

Strengthening Strategy Village Performance Management In Effort Reducing Stunting Through Multistakeholder Involvement In The Village

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Article Info

Keywords:

Village Performance Management, Multistakeholder Involvement in the Village, Reducing Stunting.

ABSTRACT

To support the acceleration of stunting control and reduction in Majene Regency, the government must provide guarantees for all families at risk of stunting in Majene Regency to receive sensitive and specific interventions implemented in the form of effective convergence so that all activities become a collaborative-synergistic multi-party movement with the hope that the implementation of convergence can run optimally. Research This use approach qualitative . Research location conducted in two villages namely Pesuloang Village and Adholang Dhua Village, District The Pamboang Regency Majene . Research time implemented in 2024. Determination informant through purposive sampling. The informants in study This that is informant key 2 people Acting Village Head , informant normal as many as 8 people consisting of from Secretary village , village PKK Mobilization Team , Human Development Cadre (KPM), Assistance Team Family (TPK), midwife village , Posyandu Cadres , BKB Cadres, IYCF Cadres and PAUD Units , PKH Facilitators , BPNT Facilitators and Extension Officers Agriculture is a stakeholder in the Village. Research Results This conclude that management performance village in effort stunting reduction is necessary done in a way comprehensive including Optimizing the Role and Coordination of Stakeholders in the Village, the Importance of Allocation The Right Budget Targets , Role of Cadres and Human Resources as the Spearhead of Intervention , Importance Program Innovation in Support Stunting Reduction and Monitoring and Evaluation as the Key to Program Success.

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INTRODUCTION

The government has begun addressing the issue of stunting with a strong commitment from the highest leadership, followed by a national campaign. This campaign aims to increase understanding, change behavior, foster political commitment, and enhance accountability. Stunting is a growth disorder that causes children to be shorter than their peers, especially under the age of two. It must be addressed quickly because if it occurs, the effects are irreversible. Stunting is closely related to poverty and is often used as an indicator to evaluate the adequacy of nutrition in a country. According to the Global Nutrition Report 2014, Indonesia is among the 17 countries with high nutritional problems, including stunting. This

nutritional issue affects development, as malnutrition can influence children's cognitive potential and academic abilities in the future.

At the regional level, Majene District has implemented a budget and stunting intervention activities in 20 priority village loci in 2022, with an additional 21 villages in 2023, based on a situational analysis. This convergence was followed by cross-sectoral coordination meetings to discuss 8 convergence actions to ensure proper and targeted handling. However, at the national level, the implementation of the stunting reduction acceleration program has not been fully effective. This can be seen from the suboptimal coordination of specific and sensitive nutritional interventions, inefficient resource allocation, and a lack of advocacy and campaigns related to stunting. The government has set a target in the 2020-2024 RPJMN to reduce the prevalence of stunting to 14% by 2024. However, West Sulawesi Province still has a high stunting prevalence in 2022, at 35%, the second-highest in Indonesia after NTT. Majene District itself has the highest prevalence in West Sulawesi at 40.6%. To address this, special efforts and multi-party convergence are needed.

Researchers plan to conduct assistance activities in Majene District, which has the highest prevalence of stunting in West Sulawesi. This effort aims to ensure that all at-risk families receive interventions simultaneously, both specific and sensitive in nature. This convergence must be carried out synergistically through an action plan document supported by regulations and policies. Researchers are designing a convergence model and effectiveness in accelerating stunting reduction, hoping it can be optimally implemented at the village level.

There is a body of research related to stunting management at the village and regional levels, each with a different focus. Research by (Putri and Sukmana, 2022), highlights stunting prevention strategies in Kedungkendo Village, Sidoarjo Regency, but shows that a lack of public awareness and understanding about stunting remains a major obstacle. Research by (Hasyim, 2023) discusses the role of the Tanggulangin Village Government from the perspective of Tanfidziyah Government, which prioritizes the principles of justice and benefit. Both studies show that, although village governments have made efforts to prevent stunting through socialization and health programs, the main challenges lie in the lack of public understanding and awareness, as well as suboptimal policy implementation.

Meanwhile, research by (Fitrauni, Muchlis and Arman, 2022) in Sigi Regency showed that the successful implementation of 8 convergence actions was able to reduce stunting rates. (Gani, 2021) found an effective convergence model in Banggai Regency through budget integration and strengthened coordination at the village and sub-district levels. Research by (Yudiana, 2022) in Riau Islands Province identified strengthening human resources through digital media development (Silangsing) and food diversification as the main strategies. The gap visible from these five studies is the need for a more integrated approach at the village level, focusing on strengthening community capacity and developing a more effective convergence model at the grassroots level so that stunting prevention programs can be applied sustainably and have a direct impact on families at risk of stunting.

