

Local Governing for Poverty Alleviation Through Stunting Convergence: A Qualitative Study of Village Government in Indonesia

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Abstract

Stunting in rural communities reflects not only inadequate nutrition but also poverty, food insecurity, poor sanitation, fragile livelihoods, and limited access to basic services. This study examines how the Pilangrejo Kalurahan Government in Gunungkidul Regency, Indonesia, governed poverty alleviation through stunting convergence. Using a qualitative case-study design, data were collected through semi-structured interviews with seven purposively selected participants, field observations, and document analysis. The data were interpreted using Mulgan's five strategic dimensions: purpose, environment, direction, action, and learning. The findings show that the village government developed a partially integrated strategy centred on the 3K programme—home gardens, small-scale livestock rearing, and household fishponds—supported by supplementary feeding, Posyandu services, home visits, housing and sanitation improvement, social assistance, vocational training, and microenterprise support. Cross-sectoral coordination strengthened programme delivery and household identification. However, implementation was constrained by inconsistent poverty data, unequal institutional participation, limited cadre resources, environmental restrictions, uneven household outcomes, and continued dependence on assistance. The study demonstrates that stunting convergence can function as a local governing strategy for multidimensional poverty reduction rather than solely as a health intervention. Sustainable implementation requires reliable data, clear institutional roles, inclusive participation, adequate operational support, and long-term monitoring of nutritional and economic outcomes.

Keywords: Local Governing; Poverty Alleviation; Stunting Convergence; Village Government; Rural Development

1. Introduction

Poverty often leaves its most visible mark on a child's growth and future potential. This condition is especially evident in rural communities, where unstable livelihoods, food insecurity, poor sanitation, limited healthcare access, and environmental vulnerability frequently overlap. Stunting is therefore not merely caused by inadequate food intake but also reflects disadvantages related to maternal nutrition, childcare practices, clean water, sanitation, and essential health services (Vaivada et al., 2020; Mahir et al., 2025). Rural food insecurity further increases the likelihood that children will experience impaired physical growth (Weatherspoon et al., 2019; Adeyanju & Fadupin, 2024; Horsfall et al., 2025). Such impairment can reduce educational attainment, productivity, and future earning capacity, thereby

sustaining poverty across generations (Hoddinott et al., 2013; Chakravarty et al., 2019; Awaludin et al., 2025). Adults who experienced childhood stunting may also have children with poorer physical growth and cognitive development (Martorell & Zongrone, 2012; Walker et al., 2015). Stunting reduction must therefore move beyond nutritional assistance by integrating healthcare, social protection, environmental improvement, food security, and household economic empowerment (McGovern et al., 2017; Setyawan et al., 2025).

In Indonesia, the cycle between childhood malnutrition and household poverty remains a major development concern. The national poverty rate reached approximately 8.25% in 2025, representing about 23.36 million people, while the 2024 Indonesian Nutritional Status Survey recorded a national stunting prevalence of

19.8% (Maaruf & Triadi, 2023). The government has responded through Presidential Regulation No. 72 of 2021 on the Acceleration of Stunting Reduction and related poverty-alleviation policies (Sitohang & Lestari, 2024). These policies combine nutrition-specific healthcare services with nutrition-sensitive interventions in sanitation, food security, education, social assistance, and local infrastructure (Skoufias et al., 2019; Setyawan et al., 2025). However, policy effectiveness depends on how local governments coordinate institutions, select eligible households, adapt programmes, and maintain community participation (Kosassy et al., 2024; Fatmawati L et al., 2025). Village governments are particularly important because they understand local vulnerabilities and manage planning, Village Funds, public services, community empowerment, and institutional coordination (Purwaningrum et al., 2024; Istiqomah et al., 2024; Taosu et al., 2025). From a governing perspective, this role also requires interaction among public institutions, health providers, community organisations, local leaders, and citizens (Stoker, 1998; Nandini et al., 2024).

Previous research has documented several village-level approaches to stunting prevention. These approaches include nutritional education, supplementary feeding, maternal and child health monitoring, Posyandu services, cadre training, consultation forums, and healthcare-facility improvement (Wijayanti et al., 2024; Taosu et al., 2025). Other studies emphasise capable local personnel, food-based programmes, public awareness, and stronger PKK and health-cadre institutions (Yudiana, 2022; Zai et al., 2024; Saputri & Sukmana, 2025). Programme implementation can also be strengthened through strategic Village Fund allocation, clear local policies, and cross-sectoral coordination (Saputra et al., 2022; Supriyanto & Jannah, 2022; Istiqomah et al., 2024; Purwaningrum et al., 2024). These findings show that village governments can

transform national policies into interventions that directly address household needs. In Yogyakarta, this role is performed by the *kalurahan*, the official form of village-level government within the region's distinctive administrative system. A *kalurahan* can identify vulnerabilities, mobilise resources, coordinate stakeholders, and adapt programmes to local conditions (Nandini et al., 2024; Mananuwe et al., 2025).

However, the existing literature also identifies persistent weaknesses in village-level stunting programmes. Their implementation is frequently constrained by limited public awareness, unequal participation, inadequate infrastructure, weak coordination, and insufficient institutional capacity (Rahmadani & Lubis, 2023; Izzuddin & Widiyarta, 2024; Raesalat et al., 2024; Mananuwe et al., 2025). Remote rural areas face additional difficulties related to geographical accessibility, inaccurate beneficiary data, and limited community acceptance (Kosassy et al., 2024). Moreover, local elites and established power relations may shape participation and restrict the involvement of vulnerable groups in village decision-making processes (Damayanti & Syarifuddin, 2020). Several studies have connected stunting prevention with poverty reduction through the Family Hope Programme and other forms of social protection (Solong & Dzulqarnain, 2022; Kala & Jannah, 2023), while others have combined health, economic, social, technological, and community-empowerment activities within multisectoral interventions (Skoufias et al., 2019; Fahrurrozie et al., 2025; Setyawan et al., 2025). Cash transfers and behavioural-change communication may also generate stronger outcomes when integrated with nutrition, sanitation, hygiene, and livelihood support (Setyawan et al., 2025). Nevertheless, these studies tend to examine individual programmes, implementation barriers, or institutional collaboration separately. They provide limited explanation of how village governments strategically

integrate these components into a coherent and locally adapted poverty-alleviation framework.

This limitation reveals both an empirical and a conceptual research gap. Empirically, relatively little is known about how village governments transform the interconnected relationship between poverty and stunting into coordinated actions that respond to specific rural environmental, social, and economic conditions (Purwaningrum et al., 2024). Previous studies have demonstrated the importance of multisectoral intervention, but they have rarely examined how nutrition, food security, sanitation, housing, social protection, health services, and livelihood development are governed as an integrated local strategy. Conceptually, village governments are still commonly portrayed as implementers of national programmes or distributors of social assistance rather than as strategic governing actors capable of defining collective purposes, interpreting local vulnerabilities, directing multiple stakeholders, coordinating actions, and learning from implementation. To address this gap, the present study applies Mulgan's (2009) strategic framework, consisting of purpose, environment, direction, action, and learning. Combined with a governing perspective, this framework enables the study to examine stakeholder coordination, community participation, resource integration, programme adaptation, and institutional learning (Damayanti & Syarifuddin, 2020; Nandini et al., 2024). The study's novelty therefore lies in repositioning stunting convergence not only as a health intervention but also as a strategic governing process for addressing structural and intergenerational poverty.

