Bekasi City	476/Kep.162-DPPKB/N/2022	12	56
24.	Depok City	821.27/215/Kpts/Bappeda/Huk/2022	11	63
25.	Cimahi City	476/Kep.1409-DP3AP2KBP/2022	3	15
26.	Tasikmalaya City	476/Kep.231-DPPKBP3A/2022	10	69
27.	Banjar City	441.05/91/2022	4	25
TOTAL		27	627	5957

Source: Kemendagri.go.id, 2023

Coordination & Colaboration Capacity

Efforts to reduce stunting rates in West Java require strong collaboration and cooperation among various parties to achieve results quickly and effectively. In the Decree of the Stunting Acceleration Task Force of West Java Province, the personnel involved in the Stunting Acceleration Handling Program (PPPS) have been outlined. This organizational structure consists of the Vice Governor as the chairman, the Head of Bappeda as the daily chairman, as well as the West Java Provincial Health Office and the Head of BKKBN as daily vice chairmen. Additionally, all stakeholders involved, including local governments and universities, also participate. There are also development governments, including NGOs and international NGOs. Within the PPPS, there are several divisions with specific tasks (Tabel 2).

Table 2.

Divisions in the Stunting Reduction Acceleration Program (PPPS)

No	Divisions	Manager
1.	Research & Development Division	Specific Coordinator
2.	Planning & Budgeting Division	Regional Revenue Agency.
3.	Specific Intervention Division	Health Departement
4.	Supplementary Feeding Intervention Division	PP3 APB
5.	Comunication, Information, and Education Division	BKKBN
6.	Partnership Division in the Cooperation Bureau	Health Departement

Source: Trunojoyo, 2019

Regulation & Program Capacity

All these elements involve regional agencies, professional organizations, and representatives from universities, including professional organizations such as ITI, IPI, and PERSATI. The collaboration and coordination carried out by the Health Department of West Java in efforts to reduce stunting occur at various levels, from the provincial to the district level, and down to village officials. There are two specific focuses: dietary patterns and the provision of supplementary feeding, which require coordination among platforms and improvements to potential obstacles. However, there has already been progress due to the Operational Services (LO) that facilitate this process. In carrying out the stunting task in Indonesia, Presidential Regulation Number 72 of 2021 on the Acceleration of Stunting Reduction has been issued, which revokes Presidential Regulation Number 42 of 2013 on the National Movement for the Acceleration of Nutritional Improvement. Following up on this Presidential Regulation, Article 20 states that in order to implement the Acceleration of Stunting Reduction at the provincial level, the Governor shall establish a Provincial Stunting Reduction Acceleration Team. West Java Province has established this through the Decree of the Governor of West Java Number 441.05/Kep.829 Bapp/2021 on the Regional Stunting Reduction Acceleration Team (TPPS) of West Java Province.

The most important program and activity is the prevention of stunting. If a child has already experienced stunting, treatment will take a long time and be more costly. Therefore, the West Java government focuses not only on treatment but also on preventing stunting, especially before and after birth, starting from the early stages until the child is two years old. After the age of two, the effects of stunting become irreversible, making prevention efforts crucial to reduce the number of new stunting cases, with the goal of achieving zero new stunting. Many people still do not understand what stunting is, how to prevent it, and its impacts that are caused. Many parents are unaware that their children are experiencing growth delays, even if the children appear cheerful. Therefore, education about stunting for the community is essential. At the provincial government level, there is

collaboration with Baznas and various agencies at the district and city levels. Several organizations, including private companies through CSR programs, play a role in accelerating stunting intervention. The assistance provided varies, ranging from the provision of nutritious food (PMT) to capacity building. Each district and city has different approaches, depending on network potential and available resources. In this context, the roles of each agency have also been outlined, including:

1. Planning and Budgeting Budget coordination for stunting interventions is carried out by BAPPEDA.
2. Family Planning Programs Activities related to family planning and pregnancy management should not be overlooked.
3. Public Works and Housing Focuses on sanitation, access to clean water, and the prevention of open defecation.
4. Communication, Information, and Education Division Responsible for communication, information, and education to the community.