Convergence efforts are outlined in Presidential Decree No. 72 of 2021, which includes a national strategy, implementation, coordination, and monitoring and evaluation of stunting

reduction from the central to village levels. However, implementation remains suboptimal. Concrete steps are needed to create a village-level convergence model so that the performance of all stakeholders can be more focused and efficient. Based on several research findings and the conditions described above, the researcher is interested in conducting research titled "Strengthening Village Performance Management Strategies in Efforts to Reduce Stunting through Multistakeholder Involvement in Villages." This research will be conducted in two stunting locus villages in Pamboang District, Majene Regency, namely Pesuloang Village and Adholang Dhua Village. These villages were chosen not only because they have been designated as stunting loci by the local government, but also because village-level collaboration between stakeholders is easier to build and can directly engage with the target community, namely families at risk of stunting. This research is expected to produce an effective and efficient convergence model that can serve as a reference for accelerating stunting reduction efforts at the village level.

METHODS

This study uses a qualitative approach with a narrative explanation method. The research was conducted in two villages, namely Pesuloang Village and Adholang Dhua Village, in Pamboang District, Majene Regency. The research will be carried out in 2024. Informants were selected through purposive sampling, a technique in which the researcher selects samples based on the belief that the chosen participants are appropriate and representative (Nur Padilah Amin et al., 2023). The key informants in this study include 2 acting village heads, and the general informants consist of 8 people, including the village secretary, the chairperson of the village PKK Mobilization Team, Human Development Cadres (KPM), Family Assistance Team (TPK), village midwife, Posyandu cadres, BKB cadres, IYCF and PAUD Unit cadres, PKH Facilitators, BPNT Facilitators, agricultural extension officers, and fisheries extension officers. These informants represent stakeholders involved in the implementation of stunting convergence activities in the villages. The data collection was carried out through in-depth interviews, using interview guidelines, observation sheets, and documentation as instruments. Data analysis followed three simultaneous steps: data reduction, data presentation, and conclusion drawing/verification.

RESULTS AND DISCUSSION

The research titled "Strengthening Village Performance Management Strategies in Efforts to Reduce Stunting through Multistakeholder Involvement" was implemented through several stages, including aligning perceptions of the study's scope with local government, sub-district, and village authorities. The research involved data collection on villages categorized for stunting at the Majene District level, initial village surveys, socialization of the research design at the village level, village-level FGDs, and discussions on the importance of building coordination and strengthening measurable performance management in carrying out convergence for stunting reduction. Data was collected at the village level to inform the design of village performance management strategies aimed at stunting reduction.

At the village level, several key stakeholders play crucial roles in spearheading the five convergence service packages, which include maternal and child health (MCH), integrated nutrition counseling, social protection, clean water and sanitation, and early childhood education (PAUD). These five service packages must be budgeted for, as regulated by the Ministry of Villages Regulation No. 30 of 2022 and the PDTT Ministry Regulation No. 7 of 2023, which prioritize the use of village funds for handling extreme poverty, food and livestock security, stunting prevention, and other priority programs. The village funds are directed to improve social welfare, public services, and community income.

Interviews with stakeholders revealed that village performance in allocating budgets for stunting reduction interventions was deemed optimal, with approximately 50 million allocated for various activities such as providing supplementary feeding (PMT) and monthly counseling at integrated health posts (Posyandu). Stakeholders' roles were occasionally hindered by sectoral egos, requiring village heads to consistently remind all parties to collaborate effectively and mobilize target families to attend Posyandu sessions.

The PKK (Family Welfare Movement) played a significant role in supporting interventions such as PMT distribution, prenatal classes, and coaching for child development. PMT was provided to pregnant women and children monthly, with additional support for high-risk pregnancies. Programs such as prenatal classes and nutritional recovery sessions were implemented, but adherence to health guidelines was sometimes inconsistent, particularly regarding the distribution of certain foods.

The village government appreciated families who actively participated in health services by providing incentives such as free ultrasound (USG) services for pregnant women, funded by the village budget. However, intervention activities sometimes did not fully follow the technical guidelines provided by health authorities, particularly regarding supplementary feeding for pregnant women and children. The role of cadres, especially Human Development Cadres (KPM), was critical in data collection, reporting, and monitoring, although technological challenges such as network issues occasionally hindered their work.

The Family Assistance Teams (TPK) collaborated with village governments and health cadres to provide support to at-risk families, offering nutritional interventions like milk supplements and vitamins for pregnant women. Challenges arose when these interventions did not align with technical guidelines from the health service, such as the provision of formula milk to toddlers, which was not always appropriate.