The local conditions of Kalurahan Pilangrejo in Nglipar, Gunungkidul Regency, make this research gap particularly important. Pilangrejo is characterised by hilly limestone terrain, rain-fed agriculture, limited water availability, and livelihoods dominated by farming and casual labour. These agroecological conditions can restrict

household food production, increase seasonal food insecurity, and intensify childhood stunting risks (Weatherspoon et al., 2019; Adeyanju & Fadupin, 2024). Pilangrejo had 3,629 residents across 1,306 households, of which 296 households, or approximately 22.7%, received support from the Family Hope Programme. Village records also identified 18 children with stunting in 2023, comprising 12 children classified as short and six as severely short. These local conditions demonstrate that stunting did not occur as an isolated nutritional problem but alongside unstable livelihoods, food insecurity, inadequate housing, limited sanitation, and unequal access to essential resources (Torlesse et al., 2016; Mahir et al., 2025; Horsfall et al., 2025). Pilangrejo therefore represents a relevant case for examining how a village government responds to overlapping nutritional, environmental, institutional, and socioeconomic vulnerabilities.

In response to these conditions, the Pilangrejo Kalurahan Government developed the 3K programme, consisting of Kebun, Kandang, and Kolam, or home gardens, small-scale livestock rearing, and household fishponds. The programme was designed to improve household access to vegetables and animal protein while creating opportunities for supplementary income (Weatherspoon et al., 2019; Setyawan et al., 2025). It was supported by supplementary feeding, Posyandu services, assistance for pregnant women and children, housing rehabilitation, sanitation improvement, cash transfers, vocational training, and microenterprise development (Solong & Dzulqarnain, 2022; Taosu et al., 2025). These interventions involved the kalurahan government, community health centre, Posyandu and PKK cadres, family-planning personnel, subdistrict authorities, community representatives, and beneficiary households (Nandini et al., 2024). However, programme implementation was affected by changing beneficiary data, unequal community participation, inconsistent institutional engagement, limited

operational resources, environmental constraints, and continued dependence on social assistance (Solong & Dzulkarnain, 2022; Damayanti & Syarifuddin, 2020; Mananuwe et al., 2025). This local phenomenon raises an important analytical question concerning how multiple health, social, environmental, and economic programmes are transformed into a coordinated village-level strategy rather than remaining a fragmented collection of interventions.

Accordingly, this study aims to analyse how the Pilangrejo Kalurahan Government formulates its strategic purposes, interprets local environmental and socioeconomic conditions, directs participating actors, implements integrated interventions, and learns from programme delivery. It argues that village-led stunting convergence can function as a broader mechanism for multidimensional poverty alleviation when nutritional interventions are connected with food security, social protection, housing, sanitation, livelihood development, and institutional learning (Skoufias et al., 2019; Setyawan et al., 2025). Nevertheless, the mere existence of multiple programmes does not automatically produce strategic coherence or sustainable outcomes. Effective convergence requires clear institutional responsibilities, sustained coordination, accurate and regularly verified data, inclusive community participation, adequate operational resources, and continuous adaptation to changing household conditions (Damayanti & Syarifuddin, 2020; Purwaningrum et al., 2024; Nandini et al., 2024). Academically, this study contributes to village-governance scholarship by conceptualising stunting convergence as a strategic governing process. Practically, it provides insights for local governments seeking to move beyond fragmented assistance toward more integrated and context-sensitive strategies for improving child development and reducing intergenerational poverty.

2. Method

Research Design and Setting

This study employed a descriptive qualitative design to examine the processes through which the Pilangrejo Kalurahan Government connected stunting reduction with poverty alleviation. A qualitative approach was appropriate because the study focused on policy interpretation, institutional coordination, community participation, and programme adaptation rather than on measuring causal effects. The research was conducted in Pilangrejo, one of the kalurahan in Nglipar, Gunungkidul Regency, Special Region of Yogyakarta. The area consists of seven hamlets and is characterised by limestone terrain, rain-fed agriculture, and restricted water availability. These conditions made Pilangrejo a relevant case for examining how a village-level government responded to overlapping nutritional, environmental, and economic vulnerabilities.

The study treated the kalurahan as a governing arena rather than as a single administrative organisation. Attention was therefore given to the relationships among the village head, welfare officials, health services, family-planning personnel, PKK, Posyandu cadres, and community members. The unit of analysis was the local strategy used to coordinate these actors and programmes. The five dimensions proposed by Mulgan (2009) purpose, environment, direction, action, and learning guided the organisation of the evidence. This framework was used as an analytical lens rather than as a predetermined coding scheme that excluded themes emerging from the field.

Participants and Sampling

Participants were selected purposively because they possessed direct knowledge of stunting, poverty, local planning, health services, or programme implementation. The study involved seven individuals representing eight institutional roles. One participant held two roles as a Posyandu cadre leader and PKK secretary. The participants included the village head, the

village welfare officer, the head of Nglipar II Community Health Centre, the subdistrict family-planning extension coordinator, the PKK chair, the dual-role cadre and PKK representative, and a community member. Using role diversity allowed the study to compare administrative, health, organisational, and beneficiary perspectives.

The interviews were conducted between April and June 2026, although the thesis records contain inconsistent month entries

for two participants. To avoid reproducing an unresolved administrative discrepancy, this article reports the overall fieldwork period rather than assigning a precise date to every interview. Participants are identified by institutional role in the findings. This approach maintains analytical clarity because several local actors occupied overlapping positions. It also reduces the risk of attributing an institutional statement to the wrong organisational capacity.

Table 1. Participant roles and analytical contribution

Role	Primary contribution
Village head	Local strategy, budgeting, programme integration, and data coordination
Village welfare officer	Social assistance, supplementary feeding, and beneficiary follow-up
Head of community health centre	Health services, maternal-child monitoring, and intersectoral coordination
Family-planning extension coordinator	Family-risk monitoring, cadre support, and subdistrict coordination
PKK chair	Community education and organisational participation
Posyandu cadre leader/PKK secretary	Field implementation, child-growth monitoring, and PKK constraints
Community member	Programme experience, participation, and environmental limitations

Data Collection

Data were collected through participant observation, in-depth interviews, and document analysis. Observations were conducted at the kalurahan office, a Posyandu activity, community households participating in the 3K programme, and housing-rehabilitation sites. These visits enabled the researcher to compare programme descriptions with visible implementation. The observation focus included institutional openness, health education, household food-production practices, community participation, and the condition of rehabilitated houses. Field notes also recorded environmental constraints, especially water scarcity and limestone soil.

The interviews followed a semi-structured format. Questions explored the

aims of poverty reduction, the design of stunting interventions, role allocation, coordination mechanisms, programme implementation, monitoring, and perceived constraints. The format allowed the researcher to maintain consistency across

participants while probing issues that emerged during each conversation. Particular attention was given to the 3K programme, supplementary feeding, Posyandu services, direct cash assistance, housing and sanitation programmes, skills

training, and data management. Interview accounts were compared across roles to identify areas of agreement and tension.