The TPPS team will conduct monitoring and evaluation and prepare reports every semester to be submitted to the chairperson of KPPS. All of this has been regulated according to the duties and responsibilities outlined in the Team's Decree.

Delivery capacity

Implementation of Stunting Reduction Acceleration

The implementation of stunting reduction acceleration will be conducted through a holistic approach involving specific and sensitive interventions. Specific interventions to improve the health and nutrition status of mothers and children will be carried out through assistance in developing nutrition gardens and providing supplementary feeding (PMT). Recovery will be managed by 12 Healthy Kitchen groups consisting of 72 volunteers, coordinating with community health centers (Puskesmas), village officials, and community representatives. These 12 groups will ensure the implementation of PMT Recovery for 90 days. During the same period, sensitive interventions will also be conducted to enhance community knowledge about healthy living behaviors and parenting classes. This program will focus on approximately 240 toddlers with stunting, underweight, and wasting conditions, as well as pregnant women experiencing chronic energy deficiency (KEK), anemia, and breastfeeding mothers until December 2024. The monitoring of program implementation will be carried out in detail through field monitoring and real-time monitoring via the CARE Stunting Reduction Dashboard each time PMT is provided. Additionally, periodic

monitoring will be conducted every two weeks, monthly, and every three months to ensure that the implementation brings nutritional improvements and understanding to the participants.

Growth Monitoring

This year's target, based on the Regional Development Plan (RPD) 2024 for West Java Province, is to reduce the prevalence of stunting to 15.2%. However, we are also guided by the national targets set in PRPS 72 and RPJMN, which aim to reduce the prevalence of stunting to 14% this year. For the future period, we have planned a target for reducing the prevalence of stunting until 2045. According to the policy from BPNAS, the baseline for stunting in West Java in 2025 is 19%, and it must be reduced to 5% by 2045. According to surveys, the prevalence of stunting in West Java decreased from 24% in 2021 to 20.2% in 2022, indicating a reduction of about 4.3%. However, between 2022 and 2023, the prevalence of stunting increased to 21.7%, a rise of 1.5%. The increase in stunting cases is caused by various factors. Stunting is not an issue that occurs suddenly; it is influenced by.

Various indicators

Both specific to health and sensitive across sectors, influence stunting. Underlying causes such as social, economic, and political factors also play a role. These three determinant factors interact with one another, making it essential for both specific and sensitive interventions to be conducted synergistically. The reduction of stunting prevalence is indeed influenced by various factors, both specific and sensitive. Research indicates that specific interventions are only about 30% effective, while 70% comes from sensitive interventions. Therefore, addressing stunting requires the active participation of all stakeholders, not just the health department, but also the community.

Conclusion

Governance capacity in reducing stunting in West Java is crucial for achieving targets efficiently. This involves the establishment of Stunting Reduction Acceleration Teams (TPPS) at the provincial, district/city, and village levels, tasked with coordinating, synergizing, and evaluating programs. Stunting intervention programs emphasize collaboration among various parties, including local governments and NGOs, and focus on prevention from pregnancy until the child is two years old. Community education about stunting is greatly needed, as many parents are unaware of this issue. Implementation is carried out through specific and sensitive interventions, including nutritional support and health monitoring. According to surveys, the prevalence of stunting in West Java decreased from 24% in 2021 to 20.2% in 2022, representing a reduction of about 4.3%.

However, between 2022 and 2023, the prevalence of stunting increased to 21.7%, a rise of 1.5%. The target for reducing the prevalence of stunting in West Java is 15.2% by 2024, with ongoing efforts until 2045 to achieve 5%. The reduction in stunting prevalence is influenced by health factors and other social determinants, which require the involvement of all relevant stakeholders.

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