Cadres at integrated health posts were actively involved in weighing children, providing PMT, and counseling parents. However, their competency was considered suboptimal as many had not received formal training. Village midwives played an essential role in delivering routine services, particularly for maternal and child health, and their performance was rated as generally good.

Non-cash food assistance (BPNT) transitioned from in-kind goods (e.g., rice, eggs, vegetables) to cash in 2023. Criteria for determining beneficiaries were based on DTKS data inputted by village and sub-district authorities. PKH (Family Hope Program) facilitators provided targeted conditional interventions related to education, social welfare, and health, with an emphasis on stunting education.

At the PAUD (early childhood education) units, interventions included parenting classes and PMT provision, with regular monitoring of children's growth. Agricultural extension workers contributed by providing seeds and livestock to farmers as part of nutritional fulfillment interventions for families. This convergence of efforts across sectors highlighted the importance of effective coordination, adherence to health protocols, and proper budgeting in the successful implementation of stunting reduction strategies at the village level.

Influential factors to Village Performance Management in effort Reducing Stunting in Villages

From the data collected, researchers conclude that several factors influence village performance management in efforts to reduce stunting. These factors can be categorized into internal and external factors, which interact to affect the effectiveness and optimization of stunting reduction programs at the village level.

One key factor is policy and village budget management. Proper management and allocation of village funds are crucial for stunting interventions. With a budget of 50 million allocated for interventions and honorariums for cadres and midwives, villages that prioritize health and nutrition tend to show better performance in stunting reduction.

The capacity of human resources is another essential factor. The performance of Posyandu cadres, Human Development Cadres (KPM), and the Family Assistance Team (TPK) is vital to the program's success. However, the low competence of cadres who have not received proper training indicates that strengthening their capacity is necessary. The motivation of cadres is also influenced by the size of the incentives they receive, which impacts their enthusiasm for monitoring and providing counseling in the village.

Coordination and synergy among stakeholders remain a challenge. Sectoral egos still exist among cadres, village midwives, and other companions, indicating that stakeholder synergy needs improvement. The village head plays a key role as a coordinator, pushing for cooperation and overcoming obstacles to ensure program sustainability.

Infrastructure and health service facilities are also important. Innovative programs, such as providing free ultrasounds and HB checks for pregnant women funded by the village, demonstrate the importance of adequate health facilities. However, infrastructure limitations, such as a lack of nutritional detection tools and transportation, can be obstacles. Additionally, network issues affecting KPM's data input in the EHDW system show that digital infrastructure impacts the smoothness of recording and reporting stunting cases.

Understanding and compliance with technical guidelines are critical. Non-compliance with guidelines, such as providing milk to toddlers who are not eligible or offering supplementary feeding (PMT) that does not meet standards, shows a lack of uniform understanding, reducing program effectiveness. For example, incorrect PMT recovery procedures can lead to ineffective interventions.

Community participation is another determining factor. The presence of target families at Posyandu is crucial. Incentives, such as providing milk to children whose weight has increased, and participation in PAUD parenting programs, highlight the importance of active community involvement. The Acting Village Head's efforts to mobilize families to attend health posts depend largely on the family's awareness and support.

Support from external stakeholders, such as nutrition officers (TPG) from health centers and village midwives, plays a significant role in implementing stunting interventions. This collaboration needs to be enhanced to ensure that interventions align with technical guidelines. Social programs like BPNT and PKH complement the nutritional needs of families, and the accuracy of selecting beneficiaries significantly affects the program's impact.

Finally, innovation at the village level, such as providing free ultrasounds and HB checks for pregnant women, shows that village-driven initiatives can meet the specific needs of target families. Agricultural support through counseling, seed distribution, and livestock assistance also improves family nutrition and supports food security at the household level.

In conclusion, village performance management in reducing stunting is influenced by factors such as budget policy, human resource capacity, stakeholder coordination, infrastructure availability, compliance with procedures, community participation, external stakeholder support, and village-level innovations. To achieve success, villages need to strengthen cross-sector coordination, enhance cadre capacity, and ensure the standardized implementation of interventions.

Strengthening Strategy Village Performance Management in effort Reducing Stunting in Villages

Based on the data presented, strengthening village performance management strategies for stunting reduction can be focused on several key elements, including improving coordination, optimizing resources, building capacity, and introducing policy innovations at the village level. Some strategies that can be implemented by villages to enhance performance effectiveness in tackling stunting are:

First, optimizing planning and village budget management is crucial. A clear and well-planned budget allocation ensures the effectiveness of stunting interventions. Village funds specifically allocated for stunting programs, such as PMT provision, monthly counseling at integrated health posts, and prenatal check-ups, need to be adjusted according to the needs of target families. The Village Work Plan should prioritize stunting reduction as a main goal with clear success indicators, ensuring yearly budget plans reflect these priorities.