Documentary materials included the 2025 Pilangrejo Government Work Plan,

village budget documents, poverty and stunting records, programme plans, photographs, videos, and documentation of social assistance and housing rehabilitation. These materials were used to establish the formal programme context and to verify statements made in interviews. Village demographic and programme data also provided the descriptive profile of the case. Documentary evidence was treated critically because administrative records served different institutional purposes and did not always use identical categories. The mismatch between local and national poverty data later emerged as an important finding rather than being treated only as a technical limitation.

Data Trustworthiness and Analysis

The credibility of the findings was strengthened through source, technique, and time triangulation. Statements from government officials were compared with those of health personnel, community organisations, cadres, and a resident. Interview evidence was checked against observations and documents. Data were also collected on different occasions, including before, during, and after community activities. The thesis further reports prolonged engagement, repeated examination of field records, peer discussion, member checking, and the maintenance of research documentation as part of the trustworthiness process.

Analysis was iterative and occurred alongside data collection. Interview records, field notes, and documents were first reduced to information relevant to poverty, stunting, governing relationships, and programme implementation. The data were then organised into matrices and narrative displays. Initial themes were compared with Mulgan's dimensions of purpose, environment, direction, action, and learning. Negative and contradictory evidence, including inactive PKK programmes and inconsistent poverty data, was retained in the analysis. Conclusions were refined through repeated comparison across sources until

each strategic dimension could be supported by more than one type of evidence.

3. Results

The findings show that Pilangrejo's approach was not a single stunting project. It was a local strategy that connected food production, nutrition services, housing, sanitation, social assistance, skills development, and institutional coordination. The five strategic dimensions were interdependent. Purpose established the link between stunting and poverty, while environmental interpretation shaped programme selection. Direction created role allocation and coordination, action translated plans into household-level interventions, and learning enabled adjustment. The analysis also identified constraints that limited the depth and sustainability of convergence.

4.1 Strategic Purpose: Linking Stunting Prevention to Poverty Reduction

The strategic purpose of the Pilangrejo Kalurahan Government centred on reducing and preventing poverty rather than claiming that poverty could be eliminated completely. Local officials viewed stunting prevention as an entry point for addressing household vulnerability over the longer term. The Village Head explained:

“Poverty is a complex problem and cannot be eliminated completely. What we can realistically do is reduce and prevent it through several programmes, including stunting prevention.”

(Village Head, interview, 15 April 2026)

This statement positioned stunting as both a health concern and a component of the local poverty-reduction agenda. Prevention was expected to reduce nutritional risks before they produced lasting effects on children and their families. Across the interviews, this objective was consistently linked to the broader village vision of improving community welfare.

This purpose became most visible through the 3K programme, comprising *Kebun*, *Kandang*, and *Kolam*—home gardens, small-scale livestock rearing, and household fishponds. The programme was intended to increase access to vegetables and animal protein while creating opportunities for supplementary income. The Village Head stated:

“Through the 3K programme, households raise chickens, cultivate nutritious crops, and maintain fishponds. The products support the nutritional needs of adolescents, pregnant women, and children with stunting, while any surplus can be sold to increase household income.”
(*Village Head, interview, 15 April 2026*)

The Posyandu Cadre Coordinator confirmed that households received chickens, vegetable seeds, and juvenile catfish to support this objective. In this design, food production served both nutritional and economic purposes. The strategic purpose was therefore not limited to distributing food but extended to strengthening household capacity to produce and manage its own resources.

A second element of the strategic purpose concerned coordination among participating institutions. Officials repeatedly stressed that poverty and stunting should not be addressed through separate programmes or by individual organisations working independently. The Head of Community Welfare explained:

“Our main purpose is to ensure that poverty and stunting are not handled separately. The kalurahan government, PKK, health centre, subdistrict, cadres, and neighbourhood leaders must connect their data and programmes so that families needing assistance can be identified and supported more quickly.”
(*Head of Community Welfare, interview, 15 April 2026*)

Under this arrangement, Posyandu cadres conducted community-level monitoring and services, while the Human Development Cadre managed data and communicated with relevant institutions. Data alignment among neighbourhood units, hamlets, the kalurahan government, the health centre, and community cadres was expected to improve beneficiary identification. Coordination was thus intended to establish a shared direction, clarify institutional responsibilities, and prevent fragmented programme delivery.

However, the strategic purpose was not equally institutionalised across all participating organisations. The PKK Secretary acknowledged that the organisation had designed programmes related to family health, nutrition, stunting prevention, and economic development, but several activities had not been implemented. She explained:

“We have programmes intended to address poverty, but they have not been implemented consistently because most committee members are occupied with their own work and family responsibilities.”
(*PKK Secretary, interview, 17 April 2026*)

By contrast, the PKK Chair emphasised that health education and cooperation with the kalurahan government, health centre, and subdistrict had continued. A resident also reported that community members were invited to participate in village meetings and programme planning rather than merely wait for assistance. These different accounts show that the purpose of integrated poverty and stunting prevention was broadly shared, although organisational commitment and implementation capacity varied among actors. In Mulgan’s terms, Pilangrejo had established a recognisable collective purpose, but its translation into consistent institutional engagement remained incomplete.

4.2 Strategic Environment: Adapting to Rural Vulnerability

Pilangrejo's strategic environment was shaped by limited water, rain-fed agriculture, limestone soil, and unstable rural livelihoods. These conditions affected household food production and restricted the types of interventions that could be implemented. A community participant described the environmental constraints as follows:

“In previous years, we experienced serious difficulty obtaining clean water. Most farming still depends on rainfall because the land is dominated by limestone.”

(Community resident, interview, 12 June 2026)

The village government therefore promoted small-scale household activities that could use available yards and local resources. The 3K programme was designed as an adaptive response to food insecurity and limited income rather than as a standard agricultural programme.

Local officials considered home gardens especially suitable for this environment. Households were encouraged to cultivate nutritious and economically useful crops, including water spinach, sweet potatoes, and cashew trees. The Village Head explained:

“We encourage households to grow nutritious plants that can support family consumption. Some crops also have economic value and can provide additional income for low-income families.”

(Village Head, interview, 15 April 2026)

The Posyandu Cadre Coordinator reported that households that managed the programme seriously could consume part of the produce and sell the remainder. However, the results differed across families because water, labour, commitment, and household capacity were uneven. Environmental adaptation therefore created opportunities but did not guarantee uniform benefits.

The social environment also shaped programme priorities. Local actors identified families at risk of stunting, pregnant women, children requiring nutritional support, elderly residents with limited income, and households needing housing or sanitation assistance. The health centre further identified early marriage, anaemia among pregnant women, and unhealthy living practices as important risks. The Head of Puskesmas Nglipar II stated:

“Stunting has many causes. Early marriage, poor hygiene, and anaemia among pregnant women are all conditions that must be addressed.”

(Head of Puskesmas Nglipar II, interview, 16 April 2026)

These risks encouraged the government to combine health services with family planning, social protection, environmental improvement, and livelihood support. The environment was thus interpreted as multidimensional rather than solely agricultural or medical.

The institutional environment contained both cooperation and fragmentation. Data moved from neighbourhood units to hamlets and then to the *kalurahan*, where they were compared with records held by cadres, the health centre, and subdistrict agencies. This process enabled local actors to identify changing household needs and direct assistance more quickly. However, the Village Head reported differences between locally maintained poverty data and data held by Statistics Indonesia. He also noted that some financially improved households continued to identify themselves as poor. In Mulgan's terms, Pilangrejo demonstrated awareness of its operating environment, but inconsistent data and beneficiary perceptions complicated strategic targeting.

4.3 Strategic Direction: Coordinating Actors and Resources

Strategic direction was established through budgeting, institutional communication, and the allocation of

responsibilities. The village government placed several poverty- and stunting-related activities in the annual *Anggaran Pendapatan dan Belanja Kalurahan* or village budget. These allocations included sanitation, floor improvement, rehabilitation of uninhabitable houses, microenterprise development, and household fish cultivation. The Village Head explained:

“Each year, the village budget includes sanitation, floor improvement, uninhabitable-house rehabilitation, support for microenterprises, and fish cultivation for low-income households.”

(Village Head, interview, 15 April 2026)

Including these programmes in the annual budget converted general policy aims into recurrent institutional commitments. Direction was therefore expressed through both political priorities and administrative routines.

The direction of participating actors was reinforced through routine meetings and cross-sectoral forums. Village officials, health personnel, cadres, family-planning staff, subdistrict representatives, community leaders, and residents discussed programme progress and field-level barriers. The Family Planning Coordinator described the *Lokakarya Mini* forum:

“The mini-workshop brings together stakeholders from the subdistrict and village levels. The health centre, cadres, village government, relevant agencies, police, and military representatives discuss developments and determine who should follow up each issue.”

(Family Planning Coordinator, interview, 16 April 2026)

Such forums clarified responsibilities and linked higher-level agencies with community implementation. They also provided a channel for sharing data and responding to emerging problems.

Role allocation was visible in the flow of health and beneficiary information. Human Development Cadres managed key

data and communicated the results of coordination meetings to Posyandu cadres. The cadres then conducted monitoring, health services, and household-level follow-up. The Posyandu Cadre Coordinator explained:

“The Human Development Cadre usually attends meetings with the health centre because she manages the data. The results are then conveyed to us so that we can follow up in the field.”

(Posyandu Cadre Coordinator, interview, 17 April 2026)

This arrangement reduced uncertainty regarding who collected data, who coordinated institutions, and who delivered services. It also made local implementation dependent on effective communication between data managers and field workers.

Nevertheless, formal direction did not always result in active organisational engagement. The PKK had work programmes related to health, nutrition, and women’s economic empowerment, but several activities had not been implemented consistently. The PKK Secretary attributed this problem to the work and family responsibilities of committee members. Posyandu cadres also reported limited operational funds despite their regular technical responsibilities. These findings indicate that strategic direction was strongest where formal responsibilities were supported by available personnel, resources, and sustained participation.

4.4 Strategic Action: Integrating Health, Social Protection, and Livelihoods

Strategic action combined health services with interventions addressing the wider conditions of poverty. Posyandu cadres routinely weighed and measured children, recorded their growth, supported pregnant women, and encouraged families to attend health services. They also conducted household visits when children needed closer monitoring or when families rarely attended Posyandu. One cadre explained:

“We do not only weigh and measure children. We also assist pregnant women and mothers, and we visit households when a family rarely attends or when a child needs special support.”

(Posyandu Cadre Coordinator, interview, 17 April 2026)

These activities strengthened prevention and early identification at the community level. However, cadres stated that limited operational funding restricted their ability to maintain intensive field assistance.

The health centre complemented these community services through clinical and nutritional interventions. Activities included haemoglobin examinations, iron supplementation, antenatal care, and supplementary feeding for children and pregnant women at nutritional risk. The Head of Puskesmas Nglipar II stated:

“We conduct haemoglobin tests and provide iron tablets. When anaemia or nutritional risk is identified, supplementary food is provided to children and pregnant women who need it.”

(Head of Puskesmas Nglipar II, interview, 16 April 2026)

The health centre also coordinated with the village government when families required forms of assistance beyond healthcare. This division of labour connected clinical intervention with social and economic follow-up.

Housing and sanitation programmes addressed environmental determinants of family health. The annual budget supported *jambanisasi*, floor improvement, and rehabilitation of uninhabitable houses. These interventions reduced financial pressure on households unable to make substantial housing improvements independently. They also broadened the local meaning of stunting prevention by recognising the importance of safe and hygienic living conditions. Nevertheless, the qualitative evidence did not demonstrate a direct causal decline in

stunting following housing improvement. The programmes should therefore be interpreted as supportive interventions rather than independently proven determinants of health outcomes.

Social protection was combined with economic empowerment. Village Fund cash transfers were prioritised for households categorised as extremely poor. Training programmes included carpentry, construction work, tofu and tempe production, local food processing, and microenterprise development. The Village Head described the intended economic transition:

“We provide carpentry and construction skills for men and support women in developing businesses such as tofu, tempe, and food processing. The aim is to help low-income families become more independent.”

(Village Head, interview, 15 April 2026)

The government also updated household data and shared changes with the health centre, cadres, neighbourhood leaders, hamlets, and the subdistrict. This process was intended to ensure that assistance followed current household conditions.

The 3K programme connected nutrition, food security, and economic activity at household level. Some households primarily consumed the vegetables, eggs, chickens, or fish they produced, while others sold part of the output. A community resident reported that the programme helped households meet daily food needs, although water and soil conditions continued to limit production. Its economic effects were therefore variable and depended on household labour, land, water, skills, and market access. The programme represented an integrated strategic action, but it did not generate identical outcomes for all participants.

4.5 Strategic Learning: Monitoring, Feedback, and Adaptation

Strategic learning occurred through programme monitoring, beneficiary-data updates, coordination meetings, and household feedback. The village government monitored whether households continued to use the gardens, livestock facilities, and fishponds provided through the 3K programme. The Village Head explained:

“We examine whether the cages are still maintained, the ponds are still used, and the gardens are still cultivated. When a programme does not continue, we identify whether the problem is water, capital, or household readiness.”
(*Village Head, interview, 15 April 2026*)

The results were used to adjust subsequent programmes and annual budgeting. This process showed that implementation was treated as a source of practical knowledge rather than as a completed administrative task.

Learning also occurred through health monitoring and home visits. Cadres discussed the development of children and pregnant women with village midwives and health-centre personnel. They then adjusted their approach when standard Posyandu education was insufficient. The Posyandu Cadre Coordinator stated:

“When an approach is not effective, we adjust it during the next visit. Education is not only provided at Posyandu; we also visit families so that parents can understand more easily.”
(*Posyandu Cadre Coordinator, interview, 17 April 2026*)

Information from health-centre meetings was also shared with other cadres. This process helped field workers respond to new programmes, revised data procedures, and changing household conditions.

Institutional weaknesses themselves became sources of learning. The PKK Secretary observed that well-designed programmes could not succeed when organisational readiness and commitment were unequal. She explained:

“We learned that a good programme may still fail when members are not equally prepared. Future activities must use more flexible schedules, clearer task distribution, and stronger communication.”
(*PKK Secretary, interview, 17 April 2026*)

This reflection was particularly important because it linked programme performance to internal organisational capacity. It also demonstrated that learning involved reconsidering how institutions worked, not only how beneficiaries responded.