Strengthening cross-sector coordination and synergy is also key. Forming a dedicated village-level team that includes KPM, integrated health post cadres, village midwives, PKK, TPK, and PKH facilitators can help avoid sectoral egos and improve collaboration. The village head should actively facilitate this teamwork and reinforce cooperation through regular meetings, where all stakeholders participate in program planning and execution.

Developing human resource capacity is essential. Regular training for integrated health post cadres, KPM, and village companions should be provided to enhance their skills in detecting and addressing stunting cases. Additionally, cadres need to be motivated through performance-based incentives, which could include salary increases or other forms of recognition for outstanding work.

Improving the quality of services and public access to nutritional interventions is another important strategy. Ensuring that integrated health post services are optimized, such as PMT distribution, counseling, and growth monitoring, is vital. Programs like providing ultrasounds and HB checks for pregnant women should be expanded. Villages can also adopt technology-

based services, such as applications for reporting child growth and managing data on young children.

Strengthening community participation and mobilizing target families is crucial. Active involvement of families through parenting programs in PAUD, prenatal classes, and awareness campaigns about nutrition should be encouraged. PKK cadres can be instrumental in promoting behavior change, and incentives like extra milk for children gaining weight or rewards for families regularly attending health posts can motivate greater participation.

Innovation and evidence-based interventions should be integrated into the program. Economic empowerment programs can complement stunting reduction efforts, for example, by training families to use home gardens to grow nutritious vegetables. Local food-based PMT programs should be promoted, and the village can create guidelines for utilizing local food resources that meet the nutritional needs of children and pregnant women.

Regular monitoring and evaluation of the program are necessary. Periodic evaluations of both financial and program effectiveness should be conducted. The village head and work team must ensure that stunting data is accurate and used for policy-making. Strengthening the use of the EHDW application for data recording and improving network infrastructure will support faster and more accurate data collection. Technical assistance from relevant departments will be needed to address any technical issues, such as network problems.

Collaboration with external stakeholders should be strengthened. Close cooperation with health centers and related health services for specific interventions, such as HB testing, anemia detection, and nutritional referrals, must be enhanced. Villages need to ensure that interventions follow technical guidelines, and social assistance programs like PKH and BPNT should be integrated with stunting reduction efforts to ensure beneficiaries use the support for nutritional needs. PKH facilitators must help ensure that the funds received are used to fulfill health and nutrition components.

In conclusion, strengthening village performance management in reducing stunting must be comprehensive, emphasizing proper budget management, human resource development, service optimization, and increased community participation. Villages must build cross-sector synergy, strengthen coordination with external stakeholders, and develop relevant innovations to support the sustainability of stunting reduction programs. Regular monitoring and evaluation are essential to measure progress and address weaknesses in the program.

CONCLUSION

Based on the discussion results, the researcher can draw several conclusions. First, the optimization of roles and coordination among village stakeholders is crucial. Coordination between parties such as KPM, integrated health post cadres, village midwives, PKK, TPK, and PKH assistants plays a vital role in the implementation of the stunting reduction program. However, challenges like sectoral ego still exist, hindering collaboration. Strong and collaborative leadership at the village level is needed to align roles and responsibilities effectively. Second, proper budget allocation is essential. The village intervention budget of Rp. 50 million, allocated for activities like PMT provision and counseling, shows that village

funds have been used effectively. However, budget planning needs improvement to be more specific, real-time, and aligned with technical guidelines from health services to avoid inaccurate targeting. Third, the role of cadres and human resources as the spearhead of interventions is critical. The performance of integrated health post cadres, KPM, and village midwives is considered good in monitoring child growth and implementing nutritional interventions. However, limitations in competence and inadequate training hinder service effectiveness. Therefore, capacity building and performance-based incentives should be prioritized. Fourth, program innovation plays a significant role in supporting stunting reduction. Initiatives such as providing ultrasounds for pregnant women, HB examinations, and assistance for at-risk families have had a positive impact. Additionally, utilizing local food resources and developing village-level economic empowerment programs can support food security and improve family nutrition. Finally, monitoring and evaluation are key to the success of the program. The monitoring and evaluation processes are not yet fully integrated, particularly in terms of data collection and reporting. Technology-based recording systems like EHDW need to be optimized to ensure data accuracy for decision-making. Periodic evaluations involving all stakeholders are essential to assess the effectiveness of interventions and identify areas for improvement..

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