Community feedback contributed to the same process. Residents used local meetings to report activities that were unsuitable or had not achieved the expected results. One participant stated:

“When something does not work, we discuss it in community meetings so that the next programme can be improved. Both the community and the village government learn from that experience.”
(*Community resident, interview, 12 June 2026*)

However, the learning system remained partly informal. The study found no standardised framework connecting programme inputs with long-term changes in household income, dietary diversity, or stunting prevalence. In Mulgan’s terms, Pilangrejo displayed adaptive learning, but stronger outcome measurement would be needed to distinguish genuine programme effectiveness from routine continuation.

Table 2. Summary of Strategic Dimensions, Empirical Evidence, and Implementation Constraints

Dimension	Principal evidence	Main constraint
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Purpose	Stunting prevention linked with nutrition, food security, and livelihood improvement	Uneven organisational commitment
Environment	Programmes adapted to rain-fed farming, water scarcity, poverty, and family risk	Data inconsistency and dependency attitudes
Direction	Annual budgeting, role allocation, socialisation, and coordination forums	Inactive PKK programmes and limited cadre resources
Action	3K, PMT, Posyandu, home visits, RTLH, sanitation, cash transfers, training, and UMKM	Uneven household results and environmental limits
Learning	Monitoring, data updating, meetings, field feedback, and programme adjustment	Limited standardised outcome measurement

Source: Authors' analysis based on interviews, field observations, and documentary data collected in Pilangrejo Kalurahan, 2026.

4. Discussion

The findings demonstrate that stunting convergence in Pilangrejo functioned as a partially integrated local governing strategy rather than merely as a collection of nutritional and health activities. Stunting was addressed through interventions involving food production, maternal and child health, sanitation, housing, social protection, skills development, and household livelihoods. This arrangement reflects the multidimensional character of stunting, which is produced by the interaction of nutritional, socioeconomic, environmental, and institutional determinants (Vaivada et al., 2020; Mahir et al., 2025). From a public-policy perspective, the relationship between stunting and poverty may be understood as a wicked problem because its causes are interdependent, its boundaries are difficult to define, and no single institution or programme can resolve it independently (Head & Alford, 2015). The Pilangrejo case therefore supports the argument that complex rural vulnerabilities require coordinated and adaptive governing arrangements rather than isolated sectoral responses.

The strategic purpose established by the Pilangrejo Kalurahan Government was important because it reframed stunting from a narrowly defined child-health problem into part of the broader reproduction of poverty. This reframing influenced the inclusion of food security, housing, sanitation, social assistance, and livelihoods within the local intervention portfolio. In Mulgan's (2009) framework, a strategic purpose provides a common understanding of the problem and guides the mobilisation of actors and resources. However, the findings show that a shared purpose at the governmental level did not automatically produce equal commitment across participating organisations. The uneven implementation of PKK programmes and the limited operational support available to Posyandu cadres indicate that strategic agreement must be accompanied by sufficient organisational capacity, incentives, time, and resources. Purpose therefore operated as a necessary but insufficient condition for effective convergence.

The findings can also be interpreted through the perspective of policy integration. Candel and Biesbroek (2016) argue that policy integration involves the alignment of policy frames, participating

institutions, policy goals, and policy instruments around a cross-cutting problem. Pilangrejo demonstrated progress in each of these dimensions. Stunting was framed as a problem involving both nutrition and poverty; actors from the health, social, administrative, family-planning, and community sectors were involved; policy goals extended beyond child growth to household welfare; and multiple instruments were combined through village budgeting and programme implementation. Nevertheless, the integration remained partial because these dimensions did not develop at the same level. Programme instruments were relatively diverse, but institutional participation, data coordination, and outcome measurement remained uneven. This distinction is analytically important because the existence of numerous programmes should not be interpreted automatically as evidence of policy coherence. Genuine convergence requires the programmes to operate through mutually reinforcing objectives, responsibilities, data systems, and evaluation mechanisms.

The 3K programme represents the clearest example of this partial integration. Home gardens, small-scale livestock rearing, and household fishponds were designed to increase access to vegetables and animal protein while providing opportunities for supplementary income. This dual mechanism is consistent with research showing that rural food insecurity and limited access to nutritious food are associated with poor child-growth outcomes (Weatherspoon et al., 2019; Adeyanju & Fadupin, 2024; Horsfall et al., 2025). The programme also moved beyond short-term food distribution by attempting to strengthen households' productive capacity. In theoretical terms, the 3K programme combined a nutrition-sensitive intervention with a livelihood strategy. However, the findings also demonstrate that the same intervention did not produce uniform results across households. Water availability, limestone soil, household labour, technical skills, commitment, and access to markets

influenced whether the programme generated food for consumption, surplus income, or only limited benefits. The effectiveness of nutrition-sensitive agriculture is therefore conditional upon local productive capacity and environmental feasibility rather than being determined solely by the provision of inputs.

This variation in household outcomes highlights the importance of interpreting the strategic environment before selecting and implementing interventions. Pilangrejo's rain-fed agriculture, water scarcity, and unstable rural livelihoods shaped both the need for the 3K programme and its operational limitations. Mulgan's environmental dimension suggests that public strategies must respond to the opportunities, constraints, and uncertainties surrounding policy implementation (Mulgan, 2009). The Pilangrejo Government adapted its programmes to available yards, local agricultural practices, and household resources, but the environmental analysis did not consistently translate into differentiated forms of assistance. Households with unequal access to water, labour, land, or markets received interventions that were broadly similar despite their different capacities. Scientifically, this suggests that programme adaptation should not stop at identifying general village characteristics. It should include household-level assessments that match the type, intensity, and duration of support to specific environmental and socioeconomic conditions.

The inclusion of housing rehabilitation, floor improvement, and sanitation further broadens the meaning of stunting convergence. These programmes addressed environmental conditions that supplementary feeding and health monitoring could not resolve independently. Previous evidence from Indonesia has demonstrated that inadequate water, sanitation, and hygiene conditions contribute to childhood stunting risks (Torlesse et al., 2016). The findings therefore support a social-determinants interpretation in which

child growth is influenced by the material conditions in which families live. Similarly, cash transfers reduced immediate economic pressure, while vocational training and microenterprise support were intended to strengthen longer-term household capacity. This combination created a layered strategy comprising protective interventions, such as social assistance; preventive interventions, such as maternal-child health services and sanitation; and productive interventions, such as the 3K programme and vocational training. Such layering is consistent with evidence that nutritional outcomes may improve when social protection is connected with behaviour change, sanitation, healthcare, and livelihood support rather than delivered as an isolated intervention (Skoufias et al., 2019; Setyawan et al., 2025).

However, the qualitative evidence does not establish that each programme directly reduced stunting or poverty. Housing rehabilitation may improve household safety and hygiene, but the present study did not measure whether it caused changes in child-growth indicators. Similarly, vocational training may increase employability, but its effects depend on employment opportunities, market demand, access to capital, and continued mentoring. The scientific contribution of the findings therefore lies in identifying plausible institutional and programme mechanisms rather than demonstrating causal impacts. This distinction prevents the interpretation from equating programme presence with programme effectiveness. It also indicates that future evaluation should assess the sequence through which programme inputs generate household practices, intermediate outcomes, and longer-term changes in nutrition and economic welfare.

Cross-sectoral coordination was another central mechanism in the Pilangrejo strategy. The *kalurahan* government, health centre, family-planning personnel, PKK, Posyandu cadres, subdistrict authorities, neighbourhood leaders, and residents were connected through meetings, data exchange,

health services, and household follow-up. This arrangement corresponds with collaborative-governance theory, which emphasises the constructive involvement of governmental and non-governmental actors in addressing public purposes that cannot be achieved by a single organisation (Ansell & Gash, 2008; Emerson et al., 2012). In Pilangrejo, village authority provided planning and budgeting capacity, health institutions contributed clinical and nutritional expertise, and cadres provided community-level knowledge and access. Their collaboration created a form of joint capacity that extended beyond the resources possessed by any individual institution.

Nevertheless, collaboration remained uneven and vulnerable. The limited implementation of PKK programmes, competing work and family responsibilities, and insufficient operational resources for cadres demonstrate that formal inclusion does not necessarily produce meaningful participation. Collaborative-governance theory suggests that sustained collaboration depends on shared motivation, principled engagement, and the capacity for joint action (Emerson et al., 2012). Pilangrejo showed evidence of shared motivation and regular communication, but joint capacity was weakened by unequal resources and organisational readiness. The findings consequently refine earlier studies that identify stakeholder collaboration as a central element of village-level stunting prevention (Nandini et al., 2024; Purwaningrum et al., 2024). Collaboration should not be assessed merely by counting the number of participating institutions. It should be evaluated through the regularity of participation, the distribution of resources and responsibilities, the influence of different actors on decisions, and their capacity to implement agreed actions.

The discrepancy between local poverty records and data maintained by Statistics Indonesia also represents a substantive governing problem. Beneficiary data determine how public problems are defined, which households are considered eligible,

and how limited resources are distributed. Inconsistent classifications can produce both exclusion errors, in which vulnerable households fail to receive support, and inclusion errors, in which assistance continues despite changes in household circumstances. The findings are consistent with previous research showing that inaccurate beneficiary information and limited accessibility constrain programme delivery in rural and remote areas (Kosassy et al., 2024). However, Pilangrejo adds an important insight by showing that data inconsistency is not merely a technical problem. It reflects differences in institutional categories, update schedules, verification practices, and community perceptions of poverty. Effective convergence therefore requires interoperable data procedures, clear indicators, periodic household verification, and transparent mechanisms through which residents can correct or clarify their status.

Strategic learning occurred through field monitoring, home visits, coordination meetings, data updating, and community feedback. These practices allowed the government and cadres to identify problems involving water, household readiness, programme continuity, and ineffective communication. Within Mulgan's framework, learning enables public institutions to revise their direction and actions based on implementation experience (Mulgan, 2009). The findings show that learning in Pilangrejo was practical and relational: knowledge was produced through interactions among government officials, health workers, cadres, and households. This process enabled incremental adjustment, including changes in communication, follow-up, and programme planning. However, the learning system remained largely informal because it was not supported by standardised indicators linking programme inputs and activities to dietary diversity, household income, food security, or stunting prevalence. Without such indicators, institutions may learn how to continue programmes without being able to

determine whether those programmes generate meaningful outcomes.

The findings consequently extend Mulgan's five strategic dimensions by showing that purpose, environment, direction, action, and learning did not operate as a linear sequence. Instead, they formed a recursive governing process. Interpretations of the environment influenced the definition of purpose and the selection of programmes. Strategic direction shaped the distribution of responsibilities, while practical action generated new information about household and environmental constraints. This information then informed subsequent coordination, budgeting, and adaptation. The dimensions were therefore mutually dependent: weaknesses in one dimension affected the operation of the others. For example, inconsistent data weakened strategic direction and beneficiary targeting, while limited organisational participation reduced implementation capacity and the quality of feedback available for learning. The theoretical contribution of the study lies in demonstrating how Mulgan's strategy framework can be applied to analyse the dynamic and interdependent character of village-level governance.

Overall, the Pilangrejo case demonstrates that village governments can act as strategic governing actors by connecting national priorities with local knowledge, institutional relationships, and household-level interventions. However, the case also shows that local innovation should not be romanticised. The presence of the 3K programme and multiple supporting interventions indicates strategic potential, but their long-term effectiveness remains dependent on environmental resources, organisational capacity, reliable data, sustained participation, technical assistance, and market access. The study therefore supports a cautious conclusion: Pilangrejo has developed a partially integrated governing architecture for addressing stunting and poverty, but stronger outcome monitoring is required before claims of

effectiveness can be established. Future mixed-method and longitudinal research should examine how different programme combinations influence dietary diversity, household income, food security, sanitation practices, and child growth over time. Comparative research across kalurahan would also help determine which governing arrangements are transferable and which depend on specific environmental, institutional, and socioeconomic conditions.

5. Conclusion

This study demonstrates that the Pilangrejo Kalurahan Government has repositioned stunting convergence as a strategic entry point for addressing multidimensional poverty rather than treating it solely as a child-health problem. The key findings show that its governance strategy connected nutrition improvement with food security, housing rehabilitation, sanitation, social protection, livelihood development, and community-based health services through the 3K programme, supplementary feeding, Posyandu activities, household visits, RTLH rehabilitation, cash transfers, vocational training, and microenterprise assistance. Coordination among the kalurahan government, health and family-planning institutions, subdistrict authorities, community cadres, and residents enabled these interventions to function as a partially integrated local governance system. The principal novelty of the study lies in showing how a village-level government can use stunting prevention to integrate social, economic, environmental, and health policies at the household level. Nevertheless, the strategy remained constrained by unequal institutional participation, limited operational resources, environmental limitations, inconsistent beneficiary data, and continued household dependence on assistance, indicating that the existence of numerous programmes does not automatically produce strategic coherence or sustainable outcomes. Therefore, local governments should establish clearer institutional responsibilities, strengthen the

capacity and operational support of cadres and PKK members, conduct routine cross-sectoral data verification, and develop monitoring systems that connect programme implementation with nutritional, economic, and household-welfare outcomes. The 3K programme particularly requires technical assistance, water-efficient production methods, and stronger market access to generate sustainable income and food-security benefits. More broadly, village planning and budgeting should recognise nutrition, sanitation, housing, agriculture, social protection, and livelihoods as interconnected policy areas, while higher levels of government should provide interoperable data systems, flexible technical guidance, and institutional capacity development. Community participation should also move beyond programme attendance and assistance receipt toward collaborative problem identification, implementation, monitoring, and evaluation. Although the study was limited by overlapping participant roles, inconsistencies in administrative records, and the inability of its qualitative design to establish causal effects, it offers an important foundation for future mixed-method and longitudinal research examining the effects of the 3K programme on dietary diversity, household income, food security, and child growth. Comparative studies across different kalurahan are also recommended to identify which governance arrangements are transferable and which remain dependent on specific environmental, socioeconomic, and institutional contexts.

5. References

- Adeyanju, O. Z., & Fadupin, G. T. (2024). Household food security status of rural mothers and nutritional status of their children under five years old in Ibadan, Nigeria. *World Nutrition*, 15(4), 52–58. <https://doi.org/10.26596/wn.202415452-58>
- Ansell, C., & Gash, A. (2008). Collaborative governance in theory and practice.

- Journal of Public Administration Research and Theory*, 18(4), 543–571.
<https://doi.org/10.1093/jopart/mum032>
- Awaludin, A. A., Nurrachmawati, A., Fitriani, A. D., & Reski, C. (2025). The long-term impact of childhood stunting on cognitive development and educational outcomes. *Jurnal Penelitian Pendidikan IPA*, 11(8), 70–77.
<https://doi.org/10.29303/jppipa.v11i8.12198>
- Badan Pusat Statistik. (2024). *Penghitungan dan analisis kemiskinan makro di Indonesia tahun 2024*.
<https://www.bps.go.id/id/publication/2024/11/29/31e54c0717742a2dc13300e4/penghitungan-dan-analisis-kemiskinan-makro-di-indonesia-tahun-2024.html>
- Candel, J. J. L., & Biesbroek, R. (2016). Toward a processual understanding of policy integration. *Policy Sciences*, 49(3), 211–231.
<https://doi.org/10.1007/s11077-016-9248-y>
- Chakravarty, N., Tatwadi, K., & Ravi, K. (2019). Intergenerational effects of stunting on human capital: Where does the compass point? *International Journal of Medicine and Public Health*, 9(4), 105–111.
<https://doi.org/10.5530/ijmedph.2019.4.24>
- Damayanti, R. A., & Syarifuddin. (2020). The inclusiveness of community participation in village development planning in Indonesia. *Development in Practice*, 30(5), 624–634.
<https://doi.org/10.1080/09614524.2020.1752151>
- Emerson, K., Nabatchi, T., & Balogh, S. (2012). An integrative framework for collaborative governance. *Journal of Public Administration Research and Theory*, 22(1), 1–29.
<https://doi.org/10.1093/jopart/mur011>
- Fahrurrozie, R., Koyubi, K., Jaenudin, J., Aristiana, W., Kamal, T., & Nurhayati. (2025). Strategi multisektor mengatasi kemiskinan dan stunting melalui pemberdayaan sosial dan ekonomi di Desa Babakan Madang, Bogor, Jawa Barat. *Jurnal Penelitian dan Pengabdian Kepada Masyarakat UNSIQ*, 12(2), 116–130.
<https://doi.org/10.32699/ppkm.v12i02.9007>
- Head, B. W., & Alford, J. (2015). Wicked problems: Implications for public policy and management. *Administration & Society*, 47(6), 711–739.
<https://doi.org/10.1177/0095399713481601>
- Hoddinott, J., Behrman, J. R., Maluccio, J. A., Melgar, P., Quisumbing, A. R., Ramirez-Zea, M., Stein, A. D., Yount, K. M., & Martorell, R. (2013). Adult consequences of growth failure in early childhood. *The American Journal of Clinical Nutrition*, 98(5), 1170–1178.
<https://doi.org/10.3945/ajcn.113.064584>
- Horsfall, D. F., Kingsley, J. U., & Azumedike, E. T. (2025). Household food insecurity and perceived nutritional outcomes of children aged 4–8 years in Asari Toru Local Government Area, Rivers State, Nigeria. *International Journal of Home Economics, Hospitality and Allied Research*, 4(2), 227–246.
<https://doi.org/10.57012/ijhhr.v4n2.015>
- Istiqomah, D. W. N., Utami, T., & Sunesti, Y. (2024). Efektivitas pengalokasian dana desa terhadap program percepatan penurunan stunting. *Kaganga: Jurnal Pendidikan Sejarah dan Riset Sosial Humaniora*, 7(1), 607–623.
<https://doi.org/10.31539/kaganga.v7i1.9352>
- Izzuddin, P. R., & Widiyarta, A. (2024). Strategi pemerintah desa dalam upaya percepatan penurunan stunting di Desa Sruni Kecamatan Gedangan Kabupaten Sidoarjo. *NeoRespublica: Jurnal Ilmu Pemerintahan*, 5(2), 971–986.
<https://doi.org/10.52423/neores.v5i2.288>

- Kala, P. R., & Jannah, R. (2023). Analysis of the effectiveness of the Family Hope Program on stunting in children aged 24–36 months in Kuta Baro Sub-district, Aceh Besar District. *Pharmacology, Medical Reports, Orthopedic, and Illness Details (Comorbid)*, 2(3), 141–152. <https://doi.org/10.55047/comorbid.v2i3.1103>
- Kementerian Kesehatan Republik Indonesia, Badan Kebijakan Pembangunan Kesehatan. (2025). *Survei Status Gizi Indonesia (SSGI) 2024 dalam angka*. <https://www.badankebijakan.kemkes.go.id/en/survei-status-gizi-indonesia-ssgi-2024/>
- Kosassy, S. O., Marwandizal, & Prisilia. (2024). Implementasi Peraturan Presiden No. 72 Tahun 2021 tentang percepatan penurunan stunting di Kabupaten Kepulauan Mentawai. *Jurnal Public Administration, Business and Rural Development Planning*, 6(1), 1–17. <https://doi.org/10.69741/jpublic.v6i1.181>
- L, S. F., Lestari, A. D., Wati, F., Tahir, M., & Rahman, F. P. (2025). Implementasi Peraturan Presiden No. 72 Tahun 2021 dalam percepatan penurunan stunting di Desa Morome, Kabupaten Konawe Selatan. *Sultra Jurnal Pengabdian Masyarakat*, 2(1), 123–137. <https://doi.org/10.54297/sjpm.v2i1.1259>
- Maaruf, N. A., & Triadi, I. (2023). Analysis of the government's role in implementing Presidential Regulation (PERPRES) Number 72 of 2021 on accelerating stunting reduction in efforts to maintain national resilience. *Jurnal Hukum Sehasen*, 9(2). <https://doi.org/10.37676/jhs.v9i2.4857>
- Mahir, M., Suri, A., & Nazaruddin, A. M. A. (2025). Interplay of maternal nutrition, sanitation, and socioeconomic factors in childhood stunting across resource-limited rural communities: A systematic review. *The International Journal of Medical Science and Health Research*, 20(4), 73–137. <https://doi.org/10.70070/gbysvf70>
- Mananuwe, P., Warbal, M., & Renyut, B. C. (2025). The village government's strategy in handling stunting in Uwen Pantai Village, Taniwel Timur District, Seram Bagian Barat Regency. *JIMAD: Jurnal Ilmiah Multidisiplin*, 3(1), 51–58. <https://doi.org/10.59585/jimad.v3i1.865>
- Martorell, R., & Zongrone, A. (2012). Intergenerational influences on child growth and undernutrition. *Paediatric and Perinatal Epidemiology*, 26(Suppl. 1), 302–314. <https://doi.org/10.1111/j.1365-3016.2012.01298.x>
- McGovern, M. E., Krishna, A., Aguayo, V. M., & Subramanian, S. V. (2017). A review of the evidence linking child stunting to economic outcomes. *International Journal of Epidemiology*, 46(4), 1171–1191. <https://doi.org/10.1093/ije/dyx017>
- Mulgan, G. (2009). *The art of public strategy: Mobilizing power and knowledge for the common good*. Oxford University Press. <https://doi.org/10.1093/oso/9780199289646.001.0001>
- Nandini, N., Kusariana, N., Dewanti, N. A. Y., Murni, & Luthfi, A. (2024). Stakeholder collaboration to accelerate stunting prevention in the village. *BIO Web of Conferences*, 133, Article 00036. <https://doi.org/10.1051/bioconf/202413300036>
- Pemerintah Republik Indonesia. (2021). *Peraturan Presiden Republik Indonesia Nomor 72 Tahun 2021 tentang percepatan penurunan stunting*. <https://peraturan.bpk.go.id/Details/174964/perpres-no-72-tahun-2021>
- Purwaningrum, D. N., Sapardi, H., & Wahab, A. (2024). Penanganan stunting di tingkat desa: Perlunya pengembangan kegiatan yang tepat dari

- dana desa. *Jurnal Kebijakan Kesehatan Indonesia*, 13(2), 74–81. <https://doi.org/10.22146/jkki.96669>
- Raesalat, R., Nurbudiwati, & Alawiyah, M. D. (2024). Strategi pemerintah desa dalam pencegahan stunting melalui program pemberian makanan tambahan (PMT) TOSS di Desa Jangkurang Kecamatan Leles. *Jurnal Pembangunan dan Kebijakan Publik*, 15(1), 1–13. <https://doi.org/10.36624/jpkp.v15i1.148>
- Rahmadani, S., & Lubis, S. (2023). Evaluasi peran pemerintah dalam menentukan angka stunting berdasarkan Perpres 72 Tahun 2021. *Jurnal EDUCATIO: Jurnal Pendidikan Indonesia*, 9(1), 188–194. <https://doi.org/10.29210/1202322804>
- Saputra, A. S., Suryoto, & Sutikno, C. (2022). Implementasi kebijakan penanggulangan stunting di Kabupaten Purbalingga. *Publikauma: Jurnal Administrasi Publik Universitas Medan Area*, 10(2), 162–170. <https://doi.org/10.31289/publika.v10i2.8335>
- Saputri, R. Y., & Sukmana, H. (2025). Strategi pemerintah desa dalam pencegahan stunting di Desa Kajeksan Kecamatan Tulangan Kabupaten Sidoarjo. *Jurnal Ilmiah Muqoddimah: Jurnal Ilmu Sosial, Politik, dan Humaniora*, 9(1), 62–75. <https://doi.org/10.31604/jim.v9i1.2025.62-75>
- Setyawan, A. D. R., Setyawan, T., & Sucipto, E. (2025). The impact of multisectoral nutrition interventions on stunting rates among children under five years old: A systematic review. *The International Journal of Medical Science and Health Research*, 10(6), 54–95. <https://doi.org/10.70070/6qvzst80>
- Sitohang, D., & Lestari, M. W. (2024). Analisis normatif terhadap implementasi Peraturan Presiden Republik Indonesia Nomor 72 Tahun 2021 tentang percepatan penurunan stunting. *Cendekia: Jurnal Penelitian dan Pengkajian Ilmiah*, 1(12), 848–856. <https://doi.org/10.62335/40zgbt10>
- Skoufias, E., Vinha, K., & Sato, R. (2019). How can a multisectoral strategy to reducing stunting produce the desired results? In *All hands on deck: Reducing stunting through multisectoral efforts in Sub-Saharan Africa* (pp. 143–149). World Bank. https://doi.org/10.1596/978-1-4648-1396-2_ch8
- Solong, A., & Dzulqarnain. (2022). The effectiveness of the implementation of the Hope Family Program in poverty reduction in Indonesia. *International Journal of Social Science Research and Review*, 5(7), 295–302. <https://doi.org/10.47814/ijssrr.v5i7.382>
- Stoker, G. (1998). Governance as theory: Five propositions. *International Social Science Journal*, 50(155), 17–28. <https://doi.org/10.1111/1468-2451.00106>
- Supriyanto, A., & Jannah, L. M. (2022). Analisis integrasi kebijakan upaya konvergensi program percepatan penurunan stunting Kabupaten Lebak. *Sosio Konsepsia: Jurnal Penelitian dan Pengembangan Kesejahteraan Sosial*, 11(2). <https://doi.org/10.33007/ska.v11i2.3080>
- Taosu, R., Toda, H., & Rene, M. O. (2025). Peran pemerintah desa dalam penurunan stunting di Desa Kesetnana, Kecamatan Mollo Selatan, Kabupaten Timor Tengah Selatan. *Kybernology: Jurnal Ilmu Pemerintahan dan Administrasi Publik*, 3(1), 378–390. <https://doi.org/10.71128/kybernology.v3i1.291>
- Torlesse, H., Cronin, A. A., Sebayang, S. K., & Nandy, R. (2016). Determinants of stunting in Indonesian children: Evidence from a cross-sectional survey indicate a prominent role for the water, sanitation and hygiene sector in stunting reduction. *BMC Public Health*, 16, Article 669.

<https://doi.org/10.1186/s12889-016-3339-8>

Vaivada, T., Akseer, N., Akseer, S., Somaskandan, A., Stefopoulos, M., & Bhutta, Z. A. (2020). Stunting in childhood: An overview of global burden, trends, determinants, and drivers of decline. *The American Journal of Clinical Nutrition*, 112, 777S–791S.

<https://doi.org/10.1093/ajcn/nqaa159>

Walker, S. P., Chang, S. M., Wright, A., Osmond, C., & Grantham-McGregor, S. M. (2015). Early childhood stunting is associated with lower developmental levels in the subsequent generation of children. *The Journal of Nutrition*, 145(4), 823–828.

<https://doi.org/10.3945/jn.114.200261>

Weatherspoon, D. D., Miller, S., Ngabitsinze, J. C., Weatherspoon, L. J., & Oehmke, J. F. (2019). Stunting, food security, markets and food policy in Rwanda. *BMC Public Health*, 19, Article 882.

<https://doi.org/10.1186/s12889-019-7208-0>

Wijayanti, Gunarmi, & Hastuti, W. (2024). Program pencegahan dan penanganan stunting di Kota Surakarta. *Jurnal Ilmu Keperawatan dan Kebidanan*, 15(2), 298–312.

<https://doi.org/10.26751/jikk.v15i2.2480>

Yudiana, T. (2022). Strategi penguatan SDM dalam percepatan penurunan stunting di Provinsi Kepulauan Riau. *Jurnal Good Governance*, 18(2).

<https://doi.org/10.32834/gg.v18i2.495>

Zai, S., Harefa, H. O. N., Lase, F., & Lase, B. P. (2024). Peran pemerintah desa dalam meningkatkan kesadaran masyarakat terhadap masalah stunting. *JIIIP—Jurnal Ilmiah Ilmu Pendidikan*, 7(10), 11154–11163.

<https://doi.org/10.54371/jiip.v7i10.5912>